

Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 10:30am on Wednesday 6th July 2016 in Classroom 1, Level 1, King’s Mill Hospital

Present:

Dr Peter Marks	Non – Executive Director (Vice Chairman)	PM
Graham Ward	Non – Executive Director	GW
Claire Ward	Non – Executive Director	CW
Tim Reddish	Non – Executive Director	TR
Neal Gossage	Non – Executive Director	NG
Ray Dawson	Non – Executive Director	RD
Peter Homa	Chief Executive	PH
Peter Herring	Managing Director	PHr
Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC
Paul Robinson	Chief Financial Officer	PR
Jon Scott	Interim Chief Operating Officer	JS
Julie Bacon	Interim Director of HR & OD	JB
Suzanne Banks	Chief Nurse	SB

In Attendance:

Eric Morton	Improvement Director	EM
Alison Reynolds	Interim Head of Communications	AR
Alison Whitham	Divisional Head of Nursing Women and Children’s	AW

John Kerry	Member of the Public	JK
Trevor Illsley	Bayer Pharmaceuticals	TI

Joanne Walker Minute Secretary

Apologies:

Louise Scull	Chair
Ruby Beech	Non – Executive Director
Dr Andrew Haynes	Executive Medical Director
Peter Wozencroft	Director of Strategic Planning & Commercial Development

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
16/129	The meeting being quorate, PM 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.		
	DECLARATIONS OF INTEREST		
16/130	It was CONFIRMED that there were no declarations of interest relating to items on agenda.		
	APOLOGIES FOR ABSENCE		
16/131	It was CONFIRMED that apologies for absence had been received from Louise Scull – Chair, Ruby Beech - Non – Executive Director, Dr Andrew Haynes - Executive Medical Director and Peter Wozencroft - Director of Strategic Planning & Commercial Development.		
	PATIENT STORY - PERSONALISED END OF LIFE CARE		
16/132	<p>AW advised that a young lady presented to Children's services with Diabetes. The same year the patient commenced prolonged focal seizures, shortly followed by continuous focal twitching of her arms and legs. There was a poor response to anti-epileptic treatment that resulted in multiple and prolonged admissions to hospital for seizure control. The patient was eventually diagnosed with POLG which is a rare degenerative disease. The progression of the disease was loss of cognition, behaviour and motor function. –Controlling the symptoms was very challenging but more importantly it was a challenge for the patient as it was very intrusive of her life. At the height of the disease, she was taking 23 regular medications for various conditions.</p> <p>From May 2015, having been a regular visitor of the children's area for four years, the patient had become well known to staff.</p> <p>The patient wanted to be in her own home environment with her own belongings around her and not in a hospital environment. Support was initiated from the In care of Home care team and from a specialist nursing team. Multiple home visits occurred during this period for symptom control and to try to avoid some admissions. The patient wanted to contribute to her own complex personal resuscitation plan and be involved in her care plan, this care plan became her end of life plan.</p> <p>Overseeing nursing was a challenge and a number of issues of blurred boundaries arose, social media being one of them. Significant tensions were being managed which required a huge team effort. It was very difficult working through the issues and a number of tough and timely conversations were necessary. A reminder as to the appropriate use of social media was issued.</p> <p>The patient lost her life in in the summer of 2015. This was facilitated within the children's environment on ward 25. The department were very proud that they had managed to support the patient and her family's wishes.</p>		

