

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 5th December 2019 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Dr Andy Haynes	Medical Director	AH
	Simon Barton	Chief Operating Officer	SiB
	Clare Teeney	Director of People	CT
	Shirley Higginbotham	Director of Corporate Affairs	SH
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RS
	David Selwyn	Deputy Medical Director	DS
	Phil Bolton	Deputy Chief Nurse	PB
	Phil Harper	Head of Strategic Planning and Information	PH
	Ursula Ngwu	Paediatric Consultant	UN
	Lewis Halfpenny	Apprentice, Clinical Illustration	LH
Observer:	Roz Norman	Staff Governor	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
Apologies:	Richard Mitchell	Chief Executive	RM
	Suzanne Banks	Chief Nurse	SuB
	Claire Ward	Non-Executive Director	CW

Item No.	Item	Action	Date
17/418	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.		
17/419	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>AH declared his position as Executive Lead of the Integrated Care System (ICS)</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p>		
17/420	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Richard Mitchell – Chief Executive, Suzanne Banks – Chief Nurse and Claire Ward – Non-Executive Director</p> <p>It was noted that Phil Bolton – Deputy Chief Nurse, was attending the meeting in place of Suzanne Banks</p>		
17/421	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 7th November 2019, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 17/395, paragraph 5, line 7 should read "...out to staff consultation" as opposed to "...out to public consultation" <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
17/422	MATTERS ARISING/ACTION LOG		
2 min	<p>The Board of Directors AGREED that actions 17/363.2, 17/363.5 and 17/366 were complete and could be removed from the action tracker.</p> <p>17/335 – PB advised, in relation to maternity unit closures, the Standard Operating Procedure (SOP) is being revised. There were two closures in October and one in November. The Board of Directors AGREED this action was complete and could be removed from the Action Tracker.</p> <p>Action 17/395 – PR advised written reports were provided by South Nottinghamshire and Nottingham City Integrated Care Partnership (ICPs) to the last ICS Board meeting. These are available to view on the ICS website.</p>		

	<p>South Nottinghamshire and Nottingham City ICPs are both in their formation stage. South Nottinghamshire advised they have established a planning group and are focussing on strategy, planning, governance and performance. They have held stakeholder events and are putting together a patient and public engagement draft work plan. Nottingham City are forming a high level priorities programme plan, focussing on enabling changes to population health management. They have identified five high level programme priorities. A launch event across their ICP was held on 7th November 2019. They have appointed a programme director and are in the process of recruiting a clinical director. The Board of Directors AGREED this action was complete and could be removed from the Action Tracker.</p>		
17/423	CHAIR'S REPORT		
2 mins	<p>JM presented the report, highlighting the Staff Excellence Awards which took place on 8th November 2019. This was a fantastic evening, celebrating just some of the brilliant work from teams and individuals across the organisation over the last 12 months.</p> <p>SFHFT has received an award for its equality, diversity and inclusion work in relation to the work undertaken with overseas nurses, by providing them with the support and guidance they need to settle into the Trust.</p> <p>A series of Carol Services and Remembrance Services took place, and will be taking place, throughout November and December.</p> <p>JM advised RM has been appointed as Chair of the East Midlands Cancer Alliance.</p> <p>JM noted this is AH's last Board of Directors meeting, acknowledging the huge amount of work he has done for the Trust.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/424	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>PR presented the report and expressed thanks to AH for his support to the Executive Team and the Board of Directors. DS will take up the role of Medical Director from Monday 9th December 2019, which is the same date Julie Hogg - Chief Nurse, and Emma Challans – Director of Culture and Improvement, take up their roles with the Trust.</p> <p>The Staff Survey closed on 29th November 2019. As of 28th November, which is the latest data available, 64.9% of staff have completed and returned the survey.</p> <p>The Trust remains under considerable pressure and every member of staff is working hard to maintain patient safety.</p> <p>JM requested an update in relation to the ICS Long Term Plan submission. AH advised the adjustment on trajectories has gone out to all organisations. There is an outstanding query on the maternity trajectories.</p>		

	<p>PR advised in terms of the trajectories as they affect SFHFT, they are unchanged. There is some affect for partners, who will be consulting with their boards.</p> <p>JM queried the timescale for the delivery plans and when the Board of Directors can expect to be sighted on the aspects relevant to the Trust. AH advised the SFHFT planning is ongoing. This is being fed into the ICP plan, which is also ongoing. The ICS is trying to collate the organisational and ICP plans with some core key priorities which will be the focus for 2020/2021. PR advised an operational planning paper for 2020/2021 is due to be presented to the ICS executive meeting on 12th December 2019.</p> <p>JM felt the Board of Directors need to have sight of the Trust's delivery plan for next year and as part of that it would be useful to see the interface with the system plan to identify where the challenges and opportunities are. PR advised planning is taking place on a top down and bottom up basis.</p> <p>Action</p> <ul style="list-style-type: none"> • Delivery Plan to be presented to Board Workshop <p>BB felt it would be useful if the ICS and ICP reports put more emphasis on the impact integration is starting to have, rather than just narrative.</p> <p>The Board of Directors were ASSURED by the report.</p>	PR	27/02/20
17/425	STRATEGIC OBJECTIVES UPDATE		
9 mins	<p>PH presented the report, advising this is the Q2 update on progress against the Trust's strategy. The relevant sections of the report have gone through the sub committee which is relevant to the particular indicator. 25 of the indicators are green, 13 are amber, none are red and 3 are not yet ready to report on.</p> <p>In terms of the process, this has been challenging as taking the updates through the sub committees has meant there has been a delay to some of the reporting and there is some degree of duplication. It is proposed to combine this update with the quarterly SOF report and provide an update in narrative terms for the relevant strategic objective indicators.</p> <p>NG felt the SOF is largely operational and the strategy initiatives may go beyond a year. Therefore, the two reports are different and there should be a separate paper on the longer term strategic objectives and tracking against those.</p> <p>JM felt it would be useful to look forward; this update focusses on the current position. There is a need to distinguish between this year and looking forward. It would be useful to know the scale of the change the Trust wants to make in order to track progress in that context. PH advised part of the challenge is the mix of indicators, some of which are a duplication of operational areas and others are more forward looking.</p>		

