

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

Confirmed MINUTES of a public meeting of the Board of Directors held at 10.30 am on Thursday 28th February 2016 in the Board Room 1, Level 1, King’s Mill Hospital

Present:	Sean Lyons	Chairman	SL
	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 Affairs/Co.Secretary	SC
	Jon Scott	Interim Chief Operating Officer	JS
	Julie Bacon	Interim Director of HR & OD	JB
	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
	Alison Reynolds	Interim Head of Communications	AR
	Louise Curtis	Staff Nurse	LC
	Bernadette Piper	Staff Nurse	BP
	Stephanie Rogers	Staff Nurse	SR
	Jemma Hayes	Staff Nurse	JH
	Holly Smith	Staff Nurse	HS
	Charlotte Dale	Staff Nurse	CD
	Lauryne Thomas	Staff Nurse	LT
	Elaine Jeffers	Medical Directors Assistant	EJ
	Kim Harper	Service Improvement Facilitator	KH
	George Psomas	HCL Clarity	GP
	John Kerry	Member of the Public	JK
	Maryam Qaiser	Newark Advertiser	MQ
	Joanne Walker	Minute Secretary	JW

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
16/036	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		
16/037	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		

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	APOLOGIES FOR ABSENCE		
16/038	It was CONFIRMED that apologies for absence had been received from Claire Ward, Non-Executive Director and Graham Briggs, Interim Human Resources Director.		
	PATIENT STORY (STAFF STORY)		
16/039	<p>SB advised that this month’s story was a ‘Staff Story’ regarding newly qualified Staff Nurses and their experiences of Preceptorship.</p> <p>AC explained that the recruitment and retention of staff was of the upmost importance within the Trust and that the supply of new registered nurses would arise from newly qualified nurses. AC stated that Preceptorship was a vital part of the newly qualified nurses induction and that Preceptorship within the Trust is conducted by AC along with two Preceptorship Support Nurses. AC introduced Louise, Bernadette, Stephanie, Jemma, Holly, Charlotte and Lauryne to share their experiences of what went well, what the challenges were for them and what the Trust could be done better.</p> <p>Discussion was held regarding the staff nurses experiences and all agreed that the support of colleagues and the approachability of their ward leaders had been invaluable to them. The overall view was that the Preceptorship programme of the Trust was far superior to those some had experienced elsewhere. JH advised that the biggest challenge for her had been paperwork as she had moved from another Trust. JH suggested that it would be beneficial to add an extra day to the induction programme purely for paperwork and for a folder to be held on the ward for reference. All staff nurses agreed that the induction programme was very good, well organised and beneficial to them. HS felt that the IV study day should have been included in the induction programme. HS advised that it was difficult to find time to sit with the Preceptor and felt that time should be allocated specifically for this purpose. JH advised that all felt under pressure that they were expected to know everything and that other members of staff were unaware that they were newly qualified as they wore the same uniforms.</p> <p>AC advised that as a result of the feedback received from the staff nurses, a number of actions had been taken. For International nurses and nurses returning to practice a paperwork induction is currently conducted, this will now be extended to nurses coming into the Trust from another Trust. AC stated that ‘Voluntary Services’ had offered to fund an ‘Acorn Badge’ which will be gifted to all newly qualified nurses, nurses returning to practice and International nurses to identify them as newly qualified to their colleagues. AC advised that a Preceptorship Policy was currently being compiled to provide guidance regarding expectations and time that should be spent between Preceptors and Preceptees but also to maintain a consistent message across the Trust. In addition, an improved education programme is currently being compiled to support and guide Preceptors.</p> <p>PM stated that it was important for newly qualified staff to have protected time and enquired if formalised programmes were available to other newly qualified members of staff. AH advised that Junior Doctors have a training programme and Consultants meet with the Medical Director within 12 weeks of their appointment followed by an appraisal that is conducted within the first</p>		

