

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on Wednesday 25<sup>th</sup> May 2017 in Classroom 1, 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	
	Graham Ward	Non – Executive Director	GW
	Ruby Beech	Non – Executive Director	RB
	Claire Ward	Non – Executive Director	CW
	Peter Herring	Chief Executive	PH
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Paul Robinson	Chief Financial Officer	PR
	Julie Bacon	Director of HR & OD	JB
	Roz Howie	Chief Operating Officer	RH
	Suzanne Banks	Chief Nurse	SB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Moore	Director of Governance & Quality Improvement	PM
<b>In Attendance:</b>	Joanne Walker	Minutes	
	Keeley Dring	Ward Sister – Mansfield Community Hospital	
	Denise Smith	Deputy Chief Operating Officer	
	Jacqueline Taylor	Acting Director - NHIS	
	Mike Press	Head of Technical Solutions - NHIS	
	Angela Hawley	ICT Solutions Specialist - NHIS	
	Dale Travis	Divisional General Manager – Medicine	
	Jenny Kightley	Communications Specialist	
<b>Observers:</b>	John Kerry	Member of the public	JK
<b>Apologies:</b>	Dr Andrew Haynes	Executive Medical Director	

Item No.	Item	Action	Date
16/460	<b>WELCOME</b>		
	The meeting being quorate, JM 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.		
16/461	<b>APOLOGIES FOR ABSENCE</b>		
	Apologies were received for Andy Haynes – Medical Director.		
16/462	<b>DECLARATIONS OF INTEREST</b>		
	JM declared his position as Chairman of the University Hospitals of North Midlands NHS Trust.		
16/463	<b>PATIENT STORY</b>		
36 mins	<p>KD presented the patient story.</p> <p>SB enquired if the patient had indicated what could have been done better by SFHFT to improve their care. KD advised that the uncertainty and conflicting information was the main concern of the patient and relatives but the overall level of care was excellent.</p> <p>TR enquired if this was KD's only experience of pressure to discharge a patient or if there had been other occasions. KD advised that this was not the only occasion. TR stated that the Trust want a culture where staff can voice their opinions and be heard. KD felt comfortable raising concerns and felt that her opinions would be heard.</p> <p>PH enquired if KD felt under pressure to discharge this patient. KD confirmed that there was pressure from the Discharge Team and whilst understanding that flow is very important, KD felt that the patient's needs must come first and on this occasion, the patient was not fit to be discharged. KD felt that it would have been more appropriate to conduct the procedure sooner which would have reduced the hospital length of stay.</p> <p>RH enquired if it was the Flow Team or the Integrated Discharge Team that pressurised the patients discharge. KD confirmed that it was the Integrated Discharge Team.</p> <p><b>Action: The processes of the Discharge Team to be reviewed.</b></p> <p>RH was concerned with the length of time this patient had to wait for the procedure. KD advised that efforts were made to try to speed up the procedure.</p> <p>KD advised that the lessons learnt were that clear communication, particularly between different teams and the ability to offer a proposed date of surgery would have improved the patients experience as would the reduction of unnecessary appointments at KMH whilst an in-patient at Mansfield Community Hospital.</p>	RH	29/06/17