	<p>The team had worked closely with the ward team and chaplaincy to carry out the post death wishes.</p> <p>AW made special acknowledgment to Dr Colin Dunkley who had worked closely with the family for five years and had built up a fantastic relationship with them. Dr Colin Dunkley certified the death.</p> <p>AW advised that the Child Death Overview Panel review all child deaths whether they are expected or unexpected and learning is shared. The panel, with direct input from the family, compiled a letter that acknowledged the exceptional teamwork in relation to both the clinical and emotional support that was put in place in order to support the family through their daughter’s illness and subsequent death. The letter also acknowledged how the team had worked closely with the young person and her family to individualise care and meet increasingly complex health needs, whilst accepting parents’ very different coping styles. The letter was shared with the whole team and considered a tribute to them.</p> <p>PH enquired what the learning points were. AW advised that an action learning set approach to problem solving had been developed as a result of this case.</p> <p>PM stated that during his visit to the maternity ward, he felt that there was an excellent system in place for disseminating learning within the department and enquired how this had been relayed to the rest of the organisation. AW advised that the Child Death Review Nurse feeds into the mortality and morbidity meetings across paediatrics and women’s and children’s services and confirmed that the lessons learnt had been shared with the service. They had also been shared with the nursing and midwifery board.</p> <p>TR advised that it was important to highlight to staff the possible repercussions of social media when participating in charitable events. SB advised that the Trust operates a social media policy and conduct regular communications and discussions with nurses, most recently in depth discussions were held 6 weeks ago that had been prompted by ward sisters.</p> <p>TR enquired as to the psychological support that was provided to staff within the unit. AW advised that the Chaplains were regular faces within the department and a normal part of ward teams, in there pastoring capacity they provided massive support to staff during this time and also held thanks giving services.</p> <p>CW suggested that the chaplaincy present a patient story to the Board.</p>		
	<p>MINUTES OF THE MEETING HELD ON 26TH MAY 2016</p>		
<p>16/133</p>	<p>Following a review of the minutes of the public meeting held on 26th May 2016 the Directors APPROVED the minutes as a true and accurate record.</p>		

	MATTERS ARISING / ACTION LOG		
16/134	<p>The Board of Directors AGREED the following: -</p> <p>Action 84 – A presentation is not required and instead a summary paper is to be circulated.</p> <p>Action 85, 86, 87, 88 and 89 are all complete and are to be removed from the action tracker.</p>		
	CHAIR’S REPORT		
16/135	In the absence of the Chair, the Board of Directors NOTED the report.		
	MANAGING DIRECTORS REPORT		
16/136	<p>PHr presented the report and advised that a serious internal incident had occurred on the afternoon of Sunday 26th June 2016 when a high pressure valve in the water system had failed causing a significant amount of water to flow across the car park and enter the hospital building. The Trusts response was impressive and many people went ‘above and beyond’ what was expected of them. PHr thanked Medirest for their swift actions.</p> <p>PHr advised that NHSI had published its new Single Oversight Framework for consultation. The framework aims to provide an integrated approach for both NHS Foundation Trusts and Trusts, across regulation and performance management and emphasises its renewed offer of support to the sector.</p> <p>PHr advised that an announcement had just been made confirming that the Junior Doctors had voted not to accept the new contract deal. Further updates will be provided as the matter progresses.</p>		
	LONG TERM PARTNERSHIP		
16/137	<p>PHr advised that confirmation of the legal form was still awaited. A Steering Group Committee teleconference is scheduled for tomorrow evening and it is anticipated that a resolution will be found.</p> <p>Until the legal form and associated process is confirmed, the submission to the Competitions & Marketing Association will continue to be delayed. The Committee are hopeful that the integration target date of 1st October or 1st November is still achievable. The rest of the programme remains well on track and good short term support continues to be provided by NUH.</p> <p>PH reinforced how appreciative NUH colleagues have been with the reception from SFHFT colleagues and stated that the relationship was mutually beneficial.</p>		
	INTEGRATED PERFORMANCE REPORT		
16/138	<p>Quality & Safety</p> <p>SB presented the report advising that it provided an overview of the Trust’s quality priorities that were set for 2016/2017.</p>		

