

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 28th March 2019 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Neal Gossage	Non-Executive Director	NG
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Barbara Brady	Non-Executive Director	BB
	Richard Mitchell	Chief Executive	RM
	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
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Kerry Beadling-Barron	Head of Communications	KB
In Attendance:	Sue Bradshaw	Minutes	
	Phil Bolton	Deputy Chief Nurse	PB
	Clare Burton	Pain Nurse Consultant	CB
	Louise Staves	Pain Nurse Specialist	LS
Observer:	Roz Norman	Staff Governor	
	Ann Mackie	Public Governor	
	Ian Holden	Public Governor	
	Trevor Hammond	Head of Nursing	
	Rachel Saxelby	Ward Sister	
	Dr David Selwyn	Public	
Apologies:	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Suzanne Banks	Chief Nurse	SuB
	Manjeet Gill	Non-Executive Director	MG

Item No.	Item	Action	Date
17/156	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.		
17/157	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
17/158	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Dr Andy Haynes, Medical Director and Deputy Chief Executive, Suzanne Banks, Chief Nurse, and Manjeet Gill, Non-Executive Director. It was noted that Phil Bolton, Deputy Chief Nurse, was attending the meeting in place of Suzanne Banks.		
17/159	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 28 th February 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/160	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 17/062.2, 17/068, 17/131.1, 17/131.2, 17/131.4, 17/134.2, 17/135, 17/141.1 and 17/141.2 were complete and could be removed from the action tracker.		
17/161	CHAIR'S REPORT		
3 mins	JM presented the report, advising he had recently attended an NHS Chairs and Chief Executives Provider Network meeting. The merger of NHS England (NHSE) and NHS Improvement (NHSI) is proceeding at pace and is deeper than had been initially thought. This will require some legislative changes, which were discussed at the network meeting, but it is not clear when these will go through. NHSE and NHSI are moving things forward as quickly as they can and there was a strong message about recognising that they need to work differently and be less 'top down'. The NHS plan was also discussed at the network meeting and work is ongoing relating to the roll out of that. The Board of Directors were ASSURED by the report		
17/162	CHIEF EXECUTIVE'S REPORT		
9 mins	RM presented the report, acknowledging this is the last Board of Directors meeting of 2018/2019. The Trust is entering the new financial year in a better position than the same time last year. SFHFT should be proud of the quality of care provided to patients and there have been improvements in relation to staff engagement and access over the last		

	<p>12 months. In relation to finance, while the Trust still has a large deficit, the control total is being delivered. RM expressed thanks to colleagues within the organisation and system partners for the work which has gone into delivering this. However, SFHFT is not a complacent organisation. Whilst acknowledging there has been improvement, there remains areas for further improvement over the coming years.</p> <p>RM expressed thanks to everyone involved in developing the new Trust strategy, particularly acknowledging the work of KB and Phil Harper, Head of Strategic Planning. The strategy provides a good framework for the organisation for the next 5 years. The next stage is to move onto how this will be delivered and how to make sure there is effective reporting back to the Board of Directors.</p> <p>There are reasons to feel optimistic about the staff survey results but RM advised the culture in the organisation is currently not something to be proud of. Things are improving but there are areas of concern raised in the qualitative free text statements relating to staff's experience within the organisation. The aim over the next 12 months is to fundamentally change the culture within the Trust as well supported staff deliver the safest care in the NHS.</p> <p>The weekly Brexit meetings are ongoing. While the wider picture is unclear, the Trust is well prepared in the areas which are within SFHFT's control and influence. RM expressed thanks to Mark Stone, Emergency Planning Officer, who is leading the work with support from a range of leaders across the Trust.</p> <p>GW acknowledged the excellent work undertaken to enable the Trust to respond to requests for information in the correct way, acknowledging the large amount of information required on a daily basis.</p> <p>RM advised that PW and KB would be taking up senior roles at the Integrated Care Provider (ICP) at the beginning of May 2019 on a secondment basis for 12 months. RM also expressed thanks to JM for chairing the Mid-Nottinghamshire Better Together Board. His successor in this role has now been appointed.</p> <p>GW advised that following the discussion at the Public Board of Directors meeting in February regarding obtaining similar information from Medirest and Skanska staff to that which is gathered from the Trust's staff in the staff survey, this was raised at the recent Joint Liaison Committee meeting. Ben Widdowson, Head of Estates and Facilities, has undertaken to provide them with the same questionnaire that is used for Trust staff. Medirest and Skanska already do staff surveys but they will undertake this so it is in line with the Trust's survey, thus obtaining comparable information which will be available to the Trust.</p> <p>JM noted, in relation to Brexit, there are reports in the press of drug shortages in certain areas and queried if this has any implications for the Trust.</p> <p>CW advised from the information she has these issues do not relate to Brexit but some people are attributing them to Brexit.</p>		
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	<p>JM queried if these issues are likely to impact on the Trust or primary care in the Nottinghamshire area.</p> <p>CW advised there is currently not enough information but advised the buying process is different for hospitals.</p> <p>RM advised there is likely to be some impact for the Trust as SFHFT is reliant on partnership working with other organisations across health and social care. However, through the work of the weekly EU exit planning meeting there is assurance that Steve May, Chief Pharmacist, and his team have a good understanding about access to medication within the hospital and Bob Truswell, Head of Strategic Procurement, and his team are sighted to the issues from a procurement perspective. Mark Stone is interlinking with partners across the East Midlands. If there are challenges, the Trust is well sighted to them but a lot of the issues are beyond SFHFT's control.</p> <p>SiB advised a medicine shortage paper will be presented to the Quality Committee.</p> <p>JM formally thanked PW and KB for their work at the Trust.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/163</p>	<p>STRATEGIC PRIORITY 2 – TO SUPPORT EACH OTHER TO DO A GREAT JOB</p>		
<p>10 mins</p>	<p>Resourcing</p> <p>JB presented the report, advising future reports will be presented to the People, OD and Culture Committee. There has been a significant reduction in medical vacancies, which are currently below 7%. It was noted the Clinical Fellows and CESR programmes have helped achieve this. Nursing vacancies remain a challenge and there is a seasonal fluctuation linked to this. The first international nurses started last month, with more due to start in April and May 2019. There will be a total of 21 international nurses from that cohort.</p> <p>Work is being done to look at the 'inner churn' of nursing numbers to increase visibility of where hours in nursing are being lost but people aren't being seen as leavers. For example, staff who flex or reduce their hours or leave a substantive job to move to bank work, this shows up in the whole time equivalent (WTE) gap in vacancies but this doesn't show as the person 'leaving' those hours. There is active recruitment into Band 5 roles but it is difficult to obtain traction on those vacancies. Overall RN vacancies are below 11% but there is a need to have more visibility in relation to ward based nurses.</p> <p>GW felt there is a need for more explanation as to the reason for WTE staff levels being over and above plan. GW acknowledged the reduction in agency staff usage, noting the large amount of overtime and expressing the view this is not necessarily sustainable or good for staff.</p> <p>JB advised the staff survey report identified that SFHFT is one of the acute trusts where staff are working the most paid hours, which would suggest bank and overtime as well as substantive work.</p>		

