

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 20th December 2018 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Tim Reddish	Non – Executive Director	TR
	Barbara Brady	Non – Executive Director	BB
	Manjeet Gill	Non – Executive Director	MG
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Simon Barton	Chief Operating Officer	SiB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Robinson	Chief Financial Officer	PR
	Suzanne Banks	Chief Nurse	SuB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Kerry Beadling-Barron	Head of Communications	KB

In Attendance:	Sue Bradshaw	Minutes	
	Ben Lobo	Consultant Physician and Geriatrician	BL
	Debra Elleston	Lead Nurse for End of Life Care	DE
	Jill Broome	Patient's daughter	JiB
	Elaine Jeffers	Freedom to Speak Up Guardian	EJ
	Anne Burton	Freedom to Speak Up Guardian	AB

Observer:	Sue Holmes	Lead Governor	
	Andrew Topping	Press – Mansfield Chad	

Apologies:	Richard Mitchell	Chief Executive	RM
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Item No.	Item	Action	Date
17/055	WELCOME		
1 min	The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
17/056	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
17/057	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Richard Mitchell, Chief Executive		
17/058	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 29 th November 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/059	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 16/969.2, 16/997, 17/003.1, 17/004.1 and 17/038 were complete and could be removed from the action tracker.</p> <p><i>Action 16/907</i> – it was noted the Research Strategy is currently in development and will be presented for approval to the Quality Committee once complete. AH advised a paper was presented to Patient Safety Quality Group (PSQG) in October. The team have been out to consultation and four key themes have been identified which are being worked on with a view to presenting a document in Q4.</p>		
17/060	CHAIR'S REPORT		
3 mins	<p>JM presented the report and advised he has visited approximately half of the Staff Excellence Award winners so far. There is a need to find a way for their stories to be heard more widely across the organisation as there are some good learning opportunities. It was noted the Learning Disabilities Team won the award for their category and the Chairman's Award and have also recently won an HSJ National Award.</p> <p>SH advised on 18th December 2018 a lady gave birth in the KTC, assisted by a volunteer who had to move the cord from around the baby's neck. Mother and baby are fine.</p> <p>JM added the receptionist had called for a midwife, who arrived swiftly. However, the baby was born by the time they arrived. The receptionist and volunteer will be recognised for their actions.</p> <p>The Board of Directors were ASSURED by the report</p>		

17/061	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>AH presented the report, advising quality and safety are being maintained, together with performance, but the effect of Winter is starting to be felt. However, the measures being taken as part of the Winter capacity plan and joint work being undertaken with colleagues outside the Trust are helping to mitigate that. 81% of front line staff have received their flu vaccination, with Women's and Children's division achieving 82% vaccination rate. The Trust is continuing to work towards achieving a 90% vaccination rate as this is the level which prevents spread among staff.</p> <p>62% of staff have completed the staff survey, which is higher than last year. The survey is now closed, with the results due to be received in March 2019.</p> <p>The 'buddy' relationship with Kings Lynn has been formally announced.</p> <p>SFHFT has been rated A in the National Stroke Audit.</p> <p>BB queried what proportion of the population served by the Trust live in the STP area, bearing in mind the Trust receives patients from Derbyshire and Lincolnshire.</p> <p>AH advised he didn't have the figures to hand but acknowledged the Trust is at a three way junction between Derbyshire, Lincolnshire and South Yorkshire. There is a pool of patients for both elective and non-elective work, but mainly for elective work. It is recognised there is a differential in terms of ease of discharging patients as arrangements are in place in mid-Notts that aren't present in the surrounding areas.</p> <p>BB felt there will be some opportunities but also some challenges as the STPs / ICSs develop in other areas which might mean they take patients back into a local system.</p> <p>AH advised one of the issues for ICSs is the population aggregates don't necessarily map to patient flows and there will always be some issues.</p> <p>PR advised approximately 70% of the Trust's contract income comes from mid-Notts. In addition to this, there is some specialised commissioning on behalf of the mid-Notts population.</p> <p>JM advised the three neighbouring areas of North Notts, Derbyshire and Lincolnshire are different and provide very different challenges for SFHFT. Careful thought needs to be given to how the Trust can continue to develop relationships in those areas.</p> <p>TR felt the patient pathway and patient care can sometimes be different due to the differential in how the Trust can support patients for discharge within the local area and surrounding areas. It is unclear if the ICS will help this or make it more difficult.</p> <p>JM acknowledged any relationship is with the local provider so organisations tend to be more responsive to their needs. There are a lot of complexities.</p>		

	<p>AH advised market share of services is analysed, this being more important than the overall percentage. For certain services there is a bigger 'pull' from surrounding areas. Market share information is always considered when reviewing services.</p> <p>PW advised approximately 10% of the Trust's overall activity comes from Hardwick CCG area and this hasn't changed much over the last four years. There is a different pattern of demand in Lincolnshire. Patterns will continue to be monitored.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/062</p>	<p>STRATEGIC PRIORITY 2 - TO SUPPORT EACH OTHER TO DO A GREAT JOB</p>		
<p>17 mins</p>	<p>Resourcing</p> <p>JB presented the report, advising progress is being made in relation to vacancy gaps, with medical vacancies down to 6.76%. There are vacancies in hard to fill areas. Nursing vacancies have also reduced. The overall RN vacancy rate is 10.76%, with the Band 5 vacancy rate at 15.65%. The trajectory for the position regarding Band 5 nurses over the next 12 months has been included within the report. It is predicted that the vacancy rate will fall further over the next 12 months. One factor which affects the Band 5 vacancy rate is the churn through to Band 6 as the Trust has a rapid churn through the nursing bands.</p> <p>The Trust has been following NHS Employers guidelines in relation to the EU Settlement Scheme. There are approximately 150 EU staff within the Trust who are currently being worked with to put them through the pilot. The Trust will pay the settlement fees.</p> <p>JB advised the report contains information gained from exit interviews with non-medical staff. While acknowledging gaining exit information is difficult, from the information that is available nearly half of the reasons for leaving the Trust are linked to people wishing to work closer to home and family/personal reasons. Any themes and comments are identified and fed back to divisions. There are some areas which can be addressed in the retention work to be undertaken next year.</p> <p>Following the 2018 Agenda for Change National pay deal, Band 1 will be closed to new entrants from 1st December 2018. There are approximately 174 staff currently on Band 1.</p> <p>NG acknowledged the improvement and stated he would like to see performance against trajectory included in future reports.</p> <p>JM acknowledged there is never going to be zero vacancies but it would be useful to set a level to account for turnover, etc.</p> <p>JB advised there is a built in factor of 4.5% for nursing. This can be looked at for other groups.</p> <p>GW expressed the view it is important to be careful in how figures are used and presented as the figures in the report show a period from August 2016 to November 2018. It is recognised that August is usually the worst month, with November being one of the better months. It is</p>		