<p>Mortality Priority 1 - the most recent Dr Foster data shows that the Trusts HSMR position in January was 85. It is anticipated that February's position will be 90. The Mortality Surveillance Group continues to meet monthly and the learning that is shared at the divisional level is fed into the Mortality Surveillance Group which is then cascaded Trust wide. The Mortality Surveillance Group now feeds into the Deteriorating Patient Group, which is the overarching group.</p> <p>Deteriorating Patients Priority 2 - relates to recognition and response effectively to deteriorating patients. Last year this was specifically around Sepsis and is wider now in relation to deteriorating patients. The Trusts admission data for screening for Sepsis remains greater than 90% compliance. In-patient Sepsis screening over the past two months has been greater than 88%. Despite the lifting of the section 31 notice, the Trust continues to monitor this on a weekly basis to maintain momentum.</p> <p>Safe use of Medication Priority 3 - is the new priority for this year which is improving the safe use of medication. No detailed information is contained within the report because it was agreed at the Quality Committee that the data and the way in which it was presented required review. A more comprehensive report will be presented at the next Public Board meeting but no concerns have been identified.</p> <p>Falls During May the Trust encountered 14 falls, 13 of which were low harm. This is a slight increase to 9 falls encountered in April. The level of harm from falls continues to reduce. This is a key measure.</p> <p>Infection control There was one reported case of C-diff in May which equates to a year to date total of 6. This keeps the Trust within the annual threshold.</p> <p>Hand Hygiene Compliance – May's audit figures shows 93%. Training compliance is 87% for all staff.</p> <p>Safety Thermometer – 97.2% harm free care was maintained during the month of May compared to the national position of 93.9%. Over a three month period, the Trust's average harm free care has been in excess of 96% against the national average of 94%.</p> <p>Safer Staffing May's data continues to reflect the challenge of safe staffing with 18 out of the 29 monitored areas requiring additional staffing over their plan to meet patient acuity and dependency. No areas were identified as unsafe and no increase in patient harms or nurse sensitive indicators were identified.</p> <p>The registered nurse vacancies relate specifically to medicine and work to address this is being conducted within the Nursing Taskforce Steering Group. A nurse recruitment open day was held in June that resulted in 16 registered nurse offers.</p>		
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	<p>The Trust continues to try to recruit and another open day has been scheduled in the near future.</p> <p>Care hours are now being recorded in line with national guidance. This relates to the number of in-patients at a point in time within a 24 hour period. More information will be included in next month's report.</p> <p>SB advised that there were six occasions of 'red areas' in May. Red areas are where staffing has fallen below 80% of what was rostered. There is no evidence of patient harm was identified as a result of this. There were 5 occasions of 'amber areas' in May. Amber areas are where the Trust has below 80%-90% of requirement. This is an improvement to 9 occasions in April. No evidence of patient harm was identified as a result of this. Blue areas represent an over establishment and some occasions of this have occurred during May. Blue areas arise when a patient requires specialist 1 to 1 care. These patients are assessed in line with a risk assessment and additional care is provided as a result of this.</p> <p>PM advised that a presentation regarding the in-patient survey was conducted at the Quality Committee meeting. The presentation displayed a positive result and was an improvement to that of last year.</p> <p>CW enquired as to what steps were being taken to ensure that the right quality and calibre of people were being employed within the Trust. SB advised that in-depth discussions had been held with all band 7's, matrons and heads of nursing regarding the quality of registered nurses and HCW and the consequences of appointing the right person with the wrong values. SB advised that a significant number of Health Care Assistants were interviewed recently but only a few applicants were appointed because of their values and confidence. CW enquired how this process was being followed for medical recruitment. JB advised that all appointments are made with a personal specification that has very clear criteria of what's essential and what's desirable in terms of the successful candidate. The Trust does conduct criteria based recruitment as an assessment type approach and fully ensure that references and checks are conducted. Interviewing staff are also trained in recruitment techniques. Every effort is made to ensure that once the offer is made, the individual joins the Trust. Recruitment processes have been sped up with the implementation of the new TRAC system. Keep in touch days have been introduced and every effort is made to respond quickly to any changes. As an example of this, JB advised that the student nurses coming from Lincoln will finish their course two weeks early so arrangements have been made to enable them to join the Trust two weeks earlier. Additional induction days have been scheduled to facilitate this.</p> <p>PM felt that there had been a change over the past 18 months with consultant recruitment in that people only want to recruit candidates of the right standard. Compared to other Trust's, it is a rigorous process at SFHFT, particularly with the assessment centres. The recruitment process could be sped up further.</p>		
