

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors Meetings (Public)

MATTERS ARISING / ACTIONS TRACKER
28 MAY 2015

KEY:

GREEN	ACTION COMPLETE	AMBER	ACTION ON TRACK	YELLOW	UPDATE REQUIRED	RED	ACTION OVERDUE
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ACTIONS ARISING FROM EXTRAORDINARY MEETING 29th OCTOBER 2013

13.	13/ 126	CLINICAL SERVICE PLANS	Following discussions Directors APPROVED the Clinical Services plan as a blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan.	PW	<p style="text-align: center;">DATE REVISED TO MARCH 2015</p> <p style="text-align: center;">DATE REVISED TO APRIL 2015</p>	<p>Following the completion of the Strategic plan, we are developing detailed implementation programmes for its many elements.</p> <p>This will focus at service line level and as part of the preparatory work we are commissioning an assessment of service line management maturity. It is intended that this will lead to high quality service line plans in line with the organisations strategy</p> <p>This action related to benefits analysis and discussion was taking place with relevant staff and consideration given to this being carried out by the research department. PM agreed to seek further information from the NIHR on the Service Delivery & Organisational Programme. PW to take this action forward.</p> <p>ACTION COMPLETE</p>	
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ACTIONS ARISING FROM 30 OCTOBER 2014							
94.	14/263	QUESTIONS FORM MEMBERS OF THE PUBLIC	A member of the public requested that the Board consider installing a microphone system in the Board room as it was difficult to hear all conversations when Board members are facing away from the public table.	PO	DEC 2014 Revised JAN 2015 Revised Feb 2015 Revised March 2015	PO advised that the Executive Team are currently working through the options available to install a microphone system within the Board room. PO advised that the hearing loop was now in place and that a microphone will be available for the January meeting. This was referred to the February Meeting as the microphone still wasn't available. Installation to take place before the next meeting ACTION COMPLETE	
ACTIONS ARISING FROM 27 NOVEMBER 2014							
95.	14/277	MONTHLY NURSE STAFFING REPORT	GMC proposed that as the benefit realisation exercise to understand the data is likely to be complex the Trust identify a link with an academic partner to obtain the true data findings. SB responded that this avenue will be explored but it is anticipated that the introduction of the new e-rostering	SB	Jan 2015 Revised to Feb 2015	AH will discuss with Transformation Board with a view to PHD researchers or a suitable candidate assisting with this analysis. AH updated that this still needed discussing at Transformation Board. SB had spoken with patient safety,	

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			system will assist this process			Revised to Mar 2015	revealing cost pressures and will explore different avenues prior to the Feb meeting SB has contacted Cheryl Crocker (Patient Safety) to see how this can be taken forward.	
ACTIONS ARISING FROM 18th December 2014								
100	14/301	ORGAN DONATION	CW shall target awareness and progress any action through the Organ Donation Committee, with training requirements discussed with PO.	CW/PO	March 2015 Revised to May 2015		It was agreed that KF/CW would discuss training requirements.	
104	14/308	MEDICAL ENGAGEMENT	A programme of shadowing of consultants is being initiated to involve all Board Members	SL/AH	Jan 2015 Revised to Feb 2015 Revised to March 2015 Revised to June 2015		AH reported that a programme was now in place and encouraged Board Members to Participate The programme was ongoing – 18 consultants involved. The Reference Group will be meeting at the end of March Feedback from Reference group on 31 st March will be reported back to Board	

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105	14/308	ENGAGEMENT STRATEGY	A reference group formed to inform the development of wider staff engagement mechanisms	<i>KF</i>	Mar 2015	Work to commence in relation to improved staff engagement. Discussions have commenced with Kings Fund in relation to the completion of a cultural diagnostic	