important to look at the underlying position.

CW noted the areas where there is particular challenge in terms of recruitment, namely pharmacy and radiology, and queried what steps are being taken to build longer term relationships with, for example, the Pharmacy School in Nottingham. In addition, clarification was sought regarding utilising levies to train radiologists in house as far as possible.

JB advised Pharmacy have put together a workforce plan and there is also system work ongoing in relation to pharmacy. The plan includes a range of initiatives in terms of recruitment and retention, as well as some longer term workforce issues. The Trust is very active with regards to students as it is recognised that when people come to the Trust as part of their training, they generally wish to work for the organisation when their training is complete. The scope of the pharmacy role is being looked into to make it more attractive. In relation to levies, some of the final apprentice frameworks are awaited to enable the levy to be used more in some clinical related areas.

SiB advised in both pharmacy and radiology there is some role re-design work ongoing. The Trust is looking into getting prescribing pharmacists and reporting radiographers and to develop those roles to break out of the traditional roles.

SuB advised two radiographers have recently successfully completed their reporting and one of the most senior radiographers is going on chest reporting in January 2019. The cohort of student radiographers and sonographers are being supported with the aim of encouraging them to return to the Trust. Apprenticeships for AHPs are being looked into.

MG queried if any information was being captured in relation to the reasons why people chose to start work for the Trust and if this information could be used as part of vacancy advertising.

JB advised some work was done prior to the big nursing campaign about why people work for and chose to work for the Trust. This was approximately 18 months ago. It may be useful to gather that information.

MG sought clarification if there was anything further which could be done to reduce the vacancy rate.

JB advised the workforce planning group is getting an improved oversight of new role development. Some of the things which will tackle some of the inherent vacancies is identifying if a type of role is required or if a different type of role is needed, i.e. could the gap be filled in a different way and could the way the work is done be changed. The Trust is also working hard on best utilisation of resources, for example, work in relation to e-rostering and job planning.

SuB advised the DGM in Diagnostics and Outpatients is currently looking at where AI can be used within biomedical science.

JM queried how robust and effective the system wide discussions are and how does SFHFT make sure it benefits from those discussions

