

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 9.30am on Thursday 27th March 2014 in Classroom 1, School of Nursing, King’s Mill Hospital, Mansfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director (SID)	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	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:	Kerry Rogers	Director of Corporate Services /Company Secretary	KR
	Jacqui Tuffnell	Director of Operations	JT
	Peter Wozencroft	Director of Strategic Planning & Commercial development	PW
	Jack Adlam	Deputy Head of Communications	JA
	Lisa Bratby	Minute Secretary	LB
	Simon Evans	Divisional General Manager (Observer)	SE
	Claire Henley	Learning Disability Nurse Specialist (Patient story only)	CH
	Roger Formby	Member of the public	
	John Kerry	Member of the public	

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/066	The meeting being quorate, SL 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		
14/067	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/068	It was CONFIRMED that apologies had been received from Ray Dawson, Mark Chivers and Yolanda Martin		
	PATIENT STORY		
14/069	SB welcomed CH to the meeting and advised that the patient story this month centred around the Learning Disabilities support service that the Trust offers. This is an area that the Trust has been commended on in		

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	<p>recent months and this achievement is supported by the Trust’s declaration of its compliance against the 6 learning disabilities Monitor standards.</p> <p>CH began the presentation by explained her professional background, a job she has enjoyed for 20 years.</p> <p>To enable Directors to understand the patient group involved in the patient story CH advised that an adult with learning disabilities has a lower IQ than the general population and this disability has a significant effect on their day to day living and this has been identified before the age 18. This is a lifelong disability and 2% of the population currently have a learning disability.</p> <p>The number of people over the age of 60 with a learning disability is predicted to increase by 36% between 2001and 2021 and 50-90% of people with learning disabilities have communication difficulties. This patient group have higher healthcare needs but have less access to healthcare services and are less active in terms of screening. This restriction to access causes more people with learning disabilities to attend the Trust’s emergency department.</p> <p>A person with a learning disability is 4 times more likely to die of a treatable illness and 58 times more likely to die before the age of 50.</p> <p>A short video was shown featuring clients that use a local day care service and who are members of the Trust’s Learning Disabilities Steering Group. This video was filmed to assist with training and expresses the emotions that a person with learning disabilities feels when they are within a healthcare environment. Some of the words and phrases that were used in the video were</p> <ul style="list-style-type: none">• Worried and alone• Frustrated and useless• Helpless and sad• Frightened and angry <p>And some of the questions and pleas that were asked were</p> <ul style="list-style-type: none">• Listen to me• Talk to me• No brain , no pain• Help me <p>CH presented a story about a patient called Tony. Tony is in his late 50’s and has a severe learning disability. He uses non-verbal communication and has a poor level of understanding about health as he lacks capacity. He has challenging behaviour which causes him to hit out and due to being affected by autism he likes structure & routine to his day which aids him make sense of the world.</p>		
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	<p>Tony had a good diet but despite this he recently lost 1½ stones in weight without trying. His carers noticed a change in his bowel habit causing him to have at least 4 loose bowel movements a day which he found distressing and this impacted on his day to day life. Carers were not sure whether Tony was in discomfort but they did notice that his tummy was distended and he had a grey pallor. Staff also noticed that Tony was quieter than normal in his general mood.</p> <p>CH explained that Tony lives in Derbyshire and past hospital visits and admissions had not gone well and Tony’s paid carers and Tony found them traumatic. Tony’s carers were worried whether Tony would be compliant with the pre admission checks, hospital procedures and tests to ascertain the cause of his recent health issues and without familiar people an admission would not be possible.</p> <p>Directors noted that the decision to attend SFH was made via the choose and book system and as soon as the appointment was made the important planning process was instigated. As Tony is not able to make decisions himself the Trust called a “best interests” meeting at the hospital ,on the admitting ward, which included Tony’s paid carers, the community nurse, the community social worker, the ward leader, Tony’s Consultant and the learning disability nurse specialist. Family members were involved in the planning process but were not able to attend the meeting. Following conclusion of the meeting a multidisciplinary team admission plan was made for Tony.</p> <p>Reasonable adjustments were made to Tony’s care pathway which included carrying out blood tests in Tony’s home environment and taking the required MRSA swabs at home as part of Tony’s daily personal care regime. The bowel prep was undertaken at home where Tony was more comfortable but as a precaution a bed was booked the night before the procedure in case of problems with the bowel prep and earlier admission was needed and a list of contact names and numbers were shared in case the bowel prep at home was difficult.</p> <p>An alert of Tony’s needs were given to the whole team involved in looking after Tony on the day of the procedure including his GP regarding their part in the plan.</p> <p>On the day of the procedure Tony was first on the surgical list which enabled him to have less waiting time and more recovery time. He was given his own room on ward 31 and his own staff member was able to stay with Tony offering him a choice of activities which he enjoyed and kept him distracted. This additional support was paid for by the Trust.</p> <p>A wheelchair was used to transport Tony down to theatres as he could not comprehend the concept of a moving bed and his own staff member was allowed to go to theatres and recovery with him allowing a familiar face and reassurance at every opportunity. As part of Tony’s care plan, attention was drawn to the need for extra cannula bandaging to avoid Tony pulling the cannulas out. This careful planning ensured that the</p>		
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	<p>whole procedure was successful and things went to plan.</p> <p>Tony did still find it difficult in hospital but he received the care that was needed and had a more positive hospital experience compared to other admissions. Following the admission Tony's carer sent the following comments to the Trust</p> <p><i>"The effect of the whole experience on Tony was very positive and a lot less stressful for all concerned. In fact it was such a positive experience that Tony was back to his normal self the following day as opposed to weeks later. Thank you to all of the staff involved at the hospital, Regards Terrie"</i></p> <p>CH drew Directors attention to the 6 learning disabilities Monitor standards that were mentioned at the beginning of the presentation and explained in detail how the Trust achieves each separate standard</p> <p>Standard 1: Flagging This standard is achieved within each patient with learning disability's care pathway when persons involved in the patients care are made aware of their disability</p> <p>Standard 2: Accessible Information A selection of literature, used at the Trust, was distributed to Directors to illustrate the types of accessible information that is available to learning disability patients. In addition to this literature the Trust also uses YouTube clips and educational videos and DVDs which can be accessed by patients and carers. Directors noted that the Trust is signed up to the Nottinghamshire Communication Strategy which dictates what type of symbols are used throughout the learning disability literature to ensure consistency across the county.</p> <p>Standard 3: Supporting carers The Trust prides itself on the support that it gives to the carers of learning disability patients when they are outside of their everyday environment and may be scared or confused.</p> <p>Standard 4: Training Learning disability training is undertaken as part of the mandatory training programme at the Trust and also forms part of employee induction days and vulnerable adult training.</p> <p>Standard 5: Involvement of patients & carers Patients and carers are fully engaged via the Learning Disability Steering group and also patient care pathway planning</p> <p>Standard 6: Audit Regular audits are undertaken to gather both patient and carer information.</p> <p>Following conclusion of the presentation FS noted that a large number</p>		
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	<p>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. CH responded that progress has been made with GP services who have signed up to providing a 45 minute specific series of screening tests for adults with learning disabilities.</p> <p>PM questioned whether the Trust monitors the care pathways and subsequent outcomes of patients with learning disabilities. CH confirmed that data collection is a national problem but the Trust does strive to undertake regular self assessment against this metric and this is evidenced in the Trust's annual report, where a third of the quality report relates to patients with learning disabilities.</p> <p>PM questioned whether the Trust could do more to address the data that was given earlier that patients with learning disabilities are 4 times more likely to die of a treatable illness and 58 times more likely to die before the age of 50. CH responded that the Trust do look at mortality data, retrospectively, to highlight any obvious issues to ensure that any lessons that can be learnt are addressed. The Trust also promotes good use of the Mental Capacity Act throughout all possible care pathways.</p> <p>TR identified that at the beginning of the presentation it was identified that the Trust supports adults with learning disabilities where the onset of the disability was prior to the age of 18. TR questioned how the Trust supports adults that have learning disabilities that have been caused by major trauma after the age of 18. CH clarified that this type of patient is outside of her personal remit but this patient group is supported via the safeguarding adult's team at the Trust.</p> <p>TR questioned how many times, during the year, intensive support is requested. CH clarified that as she worked independently each request is prioritised on an individual basis and support varies between a short telephone conversation to a more intensive involvement, as detailed in today's story. Evidence of the service usage is detailed in the Trust's Annual Report.</p> <p>All Directors thanked CH for presenting the patient story and sharing details of the excellent service that she offers.</p> <p>At this point CH left the meeting</p>		
	OUTCOMES RE THE LAST MONTH'S PATIENT STORY		
14/070	<p>SB updated that the examples of good practice detailed in last month's patient story have been communicated in various nursing forums. AH updated that work remains ongoing with our primary care partners to ensure patient pathways are of a high standard throughout and investigations to ascertain the best way of establishing a forum between the Trust and the CCG continue</p>		

