

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 10.30 am on
Thursday 28th January 2016 in the Board Room 1, Level 1, King’s Mill Hospital

Present:	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	PMa	
	Neal Gossage	Non-Executive Director	NG	
	Peter Herring	Interim Chief Executive	PH	
	Paul Robinson	Chief Financial Officer	PR	
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PWoz	
	Shirley Clarke	Head of Corporate Services/Co.Secretary	SC	
	Jon Scott	Interim Chief Operating Officer	JS	
	Graham Briggs	Interim Director of Human Resources	GB	
	Suzanne Banks	Chief Nurse	SB	
	Dr Andrew Haynes	Executive Medical Director	AH	
	Paul Moore	Director of Governance	PMo	
	In attendance:	Karen Fisher	Programme Director – Quality Improvement	KF
		Eric Morton	Improvement Director	EM
		Joy Heathcote	Minute Secretary	JH
Catherine Armshaw		Interim Head of Communications	CA	
Adam Hayward		Matron Wards 52, 52 and Stroke	AHa	
Chris Majid		Mental Health Nurse	CM	
Lee Radford		Deputy Director of TED	LR	
Dr Daniel Morris		Registrar (ST3), Trauma & Orthopaedics	DM	
John Kerry		Member of the Public	JK	
Dr Louise-Emma Shaw			L-ES	
Maryam Qaiser		Newark Advertiser	MQ	

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
016/001	The meeting being quorate, SL declared the meeting open at 10.30 am and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
016/002	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
	APOLOGIES FOR ABSENCE		
016/003	It was CONFIRMED that there were no apologies for absence.		

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	PATIENT STORY		
016/004	<p>Adam Hayward introduced himself and Chris Majid and outlined their patient story which related to an elderly female patient who had been treated at King's Mill Hospital with a number of medical conditions and also had dementia. Unfortunately, the patient had died from her conditions and the patient story outlined the very specific care that this patient had required and the dedication and commitment shown by the staff during her hospital stay.</p> <p>The Board welcomed this very moving patient story and thanked Adam and Chris for sharing their experience with them.</p>		
	OUTCOMES RE LAST MONTH'S PATIENT STORY		
16/005	<p>It had been agreed that Dr Lobo should present an update from the previous month's story relating to end of life care to the Board of Directors at its May meeting. This would include support and progress against the end of life care ambitions.</p> <p>It was noted that this issue had been discussed at a palliative care meeting attended by RB.</p>	SB/AH	26/05/16
	MINUTES OF THE MEETING HELD ON 22nd DECEMBER 2015		
16/006	<p>Following a review of the minutes of the public meeting held on 22nd December 2015 the following amendments were noted:</p> <p>Page 10 – 3rd paragraph to read: KF confirmed that the actions approved by the Board would now be marked as blue.</p>		
	MATTERS ARISING/ ACTION LOG		
16/007	<p>The Board REVIEWED the action tracker and updates were provided:</p> <p>Item 47 – SB confirmed that actions were being recorded and lessons learned from complaints were captured in the Patient Experience Report. Action complete.</p> <p>Item 52 – GB advised that the nurse revalidation action plan had been presented to the OD & Workforce Committee and an update provided in the Integrated Performance Report. Action complete.</p> <p>Item 73 – PW confirmed that there had been delays through Skanska for the new telephone system, which would be implemented the following week. Additional staff had been appointed and there were on-going improvements. It was felt that there should be a mystery customer service to test the system and PW agreed to provide an update on progress at the May meeting.</p> <p>Item 78 – The Estates Strategy had been considered by the Executive Team on 6th January and the action completed.</p> <p>Item 80 – PW confirmed that The CDS Pathology Programme</p>	PW	26/05/16