<p>BB noted the positive direction of travel relating to medical vacancies and advised she has recently chaired interview panels. The calibre of staff applying to the Trust is very good and the feedback through that process indicates how the reputation of SFHFT is spreading and people are proud to apply to work here and are encouraging colleagues to apply.</p> <p>PB advised increasingly staff from other organisations are choosing to come to the Trust and this is a positive shift.</p> <p>TR queried, given the greater emphasis on the mental health agenda going forward, how this can be factored in for the workforce, whether that be retraining or recruitment of specific expertise.</p> <p>PB advised a mental health practitioner has recently been recruited who has significant experience in many senior positions across the system. He has a raft of ideas and will be able to lead this piece of work, looking at mental health first aid training and the strategy.</p> <p>JM noted the good performance and the increasing positive reputation of SFHFT as a place to work. There are, however, some areas for the newly established People, OD and Culture Committee to look at, namely, the sustainability of the current level of overtime and what pressure that is placing on staff. Additionally, has the Trust reached a level where it is difficult to make further progress in relation to vacancies. This needs to be linked to services to establish if there is a risk in relation to sustainability of services if vacancies are impacting on particular areas.</p> <p>There is no five year workforce strategy in the Trust or at a system level which identifies different approaches to enable progression. The Trust needs to take a longer term view in relation to workforce.</p> <p>Action</p> <ul style="list-style-type: none"> • People, OD and Culture Committee to look at the sustainability of the current level of overtime and the pressure that is placing on staff • Vacancies to be linked to services to establish if there is a risk in relation to sustainability of services <p>BB noted the report presented to the Board of Directors in February in relation to safe working hours for junior doctors and queried if the same information was being gathered for nurses, advising some nurses are reporting that they have worked additional hours at the end of their shift, which won't be classed as overtime.</p> <p>SH advised this was identified as an action for SuB and is on the action tracker.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>JB</p> <p>JB</p>	<p>TBC</p> <p>TBC</p>
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<p>9 mins</p>	<p>Maximising our Potential</p> <p>JB advised most of the actions are complete with the exception of two which will slip over into Q1 of 2019/2020. The guidance on career paths will be launched during the National Learning Week in May 2019. In relation to improving the HR efficiency index in the Trust as compared with peers in the model hospital, this will roll over to 2019/2020 as the national model hospital for HR benchmarks have not been refreshed.</p> <p>In relation to looking at the impact of the actions taken, these have been RAG rated. The KPIs which are amber relate to a KPI which was just missed or the KPI hasn't been achieved but it relates to the staff survey where SFHFT is above average for an acute trust.</p> <p>KPIs identified as red relate to a more significant miss of a KPI.</p> <p>RM queried if the Trust's position has deteriorated in the KPIs relating to the staff survey where SFHFT has comparatively underperformed.</p> <p>JB advised this has been a consistent low score.</p> <p>JM queried what is being done to address and improve this position.</p> <p>JB advised two staff survey conferences are planned for staff and managers to attend. There will be a mixture of focus group sessions and some teaching for leaders in relation to areas such as staff engagement and appraisal. In relation to sickness absence, the policy changed last year. Work has been undertaken with managers regarding how to use discretion. The launch of this was close to the 2018 survey date so it is hoped there will be some improvement in next year's results.</p> <p>RM advised these KPIs are included in the strategy under measuring progress for 2019/2020.</p> <p>CW queried if a separate piece of work was required in terms of the international recruitment and measuring expectations as the needs of this group of staff will be different to UK based staff.</p> <p>JB advised work has been done in terms of pastoral/social support, for example simple things like showing people where the local shops are, arranging accommodation, etc. However, it would be a good idea to meet with them after a couple of months to review how they are and have some form of regular input with them.</p> <p>CW felt a different way of engaging with them will be required as culturally a lot of those communities don't speak out in the same way as the Trust is encouraging staff to speak up as it is not seen as an acceptable thing to do.</p> <p>JB advised the Trust is monitoring EU workers to identify any issues linked to Brexit but no impact has been seen yet.</p> <p>RM advised there has been a discussion at the executive team meeting regarding the Trust's relationship with and support for Black and</p>		
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	<p>Minority Ethnicity (BME) staff. A further report is due to be presented to the executive team in relation to progress and to identify any further work required.</p> <p>JM sought clarification regarding the timescales for the culture and cultural survey work.</p> <p>JB advised there is a session on culture at the Board of Directors workshop following this meeting. Work is ongoing to articulate the desired culture of the Trust, including a session with the senior leadership team. As a result of the culture and leadership diagnostic work which was undertaken last year, a number of follow up themes have been identified which will be built into the Maximising our Potential year 3 plans. It is anticipated these will be signed off and monitored by the People, OD and Culture Committee.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/164</p>	<p>FINAL STRATEGY – HEALTHIER COMMUNITIES & OUTSTANDING CARE FOR ALL</p>		
<p>19 mins</p>	<p>KB presented the report and advised the strategy will be launched to staff at a health and wellbeing event to be held on 5th April 2019 at King’s Mill Hospital as health and wellbeing is one of the strong themes of the strategy. There will also be presentations of the strategy at Newark Hospital and Mansfield Community Hospital on the same day. This will be at the end of the recognition week which is being held from 1st to 4th April 2019 to celebrate the successes of 2018/2019. Posts will be added to social media sites on and after the 5th April 2019.</p> <p>While the focus is on 5th April, this is part of ongoing actions. Feedback presentations have been given to teams across the Trust, following on from the engagement activity which was completed 6 months ago. Feedback has been positive as teams recognise how the comments they gave have been included in the strategy. Teams have been able to identify which objective their area of work will fit into and use this as part of their 2019/2020 planning.</p> <p>The strategy is unable to be launched externally until after the local government elections have taken place as we are currently in Purdah (pre-election period) and the guidance provided means the external launch will need to be delayed. This is planned to take place from 6th May 2019 with traditional press releases, etc.</p> <p>KB advised that in addition to the two page summary and full strategy document provided to the Board of Directors, an easy read version has been produced and there will also be a stakeholder briefing version which will be sent out to MPs, etc.</p> <p>JM advised as the public launch will be after the local elections, this provides time over the next month to fully brief Trust staff.</p> <p>TR noted posts will be added to social media next week and sought clarification that if the Trust is approached by external sources before 6th May 2019 we are not in a position to release any further details until after that date.</p>		

