

**Un-Confirmed MINUTES** of a Public meeting of the Board of Directors held at 14:00 on Wednesday 21<sup>st</sup> December 2016 at Holy Trinity Community & Partnership Centre, Newark

<b>Present:</b>	Dr Peter Marks	Acting Chair	PM
	Tim Reddish	Non – Executive Director	TR
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Ray Dawson	Non – Executive Director	RD
	Claire Ward	Non – Executive Director	CW
	Peter Herring	Chief Executive	PH
	Dr Andrew Haynes	Executive Medical Director	AH
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC
	Paul Robinson	Chief Financial Officer	PR
	Julie Bacon	Director of HR & OD	JB
	Roz Howie	Acting Chief Operating Officer	RH
	Barbara Beal	Chief Nurse	BB
	Jo Yeaman	Director of Communications	JY
	<b>In Attendance:</b>	Michael Thompson	Charge Nurse - MIU/Urgent Care Centre, Newark
Hayley Allison		Assistant Chief Operating Officer	HA
Vincent Hannington		Deputy Department Leader – Urgent Care Centre	VH
Carley Rollinson		Matron For Newark Emergency Care & Medicine Division	CR
Laura Webster		Corporate Secretary	LW
Marcus Duffield		Interim Deputy Head of Communications	MD
<b>Observers:</b>	Ian Holden	Public Governor	IH
	Jim Barry	Public Governor	JBA
<b>Apologies:</b>	Ruby Beech	Non – Executive Director	

Item No.	Item	Action	Date
16/305	<b>WELCOME</b>		
	The meeting being quorate, PM declared the meeting open at 14:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/306	<b>APOLOGIES FOR ABSENCE</b>		
	It was CONFIRMED that apologies for absence had been received from Ruby Beech - Non – Executive Director.		
16/307	<b>DECLARATIONS OF INTEREST</b>		
	It was CONFIRMED that there were no additional declarations of interest relating to items on the agenda.		
16/308	<b>PATIENT STORY - MANAGEMENT OF A SEPTIC PATIENT IN NEWARK URGENT CARE CENTRE</b>		
Discussion Start Time	<p>The patient story regarding the management of a septic patient at Newark Urgent Care Centre (UCC) was presented by MT.</p> <p>TR enquired how the triage was delivered within 15 minutes. MT advised that the systems in place are very good.</p> <p>TR enquired if the learnings from this experience had been shared with KMH. MT advised that the learning will be shared via the grand round. Employee presentations have also been conducted.</p> <p>PH stated that it was apparent from the story that there had been excellent liaison with the GP on this occasion and enquired if there were any wider systems in place, other than EMAS, to improve this in general. MT advised that there is liaison between GP &amp; Clinics and System 1 has been a significant help.</p> <p>PM enquired how the UCC could be improved to become outstanding. MT felt that the ability to stream to GP's and an expansion of point of care would be beneficial. Attempts have also been made to recruit specialist nurses. MT felt that an increase in the number of nurses and health care support workers would help with patient flow.</p>		
Discussion End Time	BB advised that a site visit to Newark Hospital to discuss telemedicine will be arranged in the near future.		
16/309	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 30<sup>TH</sup> NOVEMBER 2016</b>		
	Following a review of the minutes of the Board of Directors in Public held on 30 <sup>th</sup> November 2016. AH advised that the cardiac arrest rate had been reduced to 1.8 and not 3.8 as recorded.		

