

**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 30th April 2015 in Classroom 1, Level 1, School of Nursing, King’s Mill Hospital Mansfield, Nottinghamshire, NG17 4JL

<b>Present:</b>	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director-SID	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	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
 <b>In attendance:</b>	Yolanda Martin	Head of Communications	YM
	Joanne Garbett	Minute Secretary	JG
	John Kerry	Member of the Public	JK
	Phil Bolton	Divisional Nurse Matron	PB
	Roz Roddy	Matron Integrated Discharge Team	RR

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
015/075	The meeting being quorate, SL declared the meeting open at 10.05 hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
015/076	It was CONFIRMED that there were no new declarations of interest pertaining to items on the agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
015/077	It was CONFIRMED that apologies had been received from Peter Marks, Non-Executive Director.		
	<b>PATIENT STORY</b>		
015/078	SBo introduced Phil Bolton, Divisional Nurse and Roz Roddy, Matron – Integrated Discharge Team to the meeting and provided an overview of The Emergency Department Avoidance Support Service (EDASS).		

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	<p>PB explained that the aim of the EDASS team was to ensure that patients who use the Front Door service and fall within the scope of the service are assessed by the most appropriate health care professional(s) and navigated to the correct setting; where they are able to receive the services and support they require in a timely manner. The work of the team has the potential to improve outcomes, reduce inappropriate admissions, re-attendances and potentially reduce the need for long-term care for older people.</p> <p>The patient story commenced with a presentation that was given to the Board entitled ‘Albert’s Story’, which demonstrated how this unique team provided an example of a ‘good discharge’ and went to great lengths to enable the patient to have a dignified death in the place of his choice.</p> <p>Albert was a frail, elderly 82 year old gentleman, who was married, but had no children or close family members. They had recently moved from their large family home to a small two bed roomed flat whilst their bungalow is being built. He was diagnosed with Lymphoma 2 years ago, was neutropaenic and had a stroke 6 years ago.</p> <p>Albert was referred to the Emergency Department at the request of his GP, due to increased confusion and poor diet and fluid intake. Following assessment on EAU Albert was advised by the Consultant that he was now entering the terminal stages of his disease i.e. last few days of life. Albert expressed the wish that he wanted to die at home with his wife at his side.</p> <p>The Multi-Disciplinary Team set to work in order to fulfil Albert’s wish recognising that time was of the essence. The Occupational Therapist identified that the couple had a king size bed and so she ordered a hospital bed for Albert and acknowledged that his wife needed a single bed in order for her to sleep next to her husband.</p> <p>Therefore, EDASS sourced a local bed company and accompanied his wife to the shop to purchase the single bed. They arranged delivery that afternoon and the team moved the king size bed into the spare room and set up the hospital and single bed for the couple. Albert was then discharged home later the same day.</p> <p>Following Albert’s discharge home The EDASS Team continued to visit providing ongoing support and care. Albert’s wish to die at home was fulfilled – he passed away 48 hours later with his wife by his side.</p> <p>The Directors heard how EDASS had recognised the urgency of the situation and that Albert did not have the help, support and resources to enable him to be discharged home so quickly and went above and beyond the call of duty.</p>		
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	<p>In response to RD, RR confirmed that following an appropriate discharge, they were able to support patients in their home for 72 hours.</p> <p>At the end of the presentation, the Chairman thanked the team for a very moving story, which had demonstrated how both the patient and his wife was very well looked after.</p>		
	<b>OUTCOMES RE LAST MONTH’S PATIENT STORY</b>		
15/079	There was no update provided.		
	<b>MINUTES OF THE MEETING HELD ON 26<sup>th</sup> March 2015</b>		
15/080	<p>Following review of the minutes of the public meeting held on 26 March 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> <li>• Page 9, para 4 – to read “Trust Management Board, not Finance Committee”.</li> <li>• Page 9, para 5 – should read “Sickness Absence Policy”</li> </ul>		
	<b>MATTERS ARISING/ ACTION LOG</b>		
15/081	<p>The Board REVIEWED the action tracker document in detail. The following updates were provided;</p> <p><b>Item 13</b> This action has been incorporated in the Annual Plan. Action now COMPLETE</p> <p><b>Item 94</b> Action now COMPLETE.</p> <p><b>Item 99</b> SB had taken it to RCM, and it had been signposted to Evaluation &amp; Resource Dept. 3 monthly Revision agreed, so next update will be provided in July.</p> <p><b>Item 100</b> KF will meet with CW to discuss training requirements and SL will give additional support.</p> <p><b>Item 104</b> The feedback from the shadowing sessions was good and it was AGREED to extend this 1 year further. Board paper required to report on phase 1 and plan how to extend this through to phase 2. Peter Lee will deliver leadership programme update. A Day for Medics will be set up in the foyer as a showcase.</p> <p><b>Item 108</b> This item is now COMPLETE.</p> <p><b>Item 001</b> Meeting arranged for next week and reported back to Board.</p> <p><b>Item 004</b> A report was included on the agenda. Action</p>	<p>SB</p> <p>KF/CW</p> <p>SL/AH</p>	<p>July 2015</p> <p>May 2015</p> <p>June</p>

