

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

Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 9.30 am on Tuesday 22<sup>nd</sup> December 2015 in the Board Room 1, Level 1, King’s Mill Hospital

<b>Present:</b>	Sean Lyons	Chairman	SL	
	Claire Ward	Non-Executive Director	CW	
	Ray Dawson	Non-Executive Director	RD	
	Ruby Beech	Non-Executive Director	RB	
	Graham Ward	Non-Executive Director	GW	
	Tim Reddish	Non-Executive Director	TR	
	Dr Peter Marks	Non-Executive Director	PM	
	Peter Herring	Interim Chief Executive	PH	
	Paul Robinson	Chief Financial Officer	PR	
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PWoz	
	Shirley Clarke	Deputy Director of Corporate Services	SC	
	Jon Scott	Interim Chief Operating Officer	JS	
	Graham Briggs	Interim Director of Human Resources	GB	
	Suzanne Banks	Interim Chief Nurse	SB	
	Dr Andrew Haynes	Executive Medical Director	AH	
	<b>In attendance:</b>	Karen Fisher	Programme Director – Quality Improvement	KF
		Eric Morton	Improvement Director	EM
		Joy Heathcote	Minute Secretary	JH
Catherine Armshaw		Interim Head of Communications	CA	
Joshua Walker		PwC	JW	
John Kerry		Member of the Public	JK	
Dr Ben Lobo		Consultant Physician and Geriatrician	BL	
Carolyn Bennett		Lead Cancer Nurse	CB	
Rev Ruth Lambert		Chaplain	RL	
Mr BB		Patient Story – End of Life Care	BB	
Miss LB		Patient Story – End of Life Care	LB	

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
015/262	The meeting being quorate, SL declared the meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
015/263	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
015/264	It was CONFIRMED that apologies for absence had been received from Neal Gossage, Non-Executive Director.		
	<b>PATIENT STORY – END OF LIFE CARE</b>		
015/265	Dr Ben Lobo (BL) introduced Mr BB and Miss LB to the meeting to		

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	<p>present their patient story regarding their experience of care and treatment at the Trust, particularly end of life care. They were joined by Carolyn Bennett, Macmillan Lead Nurse for End of Life &amp; Cancer and Rev Ruth Lambert.</p> <p>The Board welcomed this very moving patient story and thanked the family for coming in to share their experience.</p> <p>BL went on to provide a presentation regarding progress against end of life care and the support required for the Trust to meet the end of life care ambitions. It was agreed that an update on progress should be provided to the Board of Directors at its May meeting.</p>		
	<b>OUTCOMES RE LAST MONTH’S PATIENT STORY</b>		
15/266	SL recognised the positive story from the previous month, which highlighted good care and this month’s story which highlighted excellent care on ward 41. SB confirmed that these stories were shared with relevant areas.		
	<b>MINUTES OF THE MEETING HELD ON 26<sup>th</sup> NOVEMBER 2015</b>		
15/267	<p>Following a review of the minutes of the public meeting held on 26th November 2015 the following amendments were noted:</p> <p><b>Page 1</b> – Remove the word Interim from P Watson’s title.</p> <p><b>Page 12</b> – Item 15/254; Quality Improvement Plan – minute requires amendment to record the Board of Directors approval of the QIP.</p> <p><b>Page 13</b> – Item 15/257; Report from Quality Committee – PM confirmed that the 4<sup>th</sup> paragraph should read complaints over 45 days rather than 25 days.</p> <p><b>Page 14</b> – first paragraph to read KPMG rather than Browne Jacobson.</p>		
	<b>MATTERS ARISING/ ACTION LOG</b>		
15/268	The Board REVIEWED the action tracker and AGREED that the items with a green rating could be archived.		
