

Sherwood Forest Hospitals NHS Foundation Trust
(‘SFH’, ‘the Trust’ or ‘the Board’)

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 9.30hrs on Thursday 29th January 2015 in Classroom 1, Level 1, School of Nursing, King’s Mill Hospital Mansfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director-SID	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director (from 10.15am)	TR
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Paul O’Connor	Chief Executive Officer	PO
	Margaret Ashworth	Chief Financial Officer	MA
	Karen Fisher	Executive Director of Human Resources	KF
	Susan Bowler	Executive Director of Nursing	SB
	Dr Andrew Haynes	Medical Director	AH
	Sue Bartlett	Director of Operations	SBa
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
In Attendance:	Yolanda Martin	Head of Communications	YM
	Liz Williamson	Divisional Matron	LW
	Alison Whitham	Head of Midwifery	AW
	Julie Shaw	Senior Midwife	JS
	John Kerry	Public Governor	JK
	John Swanwick	Member of the public	JS
	Paul Jon Veitch	Intensive Care Registrar	PJV
	Joanne Garbett	Minute Secretary	JG

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
15/001	The meeting being quorate, SL declared the meeting open at 9.30hrs and confirmed that the meeting had been convened in accordance with the Trust’s Standing Orders.		
	DECLARATION OF INTEREST		
15/002	It was CONFIRMED that there were no new declarations of interest, or any declarations pertinent to matters on the agenda.		
	APOLOGIES FOR ABSENCE		
15/003	It was CONFIRMED that apologies had been received from Dr Peter Marks and that TR would arrive shortly after the start of the meeting.		

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	PATIENT STORY		
14/004	<p>SB welcomed AW/JW/LW to the Board of Directors meeting and advised that the patient story being presented today gave a detailed example of a governance journey made at the Trust and clearly demonstrated organisational learning through a patient experience.</p> <p>AW opened the presentation by explaining that the patient story was about an 18 year old in her second pregnancy, referred to as ‘Sam’ throughout the presentation. The baby was born by emergency caesarean section on 13th June 2014 with uneventful surgery and both mother and baby was transferred to the Maternity Ward afterwards for on-going care.</p> <p>However, during the night she became unwell and was diagnosed with a chest infection. Throughout the following 48 hours Sam’s condition did not respond to treatment. A deterioration in her condition was not recognised because the MEOWS chart in use didn’t take account of SAT’s, which led to further deterioration and she was subsequently transferred to ITU.</p> <p>Consequently, it was identified as a Serious Untoward Incident and reported on STEIS as unplanned admission to ITU. An investigation found unusual presentation with no clinical practice concerns but when presented at SI sign off group this was challenged as the group felt this was a failure to identify a deteriorating patient. It was reviewed again with input from Critical Care Outlook Team (CCOT) whose findings were:</p> <ul style="list-style-type: none"> • Insufficient knowledge amongst Midwives and Obstetricians in the recognition and escalation of the deteriorating patient. • The Maternity early warning scoring system (MEOWS) in use failed to identify deterioration in her condition and the escalation plan did not support timely referral to teams outside the maternity service. <p>The Board were INFORMED that action had since been taken to increase the knowledge of Midwives and Obstetricians within the Trust through additional oxygen training, additional resources and focus within the induction process. A Maternal AIMS chart has been introduced with a Support Worker for AIMS, providing a real opportunity for the Maternity Unit to work alongside Critical Care Teams.</p> <p>It was their intention to inform the Royal College of Gyneacology (RCOG) of the story as the maternity early warning scoring system in use (MEOWS RCOG 2009) failed to identify deterioration in her condition and the escalation plan did not support a timely referral to teams outside the maternity service. The Board was also informed that they would be seeking NICE accreditation for SFH MEWS and that through the challenge from the SI panel there was a more multidisciplinary approach to sharing and learning.</p> <p>The Board heard that lessons had been learned with indications that</p>		