	<p>KB confirmed this is what the guidance indicates.</p> <p>JM acknowledged this could be termed as a false boundary, but the response would be that the first month is to brief staff before launching to the public after the local elections.</p> <p>KB advised the guidance relates to doing something which is perceived to be new. The Trust's view is, given all the discussions which have taken place with staff, etc. over the last 6 months, the launch is the last step of an ongoing process as opposed to something which is brand new and was started during Purdah.</p> <p>RM expressed his disappointment in having to take this approach but advised the guidance is being followed.</p> <p>KB expressed thanks to everyone who has provided comments and feedback on the strategy and formally thanked Phil Harper for his input. Previous discussions have fed through into the design and themes contained in the strategy.</p> <p>NG acknowledged the work which has gone into the strategy but felt the focus is relatively short term and should be extended. Additionally, NG felt more information should be included regarding the specific actions the Trust will be taking to deliver the objectives. NG queried what the mechanism to review the strategy and progress against objectives will be.</p> <p>KB advised the 2019/2020 metrics is included in the full document. The strategy will be reviewed as part of the annual planning process with the 2019/2020 metrics being the starting point for the 2020/2021 metrics.</p> <p>JM advised it is important to not just think about the current year but to also consider future years.</p> <p>RM advised SFHFT can state with a great degree of certainty what is going to happen over the next 12-24 months, which is why this period has been focussed on. Doing that piece of work well becomes an enabler for the future. It is not known what is going to happen in five years' time. However, RM expressed the view that it is likely SFHFT will be intrinsically tied into primary care, commissioning, local authorities and community and mental health providers under the ICP. The next piece of work is to do something similar to the Trust's strategy about a longer period of time in relation to the ICP. SFHFT can't structure a meaningful strategy about the next five years without engaging fully with partners.</p> <p>NG felt morphing the Trust's strategy into an ICP strategy will be the way forward.</p> <p>GW felt the strategy document is a good starting point but the key thing to consider is how it will be used. There have been discussions at Finance Committee about looking at the five year financial plan on an annual basis and building that into the terms of reference. The process of looking ahead five years in relation to finances has provided more assurances in relation to planning and enables thinking beyond a 'normal' 12 month horizon. When reviewing the strategy it will be</p>		
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	<p>important to look critically and carefully about how things have progressed, not just within the year but some of the longer term objectives and use reviews to report against milestones which have been achieved.</p> <p>JB felt the strategy is an excellent document and piece of work. While noting the strategy is for five years, most of the contents are pertinent whatever year we're in and the document is written in a way which won't date.</p> <p>JM advised as system plans develop the Trust will be able to add details in relation to what SFHFT wants to achieve in five years' time. The principles and general direction of the strategy are good.</p> <p>TR felt there is a good flow to the document. The easy read version will be critical tool to get messages across and queried how this will be tested. As the system strategy develops there will be a need to cross reference that into SFHFT's strategy and develop it as things progress.</p> <p>KB advised the easy read version is currently with the LD specialist nurse who hasn't had sight of the full version but has had the two page summary. She will work with colleagues at Nottinghamshire County Council. The same process was followed when the easy read version of the annual summary of the annual report was produced. KB advised she is confident it will be properly tested.</p> <p>GW noted easy read versions of documents tend to be shorter than the full document but it is important not to lose the case study themes as these are what bring life to the strategy.</p> <p>SiB felt there needs to be a closer relationship between the strategy and the Single Oversight Framework (SOF), bringing some of the measures in the strategy into the SOF.</p> <p>RM felt it is positive that the introduction to the document is written by one of the Trust's patients. The strategy has been written so that it feels realistic. The strategy is meaningful and will translate to the different stakeholders. It provides a framework for the next two years. The next steps are to deliver on this but then to engage with stakeholders around the system strategy.</p> <p>JM noted annual updates to the strategy will be built into the operational plans. More work will be required to develop the five year view and this will be co-created with the ICP. Some underpinning strategies are in place but more may be required. There is a role for the Board Sub Committees in terms of scrutiny and assurance. RM will work with colleagues to decide which strategies need to be reported to the Board of Directors as full versions and which can be reported through Sub Committees. Looking at achieving the right balance in terms of both this year's performance but also starting to build in some of the other strategic measures will be part of the review of the SOF.</p> <p>Action</p> <ul style="list-style-type: none"> • Strategies underpinning the Trust's strategy to be reviewed and reporting lines determined 		
		RM	01/08/19

	The Board of Directors APPROVED the Final Strategy – Healthier Communities and Outstanding Care For All		
17/165	PATIENT STORY – EMMA’S STORY		
27 mins	<p>LS and CB presented the patient story, which related to the work of the Pain Management Service.</p> <p>TR queried what the capacity of the team is in terms of resources and how the Trust can influence the system wide working going forward through the ICP.</p> <p>CB advised the pain services team has been through a difficult time but is always looking for a way forward to evolve the service and meet the needs of patients. The team used to have a lot of support from psychology services for inpatients. The team still see a lot of patients with chronic conditions who are inpatients. SFHFT is unique in having an integrated acute and chronic pain service. This has enabled the team to change the skill mix and to learn psychological skills as part of their role.</p> <p>There have been a number of patients recently where psychology has been the main factor for their stay in hospital. Pain is an issue which will bring people into hospital and keep people in hospital. There is a need to look at all aspects. It is often the psychological aspects which keep people in hospital. There is a need to look at how this is managed now the team doesn't have clinical psychology support. The team needs to adapt and educate team members further. Team members are trained in Level 2 psychology skills and offer cognitive behavioural therapy (CBT) type therapy to patients.</p> <p>CB advised the team is not under-resourced to manage this work, especially as some of the programmed activity from outpatients work has reduced. The question is how to move forward because the team would like to provide a support clinic for patients identified as most at risk of being repeat or frequent attenders. There has been an increase in the number of patients, particularly chronic back pain patients, who should not be admitted to the Trust for acute care. However, while community services should support patients at home, when patients worry and have a flare up of symptoms their first call will be SFHFT. The team are doing some work with ED to support them in managing patients presenting to ED in a different way to them being admitted.</p> <p>LS advised the team are working to identify patients in pre-op who are on a high dose of opiates and try to manage those patients by reducing their medication to a more reasonable level prior to their operation. The team's skill set is changing and evolving and they do relaxation sessions with patients, which is part of relaxing the mind and managing pain. The aim is to give those skills to patients and signpost them to the right area out of the hospital setting to carry on that theme when they go home.</p> <p>TR felt the team are to be congratulated on the way they have adapted. Going forward there is a need to think collectively and seek ways of working collaboratively.</p>		