	<b>CHAIRMAN’S REPORT</b>		
15/269	<p>SL provided a verbal update which included a report on a recent AQuA Board Quality and Safety Development Programme which had taken place on 7<sup>th</sup> and 8<sup>th</sup> December.</p> <p>The focus was on how Boards could help to create a culture of safety in their organisations. Three other Boards had attended what was a very helpful event and the main themes had been captured and circulated to Board members. A Board Development session</p>		

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	<p>would be organised to focus on what key themes should be adopted.</p> <p>SL highlighted some of the events that he had attended during the month of December, which included Volunteer Long Service Awards for Mansfield Community Hospital and Ashfield Health Village on 2<sup>nd</sup> December and 10<sup>th</sup> December respectively.</p> <p>SL had been invited to make some opening remarks at a Study Day called ‘Linking the Thinking’ aimed at gaining greater understanding of dementia and falls. This was a successful event by all accounts.</p> <p>The Chairman had spent some time with participants on the Franklin Covey Leadership Programme in a plenary session and Annual Visits to the Trust’s Charity Shops had taken place on 17<sup>th</sup> December and he confirmed that it was a privilege to visit these volunteers who spent their year supporting the Trust and the generosity of the public was gratefully acknowledged.</p> <p>Sadly, the Trust hosted a memorial service for Sharon Derbyshire, a member of staff who passed away recently. The service marked out how respected and loved Sharon was.</p> <p>Carol services had taken place in the King’s Treatment Centre, being attended by over 500 school children and over £1000 had been raised to support dementia services.</p> <p>The Chairman’s Report was noted.</p>		
	<b>CHIEF EXECUTIVE’S REPORT</b>		
15/270	<p>PH provided a verbal update, confirming that an interview for the Director of Governance had taken place on 18<sup>th</sup> December and Paul Moore would commence on 18<sup>th</sup> January 2016. Paul would be providing support for 2 days during early January and it would be important to make improvements regarding governance and the QIP.</p> <p>Discussion had taken place regarding committee structures and the number of committees would be reduced, which would release Directors time to progress other actions.</p> <p>PH and PW had attended the Newark Healthcare Consultative Group meeting on 11<sup>th</sup> December, which had also been attended by Amanda Sullivan, Chief Operating Officer at the Mansfield &amp; Ashfield and Newark &amp; Sherwood CCGs. The Strategy for Newark Hospital had been outlined at the meeting.</p> <p>A Newark Healthy Communities Partnership Group had been established with meetings taking place on a monthly basis.</p> <p>A routine monthly Performance Review Meeting had taken place at Monitor on 15<sup>th</sup> December, where the key performance indicators</p>		

	<p>were considered.</p> <p>The Chief Executive’s report was noted.</p>		
	<b>INTEGRATED PERFORMANCE REPORT</b>		
15/271	<p>SB introduced discussion of the Quality &amp; Safety section of the Integrated Performance Report which highlighted progress against the three agreed quality and safety priorities for 2015/16, along with an overview relating to patient safety and safer staffing levels.</p> <p>AH provided a presentation confirming that weekend mortality was lower than weekday and in response to SL, confirmed that there were a number of different indicators but that this was a shift in the Trusts demographic which had been sustained.</p> <p>Dr Foster HSMR had been within the expected range and below 100 and AH explained the league table from April – September which demonstrated significant improvement at the Trust. He also highlighted the importance of the Critical Care Outreach Team in supporting mortality.</p> <p>In response to PM regarding the improvements made, AH confirmed that a lot of work had been undertaken both with the Critical Care Outreach Team and with coding teams. It was also important to recognise the work carried out on sepsis. There was now over 90% compliance and anyone with a NEWS score of over 3 was tested for sepsis. There had been significant improvements relating to sepsis in ED and EAU and all cases were reviewed, the Sepsis Group met on a weekly basis and sepsis mortality documentation had been reviewed. There was a Sepsis Dashboard in place which was a national CQUIN.</p> <p>With regard to Sepsis HSMR, AH highlighted the ongoing issue of patients at the end of life, often with plans to keep them in the community, being admitted for last days of life care which had been highlighted at a community wide End of Life summit hosted by the CCG’s. Good progress had also been made regarding ICNARC ITU national data.</p> <p>In response to SL, AH confirmed that there was an understanding of the reasons for slippage in Q1 and last winter had been particularly bad.</p> <p>PM suggested that it would be helpful to receive data regarding sepsis/mortality performance on the wards and AH confirmed that work was being undertaken with other Trusts to assist learning. Significant work had been undertaken by staff on the safety culture.</p> <p>Directors recognised the work undertaken and commended the teams involved.</p> <p>With regard to falls, SB confirmed that during November there had</p>		

