

Sherwood Forest Hospitals NHS Foundation Trust

('SFH', 'the Trust' or 'the Board')

Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 10:30am on Thursday 31st March 2016 in Board Room 1, Level 1, King's Mill Hospital

Present:	Sean Lyons	Chairman	SL
	Ray Dawson	Non – Executive Director	RD
	Ruby Beech	Non – Executive Director	RB
	Graham Ward	Non – Executive Director	GW
	Clare Ward	Non – Executive Director	CW
	Tim Reddish	Non – Executive Director	TR
	Dr Peter Marks	Non – Executive Director	PM
	Neal Gossage	Non – Executive Director	NG
	Peter Herring	Interim Chief Executive	PH
	Paul Robinson	Chief Financial Officer	PR
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC
	Jon Scott	Interim Chief Operating Officer	JS
	Julie Bacon	Interim Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SB
	Dr Andrew Haynes	Executive Medical Director	AH
	Paul Moore	Director of Governance	PMr
In Attendance:	Eric Morton	Improvement Director	EM
	Alison Reynolds	Interim Head of Communications	AR
	Clare Burton	Nurse Consultant – Pain Management	CB
	Elaine Jeffers	Medical Directors Assistant	EJ
	Kim Harper	Service Improvement Facilitator	KH
	Maryam Qaiser	Newark Advertiser	MQ
	John Kerry	Member of the Public	JK
	Joanne Walker	Minute Secretary	

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
16/056	The meeting being quorate, SL declared the meeting open at 10:30am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
16/057	It was CONFIRMED that there were no declarations of interest relating to items on agenda.		
	APOLOGIES FOR ABSENCE		
16/058	All present.		
	PATIENT STORY		
16/059	SB introduced Clare Burton (CB), Nurse Consultant – Pain Management. CB presented to the Board a case study relating to the care of a patient		

	<p>suffering acute abdominal pain. Nothing more surgically could be done for the patient and pain management was becoming increasingly difficult. The patient became extremely frustrated, angry and agitated and became very difficult to engage with. The primary care team became aware that there was an underlying issue fuelling the pain and it transpired that the patient had previously suffered a catastrophic event that had traumatised the patient. This information had not been included in the patient's medical notes and as such the primary care team were unaware. This event had a catastrophic impact on the patient's health. A trauma impact assessment was conducted which scored 80 for PTSD. This score is high enough to have an impact on the immune system. Psychological work, tens machines, relaxation, additional support and the correct referrals were made to aid the patients successful recovery.</p> <p>CB explained the importance of individualised patient care and in considering the patient as a whole. Psychological issues should not be underestimated.</p> <p>AH advised that the acute pain would have become chronic, had the trigger not been discovered.</p> <p>TR enquired if the Trust could build on this experience and use the Better Together programme to improve in this area. CB advised that the department were working very closely with the Better Together programme and discussions were underway with a view to conducting some of the pain work in the Community.</p> <p>PM enquired if the department had adequate resource as the effect on length of stay could be drastically affected. CB advised that changes had been made and weekend working introduced within the department. Training and effective referrals were of paramount importance to assist in improving patient care and reducing length of stay.</p>		
	MINUTES OF THE MEETING HELD ON 25TH FEBRUARY 2016		
16/060	PR advised that the last paragraph of item 16/045 was incomplete. No other amendments were requested and the minutes confirmed to be a true and accurate record of the meeting, pending the above amendment.		
	MATTERS ARISING / ACTION LOG		
16/061	<p>73 – It was agreed that the action be removed from the action tracker and included on the agenda of May's Board meeting.</p> <p>Action 80 – PW advised that as part of the LTP arrangements, SFHFT had withdrawn from CDS Pathology. As such the action could be removed from the tracker.</p> <p>Action 86 was confirmed to be complete and could be removed from the action tracker.</p>		
	CHAIRMAN'S REPORT		
16/062	<p>The Chairman presented his report.</p> <p>Monitor – The Chairman advised that Monitor and the TDA had joined to form a new organisation – 'NHS Improvement' with effect from 1st April 2016. The next planned PRM will be held on 8th April 2016.</p>		

