

**Sherwood Forest Hospitals NHS Foundation Trust**  
 ('SFH', 'the Trust' or 'the Board')

**Un-Confirmed MINUTES** of a Public meeting of the Board of Directors held at 09:30am on Thursday 26<sup>th</sup>  
 May 2016 in Board Room 1, Level 1, King's Mill Hospital

<b>Present:</b>	Sean Lyons	Chairman	SL
	Ruby Beech	Non – Executive Director	RB
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Tim Reddish	Non – Executive Director	TR
	Dr Peter Marks	Non – Executive Director	PM
	Neal Gossage	Non – Executive Director	NG
	Peter Herring	Interim Chief Executive	PH
	Paul Robinson	Chief Financial Officer	PR
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Jon Scott	Interim Chief Operating Officer	JS
	Julie Bacon	Interim Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SB
	Dr Andrew Haynes	Executive Medical Director	AH
	Paul Moore	Director of Governance	PMr
<b>In Attendance:</b>	Eric Morton	Improvement Director	EM
	Alison Reynolds	Interim Head of Communications	AR
	Lynn Smart	Clinical Lead for Outpatients and Diagnostics	LS
	Ann Gray	Patient Services Manager	AG
	John Wood	Governor	JW
	Robin Sturch	Cymbeo	RS
	John Kerry	Member of the Public	JK
	Joanne Walker	Minute Secretary	
<b>Apologies:</b>	Ray Dawson	Non – Executive Director	
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
16/126	The meeting being quorate, SL declared the meeting open at 10.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
16/127	It was CONFIRMED that there were no declarations of interest relating to items on agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
16/128	It was CONFIRMED that apologies for absence had been received from Ray Dawson – Non-Executive Director and Shirley Clarke - Head of Corporate Affairs & Company Secretary.		
	<b>PATIENT STORY</b>		
16/129	<p>PW advised that six months ago, certain aspects of the Trust's Outpatients processes which includes bookings, appointments, attendances and follow-up appointments were dysfunctional which had led to significant detriment to many patients. An Outpatients Improvement Programme was established to focus on areas of concern and its success has delivered huge improvements to the department. PW introduced Lynn Smart – Clinical Lead for Outpatients and Diagnostics and Ann Gray – Patient Services Manager to share this success.</p> <p><b>Call Centre and Booking</b></p> <p>AG advised that In January 2016 there were more than 8000 overdue review/follow up patients, some dating back over 12 months. Booking and call centres were under resourced and patient appointments were being booked and cancelled at very short notice with many clinics cancelled under six weeks resulting in patients being turned away. DNA rates were in excess of 11% and under-utilised clinics – 82.4%. There were 132 concerns per week in relation to patients being unable to speak to the appointments team.</p> <p>The call centres opening hours were extended to cover 8-8 Monday to Friday and 8-1 Saturdays which was more convenient for patients to make, change or cancel appointments. Call centre technology was implemented along with an investment in additional resource. The text reminder service was also improved. In addition, a consistent on the day DNA process was launched across outpatient services and events in the KTC street and at Newark to encourage patients to update their demographic details were held.</p> <p>As a result of these changes, clinic utilisation has increased from 82.4% (Jan 16) to 86.9% (April 16). DNAs have reduced from 11.35% to 8.25% and concerns have reduced from 132 to 16 per week.</p> <p>The programme has achieved a saving of £235k through the reduction in wasted slots.</p>		

**Case Note Store & Clinic Prep**

AG advised that there had been a high volume of missing case notes, circa 200 per month and this had resulted in a high number of complaints from clinical staff with cancellations and long delays in clinic for patients awaiting delivery of case notes.

Improvements have been made and the availability of case notes for clinics is now consistently above 99% across all sites.

**Outpatient Reception**

AG advised that there were 9613 un-reconciled appointments some dating back over 12 months. There were insufficient staff to man all reception desks and as such staff were not being released for training. The self check-in system was out dated and equipment regularly failing. There was also a lack of clear systems and processes to guide staff.

Improvements were made that eradicated the clinical risk for un-reconciled appointments. 97% of all outpatient appointments are now reconciled within 5 days and all within 10 days. A new reception structure was implemented, investment made in staffing and standard operating procedures were developed.

A saving of £376k has been achieved through improvements in the effectiveness and efficiency of clinics.

