

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 31<sup>st</sup> January 2019 in the Boardroom, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chairman	JM
	Neal Gossage	Non-Executive Director	NG
	Graham Ward	Non-Executive Director	GW
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	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

<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Amy Southam	Therapy Team Leader	AS
	Lucy Betts	Rehabilitation Assistant	LB
	Fran Platts	Therapy Operational Manager for Community Services	FP

<b>Observer:</b>	Gail Shadlock	NeXT Director Scheme	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Angie Emmott	Staff Governor	
	Clare Harris	Public	

**Apologies:** None

Item No.	Item	Action	Date
<b>17/090</b>	<b>WELCOME</b>		
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.		
<b>17/091</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
<b>17/092</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence		
<b>17/093</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors in Public held on 20 <sup>th</sup> December 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>17/094</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 16/907, 16/998.2, 17/031, 17/036, 17/062.1, 17/066.1, 17/067.2, 17/067.3 and 17/069 were complete and could be removed from the action tracker.		
<b>17/095</b>	<b>CHAIR'S REPORT</b>		
2 mins	<p>JM presented the report and advised he has now visited all the winners of the Staff Excellence Awards. There is some interesting and positive learning from those discussions and a number of ideas have been highlighted. JM advised he would discuss how these ideas and good practice can be shared across the organisation with RM as there is some excellent work being undertaken.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/096</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
9 mins	<p>RM presented the report, advising the organisation should be proud of its achievements. The Trust has a balanced portfolio. There is no evidence of complacency within the organisation but there are a lot of tired staff who continue to deliver high quality care.</p> <p>The ED 4 hour standard for March 2019 has been discussed by the executive team. The expectation for performance against this standard in March 2019 is 95%, which is the same for all organisations in the NHS for them to achieve their Provider Sustainability Funding (PSF). The Trust will do everything possible to deliver a high standard of performance and care in January, February and March and elective work will not be taken down in an attempt to strengthen ED performance in March. Whilst the aim is to achieve 95% in March, there is no guarantee this will be delivered.</p>		

NHSI have moved the Trust's Single Oversight Framework (SOF) segmentation from 3 to 2. This, coupled with the 2018 CQC assessment, is positive and suggests the Trust's regulators feel progress continues to be made. From the regulators prospective it is clear that one of the key markers of success will be the Trust's ability to deliver the financial position along with all other aspects of work. The expectation is that SFHFT accelerates some of the financial plans over the next couple of years.

A lot of work has been undertaken over the last couple of months relating to the Trust's strategy. There will be three parts to the strategy, the foundation of which will be a two page highly visual, simple to understand, strategic summary. The draft of this will be presented to the Council of Governors on 12<sup>th</sup> February 2019. There will be additional working with the non-executive team and further consultation with staff, patients, public and other stakeholders over the next month to further strengthen the strategy. The final draft strategy and summary will be presented to the Board of Directors meeting in February 2019. The strategy will be approved at the Public Board of Directors meeting in March 2019, ready for the launch at the beginning of April 2019.

A number of executives are currently occupying dual or triple roles within the Integrated Care System (ICS), Integrated Care Provider (ICP) and SFHFT. All senior leaders have roles and responsibilities across those three domains. However, the primary focus is to continue to ensure provision of high quality care at SFHFT.

The senior leadership team, executives and other colleagues are increasing their visibility at Newark Hospital; some positive feedback has been received regarding this. The right actions are being taken to strengthen the clinical and non-clinical leadership in Newark.

The CQC have communicated their findings in relation to mothers and families in 2018. The mothers and families assessment of maternity services at King's Mill continues to be very good, with the Trust ranking top across the East Midlands and comparing very well to maternity services nationally. RM expressed his thanks to staff working within the maternity team.

The staff survey results for 2018 will be available by the next Board of Directors meeting. It is anticipated this will show some progression but it is likely to also highlight some issues which will need to be responded to.

JM acknowledged there are tired staff within the organisation but, despite this, morale is still quite high. This is a tribute to the staff within the organisation who are proud of their work. There is a need to continue to support them.

MG queried if there is anything further the Board of Directors can do to recognise staff.

JM advised staff appear to appreciate the visibility of senior colleagues. RM advised there are many different routes of communication across the organisation and there has to be a balance between being grateful for what is going well while recognising improvement is required. Staff

	<p>love the opportunity of interacting with senior colleagues through executive team visits, etc. During those interactions the senior staff are in receiving mode and that is what makes the difference.</p> <p>MG acknowledged the greater focus on wellbeing is important.</p> <p>RM advised health and wellbeing is at the centre of the strategy, both within the organisation and across the health and social care system.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/097	<b>6 MONTHLY STRATEGIC PRIORITIES REPORT</b>		
56 mins	<p><b>Strategic Priority 1 – To Provide Outstanding Care to Our Patients</b></p> <p><b><i>Advancing Quality Programme</i></b></p> <p>SuB advised there are eight workstreams, four of which are embedded and four which are partially embedded. Of the workstreams which are partially embedded, one relates to the mobile clinical digital platform. Nerve Centre has been rolled out and News2 was updated in December 2018. There are no significant issues with implementation. The issues currently being worked on are in relation to e-handover and work is ongoing to make the transition from paper to e-handover. There is an ongoing issue with the Emergency Department (ED) and SystmOne. There is communication between the clinical applications team and suppliers to resolve these issues.</p> <p>In relation to safe medicine prescribing, the main action relates to reducing inappropriate use of Tazocin and Carbopenems. However, it was noted the Trust is one of the lowest users in the East Midlands.</p> <p>The third area which is partially embedded is in relation to the discharge experience. Any concerns, issues or complaints which are raised in relation to discharge are discussed at the weekly governance huddle.</p> <p>The fourth area which is not fully embedded relates to the equality of emphasis on mental health. The Trust is working as part of the Integrated Care System (ICS) Mental Health workstream. A service level agreement with Notts Healthcare is awaiting sign off.</p> <p>JM noted the comments in relation to SystmOne and sought clarification regarding the extent to which clinical information is being shared across the primary/secondary care boundaries.</p> <p>PW advised SystmOne is embedded in ED but not in the remainder of the Trust. Medway PAS is the Trust's main patient administration system. The main way the issue is being addressed is through the use of portals, a good example of which is the e-Healthscope health community portal. All the health and social care organisations across Nottinghamshire are engaged in a project to maintain this portal which enables all the organisations within the system to see each other's information, thus enabling better decision making in relation to clinical pathway management.</p>		

The Trust has recently partially gone live with the Orion portal which has a similar, but more local, focus in terms of drawing information from different sources so clinicians within the Trust can see primary care and community service information. It needs to be determined if, in the longer term, e-Healthscope will do everything which all the clinical teams across the ICS require. Overall, Nottinghamshire is in a relatively advanced state in terms of information sharing.