	<p>LTP – The Chairman advised that a day 1 ‘Kick-off’ meeting was held on 22nd February 2016 with SFHFT, NUH, Monitor, TDA and Ernst & Young in attendance. This meeting framed the governance arrangements which include weekly and monthly progress meetings and an outline of a Stakeholder Reference Group. Workstreams have been defined and populated.</p> <p>The Chairman confirmed that the Competition and Markets Authority had been notified by NUH of the intention to combine the two organisations.</p> <p>The Chairman advised that it was now key to see the deployment of clinical support in the areas of concern raised by the CQC and to see improvements as a consequence.</p>		
	CHIEF EXECUTIVE’S REPORT		
16/063	Items covered in other areas of the agenda.		
	LONG TERM PARTNERSHIP		
16/064	<p>PH presented a progress report:-</p> <ul style="list-style-type: none"> • Governance structure - in place to ensure successful merger of SFHFT and NUH • Merger Steering Group - accountable to both Trusts Boards of Directors PH, GW, PR and AH have been appointed to represent SFHFT. The first meeting was held on 17th March 2016 • Merger Working Group - meeting weekly to ensure workstream delivery, establishment of merger principles and communications plan. PR, AH and JS have been appointed to represent SFHFT • Short term clinical support plan - established and mobilised. Aligned with SFHFT QIP. SFHFT deemed it critical that short term clinical support become established • CMA – notified <p>PH advised that the legal form of the new organisation had not been established and the options were still being discussed with Monitor.</p> <p>The Chairman felt that the short term clinical support and its application were vitally important and a clear line of sight was required. GW advised that Monitor would also be very interested in the progress of the NUH clinical support.</p>		
	INTEGRATED PERFORMANCE REPORT		
16/065	<p>Mortality - AH advised that mortality for December to February was 2.8 – 3.4 which is slightly higher than September to October 2.7 – 2.5 but much lower than for the same period last year. The reformed Mortality Surveillance Group is established and meeting and moving towards a proactive review of all deaths which are being tracked through the QIP. There have been 9 Sepsis alerts and warnings from Dr Foster about issues that they are seeing in the data.</p>		

Sepsis – AH advised that the performance in admission areas continues to be strong and the focus is now Sepsis on the wards. AH explained that it is a much wider remit than Sepsis, it is deteriorating patients and this is an area where NUH have strength and expertise. These are the key areas that SFHFT are seeking immediate support from NUH. NUH's Clinical lead has met SFHFT's team, reviewed the data and an action plan has now been developed. The intention is that SFHFT will achieve the same standard of recognising and rescuing deteriorating patients that NUH are currently achieving by the end of this year. The action plan describes how this will be achieved with timelines and details the support expected from the outreach team.

The final review from Dr Foster of the Sepsis pathway is anticipated by the end of April and a paper will be presented at the Executive Team meeting and then to the Board of Directors.

Falls – SB advised that there had been a total of 23 falls causing harm to patients during February all of which are currently undergoing an RCA. This is a slight increase to January's position but in line with December's position. The Trust continues to demonstrate a reducing number of falls per 1000 bed days compared to the equivalent point, 12 months previously. The total number of falls has reduced to 118 in February from 130 in January. The harm rate that the Trust is achieving is 0.18 compared to 0.19 nationally.

The target is to reduce the degree of harm falls and the number of patients that are sustaining more than two falls. Additional investment has been made on anti-slip mats and chairs. Planned education, audit and clinical review activities have occurred in line with the improvement programme.

In September SFHFT are participating in the second phase of a national audit on in-patient falls.

The Board discussed the success of Woodland Ward. PM felt that the introduction of mobile workstations was a great success. GW felt that the work done on Woodland Ward should be duplicated throughout other areas of SFHFT.

GW stated that during a recent visit to ward 53, part of the floor had been cleaned with noticeable results but because the follow up treatment had not yet been applied, the surface was extremely slippery. GW felt that it was important to ensure that in future the follow up treatment is applied directly after the floor is cleaned to avoid any potential falls.

Infection control – February reported 7 cases of C.difficile bringing the total to 42 which is within the target to date of 44. This is an improvement on the position last year which was 63.

Safety Thermometer – The Trust continues to perform above the national average at 95.8% harm free.

Safer Staffing – During February 5 wards had fill rates below the 80% of the planned requirement which is an improvement on January. There was a slight increase in patient harms from falls and a reduction in pressure ulcers (which are considered to be red flags) but no direct correlation of the scene has been identified. This is being monitored very closely.