	<p>JM advised these indicators were developed before the system plans were developed. Therefore a refresh is needed to ensure this reflects the Trust's part in the wider system strategy. This may identify some areas which can move into operational.</p> <p>TR felt it would be helpful if part of the narrative of the report identifies how many indicators which were red have moved to amber or green and vice versa.</p> <p>JM felt when looking at the current and previous positions there is not a lot of difference. There is a need to identify how much is 'business as usual' and how much is transformational.</p> <p>PH sought clarification regarding the reporting process going forward. BB felt if it is possible to differentiate between operational and strategic indicators, this will address some of concerns raised by the Quality Committee.</p> <p>JM advised the report should come straight to the Board of Directors for discussion on more strategic issues. If any issues are identified for further discussion, these will be taken back to the sub committees. SH advised the strategic objectives report will be presented to the Board of Directors at the same time as the quarterly SOF report.</p> <p>Action</p> <ul style="list-style-type: none"> • Strategic measures of success to be updated to reflect the system plan • Board of Directors work plan to be updated to reflect the Strategic Objectives Update to be presented to Board at the same time as the quarterly SOF report <p>The Board of Directors were ASSURED by the report.</p>	<p>PH</p> <p>SH</p>	<p>09/01/20</p> <p>09/01/20</p>
<p>17/426</p>	<p>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</p>		
<p>20 mins</p>	<p>Advancing Quality Programme (AQP) Progress Report</p> <p>DS presented the report, advising there has been a decrease in red actions from 11 to 7, amber actions are neutral, green actions have increased by 18 and blue actions have increased by 4. The overall number of actions has increased from 63 to 76. This reflects the Trust is increasingly challenging itself and is to be seen as a positive.</p> <p>In relation to the CQC Should Do Action Plan (Campaign 5), there are 11 outstanding actions, of the original 37, all of which are on track.</p> <p>The AQP Oversight Group reported to the Quality Committee on 20th November 2019. Two new actions have been added to be included in the quality standard. The Quality Committee approved as embedded two actions from Campaign 5.</p>		

Going forward there is the opportunity to tie this work in with the Quality Account and Quality Report. Therefore, the Chief Allied Health Professional (AHP) has been invited to join the AQP meeting to discuss potential local indicators which can be selected from the AQP to go into the Quality Accounts.

BB advised an update is presented to every Quality Committee meeting. There is a good discussion with support and challenge. This is a dynamic process and demonstrates the ambition for the Trust in terms of continuous quality improvement.

GW acknowledged an update is presented to the Quality Committee but felt a summary for the Board of Directors would be useful to aid understanding of where the Trust is on the development path compared to where it is expected to be. MG felt the Board of Directors need to have an idea of the risks and opportunities.

DS advised this work is in response to where the Trust has been and it is a process. This is an important piece of work and there is the opportunity to shape this to how the Trust 'wants it to look' depending on the outcome of the CQC assessment. This work could be linked to strategic and quality objectives and what the Trust wants to drive and challenge as opposed to what the Trust has been told to drive and challenge.

SH advised it is important not to duplicate what is presented to the Quality Committee as the Committee should escalate any risks to be picked up by another committee to the Board of Directors.

AH advised this work has gone through three phases, having started as the Quality Improvement Plan when the Trust was in special measures. The best aspects of that work were identified and it was turned into the AQP which is about continuous quality improvement. The Medical Director and Chief Nurse put in a significant level of scrutiny before the report is presented to the Quality Committee.

JM felt this is a disciplined process, which should give a lot of assurance. The question is can progress be demonstrated. It would be useful to have a few examples of how it is different for patients. This work has a broader quality agenda than what the Board of Directors focussed on previously, which was just the areas the Trust had been told to focus on.

TR advised there are five areas, four of which were the choice of the Board of Directors. The fifth area is what the CQC recommended the Trust should do and the organisation chose to acknowledge and accept those. This report should be read in conjunction with the Quality Strategy Overview. The majority of the workforce welcome this work.

MG felt at Board level she is not getting the information as a leader to carry out some of the oversight of how things are progressing in terms of change happening, risks, embedding, etc. While RAG ratings are provided, these relate more to if actions are to deadline, etc. AH advised the RAG ratings relate to progress, which is why blue is included. To be rated as blue, there is a need for 6 months of evidence something is embedded.

