

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors Meetings (Public): May 2013 – January 2014

MATTERS ARISING / ACTIONS TRACKER
30 January 2014

KEY:

GREEN	ACTION COMPLETE	AMBER	ACTION ON TRACK	YELLOW	UPDATE REQUIRED	RED	ACTION OVERDUE
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Action No.	Minute Ref.	Agenda Item	Action Agreed	Exec Resp	Agreed Due Date	Comments on Status / Progress /Outcome	RAG Rating
ACTIONS ARISING FROM 30 MAY 2013							
1	13/80 (private meeting)	MONTHLY QUALITY & SAFETY REPORT	CB suggested that the Trust look closely at their weekend working pattern against mortality and complete a detailed analysis of their findings	NA	JAN 2014	The detailed analysis remains ongoing via CG&QC and Board to address staffing issues over weekend periods to reduce mortality figures	
2.	13/80 (private meeting)	MONTHLY QUALITY & SAFETY REPORT	Significant concerns were raised regarding the performance of the complaints department & the amount of complaints that are now being referred to the Ombudsman. It was noted that the Trust are currently in the process of merging the PALS & complaints departments together & had taken the decision to bring in additional temporary support to clear the complaints backlog.	JH	JAN 2014	A review of the complaints process is being done and will be driven forward via a PMO project. A piece of work on clearing the backlog of complaints through a validation process & performance management has been completed.	
3.	13/81 (private)	POSITION PAPER ON WARD STAFFING	GMc highlighted the need for this staffing position to be fed	SB	JAN 2014	A number of skill mix proposals are currently	

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	meeting)	LEVELS IN NURSING	into the story for the Bruce Keogh review and recommended that clear rationalisation regarding what the nursing split needed to be included.			being reviewed as part of the Bruce Keogh recommendation and future staffing paper	
ACTIONS ARISING FROM 27 JUNE 2013 TRUST BOARD MEETING							
4.	13/112 (private meeting)	MONTHLY QUALITY & SAFETY – COMPLAINTS	JH reported that she would be working with SC to refine the Complaints service workbooks and will monitor progress through the relevant task and finish group.	JH/SC	JAN 2014	This action remains ongoing	
5.	13/118 (private meeting)	CHIEF EXECUTIVES REPORT - CIP	SC advised that the PMO were tasked, via the Finance and Performance Committee, to engage further with clinicians to bring forward more savings and this work has commenced.	SC	JAN 2014	This action remains ongoing. Engagement with clinicians to bring forward more savings incentives continues	
6.	13/128 (private	ORGANISATIONAL DEVELOPMENT PLAN	The following additions were proposed for inclusion in the	KF	JAN 2014	This action remains ongoing. It was intended	

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	meeting)		<p>ODP</p> <ul style="list-style-type: none"> • more reference be given to core areas such as Quality and Safety, ability to learn and good governance. • As there is a lot to be achieved in 2013/14 clearer yearly priorities be identified as it is not possible to achieve everything in one year. • Reference to recruitment and retention of staff and looking at incentives, reward and recognition schemes be included in the plan. 			that the ODP would be presented at the Board meeting in November 2013. However, the date of completion is now January 2014 in order that data that has been collated via the "In your Shoes", "In our Shoes" and April Consulting Strategy work can be captured. OD Strategy is on the Board Agenda for 30 th January, 2014.	
7.	13/128 (private meeting)	ORGANISATIONAL DEVELOPMENT PLAN	Any Non-Executive Directors that would like to be included in the formation of the ODP contact KF outside this meeting to arrange a reference group	NEDS	JAN 2014	This action remains ongoing	
8.	13/129 (private)	BOARD AND GOVERNOR	SL recommended that SFH form a number of Executive	SB	JAN 2014	SL continues to work with the Governors to ensure	

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	meeting)	DEVELOPMENT AND TRAINING FRAMEWORK	Director, Non-Executive Director and Governor groups who each would “buddy” with wards and support functions. SB responded that she would be happy to take this recommendation forward.			that their engagement is effective. Further discussion will be held at the full Council of Governors meeting on 14 November 2013.	
9.	13/61	INTEGRATED PERFORMANCE - APPRAISAL	MC requested that HR set the example by gaining a 100% appraisal rate asap within their department	KF	JAN 2014	The current appraisal rate is 86.21%. If staff on maternity leave, sick leave and new to post are excluded the completion rate is 96.15%. There are 5 staff who require appraisal and managers have been advised to ensure they are completed. In terms of completion rates, in Trust, HR is ranked 7th overall and is ranked 2nd in the Corporate division.	
10.	13/83	CHAIRMAN'S REPORT	It was identified that in the past Governors received an update following each Board meeting but this has not been	KR	JAN 2014	It was acknowledged that the Chairman's update report to Governors has begun and further	