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	MINUTES OF THE MEETING HELD ON 27 FEBRUARY 2014		
14/071	<p>Following review of the minutes of the public meeting held on 27 February 2014 the following amendments were proposed</p> <p>Page 15 – 14/078 – Paragraph 2 – IPR – “JT advised that as the Trust has already breached in terms of Monitor compliance for Q4 every effort will now be made to see as many patients as possible in an attempt to clear backlogs in all areas so the Trust will be in the best position possible at the start of Q1 2014/15” Change the word backlogs to breaches</p> <p>Subject to these amendments the minutes were APPROVED as a true and accurate record.</p>		
	MATTERS ARISING / ACTION LOG TRACKER		
14/072	<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 work remains ongoing with this project and a further update will be provided at the next Board meeting in April 2014.</p> <p>Action 13 Clinical Service Plans – Directors NOTED that work remains ongoing with this project and a further update will be provided at the next Board meeting in April 2014.</p> <p>Action 19 & 20 – Newark Strategy - Directors NOTED that the work to implement the 5 workstreams is almost complete and a further update will be provided at the next Board meeting in April 2014.</p> <p>Action 23 – Ward Performance Information – A report pertaining to the 3 month assessment of the ward dashboards and ward performance was presented at the Clinical Governance and Quality Committee as requested. This action is therefore COMPLETED.</p> <p>Action 28 - Keogh – NEWS – Directors NOTED that an update will be provided to the Board of Directors in May 2014.</p> <p>Action 48 – Estates Strategy – Directors were advised that the SFH Estates strategy forms part of the Better together programme and will continue to be developed as part of this ongoing work</p> <p>Action 49 – Patient Story – Directors noted that as reported earlier in the meeting work continues with our primary care partners to ensure patient pathways are of a high standard throughout and investigations to ascertain the best way of establishing a forum between the Trust and the CCG continue.</p> <p>Action 50 – Staff Survey results – Directors noted that an update regarding the staff survey results will be presented later in today’s</p>		

