

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday
6th June 2019 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Simon Barton	Chief Operating Officer	SiB
	Julie Bacon	Executive Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SuB
	Paul Robinson	Chief Financial Officer	PR

In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Deputy Head of Communications	RS
	Rebecca Freeman	Head of Medical Workforce	RF
	Giles Cox	Director of Post-graduate Education	GC
	Nino Chernykh	Clinical Fellow	NC

Observer:	Rachel Bates	Corporate PA	
	Sue Macdonald	Reception / Admin Assistant	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Philip Marsh	Public Governor	
	Kevin Stewart	Public Governor	
	Chris Maclean	Ernst and Young	

Apologies:	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Shirley Higginbotham	Director of Corporate Affairs	SH

Item No.	Item	Action	Date
17/232	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.		
17/233	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest.		
17/234	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Neal Gossage - Non-Executive Director, Manjeet Gill - Non-Executive Director and Shirley Higginbotham - Director of Corporate Affairs.		
17/235	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 2 nd May 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/236	MATTERS ARISING/ACTION LOG		
8 mins	<p>The Board of Directors AGREED that actions 17/199.5 and 17/199.6 were complete and could be removed from the action tracker.</p> <p>Action 17/131.5 – SuB advised a draft framework has been produced which will be presented to the nursing board in June, with feedback to the Board of Directors in July 2019</p> <p>Action 17/199.3 – SuB advised the cases of c difficile for 2018/2019 had been reviewed using the new definition and there would have been 70 cases, which is below the threshold of 79 cases for 2019/2020.</p> <p>JM advised for this transition year there is a need to check if it is an upward or downward trend. This will be easier for 2020/2021 as there will be a direct comparison with 2019/2020. However, it is useful to have an approximate comparison.</p> <p>AH advised the new definition effectively measures the totalities for the patch. The Trust's c-diff rate has been down and stable, whereas the community rate has increased over the last 2 years. This will now be incorporated into the figures.</p> <p>SuB advised there is a breakdown of the hospital cases and community cases and it is possible to provide that measure to monitor if c-diff within the hospital is increasing or decreasing based on last year.</p> <p>JM felt if there are significant changes this year compared to last, there is a need to consider if there are things the Trust should be doing in terms of working with the community.</p>		

	<p>The Board of Directors AGREED this action was complete and could be removed from the action tracker.</p> <p>Action 17/199.7 – RM advised he had discussed this with SiB and it had also been discussed at the divisional performance review. There is no challenge with leadership in the surgery division and there are no concerns in relation to quality or workforce engagement; the concerns relate to the division’s ability to deliver the agreed level of activity and the impact this has on the financial plan. The proposal is the detail of this work continues to be monitored through the monthly divisional performance reviews, with updates to the Board of Directors as necessary. The main concern relates to activity and finance. Therefore, surgery will be invited to the Finance Committee to provide an update on how they are delivering their plans.</p> <p>GW noted surgery had presented to the Finance Committee several times during 2018/2019 but no particular improvement in performance was seen. It is important to get the message across they need to deliver to plan.</p> <p>RM advised the challenge is SFHFT works in an outcomes based business and this is not necessarily consistently translating into the level of activity we would like to see. The division reported in May that they have had a comparatively good Month 1 and the level of activity through theatres, both at King’s Mill and Newark, is higher than has been previously reported.</p> <p>SiB stated he would like surgery to demonstrate how productive they are to the Finance Committee, showing theatres and outpatients are more productive and this is done in a sustainable way. This is something which is within their control.</p> <p>RM advised there are a series of risks throughout the organisation. The risks which sit within surgery will be routed through the Finance Committee.</p> <p>The Board of Directors AGREED this action was complete and could be removed from the action tracker.</p>		
17/237	CHAIR’S REPORT		
1 min	<p>JM presented the report, highlighting the number of awards the Trust has been nominated for, the Clinical Trials Day and the Chief Nurse Awards. There is a lot to celebrate within the organisation.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/238	CHIEF EXECUTIVE’S REPORT		
8 mins	<p>RM presented the report, advising the report focuses on the work at SFHFT but also provides an update from the Mid-Notts Integrated Care Provider (ICP) Board and the Nottingham and Nottinghamshire Integrated Care System (ICS).</p>		

The first two months of 2019/2020 have been difficult. The volume of patients carted for on the emergency care pathway, in terms of both attendances and admissions, has been much higher than planned for. There have been 4-5 consecutive months where activity has been between 8% and 10% higher than plan. This puts pressure on colleagues who work on those pathways and the wider health system. The Trust's performance is measured by the 4 hour access standard for the first two months of the year and this has not been as strong as it was for the same period of 2018/2019. There is a need to focus on things which this organisation can fully control, for example, work with the ED team to have the right workforce in place, only admit patients who need to be admitted, look at internal efficiencies, etc., but also to work with partners in relation to discharge pathways and to influence the things the Trust can influence.

There are ongoing negotiations, and possible disagreements, with commissioners in relation to the level of capacity SFHFT believes is required for 2019/2020 and what the commissioners believe is required. This is likely to be problematic over the coming months. The main thing is to focus on what the Trust can control and then focus, through the ICP, on trying to influence activity and financial performance.