**Outpatient Nursing**

LS advised that a high level of complaints regarding poor communication in clinics, 6 per month on average, had been experienced. Contributing factors included a lack of clear processes with regards to chaperoning, nursing pathways that were disjointed and a lack of continuity, resulting in long waits and overcrowding in clinics.

Communication Boards and leadership rounds were implemented to ensure that patients are informed of waits in clinics. A new chaperoning policy was implemented and posters displayed in all clinic areas. Nursing staff are now documenting the offer of a chaperone within patients records. Clinic waiting times are audited and shared with divisional leadership teams and a patient held plaster-cast passport is issued to patients providing advice and contact details. New patient pathways were implemented to improve the experience in Ophthalmology and new training opportunities were developed that are competency based for HCA's to deliver eye drops and for the development of plaster technicians to support patient pathways.

Other changes include the access booking and choice policy that has been reviewed of which staff have been trained in key aspects, patient flow which has been reviewed in clinics 1 and 8 and changes made to improve waiting times and environmental improvements that have been made to create quiet rooms within clinics. A dashboard of key performance indicators has also been developed to ensure leadership teams and staff know that high standards are being maintained.

AG advised that the above improvements have affected 300,000 people and as a result of the success of the programme, the team have been asked to assist NUH with their outpatients processes.

	<p>PM enquired what factors had resulted in the success. AG advised that ownership, senior management support and focus were all contributing factors. There had been good staff engagement and all members of staff had been involved.</p> <p>The Board of Directors thanked LS and AG for what they described as an amazing example of further improvement within the Trust.</p> <p>AG advised that plans were underway to share this success with clinicians and patients and for stands to be situated in outpatients. SL requested that the presentation be conducted at the next COG forum or meeting.</p> <p>TR suggested that in Ophthalmology, a poster would be inappropriate and a text message advising of a chaperone service would be more appropriate.</p> <p><b>Action: Meeting to be arranged with AG, LS, TR and reception staff to obtain a blind persons perspective of reception and waiting areas.</b></p>		
	<b>MINUTES OF THE MEETING HELD ON 28<sup>TH</sup> APRIL 2016</b>		
16/130	<p>Following a review of the minutes of the public meeting held on 28<sup>th</sup> April 2016, an amendment was requested to page 9, paragraph 7, 'NHIS' to be changed to 'NHSI'.</p> <p>Pending the above amendment the Directors APPROVED the minutes as a true and accurate record.</p>		
	<b>MATTERS ARISING / ACTION LOG</b>		
16/131	<p>The Board of Directors APPROVED the following: -</p> <p>Action 84 – to be deferred to 6<sup>th</sup> July 2016.</p> <p>Actions 87, 88, 89 and 90 were closed and are to be removed from the tracker.</p>		
	<b>CHAIRMAN'S REPORT</b>		
16/132	<p>The Chairman presented his report and advised that there had been a lot of interaction with the Governors over the past few weeks. The election process concluded on 28th April 2016 and 12 Governors have been appointed. Introductory meetings with the Non-Executive Directors are underway.</p>		
	<b>CHIEF EXECUTIVE'S REPORT</b>		
16/133	<p>PH presented his report and advised that the Junior Doctor dispute has now been settled and there will be no further strike action. It is anticipated that the proposed Junior Doctor's contract will be complex to administer and monitor in terms of hours worked by the Junior Doctors.</p> <p>NHS Improvement has issued a letter clarifying the issue of competitive tenders for NHS services. CCGs must ensure that they secure the best deal for their patients by contracting with the most appropriate providers.</p> <p>A letter was received from Wendy Saviour, Director of Commissioning Operations (North Midlands), NHSE and Frances Shattock, Regional Director (Midlands and East) NHSI requesting that the Trust's performance trajectory for Quarter 4 of the Four hour Emergency Access Standard be reassessed and that we submit a "more ambitious trajectory". Our initial trajectory</p>		

