

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 3rd October 2019 in the Boardroom, Newark Hospital

Present:	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Simon Barton	Chief Operating Officer	SiB
	Suzanne Banks	Chief Nurse	SuB
	Paul Robinson	Chief Financial Officer	PR
	Clare Teeney	Director of People	CT
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RS
	David Selwyn	Deputy Medical Director	DS
	Alison Steel	Head of Research and Innovation	AS
	David Hodgson	Research and Innovation Director	DH
	Helen Seacroft	ED ACP	HS
	Natalie Bradbury	ED Sister	NB
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
Observer:	Emma Challans	Director of Culture & Leadership Candidate	
	Anne Wilkinson	Director of Culture & Leadership Candidate	
	Julie Fraser	CQC	
	Eve Davis	CQC	
	Richard Shillito	Public Governor	
	Ian Holden	Public Governor	
Jackie Lee	Staff Governor		
Apologies:	Shirley Higginbotham	Director of Corporate Affairs	SH

Item No.	Item	Action	Date
17/354	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.		
17/355	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Integrated Care Partnership (ICP) and Chair of the East Midlands Leadership Academy.</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p>		
17/356	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Shirley Higginbotham - Director of Corporate Affairs		
17/357	MINUTES OF THE PREVIOUS MEETING		
1 mins	<p>Following a review of the minutes of the Board of Directors in Public held on 5th September 2019, PR identified, under item number 17/333 – Financial Strategy, the date of the Board of Directors workshop referred to in the first paragraph should be September 2018 as opposed to September 2019.</p> <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
17/358	MATTERS ARISING/ACTION LOG		
5 mins	<p>The Board of Directors AGREED that actions 17/166.4 and 17/267.2 were complete and could be removed from the action tracker.</p> <p>Action 17/297.3 – RM advised an initial update in relation to the Estates Strategy was provided at the Board of Directors Workshop on 26th September 2019. Ben Widdowson - Head of Estates and Facilities, has been tasked with formulating the strategy and will report back to the Board of Directors in Q4.</p> <p>Action 17/331 – RS advised a message has been circulated throughout the organisation to remind staff about the utilisation of temporary signs. It was noted this issue will require ongoing monitoring. However, the Board of Directors AGREED this action could be removed from the action tracker.</p>		

	<p>Action 17/333 – RM advised updates in relation to the Integrated Care Partnership (ICP) and Integrated Care System (ICS) are included in the reports for this meeting. However, a formal update report will be presented to the Board of Directors during Q4 once AH is established in his new role at the ICS. JM advised discussion will also be required with the Council of Governors in relation to governance arrangements and how governors are engaged within that. The Board of Directors agreed this action was complete and could be removed from the action tracker.</p> <p>Action 17/335 – SuB advised the review of the decision making process for closure of the maternity unit has been scheduled for the next meeting of the Quality Committee.</p>		
17/359	CHAIR'S REPORT		
4 mins	<p>JM presented the report, highlighting the external discussions in relation to the ICS and ICP and expressed the view the ICP in Mid-Nottinghamshire is working well. SFHFT needs to continue to support the ICP and work within this. The regulator's expectations of the ICS are becoming clearer and there is a need to ensure the actions required within that at ICP level continue. As the roles, performance management and transformation agenda develops, there is a need to make sure this has a local ICP basis. AH advised the ICS needs to focus on developing the ICPs.</p> <p>JM advised the Staff Excellence Awards are due to take place in November and there have been some good nominations for awards. The Street Health project team has given a presentation at national level. SFHFT has been shortlisted for the HSJ Awards Trust of the Year and RM has given a presentation to the judging panel in connection with this. JM acknowledged the recognition the Trust is receiving at regional and national level.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/360	CHIEF EXECUTIVE'S REPORT		
24 mins	<p>RM presented the report and acknowledged the Board of Directors is currently going through a period of transition. Julie Hogg has been appointed as Chief Nurse and is due to join the Trust in December 2019 when SuB retires. AH will be leaving the Trust to take on a new role at the ICS once someone is substantively appointed into the role of Medical Director. A national advertisement for this post went live on 30th September 2019, with interviews scheduled to take place in November 2019. Given AH's move to the ICS, PR has been appointed as Deputy Chief Executive for SFHFT.</p> <p>Clare Teeney has joined the Trust as Director of People. This is a joint role with Nottinghamshire Healthcare which is an important step in terms of wider system working. Interviews for the post of Director of Culture and Leadership are scheduled to take place on 11th October 2019.</p>		