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	<p>meeting. Therefore this action is COMPLETED</p> <p>Action 51 – Transformation agenda- Directors noted that an update regarding the Transformation agenda will be presented later in today’s meeting. Therefore this action is COMPLETED</p> <p>Action 52 – Governing Documents - Directors noted that an update regarding the constitutional changes will be presented at the Board of Directors meeting scheduled to take place in April 2014.</p>		
	<p>CHAIRMAN’S REPORT</p>		
14/073	<p>SL presented the Chairman’s report giving an update on progress, plans and regulatory developments. SL requested that Directors NOTE appendix A of his report which gave details of SFH members’ events from March to July 2014. SL encouraged all Directors to support as many of these events and the 22,000 members that the Trust currently has as possible</p> <p>Directors noted that appendix B detailed the current Board Development timeline. SL advised that this timeline is not fully completed but did provide Directors with a better structure of expectations and the associated timelines. SL proposed that the Trust undertakes an independent review of Board effectiveness during 2014 and proposed that the Trust engage with Foresight, a previous partner of the Trust to undertake this review. Following consideration this proposal was AGREED.</p> <p>SL advised that dates for the proposed data quality master class in May 2014 will be circulated in due course and asked that this event be given priority in Directors busy schedules.</p> <p>The Board NOTED the content of the written report and RECEIVED the verbal update.</p>		
	<p>CHIEF EXECUTIVE’S REPORT</p>		
14/074	<p>PO presented the Chief Executive’s Report providing an update on the latest issues affecting the Trust.</p> <p>PO offered his thanks to all staff members that supported the <i>Quality for All</i> staff launch events at King’s Mill and Newark Hospital and also the patient launch event at King’s Mill. It is clear from the patient launch that there are still concerns evident but assurance was given that all concerns will be investigated and addressed accordingly.</p> <p>PO asked KF to provide an update regarding the 2014/15 pay award. KF advised that on 13th March 2014 Government rejected the NHS Pay Review Body and Doctors and Dentists Review Body Recommendation for a 1% uplift to all pay scales. A minimum of 1% increase for all staff was agreed but this would be either through contractual increments or a</p>		

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<p>non-consolidated payment but not both. In essence, this means that staff will either receive an increase of at least 1% through incremental progression or a 1% non-consolidated/non-pensionable payment. The same approach will be applied in 2015/16 when the non-consolidated element will equate to 2% of pay (i.e. 1% for each of the 2 years). The Government also stated that if the NHS Trade Unions were prepared to agree to an incremental progression freeze for 1 year in 2015/16, the payments would be consolidated. KF added that this change would require a 0.3% increase in employee pension contributions and this information has been included with the Annual Plan.</p> <p>PO reminded Directors that he took two clear actions away from the Board of Directors meeting in February relating to smoking on the King's Mill site. The first was to put measures in place to help our patients and visitors stop smoking and also to address the best method of eliminating smoking taking place across the hospital site.</p> <p>PO advised that PM joined the Executive Team at one of their February meetings during which agreement was reached that PO should approach the local Health and Wellbeing Board and seek advice on the best method of implementing the NICE guidelines across the Trust sites. This advice would include long and short term measures regarding the best methods of implementation of a "No Smoking" policy. The inclusion of the Trust's smoking cessation lead would also be key. A further update would be provided at the April Board of Director's meeting.</p> <p>SL advised that he would welcome a quick resolution to the sight of patients and visitors smoking outside the main entrance of the hospital.</p> <p>PO presented the Trust's "Plan on a Page", which was designed to give Directors an opportunity to present the journey that the Trust has been on since its regulatory difficulties at the end of 2012 up to the present day. The plan describe the change in culture driven by the Board, the values, standards and behaviours described in <i>Quality for All</i>, the movement from a recent history of heavy regulation to a future of greater autonomy as part of "Better + Together" and consistency with the "Strategic Bridge" agreed by the Board earlier this year.</p> <p>PO drew Directors attention to the fact that the Trust's PFI deal is a fixed point which cannot be moved and also the statement that is made in the strategic bridge connecting the past to the present and future, the Trust's vision is "to champion and deliver the best care, service and wellbeing outcomes possible for each individual in the communities we serve".</p> <p>PO emphasised the <i>Quality for All</i> principles which are</p> <ul style="list-style-type: none"> Communicating and working together Aspiring and improving Respectful and caring 	PO	Apr 2014
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	<p>Efficient and safe</p> <p>PO advised that since the rollout of the Better + Together programme 5 work streams have commenced , namely</p> <ul style="list-style-type: none"> • PRISM rollout • Transfer to Access • Intermediate care • Care plans / Care homes • Elective referral gateway <p>Directors noted that PO, PW and SL sit on the Better + Together programme Board and will ensure that the Trust fully support the service changes required for a full integration of 7 day working across the Trust encouraging all staff to “ grab the agenda”.</p> <p>PO concluded the presentation by asking Directors to propose any changes to the plan that they thought were required and / or agree this documentation. Directors AGREED that the “ Plan on a Page” told the Trust’s journey very well and following consideration the following small changes were proposed</p> <ul style="list-style-type: none"> • If possible the patient’s view of the Trust’s future should be incorporated in the plan i.e. when 7 day working is achieved the patient’s treatment will be the same regardless of which day they attend • Quality needs to be noted in the future as well as the present and could not be noted along the same timeline as the PFI • The IIP needs to be noted in the future including the different perspectives of patient, Trust and Commissioner if possible <p>Directors discussed how this plan should be marketed and communicated to staff and patients noting that emphasis would be needed on the “What does this plan mean to me” perspective. KF added that this plan would need to be shared with staff side colleagues to gain their view prior to cascading to staff.</p> <p>SL identified the need for the governors to understand this plan and be fully engaged with the implementation. PO confirmed that an engagement strategy would be discussed in a seperate session at the end of today’s Board meeting</p> <p>Directors NOTED the content of the Chief Executive’s report and specifically the verbal updates that were given.</p>	<p>PO</p> <p>KF (mgt action)</p>	<p>Apr 2014</p> <p>April 2014</p>
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	QUALITY & SAFETY MONTHLY REPORT		
14/075	SB presented the Quality and Safety monthly report providing the Board		