	Pending the above amendment, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>16/310</b>	<b>MATTERS ARISING/ACTION LOG</b>		
	<p>The Board of Directors AGREED that actions 16/264 and 16/294 were included on the agenda and could therefore be removed from the action tracker.</p> <p>Action 16/286 will be included in the Quality Committee report to the Board of Directors meeting in Public on 25<sup>th</sup> January 2017.</p> <p>Action 16/290 will be included in the OD &amp; Workforce Committee report to the Board of Directors meeting in Public on 25<sup>th</sup> January 2017.</p>		
<b>16/311</b>	<b>CHAIR'S REPORT</b>		
Discussion Start Time	PM presented the report and thanked everyone associated with the Trust on behalf of the Board of Directors for their work over the year. The achievements could not have been realised without everyone's continued support.		
Discussion End Time	PM advised that SFHFT have exceeded the flu vaccination target having vaccinated 75.1% of front line staff which is a tremendous achievement.		
<b>16/312</b>	<b>CHIEF EXECUTIVES REPORT</b>		
Discussion Start Time	<p>PH stated that Health Minister, Phillip Dunne had recently visited the Trust. Mr Dunne spoke to a broad spectrum of staff and received very positive feedback and was very impressed with the achievements that the Trust has made.</p> <p>PH stated that Mark Radford, Director of Nursing for Improvement from NHS Improvement also visited the Trust at the beginning of December. Mr Radford's feedback following the visit was overwhelmingly positive.</p> <p>PH advised that meetings are underway with editors and health journalists from media outlets this month to help develop better, mutually beneficial relationships with a view to achieving fair, balanced and accurate media coverage. Work continues with other media outlets and journalists, including those further afield to endeavour to improve relationships and understanding, and so maximise the likelihood of being approached for comment on matters that involve or affect SFHFT.</p> <p>PH confirmed that adverts for the positions of Chief Executive, Chair and Chief Operating Officer had been published at the beginning of December 2016 and expressions of interest have been received. The timescales for the appointments are the Chair in early February, CEO early March and COO in January 2017. 35 applications were received for the Divisional General Manager posts but none were deemed suitable so these positions will be re-advertised.</p>		
Discussion End Time			

16/313	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b>		
Discussion Start Time	<p>PM advised that the dashboard is still evolving and the thresholds of the rag rating indicators and the most effective way to indicate how performance is changing over time are still being considered.</p> <p><b>QUALITY &amp; SAFETY</b> AH advised that performance on sepsis and infection control continues to be strong.</p> <p>AH highlighted the increasing number of patients that have been identified with Norovirus. 11 nursing homes in the local area closed in recent weeks due to Norovirus. The national reporting data confirms that the peak has come early. Two wards were closed at KMH due to the outbreak, these wards have now been re-opened and one patient remains in isolation. AH felt that this was testament to the Infection Prevention and Control Team working closely with ward leaders. However, as a consequence of this outbreak the Trust are screening more patients for C.Diff and as a result asymptomatic patients may be identified. In line with national reporting requirements, if these patients have been in the organisation for longer than 72 hours these patients who are C.Diff carriers will be counted in our hospital acquired numbers. The CCG have been notified of our concern and the Infection Prevention and Control Team are keeping a log of all patients who are screened for Norovirus who are 'incidentally' identified as a C.Diff carrier. AH was confident that the outbreak was now under control.</p> <p>AH advised that a further area of concern relates to medicine management and antibiotic usage. SFHFT are working hard to decrease the overall usage of antibiotics in line with national targets. The Trust will meet the national target of 75% of the audited prescriptions in Q3 but will struggle to meet the Q4 target which is 90%. This continues to be monitored on a weekly basis and is escalated via medical managers.</p> <p><b>SAFER STAFFING</b> BB advised that whilst the data continues to fluctuate regarding the challenge of ensuring safe staffing levels, no ward reported unsafe staffing levels during October or November. This is monitored on a daily basis and reviewed at every bed flow meeting.</p> <p>BB advised that analysis of the nurse sensitive indicators identifies an increase in the reported medicine related incidents at ward level. These have been reviewed and are low level harms that appear related to improved reporting of medicines incidents. Work is underway to review and refine the nursing dashboard and ensure it is aligned to the Single Oversight Framework.</p> <p>BB advised that with regards to the Modern Hospital and the utilisation and monitoring of care hours per patient day (CHPPD), arrangements have been made for NHSI to conduct a workshop for the senior nursing team at SFHFT.</p>		

