

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 10.00 hrs on Thursday 26th March 2015 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
	Karen Fisher	Acting Chief Executive/Executive Director of HR & OD	KF
	Paul Robinson	Chief Financial Officer	PR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
	Susan Bowler	Executive Director of Nursing & Quality	SBo
	Susan Barnett	Director of Operations	SBa
	Dr Andrew Haynes	Executive Medical Director	AH
	Kerry Rogers	Director of Corporate Services & Co. Sec	KR
In attendance:	Jack Adlam	Deputy Head of Communications	JA
	Joy Heathcote	Minute Secretary	JH
	John Swanwick	Public Governor	JS
	Dr Steve Rutter	Consultant Geriatrician	SR
	Robert Comins	Therapy Team Leader (EMU)	RC
	Kirsty Laing	Advanced Nurse Practitioner (EMU)	KL
	Chad Reporter		

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
015/049	The meeting being quorate, SL declared the meeting open at 10.10 hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
015/050	It was CONFIRMED that there were no new declarations of interest pertaining to items on the agenda.		
	APOLOGIES FOR ABSENCE		
015/051	It was CONFIRMED that apologies had been received from Paul O’Connor, Chief Executive.		
	PATIENT STORY		
015/052	SBow introduced Dr Steve Rutter, Robert Comins and Kirsty Laing to		

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<p>the meeting who were providing a presentation to the Board entitled ‘Frail Intervention Team – a multi-disciplinary approach’.</p> <p>The patient story commenced with a short video about a frail elderly patient who had a poor experience at another Trust. The video demonstrated how a lack of communication between services and departments had resulted in the patient not receiving appropriate care and treatment. There had been no correct care plan in place and the patient had been moved on a number of occasions which had created delays in her being seen by a doctor.</p> <p>A presentation was then provided giving details of how this scenario would be avoided at the Trust due to the multi-disciplinary approach adopted.</p> <p>In 2010 there had only been one discharge nurse until EDAS was introduced in 2011 and the current comprehensive geriatric assessment and discharge process was explained. It was also noted that this was now a 7 day service.</p> <p>Slides were presented which provided detailed figures relating to care plans and discharges and the impact of the multi-disciplinary team in improving care.</p> <p>A patient case was described where an elderly lady had postural hypotension and complications with her medication. Now that the PRISM team was in place, the patient was followed through from EAU to the ward. The patient had arrived and was transferred to EAU on a Friday and to a ward on the Saturday where she had been seen by a doctor on that day and discharged home with a care plan.</p> <p>The service provided now was seamless and the information regarding patients was collated in the first 24 hours and this information would move between the acute care setting to the community/other care provider with the patient.</p> <p>Frailsafe was developed jointly by the Kings Fund and Geriatric Society, particularly as elderly patients were at greater risk of harm. The Trust was now 9 months into the project and it was hoped that a national check list would be developed. Frailsafe would raise the profile of SFH and staff also attended the 6 monthly national meetings. Looking ahead, one of the issues would be recruitment as 2 further ANPs were required, along with increased social work input. The team would be attending a Royal College of Nursing conference the following week to showcase the work at the Trust. Consideration was also being given to a dedicated frailty unit.</p> <p>In response to CW, SR confirmed that there was no difference in the pathway whether a patient was admitted from home or from a care home setting. For Newark patients, the Newark & Sherwood Clinical Assessment Service was also aware of Frailsafe as well as EDAS. There were step down facilities and ANPs that would go into care</p>		
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	<p>homes to follow up on the patient journey.</p> <p>Following the presentation the Board recognised the excellent progress made which showed good evidence of triangulation and alignment of services with links to the community. It was suggested that evaluation of Frailsafe would be important to demonstrate the improvements made in patient pathways and appropriate discharge.</p> <p>In relation to the community it was confirmed that the service would be seamless with the PRISM team, clinical assessors and other measures in place. The initiative was reliant on paperwork at present but it was hoped that this would become electronic in the future.</p> <p>Directors noted that a frailty unit would provide significant benefits for patients as they could not be assessed successfully in the emergency department and this was currently being undertaken in EAU. It would be necessary to ensure that the correct patients were redirected to the unit with appropriate capacity available. The CCG also recognised the benefits of a frailty unit.</p> <p>At the end of the presentation, the Chairman thanked the team for their presentation and said that it was uplifting to hear about best practice. The team were given best wishes for their presentation at the RCN conference and the opportunity to showcase the work being carried out at the Trust.</p>		
	OUTCOMES RE LAST MONTH’S PATIENT STORY		
15/053	There was no update provided.		
	MINUTES OF THE MEETING HELD ON 26th FEBRUARY 2015		
15/054	<p>Following review of the minutes of the public meeting held on 26 February 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 10, para 2 – to read “it was AGREED that a small sub group for KPIs”. 		
	MATTERS ARISING/ ACTION LOG		
15/055	<p>The Board REVIEWED the action tracker document in detail. The following updates were provided;</p> <p>Item 13 This action related to benefits analysis and discussion was taking place with relevant staff and consideration given to this being carried out by the research department. PM agreed to seek further information from the NIHR on the Service Delivery & Organisational Programme. PW to take this action forward.</p> <p>Item 99 KR highlighted that this related to the Board of Trustees which was independent from the Board of Directors.</p>	<p>PM PW</p>	<p>April 2015</p>