AH advised the Medical Interoperability Gateway (MIG) is part of the digital strategy and should start to become a reality from April 2019. Progress has been slow but there is a huge amount of data which the Trust already has access to and can share. Agreements in relation to governance and data sharing were signed in 2015. Therefore, data sharing has been in place for an established period of time.

NG sought clarification if SystmOne is used by all GPs in the area.

AH advised all GPs are using SystmOne and are happy with it. GPs feel everyone should use SystmOne but unfortunately SystmOne does not currently have a hospital management system.

BB queried if the mental health component referred to in the report relates to people presenting in the hospital with an acute or crisis in their mental health.

SuB advised this relates to patients who present with mental health problems but have a physical health issue.

BB noted the psychosis end of the mental health spectrum is a relatively small cohort of patients. The Trust will be seeing people with what is often described as common mental health disorders where there is under access to psychological therapies. Clarification was sought if this is being picked up and acted on, rather than just responding to the crisis of an acute exacerbation.

AH advised there is a strand of work in relation to high volume service users which has been ongoing for three years. Initially this was largely based around frailty but it has become apparent this misses a large number of people who use the Trust's services where part of the reason they are high volume service users relates to their mental health rather than their physical health. As part of the move into primary care networks (PCN) and providing mental health services from primary care networks, that link into high volume service users who have chronic conditions is being picked up.

BB queried if staff are aware it is possible to self-refer into psychological therapies as this does not just apply to high volume service users.

SuB advised access to psychological therapies is being improved. The service is being recommissioned and will be enhanced. There will be promotion within workplaces for staff to refer to the service.

AH advised this is part of the mental health strategy for the ICS and is one of the workstreams at mid-Notts ICP level which is looking at community provision.

