UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 25th October 2018 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Tim Reddish	Non – Executive Director	TR
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Simon Barton	Chief Operating Officer	SiB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Robinson	Chief Financial Officer	PR
	Suzanne Banks	Chief Nurse	SuB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Kerry Beadling-Barron	Head of Communications	KB

In Attendance:	Sue Bradshaw	Minutes	
	Joanne Smith	Minutes	
	Mike Hannay	East Midlands AHSN	MiH
	Meg Haselden	Corporate Matron	MeH
	Lisa Dunn	Interim Ward Sister	LD
	Charlotte Ranchordas	Promoting Wellbeing Lead	CR

Observer:	Gail Shadlock	NeXT Director Scheme
	Sue Cordon	KPMG
	Karena Starkie-Gomez	KPMG
	Andrew Topping	Press – Mansfield Chad
	Becky Stone	Head of Clinical Governance
	Keith Wallace	Governor
	Angie Emmott	Staff Governor
	Roz Norman	Staff Governor

Apologies:	Barbara Brady	Non – Executive Director	BB

Item No.	Item	Action	Date
16/991	**WELCOME**		
1 min	The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/992	**DECLARATIONS OF INTEREST**		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board and RM declared his position as Chair of the East Midlands Leadership Academy.		
16/993	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Barbara Brady, Non-Executive Director		
16/994	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 27th September 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/995	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 16/752.2, 16/969.1, 16/969.3, 16/970.1, 16/970.2, 16/974, 16/975.1 and 16/980 were complete and could be removed from the action tracker. *Action 16/975.2* – It was noted the Audit and Assurance Committee are to receive the report as requested at the November meeting and then on-going monitoring should go to the Quality Committee. It was AGREED this action is complete and can be removed from the action tracker.		
16/996	**CHAIR'S REPORT**		
4 mins	JM presented the report and advised Manjeet Gill has been appointed as a Non-Executive Director, to start on 1st November 2018. Manjeet has a background in relation to system working; she has been a Chief Executive of three district councils and has been non-executive of a partnership community trust. JM expressed the view that the appointment of Manjeet and Barbara Brady will enhance the Board of Director's awareness and understanding of wider system working. JM advised the publication date for the NHS National Plan has been moved back to the end of November 2018. It should be recognised this is likely to be fairly broad based and there will be a lot more work to be done. However, this offers the opportunity for the Trust to develop relationships across the system and to work more closely with partners to move forward at a local level. Discussions are ongoing in relation to the financial systems, not just relating to health but including social care. While no firm details are currently available, it is anticipated there will be some changes.		

	JM advised information regarding the Meet your Governor sessions is included within the written report, including comments received by the governors from patients, staff and members of the public. The governors review the feedback on a quarterly basis. The Board of Directors need to reflect on how to ensure feedback from governors is picked up and acted upon. It was agreed this would be discussed further under the Engagement and Involvement Strategy agenda item. The Board of Directors were ASSURED by the report		
16/997	**CHIEF EXECUTIVE'S REPORT**		
9 mins	RM presented the report, advising the Trust's aim is to achieve a balance between the provision of high quality care, the culture within the organisation, finance, strategy and achieving access standards, with progress being made across those domains. RM advised he continues to be pleased with the progress made in relation to elective care and cancer standards. There has been a lot of focus recently on financial improvement. While being pleased with the progress made so far, there are a number of risks relating to the Trust's year end position. However, those risks are being well managed. RM advised there is a concern relating to system finance and this is a key risk for the Trust for the remaining 6 month of the year. Through the Sustainability and Transformation Partnership (STP), SFHFT works with a range of partners in relation to system finance. When the positions at the end of Q2 are amalgamated, the forecast to the end of year suggests that, as a system, there are fairly large risks, of which SFHFT is a part, but there are larger risks above and beyond the Trust. The Trust's key responsibility relates to ensuring that when patients are referred into the hospital, either on emergency or elective care pathways, only patients who need to be admitted are admitted. There is no evidence the Trust is currently inappropriately admitting patients, but there is more which can be done. RM expressed thanks to SuB and colleagues involved with the recent menopause conference, advising this was an important event to draw attention to this issue. The Senior Leadership Team (SLT) has discussed balancing the needs of patients and staff over the coming Winter. There will be message sent out to staff about wellbeing over Winter and to make sure opportunities to care for colleagues and ourselves are taken, despite the pressure and stress everyone will be under. RM advised he had recently been involved on the panel to identify the HSJ Trust of the year. This provided insight to how SFHFT compares to other providers across the NHS and the importance of culture. Some organisations have made more progress than SFHFT in relation to the Freedom to Speak Up agenda. Whist acknowledging the Freedom to Speak Up Guardian office wrote to the Trust about 6 months ago regarding how well SFHFT had implemented the agenda, there is more work the Trust wants to do. RM advised he would discuss this with TR and report back to the December Board of Director's meeting regarding		

