

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 10.00 hrs on Thursday 28th May 2015 in the Board Room, Level 1, King’s Mill Hospital

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director-SID	GMc
	Claire Ward	Non-Executive Director	CW
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Neal Gossage	Non-Executive Director	NG
	Dr Peter Marks	Non-Executive Director	PM
	Karen Fisher	Acting Chief Executive	KF
	Paul Robinson	Chief Financial Officer	PR
	Susan Bowler	Executive Director of Nursing & Quality	SBow
	Susan Barnett	Director of Operations	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	
In attendance:	Joy Heathcote	Minute Secretary	JH
	Yolanda Martin	Head of Communications	YM
	Lee Radford	Director of TED	LR
	Kay Orgill	Team Leader	KO
	Jackie Simpson	Ward Sister	JS
	Joanne Lewis-Hodgkinson	Falls Lead Nurse	JL-H

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
015/106	The meeting being quorate, SL declared the meeting open at 10:10 hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
015/107	It was CONFIRMED that there were no new declarations of interest pertaining to items on the agenda.		
	APOLOGIES FOR ABSENCE		
015/108	It was CONFIRMED that apologies had been received from Tim Reddish, Non-Executive Director and Peter Wozencroft, Director of Strategic Planning and Commercial Development.		
	PATIENT STORY		
015/109	SBo introduced Kay, Kerry and Jackie to the meeting. A presentation was provided titled “Fred’s Story”. Fred was an elderly gentleman who lived in a care home and		

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	<p>married to his wife who visited him daily. Fred had a past medical history of Dementia, COPD, hypertension, hiatus hernia and previous bowel strangulation.</p> <p>Fred was admitted to King’s Mill Hospital on 6th December 2014 due to a distended abdomen and was diagnosed with sigmoid volvulus, which occurs when a loop of the bowel becomes twisted and can, on occasions, cause a bowel obstruction.</p> <p>Fred was initially cared for by the surgical team on the Surgical Admissions Unit and on Ward 32; the management plan was for conservative treatment. A decision was made to transfer Fred to Ward 52 in order to continue his medical care on a Geriatric Ward specialising in the care of patients with Dementia.</p> <p>Fred had been nursed in a cubicle since his admission. On Ward 52 he was nursed in cubicle 7 and was visited at least hourly by the nursing staff as part of care and comfort rounding. Fred developed loose stools and needed to be barrier nursed as part of Infection Control precautions. This meant that his cubicle door was closed. Fred had been risk assessed for falls and the appropriate documentation had been completed on Ward 52 and a falls prevention plan put into place.</p> <p>Unfortunately, on 29th December, Fred sustained an un-witnessed fall in his cubicle. He was found by his wife who immediately alerted the nursing staff. On 31st December, Fred underwent surgery to repair the fracture to his left hip. He developed chest sepsis post surgery and sadly died on 3rd January 2015.</p> <p>Fred’s wife contacted the CQC to report her concerns about how her husband had been treated on Ward 52 and in response to this the CQC made a safeguarding referral to the Multi-Agency Safeguarding Hub. Mrs FC had detailed several concerns:</p> <ul style="list-style-type: none">• Side-room door was closed but Fred was supposed to be observed due to his illness;• Fred’s wife found her husband lying on the floor in nothing but a t-shirt;• There were no sheets on his bed;• Fred was freezing cold and he had been shouting for help for sometime;• Money taken from Fred’s wallet;• Call bell out of reach wrapped around the top of the radio above Fred;• Staff not listening to Fred’s wife when she was advising them what he would and would not eat;• Not being consulted on about her husband. <p>The outcome of the investigation carried out by the Trust found that:</p> <ul style="list-style-type: none">• Fred’s side room door had been closed as a precaution due to his loose stools;		
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- Fred had a dementia diagnosis but he retained mental capacity to make decisions;
- Fred had been encouraged to sit in his chair to aid his recovery, rehabilitation and to prevent re-occurrence of pneumonia. Once out of bed he appeared calm and more comfortable;
- It was felt Fred was wearing his t-shirt, pyjama bottoms, socks and slippers at the time of his fall;
- The nurse call buzzer was draped over the TV/radio unit in front of Fred;
- Hourly urine bag was in situ although this was no longer required. This should have been changed to a leg bag;
- The nurse ensured that Fred had regular checks (every 15-30 minutes) on the day of his fall, however, this was not reflected within the documentation;
- Fred had been assisted by the health care assistant at 12 noon to ensure he was comfortable and ready for lunch. Fred sustained the fall between 12 noon -12:15. Fred could not be heard calling out before he fell (there was a health care assistant in the next cubicle assisting a patient with lunch).