	<p>was for achievement at 95%. After a thorough review of historical demand and performance we have 95.68% for Quarter 4 which relies on a reduction in ED demand and DTOCs to achieve Quarter 4. The Trust response also highlights the need for a single trajectory for the merged Trust.</p> <p>CNCS, who have been providing PC24 at KMH and Out of Hours (OOH) support to Newark and MCH, have announced its intention to file for administration and ceased providing services on Thursday 12th May. In Nottinghamshire, OOH and services in the Primary Care 24 at King's Mill Hospital, urgent care at Newark Hospital and OOH support at MCH will transfer to Nottingham Emergency Medical Service (NEMS). Care Home support services will transfer to Nottinghamshire Healthcare NHS Trust.</p> <p>The Leicestershire, Leicester and Rutland Out of Hours service and Loughborough Urgent Care Centre, services will transfer to Derbyshire Health United. Derbyshire Health United is an experienced provider organisation, already managing out of hours services in Derbyshire as well as NHS 111 for the East Midlands.</p> <p>PW advised that a request was submitted and unanimously approved at the Alliance Leadership Board meeting on 25<sup>th</sup> May that the membership join the Alliance as a Board member.</p>		
	<b>LONG TERM PARTNERSHIP</b>		
16/134	<p>PR advised that LTP planning for the merging of SFHFT and NUH on the 1<sup>st</sup> October 2016 continues. The short term clinical support and integration is progressing well.</p> <p>NHSI's Board are meeting today to agree their proposal as to the legal form of the new organisation and this information will be circulated to Board members in due course.</p> <p>A formal submission to the CMA is being prepared. This merger notice will be submitted formerly wc 20<sup>th</sup> June and will trigger the 40 day phase 1 review which is expected to conclude mid-August. If the phase 1 review is unfavourable, there will be an impact on 1<sup>st</sup> October merger date.</p>		
	<b>INTEGRATED PERFORMANCE REPORT</b>		
16/135	<p><b>Mortality</b></p> <p>AH advised that crude mortality had increased in January as expected but HSMR has remained within range at 90. This is reflecting the work of the previous 6 or 7 months. The end of the year position is expected to be improved. A mortality surveillance group has been established with electronic data recording. The national lead for mortality visited the Trust yesterday and it is clear that the direction of travel of the Trust in moving towards reviewing all deaths is very much in line with the national direction of travel.</p> <p><b>Sepsis</b></p> <p>AH advised that the Trust is consolidating work in this area. The performance in admission areas has continued to be above the national expectations as part of the CQUIN for this year. The Trust is moving away from weekly reporting in those areas and are now conducting monthly assurance reporting. The focus on the wards continues but has moved into deteriorating patient group.</p>		

**Medicines & Safety**

AH advised that a lot of work had been conducted over the last 15 months which has significantly improved the position. The Trust are now performing above the national average on most of the parameters on the national safety thermometer.

SB advised that the third priority has changed for 2016/2017 to medication.

**Falls**

In April the Trust's patients sustaining harm from falls reduced from 19 to 9 in March and work continues to raise the profile of falls and the prevention of harm. The work that has been done and the lessons learned with regards to falls will be shared with the falls team at NUH.

**Infection control**

There have been 5 cases of C. Difficile year to date and as such the Trust has exceeded the threshold which was set at 4 in April. There is a focus on anti-microbial prescribing and a big focus on delays in sampling which relates to labelling and rejection of received samples.

**Safety thermometer**

Harm free care is above the national average at 96.9%.

**Safer Staffing**

There are six areas this month where the fill rate fell below the planned requirement but there is no evidence of adverse events or harm in any of these areas as a result.

Revalidation was introduced from 1<sup>st</sup> April 2016 for nurses and midwives, 59 of our staff have successfully revalidated so far.

**Cancer**

JS advised that the Trust met all cancer standards in March 2016 and therefore achieved compliance of all standards for Q4. All cancer standards are on track to achieve in April but May could be at risk as diagnostic and treatment dates are awaited from providers. A further complication is the cancer data system orian which is transitioning to infoflex. This has resulted in reduced visibility of data that is currently requiring significant manual work around.

**Four Hour Wait**

Performance for April 2016 was 91.99% an improvement of 2.6% on March 2016. The Trust had a 0.6% decrease in attendances in April 2016 compared to April 2015 although the reduction in attendances was during the last 10 days of the month. Actions to improve performance will be presented in June IPR.

ED performance for the region and nationally in April shows the Trust 37th out of 135 Trusts and for 2015/16 the Trust was 19th.

**Referral to Treatment Times**

JS advised that the Trust continues to perform above 92%.

The new PTL will be implemented on 1<sup>st</sup> June. Running the new PTL in shadow has shown that there is a slight reduction in achievement but it is still above 92%.