RM advised the recent 'Civility Saves Lives' conference was a very good event with a strong message as to why civility is important for the quality of patient care and personal wellbeing. RM acknowledged the input of colleagues in the organisation and Dr Chris Turner, Consultant in Emergency Medicine at Coventry and Warwick University Trust, who spoke at the event.

Roy Lilley, health blogger and commenter, visited the Trust on 22nd May 2019. The staff in the areas visited consistently showed him how fantastic the services are, despite the pressures.

RS advised it was an inspiring day and it was encouraging to see the number of teams who wanted to showcase the work they are doing and are proud of the work they are doing.

RM advised the Trust is currently very busy and there is a need to be realistic about the pressures which will be faced over the coming year. However, despite this there are many things the Trust should feel optimistic and positive about. The Trust has a key role in effectively controlling the things it can and working with partners to effectively influence the health and local authority agenda.

TR queried if the presentations to Roy Lilley included how the Trust is going to build on the current position and show continuous improvement.

RM advised there was a reflection on some of the things the Trust has done well and the journey ahead. SFHFT wants to pursue continuous improvement. Roy Lilley reached the conclusion there are pockets of excellence in the organisation but there is no consistent way of communicating what is going well and for people to learn from that. There is a need to reflect on how to communicate best practice more effectively across the organisation and to think about sharing good practice with partners outside the Trust.

	The Board of Directors were ASSURED by the report		
17/239	STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE		
7 mins	<p>Advancing Quality Programme (AQP) Progress Report</p> <p>AH presented the report, advising all the outstanding actions from 2018/2019 have been brought forward into the AQP for 2019/2020. The action plans have been re-set in terms of risk ratings for Year 2 of the Quality Strategy. The process for monitoring the AQP during 2019/2020 will be the same as was used during 2018/2019.</p> <p>BB felt it is good to see the progress which is being made on the quality agenda. The issue in relation to clinical effectiveness is an area which would benefit from strengthening and it would be good to see that reflected in the work the team are undertaking. There is a lot to be proud of within the Trust but capturing the impact and effect is important and is a great way of communicating success.</p> <p>TR felt the AQP which is in place works well. TR noted the CQC 'should do' actions were include as a strand and queried when these are likely to become embedded.</p> <p>AH advised a lot of these actions have been completed. A 'blue form' was rejected at the last meeting of the Quality Committee, which related to cleaning at Newark as the evidence submitted was incorrect. AH advised he had seen the correct evidence so this will be presented for closure. In relation to the alarm strip in one of the cubicles in the Urgent Treatment Centre at Newark, more evidence is required that staff understand about the positioning of themselves relative to the patient and the alarm strip. In relation to the cleaning issue for King's Mill, while this is the same principle as Newark, the same quality of evidence is not available and is, therefore, waiting to be embedded. This will be presented to the Quality Committee in the usual way when there is the volume of data to evidence it is embedded.</p> <p>JM felt this provides a good picture of the current position at a high level. However, JM advised he was unsure as to what the key messages are, particularly in terms of impact, risk and outstanding challenges. This is an opportunity to celebrate the work being done. There is a need to get the right balance between what is being done, impact, risks, etc. but using it as an opportunity to celebrate achievements.</p> <p>AH advised there is a lot of evidence in the evidence files which can be used for award submissions and evidencing progress made. However, this can be improved.</p> <p>JM felt it important for reports to identify the key messages, what the Trust is proud of, what the impact is and what the outstanding key risks are.</p> <p>The Board of Directors were ASSURED by the report</p>		

