

**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 10.10 hrs on Thursday 30<sup>th</sup> July 2015 in the Board Room, Level 1, King’s Mill Hospital

<b>Present:</b>	Sean Lyons	Chairman	SL	
	Claire Ward	Non-Executive Director	CW	
	Ray Dawson	Non-Executive Director	RD	
	Dr Peter Marks	Non-Executive Director	PM	
	Tim Reddish	Non-Executive Director	TR	
	Karen Fisher	Acting Chief Executive	KF	
	Paul Robinson	Chief Financial Officer	PR	
	Susan Bowler	Executive Director of Nursing & Quality	SBow	
	Susan Barnett	Chief Operating Officer	SBa	
	Dr Andrew Haynes	Executive Medical Director	AH	
	Kerry Rogers	Director of Corporate Services & Co. Sec	KR	
	Graham Briggs	Interim Director of Human Resources	GB	
	<b>In attendance:</b>	Joy Heathcote	Minute Secretary	JH
		Yolanda Martin	Head of Communications	YM
John Kerry		Member of the public	JK	
David Parker		Newark Advertiser	DP	
Danielle Hayden		Chad	DH	
Tracey Brassington		Voluntary Services and Engagement Lead (for item 015/160)	TB	
Joy Wilson		Voluntary Services Officer (for item 015/160)	JW	
Hazel Boyd		Hospital Volunteer (for item 015/160)	HB	
Meredith Freeman		Student Doctor (previously worked as a Volunteer in the Daffodil Café) (for item 015/160)	MF	
Jim Barrie		Public Governor Newark and Sherwood	JB	
Phil Harper		Head of Strategic Planning (deputising for Peter Wozencroft)	PH	

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
015/157	The meeting being quorate, SL declared the meeting open at 10.10am and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
015/158	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
015/159	It was CONFIRMED that apologies had been received from Mark Chivers, Non Executive Director, Neal Gossage, Non Executive Director and Peter Wozencroft, Director of Strategic Planning and		

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	Commercial Development.		
	<b>PATIENT STORY</b>		
015/160	<p>KR introduced the presentation which related to the services provided by the Trust's volunteers and how the Community Involvement Team supported an enhanced patient experience.</p> <p>TB confirmed that there were 685 volunteers supporting services across 4 sites and during 2014/15 there had been 279 enquiries from prospective volunteers and 67 new volunteers had joined the service. The hours donated in 2014/15 had been 67,004 which contributed £435,500 added value to the Trust, with further immeasurable non financial benefits. The meeting heard how volunteers also supported brand loyalty and provided an ambassadorial role to the Trust.</p> <p>It was explained by way of a specific example that volunteers were currently working in the emergency department entrance to support patients and were successfully assisting flow through the department.</p> <p>The Chairman's Long Service Awards to volunteers took place annually and in 2014 volunteers received recognition for long service of between 5 – 45 years. There were 109 award recipients who had donated a total of 1315 years of service.</p> <p>TB outlined assurances regarding the recruitment of volunteers which mirrored the SFHT HR employee recruitment process with full checks for references and the disclosure and barring process being undertaken. It was described how training was provided at induction, localised induction, mandatory yearly updates and bespoke training within relevant departments. The volunteers were managed via a site office and used a rota based system in line with SFHT policies and good practice guidelines. Due to its positive reputation in terms of voluntary services, the Trust did not have to advertise for volunteers and there were currently 150 people waiting to give their time and support to the Trust.</p> <p>It was recognised that Volunteers were very visible around the site and had a significant impact on patient and customer service. Furthermore, it was gratefully acknowledged £800k had been raised through the various café and refreshment outlets raising funds for the Trust's Charity. Volunteers also provided patient transport services within the hospital and transported approximately 1000 patients per week. Two buggies had been donated by Taylor's transport as a thank you for the excellent treatment that had been provided to the Managing Director during a hospital stay. It was explained also, that during the CQC visit, inspectors had frequently asked the volunteers to direct them to various locations and they had acknowledged the welcome presence of volunteers supporting</p>		