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	<p>12 months.</p> <p>TR enquired if groups or forums were set up on Social Media sites for newly qualified staff to discuss and share their experiences. SB advised that the Emergency Department set up WhatsApp groups and suggested that it would be beneficial for newly qualified staff to adopt the same principle. AC stated that there was a closed Facebook page that could be resurrected for this purpose. TR suggested an E-Learning video. GW advised that a periodic table of videos where newly qualified staff share their experiences would be beneficial and had witnessed this as being a successful staff media project within NUH.</p> <p>TR suggested that ‘Soft Skills’ support should be made available to newly qualified staff nurses and requested that this be considered going forward.</p> <p>PM enquired if emotional support had been made available to the staff nurses. BP advised that Team Leaders were always available and supportive but staff were notified on induction that Counselling Services were available if required.</p> <p><i>The Board welcomed the insight provided by the staff nurses and thanked Louise, Bernadette, Stephanie, Jemma, Holly, Charlotte and Lauryne for sharing their experiences with them and for choosing SFH.</i></p>		
	OUTCOMES RE LAST MONTH’S PATIENT STORY		
16/040	<p>JS confirmed that a particular issue that had been identified at the previous meetings Patient Story had been taken to SRG and appropriate steps implemented.</p> <p><i>It was noted that this issue had been resolved.</i></p>		
	MINUTES OF THE MEETING HELD ON 28TH JANUARY 2016		
16/041	<p>Following a review of the minutes of the public meeting held on 28th January 2016 the Directors APPROVED the minutes as a true and accurate record.</p>		
	MATTERS ARISING/ ACTION LOG		
16/042	<p>The Board REVIEWED the action tracker and updates were provided:</p> <p>Action 85 - It was agreed that action 85 was complete and could be removed from the tracker.</p> <p>Action 87 – Now on agenda and as such complete and could be removed. from the tracker.</p>		
	CHAIRMAN’S REPORT		

16/043	<p>SL presented the Chairman’s Report which provided updates on the following: -</p> <p>Long Term Partnership SL advised that a rigorous process of selection of a Long Term Partner for the Trust had concluded on 3rd February 2016 and that presentations and panel questioning had taken place with both contenders and a thorough scoring and evaluation process had followed. SL advised that the conclusion was that Nottingham University Hospitals NHS Trust was the most suitable partner.</p> <p>SL advised that this recommendation was taken to the Trust Board of Directors on 12th February 2016 and after debate, the recommendation was taken to a vote and unanimously approved by the voting directors present. The meeting was fully quorate and only one voting director was unable to attend. An extraordinary Council of Governors meeting was held on 15th February 2016 where the process and decision were discussed.</p> <p>Governor Activities SL confirmed that it was the responsibility of the Governors to obtain assurance regarding how the Trust will be taking account of the interests of patients and public with regards to the LTP as the arrangements for combining the two organisations progresses. When a formal transaction is proposed, the majority of Governors need to approve this. A proposal regarding how to give Governors the appropriate assurances is being compiled. SL advised that how the Trust maintained confidentiality was raised and discussed at the full Council of Governors meeting on 24th February at Newark and the Governors were very disappointed to note that the Newark Advertiser had leaked the story of the LTP before the Trust had the opportunity to speak to SFH staff face to face. However, the staff briefings which did take place on 16th February 2016 were received well and it was helpful that Peter Homa, Chief Executive of Nottingham University Hospitals NHS Trust addressed the briefings</p> <p><i>The Chairman’s Report was noted.</i></p>		
	CHIEF EXECUTIVE’S REPORT		
16/044	<p>PH presented the Chief Executive’s Report which included the following updates:-</p> <p>Sustainability and Transformations Plans PH advised that the NHS Shared Planning Guidance had asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five Year Forward View (5YFV). Sustainability and Transformation Plans (STPs) will be place-based, multi-year plans built around the needs of local populations. Previously planning had largely been conducted within the mid-Nottinghamshire footprint but the development of the STP would now cover the whole of Nottinghamshire, excluding Bassetlaw. Whilst this is consistent with our partnership with Nottingham University Hospitals, it will involve Sherwood Forest staff engaging with health and social care colleagues across a wider footprint in future. PH advised that this would create a number of implications including travel and time within the planning process.</p>		