	<p>A further piece of work is being conducted with the Executive Team re Carter to establish how the data can be best used and linked in with the wider organisation.</p> <p>BB advised that there was an increase in the number of falls during November. The falls nurse was commissioned to conduct a comprehensive review of each fall but no specific trends have been identified. Operational data has identified an increase in the admissions of patients with cognitive impairment, dementia and patients that are frail and elderly that need extra support and care. Training is being reinforced and a workshop with the heads of nursing, matrons and ward managers was conducted in December to ensure that every safeguard is in place to prevent patient falls. A further workshop is planned for January 2017. Falls will be closely monitored and a more comprehensive report will be submitted to the Board of Directors in January 2017.</p> <p><b>Action: Comprehensive falls report to be submitted to the Board of Directors on 25<sup>th</sup> January 2017.</b></p> <p>PM enquired if there was a standardised system that takes the condition of patients into account as falls are likely to increase with frail patents. BB advised that there is a comprehensive risk assessment tool that is initiated on admission and is followed throughout the patients pathway. This tool has been identified by Mark Radford as an example of good practice.</p> <p>PM stated that the report states that the terms of reference for the Acute Kidney Injury (AKI) Group are being reviewed and there is an audit that indicates low compliance with the DONUTS care bundle. PM enquired what actions were being taken to improve this. AH advised that the organisation has a very good pathway for AKI which needs to be followed and made available in clinical areas. Documentation is available on the Trust's internet for kidney injury which has been in place for two years. The pathway is refreshed through medical managers and people have been made accountable. It also features at performance meetings to track and record that the pathway has been used. Forums and training on the use of the pathway have also been rolled out to Junior Doctors. Evidence suggests that SFHFT are using the pathway but it is not being documented. AH advised that assurance comes from the Dr Foster data which shows that the Trust is not an outlier on AKI mortality.</p> <p>PM stated that the report indicates that the Caesarian Section rate overall is very low but is beginning to creep up and enquired if this was a concern. AH advised that SFHFT's cut off is below 23% and in the last 12 months has risen slightly above that once. AH felt that the Trust's C Section rate is as expected. External reviews of the service have been conducted over the last 18 months in addition to the CQC inspection and no concerns have been raised with the Trust's C Section rates.</p>	<p>BB</p>	<p>25/01/17</p>
--	--	-----------	-----------------

	<p><b>OPERATIONAL STANDARDS</b></p> <p>RH advised that SFHFT are forecast to achieve all 9 standards in November.</p> <p>RH highlighted an error on Page 9 of the report regarding the 4 hour target which should say 'as of 13<sup>th</sup> December' and not 'as of 13<sup>th</sup> November'.</p> <p>RH advised that the Trust is currently achieving 93.37% for December for the 4 hour wait. The Trust achieved 95.06% for Q3. Last week was extremely difficult for flow within the organisation which was made more difficult due to the ward closures arising from the Norovirus outbreak and the 11 care homes that were closed which impacted on the Trusts ability to transfer patients out resulting in SFHFT opening 40 extra beds last Sunday and Monday. This has now been reduced down to 8 additional beds open.</p> <p>The Trust continues to achieve the referral to treatment targets. The DM01 target was also achieved in November. RH advised that there is a risk to achieving in December because the organisation is reliant on good will from individuals, particularly in endoscopy with waiting list initiatives.</p> <p>PM felt that given the current pressures the Trust are under, the achievement of the 4 hour target is fantastic and the ability to recover so quickly is excellent.</p> <p>CW enquired what is being done to increase the accessibility to improve the response rates from friends and family tests. AH advised that a series of actions have been taken to improve the response rates and an update will be presented to the Board of Directors in January 2017. RH advised that some difficulties have been with the reporting and not being able to extract the data at a granular enough level. This has now been resolved and areas with low response rates can be targeted.</p> <p><b>Action: An update of progress made with responses from Friends and Family Tests is to be presented to the Board of Directors on 25<sup>th</sup> January 2017.</b></p> <p>TR enquired if RH was still confident of achieving the Winter Plan in view of the extreme pressures now facing the organisation. RH stated that the Winter Plan suggested that enough work would have been done to drive down occupancy levels enough to convert a normal functioning ward into a winter ward, this has not been achieved. However predictions were also made that an additional ward would need to be opened from 1<sup>st</sup> November but this has not been necessary either. Despite the difficulties last week, there are only 8 extra beds in the system. It may be necessary to open up part of a ward at the beginning of January 2017 to maintain a calm and safe hospital but RH did not anticipate opening a whole ward.</p>	<p>AH</p>	<p>25/01/17</p>
--	--	-----------	-----------------



TR requested clarification that the process to address the issues and challenges within endoscopy and ophthalmology is that the issues are highlighted within the Board Risk Committee's report to the Board of Directors and the mitigating actions go through PSQB and are escalated to the Board of Directors. AH advised that there is a thorough internal action plan that is tracked by PSQB. An external college review of ophthalmology will also be conducted in March 2017.

NG stated that the STF funding was lost because the Trust did not achieve the cancer trajectories and enquired what confidence RH had that there would be no further breaches in the 4<sup>th</sup> quarter. RH advised that a detailed analysis has identified that the primary breach reason was due to the length of time to diagnose patients. The significant risk in endoscopy has been identified and there are certain other specialties that are being impacted on by the diagnostic turnaround times. In addition, work has been planned to replace two Return Osmosis units in endoscopy at KMH and this will present the Trust with additional risks. A mitigation paper was presented to the Executive Team last week. Whilst there are these challenges around diagnostics, RH was unable to provide assurance that there would be no further breaches. Work continues to improve diagnostic times.

