

Sherwood Forest Hospitals NHS Foundation Trust
(‘SFHFT’, ‘the Trust’ or ‘the Board’)

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Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 9.40am on Thursday 24th April 2014 in Classroom 1, School of Nursing, King’s Mill Hospital, Mansfield, Nottinghamshire, NG17 4JL

Present:	Dr Gerry McSorley	Non-Executive Director/ Vice Chairman (SID)	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Paul O’Connor	Chief Executive Officer	PO
	Dr Andrew Haynes	Interim Executive Medical Director	AH
	Susan Bowler	Executive Director of Nursing & Quality	SB
	Karen Fisher	Executive Director of Human Resources	KF
	Fran Steele	Chief Financial Officer	FS
In Attendance:	Shirley Clarke	Head of Programme Management	SC
	Simon Evans	Deputy Director of Operations	SE
	Peter Wozencroft	Director of Strategic Planning & Commercial development	PW
	Kevin Orford	Strategic Financial Advisor	KO
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB
	Debbie Davies	Patient story participant	DD
	Lesley Ward	Ward 33 Ward leader (patient story only)	LW
	Cheryl Beardsley	Head of Nursing, EC&M (patient story only)	CB
	Gill Hooper	CQC observer	GH
	Ros Johnson	CQC observer	RJ
	John Kerry	Member of the public	JK

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/097	The meeting being quorate, GMc declared the meeting open at 9.30hrs and confirmed that the meeting had been convened in accordance with the Trust’s Standing Orders.		
	DECLARATIONS OF INTEREST		
14/098	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/099	It was CONFIRMED that apologies had been received from Sean Lyons, Jacqui Tuffnell and Kerry Rogers.		
	PATIENT STORY		
14/100	SB welcomed DD to the meeting and advised that the patient story this		

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	<p>month centred around a letter that DD sent to the Trust detailing her recent experience on Ward 33 as an inpatient , the events leading up to the admission and the period afterwards . This letter detailed all aspects of DD’s care including a number of staff members including the nurses, domestic staff and catering staff.</p> <p>DD explained that she was admitted to King’s Mill Hospital on 7th February 2014 in a poor state of health, both mentally and physically. During the 18 months prior to admission DD had undergone gender reassignment surgery which should have been a positive experience but was, in fact, a very lonely experience with no suitable follow up care which eventually resulted in DD experiencing a nervous breakdown and suicide attempts. The nervous breakdown prompted a referral to Nottinghamshire Healthcare which did not provide the full support she desperately required but did light the spark to encourage her to start to fight back.</p> <p>However, at the end of July 2013 DD’s health started to decline again and she experienced a massive pulmonary embolism (PE) after it was found that her right leg was full of deep vein thrombosis (DVT’s). This condition could have been life threatening but following a short hospitalisation DD was sent home to care for herself.</p> <p>Subsequently DD’s leg deteriorated rapidly and the leg started to ulcerate and became very swollen and infected. She presented at the A & E department of a neighbouring hospital, in agonising despair, to find that whilst the attending A & E consultant wanted to admit DD, this request was over ruled and DD returned once again to her home to self-care and dress her leg herself.</p> <p>On 7th February 2014 DD did not think that she would be able to make it through the day and decided to present at the out of hours GP service, and subsequently A & E, but this time she came to King’s Mill Hospital. She expected to be turned away once more but this presentation started a journey of fantastic compassionate care.</p> <p>After a one night stay on the Trust’s Emergency Assessment Unit DD was moved to Ward 33 for what she thought would be a few nights that turned into a 2 ½ week stay. During her stay DD advised that she was afforded much more than just excellent medical treatment but she also received tremendous support and care from all of the staff that she met. She was treated with respect, everyone showed a genuine interest in her care and no-one was phased by the fact the DD was transgender. Most importantly people took the time to listen and helped to rebuild DD’s self-worth and gave her the opportunity to really express exactly how she was feeling.</p> <p>DD mentioned various members of staff that were employed as catering staff and domestic staff as well as health care assistants who always had a smile and just popped in to say hello and break the isolation that she had previously felt. She stated that she cannot thank these people</p>		
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	<p>enough for the care that she received.</p> <p>DD concluded her story by telling the Board that if she had been turned away on the evening of 7th February 2014, as she had expected to be, she had planned to drive to a remote place and take her own life. Instead, the care that she received was tremendous and after successful treatment of her leg, she is now able to walk 2 miles opposed to the 200 yards that she could manage before pain prevented her going any further.</p> <p>GMc thanked DD for telling her story to the Board stating that it was a privilege to hear.</p> <p>LW stated that from a ward leaders perspective when DD's letter of thanks was received this gave a tremendous boost to all of the staff and they rejoiced in the compliments. CB supported LW's statement advising that this letter provided the positive reinforcement that staff need to ensure them that their support is valued greatly.</p> <p>PM expressed his interest in the elements in DD's story that related to the link between her mental and physical health and noted that this story was a good example of compassionate care .</p> <p>PM questioned whether DD had received any formal mental health care support. DD confirmed that she was referred to the care of a CPM and subsequently a therapist but during this period she felt like she was a nuisance and was simply told to learn to fight for herself. Little progress was made along the journey to recovery and this experience was unhelpful. More recently a referral has been made to a new service called "Insight" which should hopefully be a more positive experience and will provide the safety net that is now required.</p> <p>PM encouraged the Board to ensure that the level of care that was provided on Ward 33 be given on all of our wards and aspects of good learning are shared by all. SB agreed that examples of good learning should be cascaded to all staff and advised that she would work with the Communications department to ensure that these examples are detailed on the Trust's intranet. SB added that she would also work with the Communications department with a view to capturing the patient story via a podcast</p> <p>TR and MC added their thanks, wishing DD well on the journey ahead to recovery and was pleased to hear that DD's concerns were listened to and not just heard and that discretion and integrity was upheld at all times.</p> <p>AH explained that DD's story described a confidence in healthcare that was a pleasure to hear. AH added that he was due to meet with primary care colleagues in May 2014 and would be happy to share the learning that DD's story had detailed as well as lessons learnt from previous patient stories that had links with primary care and community care</p>	<p>YM/SB</p>	<p>May 2014 (mgmt. action)</p>
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	<p>settings at this meeting.</p> <p>GMc concluded the patient story by thanking DD once again for attending the Board meeting and requesting that LW and CB pass the Board's thanks on to all ward members including Medirest colleagues for the excellent care that they gave to DD</p> <p>At this point DD, LW and CB left the meeting</p>		
	OUTCOMES RE THE LAST MONTH'S PATIENT STORY		
14/101	<p>SB updated that following on from the last patient story ,about the support that the Trust provides for adults with learning disabilities, work is underway between Claire Henley and the Trust's communications department to produce a podcast or video detailing the excellent learning disabilities support service that the Trust provides. This video will include the clients that were featured in the video that was shown at the last Board meeting.</p>		
	MINUTES OF THE MEETING HELD ON 27 MARCH 2014		
14/102	<p>Following review of the minutes of the public meeting held on 27 March 2014 the following amendments were proposed</p> <p>Page 5 – 14/069 – Paragraph 1 – Patient Story – “Following conclusion of the presentation FS noted that a large number of adults with learning disabilities enter the Trust's care via the emergency care pathway and questioned whether measures are being taken to identify more effective and proactive pathways”</p> <p>change to read</p> <p><i>“Following conclusion of the presentation FS asked whether measures are being taken to identify more effective and proactive emergency care pathways for adults with learning disabilities”.</i></p> <p>Page 17- 14/080 – Paragraph 9 – Service Improvement Strategy – “FS reported that the Trust is required to articulate how it plans to use non-recurrent funding to our Commissioners. Therefore details of the Strategy will be shared accordingly”</p> <p>change to read</p> <p><i>“FS reported that the Trust is required to articulate how it plans to use the non-recurrent transformation funding provided by our Commissioners”</i></p> <p>Subject to these amendments the minutes were APPROVED as a true and accurate record.</p>		
	MATTERS ARISING / ACTION LOG TRACKER		

