

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 9.30hrs on Thursday 18th December 2014 in Classroom 1, Level 1, School of Nursing, King’s Mill Hospital Mansfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director-SID	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Paul O’Connor	Chief Executive Officer	PO
	Margaret Ashworth	Chief Financial Officer	MA
	Karen Fisher	Executive Director of Human Resources	KF
	Susan Bowler	Executive Director of Nursing	SB
	Dr Andrew Haynes	Medical Director	AH
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
Simon Evans	Divisional General Manager E,C&M	SE	
In Attendance:	Yolanda Martin	Head of Communications	YM
	Dr.Sandeep Dhir	Clinical Lead for Organ Donation	SD
	Colin Harriman	Ophthalmic Specialist, KMH	CH
	Susan Hodgman	Administrator for Organ Donation Team	SH
	John Swanwick	Member of the Public	
	Joanne Garbett	Public Governor	JS
	Lisa Bratby	Minute Secretary	JG
		Minute Secretary	LB

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/298	The meeting being quorate, the chairman declared the meeting open at 9.31hrs and confirmed that the meeting had been convened in accordance with the Trust’s Standing Orders. The Chairman explained that the Agenda was structured to ensure the appropriate focus on board priorities and the chairman asked members to focus on confidence and assurances in connection with performance against these items throughout the meeting.		
	DECLARATION OF INTEREST		
14/299	It was CONFIRMED that there were no new declarations of interest.		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	APOLOGIES FOR ABSENCE		
14/300	It was CONFIRMED that apologies had been received from Jacqui Tuffnell.		
	PATIENT STORY / PRESENTATION - ORGAN DONATION		
14/301	<p>CW, as Sponsor and Chairman of the Organ Donation Committee, provided the Board with a brief introduction to the members in attendance from the Organ Donation team.</p> <p>CH, an Ophthalmology Specialist at SFHFT gave a presentation from a relative’s perspective based upon his experience earlier this year when his own relative developed a brain tumour and his condition deteriorated rapidly. As he was on the Organ Donation Register, when it became apparent that intervention was no longer possible, the family upheld his wishes and retrieval & implantation of an organ took place the following day.</p> <p>CH praised all the ICU Staff and explained that he had worked alongside these staff for 22 years, already knowing their devotion to duty, yet was still amazed by how well they were all looked after during what was an extremely emotional time.</p> <p>The Directors thanked CH for sharing his experience with them and SD continued the presentation by explaining the role of the Organ Donation Committee, and how it consisted of members from multi-professional backgrounds, who meet quarterly with a focus on improving education and awareness about organ donation within the Trust and local community.</p> <p>Recent statistics are that in the UK between 1 April 2013 and 31 March 2014 465 organ transplants were carried out, thanks to the generosity of 2,462 donors. A further 3,569 people had their sight restored through a cornea transplant. However, 6891 people are still waiting for organ transplants. This statistic is relevant and continues to be relevant as some of these people will die waiting for a donation.</p> <p>In 2013, Optimisa Research conducted market research on behalf of NS Blood Transplant to measure public awareness, attitudes & behaviour towards organ donation amongst people living in England and they reported that 54% of those questioned had not seen any recent publicity about organ donation.</p> <p>In July 2013, a strategy which sets direction for the next seven years for the three key groups (Society; NHS & Commissioners) was outlined to provide the UK with a world class service.</p>		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

SD wanted the Board to focus on the role NHS hospitals and staff had in providing support, training, resources and the information they need to enable the Trust to provide an excellent service, whereby organ donation is routinely available and all involved become empowered, enabled and encouraged to participate in all aspects of organ donation that includes cornea, ligament & heart walls. The Trust could also help support and promote a change in attitude within society by ensuring that it is easy to pledge support for organ donation and once a pledge has been given, to honour the individuals wish.