<p>10 mins</p>	<p>Learning From Deaths - Annual Report</p> <p>AH presented the report, advising the Trust's position is overall a positive one for the year. 87% of deaths were reviewed in the year and while this does not meet the 90% target, it is an improved position compared to 2017/2018. When considering the pressure SFHFT was under in Q3 and Q4, improving performance is a positive statement. However, it is recognised the process can be improved further. The consistency in relation to individual service performance is something the Trust is aware of. When structured judgment reviews are undertaken they are generally done well, but there is a concern that some cases are not coming through the appropriate route. AH highlighted there are a lot of reviews in the background which aren't the focus of avoidability assessments.</p> <p>The themes are fairly consistent. Ceilings of care is an ongoing theme. The ReSPECT programme is a national programme which SFHFT led the rollout of for mid-Notts ICP. The rollout began in April 2019 across the ICP and the expectation is this will improve awareness among staff, quality of the experience for families and documentation in relation to senior care and do not resuscitate decision making. Accuracy of information can always be improved and the Trust continues to look at note audits. The 'This is me' booklet is important in dementia care. It is recognised handovers are important, both internal and external, and discharge is a focus for this year to try to improve the quality of the information handover. Anticoagulation has potentially been under reported as an issue at SFHFT. While it is not felt this is a major problem, SFHFT has historically reported less incidents compared to other trusts. This will be picked up through PSQG and the Quality Committee. All the key themes identified via Learning from Deaths have been placed into the quality programme.</p> <p>In terms of patients with learning disabilities, the Trust has recognised all the deaths known about internally and completed a mortality review and structured judgement review on the majority of those. There were five cases which the Trust only knew about after the person had died as they were not flagged as being learning disability patients and, therefore, were not prospectively reviewed. Therefore, it remains an issue of awareness for the Trust. Senior care is an ongoing issue. Aspirational pneumonia and epilepsy are areas of clinical problems this client group experience and this is something which can be improved on. There is good documentation, but it is only available for about half of patients. There is a need to ensure clear care plans are agreed across the community and are accessible for ward staff. This is ongoing work.</p> <p>Interviews for the post of Medical Examiner are due to take place week commencing 10th June 2019. This will be to run a Monday-Friday in hours service and is something the Trust piloted last year. It proved to be a positive experience for patients and family and junior doctors found it a supportive experience. This will improve communication in relation to bereavement.</p>		
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	<p>JM felt it positive that themes from this work are built into the AQP. JM was also encouraged the Trust is not being restricted by national guidance and is going beyond the requirements, for example, deaths of children are reviewed as well as those of adults.</p> <p>BB queried, in relation to the learning disability (LD) cohort, if the new strategy is an opportunity for the Trust to proactively undertake annual health checks for those patients who come into the system but don't currently receive these checks from their GP. AH advised the LD environment is currently being reviewed. There is a similar issue with mental health and the Trust is seeking to strengthen reviewing those deaths whilst under SFHFT's care, not necessarily because of mental health or mental health safety issues, but patients with a mental health diagnosis to look at the health inequalities for that client group.</p> <p>JM felt further work is required in relation to how providers make sure the LD pathways are being linked together. This might be for commissioners or for providers to take the lead role.</p> <p>SuB advised work linked to some of these principles has commenced, for example, the flu vaccination programme through the street health initiative.</p> <p>JM acknowledged the work of team regarding Learning from Deaths.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/240</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>12 mins</p>	<p>Nurse Staffing 6 Monthly Report</p> <p>SuB presented the report, advising the UNIFY data continues to remain stable in a positive position in relation to fill rates within wards. There is no evidence of harm correlating with the under-fills over the last 12 months. There has been a quality summit in relation to the staffing position within Women and Children's division and actions have been implemented as a result of that. The division is due to have a scheduled assessment for Baby Friendly Gold in September and is working towards that.</p> <p>In relation to Diagnostic and Outpatients (D&O), a new Band 7 has taken up post on Fernwood Unit. This post has been filled by a physiotherapist rather than a 'traditional' ward leader in relation to a nurse. This has been well received.</p> <p>International nurse recruitment is positive, with a further group due to start at the end of June 2019. The first cohort of five, who started in February, will be taking their Objective Structured Clinical Examinations (OSCEs) in June. The international nurses are provided with weekly intensive support.</p> <p>There have been some peaks in Thornbury usage, predominantly in Q4 in EAU and ICU. This was initially due to vacancies in EAU, followed by a spike in activity in intensive care. Over the last two months there has been an increase in Thornbury use in maternity, which is in line with the issues of unavailability of staff.</p>		

In relation to developing workforce safeguards, there is one area which is outstanding, namely the Chief Nurse's confirmation to the Board of Directors that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. Based on the information available, SuB advised she was able to provide this assurance. In future this report will capture nursing, midwifery, AHP and medical.

SuB informed the Board of Directors the interim NHS People Plan had been published recently and includes some priorities for focus, one of which is the urgent action on nursing shortages. The key things are in relation to career pathways, improving retention, returning to practice, supporting staff around part time hours, safe and effective staffing, international recruitment, promotion, both short and medium term, and increasing placement capacity for student nurses. The Trust is working on all of these aspects, either through the People, OD and Culture Committee or within the Nursing Taskforce.

The Trust has appointed substantively to the Associate Chief AHP posts. Interviews are scheduled to take place week commencing 10th June 2019 for the Head of Midwifery post.

CW noted the international nurses are working as health care assistants (HCAs) and queried if it is easier to register them as nursing associates. SuB advised they will become registered nurses when they pass their OSCEs.

CW queried if there was a way and an advantage to the international nurses being nursing associates, rather than HCAs, prior to becoming nurses. SuB advised the first cohort arrived at SFHFT in February 2019 and will become registered nurses by July 2019. The practice development team provide them with an intensive programme and the appropriate support. It is felt another step is not required.

JM noted the birth to staff ratio is 1:27.5 and queried what level is considered to be good practice. SuB advised the Trust is achieving best practice.

JM noted the report is generally positive, but queried which areas are of concern. SuB advised some wards have a high number of vacancies, for various reasons, and there are some wards where there has been a change of leadership. Intensive support has been put in place for some of those leaders.

JM sought clarification if areas where there is a specific problem, these are linked to culture and leadership rather than a market for those particular skills. SuB advised there had been an issue in relation to EAU, which has now been resolved. There are areas where staff have chosen to work elsewhere in the organisation and there has been a focus on that. There are one or two areas within the Trust that staff do not want to work in and these areas are hard to recruit into. It is evident that when strong leaders are put into an area, staff are attracted to that area.

BB advised the Quality Committee had discussed the issues in relation to maternity and queried if this continues to be an issue, particularly the level of midwife staffing.

