

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 31st May 2018 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Neal Gossage	Non-Executive Director	NG
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Claire Ward	Non-Executive Director	CW
	Barbara Brady	Specialist Advisor to the Board	BB
	Richard Mitchell	Chief Executive	RM
	Simon Barton	Chief Operating Officer	SiB
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Moore	Director of Governance & Quality Improvement	PM
	Suzanne Banks	Chief Nurse	SuB
	Kerry Beadling-Barron	Head of Communications	KB

In Attendance:	Joanne Smith	Minutes	
	Sue Bradshaw	Minutes	
	Lorraine Hooper	Deputy Chief Financial Officer	LH
	Penny Tindall	Lead Cancer Nurse	PH
	Sarah Addis	Regional Manager, Look Good Feel Better	SA
	Sian McNamara	Patient	SM

Observers:	Heather McCormack	Macmillan Cancer Project Lead
	Roz Norman	Staff Side Officer
	Gail Shadlock	Observer

Apologies:	Paul Robinson	Chief Financial Officer
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Item No.	Item	Action	Date
16/830	WELCOME		
1 min	The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/831	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
16/832	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Paul Robinson, Chief Financial Officer. It was noted that Lorraine Hooper, Deputy Chief Financial Officer, was attending the meeting in his stead.		
16/833	MINUTES OF THE PREVIOUS MEETING		
2 min	<p>Following a review of the minutes of the Board of Directors in Public held on 26th April 2018, NG identified the second sentence of the third paragraph on page 23 (under Finance Committee) should read, "NG stated that the planning <i>assumptions</i> between Commissioners and the Trust is aligned".</p> <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
16/834	MATTERS ARISING/ACTION LOG		
7 mins	<p>The Board of Directors AGREED that actions 16/756.2, 16/790.2, 16/790.3, 16/793.1, 16/793.2, 16/793.3, 16/795.1, 16/799 and 16/801 were complete and could be removed from the action tracker.</p> <p><i>Action 16/635.4</i> – RM advised no further meetings of the Strategic Partnership Forum (SPF) had taken place. However, JM, AH and RM are due to meet with counterparts within Nottingham University Hospital (NUH) on 6th June 2018 to discuss and agree a joint understanding of what the trusts want to achieve. The next meeting of the SPF is scheduled for 14th June 2018. RM will provide an update to the Board of Directors on 28th June 2018.</p> <p><i>Action 16/751.2</i> – PM advised this had been dealt with at Quality Committee and an update would be provided under feedback from Quality Committee later in the meeting. This action is now complete and can be removed from the action tracker.</p> <p><i>Action 16/756.3</i> – JB advised the flu vaccination survey had been completed. The results are still being analysed. However, initial indications are that barriers to staff taking up the offer of the vaccination are being worried that the vaccination gives people the flu or makes them ill and a fear of needles. JB advised more emphasis will be in the campaign this year that the vaccination does not give people the flu. This action is now complete and can be removed from the action</p>		

	<p>followed this. RM expressed thanks to LH, PR and others for the work which went into the preparations for this assessment. RM felt this assessment went well. RM felt the Well-led Assessment had also gone well. The Trust has received the draft letter from the CQC which contains lots of positive information. It is hoped the draft report will be received by the Trust on 22nd June 2018. Once received, the report will be checked to for factually accuracy, although it will hopefully reflect the information received so far. The Trust expects to be able to officially communicate the outcome in July 2018.</p> <p>When the Core Services Assessment letter was received from the CQC, the Trust agreed with the findings in their entirety and replied with more information on areas which had been identified. Similarly, the letter in relation to the Well-led assessment has been examined and the executive team has discussed some of the themes identified. The Trust and the CQC feel SFHFT has made a huge amount of progress over the last two years in relation to culture and individual and collective responsibility. However, there is still more work to do in tying the way people behave across the organisation in line with the Trust's values. There is also work to do in relation to development of leaders and speaking up. Progress has been made in relation to the Trust's equality, inclusivity and diversity agenda but there is more work to do in relation to this too.</p> <p>A standardised approach for all improvement across the organisation is important and work in relation to this is underway in theatres. If this is successful it will be rolled out across the organisation. In light of discussions regarding the Trust's role in the wider healthcare system, the strategy will be redefined and reinvigorated. In addition, more work on the financial strategy will be undertaken.</p> <p>It was noted the Trust's Chief Nurse Awards will be held during week commencing 4th June 2018 and five of the Trust's teams will be attending the HSJ Value Awards. RM wished good luck to all those involved.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/837</p>	<p>STRATEGIC PRIORITY 5 – TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES</p>		
<p>12 mins</p>	<p>Newark Strategy Update</p> <p>PW presented the update and advised the Trust's Senior Leadership Team (SLT) had met to discuss the key components of the Newark Strategy. The key strands of the strategy are unchanged. The SLT noted the importance of using Newark elective care capacity more actively in respect of how access standards are managed and fixed resources across the organisation are fully utilised to maximise opportunities to grow market share, as well as ensuring there is equity of access to services. The Trust will more actively offer choice for care and treatment at Newark Hospital to patients, including those who do not live locally to Newark.</p> <p>In relation to the Urgent Treatment Centre offer, discussions with NEMS in regards to potential primary care leadership within the Urgent</p>		