	progress. RM felt it is important to confirm changes in reporting lines, confirming the roles of Freedom to Speak up Guardians, ensuring there is the correct balance between substantive people in those roles and part time people in those roles and being clear that when information is flagged up to the Freedom to Speak Up Guardians, the SLT are sighted to that. RM felt there is a correlation between organisations providing the best care and the levels of information fed to them through the Freedom to Speak Up Guardians. ***Action*** • **Report to be presented to Board of Director's meeting in December regarding Freedom to Speak Up Guardians agenda** There have been a series of national meetings in relation to the NHS plan. On 22nd October 2018 there was an NHSE and NHSI long term planning event at which Matt Hancock, Secretary of State for Health and Social Care, advised his priorities are workforce, prevention agenda, the role of technology in health and social care, integration and the importance of good quality leadership across health and social care. The Staff Excellence awards will take place in 2 weeks' time. There have been approximately 560 nominations for the awards. RM welcomed SiB back to work following his accident. The Board of Directors were ASSURED by the report	**RM / SH**	**20/12/18**
16/998	**STRATEGIC PRIORITY 2 – TO SUPPORT EACH OTHER TO DO A GREAT JOB**		
22 mins	**Maximising our Potential** JB presented the report, advising this is an update on the work plan for delivering the workforce strategy. This is also linked to the BAF risk regarding critical shortage of workforce capacity and capability. JB advised the report is in the form of a RAG report. Most of the actions are either completed or on course. There is one action which is amber where there has been some slippage. This relates to the assessment of a recruitment intervention for medics. A free 6 month extension has been agreed with the provider. Therefore, the assessment will be completed in 6 months' time. Highlights to note are the launch of the Wise Owls network, the commencement of the Senior Leadership Programme, international nurse recruitment has recommenced with 17 nurses from the Philippines currently going through the process, and the culture and leadership work is well advanced. NG felt the report relates more to the process rather than the outcomes, results and what is expected to be achieved from the actions and felt the format of the report should be changed to measure outcomes rather than activity. Whilst acknowledging a new cohort of nurses has recently		

	started, reducing the number of Band 5 nurse vacancies, NG queried what could be done to maintain or improve the level of vacancies between cohorts and suggested a target relating to this be put in place and measured against. JB advised when the strategy was developed this included actions and what the Trust was looking to deliver, followed by the Key Performance Indicators (KPIs). With workforce issues the measure is did we do what we said we would do and did it make the difference we expected it to make. There are targets in place in relation to, for example, Band 5 vacancies and medical vacancies. By the end of March 2019 the target is for Registered Nurse (RN) vacancies to be 12% and medics 9.5%. Medical vacancies are currently 7.82%, but RN vacancies are slightly adrift. The challenge with nursing is it is very seasonal due to the time of year when student nurses finish their training. Every trust will get a peak of nurses in the autumn and for the rest of year be reliant on international recruitment, people moving jobs or returning to nursing. The best trajectory would still reflect the seasonality. JM requested a short summary of KPIs and outcome measures to be included in future reports. TR felt thought should be given to how quality is measured. TR queried what the conversion rate is from apprentice to substantive employee of the Trust. JB advised the way apprenticeships are done has changed. The traditional model of apprenticeships was for a young person whose apprenticeship was at the first level within the organisation. However, apprenticeships have been opened up to all levels and there are senior substantive staff who are part of the apprenticeships process. However, JB advised she would look into staff at the first level and produce a conversion report. SuB advised there have been discussions with the University of Derby regarding recruiting a cohort of student nurses whereby for their third year of training they are converted to apprentices. They would still do that year of their training but they wouldn't have student fees assigned to that year. As the Trust would undertake the apprenticeship model with them, the hope is they would come to work for SFHFT when their training is complete. GW felt it would be useful to see a more output related set of figures, linked to KPIs to show progress on those with a commentary on the process in terms of is it delivering as expected or does something need to be flexed. In terms of nursing, GW felt it would be useful to understand the breakdown of staff movements through the year (i.e. retirement and moving to other trusts) and queried if SFHFT is able to recruit from other trusts at the equivalent rate to staff moving to other trusts. JB advised a retention report would be included in the next detailed report for the Board of Directors. An audit in relation to nurses who are reducing their hours is being undertaken as an aspect which is potentially hidden in the figures is nurses who don't leave but take up flexible retirement or reduce their hours. These nurses don't show up		

	as a leaver but the whole time equivalent (WTE) is lost. This is possibly a reason for the overall gap not being closed, despite recruiting students and doing well with international recruitment. CW sought clarification regarding the progression of talent mapping and the results of the conversations and felt that a target of 50% was not a particularly challenging figure. JB advised talent conversations were piloted last year with deputy level staff. The 'business as usual' process is to embed talent conversations into the appraisal process. This has been done but appraisals happen across the year depending on when they are due. It is important to keep monitoring to ensure talent conversations are happening. As results come through they are being mapped. NG felt it would be helpful to know how many nurses are approaching retirement age and when they could potentially retire or change to part time working. JB advised information on the workforce demographic had previously been presented to the Board of Directors. However, some scenario trajectories could be developed. ***Action*** • **Scenario trajectories to be developed in relation to nurses approaching retirement age** RM advised good progress has been made over the last couple of years regarding the workforce agenda. When this report is next presented to the Board of Directors in 3 months' time, the longer term NHS plan will have been launched. One of the key areas which runs through that is the workforce agenda. The framework within that will provide an opportunity for SFHFT to reflect and identify areas of best practice which can be replicated. In terms of recruitment, the work done through SFH jobs is good but more can be done to strengthen the message that from a staff engagement and CQC perspective SFHFT is a good place to work. JM advised a more outcome based report should be presented to the Board of Directors, with thought being given as to the indicators required for the Board to operate effectively without going into executive level work. The Trust is doing well but is further improvement required. The Board of Directors CONSIDERED the Maximising our Potential report ***Action*** • **Outcome based KPI's and measures to be included in future reports** **Education Partnerships** JB presented the report advising this features activities in relation to nursing students. This work has been extended, with two new partners	**JB** **JB**	**20/12/18** **31/01/19**