<p>7 mins</p>	<p>SuB advised this is due to the unavailability of staff as opposed to vacancies, with posts being filled through Thornbury. Staff are unavailable due to sickness absence but predominantly this is due to maternity leave. A plan has been implemented which has reassured staff.</p> <p>SiB advised ED has seen increased growth in demand and an investment of £700k for additional nurses in ED this year has been agreed. SuB was confident the Trust would be able to recruit into those positions. There is no official nurse to patient ratio in ED but the pressure staff are under in ED has been recognised. PR advised this investment will be funded from anticipated growth in the contract.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Guardian of Safe Working</p> <p>AH presented the report, advising the position is stable both in terms of the volume of reporting, the source of reporting, which is mainly medicine, and the seniority of junior doctors who are reporting. AH advised the junior doctors who report issues are usually within the first three years of their career. The Trust's position reflects the regional and national position.</p> <p>SFHFT is undertaking all actions as part of the process which best practice would suggest, such as talks to junior doctors to encourage them to engage, etc. Where a workplace review is required, this is managed and dealt with quickly, which is important for morale.</p> <p>SFHFT is in a good position in terms of vacancy rate and fill rate. Compared to other trusts, SFHFT has only a small number of rota gaps, which is important in terms of the volume of reporting expected. This is helped by the Clinical Fellows Programme and work which has been done in relation to bank to make it easier for existing substantive doctors to get onto bank, thereby improving the bank fill rate.</p> <p>The Trust needs to maintain the strength of the Clinical Fellows Programme. SFHFT invested in middle grades during 2018/2019 and there is a business case in relation to junior doctors. This is part of a three phase plan to help the Trust meet most of the requirements of a Royal College paper which was published in the Autumn in relation to safe staffing.</p> <p>The risks are the volatility of the market, sustaining the Clinical Fellows Programme and having a more robust out of hours service. Medical staffing data will be included as part of the safe staffing report in future.</p> <p>GW referenced the exception reporting system and sought clarification regarding the reasons for cases not being completed within a seven day period. AH advised performance in relation to this is approximately half a day worse than it was last year. The pressure within the Trust in the last two quarters is relevant as this is greater than the same period last year. If a person rotates from nights, they are not back in the Trust for seven days and this is a problem. Where an issue is identified with consultants not completing the process, this is picked up in 1:1s.</p>		
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<p>2 mins</p>	<p>There is a combination of factors but performance is stable and doesn't represent a deterioration, although it is recognised it can be improved. People are aware of the importance of completing the process and it has been refined to make it as simple as possible. There is a turnover of staff at consultant level and as such the importance of this process needs to be highlighted.</p> <p>JM felt linking this into safe staffing provides more assurance regarding staffing levels. JM noted when considering the percentage of reporting and percentage of junior doctors, the major issue is in medicine.</p> <p>AH advised the Clinical Fellows Programme at present is largely supporting medicine. The Trust is fixed by substantive training posts and where they can be, which may not always reflect where the pressures are. It is not possible to change training programmes between specialities for any length of time. The number of junior posts is dynamic and changes every year.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Medical Revalidation – AOA Report</p> <p>AH presented the report, advising this is a statutory paper which is to be submitted to NHS England by 7th June 2019. The report details the number of doctors who have completed their appraisals. One individual did not complete an appraisal which wasn't agreed in advance and some doctors did not complete them on time for reasons such as illness or because they have not been with SFHFT long enough to gather sufficient evidence for their appraisal and have been delayed on that basis. This is a positive report and continues the good work done by the Medical Taskforce Group.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/241</p>	<p>STAFF STORY - CLINICAL FELLOW PROGRAMME</p>		
<p>33 mins</p>	<p>RF, GC and NC presented the staff story, which related to the clinical fellows programme.</p> <p>AH advised this has been a fantastic programme for the Trust. Since it was set up in 2015, it has brought colleagues from 15 countries into the NHS. The feedback is they feel very supported and have been provided with support to understand the NHS. It is hoped this will lead onto people entering training at a junior level or staying with the Trust to go into Certificate of Eligibility for Specialist Registration (CESR) programmes to move into consultant roles. During the first two years most people went into Deanery training for junior roles. However, in the past year more people have been interested in staying with the Trust and going onto the CESR programme.</p> <p>GW sought clarification regarding the next steps for the clinical fellows programme and enquired how it can be further developed and what support would be required.</p>		

GC advised the Trust is not formal about rotation and in some areas supervision and sign off is not as robust as it should be. The aim is to introduce Annual Review Competency Progression (ARCP), which is what juniors receive, and to do that at least once or twice per year to help the clinical fellows identify the level of competencies they want to achieve and the evidence required for that. Additionally, the teaching programme will be formalised to make it equivalent to foundation core training. Recently better quality and more senior clinical fellows have come to the Trust who already have some exams, etc., and it is hoped this trend will continue. There is a CESR programme going through ED and other specialities will be considered. The majority of clinical fellows stay in the NHS, even if they leave SFHFT.

BB noted the reason for clinical fellows leaving the Trust was not explained for 27% of people and sought further information regarding this. RF advised there are various reasons for people leaving, including personal reasons, returning to their home country and moving to other clinical fellows' posts to be nearer family in other parts of the country. People will be leaving the Trust shortly ready for the August changeover and all of those are going into training, predominantly into GP training.

TR queried if the Trust has capacity to deliver the programme if more applications were received. GC suggested it would be good to reach a point where locums were not required and to increase numbers of clinical fellows to have some flexibility. The Trust could cope with capacity but more people who want to be supervisors are needed. People see clinical fellows as useful members of the team. The ability to recruit more senior clinical fellows, who need less supervision, would make this easier. AH added the constraint is consultant numbers.