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	<p>with a summary of important quality and safety items and our key quality priorities. In summary, the paper highlighted the following key points:</p> <ul style="list-style-type: none"> • For HSMR - the data for the 4 quarters of 2013 show SFH within the expected range throughout, with a reassuring decrease quarter on quarter keeping us below the national benchmark for the last two quarters of 2013. • There has been a great improvement in coding. Only 10% of discharges were uncoded at the end of January, compared with 26% at the end of December. • Pressure ulcers – In February zero deep pressure ulcers (Grade 3) developed against our target of zero. Five avoidable grade 2 (superficial) ulcers developed against our target of 3. We have had zero grade 4 pressure ulcers for 14 months. • The Trust average length of stay (LOS) in February was the same as January at 6.8 days. • Complaints – There was a reduction in complaints to 33 in February compared to 62 in January 2014. 100% of our complaints are acknowledged within 3 days. During Quarter 4, we have begun sending patient satisfaction surveys out to complainants approximately 6 weeks after their complaint has been closed. SB added that during the month of March, when the media interest in the Trust was high, 22 complaints were received. • A number of successful nursing initiatives have been undertaken in February 2014. This includes a successful bid to the Nursing Technology Fund and a 'Compassion in Care' Master class. <p>During discussions the following key points were raised;</p> <p>TR questioned how much of a challenge the current issues with discharge of care is placing on the Trust. JT confirmed that this issue is a major challenge and is steadily getting worse.</p> <p>CW added that this issue was considered at the last CG&QC meeting and the difference between when a doctor signs a patient off for discharge and the time when they actually leave following delays with TTO's, waiting for their care home to grant discharge, etc was discussed. A thorough report has been requested to achieve better understanding of the root causes of these, sometimes very lengthy, delays.</p> <p>SB identified that delays in patient discharge needs to be considered from a quality perspective and proposed that this issue is considered in at the next Quality Committee meeting.</p>		
		SB (Mgt action)	Apr 2014

	<p>March 2014 and provides the evidence requested.</p> <p>Following consideration Directors APPROVED the reduction in scores recommended by the Trust Management Board namely 3a Score 0.0 and 3c Score 0.5 retained until further improvement evidenced.</p> <p>Directors also AGREED the trajectory to reduce the Trusts QGF score further as reported verbally by the Trust Management Board following their deliberations on 24th March 2014 through which an improvement trajectory will be agreed.</p> <p>Directors recognised the need 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 Confirm and Challenge sessions, ward and department unannounced visits, IATs and other triangulated intelligence sources to inform the Board’s acceptance of the improvements made since PWC’s report in January 2014.</p> <p>PO concluded discussions by encouraging the Board to aim that to reduce all questions to a score of 0.0</p> <p>Keogh</p> <p>PO presented the Keogh Review update paper drawing Directors attention to the changes that have been made from partly assured to fully assured</p> <p>Board members AGREED the Executive Director lead recommended revised assessment against the Keogh actions and NOTED the progress with our buddying agreement.</p> <p>CQC update / escalations</p> <p>SB presented the CQC update / escalation paper advising that the Trust has received confirmation that it will be inspected under the new CQC regime. Provisional soundings are indicating that this visit may be undertaken week commencing 21st April 2014.</p> <p>The CQC will use the new inspection to assess the Trust. It will be a comprehensive visit, spanning over a number of days comprising of a team of 20+ inspectors and in hours and out of hours visits.</p> <p>Following the visit the Trust will receive a CQC rating of outstanding, good, requires improvement or inadequate. A report will be submitted to Monitor and the Secretary of State and the Trust will have an opportunity to respond to the draft report.</p> <p>SB advised that the Trust are preparing for a re-inspection around the new system and have developed a peer review process which involves all disciplines within the organisation including the Board and senior managers frequently visiting clinical and non- clinical environments to</p>		
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	<p>obtain their own assurance prior to a re inspection. SL added that he had taken part in the assurance visits that had already commenced and had found the assurance that can be gained worthwhile.</p> <p>The accelerated assurance framework described within the paper utilises current communication cascades that the divisions presently feed into. This will build upon our successful IAT programme and assessing compliance against the Keogh / CQC actions will be facilitated by the PMO.</p> <p>Following consideration Directors RECEIVED the update paper debating the current accelerated assurance framework in order to identify additional assurance mechanisms required by the Board to enable them to highlight where care is good or outstanding and to expose where care is inadequate or requires improvement.</p>		
	<p>PATIENT SAFETY & QUALITY STRATEGY</p>		
<p>14/077</p>	<p>SB updated that the Patient Safety and Quality Strategy was presented to the Trust Board in October 2013. It was agreed this strategy would be refreshed following the completion of the Organisational Development and Patient Experience and Involvement strategies to ensure their key priorities were reflected within this strategy.</p> <p>SB advised that the updated Patient Safety and Quality strategy has been shaped under the domains of <i>High Quality for All</i> and states the key goals and improvement priorities for Sherwood Forest Hospitals as of today and for the next three years. It is a flexible strategy that will be reviewed at least yearly and updated to include the current landscape and environment in which we are delivering health care.</p> <p>This strategy has very similar priorities to those described in the October document, but the link to the patient experience strategy and OD strategy has been explicitly included. Quality governance has also been strengthened to reflect the needs of the Trust in ensuring we have strong governance and performance systems and clear accountability and ownership to meet the expectations of the Quality Governance Framework.</p> <p>Mortality reduction, falls prevention and patient experience, with a particular drive on dementia and the family and friends test, have been identified as our key priorities for 2014/15. However there are many improvement projects which the Trust is driving to ensure our services and patients are safe, free from avoidable harm and have an excellent experience.</p> <p>This strategy should be seen as a strategy that is not fixed, but is flexible and responsive to new information and priorities. It should also be noted that this strategy needs to sit alongside and fully interlink with other strategies, namely the clinical, workforce, IT, patient experience and organisational strategies.</p>		