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	<p>Action now COMPLETE.</p> <p>Item 100 It was AGREED that KF/CW would discuss training requirements.</p> <p>Item 104 SL highlighted that AH required feedback from the visits. Reference Group scheduled for 31st March and feedback would be considered. Consultants had seen this as positive.</p> <p>Item 108 This item would be on the CoG agenda.</p> <p>Item 001 Meeting arranged for 19/3/15 had been cancelled and further dates to be sought.</p> <p>Item 005 A report was included on the agenda. Action COMPLETE.</p> <p>Item 007 A report was included on the agenda. Action COMPLETE.</p> <p>Item 008 CDiff data had been included in the Board Report. Action COMPLETE.</p> <p>Item 010 to read “small sub group formed to progress KPIs”.</p>	KF/CW	April 2015
	CHAIRMAN’S REPORT		
15/056	<p>SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. He confirmed that two meetings had been held involving Monitor during March, the first being a meeting with Monitor, CCG, CQC and NHS England on 4th March which had also been attended by PM. The purpose of that meeting was to review the Trust’s progress on the journey of quality improvement and to ascertain the stakeholders’ views on the Trust’s readiness for a CQC inspection. Feedback had not yet been received from this meeting and Gillian Hooper would go through the criteria at the private meeting that afternoon.</p> <p>The Trust had met with Monitor on 10th March for the monthly Performance Review Meeting which was very focused on finance and at Monitor’s request, GMcS and PM were in attendance. The Trust was informed that there would be more financial scrutiny and reminded of its responsibilities.</p> <p>Monitor had notified the Trust of the changes in PDC support which would now be in the form of a loan. SL noted that the loan had taken significant time to assess and agree and he thanked all involved in this process.</p>		
	CHIEF EXECUTIVE’S REPORT		
15/057	KF introduced discussion of the Chief Executive’s report.		