PR highlighted agency expenditure has reduced and clinical fellows supported Winter wards. This has helped reduce expenditure in the second six months of the year, compared to the first six months.

GC advised clinical fellows are mainly based in medicine and surgery, with not as many in other areas. This is possibly due to other areas having a higher proportion of trainees.

CW noted the success of the programme and queried if the Trust is receiving more assistance nationally from the relevant authorities to ensure we can recruit overseas and ease the process to bring people into the UK. RF advised this has improved. AH has worked hard to build relationships nationally and with the local Deanery and, as a result of this, SFHFT has been successful in getting additional trainees through.

CW felt it would be useful to feed back to the Home Office in terms of ease of process of bringing people into the UK. RF advised there had been some issues with Certificates of Sponsorship. This issue was discussed nationally approximately 12 months ago. AH has a good relationship with NHS Employers and was able to feed the Trust's concerns into them. The rules have now changed and the process is easier, although it does take time and allowances need to be made for that. The lead in time is between 6 weeks and 3 months.

17/242	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
41 mins	<p>RM advised it has been agreed to present a more thematic detailed report to the Board of Directors on a quarterly basis. The SOF report for this month provides a high level oversight in relation to how the four key domains are delivering, together with the theme/narrative which runs through the organisation. There are fewer KPIs. More work can be done to identify themes and narratives. This is deliberately a smaller report than previously, with no exception reports presented. The detail is discussed at the Board's sub-committee meetings.</p> <p>JM advised the aim is to make a clear distinction between the monthly and quarterly reporting, with the quarterly report for insight and understanding and the monthly report to identify any areas for concern.</p> <p>ORGANISATIONAL HEALTH</p> <p>JB advised sickness absence reduced in April 2019 to 4.1%, which is above the annual 3.5% target and the seasonally adjusted target of 3.2%. Corporate is the only division which is under the 3.2% target. Urgent and Emergency Care are achieving 3.5%, which is above the seasonally adjusted target but is within the annual target. All the other divisions are above target. Anxiety, stress and depression remains the top reason for absence and is above the threshold.</p> <p>The report details the work being done to support the Trust and staff in relation to the three high absence areas of anxiety, stress and depression, musculoskeletal (MSK) and gastrointestinal problems, which can sometimes be linked to stress. There will be a detailed presentation to the People, OD and Workforce Committee in July on all the wellbeing initiatives which are in place. There are a number of different levels of counselling support available, namely the employee assistance scheme, a listening service in occupational health and a formal counselling service. It was noted there is a waiting time of 8 weeks for formal counselling and ways of reducing this are being investigated.</p> <p>Staff turnover is currently 0.6% and is green. The Trust is doing well in relation to retention.</p> <p>In regards to the proportion of temporary staff, the threshold has been reduced to 7.3% from April 2019. Currently the Trust is achieving 7.4% with performance driven by gaps through sickness and there are some areas where vacancies have increased. Medical vacancies are up to 9.8% but there is an increase in establishment linked to business cases which has created vacancies but these are not yet filled. This could affect the temporary staffing figures if those posts are being filled temporarily until people are appointed substantively.</p> <p>GW noted monthly sickness absence was included in the report and this highlights an increase in sickness levels. GW queried, in relation to formal counselling, if other options are being communicated to staff. JB advised there is regular communication through the staff bulletin and there are sessions held for staff to inform them of what is available. JB acknowledged a waiting time of 8 weeks is unacceptable, which is why re-provisioning this is being considered.</p>		

	<p>However, there is immediate support available from other sources. RS advised he has recently met with occupational health and will be strengthening communications in relation to this.</p> <p>GW queried if this is also communicated to staff who are on sick leave, whether this is stress related or not. JB advised as part of the process, staff do get formal occupational health referrals. Staff do not always think about the range of things which the counselling service can offer support with, for example, relationship breakdown.</p> <p>SuB advised part of the menopause support group last month covered mental health and general wellbeing. This session will be repeated as it was well received. JB advised the recent managing stress month may also be repeated.</p> <p>JM requested further information be included in the quarterly report to show why sickness absence is higher in certain divisions than others.</p> <p>JB advised a report detailing this information was presented to the last meeting of the People, OD and Culture Committee. Some themes were linked to a division, for example, older workforce, but it was difficult to find a connecting theme for the variation as they were all individual matters.</p> <p>Action</p> <ul style="list-style-type: none"> • <i>Analysis of reasons for variation in sickness absence rates between divisions to be included in quarterly SOF report</i> <p>QUALITY</p> <p>SuB advised the KPI for avoidable hospital acquired Grade 2 pressure ulcers is showing as red. However, all reported pressure ulcers are reviewed on a weekly basis by SuB or Phil Bolton, Deputy Chief Nurse. A review has been undertaken of all hospital acquired pressure ulcers from April 2016. This has shown an increase in Grade 1, which suggests positive reporting. Grades 2 and 3 have remained consistent. Work is ongoing in relation to support and promotion. While there has been a slight peak this month, it is generally consistent.</p> <p>In relation to serious incidents, it was suggested at last month's Board of Directors meeting to look at themes rather than numbers and identify if there is a reduction. A deep dive has been completed which reviewed May 2016 to April 2019. Three incidents were identified as the Trust's top incidents, with all other categories having less than six incidents over the last three years, meaning no trend could be identified. The top three incidents were delays in care, which has seen a downward trend over the last three years, falls, which saw a downward trend initially but has now stabilised and treatment in care. This encompasses 40 sub categories, the key ones being failure to act or monitor and inappropriate treatment or medical care. This category is showing a steady increase and has been identified as an area of focus for learning. The top three categories are all captured within the perfect ward metrics and these have been reviewed.</p>	<p>JB</p>	<p>01/08/19</p>
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VTE risk assessment was red but is now back on track. This was achieved sooner than anticipated.