<p>6 mins</p>	<p>without increasing risk.</p> <p>JB advised there are a number of forums, including the local workforce action board, strategic workforce group and HR and OD collaborative where work is ongoing. The OD and HR strategy linked in the system is being refreshed. A lot of this work is linked to the new roles and looking at funding of new roles to help fill gaps. Other aspects being discussed include having rotational roles, the possibility of doing international recruitment as a system, leadership development and sharing capacity.</p> <p>JM noted some of the reasons why people want to work for the Trust are the CQC outcome and receiving good feedback from colleagues about what it is like to work for SFHFT. It is important not to lose that. There are risks and benefits from wider system working.</p> <p>The Board of Directors were ASSURED by the Resourcing Report</p> <p>Freedom to Speak Up – Next Steps</p> <p>SH presented the report, advising SFHFT were early adopters of Freedom to Speak Up (FTSU). SFHFT Guardians were recruited on a voluntary basis to carry out the role alongside their substantive role. However, the FTSU Guardian survey, published in November 2018, made a number of comments, one of which relates to the culture of speaking up and comparing that to the CQC rating. Additionally, the National Guardian office undertake a number of case reviews. There is an expectation Guardians within the Trust review such reports to identify any learning but, due to it being a voluntary role, they haven't had the capacity to do that work.</p> <p>The government response to the Gosport report, published in November 2018, relates to listening to patients, families and staff and highlights the National Guardian's office as best practice.</p> <p>It is proposed for the Trust to move from a model of voluntary FTSU Guardians and appoint someone with dedicated time, up to 15 hours per week. To support the one guardian, it is proposed to recruit FTSU champions across all three sites and at all levels.</p> <p>TR felt this is a sensible move, acknowledging it may need to be adapted in the future. The key role is that of the champions.</p> <p>MG felt the job description is clear and focussed.</p> <p>JM felt there is a need to develop a network with other Nottinghamshire Trusts to share good practice. Additionally, if there are any particularly difficult issues it is useful to have access to someone who is independent of SFHFT. This should be included within the job description.</p> <p>Action</p> <ul style="list-style-type: none"> • Developing networks to be added to the job description for FTSU Guardian 	<p>SH</p>	<p>31/01/19</p>
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<p>21 mins</p>	<p>TR advised there are no areas of concern but changing the model will strengthen and improve FTSU within the Trust.</p> <p>AH queried what the tenure of the post is.</p> <p>SH advised this has not yet been finalised. The model elsewhere is it is a substantive post and that is the recommendation, although a period of three years has been discussed with a review following at the end of that period. It is potentially an emotionally exhausting position and the length of tenure may be dependent on who is appointed.</p> <p>JM suggested TR to review progress within 6 months.</p> <p>TR advised he meets with SH to discuss FTSU at least quarterly.</p> <p>The Board of Directors APPROVED the proposed new model for FTSU within the Trust</p> <p>Freedom to Speak up – FTSU Guardian report</p> <p>EJ and AB gave a presentation, providing an update regarding the FTSU agenda, noting this is gathering pace and there is a national guardian in place.</p> <p>AB advised 26 concerns have been raised during 2018. The themes identified are patient safety/quality issues, behavioural/relationship issues and system/process issues.</p> <p>EJ advised SFHFT are actively involved in the East Midlands FTSU Guardian Network.</p> <p>MG queried if there is anything more the Board of Directors can do to support the FTSU agenda.</p> <p>EJ advised the marketing and messages need to be improved but in a balanced way to avoid the potential for a negative connotation.</p> <p>JM felt the FTSU work does not need to be seen as negative. It is important the Trust is an organisation which wants to listen to its staff and cares about what happens to its staff and patients. Every individual has 'permission' to be an active part of that discussion.</p> <p>EJ advised the focus should be on speaking up rather than raising concerns.</p> <p>AB advised when the National Guardian's Office do a case review they will look at the culture of the organisation, i.e. is an organisation waiting for something to be raised or are they looking for ways to improve. The culture should be one of improvement.</p> <p>MG felt the case study used in the presentation was good in that it did not jump straight into formal investigations, but was about having discussions in the right way and looking for ways to learn and improve.</p> <p>TR recognised the work of the FTSU Guardians. TR advised the words 'raising concern' should be forgotten, with the focus being on speaking</p>		
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<p>12 mins</p>	<p>up about how well the Trust does things but also how things can be improved. There is a need to work with line managers to improve the culture and get that message across to staff.</p> <p>SiB advised we are all FTSU Guardians in some way. It is important to build a culture where staff can speak to anyone.</p> <p>AB advised managers and individuals need to be supported to not hear a criticism but a constructive comment.</p> <p>The Board of Directors were ASSURED by the FTSU Guardian Report</p> <p>Nurse Staffing 6 Monthly Report</p> <p>SuB presented the report and advised the model hospital data is included within the report. However, this is August data so it is not the up to date position.</p> <p>SFHFT is placed in the highest quarter in relation to cost per weighted activity unit (WAU). This is being investigated and work has started within the nursing task force. There are a number of the issues which have been identified in the AHP workforce in relation to ESR cleansing. For example, some AHPs are on ESR four times. The data for AHPs is currently being cleansed and when this is complete the data for nurses will be cleansed. It is anticipated this will improve the position. The annual review of establishments is underway which will go through a robust confirm and challenge process. The Trust will benchmark against other organisations as part of this process.</p> <p>NHSI recently published a document regarding staffing safeguards and supporting trusts to deliver high quality care through safe and effective staffing. A gap analysis has been undertaken. An area to focus on is the completion of a quality impact assessment (QIA) when new roles are introduced and this work has commenced. As the establishment reviews are completed, a QIA will be completed in each ward area.</p> <p>Restorative supervision has been introduced. This is an evidence based model designed to support health professionals to reflect on their emotions and how they felt carrying out their work in the clinical area. This is in line with pastoral support. It has been rolled out to all heads of nursing, practice development team and newly qualified nurses as part of their preceptorship programme. It has been introduced into maternity and will be undertaken with a cohort of matrons in January. This is a good form of clinical supervision and is very supportive.</p> <p>NG expressed disappointment regarding the Trust's WAU position and sought clarification as to the reasons for this.</p> <p>SuB advised one element may relate to agency but this needs further investigation as the theory behind the weighted activity is it relates to substantive staff, but this is not clear. SuB advised she did not want to provide assurance until the data has been unpicked and understood. There is a need to establish if data has been captured inadvertently as that is what informs Unify; Unify data is agency and substantive staff. ESR is an issue for AHPs and the impact of that needs to be understood.</p>		
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	<p>PR advised the cost base which is used by model hospital is reference costs so this is likely to include agency. In addition, it needs to be recognised the Trust's overheads are built in so a comparison between SFHFT and Derby may be relevant, as they have a similar PFI, but it is not necessarily possible to look at a peer group of local trusts and be comparing like for like.</p> <p>SiB advised the information needs to be triangulated with quality as it is possible some of the trusts who have a low WAU are potentially delivering poor quality.</p> <p>PR felt it important to understand the components and what SFHFT can control.</p> <p>JM felt it should be established who the Trust is comparing itself to and what is an acceptable level for WAU.</p> <p>NG noted there is no evidence of any unsafe staffing. It is known the Trust's overhead base is high and it would be useful to do the calculations without the overheads.</p> <p>PR advised the number of 1:1s and the number of side rooms within the Trust will also impact on this.</p> <p>Action</p> <ul style="list-style-type: none"> • Further investigation into cost per weighted activity unit (WAU) data to be presented to Finance Committee and Board of Directors in March 2019 <p>The Board of Directors were ASSURED by the Nurse Staffing 6 Monthly Report, noting further work is required in relation to WAU data</p>	<p>SuB</p>	<p>28/03/19</p>
<p>17/063</p>	<p>STRATEGIC PRIORITY 4 – TO GET THE MOST FROM OUR RESOURCES</p>		
<p>18 mins</p>	<p>Digital Strategy Progress Report</p> <p>PW presented the report, advising this is year 2 of the digital strategy implementation period. A significant amount has been achieved, for example, in relation to cyber security and improving the server infrastructure. The Trust has moved over to NHS Mail and the infrastructure support has been strengthened. There has been a delay to Orion and ICE, which are two key clinical systems. This has caused some frustration to clinical teams. The Trust is still dealing with legacy issues of past underinvestment.</p> <p>BB sought clarification regarding the work to integrate across the system, particularly in relation to the mental health trust.</p> <p>PW advised SFHFT is involved with Connected Nottinghamshire and the ICS digital collaboration work; NUH, Nottinghamshire Healthcare and SFHFT are all equal partners in that. While there are no specific initiatives to share with Nottinghamshire Healthcare's core systems, a lot of effort is being put into elements which draw information from all organisations to ensure clinical pathways are incorporated. It is recognised there is more work to do in relation to this.</p>		