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	<p>patients and visitors navigate the hospital.</p> <p>Members were presented with numerous examples of the work of the Volunteers including explanations of how they provided an excellent service within the Maternity Unit and 20 volunteers welcomed patients and visitors and assisted with administration tasks. A new service had been established in the Renal Unit where 4 volunteers provided refreshments and also spent time talking to patients during their lengthy visits to the unit. Newark Hospital Reception was also manned by volunteers and they also assisted the Patient Experience Team with any concerns. The volunteers in the Cardiorespiratory department at Newark Hospital had received the Star of the Month Award for May 2015 and were very proud of their achievement. Volunteers also assisted patients with the savience booking in screens within the clinics and the savience screens were also being extended into other areas.</p> <p>In response to KR, HB confirmed that she had been a volunteer for 32 years and that she had previously worked in the community and following her retirement she wanted to come to King’s Mill Hospital to volunteer. She explained that the tasks involved some quite simple things sometimes which could make such a significant difference to the patient experience. HB said that she could recognise those patients that required more support than others and often went to collect newspapers or other items from the shop for them. Some patients who were non elective admissions did not have items like toothpaste, etc so emergency toiletry packs were provided. She also provided refreshments for patients who had missed their mealtime due to having treatment.</p> <p>KR highlighted that it was obvious from the presentation how volunteers made a significant difference to the experience of patients and visitors and asked what made volunteers themselves stay at the Trust. HB said that being a volunteer at the Trust made her feel useful and she wished to use some of her time to do things for other people.</p> <p>The presentation went on to describe how Volunteers supported the Anthony Nolan Bone Marrow Recruitment Drive and Organ Donation and there had been a Carers Roadshow with a variety of 8 different stalls. Volunteers also supported activities in the Macmillan Advice Pod and undertook fundraising on a daily basis and recently, £50k had been raised for dementia services. Items were donated by a number of local organisations to support fundraising and a donation of £18k had been recently received to fund a new scope in Theatres.</p> <p>KR asked MF about her experience at the Trust when she was a volunteer and MF confirmed that she had been a volunteer for 2 years and had then moved on to participate in the Duke of Edinburgh Awards Scheme. She had worked in the café and had really enjoyed the experience of meeting patients and staff and had</p>		
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<p>used her experience of being a volunteer and the skills she had gained in her personal statement, which had assisted in her gaining her place at university.</p> <p>With regard to service developments for Q3 and Q4, TB confirmed that the Youth Volunteering Scheme would be implemented from October which was aimed at 16 – 25 year olds wishing to gain healthcare experience. There would be an extension of ward befrienders and social activity support and work with dementia patients. Volunteers would be providing their services between 8am and 8pm and the meet and greet front door service would be trust wide with a new team to support Primary Care 24 and ED with 90 new volunteers. There would be review and development of enhanced volunteer roles in outpatients with 40 new volunteers. By the end of the year there would be approximately 900 volunteers supporting the Trust.</p> <p>SL asked if this was a benchmark Trust and TB confirmed that it was part of a national process and that the Trust had been one of the first to introduce volunteering and that the service needed to be planned and managed appropriately.</p> <p>In response to SL, TR confirmed that he was the ambassador for this service and had spent time with the team and TB and highlighted the massive value that volunteers provided to the Trust and its patients, staff and visitors. TR offered support to MF at the Duke of Edinburgh Awards Ceremony.</p> <p>PM offered thanks from the Board of Directors and suggested that there could be a Board visit to the volunteer service. He highlighted the involvement with local communities and the excellent work around the front door and the training received by the volunteers. PM to ask YM to extend an invitation to TB to the Smokefree meeting to assess how best Volunteers could be engaged to support the Trust objectives for a no smoking site.</p> <p>SL highlighted that volunteers <u>could</u> support the Trust in being more efficient and suggested that volunteers could use their experience to highlight any areas where improvements could be made. TB agreed to work with the volunteers to identify areas for potential efficiency as and when they identified such opportunities</p> <p>KF thanked the volunteers for their presentation and the gratitude of the Board for the work they undertook.</p> <p>HB also confirmed that she assisted with patient surveys, undertaking 10 per ward per month and that there were very few complaints. SL suggested that such issues could be included in the Patient Experience Report to the Board.</p>	PM/YM	Aug 2015
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	<b>OUTCOMES RE LAST MONTH’S PATIENT STORY</b>		
15/161	<p>SBa confirmed that the first report from the National Emergency Laparotomy Audit (NELA) had been received which detailed excellent performance at the Trust. KF confirmed that she had a copy of the report and had written to the two Consultants concerned to recognise their contribution.</p> <p>In response to SL, SBa and AH would liaise with the Consultants to consider the roll out of this work to other areas, e.g. Gynae and Urology.</p>	SBa/AH	Sept 2015
	<b>MINUTES OF THE MEETING HELD ON 25<sup>th</sup> JUNE 2015</b>		
15/162	<p>Following review of the minutes of the public meeting held on 25<sup>th</sup> June 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> <li>• Attendees list – SBa title to be amended to Chief Operating Officer and items indicated where attendance is required.</li> <li>• Page 2, para 2 – question mark to be removed.</li> <li>• Page 3, para 3 – NELA report to be shared with the Quality Committee.</li> </ul>		
	<b>MATTERS ARISING/ ACTION LOG</b>		
15/163	<p>KR confirmed that a consolidated action tracker had now been developed to include all Board committees, highlighting the revised rating of the status of actions. The process going forward would be for secretaries to go through the actions with their Director to update them ahead of the next meeting to mitigate against the absence of robust updates to Board.</p> <ul style="list-style-type: none"> <li>• <b>Item 2</b> – KF confirmed that action had been taken regarding awareness and training through the Organ Donation Committee and the action was complete.</li> <li>• <b>Item 3</b> – GB confirmed that he would clarify arrangements for the reference group at the next meeting.</li> <li>• <b>Item 5</b> – An updated Scheme of Delegation was on the agenda and the action completed.</li> <li>• <b>Item 14</b> – An update on RTT had been provided in the IPR and the action completed.</li> <li>• <b>Item 19</b> – An update on the Breast Services Business Case would be discussed under the IPR and the action completed.</li> </ul> <p>The Board accepted the updates and their approval of those items assessed to be ‘blue’ to be archived and removed from the tracker.</p>		
	<b>CHAIRMAN’S REPORT</b>		
15/164	SL presented the Chairman’s report which provided details on		