	<p>An orthopaedic consultant review whilst on Lindhurst Ward and the consideration of non-acute interim care placement would have also improved the patient's experience.</p> <p>KD stated that the patient and family were very happy with the care received.</p>		
<b>16/464</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
	<p>Following a review of the minutes of the Board of Directors in Public held on 27<sup>th</sup> April 2017, the Board of Directors APPROVED the minutes as a true and accurate record.</p>		
<b>16/465</b>	<b>MATTERS ARISING/ACTION LOG</b>		
	<p>The Board of Directors AGREED that the following actions were complete and could be removed from the action tracker:-</p> <p>16/426, 16/431.1, 16/432.2, 16/438.2, 16/439.1, 16/439.2, 16/439.3, 16/439.4, 16/439.5, 16/440.1, 16/440.2.</p> <p>Action 16/435 was deferred until 29/06/17 due to the cancellation of the Quality Committee meeting on 24/05/17.</p>		
<b>16/466</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM advised that today's agenda was changed to presentations and verbal updates due to the systems being unavailable to colleagues as a precautionary measure subsequent to the recent cyberattack.</p> <p>Last week was 'Dementia Week' and an event was held at KMH on 15<sup>th</sup> May, a further event is scheduled to be held at Newark Hospital on 31<sup>st</sup> May to raise awareness. JM welcomed members to attend.</p> <p>JM's visits to departments continue and meetings with external stakeholders have also been held. As themes emerge JM will inform members of the Board.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/467</b>	<b>CHIEF EXECUTIVES REPORT</b>		
3 mins	<p>PH was delighted to confirm that SFHFT had been awarded 'CHKS Top 40 Hospital' award. CHKS are a national benchmarking organisation with a wide client base of acute Trusts. There are circa 140 acute Trusts in the country and to be named one of the top 40 is very significant. CHKS assess quality indicators, data quality and clinical efficiencies to evaluate the top 40 performing Trusts.</p> <p>PH advised that furthermore, SFHFT have had two entrants shortlisted in the HSJ 'Value &amp; Healthcare' awards. Trauma and Orthopaedics were finalists in two categories, Emergency Urgent and Trauma Care and Improving Value in the Care of Frail Elderly Patients. PH was delighted to confirm that the Emergency, Urgent and Trauma Care Team were announced the winners.</p>		

	<p>Skanska were also finalists in the 'NHS Sustainability' awards but unfortunately did not win the overall award. Being shortlisted for this award is an achievement in itself and JM acknowledged the efforts that Skanska has made.</p> <p>PH advised that SFHFT are also finalists for a further two awards in patient safety, sepsis and infection control. Winners will be announced in July.</p> <p>PH felt that these achievements reflect SFHFT's journey of improvement and its aim to become an outstanding organisation.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>16/468</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>51 mins</p>	<p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b></p> <p>SB advised that for safer staffing, a number of areas have had increased fill rates. Despite the increase, there have been no links identified to harm or to falls. The mobilisation of staff to cover those shortfalls is evidenced. Weekly reporting has been introduced which identifies those areas where enhanced observations are being conducted or where there are shortfalls in relation to registered nurse staffing, this information is cross referenced daily and any areas that indicate red are visited by the matron to discuss dependency of patients with ward staff, nurses are then moved accordingly.</p> <p>As a result of the bank rate increase, there has been a rise in the uptake in bank. The recent recruitment campaign has also resulted in the appointment of 11 registered nurses; another recruitment drive will be initiated imminently.</p> <p>Although there has been a slight increase in falls, there is no direct correlation to a reduction in the workforce. SB was particularly concerned that this increase placed the Trust slightly above the national average for falls in April, although in comparison to the last two years the fall rate has significantly reduced. There has been a slight increase in repeat fallers and targeted work in those areas is underway. There is also targeted work in the areas were falls are not reducing.</p> <p>For the quality account, SB advised that focus will be directed on reducing the level of harm from falls and also reducing the number of repeat falls. To improve the work that is being conducted by the Falls Team, the Trust will be looking nationally in other organisations for best practices.</p> <p>SB advised that there has been a slight rise in crude mortality over the winter period which was reflected in January's HSMR figures, however in February crude mortality returned to 97 which is in line nationally.</p> <p>For 2016/2017 the Trust's annual threshold for infection control was 48, SFHFT reported 28 cases for the year. The same threshold has been confirmed for 2017/2018.</p> <p>There have been 4 cases of c-diff in April which is in line with the previous two years, however SB stated that there is a national shortage of Piperacillin Taxobactam (Tazocin).</p>		

This is the Trust's first choice of broad spectrum antibiotic for the treatments of sepsis. The risk is that alternatives will need to be administered which will increase the risk of c-diff. The Medicines Management Team are conducting a targeted piece of work regarding the appropriate use of antibiotic choice.

SB advised that as organisation SFHFT have been working with the CCG in relation to antibiotic consumption reduction, this shortage could increase the Trust's antibiotic consumption because by changing the type of antibiotics, the number of antibiotics being used will increase. This risk has been flagged with the CCG and with NHS England.

RD enquired as to the anticipated duration of the shortage of antibiotics. SB advised that the problem is due to the location of the manufacture which is expected to be resolved by September 2017 when normal supply will resume. SB advised that the Trust will be drip fed amounts of Piperacillin/Tazobactam, but will not receive the normal amount of supplies until September.