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			forthcoming during the last few months. KR responded that consideration will be given to this as all Board papers are now available on the Trust website.			discussions are planned for November 2013 regarding how this report will formally connect to the Board meetings. This work remains ongoing and governors will determine their needs following the CoG meeting on 14 Nov 2013.	
11.	13/85	MONTHLY QUALITY AND SAFETY REPORT – PPC WORKFORCE	Directors noted that the recent PPC workforce change will be reviewed in 3 months to check the effectiveness and benefits.	JT	MARCH 2014	This action remains ongoing. The review of the PPC model utilising a full resource calculator had commenced and will be complete by the end of March	
12.	13/85	MONTHLY QUALITY AND SAFETY REPORT – PPC WORKFORCE	KR proposed that the Trust Board needs to concentrate in the coming weeks on a clear focus on the key themes in Quality and Safety in preparation for the quarterly report to Monitor which is due in October 2013	ALL	JAN 2014	This action remains ongoing	

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13.	13/88	INTEGRATED PERFORMANCE REPORT - SICKNESS	PO stated that he would address the issue of sickness absence at the next team brief and give staff a clear message pertaining to the “real” financial effect that increasing sickness absence has on the Trust financial status.	PO	JAN 2014	Board members were informed that a positive discussion took place with senior nurses and a new draft sickness policy is being developed. This will inevitably cause disturbance and a request was made that staff offer HR colleagues support through what may be a difficult period.	
14.	13/91	GOVERNANCE PROGRAMME TASK AND FINISH	PO updated that the Governance Programme task and finish group continue to meet on a weekly basis and he encourages any NEDs to attend the meeting, for information and assurance, as often as possible.	NEDS	JAN 2014	It was noted that the meeting that was scheduled to take place on 22 nd October was cancelled and will be rescheduled in due course	
15.	13/91	GOVERNANCE PROGRAMME TASK	It was agreed that the internal audit team will look at 7	RD	JAN 2014	This action remains on track	

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		AND FINISH	specific areas which will be incorporated into the 2013/14 audit plan. Further feedback will be given later in the year.				
16.	13/97	POINTS OF REFLECTION	Clarity needs to be gained regarding what delegated authority between committees means in legal terms	KR	JAN 2014	Confirmation was given that KR is reviewing all delegated authorities in terms of committees and feedback will be given in December 2013.	
ACTIONS ARISING FROM 3rd OCTOBER 2013 TRUST BOARD MEETING							
17.	13/109	MONTHLY QUALITY AND SAFETY REPORT – PATIENT TRANSPORT	SG expressed his disappointment that he has to advised that patients are still being transported through the main entrance, by the patient ambulance service, in full view of visitors and other patients compromising their privacy and dignity. JT responded that she had written again to commissioner colleagues and work with IG to ascertain whether it is	JT/IG	JAN 2014	JT updated that she had attended a meeting with the patient ambulance transport manager and the local CCG to address this matter. Trust security staff are also apprehending any ambulance staff that are seen using the incorrect route. It is anticipated that this issue will be resolved quickly.	

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			possible for the security staff to stop the ambulance crews at the front entrance requesting that they use the agreed route into the building.			Feedback received is that the practice has ceased	
18.	13/111	INTEGRATED PERFORMANCE REPORT – PALS CONCERNS	Directors noted that the level of concerns that are registered via PALS is currently being reviewed and a further update will be provided in the next Quarterly report	SB	FEB 2014	This action remains ongoing	
ACTIONS ARISING FROM EXTRAORDINARY MEETING 29th OCTOBER 2013							
19.	13/ 125	CLINICAL SERVICE PLANS	PO responded that he had recently met with the Chair of Hardwick CCG and agreed that an Executive to Executive meeting will be arranged to map out any opportunities that are apparent.	PO	JAN 2014	A meeting is taking place with Hardwick CCG on 16 December 2013	
20.	13/ 126	CLINICAL SERVICE PLANS	Following discussions Directors APPROVED the Clinical Services plan as a	IG	JAN 2014	Stage 2 of the Clinical Service planning activity is underway, with	