	<p>LS advised when patients are engaging there is a need to act quickly. Having a clinical psychology resource is cheaper than having patients repeatedly being admitted when there is nothing physical to treat.</p> <p>CW queried if it is possible to capture data to evidence the social value of the work being done at the Trust in the broader sense of patients being able to re-engage in the workforce, etc.</p> <p>CB advised pain is a long term condition. SFHFT serves an area of high social deprivation and chronic pain is more prevalent in such areas. CB advised she has previously worked with commissioners and has raised the point that it is not just what is done for particular patients but the work by the Trust has a wider economic value in relation to how people are able to contribute to society. It would be a huge piece of work but the economic costs are likely to be surprising.</p> <p>SiB felt as part of the ICP there is a need to work closely with Notts Healthcare in relation to how psychology supports physical health. SiB acknowledged the team's professionalism through what has been a difficult period.</p> <p>BB advised thought needs to be given as to how to capture the impact of the team's work on individuals, both from a clinical measure of pain tolerance and the wider issues. The vision of the Trust relates to healthier communities. Therefore, there is a need to evidence impact by the use of case studies and embed this into the way of working. Psychology is a powerful skill which can be used in pain management, cancer and other long term conditions.</p> <p>LS advised pain can be caused by many things. There is a need to look at the bigger picture and if wellbeing is part of that picture, this needs to be addressed.</p> <p>JM noted the team has gone through some challenging times and queried if they are getting the support from management to think through some of the difficult issues.</p> <p>CB advised the team has always been well supported to evolve the service it offers. The cancer clinical psychologists support the team with clinical supervision.</p>		
<p>17/166</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>57 mins</p>	<p>ORGANISATIONAL HEALTH</p> <p>JB advised sickness absence in February was fractionally higher than January at 4.5%, which is 1% above target. The Trust was at or below target for 6 months of the year but there are fluctuations over Winter. Sickness absence relating to stress, anxiety and depression has increased from 0.8% in January to 1% in February. However, part of the work to support this KPI may initially cause an increase as part of the work is in relation to increasing visibility and people feeling they can report this as the reason for absence rather than masking it as something else.</p>		