<p>JM sought clarification of how the Board of Directors is going to receive assurance of the impact and outcomes, rather than just the process.</p> <p>MG felt there needs to be some analysis of the key issues and how that aligns to other work in terms of shaping the strategy.</p> <p>SuB advised this is discussed in detail at the Advancing Quality Programme (AQP). The workstream leads also meet in advance of presenting to the AQP board. This information will be presented to the Board of Directors in a high level way.</p> <p>JM felt there is a need to obtain a consensus on what the key KPIs are which will provide the Board of Directors with assurance the Trust is making an impact as increasingly the focus is on impact and outcomes. Further discussion on this to take place outside the meeting.</p> <p>AH felt AQP provides a real opportunity because the system which comes through the Quality Committee does produce all the evidence which is reviewed by a Panel drawn from across the Trust, including non-executive directors (NEDs). Thought needs to be given as to how this is presented to the Board of Directors.</p> <p>Assurance with regard to the implementation of the AQP to be provided by the AQP Board to PSQG and then from the Quality Committee to the Board of Directors.</p> <p>JM advised that from his visits to the staff award winners, he had picked up that some schemes had been paused, but recognised there is a good reason for that. Where there is a pilot the obligation is on the team running the pilot to present a benefits realisation report in a timely manner.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Benefit realisation reports of pilot quality schemes to be presented to PSQG and reported to the Board of Directors via the Quality Committee</b></li> </ul> <p><b>Operational Performance and Access Improvement</b></p> <p>SiB advised most of the actions have been implemented during the year but more work is required for them to be embedded. In relation to theatres, with the exception of ENT and gynaecology where demand and sickness caused a variance, most of the specialties have treated more patients through theatres this year. The aim is to create an arrivals lounge close to theatres as this will help productivity.</p> <p>One item which is amber relates to delayed transfers of care. This remains above 3.5% at approximately 4.5%. This is six beds over target, which equates to 1% of the Trust's bed base. New guidance has recently been issued and work is required to understand the implications for SFHFT and partner organisations. Conversations with partners are being steered away from delayed transfers of care to discussing the number of patients who are over 7 or 21 days stay who require provision outside the hospital. The Trust's discharge rates are improving.</p>	<p>SuB</p>	<p>28/02/19</p>
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<p>Progress is being made in relation to Accident and Emergency. SFHFT's streaming levels are some of the best in the NHS at 20-25%. Ambulance handover times were 28% above 30 minutes in December 2017; this has improved to 7% in December 2018. Use of ambulatory care is also improving.</p> <p>Overall a lot of the strategy has been implemented but there is more work to do. Looking ahead to the coming year there needs to be a greater focus on outpatients and demand management.</p> <p>JM felt there is a need to continue achieving operational efficiencies while also focusing on managing demand.</p> <p>JM queried if the measures in relation to theatres are the right measures, noting the measures contained in the report relate to time utilisation rather than productivity. There needs to be some work to establish if the Trust's theatres are being used as efficiently as possible.</p> <p>SiB acknowledged the measures are not the right measures as they are a time based metric rather than an output based metric. There is a need to measure output and safety.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>KPI with regard to output and safety for theatres to be developed, implemented and reported to Board through the SOF report</b></li> </ul> <p>MG queried, in terms of delayed transfer of care, if the ICS and the focus on personalised care is adequately aligned in terms of admissions avoidance, etc.</p> <p>SiB advised for the vast majority of patients there is a good personalised stream for how they reach their onward care needs. However, there is a small group of patients for whom the system struggles to provide that personalisation as they have very niche needs. Each week, the five longest waiters in the Trust are reviewed on an individual basis, looking at the packages required for those patients. There is some work to do in the coming year in relation to personalised care for some patients but this is provided in the vast majority of cases.</p> <p><b>Strategic Priority 2 – To Support Each Other to do a Great Job</b></p> <p>JB advised the majority of actions are completed, with nine to be delivered in Q4 as scheduled. There are two actions where there has been some slight slippage and these are amber in the report. One of these is due to awaiting the outcome of some business cases to identify how many nurse associates and nurse apprentices should be included in the KPIs and the other relates to information from NHS Pensions for circulation to the workforce. This was received in late December 2018 and has now been circulated.</p> <p>In relation to the outcome KPIs, a number of these relate to the annual staff survey, the official results of which are not yet available. Of the KPIs which can be measured, there are only two which are red. One of these relates to the Band 5 Registered Nurse (RN) vacancies, although</p>	<p>SiB</p>	<p>02/05/19</p>
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	<p>there has been some very recent success in relation to this measure. An assessment centre was held in January 2019 and 40 appointments were made. Six of the international nurses are due to arrive in February 2019, with a further six in March 2019 and another 13 in the pipeline.</p> <p>The other area of focus is the completion of the talent map. Take up has been slower than anticipated but this is dependent on when appraisals are due. Training is being offered.</p> <p>Work is underway looking ahead to 2019/2020 and what needs to be included in the workforce strategy linked to the overall Trust strategy. It should be noted the Trust undertakes some work for the system within this framework, for example, SFHFT co-ordinates all work experience placements across Nottinghamshire and is leading on developing a talent hub for the system.</p> <p>NG sought clarification regarding the review of evidence and agreement that actions had been embedded.</p> <p>JB advised some of the workforce actions had been presented to the Board of Directors but going forward these will be presented to the new Workforce and culture Committee. Actions will always go to a committee for signoff as embedded.</p> <p>JM advised each committee would provide feedback in their report to the Board of Directors that actions had been reviewed and were embedded. However, the Board of Directors could ask for further evidence if this is deemed necessary.</p> <p>JM felt there is a need to tighten up communication from committees in some instances.</p> <p>NG sought clarification regarding the origin of the target for the Band 5 nurses' vacancy rate.</p> <p>JB advised the original target was agreed by the Board of Directors as part of the overall plan.</p> <p>CW advised the CQC have recently issued guidance regarding the use of nursing associates and the roles they play. Clarification was sought if this will change any plans SFHFT has regarding the utilisation of nurse associates.</p> <p>SuB advised there is control in the Trust in relation to nurse associates. A quality impact assessment has been completed and this didn't affect the recommended ratios. Nurse associates are used in the right area. A bespoke preceptorship programme has been developed for nurse associates to follow. The Trust has been reserved in moving forward with nurse associates as it is a new role and there is a need to ensure it works well for the organisation. The process the Trust has in place is robust and does not breach any safe staffing limits or nationally recommended ratios. In addition, each year a full establishment review is completed with a confirm and challenge process. The nurse associate role has been explicit within that this year.</p>		
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	<p><b>Strategic Priority 3 – To Inspire Excellence</b></p> <p>AH advised that despite staffing constraints a lot has been achieved. The Trust’s Quality Improvement (QI) strategy was launched in July 2018 and this was followed by a series of toolbox talks which are progressing through the organisation. The Trust has worked with the QSIR programme which has been adopted across the ICS and the Trust has been key in establishing that structure. Staff have been put through bronze and silver training. The Trust has reached out in a number of ways and looked at other systems. Masterclasses have been held and people have visited the Trust to give talks. SFHFT has showcased some of its work to other organisations, gaining recognition at regional and national events.</p> <p>The internal work in relation to safety culture has continued but has been constrained by available resources. Some practical areas of support have been given, resulting in some improvement in the complaints pathway and fractured neck of femur pathway. QI training and development has been given to chief nurse fellows and clinical leadership development. There has been some discussion with divisions regarding two people per year being seconded to the improvement team for a period of 6 months.</p> <p>JM felt there is a lot of ongoing work which the Board of Directors is not fully sighted to and suggested this could be a topic for a future Board of Directors workshop.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Work of the QI Programme to be the topic for a future Board of Directors workshop</b></li> </ul> <p><b>Strategic Priority 4 – To Get the Most from our Resources</b></p> <p>PR advised there are some areas of minor slippage, which are recorded as amber in the report. The main areas relate to benchmarking using Model Hospital and making it an embedded part of the way forward and future planning. The groundwork is in place and will be included within the financial strategy as the Trust goes forward. There has been some success in the use of Model Hospital, for example, helping to identify opportunities for financial improvement. However, more work is required for this to be embedded.</p> <p>Another area which is amber is to eliminate the use of Thornbury. There has been some success during the Summer months but this has increasingly come under pressure given the move into Winter. A root cause analysis is undertaken each time a Thornbury nurse is used.</p> <p>NG felt a more structured approach to using the data provided by Model Hospital for benchmarking and identifying areas of improvement is required.</p> <p>PR advised the proposal for 2019/2020 onwards is to set up service sustainability reviews and bring together data from Model Hospital, PLICS and other indicators and take some strategic views of what opportunities might be available on a service by service basis.</p>	<p>AH</p>	<p>TBC</p>
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BB raised a concern regarding some of the language within the report, for example, “Establish vehicle to drive improved productivity”, feeling this could be made more accessible. A further concern was raised regarding high volume service users, expressing the view that it will not work if there is a continual focus on the cohort at the top of the triangle. PR advised both of these issues would be covered in the Board of Directors workshop session following this meeting.

**Strategic Priority 5 – To Play a Leading Role in Transforming Local Health and Care Services**

PW advised the Trust continues to be very active in partnership working across the Mid Notts Better Together/ICP and the ICS. There are some positives, for example the MSK services and the focus on care homes and maintaining the reduction in demand for urgent care pathways from people who are resident in local nursing homes. However, there are other areas where more work is required. The focus for next year will be on demand management. A strong start has been made in respect of planned care in respect of some specialties but this has not yet had a major impact in terms of overall volumes of patients being cared for and demand from primary care has not abated. The Trust will be looking to transform outpatient care in 2019/2020.

