

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 26<sup>th</sup> October 2017 in the Board Room, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chair	
	Ray Dawson	Non-Executive Director	RD
	Neal Gossage	Non-Executive Director	NG
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Claire Ward	Non-Executive Director	CW
	Dr Sean King	Non-Executive Director	SK
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Dr Andy Haynes	Executive Medical Director	AH
	Julie Bacon	Director of HR & OD	JB
	Denise Smith	Acting Chief Operating Officer	DS
	Suzanne Banks	Chief Nurse	SB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Kerry Beadling-Barron	Head of Communications	KB
	Paul Moore	Director of Governance & Quality Improvement	PM
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
<b>In Attendance:</b>	Joy Heathcote	Minutes	
	Alison Whitham	Divisional Head of Midwifery/Nursing	AW
	Melanie Butcher	Midwife	MB
	Anna Adjare	Patient Story	AA
<b>Apologies:</b>	Ruby Beech	Non – Executive Director	

Item No.	Item	Action	Date
16/597	<b>WELCOME</b>		
	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.		
16/598	<b>APOLOGIES FOR ABSENCE</b>		
	Apologies were received from Ruby Beech Non-Executive Director.		
16/599	<b>DECLARATIONS OF INTEREST</b>		
	There were no declarations of interest.		
16/600	<b>PATIENT STORY - MATERNITY</b>		
	<p>AW introduced MB and AA to the Board of Directors.</p> <p>MB outlined her Bereavement Support Role in maternity care, confirming that the CQC had recognised that the Trust did not have this support for patients, which was introduced in April 2016.</p> <p>MB set out aspects of her role which included patient care, admin, the environment, training and future opportunities and initiatives being pursued. She reminded members that there was 'only one opportunity to get it right'.</p> <p>AA presented 'Anna &amp; Henrys story - The Birth of our Daughter Raia'.</p> <p>She described the devastating loss of Raia and the effect on the family and then went on to describe their experience of The Butterfly Suite at the Trust for families that had lost their babies and the process of making memories and the ongoing support available from both MB and the Trust's chaplaincy service.</p> <p>JM thanked AA for sharing the story with Board members.</p> <p>In response to JM, AW confirmed that AA's experience would be considered at the Governance Meeting on 6<sup>th</sup> November.</p> <p>JM suggested that this should also be monitored by the Quality Committee and feedback provided to AA where progress or developments were made.</p>	TR/SK	30/11/17
16/601	<b>MINUTES OF THE PREVIOUS MEETING</b>		
	Following a review of the minutes of the Board of Directors meeting that was held in Public on 28 <sup>th</sup> September 2017, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/602	<b>MATTERS ARISING/ACTION LOG</b>		
	The Board of Directors AGREED that actions 16/532.2, 16/554.1, 16/554.2, and 16/554.5 were complete and could be removed from the		

	<p>action tracker.</p> <p>The remainder of actions on the tracker were not yet due.</p>		
<b>16/603</b>	<b>CHAIR'S REPORT</b>		
	<p>JM presented the Chair's Report, confirming the success of the Open Day which had taken place at Newark Hospital on Saturday 14<sup>th</sup> October 2017. A significant number of members of the community had attended and enjoyed the activities available, with a particular interest in theatres.</p> <p>Volunteers Long Service Awards had taken place at Newark Hospital, Mansfield Community Hospital and King's Mill Hospital during the previous month. JM recognised the dedication of all the Trust's Volunteers and highlighted one of the awards for 40 years' service!</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/604</b>	<b>CHIEF EXECUTIVES REPORT</b>		
	<p>RM presented the Chief Executive's Report and provided an update on current performance.</p> <p>'Maximising our Potential' had been launched to support staff to do the best job to the best of their ability.</p> <p>RM provided an update on access targets, confirming that there had been many improvements over the last week, however, continued focus was required on the achievement of the 95% target relating to emergency care.</p> <p>NHSI had agreed to provide support in achieving RTT and cancer targets. A further focus was required on RTT and a dedicated unit would be established to focus on systems, processes and analytical data to assist in understanding performance and future forecasting.</p> <p>With regard to finance, delivery was on track but was becoming more difficult particularly with some of the transactional pressures with commissioners. The Alliance Leadership Board (ALB) had met the previous day and work was taking place with commissioners to protect the Trust.</p> <p>RM announced the appointment of two Divisional General Managers, Siobhan McKenna and Lisa Gowan. Siobhan had been appointed to the post of DGM Urgent and Emergency Care and Lisa to the post of DGM Women and Children's. It was noted that the Senior Leadership Team was now fully staffed.</p> <p>RM had met with Jim Mackey and shared the Trust's plans for winter and the coming year. The winter plan was in place and the bed numbers and staffing plans had been reiterated.</p> <p>Excellent progress was being made on flu vaccination and completion of the Staff Survey.</p> <p>There had been a focus on finalising the Sherwood Way at the Executive</p>		