	<p>Treatment Centre are moving forward positively and NEMS are close to a viable model for this. There are ongoing discussions in relation to the creation of a maternity hub based at Newark Hospital, which is a regional initiative.</p> <p>Discussions have moved on regarding the potential for Fountain Medical Centre to relocate to part of the Newark Hospital site, with this now being the preferred option on the options appraisal.</p> <p>It was noted that significant progress had been made in relation to the principles of making Newark Hospital more of a community campus for health and social care input.</p> <p>NG noted there was a substantial financial loss at Newark and requested that actions are quantified to show how this can be eliminated over time.</p> <p>RM advised this is just a quick update for the Board of Directors to evidence the discussions with the SLT, the team at Newark and commissioners, but this detail will be included in the regular updates.</p> <p>GW stated he would like to see the good ideas turned into actions. One of the key areas is the utilisation of theatres and minor operations areas and what can be done to address this as running at 40-50% capacity is not sustainable.</p> <p>PW advised part of the plan is to relieve some of the pressure points at Kings Mill Hospital (KMH) as potentially excess costs are incurred at KMH. These can be 'levelled off' by sensible and judicious increased use of the Newark infrastructure.</p> <p>KB advised when this was considered from a marketing viewpoint, the Trust specifically looked at which specialties could utilise the theatre space at Newark and it was clear there is not enough market share of patients in the Newark area to fill that space.</p> <p>GW felt there needs to be a consistent message so that both GPs and patients can understand what services are available at Newark Hospital and the advantages of going there for treatment.</p> <p>TR requested a generic 'road map' / timeline for clarity on what the vision and aspiration is for Newark Hospital for the next update.</p> <p>PW advised some plans are very tangible and immediate and can be built into a timeline, whereas others are speculative. Better ownership from local stakeholders is becoming apparent.</p> <p>JM felt the Trust needs to be clear what Newark Hospital looks like within the Trust as a whole, noting there will be advantages and disadvantages as the Newark strategy is developed. One of the advantages being it will provide a larger catchment area for some of the work that will come to KMH as well as Newark. However, there is a risk in moving some of the elective work from KMH to Newark as that may have financial implications for KMH. The key question is what needs to be done over the next 2-3 years to put Newark Hospital on a clinically and financially sustainable footing? What are the actions and</p>		
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	<p>milestones so progress can be monitored?</p> <p>RM advised quarterly updates will be provided to the Board of Directors, with the next update to be presented in July; a structure and framework as discussed will be put in place for this update. RM advised there will be a CQC rating for Newark Hospital. This will either strengthen what the Trust is trying to achieve at Newark or there may be a need to consider what the role of Newark Hospital is in the future.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/838	STRATEGIC PRIORITY 2 – TO SUPPORT EACH OTHER TO DO A GREAT JOB		
6 mins	<p>Workforce Report – Strategy Update</p> <p>JB presented the update on Maximising our Potential, with particular reference to the annual action plan which underpins the strategy. The position at the end of 2017/2018 was 22 completed actions. There were two green actions, develop and launch a complete programme of corporate, social and family orientated annual engagement events and guidance on career paths, which were always intended to be delivered during 2018/2019.</p> <p>There is one amber action, coaches, mentors and "wise owls" identified, trained and network launches, where due to staff long term sickness the deadline has slipped but this should be completed by the end of Q1 of 2018/2019.</p> <p>Two actions changed during the year, one of which being the cultural heat map. This was originally planned for 2017/2018 but the Trust undertook to complete the NHSI King's Fund Culture and Leadership diagnostic tool, which incorporates a culture and outcomes dashboard. As this is effectively a heat map, it was decided to combine this work and use the NHSI King's Fund template. This work will be completed during 2018/2019. The other change was to change the 5 year workforce plan to a 2 year workforce plan, as required by NHSI. This focuses on workforce modelling, rather a long term plan which may not be realistic.</p> <p>Not all the KPIs were achieved but significant inroads into most of them were made, for example, the increase in bank staff and improvements in staff survey results.</p> <p>TR congratulated the HR team and stated he felt the report was easy to read. TR queried if the things which were not achieved during 2017/2018 would have any added impact on 2018/2019.</p> <p>JB advised these areas had been built into the plan for 2018/2019 and there was nothing of any real concern going into this year.</p> <p>JM felt the report clearly lays out the HR agenda. JM requested that quarterly trajectories be included for future reporting for the measures in bold and for the report to include a reflection of the key risks.</p> <p>The Board of Directors were ASSURED by the report</p>		

16/839	PATIENT STORY – LOOKING GOOD AND FEELING BETTER		
42 mins	<p>PT, SA and SM conducted the presentation about the Look Good, Feel Better service for patients with cancer. These are confidence boosting workshops for women and teenagers dealing with the visible signs of cancer treatment. This year the charity will be expanding their service to sessions for men.</p> <p>TR enquired what the Board of Directors could do to make the programme more successful in the future.</p> <p>SA advised this service should not just be in cities and advised she was challenged by her manager as to why a service should be opened at KMH as there is a new cancer centre in Chesterfield and Mansfield is also close to Nottingham. However, the Chesterfield session was full every month with 12 women from Chesterfield who would otherwise have been on a waiting list elsewhere. Therefore, by opening at KMH, waiting lists in the surrounding areas are reduced as well as providing local support. It was noted that patients are not always able to travel far due to the effect of their treatment. Sessions had previously been run at Bannatyne's gym but this didn't quite work as the link / partnership with McMillan and the hospital was not there. It is better to provide the sessions at KMH.</p> <p>PT advised the sessions are currently held in a room at the back of Clinic 14. This is fine but it would be improved by having a more appropriate facility in the future where these sessions, and other similar workshops for other patients with cancer, could be provided.</p> <p>AH advised 20% of the workload in Nottingham in relation to cancer is made up of patients from Mansfield and Ashfield. Locality is important. Sessions like these are important for patients' psychological health.</p> <p>SA advised there have been challenges in other locations with room bookings, with alternative venues needing to be sought.</p> <p>JM sought clarification as to who the link person is within the Trust for Look Good, Feel Better who would resolve any such issues at SFHFT.</p> <p>SA advised before the sessions started at SFHFT meetings were held to establish and agree room bookings, etc. So far there have been no issues with room availability but she would speak to PT in the first instance.</p> <p>PT advised there are lots of people engaged with this project who have worked hard to avoid any issues. However, if there was an issue there are various people this can be escalated to.</p> <p>JM sought clarification regarding the provision of wigs, recognising this is another aspect of feeling better.</p> <p>PT advised patients are given a voucher to put towards the cost of a wig. However, the system does need to be looked at as patients seem to be sent to various departments to get their wig. A number of providers come in twice per week to support patients with fitting of wigs and headgear but it is hoped to run a headwear and headgear</p>		

