

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on Thursday 27th July 2017 in Classroom 1, Trust Headquarters, Level 1, 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
	Ruby Beech	Non – Executive Director	RB
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Executive Medical Director	AH
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Julie Bacon	Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Moore	Director of Governance & Quality Improvement	PM
Kerry Beadling-Barron	Head of Communications	KB	
<b>In Attendance:</b>	Joanne Walker	Minutes	
	Denise Smith	Deputy Chief Operating Officer	DS
	Lorraine Hooper	Deputy Chief Financial Officer	LH
	Michelle Platt	Nurse Consultant – Critical Care	MP
	Paula Evans	Sepsis Lead Nurse	PE
<b>Observers:</b>	Keith Wallace	Public Governor	KW
	John Kerry	Member of the public	JK
<b>Apologies:</b>	Paul Robinson	Chief Financial Officer	
	Roz Howie	Chief Operating Officer	

Item No.	Item	Action	Date
16/521	<b>WELCOME</b>		
	<p>JM introduced Richard Mitchell – Chief Executive and Dr Sean King – Non-Executive Director and Kerry Beadling-Barron – Head of Communications to members present.</p> <p>The meeting being quorate, JM declared the meeting open at 13:00 and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.</p>		
16/522	<b>APOLOGIES FOR ABSENCE</b>		
	Apologies were received for Paul Robinson – Chief Financial Officer and Roz Howie - Chief Operating Officer.		
16/523	<b>DECLARATIONS OF INTEREST</b>		
	JM declared his position as Chairman of the University Hospitals of North Midlands.		
16/524	<b>PATIENT STORY – CRITICAL CARE</b>		
25 mins	<p>MP explained to members the symptoms of post-intensive care syndrome (PICS) which are psychological, physical and cognitive.</p> <p>MP presented three patient stories that related to rehabilitation after critical illness.</p> <p>TR enquired how often MP experienced patients where PICS had not been recognised. MP stated that such incidents occur once a fortnight as a minimum but is dependent on a number of factors.</p> <p>TR enquired what would help to improve PICS being recognised. MP felt that the training that has been delivered regionally within the critical care network, should be delivered to GP’s to help them to recognise the condition.</p> <p>SK stated that discharge summaries do not always indicate that a patient has been on ICU. MP stated that discharge summaries were very complex but are now nurse led and are written in terms that the patient can understand. MP felt that this may assist the GP’s with regards to the impact that PICS has had on the patient. SK felt that this would also help GPs to identify patients at risk of getting this syndrome.</p> <p>AH enquired as to the uptake of the rehabilitation service from patients within the Trust. MP advised that the uptake was 80%. All patients ventilated for 4 days or more are invited to the clinic. There is also a pathway for patients identified to be at significant risk who may need a follow up. The Outreach Team see all patients within 24 hours of discharge and identify patients who are considered high risk, these patients are referred to the clinic. Across the East Midlands, MP stated that SFHFT are doing well in terms of delivery.</p>		

<b>16/525</b>	<b>SEPSIS AND IPC PRESENTATIONS</b>		
25 mins	<p>PE conducted the presentations that were used at the National Awards to showcase the Trust's achievements in Sepsis and infection control.</p> <p>TR enquired how confident PE was of SFHFT achieving outstanding. PE was very confident due to the progress over the past two years and the cultural change that has facilitated a desire to push agendas and to improve.</p> <p>JM stated that to get to the National Awards is a fantastic achievement and on behalf of the Board of Directors, requested that PE extend their congratulations and thanks to the teams involved.</p>		
<b>16/526</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 29<sup>th</sup> June 2017, NG requested that the reference to 'order audit trail basis' of page 8 be amended to 'moving annual total'.</p> <p>Pending the above amendment, the Board of Directors APPROVED the minutes as a true and accurate record.</p>		
<b>16/527</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	<p>The Board of Directors AGREED that actions 16/499.1, 16/499.2 and 16/508.2 were complete and could be removed from the action tracker.</p>		
<b>16/527</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM presented the report and advised that the acute awareness day was very impressive having met some clinical fellows and observed some of the impressive work that was being done which is a critical part of the whole flow process.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/528</b>	<b>CHIEF EXECUTIVES REPORT</b>		
3 mins	<p>RM thanked colleagues across the Trust, staff and volunteers, for the warm welcome that had been extended to him.</p> <p>RM presented the report advising that the aim of this monthly report will be to deliver an update of the overall quality, access and financial performance of the Trust. To offer a wider update including good news stories and conversations with regulators and commissioners. To provide a wider NHS update and also to look at the following month at SFHFT.</p> <p>RM has personally visited all three sites on 3-4 occasions and advised members that it was evident that SFHFT has been on a journey over the past couple of years and has made a lot of progress. RM expressed his delight to be working with the Trust Board and wider organisation, to support the Trust on its journey to become outstanding.</p>		