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	<p>It is planned following the board discussion to share our strategy with other stakeholders including governors, our patients and CCG’s.</p> <p>PM advised that the revised strategy had been considered at the CG&QC meeting on 25 March 2014 and a very positive response was received for all members.</p> <p>GMc questioned whether the Trust were being aspirational enough in our target reductions giving the example that why would the Trust aspire to reduce avoidable pressure ulcers and hospital acquired urinary tract infection from catheter by 50% when we could aspire to reduce by 100%. SB responded that she agreed that the hospital should strive to be much better but confirmed that the hospital targets had been set in line with national standards.</p> <p>During discussions PM proposed that the Trust investigate the option of implementing an extended target of reduction of a 50% reduction in year 1 reaching 100% reduction by 2017. TR supported this view and encouraged the Board to strive to achieve as high as possible.</p> <p>PO proposed that the Trust undertake a review and couple our highest aspiration with examples of genuine improvement. Within the review should be examples of where the Trust consistently improve and where this shows a positive impact on patient care.</p> <p>Following further discussion the Board ACCEPTED this strategy and granted APPROVAL for the Quality Committee to track, measure and monitor its progress, reporting periodically to the Trust Board.</p>	SB (Mgt action)	Apr 2014
	FINANCE REPORT		
14/078	<p>FS presented the Finance Performance report bringing forward the following salient points;</p> <ul style="list-style-type: none"> • The year to date financial deficit is £20.4m and the Trust remains one of a few Trusts that are ahead of plan which is due, in part, to some one-off gains. SL requested that further clarification regarding the on-off gains be provided. • The CIP savings delivery to January was £12.2m and the PMO risk adjusted forecast outturn as at 28 February is £16.3m. The inability to deliver some of the premium pay reduction schemes means that a significant proportion of the CIP savings are non-recurrent and the full year effect forecast is £12.4m. • Agreement has been reached with commissioners regarding the £3.5m ICR programme funding which has now been returned to the Trust. • The 2014/15 clinical contract discussions have now concluded and the contract has been agreed but not signed It is anticipated that this contract will be signed on 31 March 2014 <p>Directors NOTED the key headlines and risks and the actions being</p>		

	taken		
	INTEGRATED PERFORMANCE REPORT (IPR)		
14/079	<p>JT presented the Integrated Performance (Exception) Report giving an update on the Trust's performance in February 2014.</p> <p>GMc questioned why the Trust key performance indicator schedule shows the average clinical handover time as red throughout all quarters but in the narrative of the report it clearly states that the average handover is between 13-19 minutes. JT clarified that the red indicator is due to the data source provided by EMAS for the Trust's analysis.</p> <p>JT updated that further to the statement in the IPR report reporting that there were 10 patients on an incomplete pathway waiting over 52 weeks for orthodontic treatment in February 2014 this figure had now reduced to 2 in March 2014. This issue will be discussed in more detail at the Executive Team meeting on 31 March 2014.</p> <p>SB questioned whether work had commenced to correlate the declarations to Monitor of the Trust targets for 2014/15. KR confirmed that work had begun following the annual plan templates provided by Monitor. KR added that the Trust will support the templates by submitting a Board Assurance Statement (BAS) at the end of the financial year and at the beginning of the new financial year will submit a Corporate Governance Statement.</p> <p>SB questioned whether the Trust is still anticipating being in a good position moving in to the new financial year, in terms of breaches, as reported at the February Board of Directors meeting. JT responded that all measures possible are being put in place to start the new year in the best possible position.</p> <p>Directors NOTED all points of the high level summary report and the progress / position to date.</p> <p><u>Workforce</u></p> <p>KF presented the workforce element of the IPR report which provides an update on key workforce metrics that are currently 'off target' and performance at month 10 together with actions being taken to secure improvement.</p> <p>CW expressed her concerns regarding the level of sickness absence reported identifying that 20% is attributed to stress and anxiety. CW questioned what is the Trust doing to address this issue. KF responded that the Trust is addressing this issue via a number of initiatives including the stress care pathway which helps managers identify and respond to symptoms of stress. KF advised that analysis has indicated an increase in staff reporting stress related absence over a 2 or 3 day period only which is unusual and is being reviewed further.</p>		

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	<p>JT advised that following the implementation of tighter monitoring of the implementation of the sickness policy the Trust has seen an increase in staff taking long term sickness leave as a consequence. KF added that the Trust is also responding to an increase in appeals but this was anticipated.</p> <p>GMc requested that the Trust adopt a twin track approach to monitoring considering the staff survey results against the level of sickness absence. TR requested that the Board acknowledge that the staff performance management system may be seen as a hinderance by Trust employees and should be undertaken with empathy addressing staff issues and listening to concerns.</p> <p>PM requested that the Trust consider using a national programme to support staff who regularly take sick leave. KF confirmed that the Trust’s Well Being group are already investigating this option as part of their work programme and how measures can be put in place to recognise as early as possible issues relating to stress.</p> <p>KF advised that the revised sickness policy is currently being negotiated with staff side colleagues. A concise progress sheet can be supplied to Directors detailing the changes that have been made if required and the Trust will continue to engage with other local Trusts to share learning. Liaison will also remain ongoing with Newcastle Hospitals as part of the Trust’s buddying process.</p> <p>KF advised that in line with the advice given in the Chief Executive’s report earlier in this meeting trade unions may ballot for industrial action against the pay award decisions taken by the government.</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>		
	<p>SERVICE IMPROVEMENT STRATEGY / TRANSFORMATION AGENDA</p>		
14/080	<p>AH presented the Service Improvement Strategy paper for the Board’s consideration and approval. Directors NOTED that the updated paper stripped out the high level core principles of what success will look like , why this will be different , the principles of the strategy and the training that will be required to ensure that the service improvement culture is embedded successfully across the whole Trust to leave a high capability team.</p> <p>The implementation of the service improvement strategy will provide a platform for transformational change and all Trust staff should be allowed the time to make the required changes. Staff stating that they are “too busy” to implement this strategy should not be acceptable.</p> <p>During extensive discussion PM identified that the strategy empowers</p>		