<p>In relation to the HSJ Awards, RM advised the judging panel are looking at five areas, these being ambition, outcomes, involvement, spread and value. The results will be announced on 6th November 2019. Whether the Trust wins the award or not, the organisation should be proud to have been shortlisted.</p> <p>The Trust received the Provider Information Request (PIR) from the CQC on 24th September 2019. This signifies the official beginning of the CQC assessment process. It is anticipated the core services, use of resources and well-led assessments will take place before the end of 2019/2020. It is hoped a proportion of the 6 key services which have not been visited since 2013 will be visited to provide an opportunity to change some of the safe ratings for those services.</p> <p>RM advised the Trust was well prepared in March 2019 for a possible exit from the EU. Planning for a possible departure on 31st October 2019 is in place and as an organisation we are controlling and influencing what we can in relation to this.</p> <p>TR queried if there are any learning opportunities to be taken from the five areas the HSJ Awards judging panel were looking at in terms of linking into strategic thinking and horizon scanning. RM advised the Trust would take the opportunity to reflect on this both before and after the result is made known. The presentation given to the HSJ will be shared with colleagues across the organisation.</p> <p>RM advised the ICS Board Summary Briefing and ICP Board Update reports are contained within his report. Rachel Munton - Independent Chair of ICP and RM, in his role as ICP Lead, completed a review of the first 6 months of the ICP. This will be presented to the Public Board of Directors meeting in November 2019.</p> <p>Action</p> <ul style="list-style-type: none"> • Review of last 6 months of the ICP to be presented to the Public Board of Directors meeting in November 2019 <p>RM provided an update in relation to Newark Hospital, advising from a strategic viewpoint the aim is for the broadest possible range of services to be provided at Newark Hospital. The Trust is working with commissioners and primary care in relation to the Newark Urgent Treatment Centre (UTC) and it is hoped the provision of inpatient orthopaedic work will be in place at Newark Hospital by the end of 2019/2020. RM advised he and AH had been in discussion with Thilan Bartholomeuz - Primary Care Network (PCN) Clinical Lead, regarding him leading on a piece of work to shape the strategy in relation to Newark.</p> <p>GW noted it is encouraging to see an increase in activity at Newark and felt having someone independent to the Trust chairing the review of the Newark strategy will help create additional opportunities across the ICS regarding how the Newark site can be utilised.</p> <p>MG queried if the group looking at the strategy will include the local authority.</p>	<p>RM</p>	<p>07/11/19</p>
---	-----------	-----------------

<p>RM advised in terms of the Newark strategy, wider Trust strategy and the ICP strategy, the local authorities are as important as healthcare partners.</p> <p>JM noted it was encouraging to see wider thinking starting to develop through the ICP report. JM advised he welcomed the approach for developing the Newark strategy, feeling it presents an opportunity for Newark to be at the core of a local integrated health and care system. Clarification was sought regarding the timeline for the strategy to be completed.</p> <p>RM advised the Trust will be taking a similar approach as was used in developing the wider Trust strategy and will be engaging with a range of stakeholders. The aim is for the strategy to be presented to the Board of Directors Public meeting for sign off before the end of the financial year. JM advised it is important to involve the governors in the process, particularly those representing Newark.</p> <p>TR felt as part of the Trust's strategy is to address health inequalities and given Newark is rural, there is a need to engage with the voluntary sector and consider transport, housing, etc. RM advised the framework for the Newark strategy will be the strategy for the wider organisation which focuses on delivering things over the next two years which the Trust can control and influence through working with partners. These need to be the parameters for the Newark Strategy.</p> <p>TR felt for SFHFT to be effective under the ICP system, it is important to have the right connectivity in the community. MG felt there is a need to understand district council's current strategies and connectivity in rural areas.</p> <p>JM advised in terms of the wider determinants of health, SFHFT needs to consider where it can make a direct contribution, where it can be an influence and where it can be a support.</p> <p>RM advised the core responsibility of the Trust is to provide safe, high quality care within the hospital setting. Beyond that there is the relationship with PCNs, local authorities, etc. There is a need to determine how far the Trust wants to 'reach out' without losing the impact of the core responsibilities.</p> <p>AH advised Thilan will be aware of what is happening in PCN localities. The Newark strategy is an opportunity for the ICP to bring partners together and define the future path for healthcare services around Newark.</p> <p>Action</p> <ul style="list-style-type: none"> • Newark strategy to be presented to the Public Board of Directors meeting for sign off before the end of 2019/2020 <p>SiB felt there was not much 'read across' between the ICS and ICP reports, for example, the drivers of demand work appears in the ICS report but not the ICP report. Work to develop the ICS and ICP is critical.</p>	<p>RM</p>	<p>05/03/20</p>
---	-----------	-----------------