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<p>JB confirmed that 51 nurses were under offer of employment and expected at least 45 of them to join the Trust. SB has personally written to all nurses that are due to start in September.</p> <p>JB advised that the Trust are supporting the Philippine nurses with their language test which has been changed to form 2 separate parts. The difficulties encountered by the nurses with the language test will result in them joining the Trust in the New Year as opposed to this Autumn.</p> <p>PH enquired if social media was used to develop a rapport with staff that were under offer of employment. SB advised that ED and Therapists join part of a social media group as soon as they join the Trust. JB advised that the TRAC system allows automatic actions and things such as the Staff Bulletin can be sent automatically to individuals that are under offer of employment. JB advised that further options around social media could be explored.</p> <p>Operational Standards</p> <p>Cancer JS advised that The Trust had met the cancer standards for April 16, these figures have been validated. A risk for May had been highlighted and as anticipated, the Trust failed to achieve the target in May but did improve on the anticipated result of 81.8% by achieving 83.5%. It is hoped that the Trust will achieve 86.2% in June as this will ensure delivery for both the month and for quarter 1. However this is a risk and is dependent on a number of scenarios.</p> <p>JS alerted the Board of Directors to new rules that NHS England were issuing regarding breaches. The Trust could fail to achieve the cancer 62 week target every month as a result of these new rules because the Trust will hold the breach rather than it being a shared breach with tertiary areas.</p> <p>Four hour wait JS advised that despite the rising number of ED attendances at KMH, the Trust achieved 91.99% in April and 95.2% in May. 93.92% was achieved in June. This equated to 93.74 % for the quarter which is a fail. The first couple of weeks in June were very difficult due to half term and difficulties securing cover in ED. In addition, there have been some very busy days. Monday was the busiest day for KMH with 361 attendances and a 28.5% increase in ambulances. Pressures are apparent but the Trust continues to perform above the standard.</p> <p>Referral to Treatment Times (RTT) JS advised that the Trust achieved the targets for quarter 1 and for quarter 4.</p> <p>‘Incomplete’ pathways maintain over 92%.</p> <p>The new PTL is in place but JS expressed his concern that not all 52 week breaches have been identified. In addition, a report received today identified a new 52 week breach. Investigations are underway.</p>		
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<p>Diagnostic Target JS advised that the Trust had achieved over 99% in June. The endoscopy target had also been achieved in June.</p> <p>JS confirmed that JAG will return to the Trust on 29th July at which point there will be 6 months performance data available, this is above the standard requirement.</p> <p>Outpatient & Inpatient Performance Metrics JS advised that the number of patients on the Outpatient Review List had increased. JS could not see the relevance of including this data within the report and suggested that Overdue Follow Ups or Outcomes would be more appropriate.</p> <p>Outpatient cancellations have improved. The number of cancel and re-book's reduced in June from over 1000 per month to 110. The DNA rates continue to improve.</p> <p>Discussions continue with the CCG regarding what the new, new to follow up ratio position should be. JS advised that the Trust were in a good position.</p> <p>The number of cancelled inpatient operations has reduced. This is because there were no further Junior Doctor strikes and also because the Trust has been able to ensure that appointments were made within 28 days.</p> <p>JS advised that theatre utilisation continues to improve.</p> <p>There is still a backlog in radiology with 6826 patients who are considered to be over 5 days, the oldest is 2nd June. The backlog has arisen from the implementation of the new system which is part of the EMRAD contract. A new contract has been negotiated with an external company to provide support thus ensuring that the backlog is driven down.</p> <p>JS confirmed that the risks identified are Q1 A&E 95% compliance and May 62 day cancer standard/June.</p> <p>JS advised that CNCS had recently gone into administration and that NEMS were now providing the Trusts primary care front door service. However, the number of people going through this service has significantly reduced by an average of 250 patients per month yet the number of patients attending ED has increased by 650 per month. On Monday 361 people attended ED yet only 47 people went through NEMS. Concerns have been raised and discussions are being held with the CCG regarding the contract and current situation.</p> <p>RD enquired as to the current position regarding length of stay. JS advised that over 10 day stays have increased but overall length of stay has reduced. The number of occupied bed days has improved quite considerably. On Monday, across the whole organisation, there were 100 empty beds, 31 of which were in EAU and medicine which are key areas. This is a considerable improvement. There were no medical outliers and the number of people who are in delay is improving.</p>		
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<p>TR enquired as to the impact that the challenges of pharmacy were having on the length of stay. JS advised that pharmacists were relied upon to ensure that medicines were ready for patients to take home but there had been a noticeable decrease in the number of pharmacists within the organisation and as such concentration is on key areas within the organisation.</p> <p>JS felt that a bigger problem would be with the junior doctors change over in August and how the Trust continues to manage the changes, especially with the writing up of TTO's and the reaction of the Junior Doctors having a contract imposed upon them.</p> <p>CW stated that at the recent Quality Committee meeting, members were informed that there will be a significant problem with the number of pharmacists available in the short term.</p> <p>Action: <i>JB to provide the actual number of pharmacy vacancies and details of associated recruitment plans.</i></p> <p>Finance PR advised that all aspects of the financial delivery were in line with or better than plan, with the exception of capital spend where uncertainty of the availability of cash during April and May had led to a slowing down of the capital programme. This uncertainty has now been resolved with NHS Improvement and the Department of Health and the cash availability until the end of September has been agreed. It is anticipated that the capital programme will now begin to catch up.</p> <p>PR advised that there are some small variances shown in the operating statement relating to clinical income and pay and non-pay which are not material and expected to be within line of the plan.