	<p>workshop in the future.</p> <p>SA advised at Addenbrooke's Hospital the wig provider is on site in a room opposite where the Look Good, Feel Better sessions are held for women to see before or after the session.</p> <p>TR requested SA discuss any pockets of best practice with PT.</p>		
16/840	OPERATIONAL PLAN UPDATE		
10 mins	<p>PW presented an update on the Operational Plan for 2018/2019, advising the key components of the plan remain unchanged.</p> <p>JM felt that the Trust would need to give thought to how to explain to the public, in simple terms, the £10m difference in the Trust's financial position, brought about by the non-recurring one-off benefits received during 2017/2018.</p> <p>JM noted that nationally it is anticipated there will be an increase of 3.5% in non-elective work but SFHFT are projecting a decrease during 2018/2019. JM queried if this is a reasonable position to be in.</p> <p>PW advised this is dependent on how effective the QUIPP programme is overall in relation to demand reduction. NHSI have previously challenged some of the Trust's assumptions as a system and, therefore, a sensible 'middle ground' approach has been taken.</p> <p>SiB advised this is likely to be connected to admissions on attendances, which is a risk. There will be a session at June's Board of Directors Workshop looking at bed capacity. Part of this work will be scenarios which deal with that level of plan and growth with QUIPP to enable a view to be taken at that stage.</p> <p>AH advised that whilst attendance is down, the Trust is seeing more patients aged over 75 with more significant acuity and more costs attached to their care. The planning assumptions must reflect that.</p> <p>JM queried how this affected contract discussions.</p> <p>RM advised acuity is paid via a national tariff. A lot of work has been put into triangulating the contract and contractually SFHFT is in a better position for 2018/2019 than it has been in previous years. From a contractual perspective, under national tariff, if the work flows in the Trust will get paid. Figures are now available for Month 1 of 2018/2019 and, therefore, it is known what has happened compared to the contract and the Trust can start to form a view if it is on track.</p> <p>NHSI nationally are concerned acute providers still have contracts in place which are underestimating the level of activity. It is anticipated the Trust will receive a formal request to revise plans and activity assumptions.</p> <p>JM queried the approach the Trust would need to take with the commissioners.</p>		

	<p>RM acknowledged it was difficult as there are two different messages. The key details are the Month 1 figures which are a key piece of information in determining how the rest of the year will go, the work on bed capacity and the honest appraisal of what the QUIPP will look like.</p> <p>SiB advised the capacity plan will assess the impact of the investment / disinvestment in community services.</p> <p>BB enquired what progress had been made in respect of NHSE and NHSI working closer together.</p> <p>RM advised there will be seven regional offices. Interviews for posts are due to take place in Autumn 2018. There is increased complexity in Nottinghamshire due to being an accelerator ICS. This may have a different dynamic for the NHSE role in this area compared to other parts of the country.</p> <p>JM advised there will be a single director of finance for NHSI / NHSE which should lead to greater consistency.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/841</p>	<p>NURSE STAFFING 6 MONTHLY REPORT</p>		
<p>7 mins</p>	<p>SuB presented the report, advising there are a number of newly qualified registered nurses due to start in September 2018 and a package of support for them, in addition to what the Trust currently provides, is being considered.</p> <p>SFHFT is part of the NHSI retention cohort for Wave 3. The Trust is working on a plan with NHSI and is receiving face to face support from them in relation to the sharing of best practice.</p> <p>The annual establishments have been reviewed and the Trust has looked closely at areas where it is struggling to recruit and has set up rotational posts, including rotations in areas which wouldn't normally be included. There has been a lot of interest in these posts. There is currently an advert for new posts for Band 5 where for the first 12 months one day per week doing research is included.</p> <p>BB queried if there will be opportunities for rotation across the system through the workforce work in ICS.</p> <p>SuB advised there is a project which does a rotation, although interestingly there wasn't much interest in that. However, this is something which will be looked at going forward and there are particular discussions ongoing with the Community Trust and the Mental Health Trust.</p> <p>NG queried if it was possible to reduce or eliminate the use of Thornbury nurses by doing this rotation.</p> <p>SuB advised rotation is in connection with attracting staff from outside the organisation and the agency position will remain as a requirement regardless of rotation. Staff are moved around but if staff are forced to move around, as happened over the Winter period, the Trust will lose</p>		

	<p>staff.</p> <p>The Thornbury position in April is better than March, with a 50% reduction in usage. May will see further improvement. The Trust is working at reducing Thornbury and there were 3 months last year when there was no Thornbury usage. It is hoped get to zero Thornbury usage over the summer but until the vacancies are recruited to Thornbury will still be required if it is not possible to cover with other agencies.</p> <p>SiB felt it important to consider how many nurses are required for the beds required to treat the patients coming in to the hospital and this needs to be as cost effective as possible. Eradicating certain elements of agency staffing will have an effect on bed capacity so the Trust needs to ensure a balance is achieved.</p> <p>JM felt increased Thornbury usage can change the attitude of other staff. While understanding the need for balance, the Trust needs to be clear where the boundaries are.</p> <p>SuB advised there has been a situation previously whereby some other agency staff had cancelled shifts at the last minute and would then pick up a Thornbury shift. However, staff are no longer allowed to do that. Staff can still come to the Trust on Thornbury but their names would flag if they also use another agency.</p> <p>RM advised the SLT will be meeting week commencing 4th June 2018 to plan and agree the Winter Capacity plan for 2018/2019. This will be presented to the Board of Directors in June. There is a concern nationally that the government may launch plans for a funding settlement in July 2018, one of the impacts of which may be a perverse incentive for increased use of agency.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/842</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>37 mins</p>	<p>JM advised shorter monthly reports will be presented to the Board of Directors with a more in depth report being presented on a quarterly basis. It was noted this is the first of the monthly reports.</p> <p>RM advised the report for June 2018 will be presented to the SLT Performance meeting, which is held a week before the Board of Directors meeting. After the SLT Performance meeting, a conclusion will be added to the overview section at the start of the report, identifying three or four key areas of focus.</p> <p>QUALITY</p> <p>SuB advised there has been a slight increase on the March position in relation to falls and this is just above the national average but is still within the tolerance range. No theme or pattern has been identified and every fall is reviewed with no correlation with staffing levels being found. The 'Colour me Safe' pilot will start on 11th June 2018 for 8 weeks across the Healthcare in the Elderly and Mansfield wards. This pilot will be run by matrons and AHPs and will involve patients wearing a coloured wristband in accordance with the level of assessed falls risk.</p>		