RD enquired as to the expected level of increased risk of c-diff. SB advised that this will be dependent on the individual's previous history and whether or not they are frail or elderly. If a patient is considered to be of high risk of C-diff, then consideration of antibiotic of choice will be made for that patient.

SB stated that 14th - 20th May was 'National Dementia Awareness Week' and was pleased to advise that the event was very well supported. Currently the Trust is screening 90.8% of eligible patients which is above both the target of >90% and above the nationally recorded average of 87.3%.

For Friends and Family Testing (FFT), work over the past 12 months has been conducted to improve both the quality of the process and the response rate which is having a positive impact across inpatient areas. Accident & Emergency response rates remain below the performance threshold and targeted support has been implemented with a structured trajectory for improvement. The new methods of collection of FFT include SMS messaging, iPad technology, direct IT link and QR code. Monthly reports were introduced in May 2017 which will improve the responsiveness to feedback.

SB advised that it was international nurses day and international midwives day in May. Over 300 cards were completed by patients and relatives of SFHFT thanking and acknowledging the work and support provided to them by the Trust's nurses and midwives.

On behalf of the Trust, SB signed the 'Time to Change' pledge, which is a commitment to tackle the stigma surrounding mental health. SB was encouraged that a number of staff members had come forward to become mental health champions.

**OPERATIONAL STANDARDS**

For emergency access within 4 hours, the Trust achieved 95.92% in April 2017 compared to 91.99% for the same period in 2016. For May, to date the Trust's performance is 95.45%.

RH was extremely pleased with the teams response to the cyberattack and although the target wasn't achieved over the weekend due to the department using manual systems and still recovering from the attack, the target was achieved every day last week which is testament to how quickly the department responded and recovered.

This performance is against an increase in ED attendances of 4.87% compared to April last year and also to the IR35 staffing constraints.

RH advised that problems with ambulance handover delays are ongoing and achieving the target of zero is challenging due to the batching of ambulances and the number of high attendances at certain times throughout the day. Nationally the % of ambulance handovers higher than 30 minutes is 14.2%, SFHFT are achieving 11.7%. The % of ambulance handover higher than 60 minutes is 3.2% nationally, SFHFT are achieving 0.6% so the Trust is performing significantly better than the national average. Further actions are being taken to improve the position but RH felt it was unlikely that zero delays will be achieved.

PH felt encouraged to see the increase in attendances at the Urgent Care Centre at Newark.

RH advised that for Referral to Treatment (RTT), The Trust consistently achieve above the standard of 92% and is well above the national average.

There are a number of specialties not achieving the RTT standard. A joint model between NUH and SFHFT is currently being worked through for Urology and for ENT. There is a national recruitment problem within Dermatology and the Trust is unable to secure a locum via IR35. Dermatology is currently not accepting 18 week referrals, 2 week wait referrals however are still being accepted and the position is reviewed monthly. This action has been necessary in order to clear the backlog that has been created and once the backlog has been cleared, the chose and book menu will be re-opened. Locum consultant availability has also caused backlogs in Diabetic, Medicine and Endocrinology clinics. RH confirmed that action plans are in place for all specialties that are under performing.

RH advised that due to the issues encountered as a result of IR35, the number of overdue patients on clinic lists has increased slightly this month but is expected to stabilise in May.

There are a number of new cases exceeding 52 weeks referral to treatment. These have been identified as a result of the introduction of additional validation to review clock start /stops. Robust action plans are in place to address ongoing difficulties with patients exceeding 52 weeks.

For diagnostic RTT, the Trust is slightly underachieving against the 99% target at 98.75%. The failing modalities are MRI, Respiratory Sleep Studies and Endoscopy. The factors causing under-performance are that 25 MRI requests from Paediatrics made via e-requesting were not received within the Radiology department. NHIS are aware of the issues and mitigating actions have been taken to resolve the IT issue.

Also, the cancellation / re-arrangement of inpatient sleep studies which are predominantly due to patient choice and endoscopy who are under capacity, primarily due to growth in referrals and patient choice are factors impacting performance. Mitigating actions to increase capacity, appoint to vacancies, increase list sizes and purchase new equipment have been implemented and delivery is expected in June 2017.