Reallocation of staff across wards achieved the minimum 1 registered nurse to 8 patients. In February the average fill rate for the Trust for day shifts for Registered Nurses was 95.84% compared to 95.84% in January. For other care staff a slight deterioration from 97.44% to 95.87% in February against the planned levels was noted. The main reasons for this continue to be vacant posts and sickness. The appropriate use of special leave and the de-escalation when it is appropriate to do so is currently being monitored.

Ward 35 remains open but there is a plan to close this ward in April due to the strain this is putting on the staff across the organisation, in particular the RGN's.

SB advised that an escalation tool had been implemented for Bed Managers silver and gold on call, which is far more robust in escalation of out of hour's requests and enables these requests to be monitored more closely. A lot of additional work is underway with regards to agencies and currently where wards have to use regular agencies, negotiations are being made regarding these agreements.

Senior Leadership Walkaround – SB advised that the walkaround's commenced in January 2016 and the initial evaluation was very positive. Over the next 6 months the process will be consolidated, transferred to an electronic monitoring system and collation of themes and trends captured. On the whole, staff very much appreciate and value the opportunity to discuss their views and opinions with senior members of staff.

Revalidation – SB advised that the Trust remains on schedule to meet their obligation by the end of April 2016 with some staff having already had their revalidation confirmed. The window for completion of revalidation was the end of the month that the revalidation became due.

Cancer – JS advised that the latest figures for cancer targets show that SFHFT were achieving Q4 which is an improvement on projections.

ED performance continues to improve when compared to last year. Performance for February was 92.3% compared to 90.45% for Feb 2015, despite an 11% rise in attendances compared to Feb '15, and (as at 16th March) performance for Quarter 4 is at 91.52%. Although the quarter will not be achieved, JS anticipates that the Trust will remain above the national average.

18 week referral to treatment times and the incomplete pathway, the Trust continues to achieve above the 92%, March being closer to 94%. The validation work is continuing to ensure the lists are as cleansed as possible.

DM01 Endoscopy – JS advised that the Recovery Action Plan for endoscopy did achieve for February and is expected to achieve for March.

Sleep studies remained a major cause for concern, particularly paediatric sleep studies. The equipment has now been received although some problems with the equipment were encountered. Staffing problems have also had a negative effect on progress.

Cancellations – JS advised that as a result of the Junior Doctor strike, there had been deterioration in the number of outpatient cancellations.

Cancelled operations stand at 0.5% (Target 0.8%). Two further Junior Doctor's strikes are due to be held in April which could result in cancellations reaching a level that would not normally be accepted.

DNA rates are improving with new outpatients at 6% (8.71% nationally) and the follow up rate at 8.47% (9.21% nationally). The new to follow up ratio is 1:2.07 compared to 1:2.0 nationally.

JS advised that new processes were currently being introduced whereby patients are being asked to make contact with the Hospitals to book appointments as opposed to appointments being sent to patients.

Theatre utilisation is 81% and following an upward trend (compared to a national target of 85%).

PM enquired as to the impact the Junior Doctors strike, scheduled for the end of April, would have on emergency care and the action taken by the Trust to mitigate this. JS confirmed that the 24 hour strike would affect emergency care during the day but not during the night. This would put the Trust in a different position which would require a different response. It will inevitably mean more cancellations. AH and JB have developed an action plan.

Discussion was held regarding the frequency of Black Alerts at SFHFT. JS advised that changes had been made in the structure.

Finance – PR advised that the Trust's financial position for the 11 months to February 2016 is a deficit of £48.19m, against the year to date original plan deficit of £39.02m, £9.17m worse than plan and £1.6m better than forecast. Pay expenditure continues to be the main driver of the increased deficit with Medical pay accounting for £5.82m of the total year to date pay overspend of £9.36m.

The risk adjusted CIP and cost avoidance forecast outturn position at February is £6.82m.

The February actual deficit of £48.19m is an improvement of £1.64m on the phased forecast outturn deficit to February of £49.83m. The year to date deficit reflects the 2015/16 outturn clinical income of £208m agreed with local commissioners. The Trust remains on track to achieve an outturn position of £53.3m deficit.

The Commissioner has agreed the Trust's final position for 2015/16. The fines and risks that could have been imposed have been mitigated and the risk eliminated. The net effect of the fine and investment is £0.7m.

Workforce – JB was pleased to advise that overall sickness levels have decreased by 0.56% in month to 4.33% (January 4.89%). Short term sickness has decreased by 0.67% to 2.30% (January 2.97%) however long term sickness has increased from 1.92% to 2.03%.