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	<p>progress, plans and regulatory developments for the Trust.</p> <p>Directors noted updates regarding Monitor Activity, CQC Inspection, Membership Activities, Governor Activities, MPs Meeting, Board Appointments, Follow up on B+T Commissioning and CCG/Trust Board to Board Meeting.</p> <p>SL reported that sadly, John Swanwick, Public Governor for Mansfield had passed away on 16<sup>th</sup> July. John had been a very active and a well respected member of the Council of Governors and would be sadly missed. John's funeral would take place on 5<sup>th</sup> August.</p> <p>The Lord Rose Review on NHS Leadership had been published and SL agreed to circulate this to Board members.</p> <p>The Chairman's Report was noted.</p>	SL	Aug 2015
	<b>CHIEF EXECUTIVE'S REPORT</b>		
15/165	<p>KF introduced discussion of the Chief Executive's report which highlighted recent events and developments.</p> <p>A significant number of staff had attended the recent breakfast sessions which was to recognise their contribution to quality improvements and the CQC visit. This had provided an opportunity to see staff that would not usually be able to attend such an event and had proved an excellent way of thanking staff.</p> <p>A Better Together Systems Conference had taken place on 8<sup>th</sup> July, along with a further meeting on 22<sup>nd</sup> July which had provided an opportunity to explore the next steps following the most capable provider process.</p> <p>The Star of the Month for June was Amanda Todhunter who was a Partial Booking Clerk and had provided excellent levels of support to her colleagues.</p> <p>A Horizon Scanning Schedule had been included as an appendix to the report which provided an update on key reports relating to the NHS and KF confirmed that the Executive Team would discuss the most appropriate committee to monitor this report.</p> <p>The Horizon Scanning Schedule was welcomed by the Board.</p> <p>The Chief Executive's Report was noted.</p>		
	<b>STRATEGIC NARRATIVE AND APPROVAL OF REVISED STRATEGIC PRIORITIES</b>		
15/166	PH introduced discussion of the Strategic Narrative which		

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	<p>represented the latest iteration for the Trust. The presentation outlined the vision for the Trust and the strategic priorities which had been developed following recent events including the Clinical Reference Group, Clinical Senate, Staff Engagement sessions and input from staff side representatives.</p> <p>TR welcomed the Strategic Narrative and noted that staff working in a clinical support service might require support and advice on how they could achieve expectations.</p> <p>SL supported this comment and in response, AH confirmed that this was a vehicle to highlight the cultural shifts taking place and there would be face to face meetings to discuss its implications.</p> <p>PH confirmed that the Strategic Narrative had been discussed at the Trust Management Board meeting and how this should be adopted going forward. SL highlighted that the Board would also need to fully understand the process in order to be able to provide support.</p> <p>PM supported the approach highlighting that there would be expectations of staff to assist to drive changes and this should create good discussions going forward.</p> <p>SL noted the importance of the deployment of the strategic priorities to support different ways of working and PH confirmed that this would be complimented by the work being undertaken regarding service lines. These key pieces of work would be brought together.</p> <p>In response to SL, KF confirmed that an update had been provided to commissioners the previous evening and this would be discussed further at the next Executive Team joint meeting.</p> <p>The Board noted the latest version of the Strategic Narrative and approved the revised framework for the Trust’s vision and strategic priorities.</p>		
	<b>QUALITY IMPROVEMENT PLAN</b>		
15/167	<p>SBow introduced discussion of the Quality Improvement Plan which had been revised post CQC Inspection to represent a single integrated consolidated plan recognising the root causes of issues, with rated outcomes and clear links to existing governance committees. A refresh of the Patient Safety and Quality Strategy would be undertaken to provide a single Quality Strategy and Implementation Plan which would fully interlink with the clinical, workforce, IT and estates strategies.</p> <p>SL noted that the Quality Strategy would need to be a living document.</p>		