	<p>Team Time Out the previous day ahead of discussion at the Board of Directors Time Out on 1<sup>st</sup> and 2<sup>nd</sup> November.</p> <p>With regard to strategy, the Trust was not yet seeing the expected reductions in activity and there would be discussions on how to manage and develop as part of the wider health community system. There would also be a high level meeting with external colleagues to focus on attracting patients within the locality and how King’s Mill Hospital could be used to reduce the overall capital position.</p> <p>In response to TR, RM confirmed that there were good relationships with healthcare partners/stakeholders and the Trust was working with NUH as an equal partner. Consideration was being given to the organisation and its success would be reliant on demand management in acute care and weekly meetings were taking place with commissioners. Commissioners were under acute pressure at present and the key areas for consideration would be providing the quality of care across the health system, achieving access standards and reducing the financial deficit.</p> <p>The Trust continued to work closely with NHSI and there were also excellent relationships with the CQC.</p> <p>GW noted that Non-Executive Directors had discussed their visibility of the AQP and required assurance that good progress was being made. PM explained that there had been 300 projects in the original QIP, which had now become more transactional as projects had been completed and good progress made. The process for action and monitoring of the AQP was described.</p> <p>JM noted that staff needed empowerment to enable progress to be made and stated that the STP was now entering the delivery phase and it would be important to ensure that the Board and Governors fully understood the direction and maintained good, productive relationships. The Board would also need to effectively discharge its statutory responsibilities.</p> <p>NG suggested that health prevention would be key, but felt that finances and sovereignty was not equal across the whole healthcare system.</p> <p>It was confirmed that a focus remained on understanding the issues for the health system and RM highlighted that there would be a programme of improvement. There was presently a disproportionate amount of risk for the Trust which would need to be addressed.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>16/605</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
	<p><b>HSMR</b></p> <p>AH confirmed that mortality remained within the expected range, despite some spikes earlier in the year and in response to PM, confirmed that SHMI data was presented over a longer range as opposed to HSMR, although these were broadly aligned.</p> <p>Direction had been received regarding end of life care and improved</p>		

	<p>controls would be put in place. A Learning from Deaths Report was included on the agenda.</p> <p>CW asked what was being done to ensure patients and staff had their flu vaccination. AH confirmed that there was little data available at present on forecasting flu and discussion took place regarding methods of ensuring patients and staff were reminded about the flu vaccination.</p> <p>KB confirmed that the Trust was working to national standards and the key issue was to advertise the availability of the vaccinations and highlight the benefits of being vaccinated.</p> <p><b>NURSING</b></p> <p>SB confirmed that there had been excellent progress in harm free care with 96.91% achievement during September.</p> <p>Good progress had also been made regarding falls. There had been 1 fall with moderate harm and work continued on repeat falls which had demonstrated that the figures were low.</p> <p>In response to SK regarding the figures detailed in table 2 relating to falls, SB agreed to consider this further and provide feedback to allow a greater understanding.</p> <p>With regard to pressure ulcers, SB confirmed that there had been 1 avoidable grade 2 pressure ulcer and the outcome would be presented to her with discussions taking place in ward areas regarding avoidable and unavoidable pressure ulcers. A pressure ulcer study day would take place in November.</p> <p>A quarterly report had been presented to the PSQB on tissue viability and discussion had taken place regarding appropriate mattress provision.</p> <p>There had been 2 cases of CDiff in September and the Trust remained within the monthly threshold. There had been no cases of MRSA, however, a focus remained on cannulation.</p> <p>JM noted that there had been increases in ecoli and AH confirmed that this was linked to catheterisation and the Infection Control team had undertaken some focused work in this area and on catheter care in care homes.</p> <p>JM felt that the excellent work being undertaken should be recognised. He also asked for benchmarking to be undertaken against the previous year to understand the current position better.</p> <p>The Maternity dashboard was at amber which linked to Lower Segment Caesarian Section and acuity during the last 4 months and this was considered as part of the maternity review.</p> <p>Good performance continued on the Friends &amp; Family test, which continued to remain above the national average. There had been a focused improvement in ED and a 40% increase in urgent care feedback.</p> <p>With regard to safe staffing, SB confirmed that there had been an increase in red and amber ratings and Heads of Nursing were monitoring</p>	<p>SB</p> <p>SB</p>	<p>30/11/17</p> <p>30/11/17</p>
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staffing levels 3 times per day. There had been no evidence of harm, however, during the last weekend of September, there had been 2 wards that fell below the minimum staffing levels and RCA was being undertaken and lengthy discussions with Senior Nurses were taking place.