Limited progress is being made in the implementation of the Newark Strategy. The primary care component of urgent care at Newark is tied in with the CCG’s plans for re-specifying the out of hours and other components of primary care over the next 12 months. The stated intention by the CCG is to complete the open market tender and procurement exercise by the end of the calendar year. The broader out of hours service across Nottinghamshire is being included within this specification so it is a big piece of work. For the time being the urgent care model at Newark remains as it has been to date.

The planned care at Newark is part of an ongoing discussion with the surgical divisions regarding the use of theatres and planned care facilities. Some progress has been made in terms of utilisation and some new services have been introduced. Some medical day cases have been added to the portfolio of services offered at Newark. There is a more fundamental intent in terms of case mix and discussions are ongoing with the CCG and NHSI in relation to this.

The bi-lateral work with NUH continues with the focus on certain specialties.

JM advised, as Chair of the mid Notts Better Together Board, a lot of the work this year has been related to establishing the ICS and identifying responsibilities. This, combined with the financial position in part of mid-Notts and Greater Notts, has meant there has not been as much progress made in relation to transformation as hoped.

An audit review is underway and this will help identify if information is being received. The focus for next year will be on working differently. There will be a single financial plan. The PCNs, and with the interest of the local authorities, will provide some opportunities for the transformation agenda and to build on that. Less time should be spent at the ICP talking about current performance and the financial position

	<p>as those discussions take place in other forums.</p> <p>In relation to NUH, it is important this is progressed and SFHFT needs to ensure this work continues.</p> <p>SFHFT needs to take control of Newark Hospital to ensure it isn't lost in wider system thinking. From initial discussions there is a feeling that Newark can become a hub for wider working and GPs are keen for that to happen. Newark will be a different sort of hospital. The Trust needs to ensure it does not become the subject of continual market testing. There are opportunities within the overall strategy for the Trust to set out what Newark could look like to avoid being undermined by the wider process.</p> <p>There are opportunities for SFHFT to try and influence and move forward some of the agendas in the wider system.</p> <p>AH advised SFHFT knows the needs of the local population and should advocate for that.</p> <p>MG noted the risk of Newark being lost in the wider system and felt this could be turned into an opportunity for cutting edge innovation and quality improvement.</p> <p>JM advised there is a real opportunity for the Trust to do that which may not have previously existed.</p> <p>PW felt the development of PCNs is the key factor.</p> <p>GW queried how much input the PCN and the Trust had into the specification for the out of hours service.</p> <p>PW advised that as it is Nottinghamshire wide, there are lots of stakeholders involved. SFHFT needs to step in and understand what the specification is and help to shape that. PW advised he will be having some informal discussions with the CCG in relation to how this will be progressed.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/098</b></p>	<p><b>PATIENT STORY – RICHARD’S STORY</b></p>		
<p>23 mins</p>	<p>AS and LB presented the patient story which related to a patient's journey through neurological therapy at Mansfield Community Hospital.</p> <p>TR noted there are a lot of interventions and queried who takes the lead in determining the priority of those interventions from the MDT to ensure they are undertaken in the correct order.</p> <p>AS advised the individual services would prioritise based on the information provided. For example, if the therapy team wanted wheelchair services to look at a patient's posture in their chair it would be explained what the therapy team were working on and any current problems or concerns. Different services have waiting lists and this can cause delays and affect progress in rehabilitation.</p>		

	<p>TR noted hydrotherapy is undertaken at King’s Mill Hospital and queried if this causes any challenges.</p> <p>AS advised it doesn’t and hydrotherapy is a useful addition to what is being worked on in land based therapy.</p> <p>GW acknowledged the therapy team has a good rapport with the patient’s mother in this case, but felt this doesn’t always happen which can impact on the patient’s improvement. GW queried what steps can be taken to support and build rapport with relatives so patients continue to do exercises, etc. away from the therapy sessions.</p> <p>LB advised family and friends are encouraged to attend the sessions so the team can teach them the appropriate exercises to do at home. The team will update the family on any changes or progressions.</p> <p>AH advised a lot of people in health don’t fully understand the interaction that physiotherapists have with patients. There are lessons to learn about the way other health professionals interact with patients.</p> <p>AS advised the therapy team see patients regularly over a long period of time which provides the opportunity to build up rapport.</p> <p>TR noted family and friends may want to provide support but are unable to attend the sessions due to work commitments. TR queried what could be done in an innovative way, for example the use of videos, to share learning with the patient’s wider support network.</p> <p>AS advised the team work flexibly and can offer early or late appointments to accommodate patients and their friends and family.</p> <p>LB advised written information is provided to the patient with pictures and descriptions, etc. of what has been covered in a session which can be used as a prompt for the patient and given to people who haven’t been able to attend a session.</p> <p>KB suggested making a video of common exercises which are used and adding those videos to YouTube for a visual version of the written information.</p> <p>PW noted a lot of health professionals had been involved with the patient’s care before he was referred to the therapy team and queried if the team felt they received good information in relation to prior treatment and general state of health and wellbeing when the patient was referred or if information was gathered from discussion with the patient and his mother.</p> <p>AS advised a written and verbal handover was received plus further information was gathered during the admission assessment with the patient and his mother.</p> <p>MG felt the story was inspiring and helped the Board of Directors understand how staff within the Trust live the values.</p>		
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17/099	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT – QUARTERLY REPORT</b>		
42 mins	<p><b>ORGANISATIONAL HEALTH</b></p> <p>JB advised that the workforce KPIs are to target, with the exception of sickness absence which has fluctuated over the quarter between 3.81% and 4%, this being above the 3.5% target. It was noted this KPI had been to target for the preceding 6 months and with the start of Winter there is generally some fluctuation seen at this time of year. However, people are working hard to apply the sickness policy.</p> <p>The Trust is doing well in terms of the flu vaccination rate. This currently stands at 81.2% which is one of the highest in the region and nationally for an acute trust. Appraisal levels are at 96% and mandatory training is at 95%. Staff turnover across the quarter was 0.46%.</p> <p>Work has been undertaken to identify a KPI for sickness relating to anxiety, stress and depression. Data for the last 18 months has been examined and this gives an average of 0.92% for 2017/2018 and 0.95% for YTD 2018/2019. The Board of Directors AGREED the target for this KPI should be 0.9% for the months up to the end of March 2019, reducing to 0.8% from April 2019 onwards.</p> <p>Medical vacancies are well below 8% and this is a consistent trend. The level is down to the very challenging to fill vacancies. There has been some positive movement in relation to RN vacancies and there are a number of international nurses and nurses from the recent assessment centre due to start in Spring 2019.</p> <p>EU nationals are starting to be tracked but there is not yet enough information available to build a trend.</p> <p>BB noted that in 2017/2018 there was a gap in the flu vaccination uptake rate between clinical and non-clinical staff, querying if there is the same gap in 2018/2019.</p> <p>JB advised the percentage quoted in the report is front line staff as this is what the NHS measures. However, the flu vaccination is being promoted with non-clinical staff, with vaccinations still being offered in February. There is a good uptake from non-clinical staff but this is less than clinical staff.</p> <p>SuB advised high risk areas are monitored and the clinical uptake in those areas is reported every week. There is little differential in uptake between high risk and other clinical areas.</p> <p>JM noted that EU nationals are being tracked and queried how many staff are from non-EU countries, feeling it would be useful to have that information available.</p> <p>JM queried if the action being taken in relation to dealing with stress was good practice or could this be improved.</p>		