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	The Board noted and supported the proposed approach to the Quality Improvement Plan.		
	<b>QUARTERLY QUALITY &amp; SAFETY REPORT</b>		
15/168	<p>SBow presented the Quarterly Quality and Safety Report which provided the Board with a summary of progress and the Trust’s key quality priorities.</p> <p>PM noted the positive aspects of the report, particularly medicines management and pressure ulcers. There were examples of improved patient flow and organisational learning, although concerns were still apparent relating to progress against the mortality action plan and a question as to whether the Quality Committee was the correct vehicle to progress this. Falls seemed to have reached a plateau and he questioned whether further action was required and also noted slow progress on infection control and the percentage of amber actions against the CQUIN. There were a significant number of expectations on the Trust’s staff to ensure improvements were made.</p> <p>AH confirmed that further focus was required on key actions and ownership of these at ward level and it remained the responsibility of clinical leads to progress actions, rather than the committees. AH and SBow had met with Heads of Service to discuss the 3 key issues of mortality, sepsis and infection control and had asked them to consider what could be done differently within teams and clinical areas to support improvements and what support they required to implement this. One of the key aspects of mortality was to ensure that junior doctors coming to the Trust were aware of the issues and the appropriate action required, with a consistency of approach. A recent staff engagement session had focused on the 3 key areas of mortality, sepsis and infection control.</p> <p>SL noted the significant amount of measuring against progress but did not have assurance that this was achieving the desired effect.</p> <p>SBow recognised that there were a significant number of priorities for clinical staff but this was an opportunity to focus on the 3 key areas.</p> <p>AH confirmed that stretch targets had been put into action plans and these were now more detailed, particularly regarding documentation. Pathways were now in place for sepsis that would need to be applied consistently with appropriate responsibility and accountability. There was also a focus on coding to ensure that this was documented accurately and there had been significant improvements in EAU. <a href="#">Discussion had taken place regarding Governance arrangements</a> <del>were being addressed</del> through the buddying process with RUH Bath <del>and a 360° review on governance</del></p>	AH	Sept 2015



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[and updates would be provided to the Board.](#)

KF noted the significant improvements that had already been made and highlighted the requirement for these to become business as usual and to ensure there was sustainability.

In response to SL regarding the disappointing hand hygiene compliance at Newark Hospital, AH confirmed that the infection control team would provide feedback to relevant areas immediately and would expect ownership at ward level to ensure improvements were made.

PM noted the importance of staff feeling empowered to be able to challenge where standards were not being met.

With regard to learning disabilities and in response to KR’s question about the assurances the Board could take from the process that determined ‘the Trust is compliant with the standards’ as referenced in the report, SBow confirmed that this area received a lot of focus, was compliant as stated in the Monitor declaration as all issues were being addressed.

In response to KR regarding patient information for this group of patients, SBow confirmed that she had challenged this and the Patient Information Policy but agreed that it may be timely to undertake a sense check at the Quality Committee across all 6 areas of compliance.

SL noted the amber CQUINs and SBow confirmed that further discussion would take place with the CCG in the autumn regarding progress. Victoria Bagshaw (VB) had been to introduce herself to relevant staff to gain assurance ahead of progressing these issues.

AH explained the difficulties regarding Acute Kidney Injury (AKI) in that a Consultant had left the Trust and there was joint working with Nottingham. There were also IT elements which affected this and Jo Richardson had agreed to act as a lead until the new Consultant commenced when they would take over the accountability.

PR was not expecting any financial loss in month due to this and VB would be attending a meeting on 1<sup>st</sup> August and the outcome could be reflected in next months report.

With regard to mortality at weekends, CW asked what assurance was available for discussion at the Quality Committee meeting and AH confirmed that there were issues on the availability of senior cover and diagnostics. There was still some debate regarding national data and he suggested that the metric should be day of death rather than date of admission. Also, a number of patients were at the end of life and tended to be admitted over the weekend. The East Midlands Acute Trust Chief Executives had undertaken a piece of work which demonstrated that the Trust had more

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	<p>Consultants on duty at the weekend than other places and also enhanced 7 day diagnostic services.</p> <p>CW asked where the Trust was placed within the national position and AH confirmed that there had been improvements at the Trust but that further work would be required to focus on any gaps at the organisation.</p> <p>Directors noted the Quality &amp; Safety Quarterly Report and the assurance it provided along with clarity regarding the areas of focus for improvement.</p>		
	<b>PATIENT EXPERIENCE QUARTERLY REPORT</b>		
15/169	<p>Directors considered the Patient Experience Quarterly Report and noted that the report detailed concerns, complaints and compliments received by the Trust for Q1.</p> <p>SBow confirmed that there had been a reduction in the number of complaints and the Trust liaised with Healthwatch and the CCG regarding the data. The Trust was now largely in line with other organisations. When a patient complaint related to an appointment cancellation, these were now logged as concerns rather than complaints. Investigation would be undertaken to find the cause of the cancellation and another appointment made for the patient. These concerns would then be considered by the Outpatients Improvement Group.</p> <p>SL asked if this new process related to the perceived reduction in complaints and SBow outlined the improvements being made in processes including training for staff where required.</p> <p>PM highlighted the increased number of concerns and it was confirmed that this was being addressed as part of the Outpatient improvement work. SBa also explained the significant work being undertaken to use both soft and hard intelligence and highlighted that the Trust had Governors, Patient Representatives and CCG Representatives who could provide the soft intelligence.</p> <p>In response to SL, SBa outlined the national changes that had been made to the Choose and Book system which had created additional work and as each of the issues were identified, work was undertaken to identify the root cause.</p> <p>It was felt appropriate to move some of the complaints to concerns as concerns related to administration issues and complaints were regarding treatment. CW asked if there was crossover where complaints were both about treatment and administration and she also asked why there had been a decrease in compliments. SBow explained that at present, there was not a robust system in place to capture thank you’s and compliments.</p>		