In response to NG, SB confirmed that it was known in advance if there was planned staff absence or notified agency non-arrival and any unfilled shifts were immediately notified to the bank. Any gaps were flagged at 6 weeks and 1 week and there were adequate systems in place.

PM highlighted that there were 2 areas of risk relating to complaints and although there had been fewer complaints, response times had been longer. There was also current dissatisfaction in Outpatients and a report would be provided once investigation had taken place.

**OPERATIONAL STANDARDS**

DS confirmed emergency access performance of 92.3% during September and October to date stood at 94.2%. Octflowber was in place and was focussing on relevant areas. There had been a focus on medical staffing in ED and issues regarding clinical leadership, particularly overnight were being addressed.

DS highlighted the success of the pilot of ambulatory care, with Middle Grades or Consultants being available to make decisions. Consideration was being given to increased use of the discharge lounge and patients arriving there earlier in the day.

In response to TR, DS confirmed that some wards preferred to retain their patients in the day room rather than using the discharge lounge. There was further proactive work to be done on ensuring appropriate use of the discharge lounge.

Ambulance handovers at 30 and 60 minutes were included in the report and DS confirmed that the standard was up to a 15 minute maximum, which was around 40% of patients. There were no 12 hour trolley waits.

With regard to RTT, DS confirmed that performance was at 91.58% which related to overdue reviews. There was some learning on booking processes and patient management and the position would not be recovered during October. PM was leading a review on this.

In response to NG regarding the 62 urgent RTT, DS reported that all patients had now been treated either internally or with tertiary care.

The Diagnostic wait standard had been achieved during September and would do so in October, detailing that the work undertaken had been successful.

JM noted the backlog in urology and DS confirmed that there had been some issues with equipment which should be resolved in the near future. There had been 1 breach on cancelled operations on the day where an appointment had been offered within 28 days but had been declined.

DS outlined performance against the cancer access standards and RM

confirmed that work was being undertaken to ensure these patients were treated. Weekly meetings had been instigated with the 3 DGMs to understand the performance and action would be taken in site specific areas to improve performance. NUH were providing assistance to clear the backlog.

With regard to Cardiology and in response to CW, DS confirmed that there were significant workforce challenges and additional clinics had been put in place and patients waiting for review were being prioritised by clinicians.

**ORGANISATIONAL HEALTH**

JB confirmed that sickness absence remained below target at 3.15% in September. A focus would need to remain over the winter period and hopefully the excellent uptake of flu vaccination would continue.

With regard to staffing, there had been some recruitment of student nurses which had reduced the overall vacancy figure. At the end of the current month the band 5 nurse vacancies should have reduced to 115 and by Xmas to 110 which would also be reduced further by the recruitment of nurses from Croatia.

In response to RD, JB confirmed that numbers of staff retiring at year end was known and had been built into the figures and with regard to the age profile and retirement, it was difficult to predict as there was no fixed retirement age.

JB confirmed that there had been good progress, both on appraisal and mandatory training.

JM noted the positive progress made.

**FINANCE**

PR provided an update on the financial position which was in line with the control total before STF funding. As the Trust had failed to achieve ED access targets in Q2 as such, would not receive £0.5m of STF funding associated with this. The assumption was that the Trust would deliver the ED performance required in Q3 and Q4.

Clinical income was £0.1m better than expected year to date.

CIP year to date delivery was below plan by £0.26m, although the Trust was forecasting to achieve its overall CIP plan for 2017/18.

Agency spend had been less than NHSI targets and was £5m less than at the same time the previous year.

CQUINS had not achieved and there could be further scrutiny.

In response to RD, PR confirmed that performance would be reliant on how budgets were set and managing resources within divisions.