	<p>been a total of 18 falls causing harm to patients, a reduction of 8 on the previous month. Of these, none were categorised as grade 4 or 5 harm (severe or catastrophic). There was one category 3 harm (moderate), where a patient sustained a subdural haematoma and a fracture to their cheekbone. Following this incident the patient had not required further treatment for the fall.</p> <p>In response to SL, SB confirmed that the number of falls would need to be compared in bed days, but a focus was also required on low levels of harm, which had been demonstrated this month. There was also a recent national audit which highlighted good performance at the Trust and reductions were now being seen.</p> <p>The Trust had recorded one case of C Diff for November. The year to date performance was 29 cases against a threshold of 48. At this point last year the Trust had 45 cases and there was now much more of a focus on hand hygiene.</p> <p>There had been 1 hospital acquired grade 2 pressure ulcer during the month.</p> <p>SB outlined staffing levels for November and in response to PM, confirmed that each area had planned fill rates which had been above 90% during the month. Paediatric fill rate was a challenge at present and focused work was being undertaken. In relation to acuity and dependency an audit would be undertaken during the month.</p> <p>With regard to temporary staffing, SB confirmed that from November, the Trust was required to submit weekly returns to Monitor on agency/locum use for both Nursing and Medical staff. This related to those agencies used that were breaching the financial cap and/or breaching the Agency framework. Bank and Agency controls had been put in place with standard operating procedures developed for nursing and under development for medical staff and all agency/locum worker assignments were being reviewed.</p> <p>JS confirmed that significant work was being carried out relating to 62 day cancer waiting times and performance should hit or exceed the trajectory. The Trust was on line to achieve Q4 targets.</p> <p>RTT targets had been achieved and further work was being undertaken in Endoscopy to improve performance.</p> <p>The additional room for sleep studies was now nearing completion and should be operational during January 2016.</p> <p>Performance against A&amp;E waiting times had only achieved 93.9% during November, however, performance to date in December was looking favourable to achieve the quarterly target. It was hoped that the work undertaken would continue to create improvements.</p>		
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<p>In response to PH, JS confirmed that the Trust was now on monthly reporting rather than weekly and was in the top performing Trusts. PH commended the work undertaken to achieve this level of performance.</p> <p>There had been good performance on cancelled operations on the day and further work was being undertaken on length of stay.</p> <p>JS noted that whilst listening to the patient story it was highlighted that it was important to ensure that patients were on the correct ward. Wards were now being given expected numbers for daily admissions.</p> <p>GW recognised that whilst there was still work to do, there was clearly some really good data demonstrating improvements which was encouraging.</p> <p>In response to SL, JS confirmed that along with the admission of elderly people around the Christmas period, there were also a high number of discharges and work continued with social care regarding discharge.</p> <p>Discussion took place regarding patients being admitted at the end of life and AH confirmed that data was currently being considered from NHS 111, primary care, etc and the need to ensure that patients wanted to come in to hospital.</p> <p>GW recognised that there was further work to be undertaken with social care and noted a personal experience where ambulance staff had wanted to take a patient to hospital. AH confirmed that work was taking place as part of Better Together on this.</p> <p>AH suggested that the messages relating to improved performance should be shared with staff and recognition of the effort that had been made. SL confirmed this would be included in the communications to the wider organisation agenda item.</p> <p>With regard to finance, PR confirmed that the Trust’s financial position for the 8 months to November 2015 was a deficit of £33.42m, against the year to date original plan deficit of £28.20m, £5.22m worse than plan. Pay expenditure continued to be the main driver of the increased deficit with medical pay accounting for £4.11m of the total year to date overspend of £5.68m. This was better than forecast as divisions had reduced their run rates.</p> <p>There were 2 major risks, one was winter activity and then the extent of the fines and sanctions which would be applied by the CCG.</p> <p>The Trust’s cash balance as at 30<sup>th</sup> November was £1.49m, which was marginally above the WCF requirement to hold a minimum balance of £1.45m. Notification had been received that both the revenue and capital loans based on £41m I&amp;E stretch target had</p>		