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	<p>Board intended to sign off a preferred option for pathology service reconfiguration for presentation to the Boards of Derby Teaching Hospitals, Chesterfield Royal Hospital and Sherwood Forest Hospitals NHS Foundations Trusts at their late March early April 2016 meetings. This action remained on track.</p> <p>Item 82 – KF confirmed that further evidence had been provided and the action completed.</p>		
	CHAIRMAN’S REPORT		
16/008	<p>SL presented the Chairman’s Report which provided updates on governor activities, member activities, external meetings, ward visits and Senior Leadership Walk Rounds.</p> <p>SL had attended the Council of Governors Performance and Strategy Committee and had concerns about how the Council of Governors could gain more access to Non-Executive Directors in order to fulfil their role. Part of the response was to propose Non-Executive Director attendance at Governor Sub Committees and this would be presented at the Council of Governors meeting on 24th February.</p> <p>Meetings had taken place with all 4 local MPs during January to outline progress on Long Term Partnership arrangements. A meeting had also taken place with Professor Sir Mike Richards on 14th January for an informal update.</p> <p>SL had visited Woodland Ward to see the completed conversion to a completely new environment which was much more appropriate for patients and congratulations given to fundraisers and Project Managers for making this happen.</p> <p>A visit to the stroke ward had been undertaken and SL relayed a story from one of the patients who had been amazed with the excellent care and treatment received which had aided recovery. Feedback from the family was being used in other areas. This highlighted how good the process was.</p> <p>The Chairman’s Report was noted.</p>		
	CHIEF EXECUTIVE’S REPORT		
16/009	<p>PH presented the Chief Executive’s Report which included updates on Monitor activity and national communications.</p> <p>It had been publically announced on Friday 22nd January that the Trust was seeking a long term partner. Two other Trusts had expressed an interest, being Derby Teaching Hospitals NHS Foundation Trust and Nottinghamshire University Hospitals NHS Trust. It was expected that detailed proposals would be received by the end of the week, to be considered at a meeting with Monitor on Wednesday 3rd February. An extraordinary Board meeting had been scheduled for Friday 12th February with an announcement</p>		

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	<p>being made the following week regarding the outcome.</p> <p>An extraordinary Council of Governors meeting had taken place on Thursday 21st January to update them on progress to identify a long term partner and SL had highlighted their responsibilities in the process. The Governors would be expected to vote on the transaction and support the criteria proposed to them and the Board would provide assurance to the Governors regarding the decisions and action taken.</p> <p>All Trust Boards had received a joint letter from Jim Mackey and Professor Sir Mike Richards which asked that Boards consider quality and finance on an equal footing in their planning decisions.</p> <p>Letters had also been received from NHS Improvement in relation to indicative shares of the £1.8bn sustainability fund and additional arrangements to tackle agency costs. Copies of the letters were provided in the reading room.</p> <p>Trusts should expect final recommendations from Lord Carter’s review into operational productivity in late January/early February. The report was likely to outline the essential steps that were necessary in order for the NHS to generate the target £5bn efficiency savings by the end of the current parliament.</p> <p>The Chief Executive’s report was noted.</p>		
	INTEGRATED PERFORMANCE REPORT		
16/010	<p>SB introduced discussion of the Quality & Safety section of the Integrated Performance Report which highlighted progress against the three agreed quality and safety priorities for 2015/16, along with an update on safer staffing, nurse revalidation and patient experience. The Quality & Safety and Patient Experience Quarterly Reports had also been included on the agenda and were noted.</p> <p>An update had been provided regarding falls in response to questions raised at the last Board meeting and SB explained the different criteria for benchmarking. Falls with harm per 1000 bed days had reduced in quarter 3 to 1.31 compared to 1.41 in quarter 2. Work to implement a new Falls Strategy was in place.</p> <p>With regard to safer staffing, the month of December saw an increase in the actual fill rate against the planned levels. On 4 wards, the fill rate for Registered Nurses or care staff fell below 90%, with the main reasons being vacant posts and sickness absence. Some wards had low fill rates, one of these being ward 35 due to the fluctuation in occupancy. For assurance, SB confirmed that all wards were led by substantive staff, rather than temporary staff and staff were moved across wards to ensure patient safety and care was maintained.</p> <p>Reports regarding the agency framework and caps had been</p>		