<p>Appraisal rates are still good at 96%, mandatory training at 95% and staff turnover has decreased to 0.36%.</p> <p>NG felt 3.5% sickness absence target across the year is not realistic. It would be helpful to try to phase the target in relation to the trends over the course of the year.</p> <p>JB advised a trajectory to get back to 3.5% across the year could be included in future reports.</p> <p>NG queried if the amount of overtime being worked is contributing to the levels of stress and anxiety.</p> <p>JB advised this may be the case as it can only be sustained for so long. There may also be a link to Winter pressures.</p> <p>CW queried if it is possible to cross reference staff repeatedly working extra hours with sickness levels.</p> <p>JB advised it is possible to look at both systems and produce a report on that for the People, OD and Culture Committee. However, it is important not to look too deeply at this as there is a risk of inadvertently identifying individual staff. There are rules relating to people being off sick and then picking up bank shifts.</p> <p>TR noted the staff survey identified staff feel pressured by managers to work extra shifts and felt some correlation work is required to identify trends and themes. In relation to mandatory training, TR noted the 95% completion is based on modules not people, advising there had been a discussion at Audit and Assurance Committee relating to information governance and the toolkit submission. TR felt 95% completion rate is not a true reflection in relation to the toolkit and it doesn't provide the right data to identify if there is a concern and where that concern is. For example, 95% of modules may be completed but only by 60% of staff.</p> <p>Action</p> <ul style="list-style-type: none"> • Report regarding possible link between sickness levels and staff working additional hours to be presented to the People, OD and Culture Committee <p>JB advised the reporting is linked to the IT system which is used to record mandatory training. There are two types of system which NHS trusts use, one system will report on the number of individuals who are wholly compliant with all mandatory training but the system SFHFT uses is based on an aggregate system which looks at individual subjects, tests the compliance for that subject and provides an aggregate score.</p> <p>TR queried what mechanism can be used to identify where the gaps are as it is important to know the number of people completing training.</p> <p>JB advised if there is a concern about a particular topic a report could be produced regarding compliance for that topic area. Alternatively the number of staff who have had deferred increments due to not being fully compliant with mandatory training could be identified. However, this</p>	<p>JB</p>	<p>02/05/19</p>
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<p>would not identify staff who are at the top of their pay band.</p> <p>PR advised the Trust won't meet the IG toolkit requirement for this year in terms of 95% of staff having completed mandatory training. SFHFT will be compliant with the toolkit as there will be an implementation plan in place to rectify the mandatory training requirement, part of which will be reporting to divisions regarding IG toolkit training compliance on a monthly basis.</p> <p>JM felt there is some contradictory information, noting the trend of increased sickness absence over the last few months and issues relating to anxiety, stress, depression and overtime. However, there is also evidence which suggests SFHFT is becoming well known as a good place to work. Sickness absence in divisions varies from under 2.5% to over 4%. There is a need for some comparisons to understand what is happening in the different areas in order to understand the issues.</p> <p>The People, OD and Workforce Committee will need to look at the reasons for some of the contradictory information to understand what the information means for culture and how to work with staff.</p> <p>Action</p> <ul style="list-style-type: none"> • Reasons for contradictory information in relation to workforce, for example, increased levels of anxiety, stress and depression as opposed to evidence SFHFT is a good place to work, to be investigated. <p>NG noted the high levels of sickness in surgery division, which is skewing the results. While noting there is some long term sickness, there is a need to understand the reasons.</p> <p>JB advised a report on sickness levels in surgery is being prepared for presentation to the People, OD and Workforce Committee. Some of the levels in relation to a good place to work, etc. are comparisons to other NHS organisations.</p> <p>QUALITY</p> <p>PB advised there are two exception reports this month. There have been five cases of c difficile in month, against a trajectory of four, bringing the annual position to 35 against a trajectory of 47 for the year. The Trust shouldn't exceed this standard at the end of the year. The five cases this month have all been through the root cause analysis (RCA) process. There are two cases which may be linked and samples have been sent for ribotyping. The target for next year has been increased to 75 cases. However, the way in which cases are measured and recorded are changing. Two key things identified in the revised guidance so far are that cases occurring in the community, where the patient has been in hospital during the proceeding four weeks, could potentially be attributed to the Trust. Additionally, cases are currently recorded from Day 4, this is being changed to Day 3.</p> <p>PB reported there have been no outbreaks of Norovirus, despite cases in the community resulting in some nursing homes being closed and</p>	<p>JB</p>	<p>02/05/19</p>
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<p>other organisations losing bed days. This evidences that this has been managed proactively by the Trust.</p> <p>Flu cases continue to decrease and the internal vaccination programme has contributed to that.</p> <p>There was an unavoidable suspected deep tissue injury reported to the Board of Directors in February. Fortunately for the patient that didn't develop but is graded as a Grade 2 pressure ulcer. This patient had complex surgery followed by traction. There are some learning points from this case, which has gone through the RCA process.</p> <p>The second exception report relates to falls. The total number of falls has reduced for the third month but there has been an increase in falls causing low or no harm. While keeping patients in bed may reduce the number of falls, it is important for patients to be encouraged to mobilise.</p> <p>Dementia remains in a positive position, 99% of patients were screened with 98% referred on. This improvement from the position 6-7 months ago is now embedded.</p> <p>VTE, which was reported as being off track last month, is now back on target.</p> <p>There have been no breaches of safer staffing limits. However, there are pinch points, most notably in maternity where there have been a number of closures. These have gone through the RCA process and reported to the relevant committees.</p> <p>A Street Health event took place on 6th March 2019. This was attended by 50-60 people and is a good example of strong partnership working. The team which leads this work were runners up for a British Journal of Nursing award.</p> <p>BB queried the use of the word 'trajectory' in relation to c difficile, feeling better wording would be 'tolerance level'. However, she acknowledged the work in relation to this and noted the good work in relation to street health.</p> <p>GW acknowledged the work in relation to safer staffing. The overstaffing level has also consistently reduced which evidences strong management.</p> <p>NG noted serious incidents are being reported on a fairly regular basis and queried if there is an acceptable level in relation to this, if there are any underlying causes and how are the risks being managed.</p> <p>PB advised there will always be incidents. The base is to improve from the previous year's position. There has been an emphasis placed on encouraging staff to report incidents.</p> <p>TR advised this has previously been looked at and the Trust's own tolerance level was lowered to encourage people not to be afraid of reporting incidents. There is a benchmark regarding the level which needs to be reported to the CCG, etc.</p>		
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<p>BB noted it is important for staff to engage and for the Trust to be open to where there have been opportunities for improvement.</p> <p>JM noted it is important for people to report incidents but this is in the context of not causing the Trust any concern about the standard of care.</p> <p>RM advised the Trust wants to have a 'just' culture where people feel able to speak up about serious incidents and never events. There was a long discussion at the executive team meeting in relation to how to reference serious incidents and never events in the measuring progress for 2019/2020 section of the strategy. The wording which was agreed is "a reduction in the number of serious incidents by 50% with the aim of becoming the lowest for any East Midlands acute trust" and to "reduce the number of never events by 50% with the aim of having none".</p> <p>PB advised there is learning being taken on board as repeats of the same type of incident are not being seen.</p> <p>JM noted the maternity closures and queried how many there had been during the year.</p> <p>PB advised he was unable to give a figure for the year but there had been approximately four instances in the last month, mainly linked to staffing or activity which is above what the current staffing levels can manage. Maternity have a robust safety process in place, whereby if there is a neighbouring trust which can provide support for a period of time, the safest way for this to be managed is to close for a period of time to get over that peak in activity. Any closures do go through the RCA process.</p> <p>JM queried if this risk judgment is correct and noted there are falling birth numbers but pressure on staff in terms of recruitment and there are increasing closures.</p> <p>RM advised this has been discussed by the executive team and there have been discussions with the maternity team. The team are currently under a lot of pressure. SuB is organising a risk summit with the team to identify issues and what can be done to further support them. When the Trust has been closed to births at specific times, other organisations have been unable to accept those families.</p> <p>PB advised this is considered on a case by case basis as turning someone away may not be the right decision. There is a need to assess the risk.</p> <p>JM sought clarification if the Quality Committee have received any reports relating to receiving assurance about the way in which risks are being assessed and what can be done to try to minimise closures.</p> <p>SiB advised it has been reported to PSQG and to the executive team meeting.</p> <p>TR advised while this is a different issue, this will be the second risk summit with maternity in the space of 18 months and queried if there is any connectivity. TR advised previously the Quality Committee were</p>		
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<p>made aware of the summit through PSQG, who reported back to the Quality Committee. Based on that, the Quality Committee then invited the team to present their action plan.</p> <p>JM noted a possible contradiction in that SFHFT is identified as the best place to give birth in terms of experience but there are times when the unit is closed.</p> <p>RM advised mothers giving birth at the Trust are having an exceptional standard of care, unfortunately there will be mothers who believe they can give birth at the Trust but at specific points we're full and they have to go elsewhere. The Trust's midwives are some of the hardest working staff in the Trust and the maternity team are under just as much pressure as ED staff. There is a need to be cognisant of that.</p> <p>Action</p> <ul style="list-style-type: none"> • Once the risk summit has taken place, an update regarding reasons for maternity closures to be reported to the Quality Committee <p>CW queried if this could potentially impact on the Trust's reputation. While mothers are having good experiences, if more are being turned away that will start to raise issues for the community midwives.</p> <p>JM noted reporting of c difficile is changing and queried if the system wide quality and governance arrangements are strong enough to support this and give assurance to the Board of Directors.</p> <p>PB advised the detail of what is being proposed for next year needs to be reviewed. The Trust currently works very well with the CCG and they attend the Trust's RCAs.</p> <p>OPERATIONAL</p> <p>SiB advised February was a very challenging month and stress tested the Winter plan. However, the access position is stable with one exception. The ED 4 hour standard was 90.3%, which was 0.2% below trajectory and placed SFHFT 18th nationally. Length of stay has improved but there was some growth in longer stay patients during February which impacted on occupancy. A lot of work has been done relating to this and it is now at a level which is lower than it was in July 2018. At the end of February, Ward 21 (elective orthopaedic ward) transferred back to elective orthopaedics from medical, which was part of the Winter plan. Orthopaedics are now doing a full elective programme.</p> <p>There were eight patients who had excessive waits in ED during the period of 10th to 11th February (Sunday night into Monday morning). RM has written to all the patients affected to apologise. There has been a full internal debrief and externally at the A&E delivery board. Three actions to take forward have been identified, these being Black Alert actions out of hours and how to strengthen those, full capacity protocols and how to strengthen those and the system at A&E delivery board for how the system triggers earlier for escalation actions to be taken. On the day in question there was a very high number of admissions and</p>	<p>SuB</p>	<p>TBC</p>
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	<p>low level of discharges. March is currently at 93%, which while representing an improvement, is still below trajectory.</p> <p>JM noted a review into the 12 hour waits has been completed and queried if these were avoidable.</p> <p>SiB advised it is his belief that they were not all avoidable. There were 17 patients who had long waits and all of the times for these patients' breach times were within a 2 hour window. It was difficult to move 17 patients within this timeframe. However, some of the extended waits could have been avoided with stronger actions. Potentially patients could have been moved out of ED to other areas of the Trust but this would have placed them in a situation which was not as safe. While acknowledging they had a poor experience, no harm came to patients but it is acknowledged they were in the wrong physical environment.</p> <p>BB expressed thanks to staff, particularly staff who have been working on wards which were switched to medical as part of the Winter plan. As the Trust is starting to step down from the main phase of Winter, BB queried what learning can be taken from Winter 2018/2019.</p> <p>SiB advised the Trust will be taking the same actions as last year. There will be a full de-brief with all areas, including nursing, to obtain the views of staff about what went well and what can be improved for next year. This will build into the Winter plan for 2019/2020, which should be completed by June 2019.</p> <p>NG advised there have been some national discussions in relation to changes being made to the 4 hour standard and queried what the Trust's view is of those and if any changes are likely to drive different behaviours in the future.</p> <p>SiB advised waiting times will still be a standard within ED, noting overall the 4 hour standard has improved safety and quality, as well as waiting times. An average wait may be introduced. Overall SFHFT's average wait is 155 minutes. If trusts perform well on the 4 hour standard, it is likely they will perform well on average wait. Some trusts take the approach that once a patient has breached, they may be left in favour of patients who are about to breach. Therefore, if a patient is in the 5% above 95%, they could have a longer wait. This is not the approach taken by SFHFT as patients are seen in time order.</p> <p>Another area being considered relates to sicker patients and how quickly they are seen. This is an area where the NHS generally performs well. It is important to continue to have some sort of waiting time standard as this has pushed productivity in the NHS.</p> <p>GW advised the ED 4 hour standard does have a knock on effect on the performance of the whole hospital and is a good measure. However, the introduction of a standard in relation to dealing with more serious cases quicker would be a good message for the public.</p> <p>SiB advised 96% of Category 1 and 2 patients who attend ED are seen by a doctor within an hour. The proposed standards are being trialled for the next 6 months in some areas.</p>		
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<p>JM noted patients with a length of stay over 21 days increased during the fortnight ending 10th February 2019, which was immediately prior to the long waits being experienced, and queried what was driving that increase.</p> <p>SiB advised one reason was acuity as there were a lot of patients in that cohort who were medically unfit and on IV antibiotics. Additionally, ITU was full all week, but there were also issues relating to process.</p> <p>RM advised the week when the peak occurred was a week when SiB was off. Clearly, there can't be a system which is reliant on one individual and the Trust doesn't have that. However, there is a need to strengthen internal processes, irrespective of who is working.</p> <p>SiB advised cancer performance was 84.5% in January. This is in the context of increasing demand as the Trust treated 10% more cancers in January 2019 compared to January 2018. There were a lot of breaches in dermatology in January; there is a consultant vacancy and a consultant was off on short term compassionate leave. The Trust was unable to get cover into dermatology quickly. However, this situation has now righted itself for February and the standard should be achieved. The sustainability of the cancer standard lies with urology and MR scanning capacity. An improvement plan is in place for urology. Clinicians are using a best practice clinical pathway and that does cause some delays. The clinicians' view is this is the right pathway for patients as urology cancers aren't always cancers where intervening early is the best approach. However, there are process issues within urology and capacity issues which can be taken forward. There are 15 patients at 104 days, all of whom have had harm reviews and no harm has been found.</p> <p>GW noted the timing for the mobile MRI scanner has been extended but that still appears to be insufficient. More planning is required to understand what the requirement is for MRI capacity and how that can be delivered in the best and most effective way.</p> <p>SiB advised there is broad agreement to progress a case for an additional static MRI scanner and to bring in a second mobile scanner. However, mobile scanners don't have the ability to do the same range of scans which can be done on a static scanner. AH is undertaking a piece of work relating to diagnostics to identify if it is possible to reduce the number of scans requested by 5%. There is a risk attached to just having one scanner if that breaks down. Having another scanner provides resilience. Currently the scanner is run from 8am-11pm.</p> <p>NG expressed his disappointment that the issues with cancer have not yet been resolved as it has been an issue for a few months and sought clarification regarding the timescales for this to be back on track.</p> <p>SiB advised part of the issue relates to MRI capacity. The forecast was for cancer to be back on track this month, which would have been achieved if the issues in dermatology had not arisen. Progress is being made but MRI remains an issue.</p> <p>GW queried what progress had been made relating to the business case for an additional static MRI scanner.</p>		
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<p>PW advised preparation of the business case has commenced and there is an estates feasibility study which is built into this year's capital programme. Thought needs to be given as to where to site the scanner and some building work will be required. It will be a long lead time.</p> <p>TR advised imaging and analysis has been looked at by the Quality Committee. AH has made recommendation in relation to tolerance in terms of time taken to look at plain films.</p> <p>BB felt it will be interesting to see what traction AH can secure in terms of clinical referrals for imaging. There is likely to be huge variance in that, some of which will be unexplained and unjustified.</p> <p>SiB felt there may be simple things which can be done, for example, only allowing certain grades of doctor to order certain images, but it is important not to constrain the ability to use MRI scanning and then see length of stay increase because people can't get an answer.</p> <p>In relation to elective care, SiB advised diagnostics are on target for the ninth consecutive month. However, three of nine echo-cardiographers are currently off sick, creating a risk for March. Referral to Treatment (RTT) is 90% and remains stable. Nearly every specialty has a demand vs capacity deficit within outpatients, ranging from 76 patients per week in ophthalmology to 9 patients in colorectal. Work is being done with divisions to bridge those gaps and this is an area which is driving some of the overtime and waiting list initiatives.</p> <p>11 patients waited longer than 52 weeks at the end of January. All these patients have been through a harm review process and no harm has been found. The forecast is for this to be at zero by the end of March 2019.</p> <p>JM requested information regarding outpatients to be presented to a future Board of Directors meeting or workshop as that is a major transformation programme for 2019/2020.</p> <p>Action</p> <ul style="list-style-type: none"> • Report on progress of the outpatients transformation programme to be presented to a future board meeting <p>FINANCE</p> <p>PR advised at the end of M11 the Trust's financial deficit YTD pre-Provider Sustainability Funding (PSF) is £43m, which is £180k ahead of plan. Contributors to this are non-elective income being above plan and pay being above plan. Agency spend in the month has reduced and is below the ceiling YTD by £1.6m. The Financial Improvement Plan (FIP) and Financial Recovery Plan (FRP) plans are behind by £900k against the original plan. The loss of PSF in respect of system financial performance and the expected non-delivery of 95% ED 4 hour standard has been reflected, which gives a post PSF deficit of £33.86m, which is £1.61m behind plan. The expectation is for the Trust to deliver the pre-PSF control total of £46.3m and a post PSF deficit of £36.34m, which is £2.37m behind plan due to the loss of £1m PSF in respect of the system financial control total and £1.3m loss in respect of the non-</p>	<p>SiB</p>	<p>05/09/19</p>
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	<p>delivery of 95% for the ED 4 hour standard in March.</p> <p>However, achievement of the pre-PSF control total will award SFHFT some bonus reward payments in PSF terms, the value of which won't be known until early April. If the Trust is able to better the pre-PSF control total, percentage monies will be received at the rate of £2 of PSF for every £1 better than the control total.</p> <p>In terms of agency ceiling at year end, this is expected to be £1.7m below the ceiling.</p> <p>FIP and FRP expect to deliver £16.4m, which is £800k below the original plan and £90k below the recast plan when the FRP was put in place in September 2018.</p> <p>In respect of capital, expenditure against the original plan will come in £450k less than that plan, offset by some expenditure in charitable funds and receipt and spending of £1.14m of public dividend capital.</p> <p>In relation to cash, the Trust remains within the required cash holding of approximately £1.5m at the end of February and expects to be on plan to deliver that at year end.</p> <p>NG felt the results are as expected and the forecast has been well controlled this year.</p> <p>The Board of Directors CONSIDERED the report</p>		
17/167	DATA PROTECTION & SECURITY TOOLKIT SUBMISSION/SENIOR INFORMATION RISK OWNER (SIRO) REPORT		
2 mins	<p>PR presented the Senior Information Risk Owner (SIRO) annual report and Data Protection & Security Toolkit Submission for 2018/2019, advising this has previously been presented to the IG committee and Audit and Assurance Committee (AAC). In relation to the Data Protection & Security Toolkit submission, 98 of the 100 required mandatory items are complete. The two items which are outstanding relate to the Trust being unlikely to achieve the 95% staff training requirement and an outstanding issue in relation to generic accounts which has been highlighted by 360 Assurance. The Trust will remain compliant with the toolkit requirements if there is an improvement plan in place. This is in hand or already in place.</p> <p>Three incidents were reported to the Information Commissioner during 2018/2019 but no formal action was required.</p> <p>There were 15 breaches of confidentiality during the year which have been treated as serious incidents and appropriate disciplinary action taken.</p> <p>The Board of Directors APPROVED the Data Protection & Security Toolkit Submission</p>		
17/168	ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST		
3 mins	<p>SH presented the report advising this has previously been presented to AAC. Declaration of Interests is an annual requirement and the report</p>		