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			blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan.			Healthcare Planners having been engaged to support detailed analytical work at service line (clinical specialty) level – running until the end of March 2014 and including clinical and managerial engagement to produce strategic plans at a specialty level.	
21.	13/ 128	QUARTERLY MONITOR SUBMISSION	CW requested that the Trust engage with the CCG's to investigate the possibility of installing smoking cessation posters within the shelters.	SB	JAN 2014	SB reported that she had liaised with the CCG regarding the Trust's plans. However the shelters are not in place yet although planning permission has been requested for their installation. A further update will be given in January 2014	
ACTIONS ARISING FROM MEETING 7TH NOVEMBER 2013							
22	13/138	REGULATORY –	PO requested that SB	SB	Ongoing		

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		DISCRETIONARY REQUIREMENTS – KEOGH – COMPLAINTS	demonstrate clear ownership of the commitment to reduce complaints by reducing numbers in each theme.				
23.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NURSING STAFFING	PO requested that SB provide an update regarding the nursing establishment to the next Board meeting on 19 December 2013 and that final agreement of this report be finalised by 31.03.14	SB	DEC 2013 MAR 2014	COMPLETE Paper supplied to Board meeting 19.12.13	
24.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – FLUID MANAGEMENT	SB added that she would update the nursing care forum regarding the importance of implementing all actions to improve fluid management including: training; protected mealtimes; re-launch of red tray and red jug policy; and communications campaign on fluid management and red jug scheme.	SB	DEC 2013	COMPLETE SB updated that training pertaining to fluid management , red trays and jugs and all associated elements has been undertaken via the Nursing care Forum.	

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25.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – STRATEGIC DIRECTION	PO requested that following submission of the Improvement Plan to Monitor an update detailing Monitor's response be discussed as part of the agenda of the Board of Directors meeting on 19 December 2013	IG	JAN 2014	Monitor's response has been to challenge the extent to which the discretionary requirements have been met on the basis of commissioner convergence, and the overall deliverability of the financial plan. This has been the subject of detailed discussion at the Risk Assurance Committee of the Board – the outcome of which will be reported to the Board.	
26.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – STRATEGIC DIRECTION	PO requested that an update pertaining to our Commissioners intentions be provided to the January 2014 meeting of the Board of Directors.	FS	JAN 2014	On agenda (private)	
27.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS –	HA added that work to develop the 5 work streams identified remains ongoing for	IG	JAN 2014	The work remains on track to deliver to the deadline.	

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		KEOGH – NEWARK STRATEGY	the next 2 months when it is anticipated that a clear operational plan will be devised (January 2014).				
28.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NEWARK STRATEGY	PO requested that YM liaise with Tracey Wall, Newark Hospital Manager, to gain feedback pertaining to Newark Staff engagement	YM	DEC 2013	COMPLETE Directors noted that staff engagement was undertaken with Newark staff via the “In our shoes” events and further feedback would be given in the private session of the December meeting	
29.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NEWARK STRATEGY	PO requested that a further update regarding the Newark Strategy be given to Newark Governors following discussions at the January Board Meeting	KR	JAN 2014	SL confirmed that he meets all Newark Governors on a monthly basis with CW, JT and AH and these meetings will continue .	
30.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NEWARK STRATEGY	PO requested that once the meeting between SS and Amanda Sullivan has taken place regarding Newark Mortality figures KR contact	KR	JAN 2014	AH reported that he had met with Amanda Sullivan regarding the Newark mortality figures and details of this are	

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			the Newark Governors to ascertain how they would like to receive the updated information			contained in the report scheduled to be presented later in today's meeting. An update will be given to the Newark Governors as proposed.	
31.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – NEWARK STRATEGY	The Newark Operational plan that will be developed by the end of December 2013 following the completion of the work stream groups.	JT/PW	JAN 2014	On track. Update at the January board meeting	
32.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – QUALITY AT BOARD LEVEL	SL advised that tenders are currently out for external assistance to develop a Board Development programme. Initial quotes have been received and a small committee has been convened to look at the specification and the associated costs.	SL / KR	JAN 2014	SL confirmed that a small committee was formed to consider tenders relating to the opportunity to offer external assistance to develop a Board Development Programme for the Trust. Representatives from 2 of the successful tenders were invited to attend a	