	being brought in, particularly Sheffield Hallam University as it has been identified that a lot of their students live in the Trust's catchment area. SFHFT is hosting the talent hub for the system which centralises the process for work experience placements and matching. The Trust is seeking to extend that and do more in relation to apprenticeships and careers. AH felt that information should be included for future reports regarding undergraduate medics as some undergraduates come to the Trust for shadowing. JM acknowledged the good partnerships and relationships. However, requested future reports be more comprehensive to include Junior Doctors, radiographers, occupational therapists and other specialties. JM advised he was aware Bassetlaw District General Hospital (BDGH) have established links with schools, providing work experience to students at an early age then linking with the school on an ongoing basis. JM felt it would be beneficial for SFHFT to make contact with BDGH to discuss the scheme. SuB advised two schools and a college were invited to attend the AHP day as part of a careers session. 65 students attended the event and, as a result, the workforce planning committee have agreed to hold a careers fair in 2019, targeting all schools in the area and inviting partners to attend. This will be for all job areas, not just medical vacancies. TR advised thought should be given to access to transport, etc. as some of the potential participants may struggle with public transport. It is important to maximise the potential of the event to get as many participants as possible in attendance. JM advised this is an important partnership issue and requested an update to the Board of Directors twice per year. ***Action*** • **Education Partnerships to be added to Board of Directors' work plan for 6 monthly updates** The Board of Directors were ASSURED by the Education Partnerships report	**SH**	**29/11/18**
16/999	**STRATEGIC PRIORITY 3 - TO INSPIRE EXCELLENCE**		
22 mins	**East Midlands Academic Health Science Network** MiH gave a presentation on the work of the East Midlands Academic Health Science Network (AHSN) advising the aims of the organisation are improving lives by delivering better patient experience and improving clinical outcomes, driving down cost of care to save money and stimulating economic growth through the rapid spread of innovation.		

	MiH advised SFHFT are involved with most of the national programmes which are being rolled out, particularly those relating to secondary care, and the Trust is taking the lead for the region for the PreCePT programme. TR acknowledged the programme is currently in England only, with links to colleagues in Wales and Scotland. TR queried if there were similar links to colleagues in Northern Ireland. MiH advised the focus is mainly on adoption and spread of innovations within England but there are links with Queens in Belfast, Tate Group in Tayside, Scotland, and there is a national team in Wales. TR enquired how the database can be built on, taking into account data protection with young people while spreading the health agenda. MiH acknowledged this is a challenge, particularly after GDPR. TR acknowledged the reference to external investment and queried what is the risk of that diminishing given the current political climate. MiH advised the NHS has a huge amount of data within the system and is one of the few systems which enables an innovator to go from early research through to implementation, effectively within one system. It is unlikely that investment will cease as when people recognise a great idea they are willing to invest. SiB queried what the key to success is regarding adoption of programmes. MiH advised the programme has to be a solution to a problem, rather than a solution looking for a problem. The ideas have to be combined with patient pathways and redesigning pathways. In order to fully succeed there is a need for champions at every level within the organisation. AH felt that as the ICP develops it is important to work with AHSN. JM felt it would be useful to link with AHSN to inform the technology element of the Trust's strategy. It is also important to get the work of the AHSN onto the agenda at ICP level as soon as possible in order to get maximum gain from the work of the AHSN. PW enquired if there were specific things which could be done by the Trust to link in more closely with AHSN. JM advised further discussion was required with MiH regarding how SFHFT can make links for the Trust and the mid-Notts system. ***Action*** • **PW to have further discussion with MiH from East Midlands Academic Health Science Network regarding links for the Trust and the mid-Notts system** The Board of Directors were ASSURED by the report	**PW**	**29/11/18**

17/001	**STRATEGIC PRIORITY 5 – TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES**		
14 mins	**Engagement and Involvement Strategy** KB presented the updated Engagement and Involvement Strategy, advising this is more streamlined than the initial version which was presented to the Board of Directors 6 months ago. KB advised the public forum was set up nearly 12 months ago and when the website was updated feedback from the public forum was taken into account. The Trust's relationship with the public is moving from a transactional to a transitional phase, with the aim to move into the transformational element over the next 3 years. Through the work of the Better Together Alliance, ways to combine communications across mid-Notts are being investigated. There will be some national engagement in 2019 regarding the 5 year plan and it is likely the Trust will be asked to get involved with that work. NHSI have published a patient experience tool, which is currently for voluntary use. The tool can effectively be used as a gap analysis. Whilst it is a big piece of work, KB advised it is important for SFHFT to implement. This will be looked at in more detail over the next few months. CW acknowledged the difficulties relating to getting people to engage and attend meetings, etc. and sought clarification on what the Trust will do differently to improve this and how the objective of getting the public to help design care pathway plans be achieved. KB advised when the public forum was set up it was transactional in that KB would set the agenda. However, members of the forum are now suggesting topics for discussion. Members of the forum have been used as part of Patient-led Assessments of the Care Environment (PLACE) audits and a member of the forum sits on the Quality Committee. It is important to build up relationships through the forum, governors, etc. by providing regular updates and being available to discuss any concerns so people are engaged before the Trust asks for help with service redesign, etc. There is a regular stakeholder newsletter and 20 members have asked to be more active. They have been invited to attend the forum. RM sought clarification regarding the target date to achieve Objective 4, "By 2019/2020 more than 90% of patients will report they were involved in the planning and delivery of their care" and queried what the definition of being involved with planning and delivery of care is and what the current position is regarding this target. KB advised the target date is Q4 of 2019/2020. In relation to being involved in planning and delivery of care, the measures currently being used are the Trust's results from national surveys, Friends and Family Test (FFT), etc. but acknowledged this is not ideal. KB advised she did not have the information available regarding the current position but would find that. TR felt there is a need to help patients with the definition of "being involved with their care" so they can make an evaluation.		