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14/103	<p>The Board REVIEWED the matters arising / action tracker document in detail. The following updates were AGREED</p> <p>Action 7 Monthly Quality & Safety Report - PPC Workforce Directors NOTED that a full review of the PPC workforce change has been undertaken at TMB and through the Executive Team meetings. The formal review was completed at the beginning of April 2014 and during the review process all backlog work has been cleared. Since the workforce change 100% of letters are responded to within 10 days, 66% within 5 days. This improvement has, in turn, led to a reduction in telephone enquiries. The new model is also encouraging PPC’s to manage the individual 18 week waiting list within their own specialties. A few issues remain within the general surgery and vascular departments which are being addressed. This action is now COMPLETED</p> <p>PM requested that the Board’s thanks be passed to all staff involved in this change for the huge achievement that has been accomplished.</p> <p>Action 13 Clinical Service Plans - Directors NOTED the update provided in the action tracker noting that pre populated templates will be distributed in due course.</p> <p>Action 23 Ward Performance Information - SB updated that whilst this action is noted as completed a written report regarding the implementation of the ward performance boards is scheduled to be presented to the May CG&QC meeting. Therefore this action should be changed to Amber – Action on track</p> <p>Action 42 – Review of Colchester – RD updated that consideration is still being given to the inclusion of the CQC Colchester report in the 2014/15 internal audit programme. Directors noted that the Colchester report has not been issued to date and the Trust will undertake a “true for us” exercise upon receipt.</p> <p>Action 48 – Estates Strategy – Directors noted the update provided in the action tracker. PW updated that phase 2 of the Better Together work is anticipated to commence in June 2014.</p> <p>MC requested that an update pertaining to this work be provided for the Board prior to September 2014. PW responded that there are clear milestones set which he will share with the Board and ensure that regular updates are factored in to this milestone timeline.</p> <p>Action 74 – No Smoking signage – PO updated that “No Smoking” signs have been erected at the front of the King’s Mill site but further signage is required to detail the help that is available to stop smoking. This issue will be resolved in due course</p>	PW	May 2014
	CHAIRMAN’S REPORT		

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14/104	<p>In SL's absence GMc gave a verbal update on the following matters.</p> <p>SL wished to register his recognition of all of the efforts that have been made by Trust staff in preparation for the CQC visit and is looking forward to hearing the outcome of the visit in due course.</p> <p>The improvements that can be clearly seen in the Trust's latest Quality Account and Annual Report are very encouraging and should be seen as clear indications of the steps forward that the Trust has taken during the recovery period.</p> <p>Work continues with Foresight Partnerships regarding Trust Board development and a further update will be provided on SL's return from annual leave.</p> <p>Non-Executive Directors noted that a Non-Executive/Governor training session has been arranged for 6th and 7th August 2014 but this date may prove to be problematic. Further advice will be given.</p> <p>The Board NOTED the verbal update given.</p>		
	CHIEF EXECUTIVE'S REPORT		
14/105	<p>PO presented the Chief Executive's Report providing an update on the latest issues affecting the Trust.</p> <p>PO advised that a presentation was made to the CQC on the evening of 23rd April 2014 ahead of the planned CQC inspection that is taking place today (24th) and 25th April 2014. The CQC inspection is welcomed in all areas of the Trust.</p> <p>PO drew Director's attention to appendix 1 of the Chief Executive's report which detailed Monitor's areas of concern following the April 2014 PRM. The implications of these concerns are detailed in Enc F- Monitor Operational Plan submission which is scheduled to be considered later in today's meeting.</p> <p>PO formally welcomed KO to the meeting. KO has been employed initially for a short period as a Strategic Financial Advisor to strengthen the Trust's strategic and financial narrative and development.</p> <p>In connection with the concerns raised in Appendix 1 of the Chief Executive's report TR questioned the level of progress that has been made with the buddying arrangements with Newcastle Hospitals NHS Trust. PW confirmed that the buddying arrangements are underway and Newcastle are keen to form a reciprocal relationship.</p> <p>TR requested that once the buddying arrangements have been formalised a high level benchmark summary be provided detailing the expected outcomes and the expectations for both parties.</p>	PO	May 2014