	<p>AH advised the ICS is looking to form a group with chief executives and leaders from providers across the ICS to have initial discussions. The ICS needs to have a board workshop to discuss the ICPs.</p> <p>RM advised the drivers of demand work was referenced in the ICP report last month. The challenge faced for system working is there is no blueprint. RM advised he, AH and others were increasingly being invited to regional and national forums to explain the work being done in Mid-Nottinghamshire.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/361</p>	<p>STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE</p>		
<p>18 mins</p>	<p>Research Strategy – quarterly update</p> <p>DH presented the report, advising the Trust has recruited 900 patients into research studies by the end of Q2, which is on track to achieve the target of 1,800 by year end. Two additional commercial trials have opened and there are four further trials in set up. The Trust is currently recruiting to 69 studies.</p> <p>From a finance perspective, there was a small decrease in budget from the National Institute for Health Research (NIHR) for 2019/2020. However, the Trust is generating commercial income, which stands at just over £100k at the end of Q2. In addition, the Trust has Research Capability Funding provision of £20k for 2019/2020.</p> <p>In terms of patient experience, the Trust is continuing to collect results on behalf of NIHR. 89% of patients surveyed have reported a good or very good experience. It was noted detailed feedback is not easily available from NIHR in relation to patients who reported not having a good experience. From the feedback which has been received, the themes are linked to environment and inappropriate rooms.</p> <p>DH advised he is stepping down as Director of Research and Innovation.</p> <p>GW queried if research was being maximised in internal and external communications. RS advised the communications team are working with AS in relation to this and acknowledged there is always more which can be done.</p> <p>AH advised someone very experienced in research has joined the Trust in the last 6 months. They are very interested in getting some of SFHFT's patients involved in some of the studies which come out of Oxford and Cambridge. In addition, they are interested in research across the system.</p> <p>RM advised the East Midlands Clinical Research Network (CRN) benchmarks the amount of research at SFHFT with Derby Royal Hospital, which is a much larger organisation. RM acknowledged it is important to communicate research activity as effectively as possible and highlighted the introduction to the Trust's strategy is a patient who was involved in clinical trial, rather the 'normal' Chair's introduction.</p>		

	<p>JM noted there is good evidence of how research is helping to improve services and provides support to the organisation. The challenge for DH's successor is to continue to build on this and identify ways to further enhance the work of research in terms of staff recruitment and retention. JM queried if there was a timetable for recruiting DH's successor. AS advised the advert is about to go live. Interviews are planned for 14th November 2019.</p> <p>AS advised she is preparing a paper for presentation to a meeting of the Trust Management Team (TMT) or Executive Team. NIHR are about to put out a call for high throughput research centres. There will be five centres across country and AS advised she would like SFHFT to bid for one of those. After the initial five centres, there are plans for a further 15. As part of this, the aim will be for the Trust to collaborate with primary care as part of the PCN and ICP. AS advised she is preparing a further paper for TMT relating to the Research Design Service who are looking to work with an organisation who has historically had few grant applications and funding applications.</p> <p>The Board of Directors expressed thanks to DH for his work in relation to research over the past four years.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/362</p>	<p>PATIENT STORY – THE BLUEBELL ROOM</p>		
<p>25 mins</p>	<p>HS and NB presented the patient story which related to the development of a room in ED for use by patients with dementia.</p> <p>BB queried what learning can be taken from this and applied to the rest of the hospital as the environmental conditions described apply to many other areas of the hospital. NB advised the best advice she can give to colleagues is not to be afraid to approach senior management if they have an idea as small changes can make such a difference to patients.</p> <p>BB queried if staff from other areas have visited the Bluebell Room to experience it first-hand. NB advised colleagues from other areas had contacted her, notably a colleague from radiology who wanted to improve the care they give to patients with dementia. They came to see the Bluebell Room and have instigated their own changes.</p> <p>CW queried if there were other ways the service could be developed, other than the physical environment. NB advised as professionals the team are always trying to improve the care provided.</p> <p>SuB advised there are a few areas which have followed on from this and made their own changes, for example, day case and theatres have identified the impact of the Bluebell Room.</p> <p>NG queried if there were pockets of space elsewhere in the hospital to create a similar environment.</p> <p>GW felt the Board of Directors and Executive Team need to encourage staff to visit other areas within the hospital to share ideas about improving their own areas.</p>		