The annual update for the nursing and midwifery strategy is included in the Reading Room. The objectives for Year 1 are all fully achieved and the Trust is on plan to deliver Year 2. The AHP strategy is being prepared and will be presented to the Board of Directors prior to being launched.

OPERATIONAL

SiB advised diagnostics is at 98% against a target of 99%. Sickness in echocardiography and continued pressure on MRI are the main causes of underperformance. The MRI scanner from Newark will be on site at King's Mill more days per week as it is underused at Newark. This will provide 100 additional MRI slots per month. Locum cover has been secured in echocardiology. The expectation is diagnostics will be back on trajectory in June 2019.

Referral to Treatment (RTT) is 90%, which is a stable position but is below trajectory. Outpatients transformation work is critical in relation to this. The aim is to reduce outpatients appointments by 13,000 and it is hoped this may be nearer to 30,000. However, if a reduction of 13,000 can be delivered, this will improve waiting times. Ophthalmology has been identified as a critical area and additional capacity has been funded in this area which will improve their performance.

In relation to theatre productivity, average cases per list are being measured. During April, all specialities achieved their average case per list improvement standard. 100 more patients were treated in theatres compared to the corresponding month last year. Despite the stable nature of RTT, progress is being made in this area.

JM noted the Trust is close to target in most areas and, considering the current pressures, is good performance but JM felt it important to ensure there is no slippage.

TR noted ophthalmology has been an issue for a while and queried the trajectory for getting performance in this area on track and stabilised. SiB advised the triage system put in place by CCG colleagues needs to be reviewed as 80% of patients who go through this process come to the Trust. More could be done to take patients out of the system during triage. In addition, there is a need to build capacity within SFHFT. Funding for additional capacity has been agreed but there is a lead time to recruit into those posts. SiB anticipates the position will improve in 6 months' time.

SiB advised emergency care is 1% below trajectory but 6% above the NHS average. Demand has not decreased from the traditional Winter months, with April being one of the busiest months the Trust has seen. However, length of stay in April is the best it's been so the Trust is coping to an extent. The drivers of demand work, which is system wide, will report at the end of June. SiB felt more could be done from a system perspective. It is hoped this work will give some indication as to reasons for the increased demand. The additional investment into ED staffing is welcome and staff feel supported.