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	<p>been approved. This would provide cash to 11<sup>th</sup> January 2016. Discussions would be held with DoH regarding the shortfall to forecast outturn.</p> <p>PR confirmed that the DoH was putting monthly monitoring in place for those Trusts that were requiring financial support.</p> <p>The risk adjusted CIP and cost avoidance forecast outturn position at November was £6.30m which was derived from schemes worth £4.55m that were currently delivering (with no further actions necessary), schemes that had credible plans to deliver a further £1.21m and schemes valued at £0.55m that had credible plans with a higher level of risk. Actual CIP cumulative delivery year to date was £3.73m against a plan of £3.74m.</p> <p>TR asked if CIP plans had been progressed for the next year and PR confirmed that this was based on a 3 tier approach and there would be PIDs by the end of January.</p> <p>With regard to the capital programme and in response to GW, PW confirmed that there was some slippage and there was confidence that with some re-phasing the plan would be brought back within tolerance.</p> <p>In response to SL, PR confirmed that the budget setting process was in place and had been reported to the Finance Committee and at the PRM with Monitor the previous week.</p> <p>RD noted the improvements in coding and asked if this had shown in income and PR confirmed that there had been a £200k increase on a case mix basis and recognition in comorbidities and how this could support income. He also confirmed that the downside of £3m in the worst case scenario was related to the fines and sanctions and this was being seen in SLAM data. The Trust and CCG assumptions were also beginning to align.</p> <p>GB introduced discussion regarding workforce, confirming that sickness absence had increased by 0.45% in month and stood at 4.93% overall. There were 3 main areas; ancillary was 4.5% in month; scientific and professional 2.5% shift in month; unregistered nursing 1.3% shift in month. There had been a move from short term to long term absence.</p> <p>CW noted the disappointing sickness absence trends and that there had not yet been any outbreaks of flu or norovirus. She suggested that this should be considered by the Workforce Committee. She also asked if the new regulations regarding caps on agency staff payments had begun to take effect. GB confirmed that all breaches of the cap were reported and that posts continued to be filled despite the cap. There had been no cost reductions yet and GB explained the 3 tier system that had been put in place but he was not expecting any additional cost savings. SB also confirmed that procurement were working with relevant agencies and</p>		
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	<p>improvements were being seen locally as more agencies were now included within the framework. Work had taken place to reinforce with staff to ensure that rostering was appropriate.</p> <p>Work was being undertaken to identify reasons for changes in sickness absence rates for ancillary staff.</p> <p>PH requested that sickness absence rates should be discussed by the Executive Team in January to consider the evidence available.</p> <p>In response to RB and TR, GB confirmed that there was no immediate financial consequence of breaching the cap, however, work was being undertaken to identify any breaches.</p> <p>PH confirmed that the Vacancy Control Panel process had been removed for clinical staff as this was delaying the appointments process, sometimes incurring additional agency costs. Posts would only be agreed where funding was available in the budgeted establishment.</p> <p>Appraisal rates and mandatory training completion continued to improve and were included in the QIP.</p> <p>There were 58 medical posts which were being recruited to. 3 were in the process of having business cases validated, 41 had been advertised and 6 posts had been recruited to with start dates confirmed.</p> <p>With regard to nursing vacancies, as reported the previous month, nurses from the Phillipines would be commencing during the early part of 2016 and a further recruitment visit would take place towards the end of 2016. GB highlighted the work carried out regarding retention of nursing staff and it appeared that a significant percentage were lost during the first 2 years of employment. This work formed part of the QIP and consideration was given to providing development programmes for nursing staff commencing at the Trust.</p> <p>Formal negotiations with the BMA had now concluded regarding the Consultant Contract and a joint report from NHS Employers and the BMA had been submitted to ministers for their consideration. This report would be used as the basis for the construction of a ‘best achievable by negotiation’ offer. Information on the offer had not been shared with Trusts and this would be shared once underpinning financial modelling work had been finalised and agreement from ministers on the next steps was reached.</p> <p>The BMA had also written to its members, informing them that a report would be submitted to the government shortly, this would outline the areas where provisional acceptance had been reached and those areas where it had not.</p> <p>BMA members would have the opportunity to ask questions or raise</p>	GB	27/01/2016
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	concerns around the proposals at regional road shows being held prior to the ballot. The next proposed date for industrial action was 13 <sup>th</sup> January and planning guidance had been received.		