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	<p>PW provided an update on the Better Together programme being selected as a Vanguard site, which was now Integrated Primary & Community Services (IPACS). A brief update had been provided at the Better Together Programme Board regarding a 2 day visit from the central team within the next few weeks which would provide further clarity. There would be significant financial support for this initiative and developing appropriate models of care. This was recognition of the work carried out locally and a good news story and would assist in the development of seamless services across the county.</p> <p>The Listening Week to be held during April would be used as a staff engagement event and would involve all Board members. KF would discuss the communications plan further with JA and it would also be included in the Team Brief.</p>	KF/JA	April 2015
	QUALITY & SAFETY MONTHLY REPORT		
15/058	<p>SBow presented the Monthly Quality and Safety Report which provided the Board with a summary of important items and the Trust’s key quality priorities.</p> <p>During February the FFT response rates recorded across inpatient and the emergency department had deteriorated and this did not correlate to the response rates received. Work had been undertaken with IWantGreatCare during March to understand the position and consideration was being given to looking outside of the current framework and including this as part of the buddying agreement with RUH Bath.</p> <p>A Patient Safety Collaborative visit had taken place on 19th March which considered the quality of internal mechanisms and the report was expected during the next couple of weeks.</p> <p>With regard to C.Diff, AH advised that the Trust reported 6 post 48 hours C.Diff infections during February and had breached its monthly and year to date targets. Discussion had been held with the wider health community to consider how to improve current performance. Community pharmacists were looking at antibiotic prescribing and Microbiologists were visiting GP surgeries to provide training. The Infection Control Team continued to work with Medirest regarding trialling alternative disinfectant products and a focus on ensuring that wards were requesting the most appropriate method of cleaning.</p> <p>The RCA undertaken had identified that there was some evidence to suggest that a number of symptomatic patients had been tested for C.Diff during a period of increased incidence of Norovirus and new auditing tests had been introduced.</p> <p>PM agreed that working across the community was important to assist in resolving any system issues and also noted that C.Diff cases had</p>		

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<p>fallen nationally and the Trust appeared to remain fairly static and that benchmarking might be helpful. The external review would also be helpful as infection control was a critical area. In response to PM regarding hand hygiene, AH confirmed that any failures were addressed immediately and also highlighted other areas of focus. There were possible areas where IT systems could be utilised and a business case was being presented to the Commercial Development Group.</p> <p>GMcS suggested that there was something around the culture relating to infection control and asked if it would be appropriate to assume worst case scenario and consider what action could be taken to ensure improvements were made before any situation worsened. AH confirmed that there had been discussion regarding decanting patients to a separate area, but there were not enough cases to do this. The important issues would be RCA and the 14 day LOS and he assured the Board that everyone continued to take actions previously identified in reducing C.Diff. Consideration had also been given to screening all patients although this would not be cost effective.</p> <p>In response to KF regarding research, AH confirmed that the benchmarking undertaken suggested that the Trust was a little short of resource.</p> <p>The report should be received ahead of the April Board meeting and GMcS suggested that the Trust should prepare ahead of receipt by ensuring that if such issues as resources were raised, action could be taken immediately.</p> <p>Further assurance was sought regarding antibiotic prescribing and cross infection and it was confirmed that benchmarking confirmed that the Trust was not an outlier. Work had also been undertaken regarding drug charts which had been implemented in December and the Trust was working with Derby on the antibiotic formula. There were also posters designed by staff relating to infection control, although consideration could be given to their size and placement and this could be considered as part of the assurance visits.</p> <p>PM noted the increase in falls resulting in fracture during February and asked if this was circumstantial or related to demand at that time. SBow confirmed that demand could have been a contributing factor but there had also been some coding issues and the Lead Nurse for Falls was undertaking a piece of work to identify the reasons for the increase.</p> <p>The Nurse Staffing Report was noted and in response to SL, SBow confirmed that there would be a 6 monthly report at the next meeting which would include details regarding nurse staffing on nights.</p> <p>AH provided a presentation regarding mortality and confirmed that the local health community issues relating to mining and smoking were highlighted as particular challenges and there had been higher mortality</p>	
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	<p>during the winter months relating to flu. The SMR data considered the local population and a calculation of expected deaths could be made. The data from Dr Foster was available to November 2014 and the monthly HSMR was shown, which reflected seasonal changes with an increase in the winter months, however, the figures for this year showed a rising trend nationally. AH explained the differences in how SMR could be measured.</p> <p>Patient safety was the Trust's most important issue and regular reviews of notes were undertaken along with reviews of incidents reported. Dr Foster issued alerts when a Trust was identified as an outlier and the Trust had received two such alerts over the last few months. The first related to sepsis and the RCA undertaken found good levels of care. It was also highlighted that a number of patients were very poorly on admission and some were at the end of life. The second alert related to Endoscopy and this was reviewed and reported to the Board in January and AH set out the reasons and the underlying conditions. A process of reviewing all September and October details had commenced and the Trust would continue to be mindful regarding reviews and seeking external support and assurance where necessary.</p> <p>Directors noted that mortality data showed that there were unexpected deaths rather than unexplained avoidable deaths, due to heart attack, stroke, flu, etc and AH explained the work being undertaken with the community, which included patients being admitted very late on their pathway or who were at the end of life. Where unexpected death occurred a serious incident review would be undertaken.</p> <p>SBa confirmed that this required a whole system approach involving communications, liaison with GPs and the involvement of the ambulance service. NEDs welcomed the fact that an external review had been requested and AH confirmed that George Elliott Hospital had been approached and this would also form part of the buddying agreement with RUH Bath.</p> <p>Acuity of patients had continued to increase over time and AH highlighted the use of VitalPac at the Trust which measured and monitored the patient, with high and critical triggers. There was also broad criteria sepsis 6 which was very thorough. Work was also being undertaken on documentation and coding of emergency spells and it was recognised that improvements were required relating to coding in palliative care.</p> <p>In response to MC, AH confirmed that in terms of expected mortality rates, national data was gained from the coding submitted and the Trust was an outlier. Concern was raised that coding had been an issue for some time and AH highlighted the action being taken.</p> <p>With regard to the Quality Account, Directors AGREED that mortality should remain a priority.</p>		
	QUALITY IMPROVEMENT PLAN PROGRESS		