	<p>Implementing the Forward View: Supporting Providers to deliver</p> <p>PH advised that this document was recently published by NHS Improvement, the new body which has brought together Monitor and the Trust Development Authority under a single leadership structure. The document, which is available on the NHS Improvement website, is designed for NHS provider organisations. It is part of a series of planned Roadmaps that draw on messages from the NHS Planning Guidance and sets out the key priorities for specific audiences in delivering high quality health and care this year and beyond.</p> <p><i>The Chief Executive’s report was noted.</i></p>		
	<p>LONG TERM PARTNERSHIP</p>		
16/045	<p>PH presented the LTP Board Progress Report and advised that the Board of Directors had formally approved at the Extraordinary Board meeting on the 12th February, the choice of Nottingham University Hospitals as the long-term partner with a view to creating a new combined organisation.</p> <p>PH reiterated the Trust’s disappointment with the Newark Advertiser for releasing the name of the LTP whilst under embargo which had forced an announcement to staff on 15th February and was prior to formally informing the Council of Governors at the Extraordinary Council of Governors meeting on the evening of the 15th February. Staff engagement sessions were held on Tuesday 16th February as planned and largely positive feedback was received.</p> <p>PH advised that initial executive and clinical lead conversations had commenced. A list identifying the immediate support SFH required was submitted to NUH and a response is anticipated by 29th February.</p> <p>Meetings to be held with NUH, Monitor, TDA and NUH, and its advisers to map out governance arrangements are being finalised.</p> <p>PH advised that the Board of Directors would be kept updated at the monthly Public Board meetings and via Extraordinary Board meetings should this be required.</p> <p>SL reiterated that the Governors have a responsibility to vote on the LTP transaction prior to its. It is therefore important to keep the Governors updated throughout the process. SL advised that it was agreed at the full Council of Governors meeting on 24th February that Governor forums, development sessions and Governor Committees would be used for this purpose.</p>		
	<p>INTEGRATED PERFORMANCE REPORT</p>		
16/046	<p>Quality & Safety</p> <p>AH advised that for priority 1 – Mortality, the November HSMR was 88.13 the 6th consecutive month at or below 100. The rolling 12 month HSMR was 107 compared to 115 at this point last year. Weekend mortality has equalised and continues to be within the same range as weekday.</p>		

For priority 2 – Sepsis, AH confirmed that performance remained good with admission area compliance, screening, bundle compliance and IV antibiotics < 1 hour is at or > 90% on weekly monitoring and neutropenic sepsis antibiotic administration <1hour >90% on monthly audit which is a considerable improvement compared to January.

AH advised that the national targets had been met in quarter 3 and the CCG have confirmed the Trust has achieved CQUIN compliance. Focused audit and review work has been undertaken in inpatient areas to create consistent screening and management of sepsis. Figures have already shown that from week 2 (last week) to week 3 (this week) screening for inpatients for sepsis increased from 50% to 75%. Last week, 90% of those received their antibiotics and sepsis treatment on time.

AH confirmed that the Dr Foster review of the Sepsis Pathway had been completed and acknowledgment given for the considerable amount of work that had been done by SFH in this area. The formal report is expected by the end of February.

PM advised that the Quality Committee had looked at the work done by AH and colleagues relating to sepsis and in particular mortality and the figures were very impressive, the six months consistent performance gave a very positive message.

SB advised that for priority 3 - falls, there had been a continuing reduction in the number of falls. A total of 19 falls causing harm to patients within our care was recorded during January, this is a reduction of 3 from December. Planned education, audit and clinical review activities have occurred in line with the improvement programme. SB advised that ward 52 had noticed a reduction in the number of falls and more importantly of those falls, subsequent falls were not recurring. An in depth analysis of ward 52 is underway to establish the contributing factors and learning from this.

Infection prevention and control

SB confirmed that the Trust had seen an increase of 5 cases recorded of C. Diff for January. The year to date performance is 35 cases against a threshold of 48 cases for the year. The deep clean programme for wards continues. In addition an internal risk summit will be held next week to ensure that everything that can be done is being done. AH advised that 3 of the cases were on the same ward and because this is a period of increased instances, a review and genetic fingerprint had been conducted to identify any connection between the 3 cases.