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	<p>submitted to Monitor and the TDA on a weekly basis since 2nd December 2015. There had been an increase in agency registered nurses used during that time but a significant decrease where there were caps in place. During the last couple of weeks there had been more agency staff that had cancelled at the last minute so off framework agencies had to be used.</p> <p>In response to CW, SB confirmed that the Trust did provide feedback to agencies when late cancellations were made. It was suggested that agency staff were finding opportunities at last minute offering higher rates and were therefore giving short notice for cancellation. This had also been the case with medical locums. Although there had not been any patient safety incidents as a result, it was recognised that this impacted on the Trust’s financial position.</p> <p>It was reported that this was also happening at other Trusts.</p> <p>With regard to overseas recruitment and in response to TR, GB confirmed that there had been delays in the process and it was expected that some would commence in June and October.</p> <p>In response to PH, GB confirmed that the delays were due to their understanding of the English language and a number of recruits would need to re-sit their tests to ensure a level 7 or over. Consideration was being given to alternative suppliers of Indian nurses who tended to score higher. Funds could be diverted if the Trust chose to change suppliers.</p> <p>Nurse revalidation would commence in April 2016 and it was expected that approximately 30 registered nurses would go through the process between April and June.</p> <p>PM noted that the Trust performed well against medical revalidation and AH confirmed that there was proactive management of the process.</p> <p>There had been continued good progress on mortality and October HSMR was 98.4 creating the 5th consecutive month at or below 100. Crude mortality for September to December had remained in the 2-2.5% range which was significantly lower than the last 3 years at this time.</p> <p>SL noted that other Trust’s board reports did not have HSMR included but reported on SHMI and AH confirmed that other Trusts nationally used other reporting methods.</p> <p>With regard to sepsis, national targets had been met although there was still work to do in the ward areas regarding consistent management of the deteriorating patient.</p> <p>PH noted the excellent progress made, highlighting that these were key issues in the CQC report.</p>		
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<p>With regard to HCAI and in response to CW, AH suggested that this should be amber rather than red.</p> <p>PM asked if there were any particular trends relating to the improvements in CDiff performance and AH highlighted that there was quicker feedback on RCA and also use of the commode audits to make improvements.</p> <p>With regard to patient experience, PM noted the decrease in the number of concerns but an increase in complaints and SB confirmed that following the CQC report, the number of complaints had risen, which seemed to be a pattern following receipt of such reports.</p> <p>SL suggested that although a focus should remain on complaints trends, the Trust performed well when compared to other Trusts. There should also be a balance of complaints reporting to staff so that areas of good performance were highlighted as well as areas that were not so good.</p> <p>JS confirmed that the Trust continued to achieve cancer targets with the exception of 62 days but planned to achieve this by mid-February.</p> <p>The Trust achieved the 95% A&E target for December but not for the quarter, although performance was continuing to improve. Between December 2014 and December 2015 there had been 1100 more patients seen in A&E in less than 4 hours. In January there had been no 12 hour breaches.</p> <p>The Trust had improved performance in all areas relating to RTT targets.</p> <p>JS confirmed that there was a protected bed for sleep studies, although there had been a delay in opening the additional room for paediatric sleep studies, but this was nearing completion.</p> <p>Work was being undertaken on MRI breaches and it was hoped to make further improvements. An update on the PTL would be discussed in the private Board meeting.</p> <p>PH recognised the good performance compared to other Trusts and also highlighted the pressures faced during January 2016.</p> <p>With regard to finance, PR presented the month 9 plan to date, confirming that the Trust remained within the forecast year end outturn position of a £53.3m deficit. Discussions were still on-going with the CCG regarding fines and sanctions.</p> <p>CIP delivery remained on target to achieve the £6.5m saving.</p> <p>The Trust’s cash balance as at 31st December was £1.57m, which was marginally above the WCF requirement to hold a minimum</p>		
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	<p>balance of £1.45m. Cash continued to be supported by the Working Capital Facility whilst a decision was awaited from the DoH on further loan submissions.</p> <p>PR confirmed that the Board would need to approve a change to the authorised signatory schedule for the loan facility from KF to PH. Approval was also sought to add a 2nd signatory and PR proposed that this should be the Chief Financial Officer.</p> <p>Additionally PR recommended the addition of Lorraine Hooper, Deputy Chief Financial Officer, to the WCF authorised signatory schedule.</p> <p>The Board of Directors APPROVED the changes to the authorised signatory schedule for the loan and WCF facility.</p> <p>In response to SL regarding the Better Together CQUIN, PR confirmed that an update would be provided at the next Finance Committee meeting.</p> <p>GB introduced discussion regarding workforce, confirming that the OD and Workforce Committee had held its inaugural meeting and had considered HR metrics in detail, particularly sickness absence rates, QIP, BAF OD and Workforce Risks, ED staffing, Fit and Proper Person and HEEM. Lee Radford Deputy Director of Training, Education and Development and Dr Daniel Morris, Registrar (ST3), Trauma & Orthopaedics would join the meeting to share their HEEM experiences. It was also planned to introduce workforce stories as a feature.</p> <p>Sickness absence rates for December had fallen by just over 0.5% to 4.42% and with the support of the OD & Workforce Committee it was planned to establish an attendance management recovery support team to drive improvements.</p> <p>Appraisal and MAST compliance rates continued their monthly 1% upward progress and now stood at 88% and 83% compliance respectively.</p> <p>TR confirmed that as part of his ward visit he had asked staff about mandatory training and they had commented on the availability of training. GB confirmed that courses continued to be over booked and as part of the QIP, a new single access was being created for all mandatory training.</p> <p>Vacancy rates had fallen to 8.19% with a marginal in month reduction in variable spend but a focus would need to remain where there were gaps in some key areas.</p> <p>As mentioned by PH, GB outlined the new Government drive to reduce agency costs. Apart from reducing the level of cap and tighter procurement rules, going forward the Government was seeking to legislate such that agencies have to pay no more than</p>		
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	AfC rates to their staff in an attempt to de-incentivise staff from joining agencies and instead, working on employer banks. The Integrated Performance Report was noted.		
	HEEM PRESENTATION		
16/011	<p>Lee Radford (LR) Deputy Director of Training, Education and Development and Dr Daniel Morris (DM), Registrar (ST3), Trauma & Orthopaedics joined the meeting to provide a HEEM presentation which confirmed that the Trust had always had a strong reputation for the quality of its medical education training and had excellent training and education facilities. It also provided a more 'personalised' experience for trainees compared to large teaching hospitals and many trainees chose to return to SFH after completing their undergraduate and post graduate training.</p> <p>Over the last 12 months, HEEM visits had taken place in ED, Ophthalmology, Foundation Trainees and Trauma & Orthopaedics.</p> <p>The Trust GMC trainee satisfaction rating was 12 out of 13 for the East Midlands.</p> <p>During previous HEEM visits, concerns had been raised regarding service/operational/patient safety issues that were affecting trainees experience and there were on-going concerns regarding the Trusts ability to recruit to a permanent ED consultant workforce.</p> <p>The issues had been as a result of the pressure on service provision, which had been intense, with many gaps in the medical workforce. ED had seen a significant increase in activity which had had a knock on effect on all specialties. The ED permanent Consultant workforce was not fully established and there was over reliance on locums.</p> <p>There had not been effective listening and full engagement with trainees and there had also been significant organisational change and scrutiny.</p> <p>Action taken as a result of the concerns included redesigning Junior Doctors Forums to integrate into divisional governance structures and an improved Hospital at Night service to provide more senior cover for trainees and strengthened handover processes. A new Head of Service had been appointed for Trauma & Orthopaedics.</p> <p>There was also improved clinical supervision and departmental protocols in Ophthalmology and improved consent processes and compliance. Relationships between service and medical education had been strengthened to identify any service issues that may affect trainees earlier. A bespoke HEEM support pack had also been developed for ED.</p> <p>Junior Doctor Forums were well established and reports from ED trainees were extremely positive. Trainees in T&O were very</p>		