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ACTIONS ARISING FROM 29th January 2015							
001	15/011	QUALITY & SAFETY QUARTERLY REPORT	The paper needs redefining to simplify parts of the report and pull out the key messages.	<i>SB</i>	Apr 2015	LD will arrange a meeting AH/TR/SL and authors to discuss (arranged for 19/3/2015) Further meeting being arranged for 23/4/2014 and update required for next Board meeting.	
004	15/013	PATIENT EXPERIENCE	Review the complaints regarding undiagnosed fractures, with benchmarks and comparisons that differentiate between departments and against other organisations.	<i>AH</i>	Feb 2015 Revised to March 2015 Revised to April 2015	The meeting has been arranged for 6/3/2015 Update required for Board of the feedback from the visits. Reference group scheduled for 31 st March and feedback would be considered. Consultants had seen this as positive. ACTION COMPLETE	
ACTIONS ARISING FROM 26th February 2015							
010	15/041	CANCER WAITING TIMES STANDARD	Root cause analysis should be undertaken for patients who breached the cancer waiting times and a small sub group formed to progress ambulatory pathways.	<i>SBa</i>	March 2015 Revised to April 2015	Small sub group formed to progress KPI's ACTION COMPLETE	
011	15/041	ROSTERING &	Performance indicator reporting needed	<i>KF/MA</i>	April		

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		REPORTING METHODS	to be improved			2015			
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ACTIONS ARISING FROM 26th March 2015

013	15/061	SCHEME OF DELEGATION	A scheme of delegation had been agreed by the Audit & Assurance Committee and directors approval had been given for a £50K allocated limit for Divisional Nurse Matrons. Clarification to be sought regarding the same allocation for other Nurse Matrons for wards.	<i>PR</i>	April 2015			
016	15/067	NON DOMESTIC RATES 2015/16	PW will confirm if approval had been given to the 2010 list, which was announced in the Budget as the Trust needed to apply by 31/3/2015. Also, checking rates 'holidays'.	<i>PW</i>	April 2015		ACTION COMPLETE	

ACTIONS ARISING FROM 30th APRIL 2015

017	15/081	MATTERS ARISING/ ACTION LOG	Item 99 SB had taken it to RCM, and it had been signposted to Evaluation & Resource Dept. 3 monthly Revision agreed, so next update will be provided in July.	<i>SB</i>	July 2015			
018	15/081		Item 100 KF will meet with CW to	<i>KF/CW</i>	May 2015			

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			discuss training requirements and SL will give additional support.					
019	15/081		Item 104 The feedback from the shadowing sessions was good and it was AGREED to extend this 1 year further. Board paper required to report on phase 1 and plan how to extend this through to phase 2. Peter Lee will deliver leadership programme update. A Day for Medics will be set up in the foyer as a showcase.	SL/AH	June 2015			
020	15/082	CHAIRMAN'S REPORT	SL updated the Board that following the visit from Hugo Mascie-Taylor his intent was to write a letter of appreciation to him as it was deemed to have been a very helpful and uplifting visit for all those who participated.	SL	May 2015			
021	15/083	CHIEF EXECUTIVE'S REPORT	KF provided an update on the success of the Listening Week. Staff had attended sessions and raised their concerns and made comments. KF emphasised that these should all be reviewed and the Board should respond and report back to staff in a timely manner.	KF/YM	May 2015			

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022	15/084	QUALITY SAFETY QUARTERLY REPORT	&	The Board discussed that the Mandatory Hand Hygiene training was 86% and although it was recognised that it would never be 100%, because various absences need taking into account, it is an area to focus on. CW asked if it was possible to obtain a 'real time' figure. KF will ask LR to do this and see if a 10% variance is achievable and produce a paper for the next Board of Directors meeting to give confidence to the public. It was noted that completion of the training was mandatory for successful appraisal and extra sessions had been provided to facilitate this.	<i>KF/LR</i>	May 2015			
023	15/084			In response to GmS regarding catheter associated bacteraemia, AH said pockets had been investigated in Ward 11, but shown no systematic problems. Ongoing work was necessary and the results will be presented at the Quality Committee.	<i>AH</i>	May 2015			
024				SL raised the Top Ten Diagnoses by HSMR and noted that there were 21 more sepsis deaths observed than expected between April and December 2014, 12 more than	<i>AH</i>	May 2015			