RD enquired if there was a consistent theme contributing to these problems. RH advised that there are different reasons. The endoscopy department has experienced significant growth but unfortunately resource hasn't maintained the same pace. There is a case of need currently being compiled for a fourth endoscopy room, this will make a huge difference but the other difficulty is obtaining the appropriately trained staff to not only run the current service but also a fourth room. External providers are struggling in the same way and do not have the capacity to support the Trust.

**FINANCE**

PR advised that the financial performance at month 8 remains good compared with plan and is in line with forecast. At the end of November the Trust was £0.66m ahead of the planned deficit YTD excluding LTP costs and expects to hit the forecast control total by the end of the year. The capital expenditure position was behind plan in November but PR expects to deliver the control total by the end of the year. SFHFT's CIP plan target to the end of November was to deliver £7.31m however £8.26m was delivered.

PR advised that the increased non-elective activity throughout the year has resulted in the Trust achieving above income plan by circa £2.0m. This has created a knock on effect into pay costs which are overspent to the end of November and the Trust are in breach of the NHSI agency cap. This breach has attracted quite a lot of scrutiny including a visit from NHSI. The feedback received from NHSI is that the Trust has good governance and controls in place. SFHFT's trajectory to achieve the cap by March 2018 was shared with NHSI.

**WORKFORCE**

JB advised that for November, overall sickness levels increased by 0.39% in month to 4.38% (October, 3.99%). This is a 0.5% improvement for the same period last year. Norovirus is reflected in some of the staff sickness levels, particularly within the medical division.

JB expressed concern with the sickness levels of the unregistered nurses but a review has identified a link to Norovirus.

Amongst the top 5 groups reporting 0% sickness in November 2016 is a ward which is made up of a large staff group, JB felt that this was very encouraging.

JB advised that the OD & Workforce Committee has conducted a deep dive into absence related to stress and anxiety and according the HSE Stress Bulletin, 45% of all working days lost due to ill health were stress related. SFHFT figures show that only 20.04% of staff's sickness was attributable to stress related conditions. The Bulletin also states that the total number of working days lost due to this condition equated to an average of 23.9 days per case. SFHFT figures show that 31.8 days have been lost per case. This shows that although SFHFT have fewer cases, the length of time that an individual takes in absence is actually longer than the national figure. JB advised that there are a lot of interventions in this area to support staff.

Trust wide appraisal compliance remained static at 94%. The Trust appraisal compliance target is 98%. JB assured the Board of Directors that 94% compliance is a very good compliance rate within an NHS Trust.

JB advised that starters and leavers within the organisation have been tracked for several months and November is the third consecutive month showing a net gain in staff. Only one band 5 nurse left the Trust during November and this was due to retirement. Every effort is being made to fill vacancies and substantive appointments are being made where possible. JB advised that SFHFT will consider international recruitment in the new year.

JB advised that mandatory training has increased from October by 1% to 92% in November. This is continuing to exceed the target of 90%.

RD stated that Trust sickness figures are remarkably improved to that of two/three years ago and enquired if the 3.5% target for sickness absence was realistic and achievable as it has not been achieved in over thirteen months. RD also enquired what this has cost against budget in terms of missing the target. PR advised that there has been an impact on the use of agency but not in every case as not all absences are backfilled so it is difficult to quantify. JB advised that 3.5% is a common target across the NHS but compared to other Trusts SFHFT perform very well in terms of what is delivered. AH advised that NUH's target is 3.5% and Frimley's target is 3%, AH did not consider SFHFT's target to be irregular.