Appraisal – JB advised that Trust wide appraisal compliance was positive having increased in month to 89% for February 2016 (87% for January).

Staff in Post – JB advised that numbers had decreased by 10.42 WTE's and this had impacted variable pay which is £3.53m in February against the

	<p>actual budget of £1m. This has increased by £463k from January and an overspend of £2.48m against budget across all divisions with Corporate having the highest increase in variable pay, rising from £402k to £609k, an increase of 207k in month. The overspend in Corporate was attributed to interim positions as opposed to substantive posts.</p> <p>Mandatory Training – JB advised that the overall compliance rate for mandatory training has remained static at 84%. Black Alert days have a direct effect on staff attending mandatory training. Newark figures are positive having increased in month by 9%.</p> <p>RB stated that it had been raised in the OD & Workforce Committee meeting and separately on a ward walkaround at Newark that mandatory training had been cancelled on Black Alert Days and as a result, staff and trainers were becoming increasingly frustrated. The OD & Workforce Committee felt that there should be an assessment as opposed to a default action to cancel mandatory training on Black Alert days.</p> <p>Further discussion was held regarding Black Alerts. JS advised that the triggers for Black Alerts would be reviewed as these events should be extremely rare.</p> <p>PM enquired that of the 84% of the elements that had been trained, what figure of staff were compliant with mandatory training. JB advised that the number of staff that were 100% compliant would be lower than 84%. PM felt that sight of the percentage of staff compliant with mandatory training would be useful to the Board.</p> <p>Recruitment – JB advised that the number of vacancies advertised reduced in February compared to January from 99 to 73. The new vacancy control system is now in place and staff are still being trained in the use of this system but improvements have already been identified with regards to managing and tracking vacancies. JB advised that there was insufficient data in the system at present to show any trends regarding the reduction in time from identifying a vacancy to having an individual in post.</p> <p>TR enquired as to the position with overseas recruitment. Action: JB to circulate updated figures regarding overseas recruitment.</p> <p>NG enquired if a plan was in place to reduce the vacancy levels as there was a massive overspend and the situation did not appear to be improving. SB advised that there was a Workstream within the CIP focussing on this area and a lot of work had been done. Tight controls had been implemented regarding recruitment, retention and working with agencies. In addition, ward sisters now have more control of their areas. JB explained that the Trusts vacancies are in areas that are hard to fill across the NHS in general. NG requested that milestones be made available to provide assurance to the Board.</p> <p>Action: JB to present a vacancy briefing at the next Public Board meeting.</p>	<p>JB</p> <p>JB</p>	<p>28/04/16</p> <p>28/04/16</p>
	<p>REGULATORY MONITOR QUARTERLY SUBMISSION FEEDBACK LETTERS</p>		
<p>16/066</p>	<p>SC advised that Monitor write to the Trust quarterly regarding their assessment of the Trust's ratings for Financial Sustainability risk rating and Governance which is based on the analysis of the Trust's Q3 submission and</p>		

	<p>presented Monitor's letter dated 1st March 2016.</p> <p><i>The Board noted the letter from Monitor and the definition of ratings as detailed in the report.</i></p>		
	QUALITY IMPROVEMENT PLAN UPDATE		
16/067	<p>PM advised that the Trust had reached the end of the fourth cycle with 76% of actions marked on track or complete.</p> <p>Of the 287 actions detailed within the QIP, 218 are rated as Green (completed/on track), 2 are rated as Amber (off track but have a plan to recover the position) and 10 actions are rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date). There are 5 new red actions within the Recruitment & Retention Workstream. There are 3 actions reported as red and 2 actions reported as amber last month that missed the target completion date that are now rated as green.</p> <p>The Workstream Executive Leads have recommended (subject to board subcommittee approval) that 31 actions are embedded and should be rated as blue. 19 have been considered by the Quality Committee, 5 have been considered by the Organisation Development and Workforce Committee and 2 by the Finance Committee. 5 were reported directly to the Board and approval requested: -</p> <ol style="list-style-type: none"> 1. 2.3.2 Understand and analyse the strategic risk register to the principal risks identified on the BAF 2. 2.1.16 Identify and secure 'Best in Class' expertise/capacity to support delivery of QIP 3. 2.1.7 Develop enhanced QIP which reflects identified risks 4. 2.1.3 Establish a revised BAF that is aligned to the QIP 5. 1.3.1 Establish a revised performance management mechanism across all divisions and the corporate function <p><i>The Board approved the 5 blue action forms listed above.</i></p> <p><i>The Board ratified the 26 blue forms that were approved at the Sub-Committees.</i></p> <p>EM advised that progress had been sustained with 96% of actions completed, embedded or on plan. EM felt that it was important not to let the LTP affect the progress of the QIP and suggested that April would be a critical month to ensure that progress does not slip.</p> <p>PH advised that a proposal will be made at the Executive Team meeting on 13th April suggesting how the blue actions will be tested with regards to engagement.</p> <p><i>Action: PM to include the reports from the sub-committees where blue actions have been approved in future Public Board meetings.</i></p>	PM	28/04/16
	SIRO – IG TOOLKIT		
16/068	<p>PR advised that the final percentage was 86% compliant - green satisfactory. This is 2% higher than last years.</p>		