Although the diagnostic RTT target was not achieved, the Trust are on track against trajectory however, there has been a 20% increase in demand for lower and upper gastro intestinal, specifically through endoscopy as a direct result of a vague symptoms cancer campaign. This sustained level of demand continues and as such, additional lists are being provided in an attempt to mitigate the problems.

RH advised that as of 19<sup>th</sup> May, the projection for Q1 is that all the cancer standards will be achieved other than the 62 day first treatment - 2 week wait to first definitive treatment.

CW enquired if there was any more information regarding the increase in attendances, have any trends been identified and is this a national problem. RH advised that the increase is not at KMH, it is at Newark Hospital. United Lincolnshire Hospitals NHS Trust was under huge pressure in April and encountered immense problems as a result of IR35, RH suspects that patients who would normally have attended Lincoln hospitals came to the Urgent Care Centre at Newark Hospital because of this. RH expects to see a decrease in attendances in May.

**ORGANISATIONAL HEALTH**

JB advised that sickness absence figures increased in April by 0.20% to 3.71%. Short term sickness decreased by 0.04% to 1.95% and long term sickness increased by 0.25% to 1.77%.

Excluding rotational doctors, there were 46.5 FTE leavers compared to 60.1 FTE starters the turnover rate increased by 0.43% to 1.19%. The two staff groups with the most significant number of leavers were registered nurses, 18.4 FTE and admin & clerical, 10.1 FTE. JB felt that this increase was due to retirement, Easter being a popular period to retire.

The first Registered Nurse Assessment Centre was held on 25th April subsequent to a new branding campaign and microsite. All seven candidates who attended were offered roles. The new postcards have been sent out to new recruits to maintain interest and extend the welcome. Further targeted social media work will be conducted before the next Assessment Day which is scheduled for 8th June.

JB advised that the new hourly rate of pay for Bank RNs was agreed at £17.74 and will be paid from 1st June to coincide with the move to weekly pay. These enhancements have already had the desired effect as over 50 internal staff have joined the Bank and ten offers have been made to external candidates joining the RN Bank.

A Healthcare Worker Assessment Centre took place on the 15th May, 13 offers were made to backfill planned movement from the Virtual Ward.

**FINANCE REPORT**

PR stated that overall, the month 1 position is slightly worse than plan by £0.08m due to the STP element of the CIP. Activity has reduced as has expenditure relative to plan, although there is a risk that this is non recurrent based on immediate IR35 impacts. Maintaining tight cost control remains the priority for coming months.

Overall income is £0.37m below plan. NHS clinical income is £0.15m below plan. Receipt of full STF (£0.44m) is assumed based on the Trust delivering its control total and delivery of month 1 ED performance. Activity was lower than March, most significantly in ED and emergency admissions with lower conversion rates from ED. Expenditure underspent in month by £0.29m with pay underspent by £0.24m. This is largely due to a reduction in agency expenditure with agency spend in April £1.54m, £0.04m less than the NHSI cap. Driven by IR35 implementation and the appointment of additional permanent staff in April. PR felt it key that the behaviours and controls established over agency usage and cover of shifts are maintained to ensure that levels of spend do not return to the amounts seen in 2016/17.

CIP plan in month was £0.77m of which £0.71m was delivered. The under delivery of £0.06m is aligned to the STP element of the CIP. Trust wide mitigations, including the control total adjustment and interest benefits offsetting £0.13m of the £0.29m STP CIP phased in month. The Trust expects to achieve its overall CIP plan for 17/18.

The capex expenditure position was £0.20m below plan. Closing cash at 30th April was marginally above plan at £1.46m. For Better Payment Practice Code, the Trust achieved 76.1% by value of invoices paid and 50.7% by number of invoices paid, within 30 days. PR advised that Better Payment Practice Code performance needs to be improved.

JM requested that the Board of Directors, in order to be more proactive, consider what is of most concern to them.

NG advised that his main concern was the achievement of the control total and considered the STP element to be a significant risk.

RB's main concern was recruitment. HCA's are going into training to become an Associate Nurse and potentially an Apprentice Nurse. RB felt that the idea of 'growing your own' was invaluable and schools should be targeted to develop the interest of younger people. RB felt that over a 5 year period, the Trust would reap the rewards.