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	<p style="text-align: center;">COMPLETE.</p> <p><b>Item 010</b> Action COMPLETE.</p> <p><b>Item 015</b> PW reported a complete review would be carried out in the longer term but this action was COMPLETE.</p> <p><b>Item 016</b> PW confirmed that no deadlines had been missed. Action COMPLETE.</p>		
	<b>CHAIRMAN’S REPORT</b>		
15/082	<p>SL presented the Chairman’s report which provided details on progress, plans and regulatory developments for the Trust.</p> <p>He updated the Board that following the visit from Hugo Mascie-Taylor his intent was to write a letter of appreciation to him as it was deemed to have been a very helpful and uplifting visit for all those who participated.</p>	SL	May 2015
	<b>CHIEF EXECUTIVE’S REPORT</b>		
15/083	<p>KF introduced discussion of the Chief Executive’s report and provided an update on the success of the Listening Week. Staff had attended sessions and raised their concerns and made comments. KF emphasised that these should all be reviewed and the Board should respond and report back to staff in a timely manner.</p> <p>The Directors watched a short recruitment video, produced by the communications team and an external provider and explained the rolling campaign to recruit nurses. The Directors gave their thanks to the team in communications and expressed their enjoyment watching the video.</p> <p>KF reported that the next Smoke Free meeting is being held on 5<sup>th</sup> May and the remit of the group was being developed, moving forward.</p>	KF/YM	May 2015
	<b>QUALITY &amp; SAFETY QUARTERLY REPORT</b>		
15/084	<p>SBo presented the Quality and Safety Quarterly Report which provided the Board with a summary of important items and the Trust’s key quality priorities.</p> <p>The Directors considered the contents of this report and noted the improvements that are being made in relation to a number of quality priorities. However, it was recognised that there are still areas that are receiving focused attention to ensure improvements are maintained and driven further.</p>		