	<p>JM advised there is a need to be careful about what is presented to the Board of Directors, how much reliance is on the committees and what the upward information flow from the committees is. When the next phase of this work has been thought through, it will be useful to have a discussion at a Board of Directors Workshop to establish what the Board of Directors needs to be sighted to and what can be dealt with at committee level. Part of the assurance is if a robust process is in place underpinning this work. AH advised for the Workshop session it may be useful to take a theme and track through the various places it is discussed and presented.</p> <p>Action</p> <ul style="list-style-type: none"> • AQP to be topic for future Board of Directors workshop to discuss what information is presented to the Board of Directors and what can be dealt with at committee level. This will take place once the next phase of the work of the AQP has been thought through. <p>DS invited Non-Executive Directors to attend an AQP meeting to aide understanding.</p> <p>JM felt the report demonstrates discipline and progress. There is a need to think about moving to the next stage.</p> <p>The Board of Directors were ASSURED by the report</p>	DS	TBC
17/427	STRATEGIC PRIORITY 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
13 mins	<p>Flu vaccination of Healthcare Workers</p> <p>CT presented the report, advising all boards are required to see the update on progress and the outputs of the self-assessment best practice checklist, as required by NHS England (NHSE) and NHS Improvement (NHSI). The flu vaccination programme is led by Occupational Health. Early planning serves the organisation well in terms of mobilising the vaccination programme. There has been learning year on year and a consistent increase of vaccination rates, showing the Trust is continually above the national average. To date, 82.6% of front line staff have received the vaccination. CT confirmed the CQUIN target relates to front line staff but the vaccination rate for all staff is reported to the Board of Directors.</p> <p>BB acknowledged the year on year progress but expressed disappointment it is doctors and nurses who have relatively poor vaccination rates compared to other cohorts. BB queried if it is the same staff who are not having the vaccination year on year and is it possible to make it mandatory or link it to appraisals. AH advised it is not possible to make the vaccination mandatory as it is a human rights issue. It is better to persuade people to 'do the right thing'. AH advised he would like to see the junior / senior doctor breakdown as usually the issue relates to junior doctors as they rotate in the middle of the flu season. This could skew the figures. It is important for senior clinicians to model behaviour and lead by example. JM felt the Trust needs to try and encourage as many staff as possible to have the vaccination.</p>		

	<p>PB advised this year the Trust has tried to obtain opt out information, respecting people's wishes but trying to obtain information as to the reason for not having the vaccination. The Trust has done some 'myth busting' and has tried to re-educate staff regarding the importance of the vaccination. Senior leaders have been doing peer vaccinations.</p> <p>SiB queried what assurance the Trust is receiving in relation to the community's immunisation rate and how patients are being protected.</p> <p>BB queried if the volunteers are taking up the opportunity to be vaccinated and what opportunities does the organisation take to vaccinate patients it comes into contact with, for example, patients with extended length of stay, pregnant women, etc.</p> <p>AH advised the volunteers are vaccinated. In terms of the community, flu vaccination programme was discussed at the recent ICS partnership forum and was discussed at the ICP Board in the Summer. Due to the complexity of funding for flu vaccinations, no single organisation holds the figures. It is a work in progress to obtain a status report across the system. It is hoped this will be in place for next year.</p> <p>CT confirmed volunteers and other staff who work on Trust premises, but who may not be Trust staff, are offered a flu vaccination. TR felt ways of communicating with those staff needs to be considered.</p> <p>JM acknowledged the good performance and expressed thanks to the staff who have been involved with the vaccination programme. It is impressive the Trust is setting the bar higher than the CQUIN target and is focussing on particular groups of staff to enable further improvement.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/428</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>25 mins</p>	<p>Safe Staffing 6 monthly report</p> <p>PB advised the Band 5 Registered Nurse vacancy rate is 80 whole time equivalent (WTE), which is the lowest number of vacancies recorded for a number of years. PB highlighted the nurse vacancy position in medical division is 42 WTE. The ED establishment has been increased and this has been fully recruited to. Over the last 6 months there has been one minimum safe staffing breach, which was in ITU. This was a breach of agency to Trust staff rather than a breach of minimum numbers. The agency staff used are highly skilled ITU nurses so whilst there was a breach in ratio, there was no risk in terms of quality. ITU have had some peaks of increased activity and over capacity, which is when the breach occurred. This went through the usual root cause analysis (RCA) process.</p> <p>In terms of Thornbury usage, there have been 89 shifts in the 6 month period to October 2019. This represents a reduction of nearly 50% compared to the same period last year. There continues to be an increase in bank usage and decrease in agency usage.</p>		

There has been a successful international nurses programme. 21 of the overseas nurses have gone through the Objective Structured Clinical Examination (OSCE) programme and all are now in the establishment and functioning at a high level.

The annual establishment reviews commence in December. This is a three month process which will be signed off by the Chief Nurse. The Winter Plan has come on line which will put some demands on the establishment. There are 45 newly qualified nurses in the organisation. While this is positive it brings a different challenge and pressure as the Trust needs to ensure they are supported at the busiest time of year.

In terms of the AHP workforce, limited guidance is available regarding ratios. Work is ongoing at a national level to look at this. Job planning has started and this has to be completed by the end of 2020. There is a minimum vacancy rate of 2.5 WTE across the AHP workforce, with the exception of pharmacy. The Trust has had success in recruiting to hard to fill teams such as sonographers and dieticians.

In relation to midwifery, the vacancy rate in the acute maternity team is down to 1.4 WTE. However, maternity leave remains high at 8%. There continues to be high levels of vacancies in the community team. An internal increase of the bank rate for the maternity team was approved for a 6 month period, which has been started. Since then, there have been two closures of the maternity unit in October. There has been a high uptake of the Trust's own staff filling those gaps. The main challenge is the continuity pilots. The community team are looking at proof of concept and a second team will be coming on line in Q4. The challenge in relation to this across the region and nationally will be workforce. There needs to be some discussion at the Local Maternity and Neonatal System (LMNS) around the workforce strategy.