TR's main concern was understanding when green actions (of the former Quality Improvement Programme) are slipping into amber and identifying them before it occurs.

RH's concern was sustainability and improvement of performance with the potential impact of system wide models if not fully worked through and the Trust's ability to continue to deliver performance.

RD was concerned about the potential of future cyberattacks and the Trust's resilience to them.



	<p>JM enquired if the Board of Directors required more assurance on any of the issues in the performance report and in particular sustaining and improving further performance as it was important to look forward if SFHFT was to become outstanding.</p> <p>PH stated that from a risk perspective, the Board Risk Committee had discussed horizon scanning, and looking further than the next 12 months.</p> <p>PM felt that a 3 – 5 year horizon was preferable. There are 4 anchors which are elements to good governance, insight, foresight, control and assurance. PM felt that foresight alongside the Trusts strategy could engineer the performance framework that alerts the Board of Directors to matters long before they develop into problems. PM advised that the performance framework and how it should look has been discussed by the Executive Team.</p> <p>CW felt that it was important to have the ambition to take control of some of the system wide projects and to recognise the impact it will have on the Trust. CW was keen to understand how SFHFT are able to push out into the community, take control and help to run and provide leadership in the community. CW felt that this would demonstrate an the outstanding nature of the Trust.</p> <p>PW suggested that a deep dive be conducted into system wide work in terms of the STP and Better Together Alliance but felt that this should be conducted as a Board and not as a sub-committee of the Board. PW felt that workforce was at the base of the pyramid as it connects with many things and if deep dives are to be conducted, there is a case to be made for a detailed piece of work on workforce initially, elements could then be delegated to the sub-committees. PW felt that a process should be constructed to enable this to be done sequentially.</p> <p>JM confirmed that the Board of Directors can delegate the authority to do work but cannot delegate the responsibility.</p> <p><b>Action: The Executive Team, building on the discussions that had already taken place, consider how to strengthen assurance on key risks to future performance on a one year and a 3-5 year horizon.</b></p> <p>The Board of Directors were ASSURED by the report.</p>	Execs	29/06/17
16/469	<b>ADVANCING QUALITY IMPROVEMENT PROGRAMME PROGRESS REPORT</b>		
2 mins	<p>PM conducted the presentation and explained the scope of the 8 elements of the programme:-</p> <ol style="list-style-type: none"> <li>1. <b>Patient Safety Culture</b></li> <li>2. <b>Nerve Centre</b></li> <li>3. <b>Mortality</b></li> <li>4. <b>Senior Review of medication and high risk medicines</b></li> <li>5. <b>Hospital 24</b></li> <li>6. <b>Discharge</b></li> <li>7. <b>Mental Health/Learning Disabilities</b></li> <li>8. <b>Patient Information</b></li> </ol>		

	<p>PM explained that the Board of Directors will have the overall accountability for the delivery of the Advancing Quality Programme and assurance of progress and achievement will be obtained via the Quality Committee. External assurance and challenge will be provided by our Regulators and Commissioners. The programme will be overseen by the Advancing Quality Programme Board, which is chaired by the Director of Governance and Quality Improvement. Executive Sponsors will be accountable for delivery of each individual Programme.</p> <p>PH confirmed that quarterly reports will be submitted to the Board of Directors.</p> <p>JM felt that improving palliative care was important and enquired if this was included in the programme. PM confirmed it was.</p> <p>JM felt it important to clarify that managerial accountability goes up through the Executives and the role of the Advancing Quality Programme Board should be clearly defined.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>16/470</b></p>	<p><b>NHSI SELF CERTIFICATION</b></p>		
<p>1 min</p>	<p>SC advised that NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available, if providing commissioner requested services, and have complied with governance requirements.</p> <p>The Trust must self-certify three declarations which are required by the NHS provider license. SC presented the statements:-</p> <ol style="list-style-type: none"> <li>1. Condition G6 (3) - Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.</li> <li>2. Condition FT4 (8) - Providers must certify compliance with required governance standards and objectives.</li> <li>3. Condition CoS7 (3) - Providers providing CRS have to certify that they have a reasonable expectation that required resources will be available to deliver the designated service.</li> </ol> <p>The Board of Directors considered and APPROVED the self assessment statements as confirmed.</p>		
<p><b>16/471</b></p>	<p><b>CQC REGULATION CHANGES</b></p>		
	<p>EJ advised of the new CQC Regulatory Framework. The message was to 'Do a good job everyday, as everyday could be the day'.</p> <p>EJ explained that the CQC were moving to a 3 year Inspection Cycle. For core service and well-led inspections, new ratings will be given. New ratings will build on the current rating grid but will remain subject to the overall aggregation tool.</p>		