	<b>QUALITY IMPROVEMENT PLAN</b>		
15/272	<p>KF introduced discussion of the QIP update confirming that the Board of Directors had agreed the QIP on 26th November 2015 and had received information regarding the governance arrangements for delivery.</p> <p>The review cycle had been completed for December and the QIP Dashboard identified that of the 285 actions detailed within the Plan, 272 were rated as green (On Track), 1 was rated as amber (off track but had a plan to recover the position) and 12 actions were rated as red (had failed to deliver to agreed timescales/were off track and unlikely to deliver to the agreed date).</p> <p>The majority of actions were on track to deliver, however, there were 6 new red actions which were predominantly within the Governance Workstream and related to the need to agree an appropriate Risk Management Strategy and the associated actions. The 6 red actions from the previously agreed QIP remained as red.</p> <p>KF confirmed that where completion dates were given and evidence to demonstrate these were embedded was available, these were confirmed as blue. The Board were asked to consider a number of blue actions for approval.</p> <p><b>Action 2.3.3 – implement a single integrated performance report.</b> PM noted that the report was now integrated and asked that where quality evidence was available that this should be captured. JW confirmed that additional evidence was now available. The Board approved Action 2.3.3.</p> <p><b>Action 2.6.1 – revise Fit and Proper Person Policy in discussion with, and support from, our Improvement Director.</b> The Board approved Action 2.6.1.</p> <p><b>Action 6.6.2 – understand the capacity requirements of Paediatric Allergy Clinic.</b> The Board approved Action 6.6.2 with the agreement that further discussion would be undertaken regarding the Dietician.</p> <p><b>Action 6.5.4 – transfer booking team into the Diagnostic &amp; Outpatient division and implement new structure.</b> The Board approved Action 6.5.4.</p> <p><b>Action 6.6.9 – ensure there is an Interim Access, Booking and Choice Manager in place.</b> It was confirmed that relevant staff were in place and the Board approved Action 6.6.9.</p> <p><b>Action 6.6.12 – ensure the Trust has access to and utilises</b></p>		

	<p><b>Demand and Capacity Planning Tools to ensure deliverability and sustainability of RTT targets, Contractual Activity and Annual Plan.</b> In response to PM, JS confirmed that this was reviewed on a weekly basis. KF agreed to speak to JS regarding the ongoing monitoring and further evidence would be provided. The Board approved Action 6.6.12.</p> <p><b>Action 10.1.1 – to establish the Newark Healthy Communities Partnership Group.</b> The Board approved Action 10.1.1.</p> <p>KF confirmed that these actions would now be marked as blue and considered as part of the January QIP process.</p> <p>A QIP subcommittee report was then considered from the Quality Committee. It was noted that one action had been deferred and PM confirmed that a check was required that the evidence matched the action. There were 2 further actions where further assurance had been sought from AH as there was no written evidence available.</p> <p>SL sought approval of the process in place and asked Board members to seek their own assurance if required.</p> <p>KF confirmed that this would now form part of the January QIP process and wished to thank PwC for the support they had provided. Monthly meetings would take place with the CQC and KF would also meet with PM following the Quality Improvement Board meetings.</p> <p>Directors were referred to the Reading Room where a specific breakdown of the Section 31 and 29A had been provided, along with a detailed report. KF would work with SC to provide the updates required to the CQC.</p> <p>In response to SL, KF confirmed that the red actions had been discussed with the CQC and EM also highlighted how detailed the QIP document was and that there were plans in place to address timescales for the particular areas which had been highlighted. He also suggested that staff should be recognised for their efforts in supporting the progress that had been made on the QIP.</p> <p>In response to RD, EM confirmed that support was available in terms of resources and Executives would need to be clear on where support was required.</p> <p>With regard to socialisation of the QIP within the organisation, KF confirmed that this was in place with Executive action leads and there were contacts within divisions. The QIP would be presented to meetings within the divisional governance structures.</p>	KF	Jan 2016