The diagnostic target DM01 was achieved in April, there had been problems with paediatric and adult sleep studies. Paediatrics have been resolved but there is still a problem with adult sleep studies.

The Trust continues to achieve in Endoscopy. 4 months waiting time data has been collated to support the JAG accreditation who will be visiting the Trust in July 2016.

The number of outpatients who are overdue on the review list has reduced by 1000 from March.

306 outpatients appointments were cancelled in April as a direct result of the Junior Doctor's strike. This had an impact on the Trust's cancellation rate.

The Trust are working with the CCG with regards to the Trust's new to follow ratios.

Cancelled in-patient operations – there were 35 electives cancelled in April due to the industrial action, this is a slight increase on previous months.

Theatre utilisation continues to improve and a pilot that manages pre-ops for patients differently is underway. This is expected to reduce the need for cancellations.

The discharge lounge that was situated in clinic 9 has now been relocated on ward 35. Taking the learnings from woodland Ward, work is underway to make the discharge lounge a nice and welcoming environment with pictures and TV screens that are currently being installed. This move has increased the lounge's capacity not only to take seated patients but also patients requiring beds, the number of patients passing through has increase significantly from an average of 22 to 37, peaking at 45. However, when the discharge lounge takes patients that are on beds and require antibiotics or IV, more than one nurse is required to ensure they are safely managed and as such a business case is being prepared to accommodate this which may have an impact on the cost of running the discharge lounge.

ED performance for the region and nationally in April shows the Trust 37th out of 135 Trusts and for 2015/16 the Trust was 19th.

#### **Finance**

PR advised that the deficit for April is £6.74m, £0.18m ahead of plan. The deficit includes Long Term Partnership costs of £2.51m, based on accruing to plan whilst discussions continue with NHS Improvement. The Trust's financial services risk rating is 2 against a plan of 2. The year to date cost improvement delivery is £0.42m against plan of £0.39m. Capex is behind plan in April with expenditure of £0.12m against plan of £0.66m. Closing cash position at 30th April was £1.52m, £0.07m higher than plan. Better payment practice code YTD performance is 93.9% by value of invoices paid and 87.0% by number of invoices paid, within 30 days. The Trust's cash balance as at 30th April was £1.52m, which is marginally above the WCF requirement to hold a minimum balance of £1.45m.

**Sickness Absence**

JB advised that the overall sickness levels have decreased by 0.11% in month to 4.03% (March 4.14%). Short term sickness has remained static (2.09%) and long term sickness has decreased from 2.05% to 1.94% (0.11%).

A deep dive was conducted on sickness absence at the OD & Workforce Committee meeting which identified that Monday's absence was double that of other days. Further analysis will be conducted to identify any anomalies and the Trust will continue to rigorously apply the sickness policy.

**Appraisal**

Trust wide appraisal compliance has remained static at 90% for April 2016 (90% for March and 89% for February). Trust-wide there are 321 outstanding appraisals compared to 352 in March.

**Staff In Post**

Staff in post numbers has decreased by 20.60 WTE's. Medical Staff decreased by 5.71 WTE; Allied Health Professionals decreased by 4.11WTE's; Unregistered Nurses decreased by 3.91 WTE.

Nurse leavers continue to fall, the number of leavers in April was 4.23WTE (March 5.71WTE) and is much better than the average expectation of 8.26WTE. The projection for Registered Nurses starting in September 16 is currently at 53.00WTE. The trust is paying for extra English language training for 35 international nurses in the hope that they will start by the end of the year.

TR enquired if the language test for the overseas nurses recruitment could be brought forward. JB advised that the test had changed this year and a lot of candidates had struggled to pass as a result. Planned support will now be offered to candidates prior to them sitting the test and as such bringing the tests forward would not be beneficial.

PM enquired that if extra support is required, is the level of English going to be the right level. JB advised that the English test is equivalent to A Level and was a timed test. JB confirmed that she had no concerns whatsoever with the level of ability as it is a very high standard of English that is required.

SB advised that 53 registered nurses were due to commence with the Trust in September although some of these students have their names down with other organisations. SB has facilitated keep in touch days and has written a welcome letter to each student in an attempt to maintain the connection.