	<p>CW felt that the performance update summary of the Trust, as a common part of the CE report, would benefit members of the public as it will provide them with a snapshot of the Trust's position.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/529</b>	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b>		
33 mins	<p><b>NURSING</b></p> <p>For falls, SB advised that the Trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 13 months previously. The current Trust figure for June 2017 is 5.86, compared to the national average of 6.63.</p> <p>SB advised that there was one patient fall resulting in moderate harm reported, which was STEIS reportable. This has been escalated for external investigation.</p> <p>24 repeat falls were recorded in May which reduced to 15 in June. Focus continues on repeat falls.</p> <p>SB advised that tissue viability will be included in future reports and provided the following update. In May there was an increase in avoidable hospital acquired pressure ulcers. A stocktake has been conducted in relation to pressure ulcers and the findings of all route cause analysis for hospital acquired pressure ulcers has been presented to the nursing teams, ward sisters and senior nurses. A four week pressure ulcer campaign has been conducted to re-focus on the basics. There has been evidence of improvement and the e-learning programmes will continue. A day session is being arranged to consider how best to re-energise the harm free care agenda.</p> <p>SB advised that a target of delivering Red2Green training to 1000 staff within 100 days began in June and so far 500 members of staff have received the training. This training has been extended to members of the Executive Team. Some gold on call staff have also been invited to witness the board rounds.</p> <p>SB advised that there had been 3 cases of c-diff during June which has increased the Q1 position to 7, the threshold is 48. Because there has been a slight increase in July, this has become an area of focus.</p> <p>NHSI are beginning to focus on e-coli and as such, the Trust's e-coli position will now be included in future reports.</p> <p>In June, ED improved their friends and family test responses by 7%. The department are now achieving their trajectory.</p> <p>For staffing, 17 of the Trust's 29 wards have an overfill which is predominantly due to an increase in dependency and in 1 to 1 care. A recent audit and the amount of agency usage, suggests a need to review the Trust's 1 to 1 guidelines. Wards are monitored twice a day and there were no wards with unsafe staffing levels.</p> <p>SB advised that whilst there has been an increase in tissue viability damage, there is no link to staffing.</p>		

NG noted an increasing trend in the last few months of wards with an under-fill. SB advised that 'amber' on the report does not indicate that the ward is unsafe, just that fill is slightly below. SB confirmed that no ward has been reported unsafe. Should a ward become unsafe, it would be reported as an incident. SB is notified of the staffing position, which is rag rated, twice a day. SB advised that there has also been an increase in over-fill.

JM suggested that a recent report on falls by the Royal College may be of interest.

JM enquired if across the community there is any focus on non-hospital acquired pressure ulcers. SB advised that all those identified are noted and reported on Datix. This information is also fed back through the CCG. There have been discussions with a view to targeting those nursing homes with a high number. SB felt that considering the resource it takes when patients are presented to the Trust with pressure ulcers, it may be prudent for the Trust to provide some education to nursing homes if this is not already being provided by the Community Trust.

**OPERATIONAL STANDARDS**

DS was pleased to report that the Trust has achieved the four-hour emergency care standard for the fourth consecutive month, achieving 96.67% in June. Q1 was achieved at 96.04%, 2.03% higher than Q1 2016/17. As of 20th July, the Trust is achieving 94.27% and continue to be one of the top performing Trust's in the country.

There is a zero tolerance of ambulance handover delays and a 100% within 15 minutes target. SFHFT are performing better than the EMAS average with just over 7% of handovers between 30-60 minutes. 0.01% were over the 60 minutes. Trust data indicates that 85% are consistently achieved within the 15 minute standard. The Trust continue to work closely with EMAS to further improve but DS felt that due to space constraints arising from batching of ambulances or higher than expected numbers of ambulance arrivals, a target of 100% is unrealistic.