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	<p>In response to CW, SBa explained that the Trust took its feedback from NHS choices, etc. and that the format of the Friends and Family Test would be revised. In terms of nursing metrics, an improved system was about to be implemented, which could provide a better opportunity to capture compliments.</p> <p>There did not appear to be any particular themes or trends on the wards as some related to delays in receiving medication and others regarding discharge. There was now also a greater focus on handover of patients rather than handover of teams.</p> <p>SL asked if there was any intelligence the Trust could take from the buddying arrangement with RUH Bath and SBow confirmed that all the issues would need to be triangulated. YM and SC were visiting RUH Bath on 3<sup>rd</sup> August so could make some enquiries.</p> <p>PM welcomed the face to face meetings with complainants and having these recorded and asked if it was possible to provide this for all complaints that required intervention. SBow confirmed that it was a tool used for more complex complaints which provided a better outcome and was beneficial to the complainant. Medical staff were also engaged in the process of responding to complaints.</p> <p>SL noted the actions listed on page 9 and 10 of the report and asked how assurance could be provided that these had been undertaken in a timely manner and he asked for a report at the next meeting, with a list of actions. SBow confirmed that this had been discussed at the Patient Experience Committee meeting and the process would need to be formalised.</p> <p>With regard to a question raised by a Governor at the PLACE Audit and in response to SL, SBow confirmed that this issue had been discussed at the Patient Experience Committee meeting the previous day with the Governor involved attending the meeting.</p> <p>Directors noted the Patient Experience Quarterly Report and the actions being taken.</p>	SBow	<a href="#">OctSept 2015</a>
	<b>INTEGRATED PERFORMANCE REPORT</b>		
15/170	<p>SBa discussed the detailed report of the Trust’s performance confirming that there were 2 Monitor compliance points which related to underachievement against the RTT non-admitted, admitted and incomplete pathways standards and underachievement of the 62 Day Cancer standard. As a consequence of the Trust’s financial and performance risk ratings the Trust remained in breach of its authorisation with automatic over-ride applying a red governance risk rating.</p> <p>With regard to ED performance, although the 95% had not been</p>		