<p>AH advised he attends quarterly meetings with counterparts at NUH and the healthcare trust. This group is keen to take opportunities to bring IT agendas together. There has been some discussion in relation to prescribing and it is sensible to have a common prescribing platform. The aim of the ICS IT programme is to bring data into one place with common data sharing, servers and data warehousing, moving to a system which will bring greater visibility.</p> <p>PW advised Jaki Taylor, Director of NHIS, and her opposite number at the healthcare trust are working closely together on a range of different things, from infrastructure to front line services.</p> <p>MG sought clarification regarding the strategy at the ICS level and how the Trust's strategy links to that in terms of preventing and management of conditions for patients.</p> <p>AH advised Connected Notts, which is an element of the ICS strategy, has a workstream in relation to patient activation and technology. They are trying to standardise the apps which are used across the ICS and make sure there is a cross link with the ICS IT strategy. There are, for example, currently five or six different apps across the ICS for diabetes management. The aim is to have a common platform. This piece of work is underway to make sure the best available apps are used. Patient activation technology apps will be critical as part of the prevention agenda.</p> <p>PW advised it is helpful that NHIS serves the needs of primary care providers across the county and the community service providers, with the exception of Notts Healthcare. That is a helpful platform in terms of the provision of technical support.</p> <p>JM felt there is an element of 'catch up' and resilience within the system but nationally this is becoming higher profile, with more support and resources being put in. JM queried if the Trust is in a position where it is known what it wants to do and is it able to benefit from those opportunities. Additionally, as a system and as an organisation, is there the appropriate expertise to drive this forward.</p> <p>PW advised Nottinghamshire is well placed in comparison to other systems, given that Connected Notts has existed for some time and has a good history of collaborative working. The level of collaboration with the local authority has been recognised at a national level. In terms of technology there is a relatively good level of expertise across Nottinghamshire. However, there is some deficiency in the analytical aspects and forward looking agendas.</p> <p>AH advised there may be more analytical capability at a system level than is currently recognised. There needs to be a review of what there is and what is required.</p> <p>GW sought clarification regarding the action required to bring the work within the strategy which is off target, back on track and if there are any consequences to deferring the work which has been deferred.</p> <p>PW advised progress has been made in relation to Orion. The data loading is complete and it will be piloted in endoscopy and</p>		
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	<p>gastroenterology in the next few weeks. Some progress is also being made in relation to ICE. There is a focus to get these two things back on track. There is nothing which is operation critical which hasn't been done or has some form of solution or interim arrangement put in place to ensure business continuity.</p> <p>TR felt it pleasing that capacity is being looked at rather than delivering what is currently being delivered. Any digital strategy and IT is often outdated as soon as it is implemented. There is a need to look at how it is fit for purpose for the next 5-10 years and consider what is going to help us, as a system, to be more effective and efficient.</p> <p>SiB felt there is a need to move to digitising new processes rather than current processes.</p> <p>Action</p> <ul style="list-style-type: none"> • Digital strategy to be topic for future Board of Director's workshop, including looking at examples of the different apps which are available. <p>The Board of Directors were ASSURED by the Digital Strategy Progress report</p>	PW	TBC
17/064	STRATEGIC PRIORITY 5 – TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES		
6 mins	<p>Better Together Progress Report</p> <p>PW presented the report, advising there is an 11% underperformance of QIPP at the end of Month 6. The projection at Month 6 is for a £3m deficit at year end, although this forecast may be revised.</p> <p>AH advised there has been a lot of work ongoing through the executive to executive meetings to bring the workstreams back on track, acknowledging there have been some difficult conversations but a healthy collaboration. Some improvement has been seen, which will continue beyond this financial year. The transformation board has agreed some core themes for next year. A workshop has been held looking at the key workstreams. These will be sense checked by organisations in terms of activity. Next year will start with a better resourced set of transformation programmes which all organisations have signed up to.</p> <p>PR advised the aim is to have a joint financial plan for the system. While this will not change the payment mechanisms which are in place, it may change the terms and conditions of the contract to have a more aligned incentive view of contracting, rather than the bi-lateral NHS contract which is currently in place.</p> <p>JM advised that as Chair of the Better Together Board he is encouraged by discussions over the past 2-3 months. Conversations are starting to take place in relation to co-design, providers working together more closely, breaking down the barrier between commissioning and provision at a local level, etc. These need to be further developed and continued. Notts Healthcare are keen to get actively engaged in this agenda. A change in both mind-set and</p>		