<p>This will be for the staff on the ward to see but also for other people who go on the wards, for example members of the Executive Team, porters, etc. If a patient with a blue band, indicating high falls risk, is seen wandering, support can be provided rather than just relying on ward staff. Patient surveys and feedback from relatives and visitors will inform the evaluation of this pilot.</p> <p>CW advised she has seen posters on wards indicating the number of falls resulting in harm. However, this report records the number of falls resulting in low or no harm. CW queried why there was a difference.</p> <p>SuB advised the posters are historical but the reported figures are falls resulting in low or no harm so the Trust can benchmark against the national average which is falls resulting in low or no harm. There have been two falls resulting in medium harm which are reported separately. SuB advised the posters are permanent but a sticker could be added to correct the narrative. The possibility of making these electronic is being considered.</p> <p>Action</p> <ul style="list-style-type: none"> • Add sticker to ward poster to correct narrative in relation to level of harm for falls <p>SuB advised the Trust's position in relation to dementia is still below the required standard but the figure for initial identification is slightly higher than last month. A significant amount of work has been undertaken in relation to raising awareness and this has been focussed on nursing as well as medical staff. It is anticipated the 90% target will be achieved in September 2018. The risk to this is that one of the RGNs providing additional support has withdrawn her acceptance due to being offered a substantive post elsewhere. However, this does not change the ongoing intentions.</p> <p>JM noted there had been 182 times when the question in relation to dementia had not been asked or was blank.</p> <p>SuB advised this is being followed through. The documentation was ambiguous due to the order of the questions in the paperwork. This has now been adjusted with a temporary sticker added to the notes.</p> <p>SERIOUS INCIDENTS</p> <p>PM advised there were three serious incidents in April, which is one above the threshold of two cases. It was noted the details of these incidents have previously been circulated to members of the Board of Directors. No specific trend or pattern has been identified. However, the general issues to follow up relate to recognising, communicating and acting on abnormal findings.</p> <p>It was noted there has been a slightly higher number of serious incidents so far in May, the details of which have been circulated to members of the Board of Directors.</p> <p>All cases are on track for the investigation to be concluded, with action plans in place. However, it was noted there may be some benefit to</p>	<p>SuB</p>	<p>28/06/18</p>
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	<p>having a wider, more strategic discussion in relation to serious incidents.</p> <p>JM felt it important to identify if this is a trend or a blip as if the increased number of incidents is ongoing, there is a need to identify the reasons.</p> <p>PM advised previous years have seen an increase in incidents in April and May, similar to the increase in Winter. While the reasons for this can't be explained, there is a pattern. The increased number of serious incidents then tends to tail off over the Summer, before rising again in Autumn.</p> <p>COMPLAINTS</p> <p>PM advised performance in relation to complaint response times has improved in April but not to a position which could be considered compliant. There should be further improvement in May. It is felt control over the process has been regained. Work is ongoing at executive level in relation to the quality of the response being provided to service users.</p> <p>RM confirmed that anyone who has experienced a delay with their complaint response has received an apology from the Trust.</p> <p>FRIENDS AND FAMILY TESTING</p> <p>PM advised there has been no real change in relation to Friends and Family Testing, although there was been a slightly increased response rate in the Emergency Department (ED) in April which is in line with the average for providers in the East Midlands. However, conversations are ongoing with the Patient Experience Team and the Urgent and Emergency Care Team to identify what other organisations, who are achieving a higher response rate than SFHFT, are doing differently.</p> <p>The recommendation ratings are not in line with the trajectory, but do demonstrate the vast majority of patients using the Trust's services are satisfied. Of the small percentage who are not satisfied, the issues given are long waiting times when attending outpatient clinics which leads onto issues with extra car parking fees, etc. These issues have been discussed with teams at divisional performance reviews. The aim is always to deal with patients at the time they have been given, or within a reasonable time. If delays do occur, the consequence of that on car parking charges, etc. has to be minimised.</p> <p>JM noted the waiting time for outpatients appointments is no longer a national standard but it is an important part of the patient's experience.</p> <p>OPERATIONAL</p> <p>SiB advised the Trust achieved 92.4% for the ED 4 hour standard in April, placing SFHFT 28th of 137 trusts. Demand for beds remains high with an increasing number of patients aged over 75 being admitted to medicine. This is a continuing trend and the A&E delivery board are doing a deep dive into this to gain an understanding of why this has continued post Winter. The EAU bottleneck is being managed better.</p>		
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<p>During April ambulatory care usage increased by 5 patients per day, these being patients who would previously have been admitted onto EAU. The weekend discharge rate increased in April to 61%. Base ward capacity for the coming year will be looked at during week commencing 4th June 2018. This will be reported back to the Board of Directors in June.</p> <p>There has been an 8% drop in 7 day length of stay patients. Daily hub meetings continue to review all patients over 7 days stay. The Standard Operating Procedure (SOP) in how to run bed meetings is now well embedded.</p> <p>SiB advised that over the May Bank Holiday there was one patient who waited over 12 hours from the decision to admit. This patient was waiting for a mental health bed. This has been reported up through NHSI.</p> <p>NG felt when actions are in progress it would be useful to include information in the report as to when it is expect the standard will be achieved and sustained.</p> <p>RM advised the ED 4 hour standard should be achieved in May. This compares favourably with the May 2017 position.</p> <p>SIB advised the 62 day cancer standard was achieved in March at 92%. This standard has been achieved in three of the last four months. The trajectory for Q1 forecasts a dip in performance as the Trust continues to deal with the backlog. However, this dip is not expected to drop below the trajectory. It is expected the Trust will be in sustainable position after the backlog is cleared in Q1.</p> <p>RM advised that when SFHFT's 62 day performance is combined with NUH, the STP performance is the best in the East Midlands.</p> <p>SiB advised that in relation to elective care, diagnostics stood at 98.6% in April, which is a 2% increase on March. This is broadly on trajectory and it is expected to be at standard in May.</p> <p>Referral to Treatment (RTT) is 89.2% which is in range of the trajectory. It is expected to be at tolerance in May. The workforce capacity gaps in relation to medical staffing improved during May, particularly in general surgery and neurology. Some of the backlog created over Winter by reducing some of elective work during that period is starting to be cleared. Work is ongoing for NUH to take over neurology services. SiB explained there are 29 patients who have been waiting over 52 weeks. All except one of these patients have appointments dates. The Trust has not yet been able to contact the patient without an appointment. 23 of the 29 patients had an appointment in May. Those patients with appointments outside of May are by their own choice. Of the patients seen so far, no harm has been reported. The Trust continues to offer patients waiting over 52 weeks an appointment within two weeks.</p> <p>JM sought more information in relation to the fractured neck of femur achieving best practice tariff.</p>		
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SiB advised the Trust struggles to deal with big surges, as seen in April. In order to address this some of the elective work has been reduced to use those elective lists to cope with any surges and to bring those patients in sooner. Surgeons are increasingly flexible in terms of switching to non-elective work as necessary. Work is required to predict the surges. Some of them over Winter are predictable but there are other points in the year where there is a trend.