NG noted the reduction in the use of Thornbury, but noted usage in August to October was relatively high compared to June and July. There has been good recruitment to nurse vacancies and agency usage generally has reduced, but of those more are Thornbury. Clarification was sought regarding this. PB advised 45 newly qualified nurses started in September and October. They will not come into the numbers until they are out of their supernumerary period in November. This is being tracked. In terms of Thornbury, this is usually because it is short notice due to last minute sickness, etc. and cover being required in specialist areas. There is a clear escalation process but when it is short notice it is unlikely staff will be available through the regular agencies. There is a three step process before going to Thornbury. SiB advised the figures are heavily skewed by maternity. It is anticipated Thornbury usage in maternity will start to fall.

TR noted the good performance in terms of WTE and queried how this maps out in terms of bank and agency spend as theoretically as more substantive staff are recruited, bank and agency should reduce. PB advised as the Trust recruits substantively, fill rates may increase as the Trust works to the establishment which is agreed and signed off by the Board of Directors. Bank and agency spend should reduce, but there may be some increases in monthly spend.

PR advised over the last 2-3 years there has been significant improvements in the agency spend, with agency usage being halved. However, there has not been a reduction in overall pay cost run rate.

GW queried if the additional cost impact of newly qualified staff being shadowed and supported is captured. PB advised there is a three week supernumerary period which is strictly monitored. Some staff may require additional support but that is tracked and agreed by the senior nursing team.

GW noted there is reference in the report to nurses retiring and returning. It would be useful to see the impact of that in the graphs as this would highlight how low the number of leavers is.

PB advised the Trust performs well in terms of retire and return but nurses usually only return for 2-3 years. The Trust is keen to offer opportunities for senior, experienced nurses in a creative and different way.

MG sought clarification on the role of the Corporate Advanced Clinical Practice Lead. PB advised Advanced Care Practitioners (ACPs) are highly skilled nurses / paramedics and one of the workforce strategies is to develop that role. The Trust is recruiting an ACP lead who will work partly in ED and partly in corporate to develop the strategy for the Trust in terms of the ACP workforce.

AH advised ACPs can come from a variety of backgrounds, for example paramedics, through medical training, etc. There is a training school for ACPs in Derby and there is an ongoing dialogue with the local universities. JM noted the announcement in relation to the School of Nursing and the link with West Notts College and Nottingham Trent University and felt there is an opportunity to build a strong strategic alliance with whichever educational providers are felt to be the right ones for the Trust to work with.

SiB queried if over the next 12 months it would be possible to have a clear understanding of how many AHPs, for example therapists, are required on wards and if the Trust is filling those roles to an optimal level. PB advised this will be in a better position than it is now, even if the Trust has to do something internally if no guidance comes down from national level.

JM felt aggregation of figures can hide pockets of difficulty. It would, therefore, be useful for future reports to highlight any vulnerabilities or if staff in particular areas are being put under huge pressure, together with actions being taken to address this.

AH acknowledged the medical safe staffing report is strong on the strategic aspect but more information is required regarding operational issues. This has been fed back. The Trust has taken into account the guidance from the Royal College of Physicians. Performance is good across the week, with any gaps tending to be at the weekend and out of hours. Business cases have been built around those gaps and additional staff brought in, although there have been some delays in getting some of those staff.

<p>10 mins</p>	<p>The vacancies have been helped by the Clinical Fellows Programme and the overall medical vacancies are 8%, compared to 12% regionally.</p> <p>A minimum level of two junior doctors per ward has been agreed and the Trust rosters on that basis. However, due to sickness, study leave, etc. people are not always where they have been rostered to be. This is looked at every day and staff moved around to make the staffing safe. However, exceptions from that are not shown in this report and from a Board of Directors perspective there is a need to know how many times a rota gap was not filled or if a ward fell below the safe level. This information will be included in future reports.</p> <p>There are some areas which are 'tight'. This has been managed by sharing appointments with NUH where possible or diversifying the workforce and employing more specialist nurses, ACPs, etc. to offset some of the gaps. There has been a particular issue with the current rotation with middle grade staff who are on restricted duties and, therefore, are unable to do on call. This has led to the Trust employing more people to cover the same amount of work.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Guardian of Safe Working</p> <p>DS presented the report, advising the Trust has successfully appointed a new Guardian of Safe Working, Janusz Jankowski. There were 91 exception reports during the quarter, primarily relating to the Medical Division, Foundation Year 1 (F1) doctors and additional work being required. There is still work to do in relation to responding to concerns in a timely way. The aim is to have a 7 day turnaround and this is currently 11.5 days. It is hoped this will improve as there was a period of time when the Guardian of Safe Working role was vacant.</p> <p>AH advised the significant issues are when a work schedule review is required. There were no work schedule reviews in the last quarter and most of the issues were quickly resolved.</p> <p>BB queried how assurance can be obtained in relation to safe working hours for consultants, noting the consultant contract requires a number of PAs to be agreed and a work programme but what is considered a reasonable number of PAs. AH advised as part of the job planning and appraisal process, staff sign off they are working within professional standards and within that is the requirement the number of hours they are working is safe. Other than through job planning there is no other formal way of recording the number of hours someone works. The bigger issue is the number of hours they work in the private sector as currently there is no way of linking this information. However, a statement will be introduced into the next round which staff will sign to state their full hours of work.</p> <p>JM advised working extra hours has been a problem for junior doctors coming in. However, consultants are expected to have discussions as part of their appraisal about work pressures, etc. rather than the Trust having to monitor their time. There is a need to be aware of this issue and to think about enabling people to feel free to raise concerns, whether through the appraisal process or elsewhere.</p>		
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	<p>NG expressed concern about self-declaration and felt there is a need to triangulate the declaration of 'safe' with other measurements.</p> <p>CT advised the level of scrutiny for junior doctors was only introduced when the contractual changes for junior doctors were introduced. With the consultants, the assurance is that there is a mechanism in place to have the right conversations to ensure appropriate job plans are in place and to look at alternative ways of filling any gaps, rather than using the same people.</p> <p>AH advised the Trust does a quality assessment of every appraisal and has done this for the last four years. The job planning toolkit, which has been adopted by NHSI, was modelled on SFHFT's toolkit. The process is robust.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/429</p>	<p>PATIENT STORY – TRANSITION – BETHANY’S STORY</p>		
<p>34 mins</p>	<p>UN and LH presented the patient story which related to managing the transition of young adults with chronic conditions from child centred healthcare systems to adult orientated healthcare systems.</p> <p>AH felt transition is critical. This is managed well in some categories but not across the board. It is important to get support at the ICS level for transition.</p> <p>CT noted the practical application of the youth forum and felt there is a need to think more broadly how the forum can be used.</p> <p>SiB queried how much support is received from adult services. UN advised it is important to have support from both sides to make transition work. There is more which can be done by adult services. PR felt the story was powerful and agreed it is important for adult services to be supportive to ensure the health and wellbeing of the young person going through transition and to make sure their ongoing medical needs are maintained.</p> <p>BB advised a report on the work of the Children and Young People's forum had been presented to the Quality Committee. BB advised there are a large number of young people going through adult specialities for treatment.</p> <p>MG felt the presentation demonstrated the values of Team SFH and showed how to work as a team to make good decisions.</p> <p>UN advised the Trust has year on year been a positive outlier for the national diabetes audit.</p> <p>GW felt there are lessons which can be learned for anyone coming in with a long term condition and going onto a treatment pathway as levels of anxiety for patients will be high.</p> <p>PB advised the Trust has put in a bid for funding from the Roald Dahl Trust for a transition nurse to support this work.</p>		