</p> <p>PR expected the financial position to be slightly closer to the plan in June because the income plan is slightly higher and an expected reduction in pay costs has been planned into the phasing. Recruitment is also expected to take place and agency costs reduce.</p> <p>The Trust are ahead of the CIP delivery position at the end of May because the bed flow scheme was brought forward. However, there is an increased plan for CIP delivery in July so it is anticipated that it will begin to become more aligned.</p> <p>GW advised that performance had been good for two months but recognised that the Trust cannot become complacent. The degree of improvements begin to gain momentum and as such it will be increasingly difficult to keep on track, although good controls are in place. CIP's are beginning to come in early which is useful because from an accumulative effect, it will have a big beneficial impact. The capital programme is a long way behind but assurances regarding the money have now been received and steps are in place to mitigate this.</p>	<p>JB</p>	<p>03/08/16</p>
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<p>PR advised that a full forecast is being prepared based upon the June output which informs the finance committee. GW advised that three divisions had performed well and two less so. It will be a case of seeing if the improvements are sustainable and the overspends manageable. This will be reported back to the next Finance committee meeting.</p> <p>Workforce</p> <p>Sickness JB advised that the overall sickness levels had decreased by 0.09% in month to 3.94% (April 4.04%). And although the target of 3.5% had not been achieved, good progress had been made. Urgent & Emergency care are the highest division but this has reduced recently. The staff group with the most sickness are registered nurses, particularly band 5 ward based, but this continues to reduce.</p> <p>Appraisal Trust wide appraisal compliance has increased by 1% to 91% (April 2016, 90%). Trust-wide there are 301 outstanding appraisals compared to 321 in April 2016. Some areas of the Trust are achieving the 98% target.</p> <p>Staff In Post The staff in post numbers within nursing has decreased. This was expected and the trajectory chart shows the prediction that the position would get slightly worse before it improves in September. The position has been offset by a reduction in the budgeted establishment for nursing which arose due to the ward closure and associated reduction in the number of beds. This means that the actual number of nurses that were originally required are no longer required. This slightly reduces the number of nurse vacancies that we have.</p> <p>Variable Pay JB advised that there is a direct correlation between variable pay and the vacancy situation. Costs for variable pay amounted to £3.6m in May which was well over budget. However, because of the vacancy situation, £2.0m has been saved against substantive pay so there is an element of netting off. Various initiatives, particularly around medics and nurses are underway to improve this situation.</p> <p>Mandatory Training JB advised that the Trust's target is 92% with a 2% flexibility which is a particularly high mandatory training compliance rate. The Trusts training has increased by 2% to 88% which is good progress. Mandatory training is done very thoroughly at SFHFT and in a wide range of subjects, not just the 8 basic ones across the NHS. There is a direct correlation between training and good quality of care so the Trust are working hard to improve this position. Incremental pay progression is now linked to compliance on mandatory training and appraisal and this is having an effect.</p> <p>Recruitment JB advised that the total vacancy rate across the Trust during May was 13.13%. The number of vacancies advertised in May 2016 increased to 111 compared to 62 in April 2016.</p>		
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	<p>The main activity remains in Admin, Medical and Nursing roles.</p> <p>A user satisfaction survey has shown that although there is still some work to be done, the implementation of the new TRAC system has sped up the recruitment process.</p> <p>The particularly hard to fill areas include Physiotherapists and Radiographers. The Trust filled over establishment on Physiotherapists as it was considered to be a good strategy to deploy. Radiographers were filled up to establishment.</p> <p>PM stated that one of the biggest risks within quality and finance were if the Trust failed to achieve the planned increases.</p> <p>PHr stated that the overall sickness levels were good having reduced below 4%, but that they were still too high. The drive on sickness needs to continue, particularly with regards to nurse and agency staff.</p> <p>PR advised that the finance team have started reporting on the WTE's that have actually been worked. This has identified an increase in April and May of 31 WTE in worked WTE, but a reduction in the overall pay bill of £100k. This means that the average cost per WTE has reduced quite significantly between April and May.</p> <p>There are 31 more worked WTE in May than in April and the overall pay bill is £0.1m lower. This means that we have covered more posts at a reduced cost per post as demonstrated by the reduced annual cost per worked WTE in May. PR advised that the report is submitted to the Finance Committee.</p> <p>SB advised that a deep dive into sickness absence has been conducted by Rob Simcox, Deputy Director of HR and those findings have been shared with senior nurses. Additional training to managing sickness absence has also been provided to ward sisters and charge nurses. Recruitment and retention is a workstream in the nursing taskforce steering group and this trajectory and any other issues are flagged up weekly.</p> <p>TR advised that feedback obtained from 'Follow my leadership' walkarounds indicated that staff had more confidence in the new policy and were receiving the appropriate support.</p> <p>Action: <i>The narrative regarding starters, leavers, staff in post and budgeted establishment is to be replaced with a matrix of different staff groups and net effect.</i></p>	JB	03/08/16
	<p>QUALITY IMPROVEMENT PLAN UPDATE</p>		
16/139	<p>EJ advised that good progress continued to be made through the June cycle with 31 actions being recommended as complete and embedded. These actions have been approved through the OD & Workforce and Quality Committees.</p> <p>12 further actions were proposed for approval by the Board of Directors: -</p>		