BB queried the use of the word “tariff” as this suggests money is the driving force, rather than it being best practice which happens to generate or change the flow of money.

SiB assured the Board of Directors this was not being driven from the wrong perspective and agreed the wording could be changed.

ORGANISATIONAL HEALTH

JB advised the sickness absence rate fell in April to 3.22%. It was acknowledged there are two divisions, Corporate and DNO, where the average sickness absence rate across the whole year is below 3.5%. Appraisal performance in April was 96%. This was been above target for 2 months. JB advised there has been some slippage in mandatory training, with this standing at 92% in April. However, this is still above the 90% target

Turnover was above the 1% target in April. JB advised she doesn't feel this is the start of a trend but it will be monitored. A possible explanation relates to how Easter fell this year as Good Friday was in March and Easter Monday was in April. People often retire at Easter and, therefore, the last working day would be in March but technically their contract would not end until after the Easter break (i.e. in April). This would give the effect of more leavers in April.

FINANCE

LH advised performance in April was £160k worse than plan. What was seen in April was the continuation of the run rates, both income and expenditure, from what was seen in Q4 of 2017/2018. This was particularly prevalent in the non-elective pathway as the income was higher than plan and correspondingly the associated expenditure as capacity was open to manage the additional flow of patients.

There has been a change to the cost base in May due to bed closures and Thornbury usage being reduced. The Trust is starting to manage the cost base, responding to the activity changes in April.

Agency spend was reduced in April, from £1.6m in March to £1.4m in April. This is in line with the newly revised agency ceiling for 2018/2019.

There was less elective activity in April as a result of managing flow after Easter and the FIP programme is behind target by £200k. There is a considered and concerted effort being put in to get schemes from the pipeline into delivery via the appropriate process over the course of May. The delivery tracker is looking more positive for May and this needs to continue.

	<p>Provider Sustainability Funding (the renamed STF) has been assumed the Trust will receive that in full. However, it is difficult to make an assessment in Month 1. Therefore, this will be reviewed at the end of Q1 and adjusted accordingly.</p> <p>JM noted the previous discussions in relation to QUIPP and acknowledged this is one of the big risks being faced by the Trust. JM enquired what the QUIPP position currently looks like.</p> <p>LH advised it is difficult to say at Month 1. However, there has been no discernible change yet. There was a change in non-elective activity in the early part of May, although this appears to have picked up in the latter part of May. There are a number of schemes in development in a number of programmes but nothing which appears to have significantly impacted.</p> <p>PW advised July appears to be the time at which the majority of larger scale schemes are due to start so the impact of these will become apparent at the start of Q2 with the change of service delivery patterns.</p> <p>RM advised in relation to the elective care pathway, there is an 18 week window. Therefore, the majority of patients referred today will have their treatment in 18 weeks. This enables the Trust to say on 1st April 2018, with a degree of certainty, the amount of elective activity for the first 4 months of year. There should be a reduction in the number of patients referred in and that reduction translating to a reduction of inpatient or day case activity.</p> <p>JM felt it important for the Board of Directors to be sighted on QUIPP as the year progresses if this is seen as a big risk.</p> <p>LH advised the finance team would report the first formal forecast at the end of Q1 and look at QUIPP at that point. The Trust has agreed to provide information to the CCG at an earlier stage, acknowledging this may be an estimate.</p> <p>RM advised there are two risks associated with QUIPP, one being it doesn't work and there is a huge amount of activity coming into the Trust going into Winter or activity drops off to the extent that the cost base has to be reduced.</p> <p>NG noted there is a £0.2m shortfall in FIP in month and the Trust is trying to get to £17.3m by the end of the year. In addition, the reported loss for April is £5m which is more than 10% of the overall annual control total.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/843</p>	<p>DIVERSITY AND INCLUSIVITY REPORT</p>		
<p>12 mins</p>	<p>JB presented the Annual Diversity and Inclusivity Activity Report and the Workforce Race Equality Standard (WRES) Results.</p> <p>JB advised the Activity Report is the concluding annual report and highlighted some of the key achievements. The Trust has signed the Time to Change employer pledge and there are 28 employees who are</p>		

Time to Change champions. SFHFT is a disability confident employer and will continue to use the '2 ticks' symbol for a further 2 years. In addition, the Trust has been working with Remploy on a trial scheme. The Trust celebrated the NHS equality, diversity and human rights week and Mental Health Awareness sessions for managers have been established.