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						meeting at the Trust on 18 December 2013 and a successful candidate has been selected to facilitate a Board development session on 23 January 2014. No challenge is anticipated as this is an OJEU procurement.	
33.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – QUALITY AT BOARD LEVEL	It was agreed that the Quality strategy will be discussed at a future Board meeting	SB	JAN 2014	This action remains on track	
34.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – WARD PERFORMANCE INFORMATION	TR suggested that the importance of the ward dashboards be included in the Communication strategy so that inpatients are aware of their existence prior to and during admission.	SB	FEB 2014	This action remains on track	
35.	13/138	REGULATORY – DISCRETIONARY	PO requested that a report be presented to the March 2014	SB	MAR 2014	This action remains on track	

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		REQUIREMENTS – KEOGH – WARD PERFORMANCE INFORMATION	Clinical Governance and Quality Committee pertaining to a 3 month assessment of the Ward dashboards and ward performance				
36	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT MOVES	<p>PO requested that updated trend analysis data be presented to the December Board of Directors and the Nursing care forum meeting to gain assurance that outliers are reviewed as often as patients that are on the correct speciality ward.</p> <p>PO proposed that the cause and effect data be analysed in greater detail at the next CG&QC meeting and a report regarding the ward performance matrix information also be presented on a monthly basis from November 2013 onwards</p>	JT/AH SB/PM	JAN 2014	It was noted that the Executive Team are still considering the most appropriate method of capturing information regarding how often outlying patients are visited by their medical team and how they are tracked on PAS . This will be discussed in detail at the Executive Team meeting on 23 December 2013 as presently NEDs will not be assured regarding the level of this risk. A detailed report will be presented to the Board meeting in January 2014. An updated report in relation to the management of flow is incorporated into the	

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						quarterly quality report.	
37.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – HANDOVER TIMES	Evidence of the benefits of intentional rounding and the leadership round will be included in the Patient Quality and Safety Report submitted to the January Board of Directors meeting	SB	JAN 2014	Action on track	
38.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT EXPERIENCE	KF advised that it is anticipated that the Trust's OD strategy will be completed in January 2014 as work needs to be undertaken to ensure that this strategy is aligned with the feedback from the staff "In Your Shoes" events, the Clinicians engagement session on 18 th November 2013 and the Governors "In your shoes" feedback session on 2 nd December 2013.	KF	JAN 2014	OD Strategy is on the Board Agenda for 30 th January 2014.	

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39.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH – PATIENT EXPERIENCE	SB advised that she would provide a report pertaining to Patient experience to the January 2014 Board of Directors meeting	SB	JAN 2014	Action on track	
40.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH- NEWS	AH reported that regular reports pertaining to NEWS will be submitted to the Board on a quarterly basis from March 2014 onwards	AH	MAR 2014	Action on track	
41.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH- SUPPORTING STRUCTURES AND SERVICES	An update will be provided to the January 2014 Board of Directors meeting providing a report on radiology capacity in January 2014	JT	JAN 2014	Action on track	
42.	13/138	REGULATORY – DISCRETIONARY REQUIREMENTS – KEOGH- SUPPORTING STRUCTURES AND SERVICES	A review of the current working practice will be undertaken in November 2013 and a report will be submitted to the Executive Team in December 2013 followed by a paper to the Board of Directors in January 2014	JT	JAN 2014	Action on track This is the same action as point 41?	

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43.	13/147	FINANCIAL PERFORMANCE REPORT	JT reported that in light of the recent reports regarding the incorrect reporting of data pertaining to cancer targets at Colchester Hospital she would be happy to undertake an audit to assure the Board that this has not occurred at SFH. KR proposed that the Trust consider undertaking a “true for us” exercise to look at the findings of the Colchester enquiries and test this at SFH with the involvement of Board members and staff side	KR/JT	JAN 2014	Review of current processes undertaken – awaiting progress regarding “ true to us” exercise	
44.	13/148	BOARD ASSURANCE	JT concluded that she would liaise with Ian Hall, Head of Service Improvement, to write a paper to detail how the service improvement changes can be embedded trust wide.	JT	JAN 2014	Service Improvement Strategy in development with Executive Team reviewing progress on 13 December 2013. Initial information has been provided and an update will be provided at the next TMB	

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45.	13/164	PATIENT STORY	TR requested that the divisional team liaise with their colleagues regarding any specific support that is required from the Board and relevant feedback be given to the next Board meeting.	SB	JAN 2014		
46.	13/168	MATTERS ARISING – PATIENT MOVES	AH proposed that further work be undertaken to ascertain whether the 4 moves is associated with the patients complex medical needs or medical workforce pressures. MC requested that when feedback is provided, information pertaining to what exactly the risks are associated with patients moves and also the risks of being an outlier are and how these risks will be addressed.	SB/AH	JAN/FEB 2014		
47.	13/169	QUALITY REPORT	JT responded that she is happy to engage with NEDs	JT	JAN 2014	This was rejected by the NEDs so I don't see this as an action?	