SB advised that there was a significant gap of registered nurses and the question was asked as to whether or not the gap would ever be filled. SB met with Derby University and Health Education England to look at the nursing associate band 4 role and in particular the financial support of it. The indication was that if they take the view of offering financial support, the organisation would have to make a commitment also. Derby University offer a two year programme and by the time the standards of competency are set around the nursing associate role nationally, we will have a cohort that are at the point of an optional module. This means that we could adapt the optional module to suit which could place the Trust well ahead of the game.



	<p>PH advised that with regards to the workforce trajectory, the blue line on the graph represents a full establishment but the target position should include a degree of flexibility which is only ever covered by bank staff. JB advised that a discussion had been held regarding a flexible margin but it was agreed to follow NUH's lead who do not include a flexible margin. PH suggested that further discussion was required as to whether or not this was the best operational practice.</p> <p><b>Variable Pay</b> Variable pay was £3.88m in April against the actual budget of £2.02m. This has decreased by £825k from March but is an overspend of £1.86m against budget across all divisions. However, the actual budget in month for variable pay has increased by £1m when compared to March 2016.</p> <p><b>Training and Education</b> The overall compliance rate for Mandatory Training has increased by 1% to 86%. This rate refers to the number of competencies completed and not the number of staff compliant. All divisions have increased their compliance rate.</p> <p><b>Recruitment KPI's</b> Following the implementation of Trac, the recruitment process is monitored on a weekly basis through a series of KPIs which shows that week on week there has been a steady improvement in all key areas. A follow up survey will be carried out in May to ascertain if the improvements are felt by recruiting managers.</p> <p>PM stated that on the graph of outstanding appraisals, medicine is showing as having a lot of outstanding appraisals, but without seeing the percentages it is unclear if this translates into a high percentage or a high number of staff.</p> <p><b>Actions:</b> <i>JB to discuss with the HR Business Partners the possibility of adding percentages to the outstanding appraisals graph and to see if any further support can be provided.</i></p> <p><i>JB to provide an update of the Board of Directors mandatory training status.</i></p> <p><i>JB to arrange Hand hygiene training at the next Board Development Session.</i></p>		
	<b>QUALITY IMPROVEMENT PLAN UPDATE</b>		
16/136	<p>PMr presented the report and advised that there are currently 287 actions over 10 Workstreams within the QIP, 96% of these actions are either on track or embedded.</p> <p>There are 5 actions rated as Red, 3 within Personalised Care and 2 within Safety Culture. The actions within personalised care relate to end of life care and a review has recently been conducted by NHS Trust. Upon receipt of the report from this review, these actions will be progressed further. The two actions within safety culture relate to Clinical Governance Lead, the gap we have is in relation to Urgent &amp; Emergency care and work continues to</p>		

close this gap down. The action relating to Extended Critical Care Outreach (CCOT) support is to give access until 02.00 hours on a daily basis and utilise Vital Pac real-time monitoring as appropriate. The Trust have been unable to achieve this extension with a safe and viable rota. An analysis of other similar organisations within the area is underway to gauge the requirement and establish if an extension to the service until 02:00 is necessary.

PM advised that there are 30 actions that have been proposed to turn blue this month, 7 recommended from the Organisational Development & Workforce Committee, 18 recommended from the Quality Committee and 5 that require approval from the Board of Directors: -

Action: 1. Leadership

1.5.1 Revised Board Development programme at a collective and individual level which includes effective assurance and governance disciplines and the alignment of NEDs to Execs for effective delivery of sub-committees.

Action: 2. Governance

2.1.10 – New Quality Governance Unit established

Action: 6. Timely Access

6.1.6 Introduce new transfer protocol to transfer patients back to the wards from theatre

Action: 6. Timely Access

6.2.3 Using the ambulatory network's toolkits for 'breaking the cycle' methodology every 8 weeks

Action: 6. Timely Access

6.3.1 'Work with commissioners as well as social care and community care providers as part of the system resilience group to re-locate the assessments to community based locations.

**The Board of Directors AGREED the Workstream recommendations for embedded actions.**

**The Board of Directors AGREED the Quality Committee and Organisational Development & Workforce Committee recommendations for embedded actions.**

**The Board of Directors APPROVED the updated Quality Improvement Plan (version 5.16.2).**

PMr advised that a 12 week programme of local reviews and inspections is currently being built which will help to prepare the round for re-inspection by the Care Quality Commission and test embeddedness of the material actions (those subject to section 29 and 31). The programme which has already commenced will be rolled out over summer.