In relation to the WRES, JB advised there are 9 indicators, against which the Trust completed a self-assessment; 4 of these relate to the workforce matrix, 4 relate to the staff survey and the final indicator is the Board matrix. One point to note from this is that during 2017/2018 Black, Asian and Minority Ethnic (BAME) applicants are more likely to be appointed from shortlist than white candidates. This is a significant turnaround from previous years. However, it should be noted when small numbers are involved, the results can fluctuate from year to year. This also links to some of the staff survey results where SFHFT scored highly for staff reporting they felt fairly treated in relation to equal opportunities for promotions and career progression.

JB advised that for the last two years there has been a lower number of BAME staff accessing mandatory training. The reasons for this are being investigated but it might link to more BAME in the medical staff group who are less likely to access mandatory training.

The other indicators contained in the WRES link to the staff survey which has previously been reported to the Board of Directors. In relation to the final indicator, the Board of Directors actively encourages applicants from the wider community.

JB advised the WRES needs to be published on the Trust internet by the end of June 2018.

BB enquired if any thought had been given to do some equivalent work in relation to the way in which services are offered to patients.

JB stated this reflects recent Executive Team discussions. An option being considered is to split the Diversity and Inclusivity Committee into two, with one group looking at the workforce aspect and another looking at the patient service aspect.

RM advised this was one of the seven key things picked up from the initial draft of the CQC Well-led feedback.

TR enquired if there is anything further the organisation should be doing within the 12 target areas / groups.

JB stated in relation to workforce the main aim is to have an inclusive culture and that normal processes and practices are accessible. However, one area of feedback is the Trust has workforce network groups, such as BAME, but staff did not know much about these. Therefore, the challenge is to make the things the Trust is doing more visible and, therefore, accessible.

RM advised contact is being made with East London Foundation Trust and others to identify good practice.

	<p>The Board of Directors noted it would be useful for data to be shared between the Trust, CCG and local authority in relation to the wider community in order to develop a systematic understanding to make informed decisions.</p> <p>JM noted it was important to build in the public/patient's view and ensure this informs the Trust's strategy development. Additionally, it is noted a third of the Trust's staff are aged over 50. This highlights the importance of some of these issues being taken into account within the Trust's strategy.</p> <p>The Board of Directors APPROVED the Workforce Race Equality Standard</p> <p>The Board of Directors were ASSURED by the report</p>		
16/844	GUARDIAN OF SAFE WORKING REPORT		
5 mins	<p>AH advised this is a statutory report in relation to junior doctors' contracts and exceptions to the hours they should be working.</p> <p>AH advised the process has embedded well and the median time for responding from the consultant supervising the junior doctor is significantly below seven days. Most of the exception reports are from junior junior doctors, i.e. F1, F2 and early STs. The majority of the issues relate to additional hours being worked. However, it is encouraging the vast majority of these cases have not resulted in work schedule reviews but have been resolved through discussion. One case went to significant Level 2 work schedule review. AH advised he intervened in this case and it is now resolved.</p> <p>AH advised it is felt there is some under reporting despite steps being taken to encourage reporting. It was noted that, as expected, most of the exception reports are from medicine as this is where the pressures were felt most over Winter.</p> <p>Work is under way in relation to junior doctor gaps and rotas in medicine. The medical task force are taking an overview of the whole Trust to establish if doctors are used in the best, most flexible way. This work has not yet impacted on these figures but there is a concern about the August rotations. The Trust has been protected from deanery rotations by the clinical fellows programme. So far 41 doctors have come through, 15 of which have gone into deanery posts and 2 into CESR training. However, of the people appointed, it has taken three months longer than anticipated to get their Certificates of Sponsorship so they may not all be available for August starts. The only way to cover those gaps will be through the use of locums in order to prevent issues this report would raise.</p> <p>The Board of Directors were ASSURED by the report</p>		
16/845	FREEDOM TO SPEAK UP GUARDIANS REPORT		
5 mins	<p>SH advised the National Guardian's Office published revised guidance in relation to Freedom to Speak Up in May. The guidance outlines the expectations with regards to the Board of Directors and leaders of the</p>		