A serious incident had been undertaken, which always took place following a fall resulting in fractured neck of femur and the lessons learnt shared with the organisation. The key lessons learnt were outlined. Fred’s wife had initially declined to speak to the Trust but had then met with Kay and a member of the Patient Experience Team and following that, staff at the Trust had worked very closely with the family involved.

Although this had been a sad incident, the eventual outcome was positive for the family regarding the communication and support received from the Trust. Kay explained a new role in EC&M and had worked with Phil Bolton focusing on Duty of Candour and openness and transparency which were key areas of importance to the Trust.

This case would be heard at the Coroner’s Court on 29th May 2015 and Kay explained she had been out to see the family to explain the procedure and what would happen at the court.

A number of key actions had been taken which included doors being kept open if a patient was at risk, provided that a risk assessment had been undertaken. Consideration was also being given to the use of voice activated messages for patients, and staff had been very positive about the patient safety measures being put in place. Handover had been changed and was in the process of being agreed trust wide.

An update was given on falls prevention and falls recorded in April had been the lowest for the last 6 months and proactive work was being undertaken. Some of the actions being taken included the introduction of a grab box for falls and reviewing policies for enhanced care. There was now more training and education

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	<p>available and consideration of themes from Datix.</p> <p>SBa highlighted that during her ward assurance visits, she had witnessed the changes that had taken place.</p> <p>At the end of the presentation, the Chairman thanked the team for a very moving story and recognised the improvements that had been made at the Trust. Board members wished the team well for the hearing at the Coroner’s Court the following day.</p>		
	OUTCOMES RE LAST MONTH’S PATIENT STORY		
15/110	There was no update provided.		
	MINUTES OF THE MEETING HELD ON 30th APRIL 2015		
15/111	<p>Following review of the minutes of the public meeting held on 30 April 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 9, para 4 – to read “SBa confirmed that this was because these involved a single handed service and that the Trust was working with support from NUH”. • Page 13, para 5 – last sentence should read “Internal Auditors” 		
	MATTERS ARISING/ ACTION LOG		
15/112	The Chairman asked the Executive Team to review the action tracker outside of the meeting to ensure it reflected an up to date position of actions taken and actions outstanding.		
	CHAIRMAN’S REPORT		
15/113	<p>SL presented the Chairman’s report which provided details on progress, plans and regulatory developments for the Trust.</p> <p>Following the resignation of Dr Gerry McSorley, the Chairman confirmed that the Council of Governors had approved the appointment of Neal Gossage for a period of 3 years. The Chairman recorded his personal appreciation and that of the Board of Directors and Council of Governors to Dr McSorley for his invaluable support and advice or the past two years and wished him well for the future.</p> <p>With regard to the roles of Senior Independent Director and Vice Chairman, it had been recommended to the Council of Governors that the role be divided and Dr Peter Marks had accepted the role of Vice Chairman and Tim Reddish had agreed to be Senior Independent Director with effect from 1st June 2015. Tim would therefore undertake the Chairman’s appraisal and appropriate training would be provided relating to additional responsibilities.</p>		