SFHFT continues to achieve the RTT 18 week standard although there are challenges in some specialties. The standard is not being achieved in six specialties and it is expected that three of these will be achieving in June, one in August and the other two later in the year.

DS advised that the organisation has conducted a large piece of work with the validation of 52 week breaches. The issue relates back to the migration of the PAS system where there were incorrect clock stops. A further 4 patients have been reported in June for which a comprehensive harm review has been conducted on each patient which shows that there has been no harm to these patients. DS advised of some residual risk around validation and the possibility that some more breaches will be identified. Prospective validation arrangements will be implemented from August for all future clock stops.

The Trust achieved 6 of the 9 cancer standards in May. Two of the standards that weren't achieved related to 1 patient in each standard. There were 16 breaches of the 62 day classic standard.

The forecast is to achieve the 62 day target in June, followed by a dip in performance in July and August, and then to achieve from September. Work is underway with the Team to review tracking arrangements and tertiary referral arrangements and to ensure that everything within timed pathways is as tight as possible.

RM stated that the 62 day standard is a concern and there is a well understood diagnosis of the situation. Work is underway with Divisions to ensure that improvements are delivered, however it will take a couple of months for the improvements to come into effect before a position of compliance is achieved. NHSI and the CCG are aware of the position.

JM advised that NHSI's view is that there is no reason why more other Trusts aren't achieving this target because of the very low number of patients. RM stated that SFHFT recognise this and expect to deliver the standard in the next couple of months.

JM enquired as to the reasons for not achieving the 31 day second or subsequent treatment target. DS advised that the Trust achieved 90.9% in May 2017 against a standard of 94%. There was one breach which was due to the patient being unfit for surgery. For the 62 day from screening target, there was one breach which was again due to patient fitness. JM stated that had the patients been fit, the Trust would have been in a position to treat them and as such felt it imbalanced to have to report these as breaches. JM felt it important that the reason for the breaches be made clear in the report.

JM felt that the report shows the Trust's great performance and encouraged all to maintain the momentum.

RM stated that looking at emergency care, elective care, cancer standards and diagnostics, there are less than 10 organisations delivering at the levels that SFHFT are delivering which is excellent for staff, patients and for the Trust. The expectation is to continue this into the coming years.

JM felt that the increase in the number of junior doctors coming to SFHFT are doing so because the Trust is not under the same level of stress as a number of other organisations and therefore offers a great training experience.

RM felt that staff are unaware, comparatively, of how good the performance is within the Trust and as such work is underway with the Communications Team to inform the organisation of the good position that SFHFT are in.

**ORGANISATIONAL HEALTH**

JB advised that the Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. Sickness absence figures decreased in June 2017 by 0.15% to 3.55%.

Three Divisions have achieved the 3.5% target and HR Business partners are working with those that are under performing.

There were fractionally more leavers than starters in June but JB did not feel that this was the beginning of a trend.