It was explained that the Organ Donation Committee proposed to run a campaign in May 2015 for the Trust, which will focus on:

- Increasing awareness about Organ Donation using Trustwide clinical meetings e.g. Grand Rounds
- Involving ward staff by having Organ Donation link nurses on every ward. At present this is limited to A&E and ICU
- Study days for A&E, ICU & Ward Staff
- Proposing an Organ Donation update (1-2 hours duration) as part of Mandatory Training for doctors and nurses within the Trust which is attended every 3 years.
- Increasing awareness in schools and the wider community by interacting with students and teachers.
- Increasing visibility through community events and liaising with the media and local organisations.
- Communicating with volunteer organisations to support their efforts.

Following the presentation PM expressed his thanks for a very moving personal story and asked what the Board could do to help implement the plan. SD asked the Board to pledge its support financially, in terms of staff time. The Board was supportive and endorsed this cause, agreeing that this would be worthy of support and focus. A discussion also took place on other opportunities available i.e. raising awareness on wards regarding corneas etc and the need for streaming to education and awareness. Also, continuous feedback would be beneficial for doctors and nurses directly involved with organ donation updating ICU & ED staff on a regular basis. SD concluded that the Trust currently performs 2-4 transplants each year, which could easily be increased with by way of example various opportunities for cornea and tissue transplant. SD emphasized that each donor potentially saves 5 lives and that this alone is a strong case to progress plans to increase this activity.

TR questioned if joint donation is available currently at the Trust. SD

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	confirmed that this type of donation is not currently available as a solid joint but is available as ligament only. TR volunteered himself to front the campaign especially given his own circumstances with regard to his sight, and this offer was welcomed. SL asked that training requirements be discussed with PO and CW and it was agreed progress against the defined actions would be through the Organ Donation Committee.	SD/CW	MAR 2015
	OUTCOMES RE THE LAST MONTH’S PATIENT STORY		
14/302	SB explained that due to the context of the previous patient story there was no update necessary.		
	MINUTES OF THE MEETING HELD ON 27th NOVEMBER 2014		
14/303	<p>Following review of the minutes of the public meeting held on 27 November 2014 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 6 - GMc asked how we might progress the benefits realisation approach to planned investments in nurse staffing. It was agreed to progress previous discussions to establish if a research provider such as CLAHRC were able to support the Trust. • Page 13 – MC in relation to Risk Management Strategy – should reflect the new TMB Risk Committee. <p>Subject to these amendments the minutes of the meeting held on 27 November 2014 were ACCEPTED as a true and accurate record.</p>		
	MATTERS ARISING/ ACTION LOG		
14/304	<p>The Board REVIEWED the action tracker document in detail. The following update was given;</p> <p>Item 73 SB reported that there was an issue whereby some patient buzzers were only being heard in the neighbouring ward but this issue had been addressed by the Estates and Facilities department. Surrounding Trusts had also been reviewed and their results were consistent. It is anticipated that an inpatient survey will test if the Trust scores highly on the 50% side rooms. This action is now COMPLETED</p> <p>Item 74 SB reported that she had no concerns about this item. It had been a Medirest Survey and the Trust would undertake its own which would include surveys of 85-96% of patients. This action is now COMPLETED</p> <p>Item 75 SB reported that there were no complaints in delay nor a backlog and was pleased to report that complaints with a</p>		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p>response date not due until 5/1/2015 had already been completed this week. SB will continue to monitor. The Directors thanked the team and noted the work of the Matrons for achieving this result. This action is now COMPLETED.</p> <p>Item 81 All wards now have a falls champion. This action is now COMPLETED.</p> <p>Item 84 Work is still underway to triangulate elements of this work and will report to Quality Committee. This action is now COMPLETED</p> <p>Item 94 PO said that the hearing loop is now in place for this meeting and there shall be a microphone at the Board meeting in January.</p> <p>Item 95 SB reported that the Trust does need to invest in securing an academic partner to assist with analysis. PHD researchers could use this as a major topic and we need to source a suitable candidate. AH will discuss with Transformation Board</p> <p>Item 98 KR advised that she had spoken with Gillian Alloway and a report would be submitted to the next TMB advising the time taken to respond to FOI requests to include the time taken on data collection where recorded. This action is now COMPLETED.</p>	AH	Jan 2015
	CHAIRMAN’S REPORT		
14/305	SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. There were no further questions arising.		
	CHIEF EXECUTIVE’S REPORT		
14/306	<p>PO presented the Chief Executives Report providing an update on the latest issues affecting the Trust. During a verbal update the following points were brought forward;</p> <p>Item 3 Executive Director Appointments Offers had been made to suitable candidates for the vacant posts of Interim Director of Operations and Chief Financial Officer.</p> <p>Item 4 Performance against the 95% A&E National Target PO explained further to the information contained in his report that he had attended a successful meeting with NHS England and had agreed on a shared diagnosis and shared action plan with a trajectory being agreed to bring the Trust’s A & E target back to 95%. SE will look at other areas to support delivery and aim to mitigate risks around staffing.</p> <p>Item 5 Buddying Arrangement PO reported that the buddying agreement with Newcastle Upon</p>		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p>Tyne Hospitals was now closed, with informal dialogue agreed. PO assured Directors that the first three workstreams will form the basis of a new buddying agreement with Royal United Hospitals Bath NHS FT. The fourth workstream is adequately covered by other arrangements and is therefore being replaced with a workstream that will focus on improvements in one of the Trust’s priority areas enhancing the Trust’s work to improve its ED and Flow by buddying with a high performing A&E Trust, Luton & Dunstable University Hospitals NHS FT. The Director of Nursing at Luton & Dunstable was part of the Keogh team that visited SFH so she is aware of the challenges that SFH faces. NED’s raised concerns regarding the incurred costs relating to the buddying arrangement with Newcastle and the degree of confidence for the new arrangements. It was AGREED that both Luton and RUH Bath were good pairings.</p>		
	<p>QUALITY & SAFETY MONTHLY REPORT</p>		
<p>14/307</p>	<p>SB presented the Quality and Safety Monthly Report which provided the Board with a summary of important items and the Trust’s key quality priorities. During discussions the following points were debated in detail;</p> <p>PM asked if the Trust was confident in the crude mortality/HMSR figures. All Directors ACKNOWLEDGED that the figures were much more robust than those reported 12 months ago with enhancements in Datix incidents which are reviewed daily. Serious Incidents were also described as being reported daily and issues being escalated more expediently. AH supported this and confirmed he was assured on all current figures, although it is recognised that the nature of coding is creating difficulties as it can impact on the measure outcome. It was explained that clinical coders are now visiting other Trusts to gain consistency throughout their coding.</p> <p>SB highlighted the data relating to falls and identified that the Trust still experiences serious falls despite increased resources, falls champions, etc. The group discussed in detail the risks, levels of reporting, types of patients, national recommendations, investment in nursing, enhanced observations and equipment. The Directors CONCLUDED that we should keep this under scrutiny and efforts be increased. PM advised that the proposed improvements pertaining to dementia awareness may assist in reducing fall rates further.</p> <p>The Directors NOTED the improvement in the weekend mortality statistics and AH explained that greater standardisation and consistency</p>	<p>SB</p>	<p>Jan 2015</p>