	<b>BOARD ASSURANCE FRAMEWORK</b>		
15/273	SC introduced discussion of the Board Assurance Framework (BAF) confirming that the Board of Directors had previously agreed that the		

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	<p>principal risks identified on the BAF required revising to reflect the refreshed strategic priorities and the QIP.</p> <p>A Board Development Session had taken place on Wednesday 16<sup>th</sup> December 2015 facilitated by KPMG and 8 strategic risks proposed by the Executive Team, were agreed.</p> <p>A Board Risk Committee would be established to provide robust assurance. The Terms of Reference (ToR) for this committee would be presented at the next Board meeting.</p> <p>In response to PM regarding timescales for completion of the BAF, PH confirmed that he would chair the Risk Committee meetings and would ensure that this was moved forward quickly.</p> <p>In response to TR, SC confirmed that the BAF would be reviewed from an operational perspective and ToR agreed for the Risk Committee and the BAF populated accordingly.</p> <p>RD highlighted that concerns relating to the maintenance and updating of the BAF had been received at the Audit &amp; Assurance Committee (A&amp;AC) and he asked if it was usual for the BAF not to be considered by the A&amp;AC. It was confirmed that the A&amp;AC would seek and receive assurance from the new Risk Committee.</p> <p>The Board approved the 8 strategic risks and the development of a Board Risk Committee.</p>	SC	28/01/2016
	<b>MONITOR QUARTERLY SUBMISSION FEEDBACK LETTER</b>		
15/274	<p>SC presented the Monitor Compliance Report highlighting the Trust’s current financial sustainability risk rating of 2 and the governance rating as red, due to the Trust having sanctions on its licence.</p> <p>The Board noted the Monitor Compliance Report and Q2 feedback letter from Monitor dated 1<sup>st</sup> December 2015.</p>		
	<b>SENIOR LEADERSHIP WALK ROUND GUIDANCE</b>		
15/275	<p>VB introduced discussion of the Senior Leadership Walk Round Guidance and confirmed that this was to gain better assurance and to triangulate discussions at Board meetings with what happened within wards and departments. This would also give some structure to the visibility of the Senior Leadership Team around the Trust. Directors would be buddied with a Senior Nurse and details were provided regarding the questions which would be directed to patients, families and visitors. A number of areas had been included and each Director should visit their areas 4 times per year, which would allow for consistency and reporting back to the Board on a quarterly basis.</p> <p>There would be structured questions to staff and structured</p>		

	<p>questions to patients based on the Appreciative Enquiry Model.</p> <p>TR suggested that it would be useful to be aware of any specific trends in the areas being visited so that assurance could be sought during the visit and also knowing who to go to. VB explained the process in that the buddy nurse would ask to be shown around a particular area and request to see where relevant equipment was located, e.g. resus or sepsis box.</p> <p>Discussion took place regarding themes and how these could be compared and VB confirmed that it would be important that the visits did not feel like an inspection visit, but would allow a picture to be built of each area.</p> <p>In response to RB regarding contact, VB confirmed that she would liaise with the buddy nurses to make contact with Directors via SC regarding specific dates and arrangements.</p> <p>In response to PH, VB confirmed that ward sisters and charge nurses were aware that these visits would be taking place and were satisfied with the proposals.</p> <p>EM noted that this exercise would be excellent for Board learning and assurance and could be linked into the QIP, provided it was not viewed as a quality audit. He also suggested that although 22 areas of the QIP had turned to blue that day, the Trust had a reputation for slippage and this process could be used as assurance on that aspect.</p> <p>Discussion took place regarding capture of the correct information from these visits and VB confirmed that resource was available and consideration was currently being given to ensure data was captured in a succinct way.</p> <p>SL highlighted the commitment required from the Board to ensure that these visits took place to ensure the success of the Senior Leadership Walk Rounds.</p> <p>It was confirmed that the programme would include all hospital sites.</p> <p>The Board of Directors APPROVED the proposals for the Senior Leadership Walk Rounds.</p>		