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	<p>A highly successful Nurse of the Year Awards event had taken place with 131 nominations received, doubling the previous number. This had been a truly uplifting event with very positive feedback.</p> <p>It was noted that the Chairman had participated in a continuous programme of ward assurance visits along with the Medical Director to Wards 22, 32, 36, Fernwood, Sconce and Minster.</p> <p>SBa confirmed that a Breast Service event had been held that week in the Education Centre which highlighted the excellent work taking place. It had been confirmed that the Trust was in the top 5 in the country.</p> <p>PM highlighted the assurance provided from the event and had spoken to the Lead Consultant who had mentioned the length of time it had taken to approve a Business Case within the service and did not know what stage the process was at. SBa agreed to check.</p> <p>With regard to turnaround support, SL confirmed that Helen Flear, Recovery Director and Adrian Ennis, Director of PMO would be reporting directly to the Chief Executive. Terry Watson, Turnaround Director reported to the Chairman as the advisor to the Board of Directors, which was subject to approval.</p>	SBa	June 2015
	CHIEF EXECUTIVE’S REPORT		
15/114	<p>KF introduced discussion of the Chief Executive’s report and provided an update on the Launch of the Organ Donation Campaign on week commencing 18th May as part of the National Organ Donation Campaign and events were held at both King’s Mill and Newark Hospitals. Claire Ward was the Non-Executive lead for Organ Donation and the event was closed by Gloria de Piero, MP announcing the winner of the organ donation poster campaign.</p> <p>The Equality, Diversity and Human Rights Week commenced on 12th May with a stall in the KTC. At the event on 17th May, Nottinghamshire Police publicised the International Day Against Homophobia, Biphobia and Transphobia (IDAHOBiT) and their Hate Crime Campaign to encourage people to report this type of crime. KF had raised the rainbow flag at King’s Mill Hospital in partnership with Richard Townsley, Chair of the Notts IDAHOBiT and Trade Unions representatives. There were over 100 flags raised across the country.</p> <p>CQC preparedness activities were progressing well with staff focus groups and listening events being held. A Clinical Senate had been arranged for 5th June, along with a set of further staff engagement sessions.</p> <p>The Star of the Month was Paul Holt, Audio Visual Technical Support Officer and Board members highlighted the support they</p>		

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	had received from Paul.		
	QUALITY & SAFETY MONTHLY REPORT		
15/115	<p>SBo presented the Quality and Safety Monthly Report which provided the Board with a summary of progress and the Trust’s key quality priorities.</p> <p>Crude mortality had returned within range and a deep dive was being carried out into December/January figures. Sepsis remained a national priority and performance had been within the expected range.</p> <p>PM highlighted the graph on page 4 of the report relating to the number of inpatients falling in hospital per bed day. He suggested that a target should be added and also that the target was the same as the previous year. SBo confirmed that the Trust had not achieved the target set the previous year and this had been stretched to achieve. Significant improvements had been made in reducing the number of falls with harm.</p> <p>In response to PM regarding C.Diff and capacity within the Infection Control Team, AH confirmed that a meeting had been arranged with Infection Control to discuss this issue and Rosie Dixon was preparing a Business Case relating to staffing levels.</p> <p>With regard to End of Life Care, PM recognised the excellent work being undertaken and sought assurance regarding staffing levels. SBo confirmed that the staffing levels were appropriate to support the activity at the Trust.</p> <p>It was confirmed that the issues relating to the Orion cancer reporting system were being addressed and AH explained the issues experienced and confirmed that this presented low risk to the organisation.</p> <p>With regard to safeguarding, SBo confirmed that action had been taken to strengthen the team at the Trust and this was being managed appropriately. It was recognised that there had been concerns previously regarding safeguarding and it was confirmed that the action plan should be finalised by the end of June.</p> <p>In response to KF and SL, SBo confirmed that safeguarding had been discussed at Quality Committee meetings and had provided assurance that appropriate measures were in place. SL asked that nominated champions should be named so that Board members could speak to those people to seek assurance.</p> <p>Nurse Staffing Report</p> <p>A review of nurse staffing had been undertaken as a result of a</p>	SBow	June 2015