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p>had resulted in these improved figures.</p> <p>In regard to the Friends and Family test, SB updated that no significant progress had been made and a further update would be available at the Quality and Patient Experience Committee. It was described how work remains on-going with the Trust’s current Friends and Family test providers, whose contract expires in March 2015. KF advised that the Trust have revised their requirements to reflect immediate needs prior to going out to tender again early in 2015. The NEDs requested that this issue be progressed to a satisfactory conclusion given the delays thus far.</p> <p>CW expressed her concerns that at the Quality Committee the level of engagement within maternity was gauged as being very low but a visit to the area reflected a very vibrant energy. SB advised that following the improvement in the complaints response process the Patient Experience Manager would assist with driving the Friends and Family test at pace.</p> <p>The disappointment at the increase in the <i>c.diff</i> rates was expressed. AH updated that the Trust had reported 7 cases in November, of which 2 cases were Norovirus, 1 case came from out of the area and another was a recurrence. A deep clean fogging exercise had taken place, more decontamination equipment had been brought in and detection rates would as a consequence be further improved. PM challenged the numbers and asked for clarification on whether it could be linked to the current bed issues. Discussions were held to understand the existing position with regard to:</p> <ul style="list-style-type: none">• challenging any behaviours not compliant with procedure• understanding of community rates and being pro-active in the community in dealing with this• use of probiotics or live yoghurt, if viable• cross infections• increasing screening <p>SL asked how the Board would know what happens when staff challenge behaviours and iterated that staff need to be assured that it is alright to challenge behaviours and indeed challenge is to be encouraged. AH advised that Rosie Dixon was in the process of refreshing signage on what behaviours to look for.</p> <p>AH confirmed that patients are only screened for <i>c.diff</i> currently if they have unexplained diarrhoea.</p> <p>PM commented that he welcomed the layout of the report and that it was easier to read and draw conclusions from the data held within it.</p> <p>The Board broke at this point, 11.08am and reconvened at 11.18am.</p>		
--	--	--	--