	<p>Comparative figures show that the staff in post position has improved in both nursing and medical.</p> <p>Trust wide appraisal compliance was 93% for June 2017, increasing by 1% for the second month in a row April 2017, 91% and May 2017, 92%. The new target from April 2017 is 95%. Whilst the Trust is not quite at target, for many months compliance has been solidly in the low 90's. A couple of Divisions are meeting that target and plans are in place to improve the other Divisions.</p> <p>Mandatory training is above the 90% target and remains static at 92%. New training requirements that became effective in April did impact compliance levels slightly.</p> <p>NG stated that long term sickness, although slightly improved, seems high and enquired if this was being targeted. JB advised that regular deep dives into long term sickness are conducted regularly by the OD &amp; Workforce Committee.</p> <p><b>Action: JB to include narrative by condition for long term sickness in August's report.</b></p> <p>JM enquired as to the correlation between appraisal rates and sickness levels within the Division of Women's &amp; Childrens and in surgery. TR advised that Women's &amp; Childrens recently had a safety summit. JB advised that such correlations are identified when data is triangulated and in this case, several metrics have been highlighted, not just workforce. The issues are being addressed in the performance meetings. TR advised that mitigations had been presented at the Quality Committee which had provided members with assurance. JB confirmed that HR are monitoring this closely.</p> <p><b>Action: A progress update of the Division of Women's &amp; Childrens and of Surgery is to be included in the Quality Committee's monthly report to the Board of Directors.</b></p> <p><b>FINANCE</b></p> <p>LH advised that the Trust is reporting a position £0.2m better than control total plan for the month of June bringing the year to date to £0.1m better than control total plan. That delivery of the control total at the end of Q1, along with ED requirements enables access to the Q1 S &amp; T Funding of £1.3m which is included in the position reported.</p> <p>In June income continued to improve on its run rate marginally better than plan, this helped the year to date position recover. Expenditure is in line with plan although there are a number of non-pay underspends that are offsetting pay overspends.</p> <p>Agency spend reduced by £0.1m in June relative to May and whilst this is £0.05m over the NHS ceiling, £2.4m less was spent in the first quarter of this year on agency than was spent in the first quarter of last year. As a subset of the NHSI agency ceiling, there is a requirement to reduce medical agency spend and the Trust remains circa £300k within that element of the ceiling.</p>	<p>JB</p> <p>JB</p>	<p>31/08/17</p> <p>31/08/17</p>
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	<p>The CIP is delivering to target and internal mitigations are offsetting the delivery of the £6.0m system wide enabled target which is a particular area of risk.</p> <p>At the end of Q1, the first formal forecast was conducted across all areas of the Trust. The result of which is to deliver to the control total which is a maximum deficit of £37.6m. The most significant risk to this is the system enabled delivery element of the CIP and the continued Commissioner challenges.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/530</b>	<b>BOARD ASSURANCE FRAMEWORK</b>		
3 mins	<p>RM advised of his attendance to two of the Committee's meetings.</p> <p>RM presented the report advising that the current risk profile illustrates current challenges. The Committee considers that the current risks are under prudent control to the challenging operational situation. Winter is approaching and RM stated that everything possible is being done to mitigate these known risks.</p> <p>RM advised of his eagerness to look at profiling future risks, known and unknown and trying to recognise them and implement proactive plans to mitigate them. RM felt it likely that the Trust will receive a CQC visit in the next 12 months and expected that the CQC will be particularly interested in the way that risk is treated across the organisation.</p> <p>PM stated that the Executive Team will have the opportunity in the next two weeks to discuss and consider the risk universe. PM expressed his desire to share the output of these discussions as soon as possible in order to reach a consensus that will shape the BAF and the BAF assurance priorities going forwards.</p> <p>JM stated that the Board of Directors have previously discussed the need to look at risk outside the Trust as well as those within the Trust, including those presented by Commissioners and by others. It is important for the Trust to recognise and mitigate system wide risks and JM welcomed feedback regarding the wider risks in future reports.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/531</b>	<b>USE OF TRUST SEAL</b>		
1 min	<p>SH advised that the Trust seal had not been applied during the last quarter.</p> <p>The Board of Directors NOTED the report.</p>		



16/532	<b>ASSURANCE FROM SUB COMMITTEES</b>		
4 mins	<p><b>Audit &amp; Assurance Committee</b></p> <p>RD presented the report advising that the situation regarding ED's reporting of the 4 hour wait was discussed at length. RD advised that subsequent to the Committee's discussion, independent assurance was received.</p> <p>JM enquired if the A &amp; E performance figures were correct. RD advised that there is a little more work to do with regards to the use of two reporting systems but indicators are now more positive than they had been prior to the investigation.</p> <p>RM advised that he had personally spoken to the internal audit team to obtain assurance of the trust's 4 hour reporting and concurred that there is a little more work to do but confirmed that the Trust are reporting accurately.</p> <p>DS advised that this work is being conducted within the divisional performance reviews and as well as daily breach reviews, instants where the 4 hour mark was reached but not breached, are also being reviewed.</p> <p>The Board of Directors received and NOTED the Audit &amp; Assurance Committee's annual report.</p>		
10 mins	<p><b>Board Risk Committee</b></p> <p>PM presented the report advising that the Committee received an assurance report in relation to Civil Contingency arrangements, which had been requested following the initiation of a national review of fire safety precautions and building structures following the Grenfell Tower fire in London. The Committee received assurance that SFHFT is safe and fit for use. The Committee also reviewed the mandatory fire training and are satisfied with the progress being made.</p> <p>The Information Governance assurance report was also presented to the Committee which summarised the initial feedback from the recent Information Commissioner's Office Audit. Members were happy with the content of the report.</p> <p>Assurance was received that progress continues to be made to address recruitment issues that have been causing increased levels of service continuity risk in ENT and financial risk in Acute Medicine. The Committee were happy that there were clear relationships with these risks and the BAF and that mitigations are sufficient and proportionate.</p> <p>It was confirmed that risks associated with the recent loss of the Diamond database used by Adult and by the Paediatric Diabetes Teams have been considered and a suitable treatment plan is being implemented to ensure that any potential lost income and service disruption is minimised.</p> <p>The Committee reviewed all risks within the BAF and are content that it represents current exposures.</p>		