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	<p>Future Death Letter from the Coroner regarding staffing at night and the report had been shared with the Coroner, CQC, CCG and the Quality Committee. The review had concluded that no further action was required.</p> <p>There had been a specific focus on HCA numbers on night duty and the turnaround workstream would consider enhanced care through agency working. The Trust was also linking with Coventry and Warwick Hospitals regarding staffing levels.</p> <p>SBow confirmed that ward 33 had the highest number of registered nurse vacancies and consideration was being given to reducing the bed base on that ward as a result.</p> <p>There had been issues at Newark Hospital regarding sickness absence and a deep dive was being undertaken, along with a focus on recruitment and retention at Newark Hospital. SL confirmed that when he visited Sconce ward, the staff understood the reason for reducing beds and suggested that the outcome of exit interviews should be considered.</p> <p>With regard to table 3 regarding PC&S nurse staffing fill rates and assurance that this was appropriate, SBow confirmed that she would consider this following the CQC Inspection, along with correlation between actual nurse staffing fill rates and patient outcomes.</p> <p>In response to SBa regarding children and midwifery, SBow confirmed that the midwifery birth ratio was 1:28 and that consideration would be given to the provision of more granular data in future reports.</p> <p>With regard to fill rates for bank and agency staff at Newark Hospital, SBow confirmed that this was predominantly due to travel to Newark.</p> <p>In response to NG, SBow confirmed that 100% was the minimum standard that the Trust was required to achieve.</p> <p>With regard to perceptions that a ward would have a certain ratio of staffing, with perhaps on a certain day requiring more due to acuity, GMcS asked when Allocate would be able to provide that level of detail. SBow confirmed that surgery was at 60:40, medicine would be at 60:40 by the Autumn. Surgery were working towards 70:30 by April next year and medicine during the following year. It was accepted that Allocate was work in progress at present.</p> <p>SBa highlighted issues regarding confirmation of establishment numbers and it was confirmed that this issue would be resolved during May, when these would be clarified for reporting in June. It was also noted that increases in nursing numbers would take place but that this did not include the reduction as part of CIPs.</p>	<p>SBow</p> <p>SBow</p>	<p>July 2015</p> <p>July 2015</p>
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	KF confirmed that registered nurse recruitment had been discussed at the Executive Team meetings and that this still required some further recruitment. Trust reporting systems would be brought up to date next month.		
	MONTHLY FINANCE REPORT		
15/116	<p>PR introduced discussion of the monthly finance report confirming that it was the intention to move financial reporting into the IPR in future.</p> <p>The Trust's April 2015 financial position was a deficit of £4.2m, which was in line with the Annual Plan submitted to Monitor on 14th May 2015.</p> <p>There was a continuing focus on CIPs to deliver savings and although the impact of increased car parking charges and bed closures had not yet been included, this would be reflected going forward.</p> <p>In response to RD, PR confirmed that the impact of bed closures did not take place until the end of April, therefore the impact was limited at present.</p> <p>SL confirmed that he had reviewed the IPR used by Salford Hospital which provided an excellent example and he agreed to share the document. It was agreed that consideration should be given to this report to shape the Trust's future reports.</p> <p>The difficulties of reviewing papers with significant detail in them on BoardPad was highlighted.</p>	SL	June 2015
	INTEGRATED PERFORMANCE REPORT		
15/117	<p>SBa discussed the detailed report of the Trust's performance confirming that there were 2 Monitor compliance points for Q1 2015/16. These related to underachievement against the RTT non-admitted, admitted and incomplete pathways standards, 4 incidents of C.Diff and Cancer 2 week wait standard.</p> <p>As a consequence of the Trust's financial and governance risk ratings the Trust remained in breach of its authorisation with automatic over-ride applying a red governance risk rating.</p> <p>ED performance remained above the 95% target and SBa confirmed that this had been achieved for 12 consecutive weeks. It would be critical to continue good performance to maintain the flow. There had been a significant increase in A&E attendances over the Bank Holiday period although the measures put in place had meant that services had not been disrupted. The department would continue to build on the quality of care as part of its improvement</p>		