EM stated that the QIP process had been ownerous, particularly the Executive one to one's but felt that this had been extremely worthwhile and the benefits of the QIP progress are becoming the core part of Board of Directors agenda. EM felt that the Trust are ready should the CQC inspect.

	<b>6 MONTH IMPROVEMENT PLAN UPDATE</b>		
16/137	<p>PH advised that although there is still work to do within the organisation, it is important to recognise some of the achievements that have been made thus far.</p> <p><b>SAFE</b></p> <p>AH advised that the national measure of death rates, the HSMR, has been within the normal range for 7 consecutive months. This has resulted in the 2015-16 HSMR falling below 100 for the first time since 2009-10. The national ranking for HSMR has improved significantly from 2014 to 2015 by reducing the number of observed deaths and accurate coding.</p> <p>The management of patients with Sepsis has improved in terms of completing all elements of the sepsis six bundle in a timely way in admission areas.</p> <p>Errors have been significantly improved within drug administration and in particular, omitted doses of critical drugs. The Trust is performing better than the national average in this area.</p> <p>The Clostridium Difficile Infection target for 2015-16 was achieved with a significant reduction of 33% in hospital acquired cases compared to 2014-15.</p> <p>PM advised that there had been a sustained reduction in the frequency of serious incidents within the Trust. The Trust had no serious incidents in April 2016.</p> <p>AH advised that the Trust has been flagged as one of the top improving sites in the National Emergency Laparotomy Audit (NELA) for 2015 and is positioned within the top 5 nationally for post-operative geriatric assessment in the over 70's.</p> <p>Patients are reaching theatre quicker (4 hours) than the national average. The Trust is also above the national average for preoperative risk assessment.</p> <p><b>Care of the Dying</b></p> <p>SB advised that considerable work has been undertaken to improve awareness and training for staff in this area. Results in the national audit are very encouraging. There was a requirement for the Trust to appoint a Non-Executive Director to support 'End of Life' and Ruby Beech has agreed to conduct this role.</p> <p><b>Safeguarding &amp; Mental Capacity Act</b></p> <p>SB confirmed that for dementia training the Trust had achieved 88% level 1 compliance. Mental health awareness training including anti ligature measures have been implemented to ensure staff are fully trained to identify patients who may self-harm, identify and mitigate environmental risks and use relevant equipment such as a ligature cutter. Ward/Department training is 75% at KMH and staff have completed ward based training up to March 2016 with MIU 100%. This training has been replaced by 3 hour mental health awareness training from April 2016. Ligature training was included on the mandatory training programme for all staff from April 2016. Abbreviated Mental Assessments for over 75 's was implemented in ED, nursing compliance is currently 86% and medical</p>		

compliance is 48%.

### **Personalise Care**

SB advised that all of the Trust's training programmes equip staff with the knowledge and skills to deliver patient centred care. Courses are updated to reflect an evidence based practice approach and embed the Trust's quality for values. Revised medical documentation has also been developed to support a patient centred approach.

### **Falls**

SB advised that there had been a sustained reduction in the number of falls with harm per 1000 bed days from 8.15% March 2015 to 5.94% in March 2016. A substantive appointment of a Falls Nurse has also been made and a falls safety improvement programme has been implemented. The learning in this area has been shared systematically to all wards through numerous processes.

### **CARING**

JS advised that the RTT target had been achieved and a New Access Policy implemented within the Trust.

The Fracture Neck of Femur performance significantly improved in 2015 as did the Ortho Geriatric assessment.

As at the end of April 2016, the Trust had achieved a marked improvement in Duty of Candour compliance. This improvement was sustained by enabling front line colleagues to grade incidents at source of reporting and with introducing a Duty of Candour module within Datix for all moderate, severe or catastrophic incidents. 100% compliance has now been achieved for all serious incidents and 93% compliance has been achieved for all moderate and severe harm events.

PW advised that with regards to Newark the commitment to increase the range of services and improve the general utilisation of facilities continues. There is still some way to go but it is positive to be able to highlight the new services that have been introduced, particularly with regard to outpatient utilisation which shows a very significant jump.

### **EFFECTIVE**

JS advised that although the overall number of extended length of stays has increased from 245 to 257, the actual number of days has considerably reduced.

