

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

ACTION TRACKER
25 JUNE 2015

KEY:

GREEN	ACTION COMPLETE	AMBER	ACTION ON TRACK	YELLOW	UPDATE REQUIRED	RED	ACTION OVERDUE
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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 system will assist this process	SB	Jan 2015 Revised to Feb 2015 Revised to Mar 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, 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. SB has explored all options open to her – ACTION COMPLETE	
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. Meeting being arranged.	
104	14/308	MEDICAL ENGAGEMENT	A programme of shadowing of consultants is being initiated to involve all Board Members	SL/AH	Revised to June 2015	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	

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							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. Peter Lee commencing Medical Leadership Programme on 10 th July. Showcase Clinical Assembly took place on 10 th June with the GMC/Browne Jacobson presenting.	
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	

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. SL/SB had now met with leads – ACTION COMPLETE	
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ACTIONS ARISING FROM 26th February 2015

011	15/041	ROSTERING & REPORTING METHODS	Performance indicator reporting needed to be improved	<i>KF/MA</i>	April 2015		Straw man scorecard being developed. On the agenda in response to action 42.	
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ACTIONS ARISING FROM 26 th 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	Reviewed and revised arrangements to be recommended to Audit & Assurance Committee in July.	
ACTIONS ARISING FROM 30 th APRIL 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.	<i>SL</i>	May 2015	ACTION COMPLETE	
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.	<i>KF/YM</i>	May 2015	KR and YM are putting together a draft action plan for the executive team to take forward	
022	15/084	QUALITY SAFETY QUARTERLY &	The Board discussed that the Mandatory Hand Hygiene training was 86% and although it was	<i>KF/LR</i>	May 2015	Compliance relating to hand hygiene ahead of CQC visit was 89% with additional sessions being	

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		REPORT	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.				undertaken by Infection Control. The overall compliance target was 90% which was set by the CCG. The Mandatory Training Policy changed for 1 st April 2015 in line with new national requirements to include all admin and clerical staff to undertake hand hygiene training.	
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.	AH	May 2015		ACTION COMPLETE	
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 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	AH	May 2015		ACTION COMPLETE	

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			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		ACTION COMPLETE	
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		ACTION COMPLETE	
027	15/086	PATIENT EXPERIENCE QUARTERLY REPORT	SBo presented the Patient 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	AH	May 2015		ACTION COMPLETE	

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			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	July 2015	Regular updates for RTT standards provided in IPR. On agenda. Revised trajectories will be reported to Board in July.	
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 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. The Directors reflected on the forthcoming CQC inspection and SBo/AH confirmed that they were	KF KF/PW SBo/AH		ACTION COMPLETE Submitted to Monitor May 2015 ACTION COMPLETE ACTION COMPLETE	

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			<p>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/SBa</p> <p>SBo</p> <p>PW</p>			<p>ACTION COMPLETE</p> <p>ACTION COMPLETE</p>	
030	15/091	MONITOR COMPLIANCE QUARTERLY REPORT	<p>KR tabled an updated version of the Quarter 4 Self Certification paper. 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.</p>	All to note	30/04/15		ACTION COMPLETE	
031	15/092	FIT AND PROPER PERSON REQUIREMENT	<p>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.</p>	KF	May 2015		On agenda ACTION COMPLETE	

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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	The executive team have agreed and finalised the latest iteration of the accountability matrix, which includes the following updates Safeguarding - Medical Director End of Life – Director of Nursing Performance Management – CFO Business Intelligence and IT – Director of Strategic Planning and Commercial Development	
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 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.	PW	May 2015		
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	PR	May 2015	Monitor informed of concern. Monthly reporting in arrears in place.	

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			relation to their approval system, and the timeliness of their responses.					
037	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		Discussed and actioned at the Smokefree Sherwood Forest Hospitals meeting.	
ACTIONS ARISING FROM 28 MAY 2015								
038	15/113	CHAIRMAN'S REPORT	PM highlighted the assurance provided from the Breast Services 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.	SBa	June 2015		The Business Case relates to the sentinel node biopsy and the Case of Need is going to July's meeting for sign off on equipment, costs, etc. Theatre staff will be attending the Radiation Protection course on 9 th July 15 to allow them to undertake the treatment.	
039	15/115	QUALITY & SAFETY MONTHLY REPORT	It was confirmed that safeguarding had been discussed at the Quality Committee meeting which had provided assurance. SL asked that nominated champions should be named so that Board members could speak to those people to seek assurance.	SBow	June 2015		Nominated leads now displayed within wards. ACTION COMPLETE	
040	15/115	NURSE STAFFING REPORT	With regard to table 3 regarding PC&S nurse staffing fill rates and	SBow	June 2015		On agenda ACTION COMPLETE	

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			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.					
041			In response to SBa regarding children and midwifery birth ratio was 1:28 and that consideration would be given to the provision of more granular data in future reports.	SBow	June 2015		On agenda ACTION COMPLETE	
042	15/116	MONTHLY FINANCE REPORT	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.	SL	June 2015		On agenda ACTION COMPLETE	
043	15/119	SAVILE REPORT	AH confirmed that an action plan had been developed which would be presented and discussed at the confirm and challenge session on 9 th June.	AH	June 2015		ACTION COMPLETE	
044	15/122	ESCALATION OF ISSUES FROM TMB	KF agreed to circulate the National Inpatient Survey and National Children's Survey from Quality Health.	KF	June 2015		ACTION COMPLETE	
			An improved Complaints and Concerns Policy had been considered and KF agreed to	KF	June 2015		ACTION COMPLETE	