	<p>reflects the work done during 2018/2019.</p> <p>From 1st April 2019 there will be screen flashes, notes on payslips, etc. to remind relevant staff to make their declaration for 2019/2020.</p> <p>GW advised there has been an improvement in compliance and requested that members of the Board of Directors complete their declaration for 2019/2020 as soon as possible.</p> <p>CW queried if there was a list of people who remained non-compliant.</p> <p>SH advised a list of people who are non-compliant is sent out to divisions, clinical chairs, etc. on a monthly basis.</p> <p>CW queried if there was any action which could be taken earlier to encourage people to make their declarations earlier in the year.</p> <p>SH advised promotion will start in April 2019.</p> <p>GW felt it advisable to compare the names of people who were non-compliant at the end of 2018/2019, to those who were non-compliant at the end of 2017/2018.</p> <p>Action</p> <ul style="list-style-type: none"> • Compare list of people non-compliant with declarations of interest at the end of 2018/2019 and 2017/2018 to identify people who have not made a declaration for two years <p>The Board of Directors APPROVED the annual Declarations of Interest report</p>	SH	02/05/19
17/169	GENDER PAY GAP REPORT		
8 mins	<p>JB presented the report, advising the calculations are as at 31st March 2018. The 'straight' gender pay gap analysis of the mean hourly rate gives a gap of over 32%, while the median gives a gap of over 21%. However, when the medics' pay is taken out of these calculations this gives a mean pay gap of 8.34% and median pay gap of less than 2%.</p> <p>This confirms it is the inclusion of medics' salaries which makes up a lot of the difference as consultants are the Trust's highest paid staff. SFHFT has 2.6 male consultants to every female consultant.</p> <p>As the figures are as at 31st March 2018, they do not reflect the new agenda for change pay deal. The incremental changes introduced as part of that deal may impact in subsequent years.</p> <p>Another area for consideration is the bonus agenda pay gap. The only thing which the Trust pays as a bonus under this category is the clinical excellence awards for consultants. This gives a mean pay gap of over 20% and median of 43%. This is mainly due to eligibility for clinical excellence awards and the fact that in addition to the Trust having more male consultants than female, male consultants tend to be longer serving, thus providing more opportunities to apply for clinical excellence awards. Clinical excellence awards are currently</p>		