	<p>complimentary about their experience and the culture changes that had been made through the new leadership of the service. During a recent HEEM visit, trainees said they 'would recommend their posts' to others.</p> <p>New pathways had been developed to improve interaction of ED and other specialities and there had been positive feedback from follow on visits to Ophthalmology.</p> <p>The Annual HEEM quality visit had taken place in November with generally positive feedback.</p> <p>Future challenges included Consultant recruitment in ED/EAU, HCOP, Radiology, Respiratory and over reliance on locums particularly in ED and HCOP. The Advanced Nurse Practitioner development required significant investment to bring their functionality up to a senior level and there was also a requirement to develop clinical supervisors and Royal College Tutor roles.</p> <p>The annual trainee induction process would be improved through better utilisation of technology, producing rotas early and recording sick leave, establishing educational supervision for non-training posts, improving feedback to trainees from DATIX incidents and developing improved pathways.</p> <p>DM described his own experience at the Trust highlighting the value of training. In the past, the Trust had not been seen as an attractive post for many juniors but when DM returned, there had been many changes. Theatre time was now protected and if protected sessions had to be used, they were always rescheduled and the Trust was now seen as an excellent place to learn. Returning to the Trust had given DM the experience and he was on the pathway to being a consultant. The Trust now asked 'what do you want and how can we make it better for you'.</p> <p>PH recognised the significant progress for T&O and asked about other areas. DM confirmed that the framework developed with T&O could be used in other areas and trainees in each of the areas liaised with each other.</p> <p>SL asked what the Trust could offer as opposed to others and DM highlighted the more personalised experience provided for trainees whereas this was different at QMC as that was a trauma centre.</p> <p>LR highlighted that one of the challenges was that ANPs required consultant supervision and the Trust now linked more closely with NUH and Derby which provided improved development for them.</p> <p>Although support was required in different areas, AH highlighted that there had been positive recruitment in T&O and Ophthalmology and a focus on workforce planning that was sustainable and credible for areas such as ED and HCoE.</p>		
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	<p>In response to TR, DM confirmed that he felt valued as a trainee particularly through the improved structure and that there was strong dialogue between juniors and consultants. The experience was also better due to the improved pathways which the trainees had been involved in developing.</p> <p>KF emphasised that HEEM had been very supportive of the Trust.</p> <p>SL thanked LR and DM for presenting this story to update the Board.</p> <p>TR asked that future workforce stories also included back office functions.</p>		
	QUALITY IMPROVEMENT PLAN		
16/012	<p>KF introduced discussion of the QIP confirming that the monthly review cycle had been completed for January.</p> <p>There had been full discussion with executive leads and the opportunity had been taken to review the green actions to give the Board assurance on delivery by the identified date. There had been 1 amber action the previous month and 4 had been identified this month, this resulted from the vigorous process in place and should provide confidence in governance and assurance arrangements.</p> <p>The transition from external to internal programme management support had progressed well. The Board had approved 21 actions as being embedded the previous month and there were 22 this month that were proposed as being completed and embedded.</p> <p>PM highlighted that the Quality Committee recognised the robust processes in place. NG confirmed that there was a question at the Finance Committee meeting as to whether blue (embedded) forms should go directly to Board and KF confirmed that this would be discussed by the Executive Team.</p> <p>KF confirmed that where completion dates were met and evidence to demonstrate these were embedded was available, these were recommended as blue. The Board were asked to consider a number of blue actions for approval.</p> <p>Action 2.1.1 – establish a Director of Governance Role. The Board approved Action 2.1.1 as being embedded.</p> <p>Action 2.1.6 – secure external expertise to support the Trust in identifying and making the necessary structural change. A confidential report was available as evidence and the Board approved Action 2.1.6 as being embedded.</p> <p>Action 2.1.11 – appoint QIP – Programme Director. The Board approved Action 2.1.11 as being embedded. Assurance on the appointment and support required would be considered by the</p>	KF	17/02/2016