On 30<sup>th</sup> of April 2015 there were 13 outlies, in May of 2016 there were 4. This means that patients are being put in the right beds.

Theatre utilisation both at KMH and Newark has significantly increased.

### **WELL LED**

PH advised that following the CQC report, the Trust had revised the clinical structures moving to 5 clinical divisions, all of which are fully populated.

It was also identified that our medical staff should undertake leadership and managerial development, 39 Medical Leaders / Consultants have undertaken this training.

Earlier this year the Trust also established a revised Performance Management Framework and regular review process. The Chief Operating Officer and other Executives meet with Divisional Senior Management teams on 'Performance Tuesdays' to review performance.

The Board Development Programme has been running since December 2015.

**Finance**

PR advised that the Trust had delivered the 2015/16 financial outturn in line with September's forecast and that the CIP plan was also achieved. Planning arrangements have been revised to produce a robust 2016/17 budget. Robust CIP planning and PMO arrangements have been embedded. A baseline review was conducted to provide clarity and transparency of the Trust's underlying financial position.

PR advised that an agreement to 2016/17 control total and access to sustainability and transformation monies had been reached. April 2016 actuals are in line with financial and CIP plans.

For the 2015/16 regulatory requirements for short term actions, the financial governance action plan and the long term action plan were submitted and delivered within the required timescales.

**Risk Management**

PMr advised that the enhanced risk management policy and procedures were now in place and met the British Standard Code of Practice for Risk Management. The risk grading matrix has been simplified and rationalised and the approach to risk treatment was clarified and standardised to assist colleagues when improving control over risk.

These changes have been used to refresh and rebuild the risk registers at corporate and divisional levels with a plan to review more directly the risk exposures through the proceedings of the Board Risk Committee.

The Datix incident reporting system has been further developed to speed up access to information for front line teams and monitor performance and learning more directly.

**RESPONSIVE**

JS advised that for 12 hour breaches in ED, there were 17 occasions Nov – April in 2014/2015, for the same period 2015/2016 there were 0. All cancer targets were achieved in Quarter 4 of 2015-16.

For stroke patients, the Trust has achieved an 'A' rating in the national SSNAP audit in each of the last two quarters of reported data. Within the East Midlands, 2 Trusts are rated B and the other 4 are rated D.

PH felt that it was important to identify the progress made by the leadership and staff within the Trust since the CQC report.

PH advised that it was important not to become complacent but conveyed his confidence that the Trust would be well prepared should it be subject to another CQC inspection in a month or two.

	<p>PH thanked his colleagues for the achievements of staff and advised that whilst NUH have started to contribute with short term support, these achievements have been made solely by the staff within SFHFT.</p> <p>GW stated that the level of improvement was phenomenal and a real credit to everyone within SFHFT. GW advised that he had never before seen this level of change in any other organisation.</p> <p><b>Actions:</b> <b>Workforce dimensions to be added to the presentation.</b></p>	JS	06/07/16
	<b>GOVERNOR MATTERS</b>		
16/138	SL called for support from the Executive Team at the next full COG meeting on 1 <sup>st</sup> June 2016.		
	<b>ASSURANCE FROM SUB COMMITTEES</b>		
16/139	<p><b>Finance Committee</b></p> <p>NG presented the report and advised that improvements had been made with the quality and accuracy of both the planning and reporting processes with better divisional engagement. The achievement of the plan for this year will be dependent on accessing the sustainability and transformation funds and it is still not clear how this is going to work. The agency cap on nursing was breached in April and is one of the parameters that will be measured at the end of the year.</p> <p>Likewise on CIP's, NG felt confident that the CIP target in the first quarter of the year will be achieved but expressed that quarter 2 will be a bigger challenge. Overall for the whole year, the Trust can be assured that we are well on track to achieving the £12.6m target for the year, but it will include some none recurrent items within the achievement of that target.</p> <p><b>Quality Committee</b></p> <p>PM presented the report and advised that the level of scrutiny of the Quality committee is very high with a much greater degree of assurance coming through, the reports are now of good quality.</p> <p>The Committee have been assured that most of the short term issues such as short term incidents and the reduction in the number of serious incidents, is not a reduction in reporting but actually a reduction in the number of those that were of serious consequence. Some of the long term issues such as mortality have been allowed time and are now feeding through, this is all very positive.</p> <p><b>The Board of Directors APPROVED the 2016/17 quality priorities for the year ahead.</b></p> <p><b>OD &amp; Workforce</b></p> <p>CW advised that the OD &amp; Workforce Committee were fairly newly established but had already started to tackle some of the new issues that are facing the organisation around workforce, particularly in the deep dives for sickness absence and exit interview data (particularly for Newark).</p> <p>Lee Radford has conducted some excellent presentations, specifically around leadership and what has been done to encourage them to work with the talent that exists within the workforce. A very extensive piece of work</p>		