<p>2 mins</p>	<p>The Risk Management Strategy was presented to the Committee which was considered and approved.</p> <p>NG enquired when the Cyber Security Strategy would be implemented. PW advised that a detailed post incident review has been produced by NHIS who are in the process of turning it into a Cyber Security Strategy as part of their strategic planning. PW anticipated that the document would be available by the end of August.</p> <p>RB enquired if there were any other systems affected by the cyberattack similar to the effect on the Diamond database that members should be aware of. PW confirmed there wasn't. The Diamond system was an old system that ran from old hardware, both of which are currently being replaced. The only other vulnerability was Blue Spear which is a theatre management system that was hosted by NUH. This system is now host on a local server at KMH. The transfer has significantly improved the system and unlocked some reporting capability that was inaccessible previously. PW felt that the key learning is hardware infrastructure and how it is made resilient over time. The level of investment on infrastructure in the last two years has increased and improved the quality of networks, wireless infrastructure and data centres because without a solid basis, the front line systems won't work as effectively as they should.</p> <p>JM enquired if the responsibilities of each organisation had yet been clarified. PW confirmed they had and were tested when the N3 BT network failure occurred recently. The business continuity arrangements worked much better.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Governance arrangements regarding NHIS's Cyber Security Strategy to be confirmed.</b></li> <li>• <b>Governance arrangements of the Board Risk Committee reporting into Board sub-committees are to be confirmed.</b></li> </ul> <p>JM stated that at a recent meeting of the Chairs, a presentation was conducted by an ex-fire officer. JM felt that this gave some useful information regarding the types of information that Board's require for assurance. The presentation also explained the important implications and suggested that there had been a big focus on major incidents from terrorism and other external factors but not so much on internally caused incidents. JM felt that the presentation provided interesting learning which should be considered alongside the contingencies for external attacks.</p> <p><b>Action: Review assurance to Board in light of lessons from recent incidents across the NHS and Grenfell fire.</b></p> <p><b>Charitable Funds Committee</b> TR presented the report advising that the Committee met on 26th July 2017. The Committee discussed and approved the committee's work plan, terms of reference and the fundraising criteria.</p>	<p>PW</p> <p>RM</p> <p>PM</p>	<p>31/08/17</p> <p>31/08/17</p> <p>30/10/17</p>
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<p>8 mins</p>	<p>TR advised that there is better connectivity between the Charity, the MDMD and CPG to ensure that there are opportunities for people to fundraise or to make donations on a proactive basis.</p> <p>TR advised that the Committee are exploring the opportunities regarding the status of the Charitable Funds Committee with regards to autonomy.</p> <p>JM explained to members that if the role of Charitable Funds is to become more proactive with appeals etc., governance arrangements that enable more explicit links within the wider community will be required. At present the Board of Director's are the Trustees and JM felt that a more highbred model may be required.</p> <p><b>Action: Options for future charitable funds governance arrangements be presented to the Board.</b></p> <p><b>FINANCE COMMITTEE</b></p> <p>NG presented the report advising that the Committee spent time focussing on the forecast for the rest of the year and the risks associated with the achievement of the control total. The re-forecast has been prepared and still shows the same control total being achieved as that set at the beginning of the year.</p> <p>NG advised that the main challenges around the achievement of the control total relate to the CIP programme itself which is split between the Trust's own internal target of £10.0m and the STP's target of £6.0m. The Trust is on target and could potentially over deliver however, the Committee consider that the STP element of the control total is at extreme risk. Some STP projects have barely begun yet make up half of the STP element of the CIP. NG advised that the Alliance is up and running but has to deliver savings of £30.9m. The plan is backend loaded so there are considerable risks of under-delivery in quarters 3 and 4 and this will impact SFHFT.