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15/059	<p>The Quality Improvement Plan which provided an in-depth commentary against the actions and themes was noted.</p> <p>SL confirmed that this would be discussed with Gillian Hooper later that day.</p>		
	MONTHLY FINANCE REPORT		
15/060	<p>PR confirmed that this report had been considered by the Finance Committee the previous day and the important issue to note was the clinical income shortfall during February.</p> <p>NED concerns were raised as this position was disappointing and consideration would need to be given to variations particularly in the February and March position. It was confirmed that a further detailed paper would be considered by the Executive Team on 30th March.</p> <p>The Directors NOTED the CIP position and that the Trust would achieve the £2.5m target. NEDs highlighted the importance of a full understanding of the Trust’s financial plan and CIPs and that this was clear and accurate as there would be increased scrutiny going forward. It was agreed that there would be one single version of the true position.</p> <p>A revenue and capital funding paper was considered which outlined the terms of a loan/working capital facility and interest charges. The interest charges would affect the I&E position, giving rise to a need to identify offsetting cost improvements/efficiency gains. SL noted that a Council of Governors meeting would need to be convened regarding this.</p> <p>Directors noted that the Turnaround Director had now been appointed and would provide an update to the Board that afternoon. A delivery engine model would be established although it was accepted that this would take a couple of months to ensure everything was in place.</p> <p>GMcS noted that this had been discussed at the Finance Committee and it was anticipated that once established, there would be an assured timetable in place and approved assurance processes going forward.</p> <p>A Scheme of Delegation update was provided which had been agreed by the Audit & Assurance Committee.</p> <p>Directors APPROVED the £50k allocated limit for Divisional Nurse Matrons but asked for clarification to be sought regarding the same allocation for other Nurse Matrons for wards.</p>	PR	April 2015
	INTEGRATED PERFORMANCE REPORT		
15/061	SBa discussed the detailed report of the Trust’s performance		