	<p>1. Leadership:</p> <p>1.2.1 Revise our Divisional structure - moving to 5 divisions with Clinical Director accountability, supported by General Manager and Head of Nursing/ Midwife (CD-led triumvirate).</p> <p>1.5.2 Ensure all Board have annual appraisal.</p> <p>1.5.3 Ensure effective personal development process is in place for all board members.</p> <p>2. Governance:</p> <p>2.6.4 – Independent audit of 20% sample of all new starters (297), randomly chosen from all grades of staff, who were recruited between 1 January to 30 June 2015 re: DBS checks.</p> <p>6. Timely Access:</p> <p>6.1.2 Implement new handover guidance to reduce delays regarding ambulance turnaround times.</p> <p>6.1.3 Implement new handover guidance to reduce delays regarding ambulance turnaround times.</p> <p>6.1.5 Fully utilise the substantive discharge lounge to increase morning discharge.</p> <p>6.2.1 Initiate ‘There’s No Place Like Home’ on a regular cycle of focussed and embed 5 changes.</p> <p>6.6.1 Establish a retrospective clinical patient pathway review audit. Review of ten sets of notes per month within three separate specialities commencing with highest risk specialities.</p> <p>9. Maternity:</p> <p>9.2.1 – Create a new Family Health Division to incorporate Obstetrics, Gynaecology and Paediatrics with a new Clinical Director and Clinical Governance Lead (Dr Colin Dunkley, Paediatrics) to focus on development of robust staffing, training, escalation and governance processes.</p> <p>10. Newark:</p> <p>10.1.5 Focus from SFH on optimising the ambulatory care offer and balancing this between Newark and KMH, together with a joint CCG/SFH focus on enabling local people to access local services.</p> <p>10.4.1 As part of the capacity planning process ensure appropriate usage of Newark theatres.</p> <p>The Board of Directors AGREED the Workstream recommendations for embedded actions.</p> <p>The Board of Directors AGREED the Quality and OD & Workforce Committee recommendations for embedded actions.</p>		
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<p>EJ advised that the section 31 conditions relating to Sepsis that were imposed by the CQC were lifted on Tuesday 31 May 2016. 22 actions that were / blue/green and subject to verification by the CQC have been complete and embedded following the lifting of the section 31 notice.</p> <p>There are 2 actions rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date) which are within Personalised Care and Safety Culture. Of the 2 actions reported above, 2 continue as red from last month and are subject to monthly scrutiny. They are expected to be resolved during July's cycle.</p> <p>For the few remaining actions, EJ confirmed that KPI's for each of the programmes are correct and adequate. By the end of the week EJ anticipates that of the 287 actions, 40 will remain. By August a recommendation regarding the programme will be made.</p> <p>EM stated that substantial progress had been made since the quality summit last year but felt that the challenge will be to sustain the progress. 60% of actions are embedded and there is an underpinning programme in place which is excellent. EM felt that it was significant that the CQC had the confidence and assurance to withdraw the section 31 notice before they came to visit the Trust and felt that this sent out a positive message. EM felt that the Trust would be able to host an inspection with confidence should the CQC arrive next week and that a substantially improved and satisfactory report would be achieved.</p> <p>EM suggested that the decision as to whether the programme is closed or the actions migrated across into what needs to become a day to day improvement programme that moves perpetually, will need to be made in September.</p> <p>TR stated that it had been proven that the QIP can work and enquired if a sustainability programme was required going forward. PHr advised that a continuous improvement programme exists within NUH and needed to be replicate of the combined organisation.</p> <p>PH recognised the encouraging progress that had been made and suggested that the Board of Directors consider how high the bar should be set but felt that this should be bold and ambitious. How the programme is resourced should also be considered. Of the many lessons that have been learned one is that when focus is applied, results are achieved and this focus cannot be relaxed. There needs to be a sense of shared ambition across all staff to do an exceptional job and for the Board of Directors to have confidence that they can. Quality Board discussions of how this can be achieved are required. PH suggested that this programme could then be presented to the CQC as opposed to waiting for the CQC to request it.</p> <p>PH advised that NUH's improvement programme is called the 'Better For You Programme'. This programme has been developed by hundreds of doctors, nurses and other healthcare professionals who have trained in service improvement methodology. PH offered this support to colleagues at SFHFT to complement the existing capacity. PH recommended to the Board of Directors that they consider exactly what TR is describing.</p>		
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	<p>Update on CQC Enforcement Notices – S29A & S31</p> <p>PHr presented the report and brought the Board of Director’s attention the detail of the original enforcement notices and stated that when the CQC inspect SFHFT, these are the areas that they will require particular assurance of. PHr felt that the report provided a useful summary and offered assurance that the specific issues that were identified within the section 29a warning notice are now either complete or embedded and fully embraced within the QIP.</p> <p>PHr advised that a pre-inspection assurance process had recently been launched and requested a progress summary. EJ advised that a 5 week CQC readiness plan had been launched on 13th June which constituted a number of different activities. The intention of the plan wasn’t to script the organisation but to provide coaching and support to help staff to describe the story of their areas. All Executives were allocated an area of the organisation to observe and week by week deep dives into each division are also being conducted. EJ advised that a very positive response had been received from staff and that for three weeks, lunchtime open forums have been running which again has been positively received by staff who have found them to be very useful. A full summary report will be submitted to Executives.</p> <p>PHr suggested that if the CQC do not inspect during July, momentum would need to be maintained.</p> <p>Action: Dates of when enforcement letters were received to be added to report.</p>	SC	07/07/16
	<p>SEALING OF DOCUMENTS</p>		
16/140	<p>SC advised that in accordance with Standing Order 10, the Sherwood Forest Hospitals (NHS) Trust Official Seal has been affixed (12th May 2016) to the following documents by the Interim Chief Operating Officer and the Head of Corporate Services/ Company Secretary.</p> <p>Seal number 74: Deed of surrender, Central Nottinghamshire Clinical Services Ltd. Premises within the Emergency Department, Kings Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire.</p> <p>In accordance with Standing Order 10, the Sherwood Forest Hospitals (NHS) Trust Official Seal has been affixed (29th June 2016) to the following documents by the Managing Director and the Head of Corporate Services/ Company Secretary.</p> <p>Seal number 75: Sherwood Forest Hospitals NHS Foundation Trust on behalf of Nottinghamshire Health Informatics Service, Lease to occupy premises at Byron Court Arnold 1st July 2016 – 30 June 2017 from Bizspace Limited</p> <p>The Board NOTED the use of the Trust seal.</p>		
	<p>Q4 NHSI LETTER</p>		
16/141	<p>SC stated that NHSI write to the Trust quarterly regarding their assessment of the Trusts ratings for the financial sustainability and governance risk ratings.</p>		