	<p>approach at a senior level is becoming evident. There is a need to continue to build, support and strengthen that.</p> <p>BB noted the statement in the report that “high volume service users MDT is being refreshed” and expressed the view that it will not work if there is a continual focus on the top 2-5% of the triangle; there continues to be a presumption this is a static population group.</p> <p>AH advised this relates to ED attenders, noting the stratification high volume service users is a slightly different thing, but in terms of high volume service users it is now recognised this is not 100 patients that are identified and tracked but is dynamic.</p> <p>The Board of Directors CONSIDERED the Better Together Progress report</p>		
<p>17/065</p>	<p>PATIENT STORY – HOW TO NAVIGATE GERIATRIC END OF LIFE CARE ON AN ACUTE WARD</p>		
<p>40 mins</p>	<p>JiB presented her story which related to the care her relative received in Kings Mill Hospital towards the end of their life and the experience from the family’s perspective.</p> <p>AH acknowledged the comments made in relation to the system, advising that locally work is ongoing to try to design care differently, with parties coming together to try to smooth the patient journey. AH acknowledged JiB’s comments in terms of the differences in staff behaviour in relation to End of Life (EOL) care and advised BL has done some additional work with the ward where JiB’s relative was cared for.</p> <p>JM acknowledged the wider system is incredibly complex and confusing. JM noted the comments made by JiB regarding the geriatricians working with the family in one way and the different mind-set encountered on another ward.</p> <p>JiB advised the family had Power of Attorney (POA) for their relative which helped them to navigate the system. It would have been difficult for the patient to understand their care. JiB felt there needs to be more attention paid to engaging the public in EOL care and the importance of POA.</p> <p>TR acknowledged the importance of POA but felt the process of obtaining POA is a minefield. The POA process should be simplified.</p> <p>JiB suggested a specialist volunteering role to work with families and help them navigate the care system.</p> <p>CW noted the family were asked more than once if they had POA and felt work is required to train and educate staff in relation to this but also to work with families to help them understand the system and the reasons for when and why certain questions are asked.</p> <p>JM advised if POA was not in place clinicians should still talk to the family, listen to them and their views and take those into account when making decisions.</p>		

	<p>BB felt death and dying has been medicalised and there needs to be a cultural shift, not just in the Trust. Dying will happen to everyone and individuals need to take steps to ensure what happens to them is what they want to have happen to them. The hospice movement, among others, have been trying to change the culture but it is a long way from being embedded.</p> <p>JiB felt the fact there is a group of doctors facilitating good EOL care should be expressed more widely.</p> <p>GW felt communication, particularly on handovers, could be improved. There is a need to get EOL knowledge across to all staff.</p> <p>JM noted the point raised by JiB regarding the family assisting and felt this is something which could be considered.</p> <p>JiB stated the NHS needs to dare to say, “We can’t do everything; we need you to help”.</p> <p>MG queried if there are any patient stories at ICS level as they are a reality check.</p> <p>JM advised there is a patient story at each meeting in the mid-Notts system and it has been recommended this is replicated in the Nottinghamshire system. There has been a lot of work undertaken in relation to EOL care. JM acknowledged the cultural issues raised, both in terms of the relationship within the Trust but also the relationship with families, noting this is something the Trust is in a position to directly change and develop.</p> <p>BL gave a presentation regarding the progress which has been made in relation to EOL care within SFHFT and Nottinghamshire.</p> <p>DE advised the Trust has been successful in obtaining a grant from Macmillan for 2 years to run an EOL care project with the focus being on advance care planning.</p> <p>JM advised, as a Board of Directors, there is a need to identify what we can control and receive assurance that is happening. In addition, thought should be given to how the Trust starts to influence the thinking at ICS level and make sure that feeds out into other organisations at a regional and national level.</p> <p>AH advised SFHFT have driven a lot of the work so far. The EOL together, as a multi-provider alliance, is an interesting model for delivering EOL care. There may be national interest in this when some output data becomes available. BL made reference to ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). This is crucial and the Trust has been involved with that.</p> <p>JiB expressed the view there were not enough HCAs on the ward to care for all the patients. Clarification was sought if the Trust can provide enough HCAs to care for a cohort of patients and how is that level determined.</p>		
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	<p>SuB advised there is a ratio of nurses based on the number of patients but also the acuity of need. This is reviewed each year and if additional nurses are required there is an escalation process.</p> <p>JM felt the discussion was helpful and expressed appreciation regarding the progress which is being made.</p>		
17/066	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
39 mins	<p>ORGANISATIONAL HEALTH</p> <p>JB advised all the workforce KPIs, with the exception of sickness, were at or above target, advising this includes the changes to the targets which were agreed at the Board of Directors meeting in November. JB advised the flu vaccination rate is now over 80%.</p> <p>Sickness absence has reduced from 4% in October to 3.81% in November, but this is still above the 3.5% target. Anxiety, stress and depression remains as the highest single reason for sickness. As agreed at the Board of Directors' meeting in November, there will be a target within a target in relation to this which will be reported in January. Work is currently underway to look at historic information and the patterns in order to identify and recommend a reasonable target.</p> <p>Three divisions were above the 3.5% target for November. There is a mixture of short and long term issues which these divisions are dealing with and this is being strongly managed by local management and HR in line with the sickness policy. Some areas are receiving additional interventions or occupational health input.</p> <p>JM noted the big changes in the sickness rate in NICU and Outpatients Ante-Natal and sought clarification regarding the reasons for this.</p> <p>JB advised in some areas a couple of people can make a big difference in percentage terms. The reason for sickness absence in NICU is a balance of short and long term issues. Support is being provided to a new ward leader in terms of managing this. In the case of maternity, someone has been off long term and this was impacting the figures. This situation should improve in the New Year.</p> <p>TR queried if there is a correlation between sickness absence and a team not being at full capacity of substantive staff. For example, this may lead to increased stress dealing with different agency staff coming in or having to pick up extra shifts.</p> <p>JB advised this has not been looked at in detail but as part of the work to identify a suitable target for anxiety and stress the historic data will be looked at to see if Winter pressures has an impact. Other correlations will also be looked for. There is a need to triangulate data, rather than looking at information in isolation.</p> <p>SuB advised the Trust monitors if staff who are off sick have been doing excessive hours. If this is the case their hours will be reduced.</p> <p>JB advised there are specific rules in relation to picking up bank shifts if a member of staff has been off ill.</p>		