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<p>It was reported that from a mortality perspective we have received data from Dr Foster pertaining to our performance in December 2014, this had demonstrated a reduction in our HSMR. There was an increase in our crude mortality rates which related to mortality within a frail and elderly patient group over the winter period. The Directors heard that from an assurance perspective the Medical Director at Derby had recently visited the Trust and had confirmed that from our case note reviews there had been no avoidable deaths within the reporting period.</p> <p>The introduction of new admissions paperwork was acknowledged, which would improve the capture of co-morbidities and therefore improve coding, which in turn, will affect the HSMR. The importance of coding had been discussed at Medical Managers, Grand Rounds, with Junior Doctors and the Directors were assured that ongoing audits would be performed with the results monitored weekly.</p> <p>It was noted that falls resulting in harm has marginally increased to 1.82 against a target of &lt;1.70 per 1000 occupied bed days. Changes had been implemented over 2014/15 but we are failing to see the reduction anticipated and have therefore contacted NHS England to signpost us to an organisation that has been more successful in falls management.</p> <p>The Directors were pleased that the Trust has achieved our Inpatient Family and Friends (FFT) response target for March 2015 of <b>53.2%</b>.</p> <p>However, the Directors were disappointed that the Trust had experienced 4 Grade 3 Pressure Ulcers during Q4. This was particularly disappointing as the Trust had seen fantastic results for hospital acquired pressure ulcers over this year, but the NED’s were re-assured that there was no trend or theme to these. The Safety Thermometer continued to demonstrate excellent results for those patients in our care with 98.53% of Sherwood Forest Hospital patients receiving harm free care during Q4. We have also contributed and observed excellent results within the Medicine Safety Thermometer.</p> <p>It was noted that there had been an increase in incidents in Maternity, bringing the total for the year to 21 which included 6 intrauterine deaths, 3 unplanned maternal ITU admissions (no maternal deaths) and 6 suspensions of service. The intrauterine deaths have been subject to internal investigation and care followed RCOG and NICE guidance. The NED’s challenged this, considering it a significant issue and asked if there were staffing issues evident. AH said it was being reviewed internally.</p> <p>The Board discussed that the Mandatory Hand Hygiene training was 86% and although it was recognised that it would never be 100%, because various absences need taking into account, it is an</p>		
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	<p>area to focus on. CW asked if it was possible to obtain a ‘real time’ figure. KF will ask LR to do this and see if a 10% variance is achievable and produce a paper for the next Board of Directors meeting to give confidence to the public. It was noted that completion of the training was mandatory for successful appraisal and extra sessions had been provided to facilitate this.</p> <p>In response to GmS regarding catheter associated bacteraemia, AH said pockets had been investigated in Ward 11, but shown no systematic problems. Ongoing work was necessary and the results will be presented at the Quality Committee.</p> <p>SL raised the Top Ten Diagnoses by HSMR and noted that there were 21 more sepsis deaths observed than expected between April and December 2014, 12 more than predicted for secondary cancer and 28 more for pneumonia. AH gave assurances that Sepsis remained an ongoing focus and that the unusual results for pneumonia will be reviewed by the Trust Mortality Group at their next meeting. Coding continued to be an issue, which may have impacted on the results for secondary malignancies.</p> <p>The Chairman told the Board that Newark Advertiser had produced a report on mortality and that the Commissioners were unhappy with how the data had been analysed and items excluded to make the point they were highlighting. AH will discuss this at the next joint meeting with the CCG</p> <p><u>Revalidation Update</u></p> <p>Directors NOTED that the Trust was currently 95% compliant with Medical Appraisal and that of the 77 doctors due for appraisal for the period January 2015 – March 2015 59 appraisals had taken place, with 6 postponements agreed. For the 12 late appraisals reported, their appraisals are in progress.</p> <p>The Directors heard that positive progress had been made by the trust with revalidation clinics, guidance and booklets available to doctors to support the revalidation process. KF asked Dr Norr/Nikki Boulding to join the Nursing Revalidation Group to share their knowledge and the lessons they learnt through medical appraisal process.</p>	<p>KF/LR</p> <p>May 2015</p> <p>AH</p> <p>May 2015</p> <p>AH</p> <p>May 2015</p> <p>AH</p> <p>May 2015</p>	<p>May 2015</p> <p>May 2015</p> <p>May 2015</p> <p>May 2015</p>
	<b>QUALITY IMPROVEMENT PLAN PROGRESS</b>		
15/085	<p>The Quality Improvement Plan which provided an in-depth commentary against the actions and themes was noted.</p> <p>In summary, the QIP (version 12 – 22 April 2015) has:</p> <ul style="list-style-type: none"> <li>• 71 are rated Blue (Action fully completed)</li> <li>• 50 are rated Green (Action on track to complete in line with completion date)</li> </ul>		