	<p>organisation and states the requirement for a formal report to be presented to the Board of Directors at least twice per year. There is a requirement to complete a self-assessment against an in-depth questionnaire; JB and her team are working on this. The Trust will be revising the Freedom to Speak Up policy and the duties of the Freedom to Speak Up Guardians.</p> <p>TR advised he had gone through the tool provided and confirmed it is very in-depth. More responsibility is being placed on the Board of Directors to have more understanding as individuals rather than the responsibility going through the Senior Independent Director.</p> <p>JM felt this is an important agenda. However, care needs to be taken to ensure it does not turn into a bureaucratic process. This message should be fed back to NHSI. The critical parts are visibility, message to staff, making sure avenues are open, making sure staff don't feel threatened and culture. It is not clear to what extent this revised guidance helps achieve this.</p> <p>RM advised the Trust needs to respond to the request in an appropriate way and influence this where possible. This is also one of the seven things which have been picked up from the CQC Well-led findings. The Trust has made a lot of progress in recent years from a cultural perspective and from the ability of staff to speak up but it is recognised there is more work to do in this regard. The Trust will also be looking at ways of strengthening the voice of staff at Newark, taking into account the pre-existing job descriptions and roles of the people involved. There is a need to go back to staff to explain the role of the Freedom to Speak Up Guardians as a number of staff are interpreting this in a way which it isn't designed for or suitable for.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/846</p>	<p>BREAST SCREENING UPDATE</p>		
<p>6 min</p>	<p>AH advised that from the Public Health England (PHE) call back exercise, the Trust knows there are 281 women who will need to be screened and potentially another 687 who have been offered the choice of self-referral in the letter sent by PHE. Therefore, there is in the region of 1000 patients who potentially require additional screening, 300 of which will definitely need screening. The remaining 700 is dependent on how many take up the offer.</p> <p>Additional sessions have been put in place and will continue until the Trust is confident all the potential 1000 patients have either been screened or have declined. This does cause some short term issues which the division are monitoring and reporting to the Executive team. Any harm which is perceived resulting from the screening will be dealt with in the usual way and will also be reported to PHE.</p> <p>SiB expressed thanks to the staff involved with this service who will be working every weekend for the next 7-10 weeks. The Trust will monitor any patients screened who go on to have cancer as this could impact on 62 day performance.</p>		

	<p>CW noted there is an assessment prediction of the rough percentage of women who may require further investigation and ultimately surgery but queried why women in the older age group are less likely to require further investigation and don't necessarily require aggressive treatment.</p> <p>AH explained the purpose of the trial alluded to in the report is to see if screening all women is of benefit or not. Science suggests more cancers are identified and intervened in where it is not necessary as the grade of cancer in older women is less severe. There is an ongoing debate in relation to breast screening as to whether too many interventions are made in breast cancer in women who have cancer but would otherwise not require treatment. These patients are the last cohort which will go through older age group screening. The risk within this cohort is low, but if 1000 women over the age of 70 are screened, breast cancers will be found and some may require treatment. Therefore, it cannot be said there is no risk, but this is likely to be low risk.</p> <p>BB felt screening programmes are complex with benefits and dis-benefits need to be balanced.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/847</p>	<p>ASSURANCE FROM SUB COMMITTEES</p>		
<p>20 mins</p>	<p>Audit and Assurance Committee (AAC)</p> <p>GW advised the last meeting of the AAC was followed by the extraordinary meeting of the Board of Directors on 24th May 2018. It was noted there had been a change of external auditors during 2017/2018, resulting in a few additional challenges. GW expressed thanks to everyone involved for the effort and work which has been put into the audit process. GW advised three late adjustments have been made after the extraordinary Board of Directors meeting in relation to the financial accounts. None of these changes were material but are noted within the report for information.</p> <p>GW highlighted the rating on the Head of Internal Audit Opinion was significant assurance. This is the second consecutive year the Trust has achieved this rating which is a significant improvement. The speed of response in relation to implementing recommendations from 360 Assurance, internal auditors, is 90% which is the highest of any of their NHS clients. This is testament to the work and effort which has been put in and the positive way the Trust works with 360 Assurance. The IG Toolkit was submitted at 93% green satisfactory, which is an improvement on 2016/2017.</p> <p>GW presented the annual report of the AAC, highlighting the conclusion that the AAC discharged all their responsibilities for scrutinising risks and controls which affect all aspects of the organisation's business.</p> <p>Quality Committee</p> <p>TR advised the Quality Committee met on 16th May 2018. The Committee considered the quarterly Claims, Incidents, Patient Experience and Safeguarding (CLIPS) Report. Themes to take forward</p>		