	Action • **Information to be provided to the Board of Directors regarding progress against the objective of 90% of patients reporting they were involved in the planning and delivery of their care** JM invited Keith Wallace (KW), Governor, to comment as he has been leading governor work on engagement. KW stated it is difficult from top down to call a meeting and expect the public to attend. There are a lot of lay bodies in the area, for example, Patient Participation Groups (PPG) in every GP practice, governor boards, etc. The aim is to draw these groups together at alliance level so they can be used as a method of disseminating information and drawing feedback in and then building on that. RM stated the Trust should establish which organisations are doing well in terms of engagement work and identify how SFHFT compares. KB advised Nottingham University Hospital (NUH) has a good reputation for how they've built up engagement. There is an acknowledgment nationally that engagement is difficult and there is no organisation which is outstanding. Networks are being set up between organisations to share best practice. RM advised that given the patient group, mental health trusts probably do this work more effectively than acute trusts. JM advised it is important to consider how the information gathered is used and how well it is used. As pathways are developed there will be a need to think about patient experience across pathways. Another area to consider is how the work the Trust is doing regarding patient experience is going to change as the ICP develops. This should be re-visited in 12 months' time. ***Action*** • **Review how information in relation to patient experience is gathered and used, considering ICP developments** The Board of Directors APPROVED the strategy	**KB** **KB**	**29/11/18** **31/10/19**
17/002	**PATIENT STORY – BEYOND THE FALLS DATA**		
19 mins	MeH, LD and CR presented the patient story which related to a patient who had a fall when they left the ward to go outside to smoke a cigarette. The story incorporated the health and wellbeing agenda and highlighted some of the issues staff face when dealing with patients who have capacity and who choose to ignore safety advice. CW noted the patient was given Nicotine Replacement Therapy (NRT) for two weeks whilst they were in hospital but still had the mind-set to resume smoking on discharge. CW queried if anything further could have been done to support the patient to stop smoking.		

	CR advised NRT wasn't given at the start of the patient's admission and at that time the Stop Smoking Service weren't based in the hospital. However, since the end of July the service has been based at the hospital to support patients in changing their lifestyle and to think about stopping smoking. CW queried if it was possible to include this example in some of the material given to patients to inform them of the potential consequences and implications in terms of safety. TR sought clarification if there is now less likelihood of smoking screening being missed at an early stage of admission. MeH confirmed this was the case and advised there is a CQUIN in relation to this which is being audited on a regular basis. TR queried what would be one thing which would help drive this work forward. MeH advised the ideal would be for substantive staff to keep this work going as the current Promoting Wellbeing Leads are on fixed term contracts. TR queried if it is known what percentage of staff are smokers. LD advised this is 1 in 4. MeH advised that since the programme to support patients to stop smoking has been rolled out on wards, there have been a significant number of staff engage and start on the stop smoking programme. JM felt this is a good example of the work of the Trust not just relating to the provision of high quality care but that the work also relates to the health of the population. AH advised smoking and alcohol addiction are two of the most important things the Trust should be addressing and queried what the uptake is, acknowledging it is difficult to measure the outcomes in terms of smoking cessation. CR advised this can be measured by the use of NRT. It is important to have meaningful conversations with patients about stopping smoking. This is measured through the completion of the screening tool and ensuring patients are referred to the stop smoking service and have been given NRT. GW queried if the Trust was doing any similar work in relation to alcohol use. CR advised this would be picked up through the same screening tool. There is the drug and alcohol team which work with people who are dependent on alcohol. The focus for the Trust is people who drink more than they should, but are not dependent on alcohol. There is a need to make sure staff know the conversations to have regarding this. SuB advised a Health and Wellbeing group has been in place for 6 months. CR and her colleague focus on smoking and alcohol and the		

	wider health and wellbeing agenda. BB is a key member of that group and there is a separate smoking group which is led by one of the consultants. This work is aligning to the Alliance health and wellbeing agenda and has knock on effect to the STP. JM felt this should be used to profile the Trust's strategy to send out a message to partners and staff that the role of the Trust has to change regarding its role in improving the health of the population. AH queried if patients' GPs had been informed of the interventions regarding smoking. MeH advised this is not currently happening but acknowledged this should be the case. The process to inform GPs would be investigated.		
17/003	**SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT**		
62 mins	**ORGANISATIONAL HEALTH** JB advised all the workforce KPIs are green for September and for Q2. A key action to help reduce the sickness absence rate is the flu vaccination campaign. To date, 67.7% of staff have been vaccinated. Sickness absence is green across the quarter but there are some areas of challenge. Detailed workforce reports and exception reports with action plans for areas which are over target are produced at the divisional performance meetings. Sickness is an area which needs to be monitored as Winter approaches. Appraisal was at target this month and mandatory training was above target at 94%. The Trust has aspirations of increasing the challenge in relation to this target. JB felt the figures for staff turnover don't mean much at Trust level but it is important to understand what is happening within different staff groups and divisions. It was noted that medical gaps has reduced over the last few months and is now below 8%. The number of nurse vacancies has reduced due to the number of newly qualified nurses taking up post. However, some of the new starters are awaiting their PINs so are not yet showing in the RN figures. Half of the newly qualified nurses started in September with the other half due to start in October. The full effect has not yet been seen in the rotas but this should be in place for Winter. NG noted that when considering the rolling year, the Trust has not met the 3.5% sickness target. Sickness rates had dropped from March 2018 to July 2018 but are starting to increase again. JB advised 3.5% sickness absence rate is a challenging target. Exception reports are produced at directorate level and a swing is seen between long and short term sickness. GW noted the increase of full time equivalent (FTE) days lost due to anxiety and stress but stated the base point this is being measured against is not clear, with the exception of scientific and professional. GW felt there has been a significant increase in scientific and		