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	<ul style="list-style-type: none"> <li>• 53 are rated Amber (Progress being made towards completion of the action or overdue on completion)</li> <li>• 0 are rated Red (No progress is being made or progress is not expected to be made due to barriers)</li> </ul> <p>SBo reported that the Quality Improvement Plan is improving, as more actions have been completed, and as the QIP demonstrated a decrease in the number of Red rating actions (0). There has been demonstrable progress made within the organisation.</p> <p>A discussion was held about the supporting documents and the committees that were being held each week, with divisions arriving prepared and having a good level of subject knowledge.</p> <p>The Directors considered the Assurance Dashboard and it was AGREED that the areas rated red should be discussed at the Quality Committee to enable greater understanding of each of these points.</p>	SBo	May 2015
<b>PATIENT EXPERIENCE QUARTERLY REPORT</b>			
15/086	<p>SBo presented the Patient Experience Quarterly Report and explained that there was a robust system in place with all formal complaints managed within the 25 working days timeframe, in accordance with National Regulations and Guidelines during Quarter 4. It was commented on that Surgery was slower in providing written responses, which has been escalated to AH and dealt with.</p> <p>As a result of the complaint investigation, 69% of complaints were upheld or partially upheld providing the Trust to with opportunities to implement service improvement.</p> <p>It was also reported that the Friends &amp; Family Test (FFT) had demonstrated a significant increase in response rates – Inpatient 53.2% and Maternity Services 38% and the FFT qualitative feedback in Outpatient and Day Case Unit indicated that over 80% of patients would be likely to recommend the hospital to friends and their family.</p> <p>In response to SL asking why the FFT had improved, SBo said that tests were being monitored on a daily basis and that the implementation of a CQIUN worker ensured that questionnaires were being completed; which had a positive effect on the response rates.</p> <p>The Directors NOTED the excellent work of the team during this reporting period.</p>	AH	May 2015

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	<b>MONTHLY FINANCE REPORT</b>		
15/087	<p>PR reported that the Trust’s 2014/15 deficit is £32.6m before revaluation gain, which is £0.1m ahead of the forecast position of £32.7m, but is £6.2m worse than the Trust’s 2014/15 plan deficit of £26.4m.</p> <p>The March in-month deficit was £2.5m before revaluation gain, £0.2m worse than forecast.</p> <p>In March the Trust received the outcome of the 31st March 2015 land and buildings asset valuation from the District Valuer. This identified that the previous impairments of the Trust’s buildings have substantially reduced and the asset values have increased. Accordingly an Income and Expenditure revaluation gain of £18.7m has been recorded reducing the Trust’s Income and Expenditure deficit to £13.9m.</p> <p>The Directors NOTED the 2014/15 outturn deficit of £32.6m before revaluation gain of £18.7m.</p> <p>The Directors NOTED the outturn CIP position and that the Trust achieved £2.7m against forecast of £2.5m.</p> <p>The Directors NOTED the Trust’s 31<sup>st</sup> March 2015 balance sheet and the impact on 2015/16 and ACKNOWLEDGED that the draft accounts had been given to the Auditors for scrutiny and the balance sheet shared with the Finance Committee.</p>		
	<b>INTEGRATED PERFORMANCE REPORT</b>		
15/088	<p>SBa discussed the detailed report of the Trust’s performance 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&amp;E 4 hour wait, 62 day Cancer and C.Diff. As a consequence of the Trusts financial and governance risk ratings the Trust remains in breach of its authorisation with automatic over-ride applying a red governance risk rating.</p> <p>All three RTT standards Admitted, Non-Admitted and Incomplete Pathways continues to under achieve. In respect of Diagnostics and Outpatients work is still being undertaken and this is being discussed with our partners. SBa will submit revised trajectories for sustained achievement.</p> <p>The Directors were informed that:</p> <ul style="list-style-type: none"> <li>• The Trust reported no patients waiting over 52 weeks on an incomplete pathway at the end of March.</li> <li>• The Trust’s incomplete pathway performance has deteriorated in March, with the number of patients waiting</li> </ul>	SBa	May 2015