<p>were reviewed and considered how they link to any risks. The Committee were reassured the revalidation process for nursing and medical is on track. No concerns were raised in relation to the Serious Incident report.</p> <p>In relation to Freedom to Speak Up, it was noted that over the quarter being reported, 11 concerns were raised. For the majority of concerns raised, feedback was provided via letter, although it is not always possible to have a confirmed outcome as concerns can be raised anonymously. The sterile services contingency plans were presented and the Committee were assured there are good plans in place and this is on track.</p> <p>AH advised there was a backlog of 2000 'not our patient' letters in ED. Prior to NHSE changing their system in 2015, any such letters were sent to NHSE who redirected them but this service has been withdrawn. The Trust had a SOP in relation to how this was dealt with across most of the Trust, but ED were not included in that, leading to a backlog of returned letters. This is a low risk as patients were given copies of the letters to take to away at the time. The letters have now been looked at and no harm has been found. The issue is resolved and won't recur as procedures are now in place.</p> <p>TR advised the return rate for data submission for the Trauma and Audit Research Network (TARN) had stood at 50-60%. This is now 90% and is back on track. This will be monitored through the Patient Safety Quality Group Report PSQG and escalated to the Quality Committee if necessary.</p> <p>TR advised AH will be taking the lead on water safety issues going forward. Some of the areas of responsibility in relation to the water safety challenge the Trust had are not directly the Trust's procedures but are those of a third party or PFI contractor. There may be other areas of that which has knock on effect in other divisions / departments. TR queried if this fed into the risk management group.</p> <p>GW advised this is looked at from a risk management perspective but is also raised within the liaison group discussions with the PFI contractor. However, there are some issues the Trust needs to consider in relation to access to taps in areas which are not used very often. Staff don't always realise access to those areas is required.</p> <p>AH queried if the Trust is confident in the assurance being given by the sub-contractor that work is being delivered to the standard required by the Trust.</p> <p>GW advised it has been recognised the degree of management of the PFI contract, and, therefore, all of the sub-contractors, has not been as good as it should have been. However, work is ongoing to improve this situation. The sub-contractors have to be treated as if they are part of the same organisation.</p> <p>PW advised he was assured at the last joint liaison committee meeting that Central Nottinghamshire Hospitals, as the holding company, are taking their responsibilities seriously in terms of holding Skanska and Medirest to account on those issues. There is a need to be clear on</p>		
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	<p>contractual compliance in relation to what those obligations are and how any deficits in that are identified. It is also important that the principals for both parties have a joint active approach to the way in which they are held to account.</p> <p>GW advised previously if a contractor was unable to access a room to check a tap this would go unchecked and unreported. However, contractors are now aware of the need to report such incidents.</p> <p>TR advised an update had been received in relation to the Advancing Quality Programme (AQP) and how that cross references with the quality strategy. There was an objective for a 'Plan on a Page' to be presented from each area. However, not all leads have been able to provide this yet but it should be back on track for the next meeting.</p> <p>TR advised there is a new system in relation to the BAF which may require further discussion at the Board of Directors. The Quality Committee reviewed the BAF register. In the Committee's opinion, based on the evidence provided at the meeting, there were some challenges around if the Committee could give an assurance rating of positive, negative or inconclusive. This may be due to the process which is now being followed or Committee members being too rigid on their assessment as there was some information the Committee felt they could verify, but it was verified in another role, not as the Quality Committee. There were two specific areas in which the Committee was challenged and queried if those risks should be allocated elsewhere.</p> <p>PM advised the only element of the BAF which has changed is a good governance principle. As Non-executive Directors lead on the acquisition and scrutiny of assurances for the Board of Directors, it is appropriate for the Non-executive Directors to form a judgement on the assurances they have received and reviewed and to use that to guide the Board of Directors' decision as to whether something is in control or not. The difficulty with the scale of risks which are now the purview of the Quality Committee is whether reasonable time is available to do that justice for all of the risks assigned. A decision needs to be made as to where in the governance arrangements some of those risks are aligned to ensure the Quality Committee is not overloaded.</p> <p>PM felt it reasonable for a Non-executive Director to take into account information they have gathered in other forums in order to form a view at the Quality Committee.</p> <p>JM felt this is an important part of triangulation process but needs to be looked at alongside the other information presented to see if that triangulates or conflicts. That judgement and subjectivity is an important part of the role of the Non-executive Directors. The BAF will be revisited early September to see if any modifications are required to make sure that it's effective.</p> <p>Action</p> <ul style="list-style-type: none"> • BAF process to be reviewed in September to ensure it is effective 		<p>PM</p> <p>27/09/18</p>
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	<p>TR advised the Quality Committee reviewed the Quality Account and based on the changes and amendments made by SuB and her team the committee were able to recommend its approval. TR expressed thanks to SuB and her team for the work which was put into this, recognising it is a good report.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<p>16/848</p>	<p>LEARNING FROM DEATHS ANNUAL SUMMARY REPORT</p>		
<p>9 mins</p>	<p>AH advised this is a statutory requirement from the Learning from Deaths publication in March 2017. From Q3 the Trust has achieved 90% review of deaths in most months. The output of every mortality meeting should be added to the electronic mortality review tool, which then identifies if a structured judgment review is required. If that is completed it will identify if an avoidability assessment was done to establish if there were any avoidable factors which contributed to that death. The Trust reports the total number of deaths reviewed and the number of avoidability assessments. It was noted that achieving 90% is a significant achievement.</p> <p>Learning points have been actioned throughout year. One of which being ceilings of care, i.e. having the right dialogue with patients and families early enough in relation to the appropriate level of escalations and agreeing and documenting those. In order to improve in this area the Trust had planned to roll out the RESPECT programme across the Trust. However, this is now going to be rolled out across the Mid-Nottinghamshire system which is stronger as the right dialogue for those patients is often out of hospital.</p> <p>There have been multiple benefits from moving from Vitalpac recording observations to Nervecentre. However, one thing which has changed is Vitalpac 'made' staff complete observations at the time Vitalpac was suggesting they should be done; this is not the case with Nervecentre. This has led to the observations policy being reviewed and the Trust is planning to introduce News2.</p> <p>All the learning disability deaths for 2017/2018 have been reviewed. Of the 14 cases, there were avoidable factors in 9 of those deaths. This has led to improvements in the epilepsy pathway. AH advised he is particularly impressed by the changes which have been made in response to one of the incidents which was discovered as part of this work. This has led to work looking into the visibility of plans as patients have plans but they are not always easy to locate. More work is required in relation to mental health as the Trust may not be capturing all mental health deaths. This will be the focus for 2018/2019.</p> <p>AH acknowledged the work of the divisions, particularly medicine where the bulk of deaths fall.</p> <p>AH advised some trusts have a medical examiner and larger trusts have panel of senior consultants who review death certification. From that review they choose the deaths they are going to review; these trusts will not be reviewing 100% of their deaths in the way SFHFT are. AH felt SFHFT don't need to change to that system but stated one of the benefits of medical examiners is they have a very direct dialogue</p>		

	<p>with families around the time of bereavement. Nationally this is recognised as something that can be improved. It is anticipated there will be a national direction about medical examiners in the next few months. The Trust has a medical examiner trained and, therefore, is well placed to introduce that.</p> <p>JM advised the work done at SFHFT in relation to learning from deaths has huge national recognition. One of the comments from the CQC is that the Trust doesn't 'sing its praises' enough. Some thought should be given about how to do that.</p> <p>RM advised that if the CQC report is positive, this will enable to Trust to be more confident about many of the good things being done at SFHFT.</p> <p>The Board of Directors were ASSURED by the report</p>		
16/849	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors agreed the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> • Performance improving • Plans been signed off • Diversity • Freedom to Speak Up • Learning from deaths • Patient story • Guardian of Safe Working • Thanks to breast screening staff 		
16/850	ANY OTHER BUSINESS		
1 min	No other business was raised.		
16/851	DATE AND TIME OF NEXT MEETING		
min	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 28th June 2018 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.25.</p>		
16/852	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>		

16/853	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		