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	REGULATORY ESCALATIONS/ACTION PLANS		
14/308	<p><u>Quality Improvement Plan Update/Action Plans</u></p> <p>SB reported that the Quality Improvement Plan (QIP) had made extensive progress and praised the support received from the Programme Management Office, who would provide support for monitoring implementation of the plan for the foreseeable future with actions being progressed in a timely manner. KPI’s have been populated against key items which shall report if on track and identify any gaps. The HUB now has a dual function providing information about the Transformation strategy and is also a base for AH/SE. SB encouraged members to visit this space. RD questioned how many gaps had been identified, in which SB specified Medicine Management and End of Life Care as such.</p> <p>Using the previous proforma, there will be a re-launch and SB will re-circulate instructions throughout the teams.</p> <p>PO re-iterated the importance of the QIP in terms of the anticipated re-inspection from the CQC after March 2015 and the key part the document and validation process plays in evidencing quality improvements throughout the Trust. Members were informed that the KPI’s target improvement across specific questions and each one needs visiting to enable the Trust to come out of special measures following the next inspection. The Directors AGREED that it was important updates to the Board enabled progress to be monitored and tested effectively.</p> <p>SL questioned how the progress of the QIP was being monitored by the Trust. SB confirmed that each line of the QIP was being reviewed weekly in a dedicated meeting and all RAG ratings appropriately challenged. The PMO were assisting with the challenge process too which encouraged a robust debate across all divisions.</p> <p>The QIP is also reviewed by the designated Executive Director and finally the progress is uploaded and shared via the NHS choices website. SB anticipated that the update report that will be submitted to the January Board meeting will offer Directors a good level of assurance regarding the progress made. The NEDs confirmed the importance of evidencing early improvement across the Red rated areas in particular.</p>	SB	JAN 2015

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p><u>Medical Engagement</u></p> <p>AH began by thanking colleagues around the table who had assisted with initiating this key engagement process. A series of ‘suppers’ had been held whereby PO/AH had met with consultants or mixed medical groups to bridge the gap between our consultant body and management, providing an opportunity to describe the future and their part in this. Through this, AH reported that it had been agreed that:</p> <ul style="list-style-type: none"> • New consultants would have a mentor • AH/SB and the Operations Director would meet with Consultants to hear their concerns • Further ‘suppers’ would be held • A quarterly event held whereby consultants get together to create a change in culture • A programme of shadowing of consultants is being initiated to involve all Board members <p>GM made observations regarding the current engagement strategy and suggested having a process of engagement so that all groups have a voice through a systematic process that the board supports. It was acknowledged that the plans for medical could support one of the outcomes of the recent ‘true for us’ by supporting medical staff to understand ways to contact the NED’s.</p> <p>KF agreed to map engagement activity enabling a wider, more cultural diagnostic. It was agreed that a reference group should be formed with a real will to put the past aside and engage in the future of the Trust.</p> <p>AH advised that plans are in place for Kings Fund to engage with the Trust and undertake a diagnostic report in as early as possible in 2015.</p>	AH/SL	Jan 2015
	<p>FINANCE REPORT</p>		
14/309	<p>Based on the M8 financial report, it was reported that the position evidenced a year to date deficit of £21.1m, which was £2.3m worse than the £18.8m planned deficit.</p> <p>The CIP position has deteriorated with actual CIP delivered at month 8 standing at £0.9m against the Trust’s phased plan as submitted to Monitor of £4.9m. The CIP forecast for 2014/15 was reported to be £3.7m against the year’s target of £8.7m, which when risk assessed against Trust criteria, reduces to £2.9m. It was noted that the PMO had been tasked with the reconciliation in reporting the risk adjusted CIP forecast.</p> <p>Non Executive Directors challenged why the figures were variable and sought assurance that the savings to the year end were achievable,</p>	KF	Mar 2015