	NB advised she is a dementia champion and has presented information about the Bluebell Room to meetings with fellow champions for them to disseminate.		
17/363	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
60 mins	<p>RM introduced the report, advising this is an analysis of August 2019's performance. The Trust is currently under a lot of pressure and the number of patients coming into the organisation is higher than has been seen in the past and is higher than expected. It is important the Trust does everything possible as an organisation to continue to care for those patients in a timely way. It was acknowledged colleagues are working exceptionally hard and are fatigued, bearing in mind Winter is not yet here and it is likely to be busier than last Winter.</p> <p>ORGANISATIONAL HEALTH</p> <p>CT advised the Trust is performing well in terms of recruitment and retention. However, there is a need to recognise the challenges in terms of labour market supply. The Trust needs to recognise the impact of the increased demand for services on staff's health and wellbeing. In order to support this a number of wellbeing promotion and preventative initiatives have been put in place. It was noted the first 'grab a jab' flu vaccination clinics took place on 2nd October 2019, with 450 staff being vaccinated.</p> <p>AH advised medical vacancies increased in August due to the first cohort of the Clinical Fellows Programme leaving en-masse to go into further training. The Trust has moved to continuous recruitment for the programme.</p> <p>BB noted of the 14 exit interviews completed, 45% felt morale was good in their department, meaning 55% did not report good morale. BB sought further information regarding this. CT advised there are some tired and frustrated staff in the organisation. CT advised it is her intention to take an overview across the whole organisation and if pockets of issues are identified, there will be a focus on those areas. An area of focus will be equality, diversity and inclusion.</p> <p>MG noted sickness due to musculoskeletal (MSK) issues has increased. This had previously decreased due to interventions which had been put in place. More information regarding this to be presented to the People, OD and Culture Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • More information regarding sickness due to musculoskeletal issues to be presented to the People, OD and Culture Committee <p>NG queried what actions can be taken to mitigate the risk of a large increase in sickness absence over the Winter period, given staff are already tired. CT advised work is ongoing in relation to health and wellbeing. There is a need to look at staffing levels in certain areas.</p>	07/11/19	CT

SuB advised staff working extra hours needs to be monitored as it is easy to ask the same pool of people. The Trust does not 'allow' nurses to work extra hours after a period of sickness, thus ensuring they are fully recovered.

SiB advised the Trust has invested in some areas this year and there will be an additional four registered nurses on every shift in ED. This should be in place towards the end of October 2019.

RM advised while Winter 2018/2019 was difficult, colleagues felt it went better than previous years as they had been listened to in the lead up period and the plan was effectively communicated in advance. The same process has been followed for this Winter. There is a role for colleagues to support each other. SuB advised there is one ward which currently has 75% of registered nurses off sick. As a result, staff have been moved around to support this ward and if there are any other hotspots, the same process will be followed. Colleagues are looking at what else can be done to provide practical peer support.

AH advised there is a need to continually sense check how colleagues are feeling and act on feedback where possible. CT advised as new starters are joining the organisation at time when it is busy, it is important to put in extra supervision support for them.

TR advised he has offered his support to the disability staff network which is being developed. In terms of the recruitment and retention strategy, given CT's position within Nottinghamshire Healthcare, there is the opportunity for shared learning.

DS advised the Trust's Chief Registrar has an interest in physician wellbeing and has recently drafted documents for the Royal College of Physicians. It may be useful for the People, OD and Culture Committee to have sight of those when they are published.

JM felt there is recognition of the issues and work is ongoing in terms of supporting staff over Winter. As the labour market gets tighter there is a need to work with partners to promote Mid-Nottinghamshire as being a good place to work. CT advised a people and culture board has been established at the ICS. A priority for that board is to look at workforce supply and retention as a system. A piece of work is underway looking at mobility of staff and flexible working across different organisations. Updates will be provided to the People, OD and Culture Committee as appropriate.

QUALITY

SuB advised there is an exception report in respect of 'find' for dementia screening. Work is ongoing regarding an improvement approach. Despite the decline, the referral rate for further assessment has increased and the Trust continues to work with colleagues regarding the use of Nervecentre.