	<i>The Board noted the content and approved the submission of the IG Toolkit.</i>		
	GOVERNOR MATTERS		
16/069	The Chairman advised that the main focus had been the initiation of the Governor elections which are being held due to the expiration on the 10 th April 2016 of 10 public and 7 staff/volunteer Governors terms of office. The new elected Governors will be announced at the end of April 2016.		
	ASSURANCE FROM SUB COMMITTEES		
16/070	<p>Finance Committee – NG advised that a truncated meeting had been held earlier today to discuss two agenda items. The PWC report was discussed along with the actions that will follow the report and the Management Plan, this was discussed at length. Risks were identified around the SMA Fund and the CIP but overall the Finance Committee was reasonably assured that the plan will be achieved next year, albeit challenging.</p> <p>Quality Committee – PM advised that the Committee had received an update on the QIP following the Confirm and Challenge meetings held in March. The Committee examined in depth and approved 19 actions which have been completed and recommended by Management as embedded.</p> <p>An extraordinary meeting of the Committee is scheduled to be held on 14th April 2016 to consider and approve the Quality Report.</p> <p>PM advised that members of the Committee had expressed concern regarding the length of time it is taking to conclude serious incident investigations but were assured that considerable work had been undertaken with divisional teams to reduce this backlog.</p> <p>OD & Workforce Committee – CW advised that a substantial amount of work had been done regarding the ED workforce plan and the external HR consultant is currently working with ED on a number of workforce and planning challenges.</p> <p>An audit of the Executive Director and NEDs files in February 2016 confirmed that full compliance of all files was demonstrated. CW thanked RB for conducting this audit. The CQC also carried and FPP check in February 2016 and the Trust is currently awaiting its report.</p> <p>CW advised that the ToR's for the OD & Workforce Committee would be reviewed with regards to membership. The Chairman supported this review.</p> <p>The Chairman was pleased that the OD & Workforce committee would now include Raising concerns/Whistleblowing as part of their annual work plan.</p> <p>Board Risk Committee – PH advised that a draft of the Board's risk profile had been created and would be reviewed at the Executive Team meeting on 6th April. The purpose of the profile is to identify the material risks of the Board. Upon approval the Board's risk profile will be presented to the Public Board of Directors.</p> <p>PH advised that the Committee were not confident with the current</p>		

	<p>Operational Risk Register and as such had agreed that the register be completely re-built. Completion is expected to be by the end of May.</p> <p>PH advised that the Committee had agreed to score the inherent and residual risks on the BAF. The Executive Directors will then review and score the risks on the BAF accordingly.</p>		
	OUTPATIENTS UPDATE		
16/071	<p>JS advised that during 2015 problems with notes missing in clinics, particularly at KMH had been encountered. From January to 10th March 2015 there were 90 missing notes, in the same period 2016 there were 43 missing notes. A robust action plan was initiated and instances are now very low with only 2 occasions of missing notes during March.</p> <p>JS advised that the Trust had undertaken work to validate a single patient tracking list to ensure that all overdue patients are monitored and appointments made. This list has been signed off as best in class by an external company. Talks are underway with another external company who are experts with the Medway system to ensure that the Trust is fully utilising the functionality of the system. In addition, the processes currently in place are being discussed with this company to ascertain if any further improvements can be made or to gain assurance that these processes are the best they can be.</p> <p>JS confirmed that the Outpatient Improvement Groups meetings with the Governors continue.</p>		
	STAFF SURVEY RESPONSE		
16/072	<p>JB presented the Staff Survey response and advised that the survey was conducted in Autumn 2015. Arising from the information received, 4 pledges have been made to employees: -</p> <ul style="list-style-type: none"> • Pledge 1: Clear roles, responsibilities and rewarding jobs • Pledge 2: Personal development, education training & management support • Pledge 3: Maintain staff health, wellbeing and safety • Pledge 4: Engage and empower staff to deliver better and safer care <p>Additional themes are:-</p> <ul style="list-style-type: none"> • Equality and Diversity • Errors and Incidents • Patient experiences <p>Some of this work is already underway within the QIP.</p> <p>In comparison to our LTP, the overall staff engagement figures show that SFHFT are slightly below average whereas NUH are average. SFHFT and NUH overall responses are almost a mirror image. JB felt that learning from</p>		

