

Board of Directors Meetings (Public): Oct 2013 – Sept 2014

**MATTERS ARISING / ACTIONS TRACKER
30 OCTOBER 2014**

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	DATE REVISED TO MARCH 2015	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	
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ACTIONS ARISING FROM 19 DECEMBER 2013

42.	13/180	CQC- REVIEW OF COLCHESTER	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 rd party opinion following the Trust assessment against the failings at Colchester.	RD	IN LINE WITH RELEASE OF REPORT	JT updated that a template has been received and implemented and progress will be forthcoming in due course.	
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ACTIONS ARISING FROM 30 JANUARY 2014							
48.	14/018	ESTATES STRATEGY	<p>MC requested that the strategy identify clear links to the benefits of the changes and provide further reference to the PFI and any surplus estate that the Trust currently holds.</p> <p>CW requested that the strategy be more “public facing” and further explanation be included to support the Trust’s decision to reduce the theatre accommodation from 9 to 5.</p> <p>GMc requested that a clear benefit realisation statement be included pertaining to the effect of the incorporation of the Estates Strategy on backlog maintenance.</p>	PW PW PW	DATE REVISED TO SEPT 2014	<p>There have been a number of developments during April:</p> <p>The Better Together estate work stream has concluded its membership & terms of reference & engaged external support. It will be working to a timeframe concluding in Sept 2014 to comprehensively review all health and social care premises in Mid-Notts and make recommendations about its optimum future utilisation.</p> <p>Whilst phase 1 of the estate strategy addressing the retained estate issues at KMH remains relevant, for financial planning purposes the executive</p>	

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							<p>has taken the view that the requirements of the capital expenditure approvals regime, coupled with the timeframe for the Better Together Estate work stream to conclude its work means that expenditure is unlikely to begin until 2015/16, and has therefore slipped the notional capital profile (for £30m scheme) by twelve months.</p> <p>Phase 2 of the SFH estate strategy will be developed in light of the outcomes of the Better Together work.</p>	
ACTIONS ARISING FROM 31 JULY 2014								
71.	14/187	ESTATES STRATEGY	PM proposed that a therapy services focussed patient story be considered for a future Board of Directors meeting	SB	SEPT/ OCT 2014	COMPLETED A therapy services patient tory was presented in September 2014		

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72.	14/188	CHIEF EXECUTIVES REPORT	During discussions the importance of the Board being visible to staff , patients and visitors was identified and proposals were put forward that time be allocated ,within key meetings, for members to visit wards and departments and a ward to board buddying system implemented	SB	SEPT 2014	COMPLETED A ward assurance buddying exercise has been completed. JT suggested that the Board's photographs be more prominently displayed in order for staff and visitors to be aware who they are when out and about within the Trust. YM confirmed that work is underway to look at the option of displaying photographs in the main entrance of KMH and Newark hospital.	
73.	14/190	QUARTERLY PATIENT EXPERIENCE REPORT	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	DEC 2014		

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74.	14/190	QUARTERLY PATIENT EXPERIENCE REPORT	It was identified that the report records that 99% of KMH patients surveyed rated the 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	SB	DEC 2014			
75.	14/190	QUARTERLY PATIENT EXPERIENCE REPORT	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	DEC 2014			
ACTIONS ARISING FROM 25 SEPTEMBER 2014								
76.	14/216	PREVIOUS PATIENT STORY	SB confirmed that she would discuss how the implemented	SB	NOV 2014			

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			changes from the July Patient story could be achieved outside the Board meeting with SL .					
77.	14/218	MATTERS ARISING	GMc reported that he would request that the Finance Committee look at the results of the Service Line maturity matter during its meeting in October 2014.	GMc	OCT 2014	COMPLETED An assessment was undertaken at the Finance Committee meeting on 22 October a		
78.	14/218	MATTERS ARISING	SL requested that he would like to see the clear intentions around service line options and the associated timescales at the Board of Directors meeting in October 2014.	PW	OCT 2014	COMPLETED A paper will be provided at the October Board meeting		
79.	14/218	MATTERS ARISING	SB advised that she would arrange for a note to be issued to all Board members providing an update of actions relating to Tobacco control declaration that have been taken since the Board meeting in July.	PO	NOV 2014			

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80.	14/220	CHIEF EXECUTIVES REPORT	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 plan currently and further feedback would be given in due course.	JT	NOV 2014			
81.	14/221	QUALITY & SAFETY MONTHLY REPORT	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	DEC 2014			
82.	14/221	QUALITY & SAFETY MONTHLY REPORT	SL requested that a clear focus be given to the Friends and Family survey response rate in the October 2014 report.	SB	NOV 2014			

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83.	14/221	QUALITY & SAFETY MONTHLY REPORT	PM requested that clear benchmarking data be included in the Quality and Safety Monthly report moving forward pertaining to Cdiff. AH confirmed that benchmarking data would be available in future.	AH	OCT 2014		
84.	14/222	NURSE STAFFING REPORT	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	OCT/NOV 2014	Work is underway to triangulate all elements of this work	
85.	14/224	CQC REPORT	SL requested that SB issue guidance to the NEDs to set the tone and expectation for future CQC inspections so that they can be appropriately prepared	SB	OCT 2014	COMPLETED NEDs are undertaking IAT & Assurance visits in conjunction with Executives. Visits are now being undertaken using the new CQC framework	