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	<p>GMc requested that the Board acknowledge Heather Burton’s achievement which lead to her being awarded “Star of the Month” for February 2014.</p> <p>PO reminded Directors that the Trust’s participants in the RCN Ward Leadership Course will be presenting their work during the lunch break of today’s Board meeting and encourage all Director’s to talk to each participant to learn about their individual projects.</p> <p>Directors NOTED the content of the Chief Executive’s report and specifically the verbal updates that were given.</p>		
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	QUALITY & SAFETY QUARTERLY REPORT		
14/106	<p>SB presented the Quarterly Quality and Safety report providing the Board with a summary of information for Quarter 4 and providing a year end summary of specific quality and safety priorities. SB stated that this report follows the standard format and does not contain any surprises for the Board.</p> <p>SB identified that a few grammatical errors have been identified following the inclusion of this report in the Board pack of papers. These errors will be corrected and reissued via the Trust website.</p> <p>SB brought forward the improvements that have been made in mortality rates (HSMR) and the pressure ulcer prevention achieved within the quarter and the year. PM acknowledged the level of work that had been undertaken to achieve the completion of the comprehensive quarterly report as well as the reduction in both targets.</p> <p>SB proposed that a deep dive exercise pertaining to pressure ulcers be undertaken and a report presented to the next CG&QC meeting. This proposal was accepted by PM.</p> <p>GMc expressed his concerns that he anticipated that the Trust’s trajectory for <i>C.diff</i> in 2014/15 would lower but it has, in fact, gone up. AH responded that targets have changed nationally and not just at the Trust. SB added that work is underway at the Trust to address the number of <i>C.diff</i> incidents and staff have been challenged to ensure that all measures are in place for the Trust to achieve the gold standard in this area.</p> <p>PM drew Directors attention to page 56 of the report , Learning Disability summary, and stated that he would like to know more information about the audit tool that is used to capture the information from this group of patients</p> <p>PM noted the information given on page 57 of the report , Maternity summary – Midwife to birth ratios and drew Director’s attention to the</p>	<p>SB</p> <p>SB</p> <p>SB</p>	<p>May 2014 (mgmt. action)</p> <p>May 2014 (mgmt. action)</p> <p>May 2014 (mgmt. action)</p>

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	<p>comparison figures of 18% of births are Caesarean section at the Trust compared to 23-25% nationally and almost 5% of home births compared to 2% nationally. PM questioned what the Trust's role in these differences is. SB responded that the Trust offers an integrated service which offers support throughout a patient's pregnancy and birth journey and the level of caesarean section has always been low compared to the national average. Regarding the home birth ratio further information will be sought and provided to PM but this may be due to patient choice.</p> <p>CW identified that on page 12 of the report, advice is given that there is no statistical trend associated with the Trust's average length of stay (ALOS) and questioned, if this is correct, what focus the Trust will be giving to this important metric . SE replied that the Trust has spent a great deal of time looking at what is "right" for our patients in terms of length of stay in different areas. The focus now is to look at how we balance the zero length of stay patients, consider service improvements that can be made, consider the discharge elements of the Trust's quality objective and patient's choice.</p> <p>A request was made for more information to be included within the ALOS data set pertaining to individual length of stay by department and what is nationally correct by speciality.</p> <p>MC questioned what level of progress had been made with the integration of the vitalpak system. AH confirmed that this system had now been implemented on wards 51, 52 and 41 and had been enthusiastically received.</p> <p>TR questioned whether the introduction of the vitalpak system had been detailed within the patient induction information so that they are aware that patient observations are being collected via a handheld device and are assured that staff are not using personal devices. SB advised that she will ensure that this information is captured in the patient bedside booklets.</p> <p>GMc questioned when it is likely that the Board will see the benefit realisation versus the investment. SB confirmed that she would review the project plan and confirm when this information will be available. FS requested that in light of the funding that was given to the Trust by the CCQ to support the vitalpak implementation , when this information is available that the CCG also be informed.</p> <p>Directors NOTED the contents of the report, the information provided and the progress / position to date.</p>	<p align="center">SB</p> <p align="center">SB</p> <p align="center">SB</p> <p align="center">SB</p>	<p align="center">May 2014 (mgmt. action)</p> <p align="center">May 2014 (mgmt. action)</p> <p align="center">May 2014 (mgmt. action)</p> <p align="center">May 2014 (mgmt. action)</p>
	<p>PATIENT EXPERIENCE REPORT</p>		
<p>14/107</p>	<p>SB presented the Patient Experience Quarterly Report bringing forward the key highlights for quarter 4.</p> <p>SB identified that the number of complaints received had reduced compared to the same time last year, albeit by a small margin.</p>		