	<p>Work continues in relation to long stay patients. There is a 40% reduction threshold on long stay patients. This is currently 25% and the number of patients who are in hospital over 21 days is reducing. The Trust continues to make use of same day emergency care. This has proved successful over the past year with 35% of admissions going through same day emergency care. However, the biggest challenge for the Trust is to reduce attendances at ED but if patients do attend there needs to be a system which can turn the cases around quickly and refer patients to alternative provision in the community. When the drivers of demand work reports, this will need to be discussed with Primary Care Network (PCNs), commissioners, Notts Healthcare and the Trust.</p> <p>The Winter plan has reduced and all the Winter capacity has been taken out. The Trust is now operating at a more seasonal level of capacity.</p> <p>GW felt the quarterly report should include more information in relation to PC24, its impact on performance and the level of activity which passes through there.</p> <p>Action</p> <ul style="list-style-type: none"> • Information relating to the performance of PC24, including activity levels and impact on Trust's performance, to be included in the quarterly SOF report <p>RM noted the level of activity seen in the first two months of the year and queried what the forecast is for expected activity in the next 10 months and what that means for access. SiB anticipated activity will remain at the same level until the analytics work is completed and a plan of action discussed with partners. Some actions will have a lead time in terms of implementation. Therefore, over the next 6 months there is likely to be an increase in activity and the Trust needs to find ways to manage that.</p> <p>RM queried if there will be a reduction in activity in the final four months of the year. SiB advised the Winter plan will be in place. There are actions which can be put in place, which may have previously been in place in some areas of the system, which can avoid some pressures. There is a need to have an open and honest discussion with system partners about the drivers of demand and the actions which can be taken.</p> <p>RM noted the ED 4 hour standard was 94.2% for 2018/2019, with the first two months of 2019/2020 being slightly behind the first two months of 2018/2019. RM queried if the Trust can get back to the level of performance seen in 2018/2019. SiB advised it is hard to predict annual performance based on two months of the year. However, the objective is to remain on the NHSI trajectory.</p> <p>RM noted there is an inconsistency of working in the ED department as there have been some days which have been problematic. RM sought clarification as to the reasons for this.</p>	<p>SiB</p>	<p>01/08/19</p>
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<p>SiB advised variability exists across the organisation, not just in ED. Ben Owens, Clinical Director for Urgent and Emergency Care, is in the process of having individual discussions with all consultants in the department in relation to trying to address some of the variation. However, consultants need a system whereby patients can easily be transferred to some sort of community capacity but sometimes there is no alternative to admitting the patient.</p> <p>CW noted rehab beds available around Newark and queried how the effectiveness of movement out of the community into rehab, then to discharge, as opposed to discharge straight from the Trust, is being measured. SiB advised this is proving to be almost too effective. The Trust is working with partners on the Home First Integrated Discharge (HFID) programme, which aims to get more patients home for rehab. There are sometimes missed opportunities with patients going into bedded rehab as opposed to home rehab. However, length of stay in rehab is reducing.</p> <p>JM queried how effective and committed system working is across the patch. The discharge hub continues to be run by the CCG but this may be run better by a provider and the beds issue does not send out a clear message in regards to system working. SiB felt there is currently no clear commitment. The discharge hub was run by the Trust but has recently moved to be run temporarily by the CCG. SiB expressed the view the Trust should have greater control of it as it is not always possible to get patients into the available capacity.</p> <p>JM felt this should be provider function. For the move towards strategic commissioning to be successful, there is a need to change the mind-set of the CCG.</p> <p>SiB felt that the commitment in relation to system working is not where it should be. There needs to be a key conversation in the ICP because the number of people who attend ED is an ICP issue.</p> <p>SiB advised the Trust achieved the cancer standard in month, despite an increase in demand, noting 1,600 patients were referred to SFHFT over the past 12 months. Work has started with primary care in relation to the referral systems as there are things which can be tightened up. The Trust has been accepting patients on two week referrals which aren't on the right form or haven't had the right tests. There is a need to be more robust in relation to this.</p> <p>Further funding has been received from the Cancer Alliance to support the work of the Trust. There are two issues, time to diagnosis and urology. The key aim is to achieve the standard without urology as it is unlikely they will be in a position to reach the standard for some time. The process is safe and patients are not coming to any risk. There are 18 patients waiting 104 days on cancer pathway, who have all been reviewed.</p> <p>There are zero 52 week waiters on the elective pathway.</p> <p>JM queried if the increase in referrals is leading to more cancers being identified. SiB advised this is not the case. More cancer patients are being treated but this is not in proportion to referrals.</p>		
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	<p>FINANCE</p> <p>PR advised at Month 1 SFHFT is reporting a monthly deficit of £5.46m before non-recurrent income, which is £180k ahead of plan.</p> <p>Non-recurrent income streams of Provider Sustainability Funding (PSF), Financial Recovery Fund (FRF) and marginal rate emergency tariff (MRET) have currently been reflected in the position. The only one of those at risk is PSF related to the system control total.</p> <p>Key areas to note are clinical activity which is higher than plan and non-elective activity performance which is 9.3% and above plan. This means clinical income is £0.77m above plan in Month 1. Pay costs are in an overspend position due to having capacity requirements to meet the increase in non-elective activity. Agency spend has also increased in April compared to March, but is still £350k less than the ceiling set by NHSI. The Financial Improvement Plan (FIP) has delivered savings of £80k of the £240k planned for April.</p> <p>A review of the divisional control totals was recently presented to the Finance Committee. Following discussions with the divisions, a worst case risk of £16.5m to achieve this year's plan was identified. However, some of the risks are competing risks, for example, activity greater than final activity and activity reduces so the Trust can't recruit staff. £7.5m of this risk is in relation to FIP delivery for the full year. Mitigating actions are in place. A full financial forecast for the year will be reported to the Board of Directors in July, which will take into consideration slippage on reserves, investments, non-recurrent opportunities and an assessment of the position if income and activity levels continue at the current level.</p> <p>JM acknowledged it is an early stage of the year but queried if the position feels the same, worse or better than last year. PR advised it is relatively similar to last year. However, there is an earlier recognition of the issues and the need for mitigating actions to be put in place.</p> <p>RM noted there are a series of financial risks, the biggest risk being the ability to deliver the FIP. As a statutory organisation the Trust will deliver on its financial agreements this year. There is less confidence about the ability of the ICP and ICS to deliver their financial plan. There is a need to focus on what the Trust can control from a financial perspective and managing expenditure is essential to that. The Trust will continue the work in relation to the ICP which feeds into the ICS.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>17/243</p>	<p>BED CAPACITY SUBMISSION FOR NHSI</p>		
<p>10 mins</p>	<p>SiB presented the report advising bed capacity modelling is based on 92% occupancy, with the exception of Women and Children which is treated separately. There is a recommended level of 85% for urgent care but the view is 92% provides good balance between being full and efficient but having capacity to make sure patients are quickly moved into the appropriate place.</p>		