17/430	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
44 mins	<p>ORGANISATIONAL HEALTH</p> <p>CT advised sickness absence in month has increased with some of the reasons for absence being in line with seasonal variations. The Trust has been proactive in relation to putting in place supportive and preventative measures, for example, reducing waiting times for counselling, etc.</p> <p>Staff turnover remains low. There has been an increase in the number of Band 5 nurses and a reduction in the overall number of vacancies. There were no leavers in October.</p> <p>GW queried what proportion of sickness absence is long term and short term. CT advised she did not have the information to hand.</p> <p>Action</p> <ul style="list-style-type: none"> • Breakdown of long and short term sickness absence to be reported to the Board of Directors in January <p>NG felt it would be useful to flex the target for sickness absence in line with seasonal variations.</p> <p>Action</p> <ul style="list-style-type: none"> • Target for sickness absence to be flexed in line with seasonal variations <p>JM noted sickness absence levels are higher in some divisions than others and sought clarification as to the reason for this difference. JM acknowledged this had been discussed previously but there is still no real understanding of the reasons for the difference. This requires further discussion by the People, OD and Culture Committee.</p> <p>CT advised in terms of interventions and management of sickness absence, the Trust is following best practice. In terms of broader support for the health and wellbeing of the workforce, a strategic piece of work is required in terms of understanding the workforce population in different parts of the organisation and understanding that in terms of the broader health picture. Different issues affect people at different stages of their lives. Therefore, this may lead to, for example, mid-career divorce issues, bereavement, etc. There is a need to look at this further to establish how best to support the workforce.</p> <p>Action</p> <ul style="list-style-type: none"> • People, OD and Culture Committee to undertake deep dive into the reasons for the difference in sickness levels between divisions <p>BB noted at a Board of Directors workshop implementing statistical process charts (SPCs) had been discussed. BB queried the timescale for implementation as the RAG rating would not be used if SPCs were used.</p>	<p>CT</p> <p>CT</p> <p>CT</p>	<p>09/01/20</p> <p>09/01/20</p> <p>06/02/20</p>

SH advised some of this information is in the reports but is not included in the narrative. JM noted some SPCs are used but there is a need for them to be used consistently.

QUALITY

PB advised there have been cases of Norovirus reported in the local area. There has been one brief ward closure with, 8 cases identified. This was managed swiftly and proactively by the teams. In relation to flu, there have been 58 positive cases, with 31 cases last week. There have been 9 in-patients with flu. AH advised flu has hit peak acceleration rate, which is earlier than last year. This is following the Australian pattern.

PB advised in relation to falls, there has been a focus on repeat fallers with some quality improvement work and an ongoing project in relation to this. There is only 3 months data available so far, but a reduction is starting to be seen.

In relation to tissue viability, there have been no avoidable Grade 4 pressure ulcers for 2 years and no avoidable Grade 3 pressure ulcers for 1 year.

JM queried the definition of unavoidable pressure ulcers. PB advised there is a complex RCA process in place with national guidance. This looks at if anything was done which contributed to the pressure ulcer or if things could have been done differently. DS advised if a treatment is being done for patient or they are too unstable to move, a pressure ulcer may develop but this is acceptable in the context of trying to save a life.

PB advised there have been four serious incidents reported last month, two of which were falls with fracture and two were safeguarding incidents which, depending on the outcome of the investigation, may be reduced.

PB advised issues relating to dementia screening had been discussed by the Quality Committee and invited BB to comment.

BB advised the Quality Committee were not assured by the dementia screening process which is currently in place. There was a change in practice across the Trust approximately two months ago when there was a move from paper based recording of the assessment screening to electronic recording on Nervecentre. When the recording was paper based, there was a small number of nursing staff who were supporting the capture of the information across the Trust. The transition to Nervecentre has not worked as the levels of recorded assessments are not being seen. It may be the assessments are being carried out but not recorded. However, there is no evidence assessments are being done. The first stage is to see systemisation of the assessment screening. The second issue is if a patient is identified as requiring onward investigation / support, they are referred to the dementia team. The available data suggests referrals are being made.