Safer Staffing for Nurses

SB advised that 7 wards were identified in January where fill rate fell below the 80% of the planned requirement. No increases in patient harms were identified reallocation of staff achieved the minimum 1 registered nurse to 8 patients. In January the average fill rate for the Trust for day shifts for Registered Nurses was 95.84% compared to 93.5% in December. For other care staff 97.44 from 99.86% against the planned levels. At night, these fill rates were increased to 100.8% from 95.97% in December for registered nurses and remained static at 103% for other care staff. The main reasons for

this continues to be vacant posts and sickness. The trust continues to use large numbers of temporary staffing to deliver safe staffing, this is a result of gaps in the duty roster created by vacancies and staff absence and increase patient acuity. Ward 35 remains open and creates a significant staffing pressure and concern across the Trust. A core of Trust substantive staff have been transferred to the ward. SB confirmed that there is no ward within the Trust that is led by temporary staff. Maintaining optimum staffing levels and skill mix across the trust remains a significant concern.

Revalidation

SB advised that nursing and midwifery validation comes into place in April 2016. Further communications have been planned and implemented to ensure that all nursing and midwifery staff are aware of their obligations of nursing revalidation. All nurses are notified 12 weeks in advance of their revalidation due date. The associated work programme remains on track and all nurses who require revalidation in April 2016 have had support to achieve this.

Monitor Compliance

JS advised that the Trust had 35 incidents of C-diff which fell within the target. Performance against the 62 days cancer target in January was 83.6% against a target of 85%. The trajectory is for achievement in late February/March and compliance for Q1. ED performance for January was 92.2% compared to 89.94% for Jan 2015 and (as at 15th Feb) performance for Quarter 4 is at 92.06%. Performance has improved from 10th February (average daily performance 10-15 Feb is 96.34%) with better engagement in preparation and management of weekend flow.

Acute Contract

JS confirmed that the ‘Incomplete’ pathway (target 92%) was achieved at 92.07% in January but the diagnostic RTT (DMO1) (target 99%) target was missed at 98.39% in January due to problems with endoscopy. These problems are being rectified. The DM01 target is expected to be achieved in February.

JS advised that sleep studies were the major cause of failure and remain the major cause for concern in February. Equipment delays have contributed to this. Increased capacity in adult and paediatric sleep studies are now in place. The target for sleep studies is expected to be achieved in March for adults but later for paediatrics.

The DNA rates show an improving trend with new outpatients at 8.9% (8.71% nationally) and the follow up rate at 9.6% (9.21% nationally). The new to follow up ratio is 1:2.1 compared to 1:2.0 nationally.

For A & E, JS advised that January is a particularly difficult time and the 95% target had not been achieved. However significant improvement has been made and although last year had 5% less attendances there were 1,152 breaches, 15 of which were 12 hour breaches compared to 937 this year with no 12 hour breaches.

JS confirmed that for 4 Hour Access, the Trust achieved 95.4% for December which put it 15th of all 135 English providers and at the top for local providers.

In December England achieved 91.0%. The Trust has confirmed Q3 figure of 94.77%. PH stated that this was a fantastic achievement.

JS stated that an overall improvement had been seen at Newark and KMH as a result of the introduction of overnight processes for the weekend and in January this had enabled a significant step up in ensuring that the flow is managed efficiently. RD enquired if the length of stay had been dramatically reduced as a result of this. JS advised that the overall length of stay figures were not yet available as this is measured after discharge but indications from tracking were that the length of stay was reducing. PM enquired if discharges earlier in the day were improving. JS advised that the ‘No Place Like Home’ programme had made a dramatic improvement but due to the many contributing factors that impact early discharge, consistency was not yet being maintained. The relationship with external agencies had improved.

TR advised that he had visited ward 36 recently and that 79 patients had been discharged in 5 days, in May last year only 22 patients had been discharged in 5 days. TR felt that this was a great achievement and that the learning from this ward was being cascaded down to other wards.