	<p>QUALITY</p> <p>SuB advised there is an exception report which relates to Grade 2 and 3 avoidable pressure ulcers. It was noted the Grade 3 avoidable pressure ulcer was a patient who was self-neglecting and the issue related to his compliance. However, this is being investigated. There is a lot of ongoing work in relation to pressure ulcers, including shared learning and weekly pressure ulcer meetings. An issue had been identified in relation to Plaster of Paris. Therefore, a screening tool has been developed in relation to this. Training has been reinforced within the fundamentals and a safeguarding tool has been introduced, which is a screening question on Datix. 20 dynamic mattresses have been replaced.</p> <p>The second exception report relates to the friends and family test. There has been a decrease in response rate. However, there are a lot of responses which haven't yet been added to the system as it is currently a manual system and there has been a higher volume of paper surveys completed. The identified themes are consistent themes and are being worked on by the relevant areas.</p> <p>CW noted one of the identified causes for under performance in relation to avoidable pressure ulcers was family declining their relatives to be re-positioned. Clarification was sought regarding what action is being taken to explain to families why their relative needs to be repositioned.</p> <p>SuB advised this is a particular issue for EOL patients. There is a narrative within the EOL documentation stating the relative of the patient should be asked if they wish the patient to be moved. This documentation is currently being revised. Conversations have taken place with staff as part of their education and training in relation to the responsibility of the registered nurse, reinforcing that although they might think it's too uncomfortable to move the patient, if they develop a pressure ulcer it will be more uncomfortable and painful.</p> <p>BB noted the comment 'rude receptionist' under sexual health in the friends and family report, advising the same comment appeared in the November SOF report. Assurance was sought that this is being addressed.</p> <p>AH advised he would follow this up with the Patient Experience Team (PET) to clarify if this was the same or a different person or if it is a typo. However, this issue would have been fed back to the service.</p> <p>Action</p> <ul style="list-style-type: none"> • Clarify with PET regarding feedback received from sexual health about a 'rude receptionist' appearing in SOF for two consecutive months <p>BB expressed concern regarding the language used to describe the number of cases of Clostridium difficile (c.diff), noting the report states "this is within our monthly trajectory".</p> <p>SuB advised this is an error within the report and the wording should have been "within the monthly threshold".</p>	<p>AH</p>	<p>31/01/19</p>
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<p>AH advised the strong performance over the calendar year should be recognised. However, conversations are underway regarding more challenging targets for 2019/2020.</p> <p>JM felt this should not only include changing levels but identifying if there are other measures, rather than relying on national reporting.</p> <p>MG felt more deep dives should be included within those measures to identify any correlations.</p> <p>OPERATIONAL</p> <p>SiB advised the current focus is cancer care. All cancer standards were achieved in October 2018, with the exception of the 62 day standard. The key objective is the time to diagnosis and progress is being made in relation to diagnostics. It is anticipated the position will be more sustainable by January / February 2019. 331 more referrals on the 2 week wait pathway were received in October 2018, compared to October 2017. This represents a 30% increase. As each patient has an average of three appointments, this equates to approximately 1000 more interventions on the cancer pathway than the same period last year. There is a need to build sustainable capacity to cope with this increase.</p> <p>Seven patients are at 104 days wait. All have had harm reviews. Five of these patients have had a diagnosis of cancer, four have been offered or have had treatment starting in December 2018 and two are undiagnosed and are on long term surveillance.</p> <p>NG advised while being disappointed with cancer performance, he is encouraged by the actions being taken, particularly the additional MRI capacity. It was noted a number of patients don't know they are on a 2 week wait pathway and, therefore, cancel their appointments. NG queried if it is possible to reflect patient choice in the reporting to identify the underlying true picture.</p> <p>SiB advised while this can't be reported nationally, this could be considered for internal reporting. There is a need to ensure patients are being given a reasonable choice. There are a large number of patients who choose to wait longer for many different reasons, potentially not realising the seriousness of the referral. However, only 2 out of 100 2 week wait referrals have cancer so it is important not to alarm patients.</p> <p>TR felt it important to do as much as possible within a short period of time, given the aim to reduce the number of repeat visits.</p> <p>BB advised she had concerns regarding GPs explaining to patients they are on a 2 week wait pathway. While accepting the conversion rate is low, the expectation is that patients make an informed decision about their access to healthcare. BB queried if there had been any analysis in relation to identifying if there are particular practices where those conversations are not taking place and if this is fed back.</p> <p>AH advised the Trust is in dialogue with primary care leadership about 2 week waiters as they are a significant driver, not just of outpatient activity but the knock on activity for the Trust. Patients should be</p>		
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<p>informed why they are on a 2 week pathway. Work is ongoing to improve the system for feeding back when referrals are not of the expected quality and to strengthen systems of feedback as a way of engagement between the secondary care consultants and the primary care GPs. There are some practices who are more likely to make referrals and that is being looked at and fed back. There is a need to move towards having a robust referral management system.</p> <p>JM felt it would be useful to have more information provided on these issues as part of the next quarterly report and noted it is important to be careful not to discourage early referral of cancer.</p> <p>Action</p> <ul style="list-style-type: none"> • More information to be included in the next quarterly SOF report regarding issues affecting cancer performance, with particular reference to 2 week pathways <p>SiB advised the ED 4 hour standard was 93.1% in November 2018, which is 0.4% behind trajectory and places SFHFT 22nd of 137 trusts nationally. There were 102 more admissions per week in November 2018, compared to November 2017, which is a 20% increase. However, performance in relation to the 4 hour wait improved by 1%.</p> <p>Additional Winter capacity was brought in at the beginning of December 2018. On reflection, this may have been introduced 2 weeks late as capacity is meeting demand better now than it was during the last two weeks of November 2018. The ED 4 hour standard is currently 95% for December.</p> <p>The CCGs have put additional capacity in place over the last two weeks to help reduce hospital admissions / demand. While not being able to draw a causation line at this stage, there has been a reduction in admissions since this capacity was put in place.</p> <p>The Winter plan remains on track, with the final bit of capacity due to open at the beginning of January 2019. Additionally, a robust plan is in place to see the Trust through the Christmas and New Year period. A detailed plan is also being developed for March as the national trajectory, particularly in relation to Provider Sustainability Fund (PSF), is to achieve 95% ED 4 hour standard in March 2019.</p> <p>TR sought clarification if there is a collective 'buy-in' from other providers in relation to the key Christmas period.</p> <p>SiB advised it is usually respiratory cases and older people who require admission during this period. There is a good day by day plan in place. Social and community care capacity is in a better position than December 2017.</p> <p>JM noted the difference in ED performance in November at weekends, particularly Sunday, compared to the average daily performance over the year and sought clarification as to the reason for that.</p> <p>SiB advised there is no data to suggest SFHFT is different to other trusts in this regard. The difference in performance is due to admission</p>	<p>SiB</p>	<p>31/01/19</p>
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<p>pressure at weekends. SFHFT performs well on 7 day services but it is a different hospital at weekends compared to Monday-Friday. An additional discharge team is in place at the weekend over Winter and there are better community services available over the weekend. There has been a 20% growth in admissions. Saturday benefits from Friday as there is usually extra capacity going into a Friday evening, which lasts through Saturday but not into Sunday. It would be useful to drill down to get more information on November's performance.</p> <p>Action</p> <ul style="list-style-type: none"> • Reasons for difference in average daily performance in November on Sunday and Monday, when compared to average daily performance for the year, to be further investigated <p>NG sought clarification if staffing was in place to match the bed capacity for Winter plan.</p> <p>SiB advised part of the Winter bed capacity relates to switching capacity, i.e. from surgical to medical beds. Where there is additional capacity, some of that is external to the Trust. For example, nursing home beds have been purchased which has no staffing impact on SFHFT. This extra capacity will be in place until the end of March 2019.</p> <p>KB advised that given how well the Trust is performing comparatively more requests are being received from the media, particularly national media, to come and film at the Trust. Confirmation has been received that the BBC will be coming to film in ED on 11th January 2019. This has been agreed with the division. There is a need to get the balance right between not missing opportunities while still giving staff the space they need to do their jobs.</p> <p>BB queried how the Trust constructs opportunities that are unique to SFHFT to get the message out.</p> <p>JM advised there is a need to be careful to pick and choose what the Trust gets involved with, either to promote something or have a conversation about an issue.</p> <p>SiB advised the Trust is on trajectory for 52 week waiters. The data quality work is due to be completed at the end of December 2018. There should be zero 52 week waiters by March 2019.</p> <p>FINANCE</p> <p>PR advised at the end of Month 8 the Trust's deficit position pre-Provider Sustainability Funding (PSF) was £33.4m, which is £2.1m worse than plan. However, this is £120k better than previously anticipated. When the Financial Recover Plan (FRP) was introduced, it effectively re-forecasted and implemented a new trajectory for the delivery of financial improvement (FIP). The £2m off plan was the forecast at that time.</p> <p>In terms of PSF, £6.3m has been assumed, £2m as the ED 4 hour wait target continues to be achieved. The requirement in Q3 is to achieve</p>	<p>SiB</p>	<p>31/01/19</p>
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	<p>90.7%, which should be achieved. The financial requirements were achieved in Q1 and Q2 and it is expected, through the implementation of FRP, to achieve in Q3. Therefore, PSF in respect of that has been assumed. PSF has not been assumed across the system as across the Nottinghamshire ICS the system control total has not been achieved since Q1 and is not expected to deliver in Q3.</p> <p>The components of the Trust's deficit are the same as has been reported in previous months.</p> <p>FRP is forecasting a risk of £780k, which has increased from the £350k previously reported. However, it is expected alternative schemes will be identified and, therefore, the Trust will be in a position to achieve the year end control total.</p> <p>In respect of reporting to NHSI, the Q3 submission is due on 16th January 2019. It was noted that if the forecast is not to achieve the control total, this would need to be agreed at a Board of Directors meeting. However, as there will not be a Board of Directors meeting between the receipt of the figures for Q3 and the date the submission is due, it was AGREED a discussion takes place between PR, JM, RM and NG to confirm the Trust is able to achieve the control total and make the submission to NHSI on 16th January 2019.</p> <p>NG advised the Trust is on target to achieve the control total, but with a £7m downside risk. FRP is slightly behind plan but December 2018 to March 2019 is the critical period in relation to that.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>17/067</p>	<p>PROGRESS AGAINST CQC PLANNING</p>		
<p>7 mins</p>	<p>AH presented the report, advising work is ongoing to prepare the services which the CQC are likely to inspect in 2019. Currently no major concerns have been identified.</p> <p>JM queried the timing of the CQC visit.</p> <p>AH advised the visit will not be in April 2019. It is likely to be up to 18 months after the last inspection, which would take the timeframe to October 2019. It is anticipated the visit will possibly be in July 2019.</p> <p>TR felt it important to be aware of how staff are feeling.</p> <p>AH advised the staff survey results in March 2019 will be helpful to get a view of the feelings of staff. In addition, there are lots of opportunities to seek and respond to feedback, for example, the 15 Steps Challenge, the visibility of leadership, the Be Kind programme and the FTSU programme.</p> <p>KB advised the communications campaign in the build up to the 2018 CQC visit was deliberately not CQC branded, but focussed on civility and culture.</p> <p>JM advised the Governors raised an issue relating to the changes to the management of Newark Hospital. This appears to have created a level</p>		