</p> <p>If the STP fail to achieve the £6.0m CIP from the system, SFHFT could fail to meet the control total and in addition, lose <math>\frac{3}{4}</math> of the STF which is £6.0m. The downside could be as much as £16.0m against a small upside of £3.7m. In addition to this risk, 4 of the Trust's 5 clinical Divisions are underperforming, although recovery plans are in place. The challenges presented by Commissioners in terms of number and quantum also present a risk and there is a risk relating to CQUIN's. NG stated that there is considerable risk associated with all these areas for this Trust's delivery of the control total.</p> <p>JM felt the level of risk was worrying and enquired as to the impact this would have on SFHFT should the STP fail to deliver their element of the CIP. NG confirmed that SFHFT could miss the control total and in addition lose the STF unless SFHFT's CIP over delivers by £6.0m. NG felt it prudent to exert pressure on the Alliance to ensure that it is delivering and has all necessary actions in place to bring the programme back on track.</p>	<p>TR/SH</p>	<p>31/01/18</p>
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<p>2 mins</p>	<p>LH advised that the risk was well known and the Trust need to over deliver. The Trust has been over delivering mitigations up to this point and are confident that this over delivery will continue, but need support from the STP.</p> <p>GW concurred that pressure needs to be applied. The report from the Alliance doesn't show how much the STP is underperforming against SFHFT's CIP. GW felt that the report should be amended to split out this information.</p> <p>RM enquired if there were any key elements within that £6.2m that have mutual responsibility for delivery. LH advised that those schemes enabled out in the community would enable SFHFT to undertake change that would reduce costs. RM stated that if it is clear that SFHFT has done everything that it is expected to do, then pressure can be applied.</p>		
<p>2 mins</p>	<p><b>OD &amp; Workforce Committee</b></p> <p>CW advised that the Committee received a request to remove risk AF6.0 Staff Engagement and Morale from the BAF. The Committee concluded that sufficient controls were in place to enable the risk to be removed.</p> <p>CW advised that a written report would be presented at the next Board meeting.</p> <p><b>Quality Committee</b></p> <p>TR presented the report advising that the Committee were assured of the work conducted and the progress made by the Patient Safety and Quality Board. The Committee concluded that the risks identified and the mitigations implemented were appropriate. No matter of risk or concern was identified for escalation to the Board of Directors</p> <p>JM request feedback on the new format of the sub-committee reports.</p> <p><b>Action: All to provide feedback to Head of Corporate Affairs regarding committee reports.</b></p> <p>The Board of Directors were ASSURED by the reports.</p>	<p>All</p>	<p>30/09/17</p>
<p><b>16/533</b></p>	<p><b>COMMUNICATIONS TO WIDER ORGANISATION</b></p>		
<p>1 min</p>	<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>• Trust performance</li> <li>• Challenges facing the Trust</li> <li>• The good work conducted with regards to infection control and sepsis</li> </ul>		
<p><b>16/534</b></p>	<p><b>ANY OTHER BUSINESS</b></p>		
<p>1 min</p>	<p>JM advised that the format of the meetings of the Board of Directors will be changing from September. The Board of Directors meeting in public will now be held in the morning.</p>		



16/537	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
5 mins	<p>JK felt it important to extend the message to the public and to the media regarding the progress made within infection control and sepsis.</p> <p>JK warned that future cyberattacks were imminent and suggested it important that it was proactively manage.</p> <p>JK enquired if pressure ulcers that were not hospital acquired were being recorded. SB advised that targeted work is underway to improve the care and prevention of pressure ulcers. There are plans to hold discussions with the Community Trust to explore opportunities of supporting with the education of the prevention of pressure ulcers to external organisations.</p> <p>JK enquired if there were any updates regarding the Smoking Committee as some meetings had been postponed. SB advised that it has been proposed that the Committee include input from the nursing team. Notification will be made when these arrangements have been confirmed.</p> <p>JK enquired as to the progress with regards to the improvements in dementia screening. SB confirmed that the Trust continues to perform very well with dementia screening as per our requirements. There is a dementia strategy in place within the Trust that is being progressed by a focus group.</p>		