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	<p>SB drew Director's attention to appendix 1 of the report which detailed the information pertaining to the Trust from the NHS choices website compared to other Trusts in the area. SB advised that the amount of 5 star ratings that have been received by the Trust has improved but it is disappointing to note that the Trust are still receiving a few 1 star ratings although these do appear to be isolated occurrences. PM expressed his concern that the Trust are receiving 1 star ratings and encourage the Executive Team to investigate this matter.</p> <p>SB advised that during the last quarter the Trust had a lower response rate to the friends and family test compared to other Trusts in the area and work will be undertaken to investigating this decline and identify the support that is needed to improve the response again.</p> <p>CW expressed her concern that only 11% of maternity patients responded to the friends and family survey in Q4 and requested that the Trust investigate an improved style of exit survey within this speciality, including the possibility of utilising a text message style survey return</p> <p>PM advised that he was very encouraged to read the progress that is being made with developing a good working relationship with Healthwatch. SB added that it is anticipated that this relationship will develop even further over the coming months</p> <p>PM highlighted that in the Executive summary of the report it states that 66% of patients advised that their buzzer was responded to within five minutes or less but when this information is presented as a graph on page 15 of the report (table 8) indications are that 23% of patients did not use their call buzzer during their stay. PM requested that this data set be reviewed, moving forward, as the statistical data would be quite different if the 23% non-response was disregarded from the response time analysis and only analysis of patients that did use their buzzer was presented.</p> <p>MC advised that although the report was very informative the level of information is overwhelming and requested that ,where possible, just the key points in each area are brought forward. GMc added that the Trust Board data masterclass session, that is scheduled to take place at the end of June, should assist with this requirement. During a discussion pertaining to the Board pack as a whole SC identified that JT recently visited Newcastle as part of the buddying arrangements and reviewed their Board pack and method of presentation. SC and KR will also be reviewing the papers to ascertain whether lessons can be learnt in terms of format and design.</p> <p>Directors NOTED the progress that has been made over the past 12 months in reporting and responding to patient feedback , through different mechanisms and ACKNOWLEDGED that the Trust still has work to do to link intelligence and feedback together which will enable the Trust to report a more rounded picture moving forward.</p>	<p>SB</p> <p>SB</p> <p>SB</p>	<p>May 2014 (mgmt. action)</p> <p>May 2014 (mgmt. action)</p> <p>May 2014 (mgmt. action)</p>
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	<p>INPATIENT SURVEY RESULTS 2013</p>		
<p>14/108</p>	<p>SB presented the 2013 Inpatient survey report advising that the results of this key survey had been shared with colleagues prior to the Board meeting and are available to be viewed on the Trust's intranet site.</p> <p>In summary SB advised that the Trust had</p> <ul style="list-style-type: none"> • improved on 42 questions (on one question there is no comparison) • of the 42 questions, we have scored significantly higher in 6 questions when compared to 2012 scores • stayed the same on 8 questions • deteriorated on 10 questions • there are no areas where we have a statistical deterioration. <p>SB added that the Inpatient Survey results highlight a good improvement in our scores compared to 2012 data, particularly being mindful patients were completing these questionnaires during the period of increased scrutiny (Keogh & CQC Review) and the adverse media publicity we were receiving. These results give the Trust an excellent foundation to continue driving the work that has been championed and progressed during 2013/14 and into 2014.</p> <p>Directors NOTED the improvement in performance that had been achieved since the 2012 survey was undertaken.</p> <p>Directors also NOTED that the areas highlighted as needing improvement reinforce much of the feedback received from our 'In Your Shoes' events and our newly developed Patient Experience & Involvement Strategy identifies the actions the Trust plan to take to address many of the areas of concern.</p>		
	<p>GOVERNANCE REVIEWS</p>		
<p>14/109</p>	<p>Monitor Q4 self certification</p> <p>SC presented the Monitor Q4 self certification report highlighting that this report is presented to the Board of Directors to safeguard debate and thorough understanding of the Board certifications to be submitted to Monitor to ensure all Board members are clear of their responsibility to be confident of the accuracy and appropriateness of the declarations being made.</p> <p>SC requested that the Board pay particular attention to the Finance and Governance Declaration with regard to its confidence in achieving/sustaining against the Continuity of Services rating and the Governance declaration in achieving targets for the next 12 months ensuring they have confidence that it is appropriate for Board consideration of the financials in terms of a clear understanding of the potential for any future material financial risks.</p>		

	<p>SC drew Director's attention to appendix 1 and 2 of the self-certification report and encouraged Directors to consider the summary detailed in each appendix and inform SC or KR of any concerns.</p> <p>Targets & Indicators Following review of the targets and indicators worksheet Directors agreed that the Q4 achieved column should be changed from "No" to "Yes" pertaining to the statement "Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 March 2014). This amendment will be made prior to submission to Monitor.</p> <p>Quality Governance Statement Directors noted that whilst the Trust is reporting that they have no posts filled by interim appointments AH does not start his substantive appointment at the Trust until July 2014 due to the period of notice that is required to be given.</p> <p>Elections Following discussion it was AGREED that a note will be added to the narrative of the Q4 return advising Monitor that the Trust's lead governor has changed from Craig Gunton-Day to Colin Barnard.</p> <p>Following consideration Directors APPROVED the Declarations, Exception Report and supporting paperwork for onward submission to Monitor and AGREED the relevant amendments and additions having regard also to a prospective assessment of anticipated performance and the potential for breach.</p> <p>Directors AGREED to REVIEW Appendix 1 and 2 each quarter to ensure each member has confidence in the Trust's assurance systems and processes that support the Declarations and to drive improvements accordingly should any view be taken concerning system weakness</p> <p>At this point GH and RS left the meeting</p> <p>Finance FS proposed that the narrative support for the Financial element of the Monitor Q4 return be submitted as per Enclosure E of today's meeting. It was pointed out that the plan numbers would change slightly to reflect the original Monitor plan and not the Trust's internal plan. However, this does not impact the actual position which was reported as a £21.5 deficit.</p> <p>FS drew Directors attention to Appendix E of the Finance report which detailed Monitor's discretionary requirements. Clarification is awaited from Monitor regarding how these requirements will be reported in 2014/15.</p> <p>RD identified that in Appendix C of the report Directors are advised that divisions have initiated £5.8m of CIP ideas through the Programme Board but questioned what action the Trust will take if these "ideas" are</p>	SC	30 Apr 14
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	<p>not finalised by a milestone date such as August 2014. SC confirmed that at the June 2014 meeting of the Programme Board all of the divisions have been invited to present their CIP plans identifying any gaps and how these gaps will be resolved. The corporate CIPs and service line reviews will be presented to the May 2014 Programme Board. GMc questioned why the decision had been made to prioritise the service line review over the divisional CIP gap analysis. SC confirmed that this decision had been made as clarity pertaining to the level of achievement within each division is required in May to clearly identify any gaps in June.</p> <p>RD questioned whether the CIPs for 2015/16 had been set. FS responded that targets had been agreed as part of the operational plan submission in March 2014. This was based on the assumption that the CIP targets would not be stretched beyond 4% in 2014/15 to recognise the level of change the organisation is having to drive through. However, an element of recovery beyond 4% is assumed for 2015/16</p> <p>Directors NOTED the key headlines, risks and the action being taken detailed within the Finance Report and APPROVED the narrative captured within the report for inclusion in the Q4 return.</p> <p>The Board broke at this point (11.40am) and reconvened at 11.50am</p>		
REGULATORY ESCALATIONS / ACTION PLANS			
14/110	<p>Keogh PO presented the Keogh Review update paper identifying that there was an error on the cover sheet of the report and requested that Directors NOTE that K3 – Fluid management is not fully assured and this achievement date had been moved to May 2014.</p> <p>During a review of the paper Directors noted that the move from partly assured to assured with K13 – radiology, related to the backlog issues which have been addressed. The Board are aware that other issues have been identified but these would be addressed accordingly and progress reported to Board where it is deemed to be appropriate to do so.</p> <p>Directors questioned why K6 – Board development and development of a quality focus at Board level remained partly assured. SC confirmed that this position remained unchanged as the Board development programme had not yet been embedded.</p> <p>Following review Directors NOTED the progress in respect of each of the Keogh actions and AGREED full assurance for:</p> <p style="margin-left: 40px;">K4 – Strategic Direction K13 - Supporting Structures -Junior Doctors K17 - Ability to Rescue</p> <p>Directors also NOTED the change in Executive lead for buddying</p>		