	<p>of uncertainty and disquiet at Newark. This has been fed back to RM and will require careful management.</p> <p>TR felt there might be a high expectation the Trust will get outstanding following the 2019 CQC inspection. While this is the aspiration and objective, there is a need to be mindful of how that is managed through engagement.</p> <p>AH advised the Newark issue has been discussed at a recent executive team meeting and a piece of work will follow in relation to this. The approach to the 2019 CQC visit will be the same as for the 2018 visit. There is a need to showcase the work of the Trust on a day to day basis, rather than show the CQC the Trust is outstanding.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/068</p>	<p>15 STEPS – FEEDBACK AND NEXT STEPS</p>		
<p>5 mins</p>	<p>SuB presented the report and advised feedback has mainly been very positive. 15 Steps has provided an opportunity for executives, non-executives and governors to increase visibility and speak to staff and patients.</p> <p>SuB acknowledged there has been some confusion, with some areas being visited several times. Therefore, the proposal is to move to a rolling visit rota whereby teams will visit different areas each month. In addition, the paperwork has been simplified. In the future the visit will be input electronically using the Perfect Ward iPad and the IT system which supports that which is currently being rolled out. This system will capture the data in relation to the ward metrics, ward accreditation and the 15 Steps. An action log will be developed in order to monitor progress and this will feed into the electronic system once that is rolled out. The information will be captured as part of the metrics each month.</p> <p>JM advised 15 Steps had been discussed with the non-executive directors (NEDs). The NEDs felt 15 Steps is useful but it is important to ensure things change as a result. The change in approach is welcomed as the process hasn't been robust across all pathways. It was acknowledged some have worked well while others have not worked. There is also a concern that the input and link with the governors has been variable. The Quality Committee will take this forward to ensure the process is robust and that change is happening as a result of this work.</p> <p>SuB advised she would present a summary to the Quality Committee after 3 months of visits.</p> <p>SH advised the governor elections will be held in the spring, with the new governors starting in May 2019. Thought needs to be given on how to promote 15 Steps to the new governors.</p> <p>TR felt the reaction and response of staff to 15 Steps should also be considered.</p>		