	<p>JB advised this area can be improved. There are wellbeing initiatives and the Trust provides occupational health support. A new employee assistance scheme, which provides immediate access to a telephone counsellor, has been introduced but access times to face to face counselling and support needs to be improved. There has been a recent change to the bereavement leave policy to make this more supportive. Another area being considered is the support provided to people who are going through HR processes such as grievances and disciplinary action as work related stress is linked to this. There is more which can be done and having a target will help maintain focus, including at divisional performance meetings.</p> <p>GW felt there is a need to understand the effectiveness of the work being undertaken and the perception from the staff's perspective about whether the interventions and support being given are the right ones.</p> <p>JM noted sickness within Women's and Children's division is on a downward trend and queried if there was anything they were doing which could be shared.</p> <p>JB felt this could be due to the different demographics, group of people and skill mix.</p> <p><b>QUALITY</b></p> <p>SuB advised Q3 has seen the implementation of the Winter plan with additional areas being staffed appropriately in accordance with the plan. The establishments were reviewed when areas transitioned and they are monitored closely through the safe staffing SOF and tipping points. There has been no adverse impact on harms due to this increase in activity.</p> <p>There were three exception reports for Q3, namely tissue viability in October and November and falls in December, this being due to an increase in low or no harm falls.</p> <p>Tissue viability remains an area of focus and this is monitored through the weekly meetings.</p> <p>Despite the exception report for falls in December, the overall reduction in falls has continued through Q3. Mobility and independence is being promoted and it was recognised in advance this may increase the number of low and no harm falls.</p> <p>Dementia screening has remained in a positive position through Q3, including identification and referral. VTE and harm free care also remain in a positive position.</p> <p>In relation to infection control, there have been 29 cases of C.difficile against a threshold of 47 for the end of the year.</p> <p>There were six serious incidents in Q3, one of which was a never event and this is currently under investigation. The weekly governance huddles continue.</p>		
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	<p>In relation to staffing, there has been tighter control in relation to overfilled and unfilled shifts through Q3. In relation to the unified position there have been two months with red ratings, which indicates safe staffing has been maintained. Despite the increase in activity and acuity the Trust has remained in a positive position in relation to harm free care and fewer agency nurses have been used.</p> <p>The Trust's street health project has been shortlisted for a British Journal of Nursing award.</p> <p>JM noted performance has been stable and queried what are the next steps and if this can be further improved.</p> <p>SuB advised metrics are being moved from Meridian to Perfect Ward. As part of that work all the metrics have been reviewed. The revised metrics will show a lot more information and potentially there may be a dip as different things are being looked at. In relation to research, the aim is to get more staff involved. When areas are identified as a good idea it will be established if there is any research to link into.</p> <p>JM queried how this will influence discussions at the Board of Directors meetings.</p> <p>SuB advised in relation to Perfect Ward she is hoping to be in a position to provide some of those reports to the Quality Committee and include those quarterly in the reading room for the Board of Directors.</p> <p>AH advised thought needs to be given to how to visualise and report the information. Where performance is green, the specialities are being challenged to benchmark where they are in relation to other acute trusts.</p> <p><b>OPERATIONAL</b></p> <p>SiB advised demand is increasing. However, the Trust is coping with demand as performance is either improving or remaining stable. In December the ED 4 hour standard was 94.9%, which was 4.5% above trajectory and places SFHFT 8<sup>th</sup> in the NHS. During this period there was a 9% growth in admissions which was dealt with by using some of the Winter Plan capacity, with 52 extra beds available for medicine. There was also a 5% reduction in length of stay.</p> <p>NG queried if the trajectory for March 2019, at 91.5%, is realistic.</p> <p>SiB clarified 91.5% is the trajectory for the quarter, the standard for the month of March is 95%. Performance in March is the trigger for the ED element of PSF.</p> <p>SiB advised improving cancer care performance remains a priority. The 62 day cancer standard was achieved in November. Progress is being made but performance is not yet in a sustainable position. The diagnostic indicators show some improvement but there is a lot more work to do. The demand and capacity work, which is being undertaken as part of the planning cycle, will enable a more structured approach.</p>		
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2 week wait demand is 30% higher than it was last year. Actions are being taken to mitigate the effect of this increase in demand. Faecal Immunochemical Tests (FIT) should reduce the number of referrals for colorectal cancer testing and work is continuing with primary care to try to reduce the number of 2 week wait referrals, without getting to a position where cancers are being missed. Patients who are referred on a 2 week wait have an average of five interventions with the hospital.

GW stated he was encouraged by the progress being made but queried how this can be made sustainable.

SiB advised understanding the bridge between demand and capacity and understanding the actions required is key. Part of this will relate to efficiency, effectiveness, workforce and investment, for example, it is known another MRI scanner is required. Visibility will be provided through the planning cycle.

GW queried how some of the success and improvements can be communicated on a wider basis to staff to acknowledge and recognise their efforts.