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	<p>over 18 weeks for treatment increasing proportionately from 9.20% to 10.24% of all incomplete pathways.</p> <ul style="list-style-type: none"><li>• Whilst access to capacity has improved slightly from the February position, performance overall has not improved in line with expectations. The most significant contributing factors have been sickness and booking of available capacity. Consultant sickness has affected ENT, T&amp;O, Gynaecology and Endoscopy and has compromised a number of these recovery plans as a result.</li><li>• Administrative capacity to deal with booking, missing outcomes and review list appointments is being enhanced with bank and agency temporary workforce. However, significant training is required which is proving detrimental to the pace of recovery.</li><li>• Data quality and the timely validation of pathway closures remain poor and are contributing to the overall poor performance across specialties particularly in the non-admitted and incomplete pathways.</li><li>• Additional training of administrative staff is in progress and a review of clinical documentation has been undertaken. Specialty specific targeted validation has started, particularly 17-18 week patients.</li><li>• There is an Outpatient Task and Finish group in place in April to respond to the missing and overdue issues and ensure the backlogs are managed down and sustainable continuing processes are in place to prevent any recurrence of events.</li></ul> <p>It was NOTED that A&amp;E waiting times had improved and targets had been achieved and therefore no longer reporting as red. SBa said that good progress had been made and it was a fair reflection that it was still quite fragile and not completely resolved yet. A ‘thank you’ lunch has been arranged for ED staff on 14<sup>th</sup> May 2015.</p> <p>Discussion ensued with regard to Emergency Department (ED) Turnaround and the influencing factors regarding the changes. SBa said there was no direct cause or affect, but agreed with KF that an ability to recover was apparent and that the Trust was benefiting now as a result of systems being implemented that were working.</p> <p>NED’s sought assurance that by keeping Ward 21 closed it was not creating any pressures on other wards and a detailed discussion entailed the Systems Resilience Group being as accountable as this Board. It was NOTED that it was constantly on their Agenda and formed part of a strategic programme.</p> <p>RD asked why the figures for Oral Surgery were so low. SBa confirmed that this was because these involved 1 individual and that the Trusts is now working with NUH for this.</p> <p>NED’s challenged the robustness of the Outpatient Department and</p>		
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	asked how robust SFHT was in performance management – whether there was adequate resources to deliver, how good was the planning process is and do we have sufficient capacity. SBA confirmed this would be picked up through the Risk Committee.		
	<b>WORKFORCE QUARTERLY REPORTS</b>		
15/089	<p>A detailed Workforce Report was considered and KF confirmed that there was a 0.5% reduction in sickness absence and that the appraisal rate had improved.</p> <p>In response to RD asking if it was typical that the number of leavers in March had doubled, KF said the tax year may have had an impact on individuals, but would review this against the figures for March 2014.</p> <p>The Board discussed staff engagement and in particular KF said that lessons had been learnt through Bath regarding their staff engagement strategy. She was in the process of drafting a Memorandum of Understanding for Bath???, with assistance from PW.</p> <p>The Directors reflected on the forthcoming CQC inspection and SBo/AH confirmed that they were meeting one of the lead inspectors within the next two weeks. KF/SBa expressed an interest in meeting with them on this occasion also.</p> <p>SBo informed members that there were 2-3 focus events over the forthcoming week and she will circulate the programme for these.</p> <p>CW raised that when she attended the Team Brief at Newark, one of the screens was out of order, which resulted in members of staff not feeling part of the briefing. It was agreed that this should be a priority and be repaired immediately.</p> <p>The Directors NOTED the contents of the report and ACKNOWLEDGED the actions being taken to improve performance.</p>	<p>KF</p> <p>KF/PW</p> <p>SBo/AH KF/SBa</p> <p>SBo</p> <p>PW</p>	<p>May 2015</p> <p>May 2015</p> <p>May 2015</p> <p>May 2015</p> <p>May 2015</p>
	<b>SIX MONTHLY NURSE STAFFING REVIEW</b>		
15/090	The Directors considered the information and the related risks highlighted in the six-monthly review of nursing and care staffing across inpatient wards and the Emergency Department at Sherwood Forest Hospitals NHS Foundation Trust (SFHT). This review is underpinned by monthly safer staffing reports, which have previously presented detailed staffing on a shift by shift basis at ward, divisional and trust level to the Board, triangulated with the bi-		