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	<p>there will not be silo reviews, but a more robust challenge on the review of guidelines in relation to evidence sources.</p> <p>Following the presentation the Directors thanked AW/JW for sharing this story with them and enquired on the outcome for the patient. They were told that following a five day stay at Glenfield Hospital, Leicester, she returned to our ICU and is now fit and well.</p> <p>Assurances were sought from the Directors regarding MEWs Charts and AW confirmed that staff had welcomed the change and it had been adopted into the system within one week as all involved recognised the benefits it brought.</p> <p>GMS asked whether our chart was markedly different to others and sought further re-assurance that using this would not restrict midwives & obstetricians if the patient was transferred to another provider. It was confirmed that this was not the case and benefited a patient by allowing midwives to identify any deterioration earlier and escalating it to doctors faster.</p> <p>It was NOTED that it had been shared with PC&S and it was acknowledged this would be extended through other divisions also. It was also suggested that it be taken to Grand Rounds and AW agreed to pursue this with the Patient Safety lead.</p> <p>AH informed the Board that this work had also triggered other SI items with the RCOG in relation to Child Death and Sepsis and iterated the good learning experience.</p> <p>SL thanked AW, JW and LW for attending the meeting and summarised that this story encouraged openness through SI reviews and provided exemplary evidence how patient care could benefit from robust challenges made through experiences. At this point AW/JW and LW left the meeting.</p>		AW/SA
	OUTCOMES RE THE LAST MONTH’S PATIENT STORY		
15/005	<p>CW explained that she had noted some surprise from Directors during the Organ Donation presentation last month in respect of the low numbers of donations performed. CW gave a short presentation, which provided comparative data and demonstrated that SFHT executed as many donation procedures as possible with figures comparable to those of other Trusts. It highlighted that ultimately families don’t always agree to the donation and the time taken for teams to become involved were factors which hindered the number of donations actually performed.</p> <p>SL updated the Directors that since the last meeting it had been discussed at the meeting of the Governors and they had expressed their interest and support for the forthcoming campaign to encourage donors and increase the potential for organ transplants.</p>		

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	MINUTES OF THE MEETING HELD ON 18th December 2014		
15/006	<p>Following review of the minutes of the public meeting held on 18th December 2014 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 6 – SB clarified that it was not HMSR figures but should read datix figures. • Page 8, paragraph 2 – To be amended to reflect the Exec-Exec re-launch. <p>With these amendments the minutes of the meeting held on 18 December 2014 were ACCEPTED as a true and accurate record and duly signed by the Chairman.</p>		
	MATTERS ARISING/ ACTION LOG		
15/007	<p>The Board REVIEWED the action tracker document in detail. The following update was given;</p> <p>Item 90 PO said that a report will be provided in the Board of Directors meeting later today and held in private.</p> <p>Item 93 KR confirmed on the agenda. COMPLETE</p> <p>Item 94 PO advised that the hearing loop was in place for this meeting but apologised for the delay in providing a microphone. Actions were progressing to ensure its availability for the next meeting. REVIEW Feb 2015</p> <p>Item 95 AH updated that this still needs discussing at Transformation Board. SB had spoken with patient safety, revealing cost pressures and will explore different avenues prior to the next meeting.</p> <p>Item 96 KR advised that the Confirm & Challenge event had taken place. COMPLETE.</p> <p>Item 97 PO confirmed that this action was COMPLETE.</p> <p>Item 101 SB advised that the data relating to falls was being reviewed at Quality Committee and therefore this action was now COMPLETE. AH had discussed infection control issues and it was understood that challenges could be made. COMPLETE</p> <p>Item 102 This action was now COMPLETE</p> <p>Item 103 AH reported that a programme was now in place and encouraged Board Members to participate.</p> <p>Item 106 KF advised that Mandatory Training had been reviewed by OD&WC, with actions determined. COMPLETE</p> <p>Item 107 PO reported that the MoU between NUH & SFHT had been signed and the action was now COMPLETE</p> <p>Item 109 KR advised this is on the CoG agenda. COMPLETE</p>	<p>PO</p> <p>SB</p> <p>All note to</p>	<p>Feb 2015</p> <p>Feb 2015</p> <p>Feb 2015</p>