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p>discussing risk, variable pay CIP and highlighting the difficulties for next year the existing position creates. The Executive Directors reported that following the extra-ordinary meeting on 1st December 2014, utilising assumptions based on average run rate, actions had been taken to mitigate the potential drift from plan which included the removal of interims and implementation of a vacancy freeze all of which was fed into the £30.9m deficit and the waterfall numbers as discussed at the Extra-ordinary meeting.</p> <p>NEDs expressed concern and disappointment at the M8 position and acknowledged further opportunity for challenge and discussion would present later in the day.</p>		
	INTEGRATED PERFORMANCE REPORT		
14/310	<p>Workforce KF presented the workforce element of the IPR and Directors NOTED the increase in sickness absence during the last month but acknowledged sickness absence rates were 1% below figures for same period in 2013/14. It was ACKNOWLEDGED that actions were being taken to improve performance, specifically in the areas of sickness absence, whereby managers are focusing on the effective management of absence and ensuring return to work interviews are completed. The leadership development offering remains in place. Members heard that effective recruitment to registered nurse vacancies and a drive on appraisal compliance rates continued. Positive reports regarding the RGN appointments were indicated as the Home Office were now escalating the NNC pin registrations that had previously caused delays.</p> <p>Non compliance with Mandatory Training was also raised and this will be reviewed further at the Organisational Development and Workforce Committee.</p> <p>ED Flow SE discussed the detailed report highlighted in the Chief Executive’s Report earlier in the meeting.</p> <p>The Directors NOTED the issues impacting on ED performance ACKNOWLEDGING the two areas highlighted in the prism model as off track had both made a marked improvement and that it was anticipated to be back on track by 12th January 2015. The Directors also RECOGNISED the work with the CCG Shared Service, Service Improvement, the Transformation Team within the HUB and lessons learnt from Derby Hospitals to increase pace had all enabled structures built through ‘better together’ to become sustainable and gave support from the Board for these.</p>	KF	Jan 2015
	MEMORANDUM OF UNDERSTANDING BETWEEN NOTTINGHAM UNIVERSITY HOSPITALS AND SHERWOOD FOREST HOSPITALS		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	TRUST		
14/311	<p>PW presented an agreement between the Trust and NUH to provide an overarching framework for closer working and formal collaborations, intended to develop and strengthen the links between clinical services across Nottinghamshire for the benefit of local people by improving service continuity and resilience.</p> <p>PW advised that the MoU was scheduled to be considered by the NUH Board today with the same recommendation as detailed in the SFH paper.</p> <p>The Directors APPROVED this document acknowledging it to be consistent with the Trust’s strategic priorities and authorised the Chief Executive to sign on behalf of the Trust.</p>	PO	
	MONITOR QUARTERLY SUBMISSION REPORTS		
14/312	The Monitor letter was noted by Directors and KR reported that communications continued with Monitor in response to requests for information aimed at addressing their residual concerns.		
	COLCHESTER ‘TRUE FOR US’ REPORT		
14/313	<p>KR presented the report in respect of the Trust’s own assessment of how it would measure up against the findings of the review of Cancer Services at Colchester Hospital asking Directors to note that a robust and transparent process had been undertaken to self-assess the quality of Cancer Services against the findings of the Colchester Inquiry.</p> <p>It was ACKNOWLEDGED that there were no safety concerns at the Trust but there were system management gaps, which could be improved upon and AGREED further support in strengthening the process through CMT, reporting directly to the Quality Committee as part of wider considerations of cancer screening scheduled for around March. The Directors also NOTED and welcomed the honest appraisal from the CMT of their services and for their willingness to subject themselves to the Trust’s True for Us process.</p>	KR	Mar 15
	GOVERNOR MATTERS		
14/314	It was reported that five governors had not signed the Code of Conduct that was issued to them. Directors expressed disappointment that a process was in place for them to follow and this had not been adhered to. KR confirmed that regardless of a signed undertaking, the Trust’s Governing documents, as approved by the Council of Governors obligated that each Governor adhered to the Code. It was acknowledged that the Council themselves may need to determine if any formal sanction was appropriate given the overriding obligation to conform.	KR/SL	Feb 2015
	ESCALATION OF ISSUES FROM TMB/EXECUTIVE TEAM		
14/315	There had not been a TMB meeting since the last meeting of the Board of Directors due to the Executives prioritising their focus on the Trust’s		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	priorities.		
	QUALITY COMMITTEE		
14/316	<p>PM gave a summary of the meeting held on 4TH December 2014. It was described as a good meeting with positive feedback received from solicitors regarding the item on inquests, with a marked improvement overall on the large agenda. It was also reported that:</p> <ul style="list-style-type: none"> • Ebola – the Trust’s plans and assured testing was proportionate to the risk • Significant Risk Register – The Board had confidence in the recently appointed Risk Manager but that more work was required to improve oversight of a recognisable Corporate Risk Register • Health Education East Midlands (HEEM) – Confirmation had been received that the issues raised by junior doctors had been addressed via immediate action and the HEEM team were assured that this issue had been resolved and had no impact on patient safety • Cervical Screening – Assurance was given that this action had been completed or is on track for delivery within timescales. • PLACE – Members stated that they were very pleased by the efforts afforded to organise this excellent audit which established very good results. 		
	QUESTIONS FROM MEMBERS OF PUBLIC PRESENT		
14/317	<p>A member of the public thanked the Directors for moving forward with the loop facility and then asked for confirmation that we were still in Special Measures. PO explained that this would remain until the CQC makes a recommendation otherwise, which is anticipated to be in April 2015.</p> <p>JS added his personal disappointment regarding the non engagement of some of his fellow governors and that he would encourage more of his colleagues to attend.</p> <p>JS requested that consideration be given to a presentation pertaining to organ donation to the Governors to raise their awareness of this key campaign.</p>	KR	Feb 2015
	COMMUNICATION TO WIDER ORGANISATIONS		
14/318	SL requested that Directors consider what information it was considered should be high on the Trust’s agenda for sharing with the local media/wider organisations and what pertinent messages the Board should be sharing with Trust staff. Following discussions the following		