	<p>Action</p> <ul style="list-style-type: none"> Quality Committee to be provided with update regarding the 15 Steps Challenge, with particular reference to the robustness of the process and changes that are happening as a result <p>The Board of Directors CONSIDERED the report</p>	SuB	20/03/19
17/069	KPMG WELL-LED REPORT		
5 mins	<p>SH advised this is the final report from KPMG.</p> <p>JM noted the action plan had previously been seen and agreed by the Board of Directors. Additionally, the NEDs discussed some other points at a recent meeting. There was a concern about the Quality Committee moving to quarterly meetings. The NEDs agreed the meetings should continue as bi-monthly and the Quality Committee would decide how and if they wanted to change this frequency.</p> <p>The NEDs are supportive of establishing a sub-committee for workforce and culture, with the focus on developing the strategic outlook, both within the organisation and across the system, rather than performance. As a result of this it is likely the quarterly reports, which have been presented to the Board of Directors, will cease, with the Board receiving reports as and when the work programme develops the various strategies and when those are reviewed. MG will chair this committee.</p> <p>The NEDs' view in relation to performance is for the constitutional standards to continue to be presented at the Board of Directors meetings. The reasoning for this decision is the Finance Committee already has a large role and the addition of performance would significantly increase their workload. All members of the Board of Directors need to own and share the constitutional targets. However, in order to strengthen scrutiny more use should be made of short term task and finish groups where there is a particular issue or concern. There will also be a lead NED who will receive additional briefings and, therefore, bring a higher level of scrutiny to the Board of Directors if there are particular issues or concerns. CW will take on this role.</p> <p>JM advised a revised list of committee membership has been circulated. While this does not contain many changes, the NEDs have been asked to confirm their agreement. The list will be circulated to all Board of Directors' members and governors early in the New Year. The aim has been to align NEDs' responsibilities to their expertise.</p> <p>TR queried if the Well-led review could be added to the Trust's website.</p> <p>JM acknowledged that while the report is contained within the board papers, it would be useful for it to be added to the website as a separate item.</p> <p>Action</p> <ul style="list-style-type: none"> Well-led review report to be added to the Trust's website 	SH	31/01/19

	The Board of Directors CONSIDERED the report		
17/070	ASSURANCE FROM SUB COMMITTEES		
5 mins	<p>Finance Committee</p> <p>NG presented the report and advised disappointingly the pain relief bid had not been successful. This highlights a transactional approach to the tendering process and while there is talk about working together across the system as partners, this decision was taken largely in isolation. This demonstrates the position has not yet been reached where partners are working together to take costs out of the system, as opposed to looking at things from an individual partner point of view. More work is required to build relationships and get closer to partners within the ICP and ICS to deliver system wide working.</p> <p>JM felt it should be recognised this came out of the FRP process. This is a real challenge for the Trust and others in terms of the regulatory framework. It is anticipated the appointment of a single director for NHSE and NHSI will help with this. JM queried if the Trust could have done anything differently and at an earlier stage in the tender process.</p> <p>NG felt more could have been done. The outcome may have been different if the Trust worked closer with the CCG at an earlier stage.</p> <p>AH advised it has been agreed at the executive to executive meeting to have greater transparency and open discussions about what is going out to tender in the future.</p> <p>NG advised the committee received an update on what contracts are due for renewal in the foreseeable future and the procurement options available to the Trust. Reference costs have been published and SFHFT's index is 104, which is the same as last year. More work is required in relation to reference costs.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/071	OUTSTANDING SERVICE		
4 min	<p>A short video was played highlighting the work of the Mobility and Falls Team.</p> <p>TR acknowledged the work of Joanne Lewis-Hodgkinson, Falls Lead Nurse.</p>		
17/072	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> • Freedom to Speak Up • Patient story • Well-led review • 15 Steps 		

	<ul style="list-style-type: none"> • Thank-you to staff for their work during 2018 and for the forthcoming Winter • Ongoing work with the Staff Excellence Award winners • Volunteer helping to deliver baby • Staff survey 		
17/073	ANY OTHER BUSINESS		
1 mins	No other business was raised.		
17/074	DATE AND TIME OF NEXT MEETING		
1 mins	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 31st January 2019, in the Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.30pm</p>		
17/075	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p>		
	Chair	Date	

17/076	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 mins	No questions were raised.		