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	<p>staff and the benefits are clear to see but raised concerns regarding the financial resource required to drive this strategy forward. Although the resource is clearly detailed within the strategy document the benefits in terms of what the staff and patients will see and the cost savings that this will generate are not apparent. These benefits need to be more clearly articulated.</p> <p>TR added that he supported PM's request for extra information and asked that as well as the benefits associated with the financial investment, performance indicators and clear accountability are also noted in the reviewed document.</p> <p>AH noted this request and iterated that training is a key element of this strategy as without it the strategy will not be able to embed. AH advised that the costings for this project will be spread across all divisions so the impact may not be as large as initially anticipated. PO added that this investment has been discussed with Monitor so they are aware of the need for the additional resource.</p> <p>GM questioned whether it would be possible to utilise existing staff in the training posts when they already have a day job to undertake. AH agreed that using existing staff would enable the Trust to bring the "talent" to the front and identify staff that are keen to train and improve.</p> <p>Clarity was requested regarding how this strategy integrates with the other strategies that are currently being finalised.</p> <p>FS proposed that given the importance of this key strategy, measures be put in place to recruit a programme lead as soon as possible whilst the proposed changes to the strategy are being made. PO supported the view that recruitment should begin and changes made in parallel not sequentially.</p> <p>KF acknowledged that the implementation of this strategy is key and encouraged Directors to fully support and resource this implementation fully but expressed her concerns regarding the timescale required to transform fully.</p> <p>GMc drew Directors attention to a paper that is on the Health Foundation website called "Perspectives on Context" and encouraged all members to read this document.</p> <p>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>Directors NOTED the Service Improvement Strategy and following extensive discussion ENDORSED the strategy and the changes that had been proposed.</p> <p>KR proposed that when the required changes are made to the strategy and the financial costs are known that the strategy be presented to the</p>	<p>AH (Mgt action)</p>	<p>Apr 2014</p>
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	Executive Team for probity.		
	RAISING CONCERNS (WHISTLEBLOWING) REPORT		
14/081	<p>KF presented the Raising Concerns - Whistleblowing Report which detailed incidents in December 2013. KF advised that designated officers have been briefed on their roles and aspects of raising concerns via a briefing with Public Concern at Work.</p> <p>Work is progressing to establish an extensive Communications Plan/Intranet Site and a robust monitoring mechanism for concerns raised.</p> <p>SL questioned whether it is clear how many concerns / issues have been raised in any set period. KF responded that if the issue is staff related this will be reported in the workforce report. However, some staff members choose to go via different routes to report their concerns so not all data is captured. Measures are being taken to improve the whistleblowing data capture and the guidance given on the Trust intranet site in order to capture all data effectively.</p> <p>KF advised that another possible data issue is that if an employee reports their concerns through “Public Concern at Work” they may not disclose where they work as this is not compulsory and, therefore, the incident would not be advised to the Trust.</p> <p>TR requested that emphasis be placed on the option of anonymity on the Trust’s weblink to encourage staff to be open regarding their concerns. KF confirmed that this option will be highlighted but staff will equally be encouraged to reveal their identity and their place of work in order for issues to be addressed appropriately.</p> <p>Directors NOTED the content of the Raising Concerns Whistleblowing Policy Report.</p>		
GOVERNANCE , RISK AND ASSURANCE			
	ANNUAL PLAN 2014/15 FOR SUBMISSION TO MONITOR		
14/082	<p>PW updated that work to complete the Annual Plan remains ongoing on the finance and quality elements of the plan. It is anticipated that the Plan will be ready to be circulated for Directors information week commencing 31 March 2014. SL proposed that the Annual Plan be discussed in detail at the Confirm and Challenge session that is scheduled to take place on 3rd April 2014.</p> <p>Directors NOTED the verbal update that was given.</p>		
	IG TOOLKIT REPORT PRIOR TO SUBMISSION /SELF ASSESSMENT		
14/083	<p>FS presented the IG toolkit report prior to submission paper advising that the attached report is a request for sign off for the IG toolkit scores</p>		

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	<p>for 2013/14.</p> <p>The review of the scores has been undertaken by the Internal Audit team and Significant Assurance has been achieved and reviewed at Audit Committee. The Trust is assessing 29 standards of the 45 standards at a level 2, and the remaining 16 at level 3. The Trust is not scoring any standard at a level 1.</p> <p>The Trust has progressed from a score of 72% 'green satisfactory' from version 10 of the assessment to 78% 'green satisfactory' as at the 5th March 2014. This is an increase from the improvement target which the Trust set for this year at 74%. The Board need to endorse the self-assessment and acknowledge the improvement made.</p> <p>Directors NOTED the contents of the report and discussed the positive results and also the improved engagement by Trust staff to undertake their mandatory IG training. Directors APPROVED the submission of the IG toolkit for the Trust at a satisfactory 'green' rating.</p>		
	<p>BOARD ASSURANCE STATEMENT / FRAMEWORK</p>		
14/084	<p>KR advised that Foundation Trusts are required, as part of the Annual Report and Accounts, to prepare an Annual Governance Statement, for which a model form is provided and is attached for Directors information at the back of the Board Assurance Statement report.</p> <p>The Trust is required to adapt the model and expand upon it, to reflect our own particular circumstances retaining the necessary text as prescribed in the Financial Reporting Manual.</p> <p>To support the signing of the AGS, KR reported that she had introduced a Board Assurance Statement which will ,in future, be presented to the Board twice a year (March and September) to inform the assurances required in order to confidently recommend to the Accounting Officer, that he sign the AGS on behalf of the Board.</p> <p>KR advised that this is the first of the new Board Assurance Statements and is intended to evidence the work of the Board across the year in reviewing the effectiveness of internal controls, to gain assurance and to test governance processes that have been established in the organisation across the whole year. These statements should support self-certifications to the regulators and, most importantly, support the annual Board declaration concerning the systematic review / testing of key controls in the form of the Annual Governance Statement and ensure that the AGS is not perceived by the Board to be a 'once a year' action.</p> <p>KR encouraged Directors to read the document stating that it should evoke a number of questions for Board members to ask themselves about the arrangements they have (and have had) in place and the assurances they are provided with not only to support preparation and sign off of the Annual Governance Statement, but also to enable</p>		