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

Owing to matters of commercial sensitivity these Minutes are considered exempt under the Freedom of Information Act 2000.

	<p>suggestions were brought forward</p> <ul style="list-style-type: none"> • Board priorities – namely Quality, Finance & ED Flow – and the importance of working together to improve the position • Good news stories which celebrate our success • PLACE survey results • Quality and Safety key messages 		
	ANY OTHER BUSINESS		
14/319	<p>The Directors expressed thanks to Jacqui Tuffnell, Director of Operations for her services and recognised all her hard work whilst working for the Trust. Additionally, the Directors recognised the work of Dr Anne-Louise Schokker as Clinical Director and also Service Director, who had left the trust the previous week. The Board wished them both well for the future.</p> <p>SL advised that he was sorry to say that he had received a letter of resignation from GM, who would leave the Trust at the end of May 2015 due to relocation outside the area. This extended notice period allowed the Trust six months’ notice to enable sufficient time for recruitment and induction for his replacement It was explained that the process for this would be agreed at the Governors’ Nomination Committee. SL confirmed future opportunities would present themselves to enable the Board to thank GMc for his contribution</p>		
	DATE AND TIME OF NEXT MEETING		
14/320	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 29th January 2015 at 9.30am in Classroom 1, School of Nursing, Level 1, King’s Mill Hospital		
	There being no further business the Chairman declared the meeting closed at 1.15 hrs.		
	The resolution that under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of business to be transacted (‘special reasons’).		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Sean Lyons</p> <p>Chairman Date</p>		