	<p>cumulative, but this aspect will be phased out over the next two years under new arrangements.</p> <p>Further analysis has been completed regarding the bonus. The awards are made in line with national criteria and are a peer based award. Approximately 80% of women who made an application received an award this year, compared to 62% of men.</p> <p>GW noted that clinical excellence awards are currently cumulative and transferable. On that basis, GW expressed the view they are contractual and don't constitute a bonus, querying if other trusts class them as bonuses.</p> <p>JB advised the Trust has been given national guidance on what to include. Therefore, all other trusts should be including them as bonuses.</p> <p>TR queried when this year's data will be available.</p> <p>JB advised once the pay information is available for March 2019 it may be possible to get the information at the end of May. However, this will be dependent on whether it's a national programme which is run to obtain the figures or if it is produced locally.</p> <p>BB queried what the trends are and if the Trust was improving in relation to the gender pay gap.</p> <p>JB advised there are only 2 years' worth of information available. As the years go on it will be possible to build up trend information. However, there has been an increase on the median hourly rate of approximately 4.5%.</p> <p>The Board of Directors APPROVED the Gender pay gap report</p>		
17/170	ESTABLISHMENT OF PEOPLE, OD AND CULTURE COMMITTEE		
1 mins	<p>SH presented the report, advising the Board of Directors have previously agreed to establish a People, OD and Culture Committee. The Terms of Reference and work plan for the Committee will be submitted to Board for approval in May 2019.</p> <p>The Board of Directors APPROVED the establishment of the People, OD and Culture Committee</p>		
17/171	ASSURANCES FROM SUB COMMITTEES		
16 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report and expressed thanks to CW and TR who are moving on from AAC to serve on other sub-committees from April 2019. Thanks were also expressed to the governor observers for their input into the Committee effectiveness review.</p> <p>It was noted implementation of recommendations from internal audit currently stands at 76.8%. While this represents good performance there has been some slippage and is below the 90% achieved in</p>		

2017/2018. It is hoped this figure will increase when the year end position is reported. In cases where actions haven't been implemented without agreed good reason, their owners will be asked to attend the next AAC meeting to explain their position.

The Committee received a detailed report on clinical audit, which showed significant improvement on the previous position. Future monitoring of this will be undertaken by the Quality Committee.

Cyber security is an ongoing issue and will continue to be monitored. The correct actions are being taken but there will always be challenges, particularly in relation to operating systems. Some of the Trust's systems won't work with new operating systems and will require upgrades.

Finance Committee

NG presented the report and advised the Committee received a report in relation to cost per Weighted Average Unit (WAU). It was disappointing to note that SFHFT has the 8th highest nursing and midwifery pay costs per WAU in the country. The report posed further questions for the Committee and an update will be provided to the Committee by the middle of the year to gain further understanding of the factors affecting the figures. It was noted that pay costs for Bands 8c-9 are 100% higher than outstanding trusts and the national median. This also requires further investigation.

The Committee had a long discussion regarding financial planning and budgeting. There are some changes happening for 2019/2020 in relation to the funding regime and contract. There will be a marginal approach to income planning whereby fixed costs will be covered and the Trust will also receive a marginal payment if volumes exceed the targets agreed with the CCG.