	<p>has also been conducted that goes much further than just the immediate community and the Trust are now being approached to go into schools and colleges in Lincolnshire, central Nottingham, Derbyshire and Leicestershire because it is considered that the Trust as an employer offer some attraction to potential students and the opportunity to develop.</p> <p>CW confirmed that a volunteer had stepped forward from the newly appointed Council of Governors to support the OD &amp; Workforce Committee.</p> <p><b>Board Risk Committee</b> JS advised that the last Board Risk Committee meeting was not quorate and as such no decisions were made.</p> <p>PM advised that from June the progress of the work plan would begin gather momentum.</p>		
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
16/140	<p>The Board of Directors AGREED that the 6 Month Improvement Progress Report should be communicated to the wider organisation.</p> <p><b>Action:</b> <i>The Executive Team to discuss and agree the audience of the 6 Month Improvement Progress Report and the best way to communicate it.</i></p>	ALL	08/06/16
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
16/141	<p>JK offered his congratulations to the Board of Directors on the successes that had been shared in today's meeting.</p> <p>JK suggested that all local authorities and council meetings receive the 6 Month Improvement Progress Presentation as the community are currently unaware of these successes.</p> <p>JK thanked the Board of Directors for the erection of the giant non-smoking signs but felt that members of the public were not getting the message as patients were observed smoking within the hospital grounds again today.</p> <p>JK thanked the Board of Directors for the new public transport indicator board.</p> <p>JK enquired if the Trustees would eventually be abolished under the new regime. SL enquired if JK's reference was to the Council of Governors as opposed to the Trustees. JK confirmed that his question referred to the Council of Governors. SL advised that in the event that the combined organisation is that of a Foundation Trust, there will be a Council of Governors appointed that are representative of the region that it serves. Because there will be a different footprint, there will need to be new constitution for the bigger organisation which will include the definition of the appropriate structure of the Council of Governors. If the new organisation is not a Foundation Trust then a Council of Governors will not be required. The Trust are working on the premise that the new organisation will be a Foundation Trust, but this is yet to be confirmed.</p> <p>JK requested clarification of item number 2 of the Interim Chief Executive's report "The letter stated that CCGs must ensure that they secure the best deal for their patients by contracting with the most appropriate providers".</p>		

	<p>JK expressed his concern as it appeared that Central Nottingham Clinical Services have been contracted by the Nottinghamshire Healthcare Trust. This disturbed JK who enquired if the contract would be going to competitive tender again. PH advised that CNCS were contracted directly by the clinical commissioner.</p> <p>PH was unaware if the CCG intended to re-tender this contract but stated that this would be the CCG's decision and not that of the Trust. As there are limited providers, it would be appropriate to give the contract time to see how successful it is and then make a judgement.</p> <p>PW advised that there had been recent conversations with regards to the tendering of that service but that no decision had been made. PW enforced the message that the Trust is part of an Alliance and NEMS have been accepted into the Alliance as part of that working group. The first course of action that the Alliance will take is to discuss the future of that service and how the Alliance can work collaboratively to ensure its success. PW anticipates that as long as the Alliance is successful and collaborate constructively there will be no need to competitively tender this service.</p> <p>RS congratulated the Board of Directors on its success and stated that it was heart warming and humbling to see how quickly, particularly on the clinical side, that improvements have been made.</p>		
	<b>ANY OTHER BUSINESS</b>		
	There was no other business raised.		
	<b>DATE OF NEXT MEETING</b>		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on 6 <sup>th</sup> July 2016 at 09:30am in Classroom 1, Level 1, King's Mill Hospital.		
	There being no further business the Chairman declared the meeting closed at 12:51.		
	<p>Signed by the Vice Chairman as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Dr Peter Marks</b> <b>Vice Chairman</b></p> <p style="text-align: right;"><b>Date</b></p>		