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	<p>annual Safer Nursing Care Tool acuity and dependency audit data.</p> <p>SB gave assurance that staffing levels were being managed daily with SBa and AH.</p> <p>The Directors NOTED that the next six-monthly staffing establishment review and that progress will be presented again in September 2015.</p>		
	<b>MONITOR COMPLIANCE QUARTERLY REPORT</b>		
15/091	<p>KR tabled an updated version of the Quarter 4 Self Certification paper. The Directors were reminded of their obligations. SL asked that Directors review this information by the end of the day and report back to KR if necessary.</p>	All to note	30/04/2015
	<b>FIT AND PROPER PERSON REQUIREMENT</b>		
15/092	<p>Directors NOTED the Fit and Proper Person Requirements (FPPR) report which reflects on actions to date. KF confirmed that there was still outstanding information and a further update would be provided at the Board of Directors meeting in May.</p>	KF	May 2015
	<b>ACCOUNTABILITY MATRIX</b>		
15/093	<p>The Directors were reminded that the governance framework was approved last year by the Board of Directors which articulated all of the key systems and structures to govern the relationship between the Board of Directors and the Executives holding functional responsibilities for operational delivery.</p> <p>KR reported that more work is planned before it can be finalized and further clarification, specific to the turnaround agenda, PMO and Recovery Programme and further enquiries were being made against the Accountability Matrix for RUH Bath.</p>	KR	May 2015
	<b>ANNUAL PLAN UPDATE 15/16</b>		
15/094	<p>PW informed the meeting that the Annual Plan was being prepared and a pre-submission meeting arranged for 7<sup>th</sup> May 2015, as the submission deadline was 14<sup>th</sup> May 2015. Further detail would be provided in the Private Session of the Board of Directors later in the afternoon.</p>		
	<b>CAR PARKING</b>		
15/095	<p>Directors NOTED the contents of the paper and the outcome of discussions with JSPF and Medical LNC and APPROVED the proposed increase in parking charges in-line with RPI.</p>		



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	<p>self-assessments to the Regulators .</p> <p>It was NOTED that consideration should be given to how the work of their Committees might better support assurance of the effectiveness of internal controls and ensure agendas are driven accordingly.</p>		
	<b>USE OF TRUST SEAL</b>		
15/099	The Directors NOTED that this was a nil report as the trust seal had not been used.		
	<b>GOVERNOR MATTERS</b>		
15/100	The Chairman reported that the Council of Governors would meet with Monitor on 12 <sup>th</sup> May 2015 and at the next meeting arranged for 21 <sup>st</sup> May 2015 Terry Watson, Turnaround Director and Gillian Hooper, Improvement Director would be in attendance.		
	<b>ESCALATION OF ISSUES FROM TMB</b>		
15/101	KF confirmed that these would be discussed on the Private session of the Board of Directors meeting this afternoon.		
	<b>REPORTS FROM SUB COMMITTEES</b>		
15/102	<p><b><u>AUDIT &amp; ASSURANCE COMMITTEE</u></b></p> <p>RD provided a verbal report from the Audit &amp; Assurance Committee meeting on 21<sup>st</sup> April 2015, summarising the discussions and decisions made. During this meeting the committee considered the year end accounts and in particular congratulated PR in producing them in a timely manner. He told the Directors that there was a moderate level of assurance from the Auditors and a meeting had been arranged for 21<sup>st</sup> May 2015 for the sign off of financial accounts.</p> <p><b><u>CHARITABLE FUNDS COMMITTEE</u></b></p> <p>TR provided a verbal update from the Charitable Funds Committee and spoke of the challenges around quoracy with discussions being held around the Terms of Reference.</p> <p>He also reported that procedural issues were evident that needed unblocking to enable money to be spent when and where necessary, without costs being incurred to the Trust.</p> <p>A discussion was held relating to using charitable funds to refurbish patient waiting rooms at Kings Mill Hospital, which were in much</p>		

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	need of attention.  After consideration the Board of Directors APPROVED the Terms of Reference as recommended by the Charitable Funds Committee		
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>		
15/103	A member of the public thanked the Directors for the microphone system that was now fully installed. They also enquired when the ‘NO SMOKING’ signs would be posted outside the entrances at the hospital. KF agreed to discuss this at the next ‘Smoke Free’ meeting.	KF	
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
15/104	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: <ul style="list-style-type: none"> <li>• Focus on the approaching CQC visit on 15<sup>th</sup> June 2015</li> <li>• Feedback from the ‘Listening Events’.</li> <li>• A year-end Team Brief comprising of a summary of the key messages through last year.</li> </ul>		
	<b>ANY OTHER BUSINESS</b>		
15/105	The Chairman raised the CQC visit planned for 15/06/2015, which was a priority week for the organisation and asked Directors to be mindful of the financial priorities at the moment but if there was any conflicts then quality was imperative.  There were no further matters arising.		
	<b>DATE AND TIME OF NEXT MEETING</b>		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 28 <sup>th</sup> May 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 1.34pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted.  <b>Sean Lyons</b> <b>Chairman</b>		
	<b>Date</b>		