	<p>Director of Governance.</p> <p>Action 2.1.12 – resource PMO support. KF confirmed that support had been implemented with clear workstream leads and the Board approved Action 2.1.12 as being embedded.</p> <p>Action 2.6.2 – audit all current Executive Director and Non Executive Director personal files and identify gaps with compliance. The Board approved Action 2.6.2 as being embedded.</p> <p>Action 2.6.3 – place appropriate restrictions on any Directors where documentation is incomplete. The Board approved Action 2.6.3 as being embedded.</p> <p>KF confirmed that the actions approved by the Board would now be marked as blue within the Quality Improvement Plan.</p> <p>KF confirmed that there was on-going communication with the CQC and monthly meetings were in place. Approximately 14% of the actions within the QIP had now gone blue/green.</p> <p>EM confirmed that a robust process was now in place and progress on the QIP was showing increasing good performance against the Section 29A and 31 Notices. Some of the actions within the QIP had been easy wins and focused effort was required, despite the current pressures on the organisation, to ensure the achievement of all actions in the QIP. He suggested that an external review/mock CQC style inspection, should be undertaken which in conjunction with the ward visits, would test the changes made to ensure they were embedded.</p> <p>TR suggested that it would be helpful to be aware of any trends that were being identified as part of the ward visits. KF confirmed that herself and EM were considering such issues on a monthly basis and would be arranging for on-going reviews to be undertaken.</p> <p>The Board recognised the good work being undertaken.</p>		
	<p>MONITOR Q3 RETURN</p>		
<p>16/013</p>	<p>SC presented the Monitor Q3 Return which was presented to the Board to safeguard debate and thorough understanding of the Board certifications to be submitted to Monitor to ensure all Board members were clear of their responsibility and confidence of the accuracy and appropriateness of the declarations being made.</p> <p>Particular attention was drawn to the Finance and Governance Declaration with regard to the financial sustainability rating and the Governance declaration in achieving targets for the next 12 months.</p> <p>The Board considered the declarations made and the Exception Report and supporting paperwork and APPROVED these for</p>		