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	<p>members to develop or evolve the Trust’s governance arrangements in a way which effectively supports achievement of our organisation’s strategic objectives and improves our approach to risk and quality management.</p> <p>KR explained that part of the Annual Report submission also obligates against the ‘comply or explain’ principal, that the Trust explains reasons for any non-compliance with Monitor’s Code of Governance and illustrates how its actual practices are consistent with the principle to which the particular provision relates. When the draft AGS goes to Audit and Assurance committee in April, the Code of Governance statements will be included for consideration.</p> <p>KR added that when the AGS is presented to the Audit and Assurance Committee in April it will record the stewardship of the organisation to supplement the accounts. It will give a sense of how successfully it has coped with the challenges it faced and of how vulnerable performance is or might be. This statement will draw together position statements and evidence on governance, risk management and control, to provide a coherent and consistent reporting mechanism.</p> <p>The BAS has been introduced simply because the governance statement should be a ‘live’ document reflecting the organisation’s governance procedures and systems. It should not be produced through a process designed solely for the annual report and accounts as a once a year procedure. The governance statement should refer to the Board’s committee structure, the Board’s performance, including its assessment of its own effectiveness and to ensuring that required standards are achieved.</p> <p>KR highlighted that all elements of the governance statement are important, however, the risk assessment is critical. This is where the accountable officer supported by the Board should discuss how the organisation’s risk management and internal control mechanisms work. Where there are weaknesses, the emphasis should be on how these have been addressed. Where there have been reports published on the organisation during the year, the AO should reflect on the assurance these provide in helping to achieve effective operation of controls.</p> <p>KR identified that following a significant update from the Executive Team the Board Assurance Framework (BAF) will also come back to the Board twice a year and be monitored monthly through the Quality Committee.</p> <p>During discussions Gmc questioned whether the CAS SFHFT Safety Alert Status as at 5 March 2014 detailed on page 6-8 of the BAS indicated a full year’s analysis as there are only 10 alerts and this seems a low amount. KR confirmed that she had previously raised this concern with Richard Scott and Peter Lee in the Trust’s MEMD and was awaiting further feedback.</p> <p>FS proposed that the Trust’s liquidity and financial plans should be</p>		
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	<p>included in the BAS and stated that she would provide this information for inclusion</p> <p>Directors CONSIDERED the Statement substantiates the evidence that will be required to support signing of the Annual Governance Statement (AGS) by the Accounting Officer on behalf of the Board, as part of the Annual Report and Accounts submission process.</p> <p>Directors AGREED to continually consider the detailed content of the six-monthly Board Assurance Statements in assuring it of the effectiveness of the Trust's management of risk and the effective operation of controls in order to offer credibility and robustness to Board's self-assessments to the Regulators and also consider the importance of deliberations regarding the seriousness in terms of 'significance' of control failures / weaknesses in support of the AGS submission as part of the Annual Report (as detailed in section 6. Significant Control Issues).</p> <p>Directors APPROVED the Model Annual Governance statement.</p> <p>Directors APPROVED the Review of effectiveness statement</p>	KR/FS (mgt action)	Apr 2014
NATIONAL NHS SURVEY 2013 - ANALYSIS AND ACTION PLAN			
14/085	<p>KF advised that as reported to the Board of Directors in February 2014 the Trust has received the national staff survey outcomes for 2013 which are detailed in the report circulated as Enclosure R. This report provides detail regarding the survey outcomes together with priority areas/actions in order to secure improvement. The analysis considers Trust outcomes and required actions, comparison to national data and local acute Trusts.</p> <p>Following consideration of the report the following points were brought forward.</p> <p>GMc noted that there were some areas where positive improvements have been made but encouraged the Board to identify the areas that need to improve during 2014 and formulate a plan to achieve the goals set. KF confirmed that the final page of the report included a future action plan and measures are already being put in place to ensure achievement. The improvements will be made across each division and each HR manager and divisional lead will work closely to address the focussed action.</p> <p>CW questioned whether the information pertaining to KF 12. % of staff saying hand washing materials are always available is correct as in 2012 there were 64% and in 2013 34% but the Trust is then reporting no significant change. KF responded that she would investigate this issue and respond accordingly but highlighted that this may be a perception of the question by individual staff as this is hand washing facilities not access to hand gel.</p>		