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	<p>workstream 1 from the Director of Strategic Planning and Commercial Development to Medical Director and also NOTED the progress with the buddying arrangements and next steps required.</p> <p>Quality Governance Framework SC presented the Quality Governance Framework (QGF) paper reminding Directors that following a review of the QGF at the March 2014 meeting approval was given to a reduction in the score of question 3c from 0.5 to 0.0 reducing the Trusts overall score from 4.0 to 3.5. The Trust wrote to Monitor at the end of March 2014 with the evidence of the improvement and the results of this self-assessment.</p> <p>SC added that to monitor further progress against each of the QGF questions each question has been allocated an Executive Director lead who will provide evidence monthly and a trajectory of when the relevant question will attain a score of 0.0. Directors noted that it is anticipated that the next question to achieve a score of 0.0 will be 3a and this is scheduled on the timeline for June 2014.</p> <p>TR noted that question 4c had a date forecast to achieve as 2015/16 and requested that this date be more precise. PO proposed that the date be changed to read 31 March 2015 and this proposal was APPROVED</p> <p>During a debate concerns were raised that the Trust’s aspiration to achieve a score of 0.0 may be a little ambitious. PO iterated that the Trust’s ambition is not complete once a score of 0.0 is achieved and work must continue to maintain this status and strive to continuously improve. PO suggested that the Trust provide a statement that <i>it is our ambition to achieve a score of 0.0 and it is our intention to meet this ambition.</i></p> <p>Following a concluding debate Directors AGREED the trajectory to reduce the Trusts QGF score further as indicated.</p> <p>Directors also AGREED to call upon the work it had completed to assure individuals of the realities of the quality of care delivery at the Trust gleaned from involvement in C&C sessions, ward and department unannounced visits, IATs and other triangulated intelligence sources to inform the Board’s acceptance of the improvements forecast.</p>	SC	May 2014 (mgmt. action)
	FINANCE REPORT		
14/111	Directors noted that the Finance Report narrative had been considered and APPROVED earlier in today’s meeting		
	MONITOR OPERATIONAL PLAN SUBMISSION TO MONITOR		
14/112	PW presented the Monitor Operational plan submission to Monitor paper explaining that this document and associated appendices represents the submission made to Monitor on 4th April 2014. This is		