SiB advised communications go out via social media. A message goes out to staff every week which describes what's happening in relation to Winter and there is a lot of reward and recognition within that. The executive team support staff through their visits to various areas of the Trust.

NG acknowledged the improved performance in relation to cancer and recognised the work which has gone into achieving that. Clarification was sought regarding the current position in relation to diagnostic capacity as this was the main issue preventing the achievement of the 62 day cancer standard.

SiB advised the aim is to make the 2 week wait a 1 week wait. Currently 75% of patients referred on a 2 week wait are seen within a week. There is an understanding of medical and physical capacity. In terms of diagnostics, this is partly due to productivity. Radiology are making good progress in relation to this and there should be an improvement in endoscopy in the coming year as there have been some issues this year requiring resolution. The concern is MRI capacity. There is one fixed MRI scanner and one mobile. They are limited in scans they can do. Getting an additional scanner means a big investment and long lead time but the growth in demand cannot be managed solely with productivity or efficiency improvements.

NG queried if an additional scanner was planned for next year.

SiB advised there is a business case but the timescale is not known.

TR queried if the gamma scanner would relieve any scanning capacity elsewhere.

AH advised it wouldn't as it is a specialist test.

JM noted some of the figures show .5 when referring to patients.



<p>SiB clarified this relates to patients who have been on a shared pathway with NUH. If they breach, the breach is shared between SFHFT and NUH.</p> <p>SiB advised referral to treatment (RTT) is stable. Performance currently stands at 90%. The areas under pressure are highlighted in the report. Demand is up but most areas are delivering their activity plans, with the exception of ENT and ophthalmology. Both these areas are below plan due to consultant sickness during the year. The consultants are now back in work so there should be some progression.</p> <p>There is a lot of work ongoing in terms of demand management for RTT. Patient initiated follow ups are in place, giving the decision regarding follow up to the patient for certain groups of patient. The aim is to empower patients but also reduce follow up demand. The Trust has signed a contract with Medefer who will be triaging referrals. This will be a virtual triage and they will not see patients. This will hopefully reduce demand in some key services, such as cardiology.</p> <p>Six patients have waited longer than 52 weeks, which is better than the trajectory. No harm has been identified.</p> <p>BB queried if Medefer is another referral management system over and above the one operating in primary care.</p> <p>SiB advised it is slightly different in that it is a secondary care system and uses clinicians from other secondary care providers rather than GPs referring to other GPs. Medefer contract with consultants in other areas and vet the referrals, providing advice and guidance.</p> <p>RM advised the Medefer action has been taken in conjunction and agreement with primary care and commissioners.</p> <p>JM queried the standard of activity, capacity and demand modelling, noting there are a number of specialities which might be up on activity but down on RTT and some of the differences are marked.</p> <p>SiB advised, in relation to elective, work is being done in this year's planning cycle to gain a better understanding and 'bridge' of actions or be clear there isn't a bridge. The intensive support team's model is being used. For the top six specialties there will be an improved demand and capacity model.</p> <p>RM queried if the weakness is the ability to forecast the level of activity coming into specialities on the elective pathway or the ability to care for those patients in a timely manner.</p> <p>SiB advised it is both, but for the big specialties there is not necessarily the understanding of the clear systematic actions being taken to consume that demand. There is a need to divert some of the demand. The objective is to be more robust for the coming year.</p> <p><b>FINANCE</b></p> <p>PR advised at the end of Q3 the financial position is back on plan. The deficit at the end of December 2018 is £35.95m, which is £50k ahead of</p>		
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	<p>plan. At the end of the quarter the Trust is reflecting £7.43m of PSF, which has been achieved through the financial and ED position at the end of each quarter and the system achieving the system control total for Q1 only. The Nottinghamshire system has not achieved the system control total for Q2 and Q3.</p> <p>The deficit post PSF at the end of Q3 is £28.53m, which is £570k behind the post PSF control total. The forecast for year end is to achieve the PSF control total of £46.37m deficit. There is a risk emerging of £1.6m. A solution has been identified of a non-recurrent nature and that has been included in the planning going forward.</p> <p>In terms of PSF forecasting, the Nottinghamshire wide system is not forecasting achievement of the system control total, which means the Trust's post PSF deficit will be £35.04m, which is just over £1m behind plan. The risk within that is the ED element of PSF which requires the Trust to deliver 95% ED 4 hour standard in March 2019. The value of PSF relating to that is £1.3m.</p> <p>Components of the position remain broadly the same. Productivity and income remain above plan and pay costs remain above plan, although there is a reduction month on month in agency spend, which is below the NHSI set ceiling in December, the quarter and the YTD. The expectation is to achieve the agency ceiling of £16.6m at year end.</p> <p>The Financial Improvement Plan (FIP) and Financial Recovery Plan (FRP) are slightly behind by approximately £490k. The forecast is to achieve total savings of £16m. The Trust over achieved in M9 due to non-recurrent solutions. FRP panels continue to assure delivery and identify alternate actions.</p> <p>NG advised the Trust is currently not in a position to achieve the end of year cash position so there may be a need to have some extension of creditors towards the end of the year to achieve that. The main reason for this is the support from the balance sheet for the FRP is not cash. Although the Trust is hitting targets for the deficit, that is not turning into the same figure in terms of cash. This is under control and can be managed.</p> <p>PR advised he has had a discussion with NHSI and the treasury team following the Finance Committee meeting on 29<sup>th</sup> January 2019 and has been advised the minimum cash holding requirement can be negotiated, meaning this will be a regulatory approved solution and can be managed without necessarily extending creditors.</p> <p>JM noted that overall performance is good and extended thanks to the divisions.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p><b>17/100</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>7 mins</p>	<p>RM presented the report, advising the BAF was discussed by the Risk Committee on 30<sup>th</sup> January 2019. There are no real changes and the principle risks remain, with the three key risks being demand overwhelming capacity, critical shortage of workforce capacity and</p>		