The Committee reviewed the Board Assurance Framework (BAF) risks PR4 and PR6. The Committee recommends that the likelihood rating for PR4 is reduced from 4 to 3 and the consequence rating for PR6 be reduced from 5 to 4.

The committee received two reports from 360 Assurance relating to procurement and the integrity of the general ledger. Both reports provided significant assurance.

The Committee reviewed the updated financial strategy and noted that the strategy assumptions are completely aligned with the Trust strategy.

Quality Committee

BB presented the report and advised good progress is being made against the quality strategy. The Committee discussed the 15 Steps Challenge visits and agreed an approach which will feed through the Quality Committee.

BB advised it has been identified the Trust is currently not compliant with recent EU legislation relating to the Falsified Medicines Directive (FMD). This requires the implementation of electronic barcode checks

<p>for the validity of medicines purchased by healthcare organisations. Compliance will require significant investment and a business case has been prepared in anticipation.</p> <p>CW advised while the FMD legislation was introduced on 9th February 2019, the planning process has been ongoing in the sector for 2 years. Most community pharmacies and wholesalers have been required to implement it at a cost consideration, but many remain non-compliant. The issue for SFHFT is that even if the Trust doesn't have to comply with this directive due to other issues regarding the UK's exit from the EU, there will be some version of FMD within the UK which will need to be complied with. Therefore, whatever action the Trust takes now will be an investment for the longer term.</p> <p>JM queried what risks non-compliance poses to patients.</p> <p>CW advised FMD relates to the quality of medicines, ensures that any medicines in the system are not false and provides traceability from the factory gate to the end user. However, hospitals have been determined the end user rather than the patient, as would be the case for medicines collected from a pharmacy. There are cost implications relating to the tracking of medicines, not just the system but regarding what happens to medicines ordered which aren't used and how they can be returned. The main issue is the Trust is not currently compliant.</p> <p>BB advised an issue has been identified relating to x-ray plain film images. Currently most plain film images are taken by a technician rather than a radiographer. For inpatients the results of the x-ray film are sent back to the requester who will make an assessment / diagnosis based on their assessment of that film. For outpatients, if the request is not classed as urgent, the film will not be seen for about two weeks. The risk is that during those two weeks there could be a film which identifies a health issue but it has not been reported on. This is a risk which is currently being carried by the Trust which came to light due to a recent serious incident. This is a relatively small risk. There is a significant opportunity cost as if all films taken as a result of an outpatient's appointment were routinely dealt with within a two week timeframe, very few positive cases would be found but they would attract a huge amount of resources. The Committee's view is that although this is a risk, it is a relatively low risk in terms of patient harm.</p> <p>JM sought clarification regarding the actions being taken to progress these two issues.</p> <p>BB confirmed the issue relating to plain film is a risk currently being held by the Trust which has been exposed by a serious incident. The view of the Quality Committee is to continue to hold and manage the risk with no further action being taken. This was AH's recommendation.</p> <p>Action</p> <ul style="list-style-type: none"> • Confirm issue relating to plain film imaging is on the risk register <p>In relation to FMD, the business case which is being developed pending further direction around this issue needs to be progressed.</p>	<p>SH</p>	<p>02/05/19</p>
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	The Board of Directors were ASSURED by the reports		
17/172	OUTSTANDING SERVICE		
5 min	A short video was played highlighting the work of the Switchboard Team.		
17/173	COMMUNICATIONS TO WIDER ORGANISATION		
min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> • Strategy • Patient story • Performance • Gender pay gap • People, OD and Culture Committee • EU exit • Conflicts of interest • Encourage staff not to overuse switchboard 		
17/174	ANY OTHER BUSINESS		
1 mins	No other business was raised.		
17/175	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 2nd May 2019, in the Boardroom, Newark Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.10pm</p>		
17/176	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> <p>Chair Date</p>		

17/177	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
13 mins	<p>Roz Norman, Staff Governor, advised SFHFT was mentioned in a positive light at a recent NHS staff council meeting. The points raised related to the Trust's flu campaign, transfer of staff on Band 1 and the menopause conference.</p> <p>Ann Mackie (AM), Public Governor, queried what assurance there is in relation to when commissioners (CCG) withdraw monies or change or withdraw provision. Is there full discussion between the CCG and the Trust and, therefore, are the effects of the change taken into account. In addition, when services are out for tender, are the business cases, especially in the private sector, providing a better service than the NHS service noting, for example, PICS which is withdrawing all the pain clinics from the hospital. AM also queried if there is good accountability with all these groups, private sector as well as the NHS, to confirm they are producing a better service, as per the submitted business case.</p> <p>RM advised it is important to maintain the provider / commissioner split. However, over the last couple of years SFHFT's relationship with commissioners has improved and the Trust is playing a more active role in some of the work which is done prior to services being commissioned and is actively tendering for some of those services. In terms of using the pain service as an example, we (the health service and SFHFT) would recognise there are lessons which can be learnt from that process. However, the Trust needs to accept the decision to award the service to PICS and move elements of the pain service out of King's Mill into the community.</p> <p>In 2019 there are likely to be a series of services out for tender which either SFHFT, or SFHFT working in partnership with other providers, would view as providing an opportunity to provide very good quality of care to patients and to do it in way which represents best value for the local health system. Through ICP working, the Trust can play a more active role in some of the decision making processes linked to this but can't be seen to be influencing the decision making around tendering.</p> <p>In terms of accountability, the commissioners are best placed to answer that. However, with a level of frequency they will look at the business case and check if it is representing best value for money and if the service being provided is the same as the previous service.</p> <p>AM advised through her involvement with the Public and Patient Engagement Committee, run by the CCG, she is not getting a clear picture that the CCG are conversing with the Trust and looking at the problems which could occur with a change of provider.</p> <p>RM advised there is a need to ensure money is spent as effectively as possible. Through the ICP, there are ways in which working relationships can be improved whilst maintaining statutory elements of this organisation. Ways to increase the level of accountability and awareness of the ICP are being considered.</p> <p>JM advised a new world is being entered where the balance between competition and collaboration is shifting. There are opportunities to increase visibility and co-creation of processes. Governance</p>		

	<p>arrangements across the system and how that relates to statutory governance have been discussed previously and will be looked at further.</p> <p>AM queried what actions can be put in place to help stressed staff as staff feel they need to work, even if they are unwell, but that risks spreading infections. Staff also want to work to fill rotas and support colleagues.</p> <p>JM advised the People, OD and Culture Committee will be looking at this issue.</p> <p>Rachel Saxelby, Ward Sister, assured the Board of Directors that they have been asked by the HR advisor to record further details relating to why staff are absent from work if they are off due to anxiety and depression.</p> <p>Ian Holden, Public Governor, expressed thanks to members of the Board of Directors who have supported the governors in their role.</p>		
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