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	<p>confirming that there were 5 Monitor compliance points for Q4 2014/15. This related to underachievement against the RTT non-admitted, admitted and incomplete pathways standards, A&E 4 hour wait, 62 day Cancer and C.Diff. Issues relating to outpatients had been reported to the CCG and Monitor. A&E waiting times had now improved and targets had been achieved for the last 3 weeks. Discussion ensued with regard to 62 day cancer and it was explained it was reasonable to assume the Trust would breach the Q4 62 day cancer target (GP urgent referral).</p> <p>As discussed at the January Board meeting a KPIs report had now been developed which contained more granular information and high level benchmarking. SBa asked for any comments to be fed back to her following the Board meeting.</p> <p>Discussion took place regarding waiting times for diagnostics and SBa confirmed that a complete review of processes was being undertaken and it was anticipated that it could be May before improved processes were implemented.</p> <p>A detailed Workforce Report was considered and KF confirmed that discussion had taken place at the Finance Committee meeting regarding mandatory training and appraisal rates and it was agreed that action plans would be presented to the next Finance Committee meeting. SBo confirmed that sickness absence had also been discussed in depth at the Trust Management Board.</p> <p>NEDs expressed disappointment regarding the application of the policy by managers.</p> <p>With regard to recruitment and in response to TR regarding delayed references, KF confirmed that consideration was being given to streamlining recruitment processes.</p>		
	REGULATORY MONITOR QUARTERLY SUBMISSION FEEDBACK LETTERS		
15/062	KR confirmed that Monitor had not yet submitted the latest quarterly feedback letter.		
	FIT AND PROPER PERSON REQUIREMENT		
15/063	<p>Directors NOTED the Fit and Proper Person Requirements (FPPR) report and KF confirmed that the relevant insolvency and disqualified directors registers had been completed. A further update would be provided at the April Board meeting.</p> <p>SL confirmed that the CQC were likely to check the Trust’s compliance with FPPRs.</p>		
	STAFF SURVEY		

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15/064	<p>The National NHS Staff Survey 2014 report was noted, along with the comparison to other local Trusts and the Trust was not necessarily an outlier. Further work was underway with an action plan being developed to address issues and would focus on three key questions for improvement.</p> <ul style="list-style-type: none"> • How satisfied are you with the extent to which the organisation values your work? • I am able to deliver the patient care I aspire to? • I would recommend my organisation as a place to work? <p>In response to SL, KF confirmed that the action plan would be considered by the OD & Workforce Committee and agreed to provide an update at the next Board meeting. The action plan would also be sent to the CCG.</p>	KF	April 2015
OPEN AND HONEST CARE – DRIVING IMPROVEMENT			
15/065	<p>Directors NOTED the Open and Honest Care – Driving Improvement report and SBo outlined the background to this programme of work. The Trust had been one of the first to be selected and the majority of the information was already publicised.</p> <p>There were 14 pilot sites across the Midlands and East region and no risks were foreseen although issues regarding different reporting times for pressure ulcers had been pointed out. Some changes would need to be made, an example being the patient story and the requirement to highlight how the Trust had improved services. Work would be undertaken with the information team to ensure standardisation and the communications department would ensure that the Open and Honest Care Report would be available on the Trust's website within 2 clicks.</p> <p>It was noted that once the programme had commenced, consideration would be given to adding medical data.</p> <p>The Board APPROVED the recommendations for the Open and Honest Care; Driving Improvement Programme.</p>		
GOVERNANCE DECLARATIONS			
15/066	<p>Quality Governance Framework (QGF)</p> <p>Directors APPROVED the Quality Governance Framework assessment following debate about the elements scoring above zero. It was agreed that there were no areas of major concern and that it was helpful to recognise alignment with the SMART Action Plan and Improvement Plan (QIP). Members acknowledged there would be a focus on specific areas that were red rated in SMART/QIP where QGF alignments existed. Executives would continue to regularly consider the QGF trajectory and further updates would be provided to Board on a regular</p>		

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	<p>basis.</p> <p>Directors APPROVED the QGF.</p> <p>IG Report – prior to submission/self-assessment</p> <p>KR reminded Board members of their accountabilities with regard to Information Governance and their responsibilities to be assured of compliance in accordance with their Declaration. Gillian Alloway presented the IG update and IG Toolkit Submission and outlined the detailed work that had been undertaken. It was noted that the Trust had achieved its target of 80% against the IG Toolkit standards and an action plan would be in place until next year when the requirements would change. Directors noted the significant work undertaken to achieve this position.</p> <p>MC asked about the standards for the following year and GA confirmed that previous standards would be disregarded as these were revised annually. An action plan would be put in place for the next year, particularly as the RA procedures had changed and the Trust would aim to improve its score.</p> <p>Directors APPROVED the self assessments on compliance for submission of the IG Toolkit on 31st March 2015.</p> <p>It was agreed that this excellent achievement would be shared via the team brief.</p>	JA	March 2015
	NON DOMESTIC RATES 2015/16		
15/067	<p>The Non Domestic Rates for 2015/16 were presented for approval by the Board in line with the Scheme of Delegation.</p> <p>MC asked if the Trust had approved the 2010 list which was announced in the budget as the Trust would need to apply by 31st March. PW agreed to check this and also rates ‘holidays’.</p>	PW	April 2015
	GOVERNOR MATTERS		
15/068	There was nothing to report this month.		
	ESCALATION OF ISSUES FROM TMB		
15/069	<p>SBo confirmed that a number of issues had been discussed; particularly highlighting the External Recommendations Policy and the first item to go through this process would be the JAG Accreditation as concerns had been raised following a recent visit.</p> <p>Organisational learning would become a standard item at each committee and would be added to cover sheets.</p>		