	<p>capability and financial sustainability. It was noted the financial sustainability refers to the longer term rather than the Trust's ability to deliver the control total in 2018/2019.</p> <p>The BAF has been presented to various committees over the last month. There are some minor changes which have been updated in the report.</p> <p>SH advised the Quality Committee have changed the assurance rating on the first strategic threat listed under PR2, which relates to demand, from inconclusive to positive. The BAF needs to be amended to reflect this.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Amend the first strategic threat listed on the BAF under PR2 from inconclusive to positive as per discussion at Quality Committee</b></li> </ul> <p>MG sought clarification regarding the process for updating the BAF alongside the strategy and noted two principle risks which she felt would benefit inclusion. These being:</p> <ul style="list-style-type: none"> <li>- Failure to achieve consistent values and behaviours in line with desired culture</li> <li>- Failure to address patient empowerment and self-help and failure to work across the system to empower patients and carers to enable personalised patient centred care</li> </ul> <p>SH advised the strategy will be discussed as part of the workshop following this Board of Directors meeting and the BAF is the topic for the Board of Directors workshop in February 2019. The strategic objectives and refreshing the principle risks will be looked at in these sessions.</p> <p>JM advised some of the risks will change and need to change with the strategy. Elements of the system wide working may change the risk appetite and perceived risk in some areas.</p> <p>RM advised the executive team have been reflecting on the BAF as it stands. Three things have been identified to inform the BAF for 2019/2020. These being the strategy, SFHFT's role in the evolving ICP, which may include steps to further intertwine the Trust's financial position with that of the commissioners, and while the principle risks as they stand are right, they are transactional. The two risks suggested by MG are equally important.</p> <p>TR noted the narrative on the cover sheet introducing the BAF provided a good snapshot and aided his understanding, expressing thanks to SH and her team who produce this report.</p> <p>RM advised there had been three different people in the role of Risk and Assurance Manager over the last 12 months, this currently being Neil Wilkinson. While continuity has tried to be maintained, inevitably different people will approach things in a different way.</p>	<p>SH</p>	<p>28/02/19</p>
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	<p>JM sought clarification regarding which committee deals with cyber security.</p> <p>SH advised this is dealt with by the Risk Committee and the Audit and Assurance Committee.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/101</b></p>	<p><b>LEARNING FROM DEATHS QUARTERLY REPORT</b></p>		
<p>10 mins</p>	<p>AH presented the report and advised SFHFT is one of the leading trusts in relation to process, although the mortality surveillance group is slightly disappointed with performance as Q3 for 2018/2019 is slightly behind the position for Q3 of 2017/2018. It was noted SFHFT reviews 100% of deaths which many trusts do not. It was noted there is generally some slippage in performance at this time of year due to pressures, access to notes, etc.</p> <p>In terms of learning, there are some common themes. It is known that recognising, communicating and sharing when patients are at end of life is still an issue. The ReSPECT programme has been introduced to manage this and it is being rolled out across the Trust. Learning disabilities is an area for improvement, although the Trust's work was recognised in 2018 as being in advance of many trusts.</p> <p>In terms of the mortality process, the conventional measures which have been used historically have been performing well and consistently for a long period of time. The Hospital Standardised Mortality Ratio (HSMR) is in range, the Summary Hospital Mortality Index (SHMI) is 97, which is in range, and weekend mortality is equivalent to week day mortality.</p> <p>The challenge which is being set to the divisions is to start looking beyond these figures. HSMR has been normalised by aligning observed and expected deaths. What is important is where that alignment is across other acute trusts. For example, if they are aligned but the Trust is in the bottom 25% or middle 50%, there is a need to understand the actions required to get into the top performing 25%. From April 2019 onwards the reporting will be in that way. This places greater onus on divisions to own the data. There is an updated tool on Dr Foster, which the divisions have access to, which allows for data interrogation.</p> <p>National guidance has been issued in relation to the medical examiner programme. Trusts are required to make progress to meet the requirements from April 2019 onwards. SFHFT has undertaken a pilot which has been very positive in relation to communication with families at the sensitive time of death, accuracy of death certification and coroners reporting. The challenge for the Trust is how to make this a 7 day service. There is a business case in the Trust's business case programme which will look at that.</p> <p>NG queried if it was right to target to investigate 100% of deaths, noting there will be patients on end of life pathways.</p>		

	<p>AH advised those deaths aren't investigated. However, 100% of deaths will have gone through a standard tool which records the process has been completed in a standard way and which identifies and triggers the clinical teams to identify whether a structured judgment review is required and if it is required, if that leads to avoidable deaths or deaths where care could have been better. If 100% of deaths aren't looked at, there is a risk that a patient may be expected to die but they may have received sub-optimal care. SFHFT is fortunate in that it is of a size which enables the 80-100 deaths per month to be looked at and make sure learning is taken from the expected deaths, rather than just looking for avoidable deaths.</p> <p>CW recognised it is good the Trust is challenging beyond what might be expected, but queried if it is a 'level playing field' in terms of the national picture.</p> <p>AH advised a pragmatic view of what is important has been taken. The Trust's national position on HSMR will not improve and it may get worse as SFHFT is in the bottom 10 trusts for specialist palliative care. This position can't change without partners in the health economy providing more specialist palliative care. Discussions have taken place and there is an end of life alliance, but the reality is that putting specialist palliative care into an acute trust is not a priority. What the Trust is doing is a lot of work in end of life and care of the dying to make sure the quality is there.</p> <p>If the Trust did hit the middle 50% of palliative care recording, the HSMR would be 7 or 8 points lower, placing the Trust in the top 25% of trusts in terms of mortality. However, the view is it is better to get to the learning in a proactive way and make sure that is based in divisions.</p> <p>SiB advised part of the demand management work relates to patients who are admitted where death is expected and querying if that death should happen somewhere other than the hospital. This will potentially affect the figures.</p> <p>AH advised a headline KPI for the end of life programme is the number of patients who come to the Trust with a community DNR order in place where it is felt the death could be managed differently. This is tracked month by month.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/102</b></p>	<p><b>USE OF TRUST SEAL</b></p>		
<p>1 mins</p>	<p>SH advised the Trust seal had not been used in Q3.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/103</b></p>	<p><b>LOCAL EU EXIT READINESS PREPARATIONS</b></p>		
<p>2 mins</p>	<p>RM presented the report and advised it deals with the Trust's approach to dealing with a no deal exit from the EU. From reports in the media, there is a lot of concern about the NHS's ability to respond to a no deal situation.</p>		