	professional and queried if other areas are similar and, if so, how can this be countered. JB advised this is an area of underlying challenge for the Trust. What the figures don't show (and it is not always known) is if the stress is work or home related. The Trust has invested in Time to Change Champions within the workforce who are available for staff to talk to. Additionally, a new employee assistance scheme has been introduced providing telephone counselling 24/7. In most areas, anxiety and stress is the highest reason for sickness absence. SuB made reference to the recent menopause conference, advising a third of the Trust's female workforce are aged over 50. There is a peak in anxiety and stress within this age group and when women go through the menopause anxiety and stress is more difficult to cope with. A piece of work is required in relation to health and wellbeing. Raising awareness and working with occupational health will help in starting to tackle this issue. JM advised the Trust needs to consider what can be done to help support staff as the return will be lower sickness absence rates. JB advised this information can be included as part of one of the workforce reports for the Board of Directors. JM noted sickness absence within diagnostics and outpatients has been on an upward trend since April 2018 and queried if the reasons for this were known. JB advised this relates to long term sickness. The division is good at managing sickness absence so there will be plans in place to reduce this. **QUALITY** SuB advised there was one exception report which related to Grade 2 pressure ulcers. Throughout Q2 there has been an overall increase in Grade 2 pressure ulcers. When considering the root causes, the main themes and trends are assessments in ED and repositioning frequency. SuB advised she has taken over chairing the weekly pressure ulcer meetings. Learning points are identified and shared at the weekly sisters and senior nurses meeting. The effectiveness of ongoing work in terms of falls reduction is enabling the Trust to show a positive position, remaining below the national average. The Colour me Safe project will be launched on 5th November 2018. Patients identified as being at a high risk of falls or who need support to mobilise will have a blue or yellow wrist band. The team are undertaking awareness sessions throughout the Trust. The Trust has consistently met the target for dementia screening throughout Q2. There have been three cases of clostridium difficile. This brings the YTD total to 17, which remains within the threshold.		

	There were 9 serious incidents in Q2 and one never event, which was brought to the Board of Director's attention in September. The Trust is 100% compliant with patient safety alerts. All harms, incidents and complaints are shared at the weekly nursing and AHP meeting. Despite the RN vacancies, there has been no direct correlation between the staffing position and patient harm. Overall feedback from Friends and Family testing is positive, but work is ongoing regarding the number of responses in some clinical areas. Work is ongoing within the nursing taskforce relating to the retention agenda and how talent is developed within the current workforce. Work continues relating to nurses approaching retirement. JM queried how harm free care is defined. For example, if someone with cancer has to wait longer than they should they may develop psychological problems. Would that count as harm free care. SuB advised that isn't in the national definition. JM felt this is a topic for further debate. AH advised that it is included in the incident framework definition for psychological harm and criteria for serious incident declarations. Through the Quality Committee and AQP revision, the Trust needs to look critically at what is being measured. Harm free is part of the national safety thermometer. Trusts at the leading edge of safety are starting to define their own internal measures. JM queried if the Trust has the right balance between investigation and learning and felt it would be useful for the Board of Directors to reflect on the next stage of the quality journey at a future board workshop. SuB advised that any incident, whether serious or not, any patient harm, near misses and complaints are shared at the weekly meetings for ward sisters and senior nurses. The governance huddles continue and ways to escalate urgent concerns throughout the organisation are being discussed. AH felt SFHFT could do better but the Trust is further ahead than some trusts. In terms of incident investigation, the Trust is doing fewer but is looking at emerging themes and taking learning from those. ***Action*** • **Quality to be topic for future Board of Director's workshop** **OPERATIONAL** SiB reported on the whole the Trust is delivering good access to care for patients. Emergency care remains positive with the ED 4 hour standard of 95% being achieved for Q2. The Trust achieved 96.6% for September, placing SFHFT 9th out of 137 trusts. This is in the context of a 10% growth in demand.	**SuB**	**TBC**