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	CHAIRMAN’S REPORT		
14/008	<p>SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. The Board were asked to NOTE the content of this paper. SL confirmed that since the report he had received a proposal from Foresight with regard to the continuing Board Development Programme which would be progressed in accordance with due process. The Board AGREED to this course of action. TR joined the meeting at this point, 10.15 am.</p> <p>SL informed the Board that he recognised that the programme of paired and individual visits that had been arranged for clinical areas needed to incorporate other non-clinical areas, for instance Medirest, Mortuary and Library, amongst others to ensure every area was visited as part of this initiative. Therefore, SL proposed that from next month the Board should meet at 9am and spend 45 minutes visiting these areas, followed by a fifteen minute feedback session, with the Board Meeting commencing at 10am. PO supported this proposal and TR re-enforced the need to connect with all staff to endeavour to get the right balance and suggested having promotional/informative displays during lunchtime to enable further interaction with more non-clinical groups. The Board AGREED the principle of this.</p> <p>SL reported that he regularly received letters of appreciation from patients and their families demonstrating the good work within the organisation and he had chosen to share some with Board. SL explained many were very moving and appreciative, and the Directors NOTED their contents and COMMENTED how encouraging such feedback was. RD suggested that such letters be placed in the Reading Room for future meetings. AGREED.</p> <p>The Chair reminded the Board that there was a recognition event being held during the lunch break, at 1pm in the Education Centre and encouraged people to attend.</p> <p>There were no further questions arising.</p>		
	CHIEF EXECUTIVE’S REPORT		
15/009	<p>Primarily, it was with great sadness that PO reported the untimely and unexpected death of Aluminur Yousef, who had worked for 20 years at the Trust, initially as a Middle Grade Registrar and an Associate Specialist and for the last few years, he had worked as a substantive Trauma and Orthopaedic Consultant at Sherwood Forest Hospitals Trust. SL/KF would write a letter on behalf of the Board offering their sincere condolences to his wife, who works in Medical Records at Newark Hospital, and his family. The Non-Executive Directors ASKED that they</p>		

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	<p>always be promptly advised of any notifications like this in future.</p> <p>PO then presented the Chief Executive’s Report providing an update on the latest issues affecting the Trust. During a verbal update the following points were brought forward;</p> <p>Item 4 Healthcare in Newark – Adjournment Debate PO explained that this was taking place on Monday evening and an update would be given to colleagues regarding this.</p> <p>Item 6 Buddying Arrangement PO reported that the visit from Royal United Hospitals Bath (RUHB) had been very successful and explained that although a MoU had not been formalised there were strong indications it was being taken seriously and references had been made in the QIP linking the Medical Directors from each organisation.</p> <p>Item 7 Trust Partnership with Primary Integrated Community Services Ltd PO outlined the benefits of this partnership and discussed that it would enable the Trust to work safely and appropriately to reduce the workload within the principals of Better+Together. MC asked if there would be any potential ramifications, but none could be identified. The Directors AGREED that this was a great opportunity to think more creatively and that there was no cost to the Trust.</p> <p>Item 8 Industrial Action – 29th January 2015 The Board were advised that this industrial action had been called off following extensive talks. KF advised that following Ambulance Workers involvement there was a pay offer and that GMB would ballot their members. KF then outlined the proposal and advised it was favourable for junior members of staff but was mindful of the floor of redundancy payments circa £23,000 per year which were indicated. RD asked if this would affect our budgets from April 2015 and the Directors ACKNOWLEDGED that although the tariff indications typically deemed such as fully funded, the Trust would need to review this within the 5 year plan.</p>		
	<p>MONITOR COMPLIANCE – QUARTERLY REPORT</p>		
15/010	<p>KR presented the Monitor Compliance Quarterly report to safeguard debate and thorough understanding of the Board certifications to be submitted to Monitor and to ensure all Board members were clear of their responsibility to be confident of the accuracy and appropriateness of the declarations being made.</p> <p>KR highlighted to the Directors the consistent quarterly breaches that had occurred and Directors ACKNOWLEDGED this was a reminder to all to continue to drive focus and improvement on the issues highlighted within the contents of the report. To emphasise the importance of the Boards’</p>		