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	<p>achieved for June, this had been achieved for Q1 overall. There had been a significant amount of activity during June and difficult surges and also issues relating to staff shortages, particularly during the CQC inspection. SBa had attended the Overview &amp; Scrutiny Committee meeting the previous week to provide an update and would be attending again, most likely during Q4.</p> <p>A System Wide Learning Event would be held during September where key stakeholders would attend to discuss their own perceptions of activity and how things had changed which would support system wide learning.</p> <p>There had also been issues during June regarding bed availability and discharge behaviour and bed occupancy had increased, resulting in patients waiting in ED for longer periods than usual. These issues had been reviewed as part of the Emergency Flow Steering Group and strategies had been developed to mitigate the risk of reoccurrence. SBa recognised the significant work being undertaken by staff.</p> <p>The Trust would be participating in a national pilot of the new DTOC and SBa would advise of the commencement date. It had been recognised that current systems and documentation required improvement. This would also provide the Trust with an opportunity to understand what was happening outside of the organisation. With regard to the national position, SBa confirmed that Simon Stevens had reported that there were inconsistencies in national reporting. Reporting would now be undertaken on a monthly basis rather than weekly.</p> <p>Some of the issues related to transformation and how to ensure ownership by front line staff and SBa confirmed that progress was being made. There had been a Trust wide communication to thank staff for their hard work.</p> <p>The Trust would also be participating in the National Ambulatory Care Programme in September and data collection would commence in August. This would be a helpful learning exercise for the Trust.</p> <p>With regard to 15 minute streaming, SBow asked if the Trust was reporting against this as it was a concern raised by regulators. SBa confirmed that this could be undertaken as an assurance process as the data was collected, although this would not be headline data. It was agreed that the Executive Team would discuss this issue and identify the level of data that was required by the Board.</p> <p>SBa reminded Directors of the national proposal to abolish the admitted and non-admitted measures, using only the incomplete standard as a measure. It was also confirmed that the incomplete pathways standard had been achieved for the first time in 6 months and the Trust was on plan to achieve on all 3 trajectories. Monitor,</p>	<p>Exec Team</p>	<p>Sept 2015</p>
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	<p>TDA and NHS England would submit further information, not just on completed but on admitted and non admitted by specialty. Agreement had been reached with commissioners that this was not to meet the standard, but to improve for our patients. Work had been undertaken with IMAS and the current backlog would be reduced to 750 patients by November 2015.</p> <p>With regard to cancer, the Trust was non compliant against the 62 day pathway which had been highlighted previously. The Cancer Programme Director had commenced in June and had started work to ensure improvements. The tripartite meeting had highlighted that the 62 day standard would increase to weekly reporting of the PTL from monthly, in recognition of national reduced levels of performance. There were high impact changes and reporting would be by tumour site and individual pathway.</p> <p>The Trust had received a letter from the National Cancer Team who had requested a visit to Sherwood Forest Hospitals NHS Foundation Trust in terms of 62 day cancer to assist in identifying issues. They had requested this visit within 10 days and would be a mini CQC style visit where relevant individuals would be interviewed. A data pack had also been received and this was currently being collated. They would focus on Lung, Urology and Lower GI and 2 particular diagnostics, Endoscopy and Radiology. Data collection was already in place at the Trust and these 2 areas had been highlighted as a concern. Processes would be changed so that patients would be seen in the first week not the second and consideration given to Outpatient capacity and areas that were already being addressed. The date of the visit would be 13th August.</p> <p>The Sentinel Node Business Case had been presented to the Capital Development Group in July and had been approved.</p> <p>In response to SBow regarding the inspection visit, SBa confirmed that meetings would be held with key individuals to prepare them and support provided where required. An internal assessment report would be considered by SBa/AH ahead of sign off by KF.</p> <p>With regard to activity, an increase had been witnessed during June both in emergency and outpatient activity and was being addressed as part of the Outpatients Review. A report had been produced regarding missed outcomes and would be considered via the Trust’s governance processes.</p> <p>PM noted that activity and demand continued to increase and the Strategic Narrative had predicted a decrease. SBa confirmed that in the Strategic Narrative it was highlighted that the decrease would occur over a period of time. The CCGs would need to recognise that emergency activity had continued to increase, although overall activity formed a large part of this, not just ED.</p>		
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	<p>PR reported a deficit financial position of £11.56m, against a year to date plan of £11.63 as submitted to Monitor on 14<sup>th</sup> May 2015. There had been an improvement during May of £400k.</p> <p>The cash position as at 30<sup>th</sup> June was £2.75m, £1.11m above that planned due to an un-anticipated receipt of £0.92m from Health Education England in respect of the July contract payment.</p> <p>Capital expenditure at June 2015 was below plan but remained within the Monitor quarterly reporting tolerance.</p> <p>The CIP outturn position at the end of June was £2.29m, leaving a shortfall of £4.21m again the overall £6.5m target. This did not include the benefit of 3 schemes, closure of ward 33, controls on temporary pay and procurement schemes.</p> <p>PR referred to the previous minutes regarding a visit from the Monitor Distressed Financing Team, confirming that this visit had already taken place. They had looked at the PMO and CIP delivery, the governance action plan and the Trust’s preparations for the financial submission to Monitor at the end of October.</p> <p>SBa highlighted the scorecards provided within the report which reflected the Salford performance reports and included the KPIs and associated narrative. There were still some implications that would need to be worked through to ensure that this included Monitor and CQC compliance. This would continue to be considered by the Executive Team to provide assurance.</p>		
	<b>WORKFORCE MONTHLY REPORT</b>		
15/171	<p>A detailed Workforce Report was considered and GB confirmed that the Salford format had been adopted and that future workforce reports would be incorporated into the IPR.</p> <p>There had been a slight increase in sickness absence during the month to 3.78% although this did not cause significant concern. The key reasons for absence were stress and anxiety and a piece of work to understand this in more depth was being completed.</p> <p>With regard to training, there had been a small increase in the use of e-learning packages by admin and clerical staff with their new mandatory training requirements.</p> <p>Establishments had remained fairly static, with a small increase of 2.99 wte’s. Variable Pay within month had been above plan with increases in nurse, bank and agency cost, the highest spend being on medical pay. The new vacancy control process would be introduced during the current month and it was expected to see a decrease in variable pay by deploying staff from the empty wards.</p>		

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	<p>In response to SL, GB confirmed that there were no themes in relation to sickness absence at Newark Hospital.</p> <p>SL highlighted a discrepancy in the report relating to increases in bed complement and GB agreed to check this detail with the Business Partner.</p> <p>TR highlighted that absence relating to stress and anxiety could be lifestyle changes as well as work related. SL confirmed that there had been good feedback regarding the counselling service that staff could access if they wished.</p> <p>RD asked if there had been any increases in sickness absence attributable to the ward closures as this type of change had an effect on organisations. SBow confirmed that some work was being undertaken with affected individuals. KF confirmed that such issues could be considered at the OD and Workforce Committee.</p> <p>PM referred to appraisal completion and a report from an audit had suggested that the quality of appraisals should also be considered.</p> <p>With regard to Diversity &amp; Inclusivity, CW confirmed that she had met with the lead and this was an extensive responsibility and CW had advised on the areas that needed to be addressed. There was a requirement to reflect the population the Trust served and CW questioned whether ethnic minority was reflected in the Board. GB agreed to respond.</p> <p>Directors noted the Workforce Monthly Report and the actions being taken to address variances.</p>	GB	Sept 2015
		GB	Sept 2015
	<b>NURSE STAFFING REPORT</b>		
15/172	<p>SBow introduced discussion of the Nurse Staffing Report confirming that there were no significant areas of concern to consider.</p> <p>The Nurse Staffing Report was noted.</p>		
	<b>MEDICAL APPRAISAL AND REVALIDATION ANNUAL REPORT</b>		
15/173	<p>AH introduced discussion of the Medical Appraisal and Revalidation Annual Report which updated the Board on recent developments in revalidation, both locally and nationally. It also detailed the current position of the appraisal uptake. AH also confirmed that the CQC had recognised the quality of appraisal and revalidation at the Trust. The Board of Directors had also welcomed the progress made.</p> <p>In response to PM, AH confirmed that locums could select their designated body for appraisal and revalidation.</p> <p>KF recognised the significant work that had been undertaken by the</p>		