	onward submission to Monitor.		
	BOARD ASSURANCE FRAMEWORK		
16/014	<p>SC introduced discussion of the Board Assurance Framework (BAF) reminding Directors of the Board Development Session which had taken place on Wednesday 16th December 2015 where 8 strategic risks, which were proposed by the Executive Team, were agreed.</p> <p>The establishment of a Board Risk Committee had also been agreed and the BAF would report to the Board on a 6 monthly basis and PH asked for this to be amended to quarterly.</p> <p>The strategic risks were considered:</p> <p>AF1.0 If we do not deliver safe care than patients may suffer avoidable harm and poor clinical outcomes. The Board agreed the amber rating.</p> <p>AF2.0 If we do not improve patient flow in order to create bed capacity in line with emergency demand we will fail national quality and performance standards and also fail to ensure that our clinical teams have manageable workloads. The Board agreed the amber rating.</p> <p>AF3.0 If we fail to create an accurate patient tracking list and validate the data on the list, or do not manage our elective capacity or have processes in place to appropriately communicate with patients we will fail national quality and performance standards in relation to access. This had been rated as yellow and PH confirmed that there were actions in place to improve the PTL.</p> <p>AF4.0 Failure to achieve and maintain financial sustainability. This remained a red rating.</p> <p>AF5.0 Not establishing a clinical or organisational vision which will safeguard the sustainability of local services for the Trust and its hospitals. This was related to organisational vision and would remain red until after the outcome of the LTP when clearer direction would be available.</p> <p>AF6.0 If we do not get good levels of staff engagement then staff morale and patient outcomes may not improve. This remained at an amber rating.</p> <p>AF7.0 Inability to source staff to meet the requirements of the service. This remained at an amber rating.</p> <p>AF8.0 The inability to develop and maintain a stable leadership team will result in shifting priorities and confusion for staff, patients and stakeholders. This had a yellow rating and it was noted that staff had been appointed as divisional leads, although</p>	SC	31/03/16

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	<p>some were interim.</p> <p>The Board of Directors APPROVED the BAF and noted that it would be scrutinised by the Board Risk Committee on a monthly basis and would be submitted to the Board quarterly.</p> <p>RD asked how Internal Audit would take a view of progress against the BAF as they had previously raised concerns, which might affect the audit opinion. PH confirmed that he had met with Internal Audit and they had accepted the proposals regarding the new process.</p>		
	QUALITY & SAFETY QUARTERLY REPORT		
16/015	The Quality & Safety Quarterly Report had been noted under Item 16/010 Integrated Performance Report.		
	PATIENT EXPERIENCE QUARTERLY REPORT		
16/016	The Patient Experience Quarterly Report had been noted under Item 16/010 Integrated Performance Report.		
	REVALIDATION AND APPRAISAL UPDATE		
16/017	<p>The Revalidation and Appraisal Update provided the Board of Directors with details of the October – December 2015 position.</p> <p>AH confirmed that the current position was good and remained stable. As reported at the October Board meeting, 360 Assurance had been commissioned to undertake a review of appraisal and revalidation at the Trust in preparation and support of the Independent Verification Visit scheduled for the 21st January 2016. The audit had been completed and would be submitted to the Audit Committee in March 2016 and in the Quarter 4 update to the Board. Overall, the report was positive and work had already commenced on the proposed actions. The Trust had been notified that the verification visit had been downgraded to a table top review which had been completed, although the outcome was not yet known.</p> <p>In response to TR regarding extended revalidation, AH confirmed that the GMC would automatically ask about delays and he met with them on a quarterly basis and GMC protocols were always followed. AH was always made aware of the reasons for delays.</p> <p>PM noted the reason for delay for one appraisee being paperwork and AH confirmed that there was an option to change the revalidation dates.</p> <p>AH wished to record his thanks to Nicola Boulding and Dr Zahid Noor for their proactive management and support of the revalidation and appraisal process.</p> <p>The Board NOTED the Revalidation and Appraisal Update.</p>		