Finance

PR advised that the Trust’s financial position for the 10 months to January 2016 is a deficit of £42.78m, against the year to date original plan deficit of £35.15m, £7.63m worse than plan but £2.2m better than the forecast. PR advised that he expects SFH to achieve the full year forecast of £53.2m.

The CIP delivery is ahead of the anticipated position and PR expects to achieve and report £6.8m against the plan of £6.5m.

PR confirmed that cash was being maintained by utilising the working capital.

RD enquired if creditors payments had been brought in line with terms. PR advised that creditors payments were currently two weeks behind payment terms but this has been improving over the past month. PR advised that terms would be met by the start of the new financial year.

Workforce

JB advised that the Sickness levels had increased in month by 0.47% to 4.89% (December 4.42%). JB felt that this was worrying as it was approaching 5%. Short term sickness had increased by 1.11% to 2.98% (December 1.86%) however long term sickness had reduced from 2.56% to 1.92%.

JB stated that for appraisals, gradual overall compliance had increased in month by 1% to 88% and the overall compliance rate for mandatory training had increased in January by 1% to 84%.

Vacancy rates were down from 8.19% (December) to 8.01% but all were in areas that were common across the NHS. Nurse vacancies were still posing a challenge and this was a factor that was driving up variable pay.

NG enquired as to the affect that the delay in the recruitment of nurses from the Philippines would have on the Trust. SB advised that there had also been

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	<p>a substantial drop out in the actual numbers due to the English language test. SB also advised that of the 20 offers of employment 75% were students that were due to commence in September.</p> <p>JB stated that exit interviews and feedback were 30% in quarter 3 which was a slight improvement. A detailed report from the data gathered from the staff survey will be provided at the next meeting. NG stated that of 130 leavers, only 39 responded and enquired if there was any feedback as to why the other 90 had left. JB advised that this would be investigated but suggested that some could be attributed to retirement as this was common for the period.</p> <p>JB confirmed that the Raising Concerns & Whistleblowing process had been reviewed to improve robustness and a detailed report would be presented at the OD & Workforce Committee meeting. TR advised that Ambassadors were in place and meetings were held a minimum of three times per year. SL advised that popups had been situated throughout SFH displaying the pictures and contact details of the Guardians.</p> <p>PM enquired if the 10.6 wte Pharmacy vacancies were for Pharmacists as this would be critical to enable early discharges. JB will review the detail of the skills and include in future reports.</p> <p>SB advised that Therapies roles were not attracting the usual number of candidates and work was underway to develop rotational posts and posts with various pay bands in an attempt to attract more interest.</p>		
	ANNUAL PLAN		
16/047	<p>PW presented the draft Annual Plan for 2016/17 which had been submitted to Monitor on 8th February. In view of the LTP, a pragmatic approach had been taken regarding annual planning.</p> <p>The key messages were that the Trust were aligning with the National Guidelines, would deliver all 9 ‘must be dones’ and deliver financial control totals.</p> <p>PW advised that the full submission would be made on 11th April after consultation with Governors planned for 8th March 2015.</p> <p>PW advised that the short term priorities had been considered and engagement sessions had been held with staff regarding these priorities.</p> <p>PW invited the Board to consider and approve the short term priorities listed.</p> <p>PH requested that the short term priorities be formally signed off. SL advised that the Annual Plan 2016/17 would be formally signed off in the Public Board meeting in March.</p> <p><i>The Board of Directors endorsed the short term priorities.</i></p>		
	JUNIOR DOCTORS		