<p>TR advised there was a robust and open discussion on this issue at the Quality Committee meeting. Solutions are being discussed and a report will be presented to the January meeting of the Quality Committee. BB felt this needs to be jointly owned by the medical and nursing workforce.</p> <p>DS advised the assessment was historically nursing based and resource was put in place to help with that. It has now moved to being medically based and changed to electronic capture to allow the resource to be removed. It is felt the assessments are being done and recorded on paper but are not being transcribed into the electronic process. However, there is no evidence of this. The plan is to undertake some 'snapshots' to establish what is happening. The longer term solution is as more of the assessment and other documentation becomes electronic, the assessment will be captured. PB advised it is important this remains a clinical assessment.</p> <p>GW advised this issue has been reported through to the Audit and Assurance Committee (AAC) who felt it appropriate to use the internal auditors (360 Assurance) to look at the process sometime during 2020/2021.</p> <p>TR advised when the CQC visit the Trust, there is a need to be clear about the issue regarding dementia screening and be able to articulate a solution. JM advised another issue for the CQC is the need to prove patients have not come to harm. AH advised if audits are carried out this will identify any patients who should have been screened but were not.</p> <p>Action</p> <ul style="list-style-type: none"> • Snapshot audits to be completed to establish if dementia screening is taking place <p>JM advised it is important to get the recording correct but also be clear about patient safety.</p> <p>BB advised an issue has been identified regarding the calculations in relation to Venous Thromboembolism (VTE) risk assessments. The figures are likely to change in the next SOF report.</p> <p>NG queried if there are any themes / learning from the serious incidents. PB advised staff are encouraged to raise concerns and the figures relate to when the incident was reported, rather than when it occurred. AH advised any themes are tracked through the Patient Safety and Quality Group (PSQG).</p> <p>OPERATIONAL</p> <p>SiB advised the ED 4 hour wait standard was 91.5% for October, ranking SFHFT 7th of 117 trusts in the NHS. Performance overall in the NHS was 83.5%. YTD the Trust has treated 6,000 patients more on the urgent care pathway than during the same period of 2018/2019. Newark Hospital's performance remains strong. Same day emergency care remains above 30% and performance remains above the Trust's own stretch target in relation to patients who have been in-patients for over 21 days. Length of stay remains better than 2018/2019.</p>	<p>DS</p>	<p>09/01/20</p>
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	<p>Over the past two months, a lot of work has been done in relation to the variation at weekends. Some elements have been added into the Winter Plan about weekends, particularly in regard to giving the same service offer on ambulatory emergency care to patients at weekends as during the week.</p> <p>Ambulance turnaround times remain positive and the Trust is second best in the East Midlands Ambulance Service (EMAS). This is considered to be a critical indicator in ensuring patients receive good response times to 999 calls.</p> <p>In relation to cancer, performance is ahead of the revised trajectory agreed by the Board of Directors in November. The risks to this are in relation to time to diagnosis. There is an additional MRI mobile scanner on site at King's Mill Hospital and an MRI scanner is in the capital programme for next year, but this needs to go through the prioritisation programme. A report regarding patients waiting over 104 days on the cancer pathway and the harm review process was presented to the last meeting of the Quality Committee who were assured no harm has come to those patients.</p> <p>In relation to elective care, the Trust achieved the diagnostics turnaround time but risks remain in relation to endoscopy.</p> <p>Referral to Treatment (RTT) was 86.6% and there are no 52 week waiters. Cardiology and ophthalmology remain the biggest risks but some improvement is being seen in those areas. There should be an improvement in elective care performance going into Q4.</p> <p>NG noted in relation to cancer, the Trust is delivering 77.2% against the national average of 76.9%, but is ranking 84th of 136 trusts. These figures are inconsistent. SiB advised he would need to check this information.</p> <p>Action</p> <ul style="list-style-type: none"> • Figures in relation to cancer performance to be confirmed (delivering 77.2% against the national average of 76.9%, but Trust ranking 84th of 136 trusts – figures inconsistent) <p>NG noted there are 23 patients waiting over 104 days. While no harm has come to these patients NG felt this figure should be zero. SiB advised it is not possible to get to zero as some patients are appropriately on 'watch and wait' pathways. Some of these patients are undiagnosed. All patients waiting over 62 days are being clinically managed and actively monitored.</p> <p>JM felt this information needs to be presented differently to make it clear to the Board of Directors and members of the public that patients are on an active pathway and are not waiting for appointments.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to cancer patients waiting over 104 days to be presented in a way which makes it clear they are on an active pathway. 	<p>SiB</p> <p>SiB</p>	<p>09/01/20</p> <p>09/01/20</p>
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FINANCE

PR advised at the end of Month 7 the Trust's YTD deficit is £27.7m before non-recurrent income sources, which is £2.3m adverse to plan, all of which manifested in Month 7. At Month 6 non-recurrent sources were used to get back on plan at Month 6 in order to achieve Provider Sustainability Finding (PSF) and Financial Recovery Funding (FRF). Month 7 has seen the continuation of the run rate through Q2. The run rate needs to be improved and further non-recurrent solutions need to be utilised to achieve the control total at year end.