<p>There were four cases of Trust acquired C Difficile in August and two community cases, bringing the year to date (YTD) total to 26 against a position of 27 at the same stage last year. There were no cases of MRSA in August but there were five cases of E. coli, bringing the YTD total to 19, which is slightly higher than at the same point last year. A number of these cases are associated with urinary catheters remaining in situ. Therefore, the Trust has re-focused on daily catheter assessments.</p> <p>The falls position remains positive and continues to be below the national average. The current focus is on repeat falls. The falls lead nurse is undertaking a piece of work with the learning disabilities team in relation to preventing falls within this patient group. There were three serious incidents in August, all of which are under investigation in line with timescales.</p> <p>The Trust continues to use staffing safeguards twice daily and there has been no correlation between staffing levels and any patient harm. There is a peak in vacancies in the Emergency Assessment Unit (EAU) and some bespoke recruitment is being done for that area. The development of an AHP / pharmacy taskforce group is being considered as pharmacy currently has a high number of vacancies.</p> <p>In January / February 2020 there will be a high number of staff on maternity leave in intensive care and the maternity unit. Plans are being put in place to cover this. The overseas nurses continue to do well. Cohorts 1 and 2 have all passed their Objective Structured Clinical Examination (OSCEs) and have gone on to register as nurses. Six of the eight nurses in Cohort 3 have passed their OSCEs. The two who failed need to do a partial re-sit. 33 newly qualified nurses joined the Trust in September and October, with a further 11 due to start later in October.</p> <p>The AHP Strategy will be launched on 14th October 2019, which is National AHP Day. The third menopause conference will be held on 18th October 2019.</p> <p>JM felt further information was required in relation to the cause of the drop in performance in dementia screening, the impact on patients and the actions being taken to address this. The Quality Committee were asked to take this forward.</p> <p>Action</p> <ul style="list-style-type: none"> • Report to be presented to Quality Committee in relation to the cause of the drop in performance in dementia screening, the impact on patients and the actions being taken to address this <p>AH advised work is underway looking at how to increase the use of human factor analysis in terms of serious incidents. This will be reported to the Quality Committee once complete.</p>	<p>SuB</p>	<p>05/12/19</p>
---	------------	-----------------

	<p>OPERATIONAL</p> <p>SiB advised the ED 4 hour wait standard was 89.2% in August, with Newark Hospital achieving 96%. There was one patient who waited over 12 hours. ED remains a challenging environment as attendances were 10% up on August 2018 and admissions were the second highest in month for 3 years. The Trust is working with NEMS to stream 2,000 more patients per year into their services. There are additional nurses in ED and the next step is to identify what additional ED doctors may be required should the workforce supply be available. The leadership of the operations centre was changed at the beginning of September which has led to an improvement in operational control. The current focus is the rollout of the Winter plan.</p> <p>It is important for patients who wait over 4 hours to be dealt with as quickly as possible. SFHFT is one of the best performers in the NHS in regards to this with 9% of bed-waits waiting over 6 hours waiting 90 minutes for a bed over the 6 hour period.</p> <p>JM noted there was a peak in the average length of stay in August and queried if there were any further actions which could be taken in relation to discharges. SiB advised the Trust meets with all partners daily to review every patient who is waiting for community provision. SiB acknowledged there was a spike during one week in August but advised there is a good understanding of what caused this. This was partly related to the 'back door' but in general this is not an issue. Length of stay benchmarks well with other trusts.</p> <p>SiB advised in relation to cancer, 76% of patients were treated within 62 days in July. During the month 108 patients were treated which is the highest number of treatments in one month. SiB acknowledged more work is required to get under 62 days. There is a focus on how long patients are waiting beyond 62 days. 40% of patients who wait more than 62 days wait up to 76 days. There continues to be issues in urology and two surgeons in urology are currently off work. There is a formal improvement plan in place.</p> <p>2 week wait vetting is being undertaken to ensure only patients who are at risk of having cancer are getting through on the 2 week pathway. Additional template biopsy capacity and oncology clinics have been put in place. There is a need to agree the strategic plan for cancer, particularly in terms of imaging and endoscopy capacity. There are low levels of fixed capacity in these areas and a decision needs to be made about those services to try to maximise capacity. The work is due to be completed by the end of October 2019 and will be reported to the Board of Directors.</p> <p>Action</p> <ul style="list-style-type: none"> • Cancer Performance and Improvement Plan to be reported to the Board of Directors <p>CW queried what actions need to be taken to create additional capacity for the treatment of cancer.</p>	<p>SiB</p>	<p>07/11/19</p>
--	---	------------	-----------------