	<p>Additional Responsive (announced/unannounced) visits will be called at any time as intelligence directs.</p> <p>The focus of inspections:-</p> <ul style="list-style-type: none"> <li>• Will ensure that the Trust is providing appropriate care for the local population</li> <li>• Will continue to assess against 5 key domains</li> <li>• Will instigate a 'Responsive Visit' on receipt of specific intelligence or concern (Trust will not be re-rated or receive a formal report but will receive immediate feedback)</li> <li>• Will trigger a visit where there is a breach or potential breach of licence</li> </ul> <p>There is no longer a requirement for a formal wider stakeholder Quality Summit on publication of a report. Where concerns have been raised a Quality Summit may be requested at a point post the inspection to ensure system-wide progress and support.</p> <p>New guidance for providers will be issued post-election. Never events will incur a much harsher approach.</p> <p>The Board of Directors NOTED the content of the report.</p>		
<p>16/472</p>	<p><b>ASSURANCE FROM SUB COMMITTEES</b></p>		
<p>10 min</p>	<p><b>Board Risk Committee</b></p> <p>The Committee discussed in depth the recent cyberattack, cyber security and digital continuity risk. PH advised that these matters will remain a high priority of the Committee. A debrief report from NHIS is awaited.</p> <p>PH advised that the Committee received assurance reports from three Divisions. Medicine Division's biggest risks remain the availability of medical and nursing staff across multiple services, and the safe management of patient flow. For Estates &amp; Facilities, the current condition of the retained estates and in particular the building used for Sterile Services and the Pharmacy Aseptic Dispensing Unit (ADU) at King's Mill Hospital was highlighted. The Committee agreed that the development of a plan for the future location of these services remains a priority and would need to be resolved within one month. For Training &amp; Development there remains a substantial risk in relation to the continued provision of external funding for training, which may impact on the Trust's ability to provide training for specialist roles in particular. Further details are expected to emerge in the next 3 months.</p> <p>PH alerted members to the potential impact on service continuity if industrial action is agreed by the nursing profession. Members of the Royal College of Nursing have voted 80% in favour of a ballot. Due to the volume of nurses within SFHFT, the impact of industrial action could be far greater than that encountered during the Junior Doctor's strike and action plans will be developed in depth.</p> <p>PH advised that the Committee also reviewed the BAF.</p>		

PH suggested that a future Board Development Session should be scheduled to fully discuss risk appetite.

**Finance Committee**

NG stated that the Committee's focus had shifted to forward looking and a programme of deep dives into certain areas of divisional performance have been implemented to ensure that matters remain on track during the course of the year.

Financial performance for the month was satisfactory and NG was pleased to note that agency costs came in less than cap.

NG advised that the major area of risk is the achievement of the CIP target which is £16.3m for the year, of which £10.0m relates to SFHFT and £6.0m relates to the STP. The forecast is £11.2m so there is a £5.1m shortfall. The major areas of shortfall are currently in length of stay which has a £1.9m shortfall and service review / decommissioning which has a £3.0m shortfall. There is particular concern around the Alliance CIP Programme and the CCG's PMO Lead has been invited to attend the next Finance Committee.

NG advised that the performance of the Urgent & Emergency Care division was scrutinised and found to have had a good start to the year as per plan, however there are always challenges, particularly with aligning cost as revenue fluctuates according to demand. IR35 also continues to present significant problems within this division. The division have been invited on to report back to the Committee in 6 months.

NG advised that a deep dive was also conducted into Length of Stay (LoS). Assurance was received by the steps that are being taken to improve LoS, particularly with bed modelling which has new software to facilitate more accurate modelling.

NG advised that the Trust's cash position is good for the foreseeable future but dependant on obtaining cash on time from NHSI. If cash is delayed then this could result in a two week deferral to creditors.