	There was one 12 hour wait for a bed from decision to admit, which was for a mental health bed. Most of the long waits were for mental health beds and the Trust continues to work with Notts Healthcare in relation to this. The focus is now on the safe delivery of the Winter plan and there will be an update regarding this to the Board of Directors next month. Elective care and diagnostics achieved the standard for the fifth consecutive month. Referral to Treatment (RTT) was at 90.6%, placing SFHFT 90th out of 185 trusts. This position has stabilised and the Trust is looking to get over 92%. The Trust achieved four of the six cancer access standards but did not achieve the 62 day standard. This has been micro managed but needs to move to a more systematic approach. Most of the delays for patients are in the diagnostic phase and relate to MR and endoscopy capacity. The Trust is behind on endoscopy activity but SiB expressed confidence this can improve. The MR mobile scanner has been changed for one which can do a different range of scans and the working day for the scanners has been lengthened. Steps are being taken to attempt to reduce the waiting times in the diagnostic phase and the stages within that phase are being measured. This information will be shared in future reports for the Board of Directors. There may be choices to be made in relation to prioritising diagnostic capacity, converting some capacity to cancer capacity. NHSI have requested a formal recovery plan in relation to 62 day cancer standard. There were 21 52 weeks waiters last month. This relates to the ongoing data quality work which is due to be completed in December 2018. This should eradicate 52 week waiters by the end of March 2019. NG noted performance in relation to the 62 day cancer is getting worse and stated he would like to see a deep dive into the reasons for this and queried if there was anything further which could be done in relation to MR capacity. SiB advised the two MRI scanners are working all the time, except overnight. This change has been introduced in the past month so the benefit of this is not yet being seen through the pathway. CW queried if these changes are to deal with the backlog, how can the Trust ensure it can cope with the next stage of development if demand increases. Additionally, CW queried if there are opportunities for learning from specialities where targets are being met. SiB advised within the meeting where individual patients are discussed, there is lots of cross learning, but acknowledged this could be improved further with learning from clinicians. There does need to be some redesign of the pathway, for example, considering if decisions can be made remotely to move the decision on without necessarily needing to see the patient. Contact is being made with better performing trusts to learn from their pathways. There is work to do in relation to capacity and pathway redesign to get this back on track. It is hoped to see an		

	improvement in November. JM stated this is a serious issue and queried if additional MR capacity should have been put in place earlier. With reference to the long wait patients, JM queried if they are being monitored through their waiting time to ensure they're not coming to harm. SiB advised all patients are given a harm review when they are treated. NHS intensive support have been working with the Trust in terms of cancer care and SFHFT has now implemented their advice which is for patients to have a formal harm review when their wait reaches 104 days, regardless of whether they have been treated or not. These patients are in frequent contact with the hospital so clinicians are able to identify harm. AH advised urology patients are largely prostate cancer patients, which doesn't generally progress. In some cases only part of the wait relates to issues which SFHFT can control, with the remainder of the time relating to NUH services, for example, specialist radiotherapy or surgery. Therefore, there is a complexity of access to pathways which SFHFT doesn't provide. The Trust could do better but the larger issue is to ensure a patient from Mansfield gets the same access to treatment as a patient from Nottingham. SFHFT needs to continue to work with NUH in relation to this. JM felt it would be useful for Quality Committee to receive some assurance in relation to the potential harm aspects of patients' waiting times. TR felt it is important to get the balance between what SFHFT can take on board and deliver and what the Trust needs to broker with NUH. ***Action*** • **Quality Committee to receive assurance in relation to the potential harm aspects of patients' waiting times** SiB advised he had included more detail in the report, down to speciality level, relating to activity. Overall elective activity is 2.5% behind plan with all other points of delivery (non-elective, etc.) being between 2% and 10% up on plan. 7 specialities are financially behind plan, 3 of which are ahead on activity. Part of the reason for this is the case mix which is going through those specialities and some of the work is restricted and not routinely funded by the CCG. Theatres at Kings Mill are productive but SiB acknowledged the theatres at Newark could be more productive, advising there is a push to improve that position as part of the Financial Recovery Plan (FRP) work. The independent sector is only used in urology, general surgery and orthopaedics. These specialities are achieving their plan and theatre productivity and the use of the independent sector is an attempt to reduce waiting times for patients. CW queried if more could be done to change the mix of work coming through Kings Mill so that more of the 'right' kind of surgery can be taken out of Kings Mill and reduce the need to use the independent	**SiB**	**29/11/18**

	sector. SiB advised that where capacity at Newark isn't used, staff are moved or the cost is taken out so theatres are not left idle. In terms of case mix, work which can be safely carried out at Newark is being moved across there and there is a push on that. There may be a need to look strategically in the future if the nature of those theatres can be changed. If cases are taken out of Kings Mill, the gaps are being filled with other work, which should cease the use of the independent sector, although this may not work perfectly at speciality level. CW queried if case mix is the only barrier for making more use of Newark theatres. SiB advised some patients don't want to go to Newark, purely due to geography. However, the different waiting times are being explained to patients and this is leading to more patients choosing to go to Newark. NG advised the surgery division presented an item at the recent meeting of the Finance Committee and while there is still some way to go, they are putting more patients on lists now than they were. They are considering overbooking. NG queried if this is to be introduced across the Trust. SiB advised potentially it is possible to overbook lists for very small cases. However, the did not attend (DNA) rate and the not fit rate on lists is quite low, unlike clinics where there might be a higher DNA rate and, therefore, cope better with overbooking. While it is good in principle it is unclear if it would work in practice in terms of making sure the list is not overrunning. GW stated surgery division advised there are a couple of areas which are starting to be more effective in terms of the number of cases they were seeing. This needs to be made sustainable and rolled out across the Trust as a general practice. SiB advised this relates to scheduling, making sure the list is full to time in order to maximise utilisation. RM clarified the Trust is not proposing to overbook theatre lists. There is an understanding of the volume of patients being operated on by the Trust. Last week was the busiest ever week for elective inpatient day case work across the organisation. For future financial success, the Trust needs to manage the increasing demand coming into the organisation in a cost effective way. RM advised he was pleased with the ongoing work in relation to transferring cases to Newark as this is a key part of the Winter plan. As part of the strategic work, the aim is for a clearer plan to be in place for 2019/2020 regarding identifying the range of procedures and treatments that go through Newark. JM queried if the plan for this year adequately took into account the shift to outpatient procedures and the birth rate. Trends need to be reflected in the plan for next year. RM acknowledged the hard work being put in by the divisions.		