	<p>our LTP regarding staff engagement would be beneficial to the Trust.</p> <p>RB advised that the two areas highlighted in the OD & Workforce committee meetings were 'development' and 'communication' and it was apparent from the pledges above that this is a concurrent theme. RB felt it important to communicate the work being undertaken regarding the above pledges with staff to provide them with assurance that action is being taken.</p> <p>PM stated that the overall staff engagement graph showed the Trust as only slightly below NUH and as such implied that we would have expected a greater discrepancy on other items. JB advised that different matrices were used and the overall engagement score is a 'broad brush' comment where some of the others relate more to the individual questions.</p> <p>PM suggested that the pledges involved a large programme of work and enquired if the Trust had the capacity to deliver it. JB felt that current initiatives and engagement were key to achieving the pledges.</p>		
	PREPAREDNESS TO A MAJOR INCIDENT		
16/073	<p>PW presented the report and advised that in December 2015, Dame Barbara Hakin of NHS England wrote to all NHS Trust Chief Executives requesting the Emergency Preparedness Plans and Response Procedures be reviewed and updated to take into account the learning from the terrorist attacks in Paris and Belgium. Assurance was required around 3 points detailed in the report which are to be incorporated into the Trusts annual EPRR submission which will be provided in collaboration with NUH who are providing Emergency Planning and Business Continuity Management Service as part of Service Level Agreement.</p> <p><i>The Board received and accepted the report as assurance of the Trusts arrangements and preparedness.</i></p>		
	COMMUNICATIONS TO WIDER ORGANISATION		
16/074	<p>The Board agreed the following communications to the wider organisation via the Team Brief:-</p> <ul style="list-style-type: none"> • LTP Progress • QIP Progress • Staff Survey 		
	APPROVAL OF THE NATIONAL NON-DOMESTIC RATES DEMAND FOR 2016/17		
16/075	<p>PW advised that the total annual cost of the statutory Business Rates for the period April 2016 to March 2017 was £2,112,250, payable in 10 monthly instalments of £211,225.</p> <p>PW invited the Board to approve the payment of the Business Rates to Ashfield District Council in 10 equal monthly instalments commencing 10th April 2016.</p> <p>PW confirmed that the Estate had recently been surveyed to ensure the footprint and assessment were accurate.</p> <p><i>The Board approved the request.</i></p>		

	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
16/076	<p>JK stated that upon arrival at KMH today, the appearance was disappointing with cigarette nubs still evident outside the main entrance. JK requested that the Board reconsider his request to join the Trust's Smoking Committee. PM advised that the proposal had been re-considered and the Chairman of the Smoking Committee had agreed that JK would be invited to attend the next Smoking Committee meeting.</p> <p>JK enquired if the Boards of Directors of both SFHFT and NUH would merge to form one Board of Directors. SL confirmed that the two Boards would combine to form one Board of Director's, the legal form of this has not been confirmed.</p>		
	ANY OTHER BUSINESS		
16/077	<p>SL advised that a luncheon event had been held last year for those individuals within the Trust who had been recognised for their achievements outside the organisation. A similar event will be held next month and SL and JB are finalising the details. Some of the areas that the individuals have been recognised for their achievements include Stroke Services, Midwifery and Environmental.</p>		
	DATE OF NEXT MEETING		
	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on 28th April 2016 at 10:30am in the Board Room, Level 1, King's Mill Hospital.</p>		
	<p>There being no further business the Chairman declared the meeting closed at 12:33.</p>		
	<p>Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.</p>		
	<p>Sean Lyons Chairman</p>		<p>Date</p>