	<p>The activity plan contained in the paper is the agreed activity plan with the CCG. This shows the Trust has a deficit greater than last year which is as expected given the bed base hasn't changed but the activity plan for the coming year is higher. Key actions to mitigate the deficit are listed within the paper.</p> <p>There is a need to safely improve the effectiveness of throughput, working with clinicians to ensure internal processes are as efficient as they possibly can be. The priorities are 'right sizing' which links to working with system partners to reduce attendances at ED but making it easier to turn patients around. The Winter plan will mitigate December 2019 to March 2020 to a certain extent. The Trust needs to have a credible plan for Autumn 2019.</p> <p>TR advised assurance and data was provided to the Quality Committee in relation to re-admittance. The Committee were assured the Trust is getting this right as when patients are discharged they are not being readmitted at a high level.</p> <p>RM referenced a graph in the report and noted for November the Trust is 57 beds short of 92%. Colleagues outside the organisation feel the Trust has 70 beds too many, which is a net change of 120, over a bed base of 650. This is a 20% difference in SFHFT's belief about the challenges faced this year and the commissioner's view of what could be achieved through a smaller bed base.</p> <p>JM felt it would be useful for Board of Directors to understand what the scenarios are in relation to assumptions around model hospital and system action. For example, if efficiency levels are met, what difference would that make to bed requirements.</p> <p>RM advised the information contained in the report is based on contracted activity, which is a point of agreement with commissioners. The reality is worse as the Trust is above plan.</p> <p>SiB advised a third party, Edge Health, complete the work in relation to bed capacity. This is important as all partners can see a third party view of bed demand and capacity. They can start working on actuals.</p> <p>JM felt this would help the Board's understanding and aid system wide discussions.</p> <p>Action</p> <ul style="list-style-type: none"> • Scenario planning work to be undertaken in relation to bed demand and capacity <p>The Board of Directors were ASSURED by the report</p>	SiB	04/07/19
17/244	ASSURANCES FROM SUB COMMITTEES		
4 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report, highlighting the Head of Internal Audit Opinion gave Significant Assurance and it is important to maintain that level.</p>		

At the time of the AAC meeting on 23rd May 2019, the audit was still ongoing but no material changes were expected.

PR advised there was a minor adjustment in the Letter of Representation in respect of a sign off of payments which were made in April 2019 but related to March 2019. This was not significant.

GW advised there were two unadjusted figures which were immaterial. One of these related to asset life adjustments and the other was life cycle expenditure.

GW presented the AAC Annual report, which has been approved by the AAC. This is consistent with the draft annual governance statement, Head of Internal Audit Opinion and the external audit review and concluded the Committee has discharged its responsibilities for the year.

JM advised the Board Assurance Framework (BAF) was discussed at a recent Board of Directors workshop. Points raised were if the BAF could be more forward looking, include system working, etc., the need to ensure consistency in terms of reference and formal recognition of the AAC's role in ensuring the process works effectively.

GW advised it was a useful process and provided a real understanding of what is meant by tolerable risk as opposed to a target risk. Currently a lot of what the Trust measures against is a target risk rather than a tolerable risk. This highlights that currently the position is always outside the tolerable risk position, which isn't sustainable. The understanding of tolerable risk was wrong and some changes need to be made.

JM advised the BAF is seen as an exemplar elsewhere, but can be improved further.

Finance Committee

GW presented the report, highlighting the identified risk of £16.5m and the need to monitor this closely. The Trust is in a comparable position to last year but issues are being identified earlier. There is a lot of work to do, particularly in relation to the FIP programme. More needs to be identified through this as things which come through this programme tend to be small opportunities.

The Committee received a report in relation to medical pay whole time equivalent (WTE) analysis. WTE was 51.8 above plan in 2018/2019. The position has improved and is now at 28.24, but there is more work to do. A plan is in place to further improve this.

Quality Committee

BB presented the report, highlighting the progress report received from the dermatology team in relation to their quality improvement plan. Dermatology have seen 35% increase in referrals against the reduction in the conversion rate.

	<p>The Committee were assured by the ongoing effective implementation of NICE guidance. A report was received from the maternity team in relation to closures of the birthing unit over the past year.</p> <p>The Committee are eager to see the purchase of 'Birth Rate Plus' as this will help to stratify risk. The Committee received a report in relation to nurse revalidation and were assured there is a robust process in place.</p> <p>SuB advised in the future the AHP revalidation will also be captured.</p> <p>RM advised, in terms of Birth Rate Plus, Jaki Taylor (JT), Director of Nottinghamshire Health Informatics (NHIS), attended a recent meeting of the executive team to discuss NHIS priorities for this year. The first schemes they are looking at are schemes which are nearing completion and rolled over from last year. Following this will be schemes which the Trust has committed to complete this year and then the remainder. Birth Rate Plus is in the third group and, as such, there is no commitment to implement it this year. However, its importance is recognised and it will be kept under review.</p> <p>The discussion highlighted that for the volume of IT systems the Trust is trying to implement this year, there are only 1.5 people working on those projects. The executive team have asked JT to ensure the prioritisation is correct and what is required to extend the scope of the projects for this year.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/245	OUTSTANDING SERVICE		
4 min	A short video was played highlighting the work of the Time to Change champions.		
17/246	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> • Recognition of awards the Trust has been nominated for • Clinical Fellows Programme • Assurance received in relation to staffing • Quality of learning • SOF, including work with partners 		
17/247	ANY OTHER BUSINESS		
1 mins	No other business was raised.		
17/248	DATE AND TIME OF NEXT MEETING		
1 mins	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 4 th July 2019, in the Boardroom, Newark Hospital at 09:00.		

	There being no further business the Chair declared the meeting closed at 11.50am.		
17/249	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	

17/250	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 mins	<p>Sue Holmes, Public Governor, noted the work of the Clinical Fellows Programme.</p> <p>Ian Holden, Public Governor, felt there needs to be more transparency in terms of relationships with CCG from a governor's perspective.</p> <p>JM advised the system agenda will develop and the Trust needs to try and shape it.</p>		