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	Principal Risk 4 had been updated in relation to the review list and assurance provided that this had been linked to the BAR.		
	REPORTS FROM SUB COMMITTEES		
15/070	<p><u>QUALITY COMMITTEE</u></p> <p>PM provided a highlight report from the Quality Committee meeting, summarising the discussions and decisions made. During this meeting it was also reported that:</p> <ul style="list-style-type: none"> • Mortality – lengthy discussion had taken place and assurance sought. • Hydration – good work continued and the improvements since the CQC visit were recognised. • Medical safety – areas of concern remained although it was recognised that good progress was being made. • A Safeguarding Report was considered which provided assurance. • A deep dive had been undertaken on ED patient experience and flow. • The first Shared Learning Report was considered and welcomed. • Discussion had taken place regarding the HEEM and JAG visits where there were similarities in discrepancies between what the Trust reported and what external visits highlighted. • Consideration was given to the review of outpatients. • Assurance was provided by the work undertaken on Medical Management. • There were concerns regarding prescribing and the lack of support from DoH. <p><u>FINANCE COMMITTEE</u></p> <p>GMcS provided a highlight report from the Finance Committee where consideration included:</p> <ul style="list-style-type: none"> • The advanced work on the outpatient review. • The current position regarding trade creditors. • Principal Risk 3. • Discussion regarding the sign off of budgets which would not be completed by the end of March due to changes in the Monitor return. • The April Finance Committee would consider the submission to Monitor due in May 2015. <p><u>AUDIT & ASSURANCE COMMITTEE</u></p> <p>RD provided a highlight report from the Audit & Assurance Committee held on 12th March. The following issues had been discussed:</p>		

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	<ul style="list-style-type: none"> • Although concern remained regarding the BAF, individual Board Assurance Reports (BARs) were welcomed at the meeting. • Standard business of the Audit & Assurance Committee was undertaken and the majority of reports had provided significant assurance. • The next meeting on 21st April would consider the year end actions and recommendations to the Board. • An Annual Audit & Assurance Committee Report would be considered at either the April or May Board meeting. <p>With regard to the Annual Reporting timeline, KR confirmed that timelines had been agreed for the Annual Report, Annual Plan and Financial Plan.</p>		
	QUESTIONS FROM MEMBERS OF THE PUBLIC		
15/071	There were no questions from members of the public.		
	COMMUNICATIONS TO WIDER ORGANISATION		
15/072	<p>SL requested that Directors consider what information should be shared with the local media/wider organisation and what messages the Trust should be sharing with its staff. After discussion, the following suggestions were made:</p> <ul style="list-style-type: none"> • The outcome of the 2014 Staff Survey with key messages. • The success of the IG Toolkit submission. • Messages regarding the Trust’s financial position. • Areas of good practice should be highlighted with a thank you message from the Board of Directors. • The success of the patient story presented and the RCN conference. • Messages regarding mortality and a focus on hand hygiene. 		
	ANY OTHER BUSINESS		
15/073	There were no further matters arising.		
	DATE AND TIME OF NEXT MEETING		
15/074	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 30 th April 2015 at 10.00am in the Board Room, Level 1, King’s Mill Hospital.		
	There being no further business the Chairman declared the meeting closed at 1.15pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.		

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	Sean Lyons Chairman	Date		
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