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	<p>self-certification process the Director of Corporate Services invited Board members to recall the December 2012 FT Bulletin in which Monitor stated that in order to operate a compliance regime combining the principles of self-regulation and limited information requirements, it must be able to rely on the accurate assessment of risk by NHS foundation trust boards via the self-certification process. Special detail was NOTED in respect of learning difficulties and revalidation items within the report, the latter being a verbal update from the Medical Director, as a report would be submitted to the February meeting.</p> <p>MA presented the Q3 Monitor Financial submission and reported that following M9 closure, the year end forecast had been revised and the Directors ACKNOWLEDGED that the forecast had increased to £32.7m, which had been updated for the Monitor report and summarised accordingly. Concern was expressed with regard to the worsening year end position and it was confirmed that the Finance Committee had challenged the validity and robustness of this forecast, to mitigate against the risk of further deterioration. The importance of learning with regard to future planning was highlighted.</p> <p>The Director of Corporate Services invited members to consider previous months reports and observations, and to hear presentation of forthcoming agenda items before confirming or otherwise approval of the submission to Monitor. Following lengthy discussions of the issues as highlighted in the minutes, the Directors APPROVED the Declarations, Exception Report and supporting paperwork for onward submission to Monitor and AGREED the minor amendments and additions required.</p>		
	<p>QUALITY & SAFETY QUARTERLY REPORT</p>		
15/011	<p>SB presented the Quarterly Quality and Safety Monthly Report which provided the Board with a Quarter 3 summary. The report provided an update for Directors with regard to the breach of the C difficile target for the year with 54 cases against a target of 37 (Dec 15), and explained 19 of which had occurred in Q3 with 2 cases in Q3 occurring as a result of potential lapses in care. However, the Board NOTED that there had been no c-diff related deaths.</p> <p>Salient discussion was held in respect of the following;</p> <ul style="list-style-type: none"> • falls reduction work continued to show some good improvements having recorded <1.73% against a target of <1.70% per 1000 occupied bed days. A ‘deep dive’ into falls will be undertaken through the Quality Committee and findings will be reported back to the Board. • 97.87% of SFH patients received harm free care, which the Directors RECOGNISED as being important in reflecting the success of the efforts being made in this area. • Due to technical problems Dr Foster has been unable to provide the Trust with any HSMR validated data, with the only data used being valid until September. Work was underway with Dr Foster regarding the coding issues, change in documentation and capturing significant data. GMS asked for a timeline to enable the 		

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	<p>Directors to know when the coding issues were resolved. AH confirmed he would identify the trajectory and channel it through the Quality Committee. The Board emphasised the need for continued focus on mortality for 12 month rolling HMSR, which incorporated crude mortality, alerts and weekend mortality.</p> <ul style="list-style-type: none"> • AH reported that the latest SHMI demonstrated being within the expected range at 103 with no alerts. • The recent incidence of flu outbreaks within the East Midlands had impacted upon crude mortality. • SL sought assurances regarding sepsis, and AH CONFIRMED that we are doing six elements of Sepsis 6 and had a Trustwide compliance rate of 50%. Directors were told that the Sepsis Lead had recently left the Trust and there were other staffing issues, which had subsequently been resolved. AH also highlighted that ED performed well on Sepsis 6 in comparison to the other wards. Work on mortality had been triangulated around sepsis and a 'deep dive' initiated, which will be reported upon at Quality Committee. • GMS suggested that whatever the numbers within the report it should reflect that everything had been done to avoid avoidable deaths. • There were concerns expressed regarding the 80% compliance data in relation to hydration. SB informed the Board that 4 senior nurses would undertake an audit whereby every food balance chart would be audited and this will identify any issues which will be reported by to Board through the Quality Report. • The Board received an explanation regarding Therapeutic Endoscopic Procedures and the consequential alert and heard that the review provides assurance that they were being carried out safely and for the appropriate care of patients. It was ACKNOWLEDGED that any investment made would not necessarily deliver an improvement. • The Board heard in relation to the Friends & Family Test (FTT) that although the Trusts internal target of 50% response rate was not being achieved, achievement is on par with the National RR for the in-patient and ED Friends & Family test. KF told the Directors that it would be the preferred option to go with a provider that conducts paper surveys as well as electronic versions. Procurement were described to be liaising with providers regarding the tender process for a wider contract through a single supplier. The Board NOTED that there are no consequences for the Trust when the contract expires in January. • A discussion was held in relation to concerns regarding safeguarding and whistleblowing identified by the Trust's Improvement Director (Monitor). KF told Directors that more concerns had been raised, but effectively this was 'positive' for the Trust as it could understand and learn from the issues being raised internally. SB updated the Board that there was 1 safeguarding champion per ward, with a focus on training and spot visits made over the preceding week to take the learning forward. PO asked for assurances and SB indicated that she could provide these for whistleblowing and that appropriate 		
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	<p>actions were in place in regard to safeguarding, which would be checked through the Rapid Review. PO confirmed assurance had been gained and SL concurred with this.</p> <ul style="list-style-type: none"> • RD raised the 'length of stay' information, which looked to be increasing in the wrong direction. Sue Barnett replied that it was far more complicated in that it depends on the acuity of the patient and consisted of whole community issues and delays with our partners. SB highlighted the following; <ul style="list-style-type: none"> - Acerbation from Christmas - Increased number of patients with length of stay over 14 days <p>The Board ACKNOWLEDGED that these were not unique to SFHT and there were issues nationally and recognised the work being undertaken to address matters.</p> <p>SB presented the Nurse staffing Report that provided an overview of the nursing and midwifery staffing position and highlighted the wards where additional support was necessary and whereby processes would be implemented to make improvements. The Directors ACKNOWLEDGED that on-going recruitment to posts was continuing at pace. TR commented he was comfortable and happy with these findings and that the Board should have confidence in this area.</p> <p>Directors discussed the contents of the report and NOTED the improvements that are being made in relation to the quality priorities and ACKNOWLEDGED that there are still areas that are receiving focused attention to ensure improvements are maintained and driven</p> <p>The meeting took a break at 11.25 am.</p>		
	<p>REGULATORY ESCALATIONS/ACTION PLANS</p>		
15/012	<p><u>Quality Improvement Plan Update/Action Plans</u></p> <p>SB reported that the Quality Improvement Plan (QIP) was a more extensive report and the intention was to build upon this each month to give more assurance on progress and identify what actions have been completed. The Board NOTED that 41 actions had been completed. A discussion was held regarding the RAG ratings but the Directors AGREED this provided a sense of where deeper examination was necessary and should include information gleaned during the programme of ward visits being undertaken by the Directors.</p> <p><u>Quality Governance Framework</u></p> <p>KR reminded Directors that following the December Board a confirm and challenge session had been undertaken to focus on the key areas for review. This took place on 15th January 2015 and sought to provide assurance against the QGF questions which scored the highest during the recent self-assessment process. The Board discussed the development opportunities given to staff through these sessions and</p>		