	<p><b>POLICIES APPROVED</b></p>		
<p>15/276</p>	<p>SC introduced discussion of 4 policies which had been approved by the Trust Management Board and required ratification by the Board of Directors. These were:</p> <ul style="list-style-type: none"> <li>• Risk Management Policy</li> <li>• Access Policy</li> <li>• Self Harm Policy</li> <li>• Duty of Candour Policy</li> </ul>		

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	<p>SL highlighted that the Board should be fully sighted on all policies and with regard to Duty of Candour the Board would need to be cognisant of the requirement to have appropriate processes in place.</p> <p>The Board of Directors RATIFIED the policies which would be uploaded to the Trust’s intranet.</p>		
	<b>TERMS OF REFERENCE – QUALITY IMPROVEMENT BOARD</b>		
15/277	<p>Directors were reminded that the QIP had been agreed at the Board of Directors meeting on 26th November 2015, and the agreed governance arrangements provided oversight of the QIP through the Quality Improvement Board (QIB).</p> <p>The Terms of Reference for the QIB had been amended slightly to reference monthly meetings and revised membership and approval was sought.</p> <p>The Board of Directors APPROVED the revised Terms of Reference for the QIB.</p>		
	<b>GOVERNOR MATTERS</b>		
15/278	<p>SL highlighted that a number of Governors were due for re-election during 2016 which had been outlined in the Chairman’s Report.</p>		
	<b>ASSURANCE FROM SUB COMMITTEES</b>		
15/279	<p><b>Finance Committee</b></p> <p>The Finance Committee had not met since the last Board of Directors meeting.</p> <p><b>Quality Committee</b></p> <p>PM confirmed that all the issues presented to the Quality Committee had been considered and resolved at the meeting.</p> <p>SL reminded Directors that as part of the QIP there were links between the Chairs of the Board of Directors sub committees.</p>		
	<b>COMMUNICATIONS TO THE WIDER ORGANISATION</b>		
15/280	<p>PH confirmed that a Christmas message to staff was being prepared and that the communications to the organisation would be included within that. It was recognised that staff needed to be recognised and thanked for their support.</p> <p>It was agreed that the following should be included:</p> <ul style="list-style-type: none"> <li>• Progress against QIP</li> <li>• HSMR, Sepsis and CDiff performance</li> <li>• Ward 41, end of life care/Chaplaincy</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Long Term Partnership</li> <li>• Refurbishment of Ward 52/A rating for National Audit of Stroke Services</li> <li>• Reduction in harm from falls and pressure ulcers</li> <li>• Operational performance – A&amp;E, RTT and Cancer</li> </ul> <p>AH confirmed that Susan Ward had been awarded the National Trainer of the Year awarded by the Royal College of Obstetrics &amp; Gynaecology.</p>		
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		
15/281	<p>Questions were received from JK:</p> <p>JK thanked the Board for sharing the minutes of the Smokefree Sherwood Forest Hospitals meeting and noted that there were no members of the public in attendance at that meeting.</p> <p>JK also noted that there was a large no smoking sign on the revolving door at the main entrance and he felt that this caused risk to visitors in restricting their view.</p> <p>JK raised concern regarding some aspects of the patient story and also asked if some good stories could be shared with the press. It was confirmed that good news stories were shared with the press but they sometimes chose not to use them and it was important to have a balance.</p>		
	<b>ANY OTHER BUSINESS</b>		
15/282	The Chairman thanked members for their commitment and support during the year.		
	<b>DATE AND TIME OF NEXT MEETING</b>		
15/283	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 28 <sup>th</sup> January 2016 at 9.30 am in the Board Room, Level 1, King’s Mill Hospital.		
	There being no further business the Chairman declared the meeting closed at 12.45pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.		
	<b>Sean Lyons</b> <b>Chairman</b>		<b>Date</b>