In terms of non-recurrent income sources, SFHFT attracted Trust specific PSF and FRF, having met the requirements in full. However, across the ICS there are risks in other partners. Therefore, it is not certain the system PSF will be maintained. £120k of system PSF is not assumed in the Trust's financial position, giving a YTD deficit, with non-recurrent sources of income taken in account, of £15.1m, which is £2.42m adverse to plan.

Income remains over plan with clinical income £3.2m over plan YTD. This is solely due to A&E activity being 5.9% above plan and non-elective activity being 7.6% above plan.

In terms of expenditure, pay costs continue above plan at £3.17m over plan YTD. Some Winter Plan actions were brought forward in month. The Trust continues to have a lowered ability to achieve financial improvements given the level of activity. However, agency costs remain below the NHSI ceiling.

In relation to the Financial Improvement Plan (FIP), YTD savings are £5.7m, which is £400k adverse to plan. However, £3.7m of these savings are non-recurrent in nature.

Capital is on plan YTD and is expected to be delivered. Cash is above plan due to the timing of the receipt of PSF and FRF monies.

The forecast is to achieve the control total at year end but only by utilising non-recurrent measures. This requires continued focus on FIP delivery and cost control. The nature of the non-recurrent actions needed to achieve the forecast means the underlying recurrent deficit will be £6m below plan. This will impact on the achievement of the Trust's long term financial strategy and planning for 2020/2021. The Finance Committee will be updated about the work being undertaken, what non-recurrent savings can be made recurrent and the likelihood of activity projections into next year turning the non-recurrent over achievement of income into recurrent baseline income for next year.

NG noted the position has deteriorated in Month 7 compared to Month 6. The level of assurance in delivering the control total will be reviewed at the December meeting of the Finance Committee. Another issue is to consider if the Trust is financially sustainable. Therefore, the Committee will consider increasing the risk rating on the BAF.

	<p>MG queried if the FIP non-recurrent savings were to the planned target. PR advised there was no non-recurrent delivery in the original plan. There will always be non-recurrent delivery each year, but this is mitigation to non-delivery of recurrent actions.</p> <p>MG sought clarification regarding the statement in relation to “an evaluation of existing and proposed investments to ensure an adequate ROI”. PR advised the Programme Management Office (PMO) are undertaking a review of business cases which have been approved over the last year to ensure they have delivered the return on investment which was suggested.</p> <p>PR advised income is £4.66m better than plan. If the Trust is able to include that in the baseline, this immediately becomes recurrent income. Currently this is classed as non-recurrent income as it is not included in contracts.</p> <p>JM noted the Finance Committee will be meeting on 17th December 2019. Therefore, these issues will be followed up then.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p>17/431</p>	<p>UPDATE ON WINTER PLAN</p>		
<p>20 mins</p>	<p>SiB presented the report, advising the forecast was for a 6% growth in demand over Winter. It is now possible to measure the acuity of patients, which could lead to a longer stay, using the early warning score.</p> <p>The first element of the Winter Plan is to safely avoid admissions. There is confidence the Trust’s elements of this will deliver and on time. Opening of the Ambulatory Care Unit at weekends has been added to the Winter Plan as an additional scheme. This is likely to be intermittent in terms of workforce supply, but the Trust has been able to run this over the past three weekends. The Drivers of Demand work is critical in relation to this aspect of the plan and the Trust’s element of this is to stream as many patients as possible to PC24.</p> <p>In relation to bed capacity, which is the second element of the Winter Plan, the Ward 33 scheme has now halted due to Mansfield Community Hospital (MCH) wards being decanted to Ward 33. There has been a slight delay to beds being opened on Ward 54 and there is a risk in relation to the Ward 21 switch from orthopaedics to medicine related to consultant cover. The medicine division are looking into this and it will be reported to the Executive Team. The remainder of the bed capacity will be in place.</p> <p>Action</p> <ul style="list-style-type: none"> • Medicine Division to report to the Executive Team regarding risks in relation to the Ward 21 switch from orthopaedics to medicine <p>The third element of the Plan, safely reducing length of stay, is forecast for all services to start on time. This is critical in terms of bridging the gap between demand and beds.</p>	<p>SiB</p>	<p>09/01/20</p>