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	<p>described the value it provided to Directors but ACKNOWLEDGED the huge amount of time and resources required in facilitating these sessions from Divisions.</p> <p>The Directors NOTED the report and commented on responsibilities and the need for further understanding on their part from the Divisions in respect of some areas of concern. Board members will work constructively with staff involved in these sessions as they want them to feel relaxed and assured throughout and feedback would be provided to consolidate assurances prior to CQC inspection. The initial findings will be brought back to Feb/March Board meeting after TMB had developed a trajectory and that the next confirm and challenge session on 12th February 2015 would seek more assurances with regard to the financial position and clear conclusions.</p>		
	PATIENT EXPERIENCE QUARTERLY REPORT		
15/013	<p>SB presented the Patient Experience Quarterly Report which demonstrated a positive impact on the number of complaints received, achievement of internal response time scales and a reduction in the number of dissatisfied complainants as follows:</p> <ul style="list-style-type: none"> • A decrease in the number of formal complaints received in Quarter 3 by 29% (172 to 122) • The Trust exceeded the 90% internal response timescale target (92%) • 100% response rate achieved in the acknowledgement of all new formal complaints received within 3 working days • As a result of our complaint investigation, 72% of complaints were upheld or partially upheld. <p>The Board NOTED the progress made during this reporting period and GMS asked if this information would be shared with others i.e. Quality Committee, Kings Treatment Centre to enable areas of excellent practise to be utilised to give examples to others. SB will look into this and update Quality Committee and report back to Board. SL discussed the attitudes that house the complaints and asked if there was a process in place for staff to see these during their appraisal similar to that of medics, whereby complaints are shared with appraisees during their appraisal and made aware it will be monitored.</p> <p>CW asked about the number of complaints regarding undiagnosed fractures and whether anything could be done to reduce these in number. AH advised that the rapid review needed concluding, with benchmarks and it would make comparisons that differentiate Departments within the Trust and would benchmark against other organisations.</p> <p>SB informed the Board that patients and visitors can post comments about their experience on the NHS Choices website and SL CONCLUDED that compliments and positive feedback also needed to be re-enforced throughout the organisation to ensure balanced perspectives of care.</p>	SB AH	FEB 2015 Feb 2015