<p>Discussion End Time</p>	<p>PM enquired if the policy is enforced to ensure that staff do not return to work until 48 hours after their symptoms end to prevent the spread of infection. BB confirmed it was.</p> <p>GW felt that the increase in short term sickness during the winter period was understandable but expressed concern that the long term sickness levels within the organisation have increased and enquired what action was being taken to manage it.</p> <p>JB advised that the application of the sickness policy is enforced strictly with support from HR Business partners. JB suggested a deep dive into long term sickness.</p> <p><b>Action: OD &amp; Workforce Committee to conduct a deep dive into long term sickness and report back to the Board of Directors in February.</b></p> <p>PM enquired if audits are conducted to ensure that the appraisal process is effective. JB advised that a review of the appraisal system has been scheduled into this year's work plan with a view to incorporating additional talent conversation and additional training.</p>	<p>JB</p>	<p>22/02/17</p>
<p>16/314</p>	<p><b>QUALITY IMPROVEMENT &amp; ASSURANCE PLAN UPDATE</b></p>		
<p>Discussion Start Time</p> <p>Discussion End Time</p>	<p>AH presented the report that outlined the proposal of the Quality Improvement and Assurance Programme (QIAP) which has been designed to identify and monitor those major change programmes that will transform the care delivered to patients and support the journey from Good to Outstanding.</p> <p>The same principles that were used in the QIP have been applied with a series of workstreams and workstream leads that report into an accountable Executive. The accountable Executive reports into the Steering Group that ultimately reports into the Board of Directors.</p> <p>The content consists of four types, completed actions from the old QIP that have not yet been embedded, should do and must do actions arising from the recent CQC inspection and quality priorities which are distilling from the new strategic vision and objectives. AH advised that the plan is still evolving and will be finalised in January 2017 but will be led by the Quality Assurance Director which is a new post and will be confirmed in the new year.</p> <p>The Board of Directors NOTED the content of the paper and associated appendices.</p> <p>The Board of Directors AGREED in principle the format and proposal for the Quality Improvement and Assurance Plan 2017/18.</p>		

<b>16/315</b>	<b>PC24 STREAMING</b>		
Discussion Start Time	RH presented the report that evaluates the front door streaming project at KMH.		
Discussion End Time	The Board of Directors NOTED the progress of the single front door streaming project.		
<b>16/316</b>	<b>NEWARK STRATEGY IMPLEMENTATION REPORT</b>		
Discussion Start Time	<p>PW conducted the presentation which provided an update of the three key components of the Strategic Plan, development of the Urgent Care Centre, development of planned care and a review of the in-patient bed base.</p> <p>RD enquired how relevant it was that new appointments remain static and the increase arises from follow up appointments. RD enquired if this demonstrates that services are not being expanded at Newark Hospital. HA stated that there have been a number of changes earlier in the year around trauma and orthopaedic pathways for fracture patients whereby all new fracture appointments are performed at KMH. However the commitment given to patients locally is that all follow up patients will be conducted at Newark Hospital. Some other specialties have similar arrangements and HA felt that further detailed analysis was required.</p> <p>PM stated that if a patient has an appointment at KMH it is recorded as a 'new' appointment, if that patient is followed up at Newark it is then included in the 'follow up' data but they are 'new' to Newark. It is important to identify those patients that have their first appointment at KMH whom should be going directly to Newark Hospital.</p> <p>CW stated that this has been a long running concern expressed by Governors and by members of the public, specifically with regards to the lack of opportunity of follow up appointments and although it does not solve all of the problems, it does show that the team are addressing some of those concerns.</p> <p>TR enquired how confident colleagues were that patients are being directed to the right place the first time. PW advised that for planned care, one of the big focus points of discussions with the Health and Community Partnership Group is the referral gateways in which the CCGs operate and if they are offering choice in all cases for patients that chose to use services at Newark Hospital, where those services are available. A lot of work has been done this year to illustrate services available at Newark Hospital which have been made much more accessible and user friendly. PW felt that this had been significantly improved.</p> <p>RD enquired if the DNA rates at Newark Hospital are different to those at KMH. RH advised that they weren't and have significantly improved.</p>		