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16/048	<p>JB advised that the new contract will be introduced from 3 August 2016 and rolled out over a year. The contract is considered to be cost neutral although this could be affected by specialty. The average increase to basic pay is 13.5%. The key change is the banding supplement which will be removed. Doctors will now be paid:</p> <ul style="list-style-type: none"> • 9pm to 7am every day – a 50% premium • 5pm to 9pm on Saturday and 7am to 9pm on Sunday – a 30% premium <p>Every Trust will require an independent “guardian” to provide assurance and compliance of safe working. Trusts will incur financial penalties where doctors are working excessive hours.</p> <p>The basic pay has been simplified and will now be linked very specifically to stages in training for junior doctors.</p> <p>The individual work scheduling and new monitoring arrangements limits on on-call working to a maximum of 3 rostered on-calls in 7 days. Paid rest breaks are 30 minutes: 5+ hours, 2 x 30 minutes: 9+ hours.</p> <p>The working time directive will enable a maximum average 48 hour working week or for those opting out this will be capped at 56 hours, the maximum being 72 hours. Junior Doctors who opt out of the working time regulations must offer ‘first refusal’ to employer for any additional shifts they wish to work. This work would be done via the host organisation’s / employer’s locum bank, rather than via an agency and paid as per national terms and conditions.</p> <p>The on-call availability allowance is a % of basic. 1:4 or more often is 10% - less often than 1:4 is 5%. Hours actually worked paid at normal basic rate plus usual enhancements.</p> <p>The pay premia in additional amounts will be Academia (£4,000), GP’s (£8,200) and other specialties such as ED (£1,500).</p> <p>Included in the deal is improved linkage of training and the work schedule. A range of training improvements will be led by HEE.</p> <p>RD enquired if the consultants contract was also due for renewal. AH confirmed that it was and advised that significant consultation was underway although a date has not yet been confirmed.</p>		
	QUALITY IMPROVEMENT PLAN		
16/049	<p>KF introduced EJ and KH to the Board of Directors as colleagues who are heavily involved in the work of the QIP. A transition plan had been developed to facilitate the hand-over of the QIP to PM in March. EJ will be supporting PM with work on the QIP going forward.</p> <p>KF advised that this was the third cycle of the year of the QIP and presented the paper which provided an update on the progress of delivering the actions contained within the Plan following the February review cycle.</p>		

	<p>Key items to note were that there are now 287 actions detailed within the plan. This has increased by 2 as additional actions have been incorporated within the Governance Workstream that relate to the Section 10 letter regarding CQC registration. These 2 items have already been actioned.</p> <p>Of the 287 actions detailed within the Plan, 231 are rated as Green (completed/on track to delivery by target date). Of the 231 Green rated actions – 154 have been completed and evidence is being collected to demonstrate they are embedded, the remaining 77 actions are being progressed for completion by the agreed delivery date. A total of 196 actions have now been completed or completed and embedded – 68% of all actions.</p> <p>Of the 8 red actions, 5 continue as red from last month and are subject to monthly scrutiny, the 3 new red actions are within the Safety Culture Workstream and relate to establishing and resourcing the Safety Culture Team, and the appointment of Divisional Clinical Governance leads. There are 2 actions that were reported as red last month that missed the target completion date that are now rated as green – these relate to the Board Assurance Framework that was approved at the Board of Directors last month and establishing the Critical Care Outreach Team until 02:00 daily which is now in place as described within the Quality Improvement Plan.</p> <p>There are 6 actions rated as Amber (off track but have a plan to recover the position), these were discussed in detail during the 1:1’s with the Improvement Director and Programme Director and information was provided demonstrating assurance that activities were planned to bring these actions back on track to deliver by the agreed delivery date. 8 actions are rated as Red (have failed to deliver to agreed timescales/are off track and unlikely to deliver to the agreed date), Leadership – 1, Governance – 2, Safety Culture – 3, Timely Access – 1, Maternity – 1.</p> <p>KF felt that good progress was being made in advancing the actions identified within the Quality Improvement Plan.</p> <p>Workstream Executive Leads have recommended that 15 actions are embedded and should be rated as blue/blue-green. The Quality Committee supported the recommendation that 12 actions should be rated as blue/blue-green, one action was deferred at the request of the Programme Director/Executive Lead to enable further evidence to be collated.</p> <p>There are 3 actions recommended directly to the Board as being embedded and evidence was presented to the Board of Directors.</p> <p>Governance – 4</p> <ol style="list-style-type: none"> 1. 2.1.2 Recruit to Director of Governance 2. 2.1.4 Ensure wording of Risk Management Strategy is clear and consistent <p>Newark – 1.</p> <ol style="list-style-type: none"> 3. 10.2.1 Strengthened local site management at Newark Hospital linking with enhanced divisional/service line leadership teams to execute strategy more effectively 		
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	<p><i>The Board of Directors approved the workstream recommendations for embedded actions.</i></p> <p>KF advised that the focus of the coming month would be on:</p> <ul style="list-style-type: none"> • Developing and implementing a communications strategy to ensure the celebration and sharing of successes. • Developing an audit and assurance process, demonstrating sustainability of the improvements made. • Reviewing the embedded actions with a view to ensuring all actions are embedded by 30 September 2016 at the latest. <p>EJ advised that the sustainability and continuous growth of the QIP was vital and that a cultural change would be required in order to maintain this focus. EJ felt that the CQC would gain confidence if the Trust became the drivers of the plan.</p> <p>PM stated that substantial progress had been made which had resulted in an established process. It was important now that the momentum and focus be maintained, but for the right reasons.</p> <p>PH suggested that the staff engagement with regards to the QIP be discussed at the Executive Team meeting on 02/03/16 and requested that EJ attend.</p>		
	GOVERNOR MATTERS		
16/050	<p>SL advised that Beryl Perrin had concluded her third term as Governor and having served 9 years had reached the maximum term and as such had stepped down. Thanks had been extended to Beryl at the Governors meeting held on 24th February 2016.</p> <p>Other Governor matters were discussed in items 16/043 and 16/045 above.</p>		
	ASSURANCE FROM SUB COMMITTEES		
16/051	<p>Finance Committee</p> <p>NG advised that in addition to the Finance Committee report as presented, a paper had been received from JS regarding ‘Bed Modelling’. The report identified that clear progress is being made both in terms of designing an iterative process to ensure robust bed configuration and clinical engagement in the outputs of the process.</p> <p>Quality Committee</p> <p>PM presented the Quality Committee report and advised that in addition to items contained within the report, JAG accreditation and waiting times for surveillance endoscopy had become areas of focus. A considerable amount of work was underway in these areas and the Quality Committee would</p>		