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	<p>Medical Directors Office Manager and the Consultant Lead for Appraisal and Revalidation.</p> <p>Directors noted the Medical Appraisal and Revalidation Annual Report.</p>		
	<b>SCHEME OF DELEGATION UPDATE</b>		
15/174	<p>PR confirmed that following the tightening of financial limits in the Scheme of Delegation (SoD) in May 2015, a small number of operational issues had prompted consideration of some elements of the authorisation hierarchy. The SoD had been considered by the Audit &amp; Assurance Committee and minor amendments had been made.</p> <p>Directors approved the revised Scheme of Delegation.</p>		
	<b>MONITOR QUARTER 1 SELF CERTIFICATION</b>		
15/175	<p>KR introduced discussion of the Monitor Quarter 1 Self Certification confirming that this had been presented as per usual protocol, to ensure all Board members were clear of their responsibility to be confident of the accuracy and appropriateness of the declarations being made. KR highlighted that the Q1 2015/16 cover sheet total should read 2, rather than 3.</p> <p>Directors were reminded that the Board had to report by exception. The in-year Governance Statement included narrative regarding RTT and 62 cancer targets which reflected the Board reports and the Trust's variance against plan.</p> <p>In response to SBa regarding the health care targets, CQC section, KR confirmed that the Trust was unable to declare ongoing compliance and the specific CQC declaration requirements had previously been discussed with Tim Cooper given Monitor's declaration did not directly correlate with the latest CQC enforcement routes and so the affirmative and negative responses presented accorded with the advice received.</p> <p>SL asked individual Board members to ensure that they were clear regarding the submission, were appropriately assured with regard to achievement of targets and actions to address variance and supported the statements to be issued.</p> <p>In response to RD, KR confirmed that the validation was entirely with the Board of Directors, rather than the Audit &amp; Assurance Committee.</p> <p>Board members approved the submission, having carefully considered the sources of assurance presented in the paper, and their own understanding.</p>		



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	<b>CAR PARKING CHARGES</b>		
15/176	<p>SL confirmed that the car parking charges paper had been withdrawn from the Board of Directors agenda to allow for a more in depth rationale and analysis to be presented to Board.</p> <p>SBow highlighted the discussion that had taken place at the Trust Management Board (TMB) meeting held on 27<sup>th</sup> July. Some further clarification regarding financial details was required and therefore the TMB had taken the decision to remove the paper from the Board of Directors agenda.</p> <p>The Board supported this action.</p>		
	<b>GOVERNOR MATTERS</b>		
15/177	<p>SL confirmed that the next Council of Governors meeting would take place on 12<sup>th</sup> August and would be chaired by Peter Marks in his absence. Concerns had been raised regarding attendance at the Governor sub committee meetings and this would need to be addressed at the Council of Governors meeting.</p> <p>In response to RD, KR confirmed that the full Council of Governors meeting would commence at 5.30pm on 12<sup>th</sup> August.</p>		
	<b>ESCALATION OF ISSUES FROM TMB</b>		
15/178	<p>SBow introduced discussion of the items discussed at the Trust Management Board (TMB) meeting held on 27<sup>th</sup> July. Car parking charges had been discussed and removed from the Board of Directors agenda as previously described.</p> <p>Following concerns raised by the CCG regarding breast surgery at Newark Hospital, Hayley Allison had provided a detailed update to TMB and also discussed this with the CCG to provide assurance.</p> <p>Junior doctor educational activities and issues were considered in the Quarterly Medical Education Update and a paper regarding Junior Doctor Forums, which had been strengthened.</p> <p>Discussion had taken place regarding the Sexual Health Tender and escalation raised to use the junior doctor changeover and ensuring that appropriate numbers of juniors would be available. AH confirmed that this was an ongoing risk and work was being undertaken with HR to address the concerns raised.</p> <p>SBow highlighted that TMB was being used appropriately as an escalation forum.</p>		