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			outside the meeting to understand the level of information that they would like to receive.				
48.	13/169	QUALITY REPORT	JT advised that Dr Anne-Louise Schokker is currently undertaking a review of all 30 day readmissions on behalf of the Trust and feedback will be given in due course.	JT	JAN 2014		
49.	13/169	QUALITY REPORT	AH informed Directors that all junior doctors undertake attitude and behaviour training prior to beginning their employment but the issue appears to be how this training is put into practice. This issue will be investigated in greater detail.	AH	FEB 2014		
50.	13/169	QUALITY REPORT	AH added that the Trust plans to use all of the additional modules for vitalpak over time and would be agreeable to meeting with MC outside the	AH	JAN 2014		

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			Board meeting to discuss the roll out plan in greater detail				
51.	13/174	ANNUAL PLAN	The involvement of Governors from the beginning of the annual plan process needs to be clearly denoted.	PW	JAN 2014		
52.	13/175	INTEGRATED PERFORMANCE REPORT	KF responded that perception of the occupational health service varies and KF to discuss OH Fund outside meeting with RD.	KF	JAN 2014	Meeting scheduled for 24 th January 2014 with RD	
53.	13/176	FINANCIAL PERFORMANCE REPORT	PO responded that there may be restrictions in place pertaining to how the A&E additional monies can be spent and proposed that further consideration be given to this allocation at the Board to board meeting with commissioners later in the month.	PO	JAN 2014		

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GREEN	ACTION COMPLETE	AMBER	ACTION ON TRACK	YELLOW	UPDATE REQUIRED	RED	ACTION OVERDUE
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Action No.	Minute Ref.	Agenda Item	Action Agreed	Exec Resp	Agreed Due Date	Comments on Status / Progress /Outcome	RAG Rating
54.	13/176	FINANCIAL PERFORMANCE REPORT	MC proposed that in 2014/15 each divisional cost line is linked with an appropriate CIP	SC/FS	APR 2014		
55.	13/177	GOVERNANCE & ASSURANCE FRAMEWORK	CW encouraged Directors to ensure that the Board utilise individual strengths to form an effective committee structure and also requested that the NED contract be reviewed to provide clarity on the quoracy of meetings and the expectation of NED attendance.	KR	FEB 2014		
56.	13/177	GOVERNANCE & ASSURANCE FRAMEWORK	Following a review of the committee membership matrix SB requested that JT be added to the membership of the Clinical Quality and Governance committee. KR stated that a transition plan would be formulated and a paper would be submitted to the Board of Directors meeting in January 2014.	KR KR			

Sherwood Forest Hospitals NHS Foundation Trust
Board of Directors Meetings (Public): May 2013 – January 2014

MATTERS ARISING / ACTIONS TRACKER
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			<p>CW requested that dates be reissued to all committee members to ensure that diaries are up to date with all recent changes</p> <p>PO requested that measures be put in place to diarise all committee meetings denoted under the control of the Trust Management Board before the January Board of Directors meeting</p>	<p>KR</p> <p>KR</p>			
57.	13/179	PROGRESS AGAINST GOVERNANCE PLANS	<p>Arrange a meeting with PWC to close the gaps ,which are not significant, but necessary to be clear on where we can focus to enable us to agree a score of below 4 achievable at the earliest opportunity</p> <p>A further report on the QGF score to be submitted to Board at its January 2014 meeting</p>	<p>KR</p> <p>KR</p>	<p>JAN 2014</p> <p>JAN 2014</p>		

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58.	13/180	CQC- REVIEW OF COLCHESTER	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 rd party opinion following the Trust assessment against the failings at Colchester.	RD	JAN/FEB 2014		
59.	13/181	DH RESPONSE TO FRANCIS	KR recommended that the Trust adopt a 'True for Us' process for the Francis inquiry, , which will, where relevant and possible, be impartially validated by the Director of Corporate Services/Company Secretary's directorate and a report presented to Board's January 2014 meeting clarifying the Trust's position and required actions against the recommendations coming out of the Francis Inquiry	KR	JAN 2014		
60.	13/181	DH RESPONSE TO FRANCIS	Directors agreed to pass any comments / amendments to KR ahead of the January 2014 Board of Directors meeting	ALL / KR	JAN 2014	Action plan list	

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