	<p>The Trust has been pushing at the A&E Delivery Board for quantification of capacity from partners. This is improving. At the A&E Delivery Board on 6th December 2019, the Winter Delivery Agreement will be signed off for submission to NHSI.</p> <p>The keys risks to the Winter Plan are the Drivers of Demand work and the Ward 21 switch. However, the Trust is confident the Ward 21 switch can be mitigated.</p> <p>TR queried if there was a strategy in place to manage a serious outbreak of Norovirus. SiB advised this would go through the usual incident processes. The Trust does not have the workforce to open any more capacity safely so would have to manage through cohorting patients. However, SiB advised he is confident the Trust can manage a Norovirus outbreak.</p> <p>NG noted the Winter Plan is predicated on 6% activity above plan but this is currently running at 7.6% above plan. Part of the mitigation is the Drivers of Demand work. NG queried what measurements are in place in relation to how those mitigations are working to keep within a tolerable limit and what contingency is there for coping if activity goes above 6%.</p> <p>SiB advised in terms of measurements, this has been through the A&E Delivery Board. Some schemes don't yet have clear measurements and these need to be developed. Some schemes have ad-hoc audit measures and some schemes have clear measures. In terms of contingency, this is limited by workforce. The Trust would have to make some difficult decisions in relation to elective care. The Trust is trying to keep the in-patient elective programme going over Winter, with the exception of orthopaedics in January and February. However, this may need to be scaled back.</p> <p>MG noted the reference to increased intervention for patients requiring drug and alcohol support and queried what the Trust is doing within the system in relation to this and is demand in that area increasing. SiB advised ED attendances are increasing from patients presenting with drug and alcohol related problems. There needs to be a system response to that and this is within the Drivers of Demand work. Within SFHFT, there is a high intensity users programme. Specialist nurses identify patients with multiple ED attendances and manage those cases in conjunction with the council, Nottinghamshire Healthcare, etc. This has proved to be successful. In terms of the ICP trying to address drug and alcohol problems, this is more of a long term strategy.</p> <p>MG queried if there was any joint learning with the city hospitals. AH advised this is ongoing at the system level. Alcohol prevention is moving ahead more quickly in the south of the county than Mid-Nottinghamshire.</p> <p>BB queried, in relation to reducing length of stay, how long it takes for a Continuing Healthcare Assessment to be completed after referral and is there a quality standard for partners.</p>		
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	<p>SiB the assessment has to be completed within four weeks and this is a national standard. On the whole, patients do not wait longer than four weeks, but do wait longer than 48 hours which would be the ideal. The Trust is working with partners to reduce waiting times for assessment as often patients requiring an assessment are in the over 21 days group. The process is better in Winter as a lot of patients are moved to Ashmere into transfer to assess beds. Ideally there will be a transfer to assess model in place year round where patients waiting for an assessment go into a non-acute facility to wait for that.</p> <p>BB queried if it is felt waiting four weeks is not reasonable, where is this discussed. SiB advised discussions happen at the A&E Delivery Board. AH advised there have also been discussions with partners at ICP level in relation to reasonable times. Assessments should be completed out of acute beds but they are still being done in acute beds.</p> <p>JM felt the Trust can influence this by raising the issue at the ICP and demonstrating the benefit if waiting times for assessments are reduced. PR advised the vehicle to have influence is through the ICP planning process for 2020/2021. This is being constructed around the 10 levers of change which are within the ICS plan.</p> <p>MG queried how the Board of Directors get assurance beyond an information ICS report that progress is being made, having an impact, etc. JM felt this is work in progress. When the delivery plan is seen there needs to be an assessment of the risks and opportunities.</p> <p>SiB advised Continuing Healthcare is a difficult market in terms of supply.</p> <p>JM advised there is a need to recognise the good work which is going on to maintain the Trust's position.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/432	MANAGEMENT OF CLINICAL WASTE ACROSS THE HEALTHCARE SECTOR		
1 mins	<p>PR presented the report, advising a letter has been received from NHS Estates requesting information on compliance in respect of clinical waste and notification some inspections will be undertaken. The report demonstrates the Trust's proactive approach to the management of waste and the good segregation compliance rates the Trust has.</p> <p>GW advised clinical waste disposal issues are being closely monitored.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/433	USE OF TRUST SEAL		
1 mins	<p>SH presented the report, the Trust Seal was affixed to a document on 12th November 2019.</p> <p>The Board of Directors APPROVED the Use of the Trust Seal</p>		

17/434	ASSURANCE FROM SUB COMMITTEES		
5 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting 360 Assurance have a new Counter Fraud Specialist. He has been proactive around the Trust and appears to be making a difference.</p> <p>The implementation rate for recommendations from internal audit reports is 95.5%, which is a great achievement and is a key area of focus for the Committee.</p> <p>In relation to register of interests, this is an improving position with 107 staff who are non-compliant. Many of the non-compliant staff are at consultant level. The Committee proposed to invite the clinical chairs of divisions with the largest non-compliance rates to the next meeting of the Committee to establish the actions being taken in their area to increase compliance rates.</p> <p>Following the meeting the Committee had a development session to discuss the 360 maturity matrix. This was a useful session and provided ideas for developing and improving the Committee.</p> <p>Quality Committee</p> <p>BB presented the report, acknowledging the significant contribution made by SuB and AH to the quality and safety agenda within the Trust.</p> <p>The Committee received the annual report from the infection prevention and control team which celebrates the huge breadth of work which happens under this heading. The Trust has received national recognition for the work surrounding catheter associated infection.</p> <p>The Committee received a presentation in relation to the proposal to roll out elective orthopaedic work at Newark Hospital. The Committee is supportive of this and request evaluation in relation to capturing patient experience, etc. be reported back to the Committee in due course. JM sought clarification regarding the timescale for this. SiB advised the aim is for it to be operational in Spring 2020.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/435	OUTSTANDING SERVICE		
3 mins	A short video was played highlighting the work of Sterile Services.		
17/436	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"> • AH's last Board of Directors meeting • Julie Hogg and Emma Challans joining the Trust and DS taking up his new role • Flu vaccination programme 		

	<ul style="list-style-type: none"> • Winter plan • Patient story • Staffing position – recognise improvement but also ongoing challenge • Financial position • Strategy update 		
17/437	ANY OTHER BUSINESS		
	No other business was raised		
17/438	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 9th January 2020 in the Boardroom, Newark Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:25</p>		
17/439	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p>Chair Date</p>		

17/440	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 min	<p>Ian Holden (IH) – Public Governor, advised he was requested to sit in on the 360 Assurance review of the Audit Committee as he is a governor observer of the AAC. This was very useful. IH advised he is increasing noting Non-Executive Directors seeking further assurance during discussions at AAC and the Board of Directors. JM felt this is not necessarily a bad thing but it needs to be identified if this reflects robust discussions or a slippage of standards, noting the Board of Directors has ‘pushed back’ in constructive way through this meeting. IH advised he felt the discussions are robust.</p> <p>Roz Norman – Staff Governor, acknowledged the good work in relation to the bespoke Bank for specific areas, meaning the Trust is not moving outside of Agenda for Change.</p>		