RD enquired if the Better Payment Practice Code performance was linked to cash problems. PR confirmed that the Trust did not have cash flow problems and that what NG was referring to is the CCG income, not NHSI income. Currently SFHFT has an agreement with one of the CCG's that payment is made two weeks early but there is no assurance that this arrangement will continue and is under consideration by that CCG.

**OD & Workforce Committee**

CW advised that the Committee met on 11<sup>th</sup> May and had previously approved the main OD & Workforce strategy that is underpinned by six plans.

A Staff Pulse Survey was recently conducted for Q4 2016/17 which was subsequent to the last national survey. The main question was regarding staff appraisal and the Committee concluded that some questions needed to be redefined to enable the best information to be retrieved.

	<p>The Committee were assured that staff would recommend the Trust as a place to work and to receive care which is consistent with the Friends &amp; Family Test responses.</p> <p>CW advised that the Committee also received their first Health &amp; Safety report which is now a regular agenda item. One of the main problems identified was storage and the difficulties in accessing archives. This has been escalated to the IG Group. Work is also being conducted with Skanska to resolve the problem accessing archives.</p> <p>CW advised that a report regarding mandatory safeguarding training was also received and confirmed that this training is being extended within trust in accordance with new regulations.</p> <p>The Committee also considered the problems arising from IR35.</p> <p>CW advised that some overseas nurse recruitment drives had been frozen to enable more concentration on the home audience. Nursing capacity and availability within the local community is being considered in a number of different ways.</p> <p>TR advised that the Quality Committee meeting was cancelled but members had met to discuss the Quality Account. A presentation was also conducted regarding the format of the new CQC inspections.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
<b>16/473</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
3 min	<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>• SFHFT's Awards</li> <li>• New CQC Framework</li> <li>• Quality Improvement Programme</li> <li>• Concerns regarding the achievement of the CIP</li> </ul>		
<b>16/474</b>	<b>ANY OTHER BUSINESS</b>		
5 min	<p>The Board of Directors acknowledged the hard work of NHIS and expressed their appreciation for their professionalism in managing the recent cyberattack.</p>		
<b>16/475</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 29<sup>th</sup> June 2017 at Holy Trinity Centre, Newark.</p> <p>There being no further business the Chair declared the meeting closed at 16:05.</p>		

16/476	<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> <span style="margin-left: 300px;"><b>Date</b></span></p>		

16/477	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b></p>		
	<p>JK enquired if SFHFT would reach full capacity of staff. SB advised that there was a significant gap and that this was not something that will be resolved quickly, it is a long term piece of work. SFHFT are competing against partners who also have a significant gap. A huge amount of work has been conducted with recruitment campaigns and this work continues but in addition, other types of roles nationally are being considered, roles that can be developed to support the workforce of the Trust. SB explained the important of looking at different ways of working. The Chief nurses within Nottinghamshire are now working to try to resolve staffing problems collectively which SB felt was very positive.</p> <p>JK enquired if the reason that the hospital wasn't being used to full capacity was due to a lack of staff. PH confirmed that activity was not being reduced due to staffing levels. The use of SFHFT hospitals was being maximised in terms of the demand that is presented. JM stated that staffing is a fundamental challenge to the whole of the NHS and because of the demographics of SFHFT, will continue to present challenges.</p> <p>JK enquired if the discharge system would be improved and advised the Board of Directors of his own recent experience where some patients were observed to have to wait over two hours to obtain medication. RH advised that the turnaround times for pharmacy are within the times expected but felt that fundamentally, a more proactive approach to discharge planning arrangements was required such as the preparation of take home medications the day before the patient is to be discharged. RH felt that at the point that the patient is transferred to the discharge lounge, everything should be done and only transport awaited. RH confirmed that improvement in discharge was included in a workstream of the Quality Improvement &amp; Assurance Programme.</p> <p>JK enquired if there was a timescale for obtaining take home medications. RH advised that the Trust doesn't have a target time at present but was something that could be considered. JM felt that JK's point was fair and that the Trust should be setting standards.</p> <p>JM assured that the matters raised by JK will be taken to the relevant Groups/Committees for their attention.</p> <p><b><i>ACTION: Timescale be agreed for obtaining take home drugs.</i></b></p>	RH	29/06/17