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	TERMS OF REFERENCE – BOARD RISK COMMITTEE		
16/018	<p>Directors noted that approval had been given for the development of a Risk Committee, which would be responsible for providing assurance to the Board of Directors with regard to compliance with the Trusts risk management system and processes and identify those risks (and risk mitigation action plans) which needed to be brought to the attention of the Board of Directors.</p> <p>The Terms of Reference for the Board Risk Committee which had been approved at the first meeting held on 13th January 2016 were presented and considered.</p> <p>The Board of Directors RATIFIED the Terms of Reference for the Board Risk Committee.</p>		
	SCHEME OF DELEGATION UPDATE		
16/019	<p>PR introduced discussion of the Scheme of Delegation update and outlined the amendments that had been made, including the OJEU threshold for supplies and services which was now £106,047 and for works £4,104,394.</p> <p>The Board of Directors APPROVED the amendments to the Scheme of Delegation.</p>		
	GOVERNOR MATTERS		
16/020	<p>SL highlighted that the Governors re-election process would be undertaken before May 2016 and SC confirmed that Engage UK would be supporting the process.</p>		
	ASSURANCE FROM SUB COMMITTEES		
16/021	<p>Finance Committee</p> <p>NG confirmed that the following items had been considered:</p> <ul style="list-style-type: none"> • forecast financial outturn was within range; • the budget setting process for next year was underway; • the committee received assurance regarding the procurement process; • good progress had been made against the Financial Governance Action Plan. <p>Audit & Assurance Committee</p> <p>RD confirmed that the SFIs were presented and accepted and the Board of Directors NOTED that these had been amended.</p> <p>OD & Workforce Committee</p> <p>CW confirmed that there had been a focus on sickness absence and raising concerns. There was also discussion regarding a focus</p>		

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	<p>on divisions on a rotational basis.</p> <p>Quality Committee</p> <p>PM confirmed that the following items had been considered:</p> <ul style="list-style-type: none"> • the QIP and the actions that had been approved; • current progress regarding SIs, particularly concerns relating to the proportion of investigations overdue for completion; • endoscopy – the committee received assurance that targets would be delivered; • QIA process, which would be held within divisions and escalated where necessary. <p>SL thanked Sub Committee Chairs for their updates and asked for a brief A4 update to be provided in future from each of the committees.</p>	Cttee Chairs	Feb 2016
	COMMUNICATIONS TO THE WIDER ORGANISATION		
16/022	<p>It was agreed that the following should be included:</p> <ul style="list-style-type: none"> • Comms on LTP; • Good progress against Trust targets; staff should be proud; • Junior Doctors training; • Woodland Ward; • QIP effectiveness and utilisation. 		
	QUESTIONS FROM MEMBERS OF THE PUBLIC		
16/023	<p>Questions were received from JK:</p> <p>JK wished to give thanks for the work undertaken on Woodland Ward.</p> <p>JK asked about the large no smoking sign on the revolving door at the main entrance and PW confirmed that an H&S Risk Assessment had been undertaken and the sign would be left in place.</p> <p>JK asked if King’s Mill and Sherwood Forest Hospitals would remain an entity or would it be part of one of the biggest hospitals in the country? SL referred JK to the update provided during the meeting and confirmed that the outcome of LTP discussions would be announced once confirmed.</p> <p>JK felt that membership of the Smokefree Sherwood Forest Hospitals Group should consist of both smokers and non-smokers.</p>		
	ANY OTHER BUSINESS		
16/024	There was no other business raised.		

Sherwood Forest Hospitals NHS Foundation Trust
('SFH', 'the Trust' or 'the Board')

	DATE AND TIME OF NEXT MEETING		
16/025	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 25 th February 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 1.10 pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.		
	Sean Lyons Chairman	Date	