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	<b>REPORTS FROM SUB COMMITTEES</b>		
15/179	<p><b>Finance Committee</b> – MC had submitted a report confirming that there was a good level of assurance on the accuracy of information provided and confidence in how turnaround was being reported.</p> <p>SL suggested that it would be helpful if Non Executive Directors were able to attend a Turnaround Board meeting to gain their own assurance.</p> <p>There was some concern relating to the quality of investment papers and incomplete detail.</p> <p>Consideration was also given to operational, HR and financial performance and MC wished to highlight the ongoing significant expenditure on medical locums, concern regarding the absence of a validated establishment employee number and the financial risk associated with CQUIN performance.</p> <p><b>Quality Committee</b> – PM confirmed that the Quality Committee had considered two National Patient Surveys and the expectation that improvements would be made in the next National Children’s Survey.</p> <p>Consideration had been given to the outcome of the HEEM visits and the CCG being late closing serious incidents.</p> <p>The PLACE survey was presented and had been very positive. The committee had been assured regarding the action taken in Endoscopy to meet the requirements of the JAG action plan by the end of August.</p> <p><b>Smokefree Sherwood Forest Hospitals</b> – PM provided an update confirming that Ben Widdowson would take over as chair of the group, which was aiming for a launch of the no smoking site on 1<sup>st</sup> October as part of the Stoptober campaign.</p> <p>Good progress had been made and stocks of NRT had been increased on wards and departments. Signage had been agreed with hard hitting messages to support the campaign. Business cards with details of the New Leaf service would be produced to hand out to smokers to support them if required. Online brief intervention training would be introduced as mandatory training every 3 years and a scenario of challenging a smoker would be included within conflict resolution training. The No Smoking policy was also being updated.</p> <p>SL welcomed the detailed update and highlighted that this would be a challenge and that everyone would need to be an advocate for this.</p>		

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	<p><b>Charitable Funds Committee</b> – TR provided an overview of discussion that took place at the meeting and the work in progress.</p> <p>He highlighted that some changes were required in the way staff thought, felt and behaved towards charitable funds and SL agreed that there was some frustration within the organisation regarding being able to access these funds.</p> <p>.</p> <p><b>Charitable Funds &amp; Community Involvement Report</b> – TR highlighted the work that KR and the Community Involvement team had undertaken, which was highlighted within the report and reminded members that an Executive Lead would be required when KR left the Trust. It was confirmed that the role remained within the JD and remit of the Director of Corporate Services/Company Secretary.</p> <p>Consideration had been given at the meeting to branding as the charity currently did not have a strong brand identity and changes in working practices going forward in order to better promote the charity and charitable funds. It was recognised this would also need to be linked into the strategic planning of the Trust going forward.</p> <p>KR highlighted the refurbishment of the Daffodil Café during August which would improve the working environment for staff and Volunteers. She also reiterated the income from the work of the Volunteers and the improved experience they provided and the need to ensure the Trust continued to openly recognise the valuable support they provided.</p> <p><b>Audit &amp; Assurance Committee and Audit &amp; Assurance Committee Annual Report</b> – In response to SL, RD confirmed that the Audit Committee self-assessment checklist was completed independently on an individual basis. Thoughts were then brought together and a consensus reached. An action plan was then developed from this piece of work and there were actions to take on 5 principles.</p> <p>RD explained that there had been further progress with regard to the quality of the Executive’s Board Assurance Reports but the Committee had requested a formal update with regard to Principal Risk 4 from the COO.</p>		
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		
15/180	JK asked how the Trust proposed to inform people about the changes in the complaints process and SBow confirmed that the new Complaints Policy would be on the internet and information regarding the Patient Experience Team. Significant work had been undertaken the previous year with posters and leaflets being used		

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	<p>to outline how to make a complaint.</p> <p>JK wished to thank PM for the progress that had been made via the Smokefree Sherwood Forest Hospitals group and provided an example of a person in a wheelchair smoking at the main entrance. JK felt it would be helpful to use Volunteers to assist in stopping smoking on site provided that appropriate training was in place.</p> <p>In response to JK, PM confirmed that Nottinghamshire County Council Public Health were involved in the meetings, along with other key stakeholders. There was also a communications plan ahead of the launch, which would include the media.</p>		
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
15/181	<p>It was agreed that the following items should be communicated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Sepsis, Mortality and Infection Control</li> <li>• Strategic Narrative</li> <li>• Performance issues, e.g. RTT</li> <li>• Wording and lessons on finance and turnaround</li> <li>• Smokefree</li> <li>• Next Steps on Quality Improvement</li> </ul>		
	<b>ANY OTHER BUSINESS</b>		
15/182	There were no further matters arising.		
	<b>DATE AND TIME OF NEXT MEETING</b>		
15/183	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 24<sup>th</sup> September 2015 at 10.00am in the Board Room, Level 1, King's Mill Hospital.</p> <p>There being no further business the Chairman declared the meeting closed at 13.20pm.</p>		
	<p>Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Sean Lyons</b> <b>Chairman</b></p> <p align="right"><b>Date</b></p>		