	<p>SiB advised diagnostic capacity is the issue rather than treatment capacity. All the Trust's scanners operate all day. An additional mobile scanner is now in place and potentially there will be a new MRI scanner next year. There is a need to understand the imaging capacity required currently and over the next 5 years to ensure demand can be met. Imaging and endoscopy are the diagnostic services which lots of cancer patients pass through. Therefore, there is the need to 'right size' and maximise capacity in those area. Referral management needs to be improved and stream out patients who have a low risk of cancer to a more appropriate pathway than the 2 week wait.</p> <p>NG queried what action can be taken to address the shortage of consultants, particularly in urology, and sought clarification regarding the timescale for the measures which have been put in place to start delivering improved performance. SiB advised some of the consultant vacancies are due to sickness absence. The Trust is receiving some support from Nottingham University Hospitals (NUH). The trajectory for improving performance is difficult to deliver without having an understanding of what fixed capacity is required in imaging and endoscopy going forward. More information on those two services will be provided in the quarterly SOF report.</p> <p>Action</p> <ul style="list-style-type: none"> Information regarding imaging and endoscopy to be provided in the quarterly SOF report <p>JM sought clarification on how the Board of Directors can be provided with assurance the Trust is doing everything possible in relation to improving cancer performance and that patients waiting a long time are safe. SiB advised the Intensive Support team from NHS Improvement (NHSI) can provide independent assurance. They visited the Trust earlier in the year. Their report from that time can be shared with the Board of Directors. All patients who are waiting more than 104 days have a harm review and no harm has been identified. JM requested the Quality Committee follow this up.</p> <p>Action</p> <ul style="list-style-type: none"> Report to be presented to the Quality Committee to provide assurance that patients waiting a long time are safe and have not come to harm <p>BB queried the timescale for delivery of the Clinical Services Strategy. AH advised the first six areas are being presented to the ICS board workshop during week commencing 7th October 2019. The expectation is the ICS will have signed off the Clinical Services Strategy for the 20 pathways which will account for 85% of the work and work through the workforce and estates implications by the start of 2020/2021.</p> <p>BB queried when the Trust's Board of Directors will be sighted on this. AH advised the output which is being presented to the ICS board on both the Long Term Plan submission and the Clinical Services Strategy will be presented to the Trust's Senior Leadership Team. This will also be presented to a Board of Director workshop for discussion.</p>	<p>SiB</p> <p>SiB</p>	<p>07/11/19</p> <p>05/12/19</p>
--	--	-----------------------	---------------------------------

	<p>JM queried what the approval process is for the Clinical Services Strategy and SFHFT needs to have input into that process. AH advised this will be discussed at the forthcoming ICS board workshop.</p> <p>Action</p> <ul style="list-style-type: none"> • Clinical Services Strategy to be discussed at Board of Directors Workshop <p>NG sought clarification in relation to what will be gained from eliminating low risk patients coming onto the pathway and when this will deliver. SiB advised Faecal Immunochemical Test (FIT) testing has commenced in colorectal. Moving patients into a slower stream will take demand out of the fast stream, meaning patients in the fast stream can be progressed more quickly. Some improvement should be seen by the end of Q3 for colorectal. It is hoped a screening process can be rolled out in other areas.</p> <p>SiB advised in relation to elective care, diagnostics was at 98% which is just below the standard of 99%. It is anticipated performance should return to 99% next month. Referral to Treatment (RTT) was 88.3%. The root cause for the decline in performance continues to centre on the rising volume of patients waiting longer than 18 weeks in ophthalmology and cardiology. There is constrained capacity in both these areas. Capacity alerts for both of these services are available which alerts GPs referring into those services about how pressurised the service is and provides alternatives. However, these are pressurised specialities across the NHS. There is some private provider support in place in those areas and £400k has been invested in ophthalmology to increase capacity. This is starting to come on stream and the benefit should be seen by the end of Q3. There remains an issue to be discussed with the CCG in relation to the triage service for ophthalmology. There are currently no 52 week waiters.</p> <p>CW queried how the Trust can ensure the quality of care provided to patients by private providers. SiB advised this would be through their contracts. All providers are CQC registered. CW queried if any feedback was sought from patients. SiB advised this would need to be addressed.</p> <p>AH advised work in relation to the drivers of elective demand is underway.</p> <p>SiB advised with the exception of outpatients, the Trust is delivering over the activity plan on all points of delivery.</p> <p>FINANCE</p> <p>PR advised the Trust's YTD deficit, inclusive of non-recurrent sources of income, is £21.7m. This is £1.2m worse than plan and represents £720k deterioration during the month, mostly due to the non-delivery of the financial improvement plan (FIP) but also some increased pay costs.</p>	<p>AH</p>	<p>27/02/20</p>
--	---	-----------	-----------------