	TR raised a query in relation To Take Out medication (TTO) stating there is conflicting information if this is an issue and felt this should be looked at in more detail at Quality Committee in order to give the Board of Directors assurance. RM advised he was asked about this at the last Council of Governors meeting and while there is always work which can be done in relation to TTOs, improving TTOs is not going to dramatically improve bed occupancy. ***Action*** • **Quality Committee to receive assurance regarding TTOs** **FINANCE** PR advised at the end of Month 6 the Trust's deficit position pre-Provider Sustainability Funding (PSF) was £25.64m, which is £100k better than plan and the forecast. The deficit post PSF is £21.55m which is £150k worse than plan. This is due to the loss of £250k PSF funding attached to ICS across Nottinghamshire. Partners in the system are reporting a collective deficit as at Month 6. Agency spend has decreased in month but remains above the NHSI ceiling YTD. The forecast year end position is reviewed on a monthly basis and the expectation is the control total will be achieved following implementation of the FRP which mitigates the circa £9m risk as highlighted in previous months. The trajectory of the FRP is such that it is expected a deficit against the plan will be recorded in Month 7 and Month 8 but will be back on track at Month 9, thus accessing the PSF money which is available each quarter end. The capital programme is £1m behind the YTD plan but is expected to be on plan at year end. Cash holdings are £3m ahead of plan at the end of September. The FRP is in place. Meetings are held weekly at which executives meet with divisional and corporate colleagues in order to ensure the delivery of that plan. Currently there is a significant trajectory of delivery required in the last 4 months of the year but this will be refined as an understanding of the detailed delivery is gained. RM advised the work which has been put in place has been timely and proportionate. There are still a number of risks remaining in the financial position for the second half of the year but the Trust is better sighted to those risks and has better systems in place to manage those risks. The Board of Directors CONSIDERED the report	**AH**	**29/11/18**
17/004 **6 mins**	**BOARD ASSURANCE FRAMEWORK** RM presented the Board Assurance Framework (BAF) advising this was presented to the Risk Committee on 5th October 2018. The key		

	risks are identified in the report, with the three key risks remaining as financial sustainability, workforce capacity and capability and demand overwhelming capacity. Elements of the BAF have been discussed at the Finance Committee and Quality Committee. The Quality Committee has requested additional assurance and members of the executive team responsible for key areas of risk will attend the next meeting of the Quality Committee to provide that. The Trust is increasingly spending time responding to requests for information, etc. linked to Brexit. A letter was received recently from the Department of Health and NHSI with a large template of information for completion; the Procurement Team are taking the lead on responding to this. Brexit will increasingly be on the agenda for the Risk Committee over the coming months. It is something the Trust is sighted to and will respond as requested and appropriately. PR advised the Finance Committee received and considered Principle Risks (PR) 4 and 6 at the meeting on 23rd October 2018. The Committee acknowledged and accepted the changes as per the version of the BAF presented to the Board of Directors. NG stated he has increasing concern in relation to PR6 (Breakdown of strategic partnerships) given the pressure the CCGs are currently under and felt it would be useful to reflect on the risk rating at the next meeting of the Finance Committee. JM advised there is also pressure in Greater Notts, noting the positive relationship with NUH. While there is a willingness to work together, the ability to work together with partner organisations is under increasing strain. RM acknowledged the financial pressures social care are also under. RM felt the rating of 10 in relation to PR5 (Fundamental loss of stakeholder confidence) is high and this should be reviewed and discussed at Quality Committee. JM acknowledged the increase in demand for services and stated thought needs to be given to contracts which may be in place next year and how the financial payment systems may change when the NHS Plan is issued. The Trust needs to continue working with partners to try to manage demand but given that is difficult, the fall-back position in terms of how the Trust responds to increasing demand needs to be considered so SFHFT is not taking all the risk but there is a balance of risk across the system. This should be reviewed by Quality Committee. ***Actions*** • **Finance Committee to review PR6** • **Quality Committee to review PR2 and PR5** The Board of Directors were ASSURED by the report	**PR** **AH**	**20/12/18** **29/11/18**
17/005 3 mins	**LEARNING FROM DEATHS QUARTERLY REPORT** AH advised performance YTD is ahead of the Trust's position for the same period last year. Performance in Q2 is behind the anticipated		

	position and this is being addressed through the mortality surveillance group. This position should improve. There is a reasonable system in place for identifying learning disability cases but it is recognised improvements are required in relation to mental health. ReSPECT is being implemented in the Trust. The intention is to roll this out across the community. The Trust has a Shadow Medical Examiner in place and there has been positive feedback received from junior doctors. National guidance regarding future developments of the medical examiner role are awaited. The Trust continues to be in a strong position in relation to mortality and learning from deaths and AH advised he has given talks around the country on this topic. JM acknowledged there is high national recognition of the work done at SFHFT in relation to learning from deaths. The Board of Directors were ASSURED by the report		
17/006	**PROGRESS AGAINST CQC PLANNING**		
4 mins	RM advised the Trust is pleased with the 2018 CQC assessment but it is recognised areas for improvement were identified. RM felt improvements have been made in the 6 months since the CQC visit. The CQC identified 37 'should do' actions. Progress is being made against those and the actions are being monitored through the Advancing Quality Oversight Group which will feed into the Quality Committee and the Board of Directors. Planning for the 2019 visit has commenced. Six services the CQC is likely to visit in 2019 have been identified as these are the services which have not been visited since 2014 and 2015. Of these six areas, three are based at Newark. While Newark Hospital is a smaller site than Kings Mill, from a strategic, financial and CQC perspective it will be important in 2019. As a minimum the Trust wishes to improve the Safe rating and the overall rating for Newark Hospital from Requires Improvement to Good in 2019. The CQC process is such that to get a true set of evidence the CQC needs to visit the organisation for two consecutive years. Therefore, SFHFT is effectively halfway through the visit, with the other half to follow in 2019. The Board of Directors CONSIDERED the report		