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	<p>the Sherwood Forest Hospitals Operational Plan submission covering the two year period from April 2014 to March 2016.</p> <p>PW advised that following the PRM meeting between Monitor and the Trust on 11th April 2014 the Trust was asked to re-submit these documents having removed any assumptions about receiving income support for the excess costs associated with our Private Finance Initiative (PFI). Cash/liquidity support will still be provided.</p> <p>PW updated that for the purposes of the Board of Directors meeting, the relevant sections of the narrative had been amended using tracked changes/comments, whilst the financial templates have been fully amended (having been submitted to Monitor on 17th April 2014). In order to show the relevant changes the format of the document has been impacted. This will be addressed once final content has been approved. PW highlighted that there was one error within the submission relating to pathology workforce which will be corrected prior to resubmission to Monitor.</p> <p>Discussions were opened and the following points were brought forward.</p> <p>The need to report the Trusts PFI requirements as part of the discretionary requirement legal licence were acknowledged and PO identified the need for clarity regarding the benefits for patients associated with the PFI deal, the quality benefits and the Trust’s strategy. Directors expressed their concerns regarding Monitor’s expectation of the Trust and the revenue support that is available.</p> <p>RD noted that the Trust had previously submitted a 5 year recovery plan to Monitor to move out of a £20m deficit and questioned whether this plan will need to be extended now that the Trust’s assumption for PFI support has been removed by Monitor. FS confirmed that whilst the support has been removed from the Trust’s 2 year Operational Plan submission liquidity support will still be made available. The strategic plan due for submission in June 2014 will cover years 3, 4 and 5.</p> <p>KO reported that he had spoken to Monitor representatives and as a result of these conversations he encouraged the Board to demonstrate its clear drive for efficiency within the plans.</p> <p>In concluding discussions Directors NOTED and ENDORSED the narrative plan and its appendices as being properly reflective of the short-term challenges and the Trust’s response to them in the two year timeframe.</p> <p>Directors discussed the implications of the revised approach to the PFI premium and APPROVED the revised narrative plan for re-submission to Monitor with any modifications resolved by the Board.</p> <p>The Board broke at this point for lunch (12.30pm). KO left the meeting</p>		
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	<p>at this point.</p> <p>During the lunch break Trust ward leaders that had attended a RCN ward leadership course attended to showcase their individual projects. Diane Reason presented a project titled "A succession plan", Shantelle Miles informed Directors about enhanced patient observations and Kate Draper gave details of the Trust Neonatal Intensive Care Unit. Adele Bonsall introduced initiatives to promote Nutrition and Hydration and Zoe Barnes showcased work titled "No surprises for discharge – reducing delayed transfer of care".</p> <p>The Board reconvened at 1.20pm</p>			
	UPDATE ON STRATEGIC PLAN SUBMISSION			
14/113	<p>PW advised that as part of the Trust's transformation journey, the need to shift focus as quickly as possible from the operational day-to-day business towards the longer term and the strategic debates about what the organisation will look like in the future and how we, as the leadership team, will take it there have been acknowledged .</p> <p>To drive this key initiative forward a half day session where the Trust can agree some principles and approaches to strategic planning and make a start on the process itself has been arranged for the end of May 2014.</p> <p>In preparation for this session, the Trust has engaged, at no cost, an external company called 2020 Delivery to conduct a survey on our behalf. The survey is aimed at gauging individual's view of the current approach to strategic planning at Sherwood Forest Hospitals. The survey that 2020 delivery use is derived from the Monitor self-assessment tool, which is designed to illustrate what good strategic planning in an NHS Foundation Trust looks like.</p> <p>An email with details of the survey has been issued and following collation of the results of the survey 2020 delivery will complete a report on the basis of the survey responses, and this will be used to plan the agenda, as well as being circulated to all participants prior to the event.</p> <p>Directors NOTED the verbal update given and plans moving forward.</p>			
	BETTER + TOGETHER PROGRESS REPORT			
14/114	<p>PW advised that he had recently attended the Better+Together Programme Board meeting with AH and discussions were held regarding a state of readiness review to develop objectives provided in the report circulated at this meeting. The report discussed will be circulated to Board members outside this meeting. 7 recommendations are made in the report focussing on shared risk, the interdependencies that are required and how progress is monitored. Some of the details of the report are causing concern for some partners and an updated report is due to be discussed at the Programme Board that is scheduled to take place in May 2014</p>	PW	May 2014	

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	Directors NOTED the information provided in the verbal update given		
	INTEGRATED PERFORMANCE REPORT (IPR)		
14/115	<p>SE presented the Integrated Performance (Exception) Report giving an update on the Trust’s performance in March 2014.</p> <p>SE drew Director’s attention to the Trusts performance for Quarter 4 2013/14 which remains at a projection of four Monitor compliance points. These are due to underachievement against RTT non-admitted and admitted, A&E 4 hour wait, and the overall position for <i>C.Diff</i> infection against the annual target.</p> <p>As a consequence of the Trust’s financial and governance risk ratings the Trust remains in breach of its authorisation with automatic over-ride applying a red governance risk rating.</p> <p>SE updated that further to the report at the Board of Directors meeting in March 2014, when it was anticipated that the Trust would be in a better position moving into the new financial year in terms of breaches, unfortunately in real terms it took longer than planned to book patients appointments at a time when the Trust were treating more elective patients at the same time as a high demand from non-elective activity.</p> <p>SE advised that the Trust has reported 4 patients on an incomplete pathway waiting over 52 weeks at March 2014 month end. These relate solely to Orthodontics. Of the four patients, two have a treatment date in April 2014 and two are awaiting clinical decision. GMC expressed his disappointment regarding this report and questioned whether the orthodontic team are doing everything possible to resolve this issue. SE clarified that the delay has been prolonged due to indecision regarding the most appropriate care setting; primary or secondary care. TR highlighted that this delay is not just a financial cost to the Trust but a credibility cost also. GMC concluded that the escalation process pertaining to waiting lists will be reviewed at the next Quality Committee meeting.</p> <p>SE advised that the Trust had not achieved the Q4 4 hour target of 95% achieving 93.54%. However the year to date target was achieved at 95.66%.</p> <p>SE expressed his disappointment that during April 2014 there was 1 instance of breaching the 12 hour trolley wait national indicator. The Trust believes this to be an exceptional and isolated incident. Separate actions and learning from this incident have specifically been incorporated into the improvement plan. A root cause analysis (RCA) is also being completed and Monitor have been informed although this is not a statutory requirement. Assurance was given that the patient did not come to any harm.</p>	GMC	May 2014