NG felt that the assumptions were optimistic bearing in mind the increasing risk and PR confirmed that there were some further actions

	<p>that could be explored.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/606</b>	<b>LEARNING FROM DEATHS</b>		
	<p>AH presented the Learning from Deaths Report which outlined the themes and learning for the Boards understanding.</p> <p>The Trust had been challenged to undertake a review of 90% of all deaths by March 2018 and AH explained the different approaches taken at various Trusts.</p> <p>At this Trust there were Morbidity and Mortality meetings, who undertook reviews and ensured that the milestones within the AQP were delivered. This group also ensured that all deaths were entered into the database, which highlighted where there might have been avoidable deaths. This process was providing rich data and one of the biggest themes was that patients coming into hospital who died within 48 hours were at the end of life.</p> <p>Emax, a new electronic system, was currently being piloted in Nottingham and Rushcliffe and would have a significant impact on where care was delivered, which would be discussed with commissioners.</p> <p>Sepsis performance remained very good and SK welcomed this piece of work and the Learning from Deaths Report.</p> <p>In response to RD, AH confirmed that there were a high number of end of life patients being admitted from nursing homes and work was being undertaken with them to address these issues.</p> <p>SK highlighted work that had been undertaken in his previous practice where a nurse was allocated to visit nursing homes which had seen an increase in the number of patients choosing to die at home. This was a significant issue for GPs.</p> <p>AH highlighted that discussing end of life with patients and families was a difficult area and was also dependent on family circumstances and ethical issues.</p> <p>In response to GW, AH confirmed that discussions would commence the following week with EMAS regarding appropriate admissions.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/607</b>	<b>FIRE SAFETY MANAGEMENT ANNUAL REPORT</b>		
	<p>PW presented the Fire Safety Management Annual Report, confirming that this had been considered by relevant committees.</p> <p>In response to TR, PW confirmed that there were 40 rooms within the PFI that required rectification work for fire stopping and plans were in place to access these areas. The outstanding areas required only minor works and completion was at 97% and would be at 100% as soon as possible.</p>	PW	30/11/17



	<p>JM noted that the current fire policy document version 6 was approved in July 2016 before the Grenfell fire. PW agreed to address this issue.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/608</b>	<b>BOARD ASSURANCE FRAMEWORK</b>		
	<p>PM introduced discussion of the Board Assurance Framework, confirming that 2 amendments had been made since the last report to the Board. The first related to non-elective demand and the likelihood rating had increased. As the Trust entered Q3 and Q4 this was expected and had been agreed by the Quality Committee.</p> <p>The second related to staff engagement and morale which had now been removed from the BAF and delegated to the HR &amp; OD Directorate due to the risk remaining low for some time.</p> <p>PM provided an update on the remaining risks within the BAF, highlighting actions being taken and key areas of focus.</p> <p>JM suggested that it would be useful for each of the sub-committee Chairs to have discussions with the relevant Executive to receive assurance regarding their risks. PM confirmed that there would be detailed discussion at the Board Time Out regarding risk and risk prevention.</p> <p>The Board of Directors NOTED the report.</p>		
<b>16/609</b>	<b>USE OF TRUST SEAL</b>		
	<p>SH confirmed that the Trust Seal had not been applied to any documents during the last quarter.</p>		
<b>16/610</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
	<p><b>FINANCE COMMITTEE</b></p> <p>NG provided an update from the Finance Committee meeting held on 24 October 2017.</p> <p>There had been concern raised by the Committee on whether the forecast for the full year would be delivered and an update was required following the ALB meeting on 25<sup>th</sup> October.</p> <p>In response to JM, PR confirmed that 4 of the 5 divisions had not achieved their financial forecasts during month 6 and a specific action plan had been put in place in surgery.</p> <p>The Committee had reviewed principal risk 4 (financial sustainability) in the BAF and had not recommended any change to the residual risk rating, but would continue to monitor this.</p> <p>The approach to financial planning and budgeting for 2018/19 had been approved.</p> <p><b>OD &amp; WORKFORCE COMMITTEE</b></p>		

	<p>CW updated on the OD &amp; Workforce Committee meeting held on 5<sup>th</sup> October 2017, confirming that there had been some good discussion regarding mandatory training and how this impacted on patient care.</p> <p>An overview was provided of the summary items included within the report.</p> <p><b>CHARITABLE FUNDS COMMITTEE</b></p> <p>TR provided an update from the Charitable Funds Committee meeting which had taken place on 18<sup>th</sup> October 2017.</p> <p>A number of items of significance had been discussed and approved, along with a number of standing agenda items</p> <p>The Sherwood Forest Hospitals Charity &amp; Community Involvement Headline Report had been included in the report for information.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
<b>16/611</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> <li>• Points made in the Chief Executive's Report</li> <li>• Learning from Patient Story</li> <li>• Learning from deaths</li> <li>• Recognise the good work happening and how hard staff are working</li> </ul>		
<b>16/612</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>16/613</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 30<sup>th</sup> November 2017 in the Board Room at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:50.</p>		
<b>16/614</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		

	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p><b>Chair</b></p> <p><b>Date</b></p>		
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