	<p>This assessment is based on an analysis of the Trusts Q4 Submissions.</p> <p>The trusts current ratings based on the trusts Q4 submissions are a financial sustainability risk rating of 2 and a governance rating of red.</p> <p>The Board of Directors NOTED the letter from NHSI and the definition of ratings as detailed in the report.</p>		
	<p>NHSI Corporate Governance Statement- Self Declaration</p>		
16/142	<p>SC stated that the corporate governance statement self-certification had been previously circulated for approval and requested ratification from the Board members.</p> <p>The Board of Directors RATIFIED the NHSI Corporate Governance Statement - Self Declaration.</p>		
	<p>ASSURANCE FROM SUB COMMITTEES</p>		
16/143	<p>Finance Committee</p> <p>GW advised that the reference cost submission process was scrutinised at the last Finance committee meeting and that the Board of Directors had subsequently delegated the approval of the submission to the CFO. The reference cost submission will be made later this month.</p> <p>GW advised that the working capital strategy was also scrutinised and approved by the Finance Committee.</p> <p>Quality Committee</p> <p>PM advised that the in-patient survey and the way that the Patient Safety & Quality Board works provides a lot of assurance which is of the right level of detail. One area that assurance was required was medicines management as there was an apparent lack of clarity and understanding. Further work has been conducted and an update report is anticipated at the next meeting Quality Committee meeting.</p> <p>Board Risk Committee</p> <p>PHr stated that an exercise had been conducted to create a sensible and effective operational risk register and that this register was now complete. Each month the Board Risk Committee subjects the Divisions with high level risks to scrutiny. This was done for a specific issue that had been raised as a material and potential risk within End of Life Care. This risk was subject to significant scrutiny as it was felt that in this particular case, the risk had been exaggerated. The End of Life Team has now reassessed that risk and we feel that the revised score is more appropriate. The high level risks of the Urgent & Emergency Care division were also scrutinised this month. Other divisions will be done going forward.</p> <p>Phr advised that subject to some further reviews that certain areas have been asked to reconsider, there are no operational risks at this point in time that aren't already covered in the BAF. As progress is made, the operational risk register will be presented to inform the Board of Directors of the significant risks.</p>		