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	MONTHLY FINANCE REPORT		
15/014	<p>Based on the M9 financial report, it was reported a year to date deficit of £24.6m, £0.9m worse than the December deficit assumption and that concerns had been raised by Divisions that the £30.9m forecast deficit was likely to be exceed. Consequently, a review of the forecast had concluded that the outturn deficit was now £32.7m.</p> <p>The Directors expressed again the disappointment in the financial outturn position for December and the likely increased forecast deficit of £32.7m. The Board discussed at length the risks involved in producing a detailed plan and MA informed the Board that there was a severe risk of not being able to produce a substantive budget to the February Board as resources were overstretched. It was AGREED that every effort would be made to produce a detailed report.</p> <p>Directors sought reassurance with regard to the additional work with CCG. MA confirmed this could be evidenced and was not an issue.</p>	MA	Feb 2015
	INTEGRATED PERFORMANCE REPORT		
15/015	<p>SBa informed the Board that the Trusts performance for Q3 in connection with the three Monitor compliance points was due to underachievement against RTT Non-Admitted, A&E 4 hour wait and C-Difficile. Consequentially, the Board members expressed disappointment around long trolley waits during the Christmas & New Year period, accepting this had improved recently.</p> <p>Predicting the forward position, Board heard how January and February would result in further breach and this was also likely to be the position for March but further work on trajectories was progressing to establish the position system and specialty wide.</p> <p>It was reported that both Cancer 31 Day Surgery and 62 Day Screening are projected to fail the target. Route Cause Analysis is being undertaken to identify the reasons for these breaches which will be fed back through the Cancer Unit Management Board for action.</p> <p>It was reported that the Trust had also underachieved against the diagnostic waiting times, highlighting the two areas at risk. The Board noted action plans were in place to address this and clear the backlog of sleep studies and endoscopies.</p> <p>KF presented the workforce element of the IPR and Directors NOTED the pressures around RGN’s were still proving a challenge and ACKNOWLEDGED that there had been a number of recruitment initiatives nationally. Board recognised the difficulties in recruiting and the continuing impact this would have on variable pay through the reliance on agencies.</p> <p>The Trust’s Year to date Sickness rates were disappointing and had increased to 4.42%, with the increase predominantly due to the increased long term sickness absence but the continuing application of the new policy should improve the position in the longer term.</p>		

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	<p>The Directors NOTED the issues impacting on performance and ACKNOWLEDGED with specific regard to the A&E Target and flow that following the CCG's visit to the Emergency Department in December a resilience team had been appointed. The Board RECOGNISED the enormous efforts from staff and gave their support for the work they have done.</p>		
	<p>WORKFORCE QUARTERLY REPORTS</p>		
15/016	<p>KF informed the Board that recruitment on the whole was challenging and that for senior posts, RGN's and Specialist Doctors the Trust being in special measures was a key factor for this and Directors discussed the impact 'Better+Together' presented when recruiting staff.</p> <p>The Trust's Sickness rates had increased, with the increase predominantly due to the increased long term sickness absence. However, it was NOTED that Gastro-Noro virus was prevalent in the figures for December. The Directors discussed the impact of the Sickness Policy in assisting managers and were told that all sickness absence rates are being reviewed to look at trends and broken down into divisions to enable line managers to take appropriate action to facilitate return to work dates.</p> <p>GMS asked in respect of any trajectory gain, if we would see a 'pull down' on premium pay. KF explained that the significant increased capacity work through increased numbers and spend, compared to December, had thrown things off track and had highlighted a need to understand the drivers in more detail.</p> <p>The Directors NOTED the compliance rate of appraisals and Non-compliance in mandatory training. SL summarised that these workforce issues needed to be consolidated and addressed collectively through performance management frameworks.</p> <p>The Directors NOTED the workforce information presented and acknowledge the actions being taken to improve performance.</p>		
	<p>FIT AND PROPER PERSON REQUIREMENT</p>		
15/017	<p>KF reported to the Board that the Fit and Proper Person Requirement came into force on 27 November 2014. As a result of this the Chair is required to confirm to the CQC that all new Directors would be assessed in line with the regulations and are declared a 'fit and proper person' for the role.</p> <p>KF told the Directors that relevant checks against most of the criteria was achievable but expressed her concerns regarding challenging areas of assessment within the Regulations in relation to Misconduct or Mismanagement, which could be wide ranging and uncertain in scope. There is no indication of how far back providers need to look when considering serious misconduct or mismanagement and it may be difficult</p>		