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	<p>TR expressed his concern regarding the KF17. % of staff experiencing physical violence from staff in the last 12 months which is noted as 3% in 2012 and 4% in 2013. The Trust should aspire to get 0% as this type of behaviour should have a zero tolerance approach. KF agreed with TR's concerns advising that although she was previously aware of patient violence against staff there have been no reports, through HR, of staff violence against staff in 2013.</p> <p>SB responded that through the implementation of <i>Quality For All</i> the values and behaviours of the Trust staff should improve and the need for zero tolerance can be emphasised.</p> <p>KF concluded that the implementation of <i>Quality For All</i> and the "plan on a page" will both support improvements in the staff survey.</p> <p>GMc proposed that the Trust look at implementing the use of instant surveys to gauge staff reaction to working at the Trust following the <i>Quality for All</i> work. KF advised that she would work with the Trust Communications team to implement a survey to gauge staff reaction.</p> <p>GMc advised that the Trust must ensure that its Communication Strategy is up to date and robust enough to support all of the Quality project implementations.</p> <p>SL noted that a NUH have positive staff survey outcomes and questioned whether the Trust can learn from a number of their initiatives. KF clarified that NUH set their strategic direction in 2006 and are now well progressed in their improvement journey.</p> <p>Directors NOTED the content of the paper and the priority areas for action.</p>	KF	Apr 2014
	MONITOR QUARTERLY SUBMISSION FEEDBACK LETTERS		
14/086	KR advised that the Monitor Quarterly Submission feedback letters, that were circulated as enclosure S, were for Directors information and provided Monitors view of the Trust's current issues.		
	GOVERNOR MATTERS		
14/087	<p>SL offered his thanks to Executive colleagues that were involved in the recent Governor training events and added that the low attendance rates will be discussed at the next Council of Governors' meeting.</p> <p>SL advised that Colin Barnard is now in place as lead governor and has attended meetings with KR and SL to continue the close working relationship that has already been established.</p> <p>The main focus of discussions at the last Council of Governors meeting was the concerns raised following recent publicity pertaining to King's Mill Hospital and the Trust's Quality accounts.</p> <p>Directors NOTED the verbal update that was given</p>		

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	ESCALATION OF ISSUES FROM TMB / BOARD		
14/088	<p>Directors NOTED that the last meeting of the Trust Management Board was held on 24 March 2014. PO updated that significant discussion was held regarding the Trust's self assessment ahead of the CQC visit and the need to break down the scores and differentiate between King's Mill and Newark Hospital.</p> <p>PO requested that Directors anticipate that there will be difference between the Trust's assessment and the CCGs assessment and work will be undertaken to ensure that a more similar view is achieved.</p> <p>Directors NOTED the verbal update that was given</p>		
	AUDIT COMMITTEE		
14/089	As RD had offered his apologies to today's meeting, no verbal update was given		
	CLINICAL GOVERNANCE & QUALITY COMMITTEE		
14/090	<p>PM advised that details of the Clinical Governance & Quality Committee (CG&QC) that was held on 26 February 2014 are clearly documented within the Monthly Quality and Safety report. The last meeting of the CG& QC was held on 25 March 2014 and during a verbal update PM brought forward the following points;</p> <ul style="list-style-type: none"> • The Trust's Quality Account plan was discussed and concerns were raised regarding the short timescale available to produce this significant piece of work. An extraordinary meeting has been planned to take place in April to progress this work stream at pace • The Committee reviewed the Patient Safety and Quality strategy that was presented earlier in today's meeting • The Committee received a report regarding the implementation of the ward assurance dashboards giving a clear understanding of how the data can be interpreted • The Committee received an excellent report pertaining to patient falls. This report contained excellent data and analysis and a good recommendation of the work required moving forward. PM proposed that this report be shared with the Board of Directors for their information <p>SB updated that Directors may be aware of a recent never event that, following investigation, is not a never event by definition but the Trust has decided to treat it as such.</p> <p>Directors NOTED the summary contained within the Quality & Safety Report and the verbal update given.</p>		
	RISK ASSURANCE COMMITTEE		
14/091	As MC had offered his apologies there was no update to be given in		

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	today’s meeting.		
	FINANCE AND PERFORMANCE COMMITTEE		
14/092	<p>GMc reported that the last meeting of the Finance and Performance Committee was held on 26 March 2014 and gave a verbal update bringing forward the following points</p> <ul style="list-style-type: none"> • The Committee received a comprehensive update pertaining to capital management and the capital plan for 2013/14 and 2014/15. • Discussions were held regarding the Cost Improvement Plan moving forward into 2014/15 and the importance to increase momentum and further improvement <p>Directors NOTED the verbal update that was given</p>		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/093	<p>In relation to agenda point 14/074, JK questioned whether the Trust would consider erecting a large sign at the front of the King’s Mill Hospital site clearly denoting that this is a “No smoking” site and smoking will not be tolerated. This would give a clear statement of the Trust’s values.</p> <p>PO responded that he welcomed JK’s suggestion and would discuss this proposal in greater detail with his estates and facilities colleagues.</p> <p>In relation to agenda point 14/069, JK proposed that the patient story that was delivered at today’s Board meeting could be shared with the local newspapers to champion the learning disabilities services that the Trust offers and mark this as a centre of excellence in this area. PO agreed that this was an excellent proposal and would task the Trust’s communications department to contact the local media with a view to going to print prior to their deadline week commencing 31 March.</p> <p>JK suggested that the Trust engaged with the local health scrutiny committees to ensure that all issues that the Trust are experiencing link with issues that may be county or country wide . PO advised that SB and himself had both attend the County Council Health Scrutiny Committee meeting on separate occasions but as they are not members their attendance was prompted by invitation. It is envisaged that this link will remain established moving forward</p>	<p>PO (Mgt action)</p> <p>PO (Mgt action)</p>	<p>Apr 2014</p> <p>Apr 2014</p>
	COMMUNICATIONS TO WIDER ORGANISATION		
14/094	PO 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 sharing with our staff. Following discussions the following suggestions were brought forward		

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	<ul style="list-style-type: none"> • the updated Quality Strategy • the confirmed results of the National NHS survey • the transformation agenda • a “thank you” to all staff who completed their mandatory IG training before the end of the year <p>PO concluded that consideration will be given to ensuring that all communication is undertaken via the best method possible.</p>		
	ANY OTHER BUSINESS		
14/095	There was no other business to discuss		
	DATE AND TIME OF NEXT MEETING		
14/096	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 24th April 2014 at 9.30am in Classroom 1, School of Nursing, level 1, King’s Mill Hospital.</p> <p>SL offered his apologies in advance of the next meeting and advised Directors that GMC would be chairing the meeting on his behalf</p>		
	There being no further business the Chairman declared the meeting closed at 14.20 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>		