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	<p>journey.</p> <p>RTT and Outpatients had been discussed at the Quality and Finance Committee meetings and clarification of the number of patients waiting was required. Admin staff continued to address the backlogs at both King’s Mill and Newark Hospitals, including working weekends and progress of work to provide a centralised area for administration. The recruitment policy was being reviewed to allow for extended working hours, as a significant number of patients could not be contacted during the day time. A revised trajectory for RTT would need to be submitted to Monitor and the CCG at the end of June. Focussed work continued on the Outpatient Improvement Programme and Simon Evans had been allocated to manage this area of work. SBa outlined the complexities of the work required, which would be reported to the Risk Committee. Consideration was also being given to external support.</p> <p>With regard to the underperformance in the Cancer 2 week wait standard, SBa confirmed that the aim was to bring this standard down to 1 week, with the support of a Network Director to lead this work. It was noted that there were certain pathways that were at higher risk and there would need to be a flexibility of approach.</p> <p>In response to RD regarding the cost of additional clinics, it was confirmed that the financial impact was currently being assessed but the Trust was required to see these patients as part of its constitutional requirement. SBa highlighted that the Trust had regulatory intervention due to a sustained period of non achievement of 4 hour waiting time targets and RTT waiting times. If the Trust remained in breach there were higher financial penalties and this was also a patient safety issue, which the Trust wished to address and stretching targets would not necessarily achieve this.</p> <p>PM referred to improvements in length of stay and also noted that variable pay was increasing. SBa confirmed that these required consideration as separate aspects and related to dynamics. There could be higher demand in ITU requiring specialist nurses and only Executives could authorise the use of Thornberry.</p> <p>GMcS noted the number of cancelled outpatient appointments and asked how it could be identified whether these were unavoidable and whether performance met expected targets. It was agreed that SBow/SBa would discuss the detail provided in the IPR outside of the meeting.</p> <p>It was confirmed that Tony Kinsella had commenced as Head of Information.</p>		
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	WORKFORCE MONTHLY REPORT		
15/118	<p>A detailed Workforce Report was considered and GB confirmed that there were 3 main areas of consideration, which were; maintaining the establishment and the approach to recruitment and retention; deployment and the ability of Allocate to assist with planning rosters and; capacity and capability to deliver safety and quality</p> <p>Consideration would need to be given to planning, the pace of change and managing the impact. Processes for performance management would also be included in the transformational work and GB would work with key representatives to move these things forward.</p> <p>It was noted that sickness absence had reduced which was positive and further work was being undertaken regarding reasons for absence. There was recognition that HR were taking a firmer stance on the application of the policies and addressing appropriate behaviours. KF noted that it was important to treat everyone the same, particularly those with long term sickness absence.</p> <p>Concern was raised regarding the loss of a number of key staff during the month and consideration would need to be given to identifying any trends and to reconsider recruitment and retention.</p> <p>SBow noted that the Board were well sighted on medical and nursing staff recruitment issues and asked if there were other areas that required consideration, e.g. Pharmacy and Midwifery.</p> <p>MC recognised the concerns relating to recruitment and retention and noted the positive sickness absence figures, but noted that variable pay had increased and highlighted that the Trust would need to gain control relating to this area of spend. KF confirmed that improved information was now available and that such issues were discussed at weekly turnaround meetings.</p> <p>Discussion had taken place regarding high cost locums and consideration given to whether the Trust could have its own agency. KF confirmed that work was being undertaken by the East Midlands HR Directors regarding an East Midlands agency.</p> <p>PR also confirmed that the Monitor team working with the Trust confirmed that there had been national discussions regarding capping costs per hour.</p> <p>The Directors NOTED the contents of the report and ACKNOWLEDGED the actions being taken to improve performance and the focus of the Board committees on assurance of the effectiveness of same.</p>		

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	<ul style="list-style-type: none"> • Information relating to the Maternity Summit was considered. • Discussion took place regarding coding and expected mortality. • A paper on Endoscopy referral issues was noted. <p>Audit & Assurance Committee – (RD) highlighted the following areas of discussion:</p> <ul style="list-style-type: none"> • Concern on the number of audit reports with limited assurance. • Joint Commissioning arrangements had also received limited assurance and it was felt that there had not been enough progress. • There was a significant issue in Radiology regarding recruitment and retention, although the risks were being managed. • The Quality Report was considered and required further amendment. • Issues with BoardPad and not having all the papers/annotations following updates, etc. • Consideration being given to the relationship between the Audit & Assurance Committee and the Finance Committee. 		
	QUESTIONS FROM MEMBERS OF THE PUBLIC		
15/124	<p>No members of the public were in attendance.</p> <p>LR noted that the Board were really focused and had provided him with assurance. There was a healthy level of support and feedback and the Board practiced the values of the organisation and how Quality for All was considered.</p>		
	COMMUNICATIONS TO WIDER ORGANISATION		
15/125	<p>It was agreed that the following items should be communicated to the wider organisation:</p> <ul style="list-style-type: none"> • Celebrating success; • Explanation of finances and turnaround; • Board changes; • Thank you to staff for their hard work; • Message regarding progress of quality issues and conscious that conversations need to take place about 'what is good about this place and sharing it'; • Highlighting the phenomenal effort of staff and the work being undertaken and hopefully a good CQC report. 		
	ANY OTHER BUSINESS		
15/126	There were no further matters arising.		

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	DATE AND TIME OF NEXT MEETING		
15/127	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 25th June 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 12.43pm.</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 style="text-align: right;">Date</p>		