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	<p>continue to monitor them.</p> <p>Charitable Funds Committee</p> <p>TR presented the report from the Charitable Funds Committee and advised that in January 2015 SFHT Charitable trustees agreed to extend the appeal to support a business case submitted by the Emergency Care and Medical Division to transform ward 52 at KMH into a geriatric medical mental health ward.</p> <p>TR advised that lessons had been learned from this project and for any future projects of this size, project management and costings would be improved.</p> <p>SC confirmed that the business case documentation and guidance had now been revised.</p>		
	COMMUNICATIONS TO THE WIDER ORGANISATION		
16/052	PH stated that it was important to publicise the success and good news stories of the Trust and the achievement of SFH becoming ranked 15 in the Country for A & E Services should be publicised.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC		
16/053	<p>JK enquired as to the position of Newark and Mansfield Community Hospitals now that the Trust had announced NUH as the LTP. PH advised that Newark and Mansfield Community Hospitals were part of this Trust and would continue to be and that the Newark Partnership Group would continue to determine Newark Hospital going forward.</p> <p>JK requested clarification of item 16/02 of the previous minutes regarding a member of the public joining the Smoking Committee. PH confirmed that the membership of the Committee would not be changed.</p> <p>JK stated that he wanted to see SFH as completely smoke free. PH agreed and advised that this was also the wishes of the Board of Directors. SL advised that smoke free sites were part of the Annual Plan and that good progress had been made in this area.</p>		
	ANY OTHER BUSINESS		
16/054	SL advised that today’s meeting would be the last meeting attended by Karen Fisher, Programme Director / Quality Improvement. Karen joined the Trust in 2008 as Director of HR and became Interim Chief Executive at a particularly challenging time for the Trust in 2015. SL stated that the personal effort, support and commitment that Karen has portrayed was at all times exceptional. SL thanked Karen on behalf of the Trust and expressed gratitude for her hard work and dedication. The Board of Directors all thanked Karen and offered good wishes for her future.		
	DATE AND TIME OF NEXT MEETING		
16/055	It was CONFIRMED that the next meeting of the Board of Directors would be		

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	held on Thursday 31 st March 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 12:40.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.		
	Sean Lyons Chairman	Date	