	<p>When the non-recurrent income of Provider Sustainability Funding (PSF), financial recovery funding and marginal rate emergency funding is taken into account, the deficit is £13.6m, which is £1.4m worse than plan. It has been assumed £8.1m of non-recurrent funding will be received, which is £160k short on PSF due to the system part of PSF and the ICS reporting an adverse variance to the control total.</p> <p>Non-elective activity continues above planned levels and stands at over 8% above planned levels YTD. This has contributed to the income position YTD being £4.2m higher than expected. However, expenditure is also above planned levels. Pay costs are above plan by £1m in month. However, the Trust continues to be below the agency ceiling set by NHSI.</p> <p>The FIP has delivered £2.4m YTD, which is £1m below plan. This includes £1.4m of delivered no-recurrent solutions. There is an outline plan in place to deliver the £12.8m total plan but the risk remains as £3m. There is a further risk of £2m in the outpatient transformation part of the Trust's planning.</p> <p>The current forecast is to achieve the control total deficit for the year and the finance team are supporting divisional colleagues to implement recovery plans. The underlying financial deficit is expected to deteriorate by £2.7m in year.</p> <p>NG noted the risk in the forecasting is increasing and the trend is costs rising quicker than income. There is a need to understand how much of the overspend is due to increasing activity, how much is due to other factors and how much is due to non-delivery of FIP. This will be considered by the Finance Committee at the end of October.</p> <p>PR advised £680k of the deterioration in month is due to the non-delivery of FIP. The trajectory for FIP delivery indicated Months 4 and 5 would be the most challenging. Outline plans are to be put into place but they won't start until Month 6 onwards. This has led to the gap widening in Months 4 and 5.</p> <p>JM noted the Finance Committee will be undertaking a deep dive on Month 6 figures and identify the key risks relating to FIP, what the increased costs relate to, etc.</p> <p>RM advised from a financial perspective the Trusts works as part of the system. Commissioners and other providers are also under financial pressure and SFHFT must not be unsighted to that.</p> <p>Action</p> <ul style="list-style-type: none"> • Finance Committee to complete a deep dive on Month 6 figures and identify the key risks relating to FIP and what the increased costs relate to. Report from Finance Committee to come to the next Board. <p>The Board of Directors CONSIDERED the report.</p>	<p>PR</p>	<p>07/11/19</p>
--	---	-----------	-----------------

17/364	OUTPATIENT TRANSFORMATION PROGRAMME PROGRESS REPORT		
9 mins	<p>SiB presented the report, advising the aim of this programme is to reduce outpatient activity over the next five years, particularly unnecessary face to face outpatient appointments. The Trust will work with partners across the system to attempt to reduce outpatient activity by 125,000 over 5 years. Currently the Trust sees approximately 250,000 outpatients per year. There has been engagement with clinical teams to identify cohorts of patients where there is the opportunity for an alternative to face to face appointments.</p> <p>The plan for 2019/2020 is to safely reduce face to face outpatients by 21,000 in year, giving a full year effect of 35,000 and a forecast of £1m savings.</p> <p>There are risks involved with this programme. It is important not to put pressure on an already pressurised primary care system. The aim is to take unnecessary appointments out of the system, for example by empowering patients through patient initiated follow ups, use of IT schemes, etc.</p> <p>TR sought clarification regarding how the Trust can 'future proof' the actions being taken and link this programme into the IT strategy. SiB acknowledged there is a need to strengthen links between this programme and the digital strategy to trial new ideas.</p> <p>MG sought further information regarding the risks with this programme. SiB advised while this programme is clinically driven, it is not without risk as there will always be risks involved with stopping an outpatient appointment. A lot of the work which is being picked up within this programme relates to patients who have been followed up multiple times, with temporary doctors tending to follow up more patients than the permanent workforce. There is a quality impact assessment (QIA) behind all the schemes. This work should transform RTT demand.</p> <p>NG noted the real benefit will come through totally avoiding outpatients' appointments where possible, but this will also give the Trust the risk. It is important to balance the risk against the benefit. SiB advised he would update Board as the programme progresses to show how many appointments have been totally avoided or moved to virtual, etc.</p> <p>BB noted there is an assumption that consultant capacity would be released and queried if there is any early indication of the extent to which this is happening. There is also a need to change patient behaviour. BB queried what engagement work has been done with the public to explain the way in which they engage with hospitals is likely to change and how this has been received. SiB advised there has been no communication to patients and this needs to be picked up in order to manage their expectations. In terms of consultant capacity, the key issue is to reduce locum spend. Where follow-ups are reduced and there are locums in those clinics, it will be possible to remove that spend. It is unlikely to see an increase in permanent consultant workforce capacity until some of the locum spend has been removed.</p> <p>DS advised it can be difficult to take out cost and there is usually of lag of 6-9 months.</p>		