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<p>PM questioned whether this breach has been reported to the local CCG. SE confirmed that a report was not issued at the time of the incident but this notification was undertaken as part of the RCA. The appropriate internal escalation process was followed but this failed on this occasion. SE advised that it is thought that the issue was exacerberated by a transcription error.</p> <p>GMc expressed his concern at this serious failure asking the Executive Team to consider treating this failure as a never event. SB confirmed that this failure would be treated as a serious incident following the approved process which will include a report to the Quality Committee. GMc accepted the proposal to treat this as a serious incident but requested that the Executive Team undertake a review of the current escalation process.</p> <p>Directors noted that a formal investigation is under way by commissioners to understand the extent of the 30 day referral backlog at Newark and Sherwood commissioned referral gateway. The Trust is also undertaking its own investigation.</p> <p>Directors NOTED all points of the high level summary report and the progress / position to date.</p> <p>Workforce KF presented the workforce element of the IPR bringing the following points forward;</p> <ul style="list-style-type: none"> • nursing staff in post increased, in month by a further 11 wte • there remains a significant focus on variable pay which increased by £401k in March 2014 totalling £2.32m • the sickness rate in March 2014 was 4.48%. It is anticipated that the introduction of the new management of sickness policy , when agreed, will help to reduce the sickness rate in 2014/15 • appraisal rate compliance has decreased in March 2014 for the third month in succession and currently stands at 73.66% <p>MC questioned why the variable pay rate continued to increase when increased staff numbers should lead to a decrease in variable spend. KF confirmed that this double increase was associated with the implementation of the additional nurse cover over night on every ward. FS highlighted that there has also been an increase in medical cover required in additional clinics that were put in place in response to delays with RTT activity and there were a number of redundancy payments captured within the Q4 pay spend data. This was reported via the Audit Committee in March 2014.</p> <p>KF added that the Trust had begun to assess and agree the budgeted establishment for 2014/15.</p> <p>TR expressed his concern that the appraisal rates remain low and the sickness levels high and questioned whether the Trust anticipates that a</p>	<p>JT/SE</p>	<p>May 2014 (mgmt. action)</p>
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	<p>real change will be seen during 2014/15. KF confirmed that she is hopeful that improvements will be seen in the appraisal rates as a cultural shift has already been seen since the appraisal process has been linked to pay progression and managers have been asked to consider phasing in Q4. Regarding sickness levels there is still work to be done to assist managers in managing staff sickness effectively but a reduction of 0.5% is anticipated by the end of the year.</p> <p>Directors NOTED the month 10 position in relation to key workforce indicators and the actions being taken to bring performance back to plan.</p>		
	QUARTERLY WORKFORCE REPORT		
14/116	<p>KF presented the quarterly workforce report providing an update for Q4 and the year-end position.</p> <p>CW drew Directors attention to appendix 1 of the report and identified that exit interview data identified that during an exit interview 39% of staff advised that they left employment with the Trust within 12 months of appointment and raised concern regarding the level of staff that felt bullied or harassed or that they were not treated with professional respect and courtesy.</p> <p>KF confirmed that staff are contacted to ascertain why they have left employment again 3 months after leaving but a number of ex-employees do not want to provide feedback. CW concluded that as bullying by patients and visitors has been raised in both the staff survey as a concern and now the exit survey the Trust must consider whether this is an issue and take the appropriate measures to address this. KF confirmed that where the Trust is able to do so respecting confidentiality investigations will be undertaken.</p> <p>PO advised that during the recent <i>Quality For All</i> sessions bullying had not been brought forward as an issue but lack of support and low communication from managers had. TR identified that some employees may perceive performance management as bullying so thorough investigation is required.</p> <p>PM questioned whether it was possible to audit the whistleblowing data included in the report which had been captured at exit interviews. KF responded that the new raising concerns policy and details of the anonymous email service are both available on the Trust's website and it was hoped this would encourage staff to raise concerns. KF advised that only 1 concern was raised during the last year. GMc added that within the information pertaining to exit surveys, feedback has been given that concerns were raised but these concerns were not followed up. KF advised that there where possible, concerns were followed up but due to confidentiality this was not always possible. GMc requested that he meet with KF to consider this matter further.</p> <p>Directors NOTED the contents of the report and the verbal updates</p>	<p>KF</p> <p>KF</p>	<p>May 2014 (mgmt. issue)</p> <p>May 2014 (mgmt. issue)</p>

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	provided.		
	NURSING STAFFING UPDATE		
14/117	<p>SB presented the first Nursing Staffing update paper advising that this report provides the Board with a review of the actions taken to meet the recent guidance published by the NHS National Quality Board in November 2013. The report also includes a shift by shift overview of the Trusts staffing levels for February 2014 highlighting any reasons for shortfalls or overfills.</p> <p>SB advised that a regular update will be provided monthly via the workforce report and an in depth report will be presented to the Board on a 6 monthly basis.</p> <p>SB explained that slight errors had been identified in the report and these errors would be corrected after today's meeting.</p> <p>Directors reviewed the progress relating to each expectation and the following updates were provided;</p> <ul style="list-style-type: none"> • the extra overnight nursing cover will be maintained • during collation of the report various overfills were identified. Further analysis will be undertaken to ascertain whether the overfills were associated with the level of acuity of the patients. MC questioned how an overfill of staff occurs. SB explained that a set process is followed via the head of nursing at the daily bed meeting identifying the need for extra nursing cover due to patient acuity or staff shortage. This process will be monitored closely • consideration will be given to triangulation of the report findings with incidence of patient harm to ascertain if this is linked to a low level of staffing <p>Directors NOTED the contents of the report and expectations for reporting staffing capability and capacity to the Board and the analysis from the shift by shift, DATIX and SNCT reviews, areas of concern and mitigating actions in progress.</p>	SB	May 2014 (mgmt. issue)
GOVERNANCE , RISK AND ASSURANCE			
	DRAFT COMMUNICATIONS STRATEGY		
14/118	<p>YM presented the draft Communications Strategy 2014-2017 explaining that the strategy had been developed to support the delivery of the Trust's vision to provide high quality cost effective care for our patients, developing our workforce to its best potential and working with our partners, particularly in health, social care and local services to improve the health and wellbeing of the local population.</p> <p>Directors considered the draft Communications Strategy bringing the following points forward;</p> <ul style="list-style-type: none"> • The last sentence of section 4.0 was emphasised 		

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	<p>“Communications is everyone’s business and is not just the responsibility of the Communications and Executive teams”. This paragraph should be reinforced in greater detail to ensure that each member of staff understands the relevance of this statement to them.</p> <ul style="list-style-type: none"> • A request was made to reiterate the strategic objectives in section 8.0 – Communications and engagement objectives. • As the Board of Directors workshop detailed in Appendix 1 was a moment in time this should not form part of the Communications Strategy. • YM advised that the missing strategy objective references in the table referenced in section 8.0 will be completed • PO requested that more emphasis be placed on the <i>Quality For All</i> values throughout the strategy • The first bullet point on page 9 needs to be highlighted and expanded to explain the important role of every member of staff. • The fundamental strategic link between the Trust and local GP’s needs to be included to identify the improvement that is envisaged in GPs perception of the Trust <p>YM reported that the Communications team are currently producing a detailed 3 year work plan which will be presented at the next Trust Management Board meeting and the Communications Strategy as a whole will be reviewed at the Board of Directors meeting on a quarterly basis in order to monitor delivery. The proposal of a 3 year work plan was accepted but the need for significant change early in this plan was identified.</p> <p>TR requested that the capacity and capability of the communications team be carefully factored into the 3 year work plan.</p> <p>TR and MC identified the need for the Trust’s “brand” to be strengthened and the importance of the Board being the guardian of this brand.</p> <p>Subject to the proposed amendments Directors APPROVED the Communications Strategy and supported its implementation.</p>		
	<p>CONSTITUTION</p>		
<p>14/119</p>	<p>SC advised that the necessary amendments to the Trust’s constitution have been brought about by changes to legislation namely the implementation of the Health and Social Act 2012.</p> <p>During a review of the document the following proposals were made;</p> <ul style="list-style-type: none"> • TR requested that further clarity be provided regarding the attendance and speaking rights of co-opted governors • TR identified that point 16.6 read “The Trust shall inform, as soon as is reasonably practicable, the Council of Governors of any transaction which it has approved which in its opinion is likely to have a negative effect on the 	<p>SC</p>	<p>May 2014</p>