17/007	**USE OF TRUST SEAL**		
1 min	SH advised the Trust seal has been applied to the 5 year renewal of lease of land for the Northfield Car Park. The Board of Directors APPROVED the report		
17/008	**ASSURANCE FROM SUB COMMITTEES**		
12 mins	**Finance Committee** NG advised the Trust had a deficit for the half year (pre-PSF) of £25.6m and is expecting to achieve a full year deficit of £46.4m pre PSF. This carries a downside risk of £6.8m although it is felt this is manageable. The outturn relies on delivery of £7.5m of FIP and £8.9m of FRP. The FRP has been risk rated and the Finance Committee felt confident in the robustness of the plan to deliver the FRP by the end of the financial year. Ernst and Young (EY) were commissioned to assist in developing an FRP due to the FIP programme under-delivering in the last few months. The plan is now being implemented and the governance arrangements were reviewed by the Finance Committee. In future the reporting of the FIP and FRP will be combined, with a combined targeted saving of £16.4m for the year. The Finance Committee felt confident this will be delivered but don't currently feel confident to change the BAF risk rating. It is anticipated that at least £10m of this saving will be recurrent and that is important in developing the plans for 2019/2020. A draft financial strategy for 5 years to 2023/2024 was considered. The Trust currently has an underlying deficit of £50m per annum. By doing nothing, it is anticipated that the deficit could rise to over £100m within 5 years so the challenge faced by the Trust is to reduce the deficit to the level of the structural deficit. There is a plan in place to bridge the gap but it will require challenging strategic choices to be made. Surgery division attended the meeting as their performance is behind plan. There is currently a high level of sickness within the division at consultant level which is impacting on medical pay costs, leaving the division £100k adrift of plan. The division is now engaged in the FRP and is committed to delivering a deficit no worse than £2.75m by the end of the year. NHIS is currently forecasting a deficit of £238k for the year but plans are in place to potentially recharge more costs to partners, including Agenda for Change pay reviews and cyber security costs. Any residual deficit at the year end will be recharged to partners. PFI performance is generally in line with expectations and contractual requirements are generally being fulfilled. A full market testing can be carried out for soft FM services in 2022. The alliance has delivered QIPP of £3.6m against a plan of £4.2m at Month 5. The QIPP is heavily back end loaded and it is unlikely that the		

	full year target will be delivered. This is the second year that the QIPP programme is expected to under-deliver and a different approach will be required for 2019/2020. Draft planning and budgeting guidance has recently been received but it is currently unclear. Firm guidance is not expected to be received until December 2018. The Finance Committee considered and approved the Newark Breast Business case, subject to Board approval. **Charitable Funds Committee** TR advised the Gamma Scanner appeal is currently in excess of £155K. The Committee reviewed and approved their investment policy and the investment principles were discussed in terms of what areas can and can't be supported. The risk register has been populated but requires further development. The Committee were assured the charity is compliant with GDPR requirements. The Committee approved a fundraising campaign for the Newark Breast Services Development, on the proviso it was approved by the Finance Committee. The governance framework was approved and the Committee received an update on ongoing projects. The Board of Directors were ASSURED by the report		
17/009	**JOINT PLANNING PROCESS 2019/2020**		
4 mins	PW advised a letter had recently been received from NHSE and NHSI. One of the key points within this is the potential reformation of the payment system and the consultation which is underway regarding emergency care. Whilst the simplification message is welcome, the notion of shifting risk to providers and lack of direct commitment to ensuring providers are fully remunerated for the costs of provision of emergency care is something to be monitored. The emphasis on system planning reinforces the way in which SFHFT are approaching the strategy refresh and making it clear and explicit the Trust is anticipating moving into a system leadership role as an organisation across mid Notts. The Trust is represented at all the planning forums which exist across the ICS and ICP. The internal group has reconvened to further refine the Trust's approach to anticipate activity levels next year and matching the capacity plan which addresses those requirements. There is a need to create a single integrated plan for 2019/2020. JM advised that as an organisation and ICP, the Trust needs to look at the planning timetable to ensure SFHFT can influence the Notts wide plan. The Board of Directors CONSIDERED the report		

17/010	**COMMUNICATIONS TO WIDER ORGANISATION**		
2 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation • Maximising our potential • Performance in relation to cancer and ED 4 hour wait targets • Finance • Health Science Network • Engagement and Involvement Strategy • Breast Screening Business Case • Patient Story		
17/011	**ANY OTHER BUSINESS**		
1 min	No other business was raised.		
17/012	**DATE AND TIME OF NEXT MEETING**		
1 min	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 29th November 2018, in the Boardroom, King's Mill Hospital at 09:00. There being no further business the Chair declared the meeting closed at 12.45pm		
17/013	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. John MacDonald **Chair** **Date**		

17/014	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
1 min	No questions were raised		