	<p>The report is a pro-forma which outlines the progress which is being put in place, or the necessary contingency, against a series of criteria and actions. The report was presented to the Risk Committee on 30<sup>th</sup> January 2019.</p> <p>One of the key points at the moment is trusts are continuously being told not to stockpile medicines. This issue was discussed at length at the Risk Committee. SFHFT will not stockpile as there is a need to be compliant and in addition there is no obvious location, on or off site, for stockpiling.</p> <p>Further messages are awaited via the Department of Health, NHSE and NHSI regarding any actions the Trust should be taking.</p> <p>The Trust's position is not without risk and there are a series of risks beyond the Trust's control. Due action is being taken in relation to the risks which are within SFHFT's control and influence.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/104</b></p>	<p><b>ASSURANCE FROM SUB COMMITTEES</b></p>		
<p>12 mins</p>	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW presented the report and advised the AAC had a discussion in relation to risk, feeling risk appetite should be considered when looking at the BAF in the February Board of Directors workshop.</p> <p>The external audit plan was received and considered. It is felt the process should be easier this year than it was last year.</p> <p>Progress is being made in relation to conflicts of interest, but there is still work to do.</p> <p>Internal audit has slipped in terms of the overall plan but extra resource has been put in to reach the year end position. The completion of recommendations from internal audit has also slipped slightly, with this currently standing at 81%. While this is a positive position in relation to other trusts, last year SFHFT achieved 90%. Completion of audit recommendations is a key element of the feedback the Trust receives in the Head of Internal Audit Opinion and is a key element in demonstrating progression.</p> <p><b>Finance Committee</b></p> <p>NG presented the report and advised the focus is on planning for 2019/2020 and the development of the 5 year financial strategy. In terms of the 2019/2020 planning, there have been quite a few changes made by NHSI which are detailed in the report. The assurance to be taken is that the overall target post PSF is roughly what has been identified internally as achievable. The planning guidelines are driving towards a system approach. There should be some alignment between commissioners and providers on areas such as volumes, enabling plans to be aligned.</p>		

While it is good news the Section 111 has been lifted, there are some conditions attached. One of the challenges going forward is that there needs to be a step change in the financial delivery of this organisation.

The Committee discussed some issues in relation to Skanska, which are being addressed, and some performance issues in relation to NHIS and the core management of calls for support and the IT system.

The Committee approved the PC refresh for GPs, which may make some PCs available to use in the Trust.

BAF PR4 was reviewed and while the Committee felt the risk rating should not be changed at this stage, there are positive signs this may be able to be reduced early in 2019/2020.

**Quality Committee**

BB presented the report and advised the Committee had discussed take home medication (TTO) in terms of the work that has been done in relation to the ward based pharmacist. It was noted a benefits realisation report is awaited. TTOs continue to be an opportunity for improvement.

Re-admissions rates are good and this is a good indicator of clinical effectiveness as opposed to efficiency.

There are some concerns in relation to the cervical screening programme, which is a service run through the Women’s and Children’s Division. Additional work has been undertaken to improve the governance but the quality assurance visit, which is due in February, may highlight some concerns.

The AQP is monitored by the Quality Committee. A number of blue forms, demonstrating that actions are embedded, were presented to the Committee. 10 of the 12 forms presented were supported and there was robust discussion in relation to the two which weren’t supported and required further information.

360 Assurance have undertaken some work in relation to mental health and there were some concerns raised as a result.

There was a positive change in the assurance rating for PR2, as previously noted.

PW advised the report refers to an action for Joanna Taphouse. This should be Joanna Freeman.

**Charitable Funds Committee**

TR presented the report and advised while the meeting went ahead on 28<sup>th</sup> January 2019, it was not quorate. While some decisions were not able to be taken, this does not impact the business of charitable funds.

An update was provided in relation to appeals. Internal audit recommendations have been followed up and actioned. The actions from external audit will be linked to the action log.

	<p>The risk register was not reviewed at the meeting but TR assured the Board of Directors he regularly meets with SH to discuss this and there is no negative impact with regards to charitable funds.</p> <p>SH advised the Trust has opted for non-consolidation of the charitable funds accounts based on materiality since 2013/2014. It is recommended by the Charitable Funds Committee to continue to report in non-consolidated form in the Trusts Annual Accounts. This was approved by TR and NG, as members of the Charitable Funds Committee, outside the meeting.</p> <p>The Board of Directors, as trustees of the charity, RATIFIED this decision.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<b>17/105</b>	<b>OUTSTANDING SERVICE</b>		
7 min	<p>A short video was played highlighting the work of the medical records and case note team.</p> <p>TR felt thought should be given to improving the working environment for the case notes team and other 'back of house' facilities.</p> <p>JM advised he visited the team following the Staff Excellence Awards. The team informed JM they never want to be responsible for an outpatient appointment or operation being cancelled due to being unable to locate the notes.</p> <p>SiB advised when a root cause analysis of cancellations is completed, it is never due to medical records.</p> <p>NG noted the large volume of paper records and felt these should be viewable electronically, but acknowledged it would be a huge task to transfer the existing records.</p>		
<b>17/106</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> <li>• Performance, including Winter</li> <li>• Patient story</li> <li>• Quality</li> <li>• Operational plan for 2019/2020</li> <li>• High level information regarding planning for Brexit</li> </ul>		
<b>17/107</b>	<b>ANY OTHER BUSINESS</b>		
1 mins	No other business was raised.		





17/110	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 mins	<p>Ian Holden, Public Governor, raised a concern regarding colleagues working in outside organisations and queried the transparency of the process by which governors can hold the non-executive directors to account for how they hold colleagues to account for the work they are doing outside the Trust.</p> <p>JM advised this is a question we, as a Board of Directors, need to ask ourselves as there are people who will have roles outside the Trust and this is one of the reasons why JM is stepping down as chair of the Mid-Nottinghamshire Better Together Board. There is a need to look at some of the Trust's processes in light of how the Trust makes sure it meets its statutory and other responsibilities, as well as being involved in system working. Some of the architecture is clearer now but some of processes still need to be thought through.</p>		