

Sherwood Forest Hospitals NHS Foundation Trust  
**Board of Directors Meetings (Public): Oct 2013 – Nov 2014**

**MATTERS ARISING / ACTIONS TRACKER**  
**18 December 2014**

KEY:

<b>GREEN</b>	<b>ACTION COMPLETE</b>	<b>AMBER</b>	<b>ACTION ON TRACK</b>	<b>YELLOW</b>	<b>UPDATE REQUIRED</b>	<b>RED</b>	<b>ACTION OVERDUE</b>
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ACTIONS ARISING FROM EXTRAORDINARY MEETING 29 <sup>th</sup> OCTOBER 2013							
13.	13/ 126	<b>CLINICAL SERVICE PLANS</b>	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	<b>DATE REVISED TO MARCH 2015</b>	Following the completion of the Strategic plan, we are developing detailed implementation programmes for its many elements. 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	
ACTIONS ARISING FROM 19 DECEMBER 2013							
42.	13/180	<b>CQC- REVIEW OF COLCHESTER</b>	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 <sup>rd</sup> party opinion following the Trust assessment against the failings at Colchester.	KR	<b>DEC 2014</b>	<b>COMPLETED</b> KR advised that following development of the "True for Us" template and work in divisions to undertake a full assurance review a	

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							report was presented at the Audit and Assurance Committee meeting that was held on 20 November. However, this report did not capture all results as they were not available so a full report will be given at the December Board of Directors meeting.	
<b>ACTIONS ARISING FROM 31 JULY 2014</b>								
73.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	RD questioned whether the Trust considers that 77% of patients having their nurse call buzzers responded to within 5 minutes is acceptable. SB responded that this is not acceptable and advised that she would look at other Trust's and find a best practice example for the Trust to aspire to match.	SB	<b>DEC 2014</b>			
74.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	It was identified that the report records that 99% of KMH patients surveyed rated the	SB	<b>DEC 2014</b>			

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			quality of the meal service provided to be fair or above . This summary appears to be quite vague and further information is required. TR requested that the further information provided also contains the amount of people surveyed					
75.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	SL expressed his concerns that the report clearly states that there is no backlog within the complaints department but then evidence is seen in table 7 that responses are clearly outside the 40 day response time. SB responded that she would investigate this matter and revert back accordingly.	SB	<b>DEC 2014</b>			
<b>ACTIONS ARISING FROM 25 SEPTEMBER 2014</b>								
80.	14/220	<b>CHIEF EXECUTIVES REPORT</b>	JT confirmed that the Trust's plans to attract the additional CT patients from the extended catchment area would be discussed by the Executive Team who are reviewing this	JT	<b>NOV 2014</b>		<b>COMPLETED</b> JT advised that the CT scanner business case has undertaken divisional and further executive team review to identify	

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			plan currently and further feedback would be given in due course.				the extended catchment opportunities	
81.	14/221	<b>QUALITY &amp; SAFETY MONTHLY REPORT</b>	The new Falls champions meetings commence on September 16th 2014 This forum will be used to share Serious Incidents and more importantly an opportunity for learning and improvement. Further information regarding this key introduction will be given at a future Board meeting once it is fully embedded.	SB	<b>DEC 2014</b>			
84.	14/222	<b>NURSE STAFFING REPORT</b>	GH requested that if processes are already in place to map falls against staffing levels then links should also be made to the baseline recruitment numbers and financial implications. SB confirmed that this data is already available but work is required to triangulate all elements.	SB	<b>NOV 2014</b>		Work is underway to triangulate all elements of this work	

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ACTIONS ARISING FROM 30 OCTOBER 2014							
86.	14/241	<b>PATIENT STORY</b>	TR requested that a one page overview be provided regarding the progress of the implementation of a one stop vascular service could be introduced.	PO	<b>DEC 2014</b>	<b>COMPLETED</b> This information was shared following the Board of Directors meeting in November 2014	
90.	14/247	<b>CHIEF EXECUTIVE REPORT – PAS POST PROJECT EVALUATION</b>	The Trust will conduct its own benefits realisation exercise in due course and post project evaluation and will report the results back to the Board in January 2015.	PO	<b>JAN 2015</b>		
93.	14/249	<b>QUALITY IMPROVEMENT PLAN – QGF</b>	TR questioned whether the revised QGF trajectory affected the trajectory overall. KR confirmed that the trajectory for achievement of a score of 0.0 is not affected by this change but a review will be undertaken in January 2015	KR	<b>JAN 2015</b>		

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94.	14/263	<b>QUESTIONS FORM MEMBERS OF THE PUBLIC</b>	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	<b>DEC 2014</b>	PO advised that the Executive Team are currently working through the options available to install a microphone system within the Board room	
<b>ACTIONS ARISING FROM 27 NOVEMBER 2014</b>							
95.	14/277	<b>MONTHLY NURSE STAFFING REPORT</b>	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	<b>Jan 2015</b>		
96.	14/279	<b>QUALITY IMPROVEMENT PLAN PROGRESS</b>	KR concluded discussions by assured Non-Executive Directors that assurance pertaining to the progress of	KR	<b>Jan 2015</b>		

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			the QIP can be gained during a confirm and challenge session that will be diarised in January 2015					
97.	14/285	<b>RESEARCH STRATEGY</b>	PO confirmed that he would review the options presented with the Executive Team and provide feedback accordingly.	PO	<b>Jan 2015</b>			
98.	14/290	<b>ESCALATION FROM TMB</b>	Following an increase in FOI requests to the Trust the TMB committee have requested a breakdown of themes to be provided at the next meeting so that this increase can be understood and any vexatious applicants can be identified. CW proposed that the cost of dealing with this level of FOI requests be collated and shared publically.	KR	<b>Dec 2014</b>			
99.	14/293	<b>CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS</b>	TR advised that he was currently reviewing the process that the Charitable Funds Accounts are presented for approval and a further update will be provided in March 2015.	KR/TR	<b>March 2015</b>			