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	<p>Trust’s reputation” and proposed that negative effect be changed to significant impact. This proposal was AGREED</p> <p>Directors REVIEWED and CONSIDERED the proposed amendments to the constitution and APPROVED the submission of the revised constitution to the Council of Governors for approval at its May 2014 meeting before being presented again at the next Board meeting for final approval.</p> <p>Directors AGREED to delegate authority to the Chief Executive and Trust Secretary to make minor amendments to the revised constitution in advance of it being submitted to the Council of Governors for approval</p>	SC	May 2014
	GOVERNOR MATTERS		
14/120	<p>SC advised that the Governors training sessions continue and whilst they are well received by the Governors attendance remains low.</p> <p>Discussions are being undertaken with all Governors regarding the Trust’s expectations of their behaviour and conduct.</p> <p>The next Council of Governors meeting is scheduled to take place in Newark and significant attendance from members of the public is anticipated.</p> <p>Governors were invited to meet with the CQC team on the evening of 23rd April 2014.</p> <p>Directors NOTED the verbal update that was given</p>		
	ESCALATION OF ISSUES FROM TMB / BOARD		
14/121	<p>PO reported that there were no issues to be brought forward from the Trust Management Board that was held on 22nd April 2014.</p>		
	AUDIT COMMITTEE		
14/122	<p>MC updated that assurance was given at the last Audit Committee meeting that the Newton Europe work is moving forward and savings will be realised after a poor start with this project. An extraordinary meeting of the Audit Committee reviewed the Trust’s Annual Accounts which are on track for completion in due course.</p> <p>Directors NOTED the verbal update given.</p>		
	CLINICAL GOVERNANCE & QUALITY COMMITTEE		
14/123	<p>PM reported that details of the Clinical Governance & Quality Committee (CG&QC) meeting that was held on 25th March 2014 were detailed in the Quarterly Quality and Safety Report (Enclosure G). During a verbal update PM advised that during an extraordinary meeting held on 7th April 2014 the Trust’s Quality Account was scrutinised line by line and offered</p>		

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	assurance that finalisation of this document is on track Directors NOTED the summary and assurance contained within the Quality & Safety Report and the verbal update given.		
	RISK ASSURANCE COMMITTEE		
14/124	MC advised Directors that the last Risk Assurance Committee meeting was held in March 2014 prior to disestablishing this meeting which now forms part of the Audit and Assurance Committee. MC asked Directors to NOTE that whilst work has begun to update divisional risk registers, divisional managers and business support staff need to allocate more time to reviewing the BAF and risk registers more stringently moving forward to ensure that this key documents are kept up to date. FS reported that during a recent review of the BAF by the Trust’s internal auditors the end of year audit opinion rating had increased from “limited” to “moderate”. This is reflective of the work that has been done but recognises there is still more to do. Directors NOTED the verbal update given.		
	FINANCE AND PERFORMANCE COMMITTEE		
14/125	GMc advised that a summary of the last Finance and Performance committee meeting was given in Enclosure E of today’s meeting. GMc updated that an update report was presented by Newton Europe. Directors NOTED the verbal update that was given and the written summary in Enc E.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/126	In relation to agenda point 14/103 JK expressed his thanks to the Board for erecting large “No Smoking” signs at the entrance to the hospital and making it a priority on the Board’s overall agenda. JK questioned when the Board anticipated the Smoking policy to be completed and ratified. PO reiterated that he had written to the Director of Public Health for guidance. When a response is received the smoking policy will be progressed. In the meantime the location of the “No Smoking” signs will be reviewed and consideration will be given to replacing the “No Smoking” banner close to Morrison’s supermarket entrance to the King’s Mill site	PO	May 2014 (mgmt. action)
	COMMUNICATIONS TO WIDER ORGANISATION		
14/127	GMc requested that Directors consider what information they think should be high on the Trust’s agenda for sharing with the local media and wider organisations and what pertinent messages we should be		

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	<p>sharing with our staff. Following discussions the following suggestions were brought forward</p> <ul style="list-style-type: none"> • The CQC inspection • The results of the Inpatient Survey • The Patient Experience report • The key Quality Report messages • A “ thank you” to all staff that have already attended the <i>Quality for all</i> sessions • A message to Trust staff that the Communication Strategy is being developed encouraging staff to input if they wish to • A request to staff to assist with ensuring that all possible measures are undertaken to reduce the variable pay spend during 2014/15 		
	ANY OTHER BUSINESS		
14/128	A request was made that all of the recent initiatives such as the <i>Quality for all</i> values and the Trust’s plan on a page be displayed within the Board Room. YM advised that a permanent display of this information has already been planned and should be in place in due course		
	DATE AND TIME OF NEXT MEETING		
14/129	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 29 th May 2014 at 9.30am in Classroom 1, School of Nursing, level 1, King’s Mill Hospital.		
	There being no further business the Chairman declared the meeting closed at 15.15 hrs.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>..... [Name of Chairman] Chairman</p> <p style="text-align: right;">..... Date</p>		

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