	<p>AH advised there is a need to look at this programme as a system and move patients out of hospital to existing resources, for example community multi-disciplinary services, so that only patients who need specialist care will come to hospital.</p> <p>JM noted if 30-50% of outpatients' appointments are removed, there will be blocks of estate which have a cost and an opportunity. How those areas are managed will need to be included in the estates strategy.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/365	EPRR CORE STANDARDS ANNUAL SELF-ASSESSMENT		
4 mins	<p>MS presented the report, advising annually the Trust must submit a self-assessment of its Emergency Preparedness, Resilience and Response (EPRR) arrangements to NHS England (NHSE). There are 64 core standards and SFHFT reported full compliance in 61 of those and partially compliance in 3, giving an overall substantial compliance rating.</p> <p>During the confirm and challenge process these ratings were revised to being fully compliant in 62 core standards and not compliant in 2. The overall substantial rating was unchanged.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/366	PUBLIC BOARD WORK PLAN		
1 mins	<p>JM presented the work plan to the Board of Directors.</p> <p>BB noted there are no items listed under Strategic Priority 2, to promote and support health and wellbeing.</p> <p>Action</p> <ul style="list-style-type: none"> • Clarify if any items should be on the Public Board work plan for Strategic Priority 2 <p>The Board of Directors APPROVED the Public Board work plan</p>	SH	07/11/19
17/367	ASSURANCE FROM SUB COMMITTEES		
7 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report, highlighting the recommendations from internal audit completed in the period has increased to 90% from 78.6% last year. A new electronic monitoring system is being implemented by 360 Assurance and will be used jointly by the Trust and 360 Assurance. This will help to get more control in relation to implementation of recommendations.</p> <p>The Committee received a limited assurance report in relation to the Mental Capacity Act and Deprivation of Liberty. A report detailing progress against the actions is to be presented to the next meeting of the Committee.</p>		

	<p>PWC, the Trust's External Auditors, are currently going through a restructuring process which may lead to potential changes to the Trust's audit partner and an increase in cost of the service. If this happens, the Trust will need to go out to tender for external auditors.</p> <p>In relation to the register of interests, 16.7% of staff are non-compliant, compared to 38.6% at the same stage last year. A large number of staff who are not compliant are consultants.</p> <p>The Committee received a report on the arrangements for Freedom to Speak Up. It has been agreed the operational reporting of concerns will be through the People, OD and Workforce Committee who will report back to the AAC regarding the level of assurance received relating to the effectiveness of the processes.</p> <p>360 Assurance have developed a maturity matrix and the Committee have undertaken a self-assessment review against this. 360 Assurance will facilitate a development session for the Committee after its next meeting to agree the self-assessment scoring and finalise the actions.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting the Committee received a presentation on the progress which has been made with regards to actions following the Quality Summit for the Urgent and Emergency Care Division. The Committee received a report regarding work which has been undertaken to look at the Trust's Safety Strategy compared to the national strategy. The Committee received assurance there is very good alignment between the two strategies.</p> <p>The Trust continues to make progress in relation to implementing the Advancing Quality Programme and the Committee signed off two actions which demonstrate progress in relation to this.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/368	OUTSTANDING SERVICE		
8 mins	A short video was played highlighting the work of the Dementia Champions.		
17/369	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"> • Research work • Dementia - Patient Story and Outstanding Service Video • Performance – recognising areas for improvement and the pressure the organisation is under • Outpatient Transformation Programme 		

17/370	ANY OTHER BUSINESS		
1 min	TR advised 17 of the 20 Freedom to Speak Up Champions within the Trust attended an induction day on 30 th September 2019. Previously there were 6 volunteers undertaking this role. RM advised there has been a 175% increase staff Speaking Up.		
17/371	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 7th November 2019, Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:20</p>		
17/372	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>		

17/373	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
9 min	<p>Richard Shillito - Public Governor, informed the Board of Directors his wife waited 6 months for an ophthalmology appointment at Newark Hospital. On the day of the appointment she was not seen until an hour and 20 minutes after her appointment time. On another occasion she had an appointment in Clinic 5 at King's Mill Hospital. On arrival she was given a numbered ticket which was numbered 900 places before the number on the screen and no explanation was given regarding this. In addition, the screen indicted the doctor she was due to see had not yet started clinic and next to the screen was a handwritten note with the names of the doctors on duty that day, including the doctor she was due to see. However, she was seen by a different doctor who informed her the doctor she was due to see was no longer with the Trust, despite their name being on both the screen and the handwritten note. Richard explained he spoke to the receptionist who stated she was not aware the doctor had left.</p> <p>JM advised the individual issues would be addressed outside of the meeting. However, there is a need to identify if the issues encountered are symptomatic of some of the issues the Trust is trying to address. AH advised his recent leadership round was in outpatients clinics 1, 2 and 3 and some issues were raised in relation to the accuracy of the information on the displays in the clinics. This has been raised with the division.</p> <p>JM felt there are some operational issues, which are impacting on the experience of patients in outpatients, which need to be considered.</p> <p>RM advised ophthalmology is the worst example of a service where demand is unrelenting and the Trust is falling short in its ability to manage capacity. AH has been working with commissioners regarding this and there is a meeting later in the month to discuss some of the actions taken so far to try to reduce some of the demand and further actions which can be taken.</p> <p>JM advised it is important to hear the patient voice in the Outpatient Transformation Programme. DS advised he has visited outpatients with the Director of NHIS to hear about some of the IT issues which are being experienced.</p>		