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	<p>to gather information from other countries where required. The Trust needed to have a robust procedure in place, which was being progressed.</p> <p>KF told the Board that it was the intention that current Directors & Non Executive Directors complete the ‘FPPR’ form, which would then be filed in personnel files and PROPOSED that any outstanding issues would be brought back to a Board meeting.</p> <p>RD asked if this form would be exempt to FOI requests and the Board ACKNOWLEDGED whilst not yet tested for a public benefit corporation, existing legislation regarding DPA and FOIA would offer the usual exemptions as relevant to the circumstances.</p> <p>The Board AGREED that this was a collective piece of work and all members needed to complete the necessary documentation to ensure the requirements as set out in the Regulations are met</p>		
	ANNUAL PLANNING PROCESS 15/16 UPDATE		
15/018	<p>PW updated the Board that since the last meeting further progress had been made and guidance on the 2015/16 annual planning round had been issued by Monitor. Non Executive Directors were informed that the Executive Directors were involved in Service Line meetings to highlight timelines.</p> <p>SL challenged if we had learnt from the Baker Tilley Report and asked if it was clear that this process connected with everything we are doing within this strategy. PW confirmed that the trust was</p> <ul style="list-style-type: none"> • Better aligned • Improved workforce planning • Budget setting had commenced earlier • Better delivery of objectives would be achieved through clear KPIs <p>The Board were ASSURED that the progress made to date and the engagement across the organisation in the annual planning process would support delivery of the Annual Plan.</p>		
	TRUST SEAL		
15/019	<p>In accordance with Standing Order 19, the Sherwood Forest Hospitals (NHS) Trust Official Seal had been affixed to the following documents by the Chairman and Director of Corporate Services/Company Secretary for</p> <ul style="list-style-type: none"> • Lease between SFH NHS Foundation Trust and Nottinghamshire Healthcare NHS Trust for office space used by the Rapid Response Liaison Psychiatry Team; • Design and Build Contract 2011 (Siemens) documents for capital scheme to replace the MRI Scanner at KMH <p>Board members APPROVED attestation of the seal.</p>		
	GOVERNOR MATTERS		

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15/020	The Chair reported that both Governor forums were working well and the next meeting of the Council of Governors is being held on 18 th February 2015		
	ESCALATION OF ISSUES FROM TMB/EXECUTIVE TEAM		
15/021	The meeting of Trust Management board was held on 26 th January 2015 and SB circulated a highlight report to provide the Trust Board with a high level understanding of the agenda items discussed at TMB, the assurance obtained and the risks that were discussed. TR NOTED the contents of the paper on behalf of the Directors and said that the paper had been very helpful.		
	REPORTS FROM SUB COMMITTEES		
15/022	In the absence of PM, it was NOTED that the issues arising from Quality Committee had been discussed within other sections of this meeting. RD reported that the minutes from the Audit & Assurance Committee were imminent and told the Board that concern was expressed over the Buddying Agreement with Bath. The internal audit report was significant.		
	QUESTIONS FROM MEMBERS OF PUBLIC PRESENT		
15/023	A member of the Public asked if the Smoking Group had met and whether updates will come through this meeting. The Chair confirmed that this would be the case via the CEO. It was NOTED that a planning application had been made in respect of Newark Hospital and the Directors told members of the public that it would improve performance and that the building investment would enable us to help with the streaming of patients with costs attributed to the Prime Ministers Challenging Fund.		
	COMMUNICATION TO WIDER ORGANISATIONS		
15/024	SL requested that Directors consider what pertinent messages we should be sharing with our staff. Following discussions the following suggestions were brought forward <ul style="list-style-type: none"> • Board priorities – namely Finance, Quality Improvement Plan (QIP), ED Flow to develop messaging in preparation for 15th June by working together • Better+Together • Good news stories to re-inforce success • Thank you message through Team Brief 	YM	Feb 2015

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	ANY OTHER BUSINESS		
15/025	<u>Dementia Appeal Update</u> The Board of Trustees reviewed the business case and RATIFIED the decision of the Charitable Fund Committee to approve the business case and associated fundraising in relation to this cause.		
	DATE AND TIME OF NEXT MEETING		
15/026	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 26th February 2015 at 10.00 am in Classroom 1, School of Nursing, Level 1, King's Mill Hospital		
	There being no further business the Chairman declared the meeting closed at 12.59 hrs.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Sean Lyons Chairman		Date