	RD felt confident as to the way the BAF is being scrutinised and comfortable with how the risks are being assessed. There is a great deal of scrutiny with regards to departmental risks and this is all very encouraging.		
	COMMUNICATIONS TO WIDER ORGANISATION		
16/144	<p>PH suggested that given the recent disappointing decision to impose the contract onto the junior doctors, it may be beneficial for the Board of Directors to write to all junior doctors and consultants expressing the desire to support them at this difficult time. There will be a premium on high quality relationships with junior doctors and as such it is important to try to strike a mature, sympathetic and authentic relationship. Due to the numbers within SFHFT, it may be possible to offer a face to face relationship, with the consideration of AH.</p> <p>Action: Discussion to be held to explore opportunities of engagement with junior doctors.</p>	ALL	20/07/16
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
16/145	<p>JK stated that he had raised the issue of people smoking within the grounds of KMH in the previous meeting and enquired how the non-smoking policy was being enforced.</p> <p>JK felt that the situation had worsened today as he had witnessed two people in chairs with nightclothes on smoking. One lady had one leg bandaged. JK felt that this gave the impression of a third world photograph and wouldn't have expected to see this after coming to KMH for three years. JK felt that adequate progress was not being made and despite the enormous signs, the message wasn't getting through.</p> <p>JK advised that he had been invited to the next Smoking Committee meeting and enquired when this would be.</p> <p>JK felt that under the new circumstances that were approaching, one website was insufficient and that more inroads into our communities with regards to expressing how the merger is taking place was required. Local Authorities and Parish Councils may be a good thing and an extension of what the catchment areas will be. JK felt that the website seems very vague and that it wasn't enough.</p> <p>PHr advised there was a specific merger website. JK felt that the organisations needed to do more, for older people especially, who take a lot of medical services and aren't internet aware. Local authorities should be more involved also. JK highlighted the absence of the press at the meeting and suggested that this needed resolving also.</p> <p>PM advised that the issue of smoking outside is a big problem and unfortunately one that won't change quickly. PM will look at how the policy is being enforced and ensure that details of the next Smoking Committee meeting are passed onto JK.</p> <p>PHr advised JK that he would take the points raised and appreciated the feedback.</p>		

	ANY OTHER BUSINESS		
16/146	<p>Home Birth Annual Report AW advised that in preparation for the merger, a home birth annual report has been conducted for the first time. SFHFT still has one of the highest home birth figures in the Country at 3%-4% which is a fantastic achievement.</p>		
	DATE OF NEXT MEETING		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on 3 rd August 2016 at 09:30am in the Boardroom, Level 1, King's Mill Hospital.		
	There being no further business the Vice Chairman declared the meeting closed at 12:30.		
	<p>Signed by the Vice Chairman as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Dr Peter Marks Vice Chairman</p> <p style="text-align: right;">Date</p>		