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			predicted for secondary cancer and 28 more for pneumonia. AH gave assurances that Sepsis remained an ongoing focus and that the unusual results for pneumonia will be reviewed by the Trust Mortality Group at their next meeting. Coding continued to be an issue, which may have impacted on the results for secondary malignancies.					
025			The Chairman told the Board that Newark Advertiser had produced a report on mortality and that the Commissioners were unhappy with how the data had been analysed and items excluded to make the point they were highlighting. AH will discuss this at the next joint meeting with the CCG	AH	May 2015			
026	15/085	QUALITY IMPROVEMENT PLAN PROGRESS	The Directors considered the Assurance Dashboard and it was AGREED that the areas rated red should be discussed at the Quality Committee to enable greater understanding of each of these points.	SBo	May 2015			
027	15/086	PATIENT	SBo presented the Patient	AH	May 2015			

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		EXPERIENCE QUARTERLY REPORT	Experience Quarterly Report and explained that there was a robust system in place with all formal complaints managed within the 25 working days timeframe, in accordance with National Regulations and Guidelines during Quarter 4. It was commented on that Surgery was slower in providing written responses, which has been escalated to AH and dealt with.					
028	15/088	INTEGRATED PERFORMANCE REPORT	All three RTT standards Admitted, Non-Admitted and Incomplete Pathways continues to under achieve. In respect of Diagnostics and Outpatients work is still being undertaken and this is being discussed with our partners. SBa will submit revised trajectories for sustained achievement.	SBa	May 2015			
029	15/089	WORKFORCE QUARTERLY REPORTS	In response to RD asking if it was typical that the number of leavers in March had doubled, KF said the tax year may have had an impact on individuals, but would review this against the figures for March 2014. The Board discussed staff	KF				

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			<p>engagement and in particular KF said that lessons had been learnt through RUH Bath regarding their staff engagement strategy. She was in the process of drafting a Memorandum of Understanding for RUH Bath, with assistance from PW.</p> <p>The Directors reflected on the forthcoming CQC inspection and SBo/AH confirmed that they were meeting one of the lead inspectors within the next two weeks. KF/SBa expressed an interest in meeting with them on this occasion also.</p> <p>SBo informed members that there were 2-3 focus events over the forthcoming week and she will circulate the programme for these.</p> <p>CW raised that when she attended the Team Brief at Newark, one of the screens was out of order, which resulted in members of staff not feeling part of the briefing. It was agreed that this should be a priority and be repaired immediately.</p>	<p>KF/PW</p> <p>SBo/AH KF/SBa</p> <p>SBo</p> <p>PW</p>				
030	15/091	MONITOR COMPLIANCE	KR tabled an updated version of the Quarter 4 Self Certification paper.	All to note	30/04/15			

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		QUARTERLY REPORT	The Directors were reminded of their obligations. SL asked that Directors review this information by the end of the day and report back to KR if necessary.					
031	15/092	FIT AND PROPER PERSON REQUIREMENT	Directors NOTED the Fit and Proper Person Requirements (FPPR) report which reflects on actions to date. KF confirmed that there was still outstanding information and a further update would be provided at the Board of Directors meeting in May.	KF	May 2015			
032	15/093	ACCOUNTABILITY MATRIX	KR reported that more work is planned before it can be finalised and further clarification, specific to the turnaround agenda, PMO and Recovery Programme and further enquiries were being made against the Accountability Matrix for RUH Bath.	KR	May 2015			
033	15/096	PRIME MINISTERS CHALLENGE – SINGLE FRONT DOOR – BUSINESS CASE	NED's sought assurance in respect of the Newark strategy and it was AGREED that this should be put onto the Agenda for the next Exec – Exec meeting with the CCG.	PW	May 2015			
034	15/096		Following discussions it was	PW	May 2015			

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			AGREED that the assurance from a QIA was required and subject to this the proposal was ACCEPTED in principal. PW will circulate the QIA outside of this meeting.					
035	15/097	SCHEME OF DELEGATION - REVIEW OF FINANCIAL LIMITS	The Directors agreed that the only area for concern would be in relation to obtaining authorisation from Monitor for values over £250,000. It was recognised that the speed of responses required from them would need to be timely as this amount was significantly lower than before. PR will seek assurance from Monitor in relation to their approval system, and the timeliness of their responses.	PR	May 2015			
	15/103	QUESTIONS FROM MEMBERS OF THE PUBLIC	A member of the public thanked the Directors for the microphone system that was now fully installed. They also enquired when the 'NO SMOKING' signs would be posted outside the entrances at the hospital. KF agreed to discuss this at the next 'Smoke Free' meeting.	KF	May 2015			