<p>Discussion End Time</p>	<p>The national average for DNA's is 8%, Newark is currently achieving 6%.</p> <p>GW suggested that it would be useful to include utilisation data within the next report. The volume increases shown are a step change but not as high as GW expected which suggests higher levels of utilisation.</p> <p>RH stated that another aspect is that medical day case work has been introduced on Minster ward in addition to surgical day case work. The figures shown relate to surgical work and what isn't being captured is the work that's going on around medical day cases.</p> <p>TR enquired if capacity was being maximised. HA advised that the main theatres are well utilised operating on a two session day but other centres operate on a three session day. HA felt that a three session day was something that could be explored in the future.</p> <p>There is a minor ops room that is underutilised by 30% and a review of the most appropriate service provision to utilise those available sessions is being conducted as around 700 patients a year are still attending KMH for a low level procedure that could be directed to Newark Hospital if that additional space was made available. There is also a lot of space around the site that is underutilised that could be used for a different purpose. AH advised that work is underway with the Estates Team and Capita to identify any potential opportunities and whilst some opportunities will have a capital implication, those with low capital impact that will increase outpatient capacity will be presented in a business case.</p> <p>TR stated that Newark Hospital was quite close to the national benchmark for capacity of theatre utilisation. HA advised that there are two measures for theatre utilisation, is there a list allocated to every session and are all lists full to capacity. This is monitored weekly at Newark Hospital.</p> <p>PM enquired what HA's vision of 'outstanding' was for Newark. HA felt that it was important to ensure that capacity meets demand and where possible, to stop patients travelling unnecessarily for procedures or appointments by ensuring that the capacity is available locally. A robust clinical team would be advantageous as at present, Newark Hospital is still very reliant on locums. The Urgent Care Centre has been unable to achieve a formal rotation and although there are robust links with KMH to provide cover in emergency situations, it is a challenge due to the reliance on locums.</p> <p>The Board of Directors NOTED the report.</p>		
--------------------------------	--	--	--

16/317	<b>ASSURANCE FROM SUB COMMITTEES</b>		
<p>Discussion Start Time</p> <p>Discussion End Time</p>	<p><b>Board Risk Committee</b></p> <p>PH advised that the Board Risk Committee had reviewed the Trust's Corporate Services risk profile, and there are currently no areas of significant concern.</p> <p>PH highlighted a new significant risk (scoring 15) that has been escalated due to the pressure on the Acute Medicine annual budget caused by the use of unfunded beds on Ward 35 to manage flow and capacity. Plans are in place to recover the income and thereby reduce the budget impact.</p> <p>The Trust is still carrying significant operational risks in relation to the WinPath IT system in Pathology and the backlog of Ophthalmology outpatients although progress is being made to address both of these risks.</p> <p>PH advised that the BAF was reviewed but there have been no changes to the current risk ratings.</p> <p><b>Finance</b></p> <p>NG advised that the Finance Committee met yesterday. The Trust is on target to deliver £41.2m deficit for this year but will breach the agency cap ceiling. The CIP is on target to deliver this year. The gap between the risk adjusted schemes and the target is now below £300k, the only downside is that it includes £2.8m of savings that are non-recurrent which will present an additional challenge next year.</p> <p>NG advised that the Finance Committee also requested sight of the CIP pipeline for next year to be reported from Jan 2017 to ensure visibility of the plans for the next year in preparation for April 2017.</p> <p>NG advised that there is still no resolution to the challenge made by the Trust to NHSI regarding next year's control total.</p> <p>NG anticipated achieving the agency cap by April 2018.</p> <p><b>Quality Committee</b></p> <p>TR assured the Board of Directors that the Quality Committee are obtaining assurances through PSQB.</p> <p>The Quality Committee acknowledged the significant progress that has been made in reducing the number of incidents across the Trust of 'wrong blood in tube'.</p> <p>The Quality Committee also acknowledge the work and contribution to the Trust made by Richard Scott – Medical Physics.</p> <p>The Board of Directors NOTED the reports.</p>		

<b>16/318</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
	No requests were made.		
<b>16/319</b>	<b>ANY OTHER BUSINESS</b>		
Discussion Start Time	TR stated that it would be helpful for NED's to be notified when a paper will be issued to enable appropriate due diligence.		
Discussion End Time	PM stated that if a paper is reviewed and re-uploaded on BoardPad, any notes that have been made by the individual on BoardPad are lost.		
<b>16/320</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 25 <sup>th</sup> January 2017.  There being no further business the Chair declared the meeting closed at 16:00.		
<b>16/321</b>	<b>CHAIR DECLARES MEETING CLOSED</b>		
<b>16/322</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
Discussion Start Time	IH stated that a recent press report claimed that all NHS Trusts in the Country are failing to review all deaths and enquired where SFHFT stood nationally. AH advised that considerable work has been conducted with toolkits and avoidable matters are being tracked. SFHFT are currently reviewing all level 2 deaths and AH anticipates achieving the target by 1 <sup>st</sup> April 2017.		
Discussion End Time	JBA felt that although the situation is improving, some patients are still not offered Newark Hospital as a first choice, it is always KMH. PW advised that progress is being made. Communication is maintained with the Gateway and the CCGs to ensure that choice is offered. RH advised that EMAS check waiting times at sites and take patients to the facility with the shortest waiting times.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.  Dr Peter Marks <b>Acting Chair</b>		
	<b>Date</b>		