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

Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 11.30 am on Thursday 26h November 2015 in the Board Room 1, Level 1, King's Mill Hospital

Present:	Sean Lyons	Chairman	SL
	Claire Ward	Non-Executive Director	CW
	Ray Dawson	Non-Executive Director	RD
	Neal Gossage	Non-Executive Director	NG
	Ruby Beech	Non-Executive Director	RB
	Graham Ward	Non-Executive Director	GW
	Peter Herring	Interim Chief Executive	PH
	Paul Robinson	Chief Financial Officer	PR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PWoz
	Shirley Clarke	Deputy Director of Corporate Services	SC
	Jon Scott	Interim Chief Operating Officer	JS
	Graham Briggs	Interim Director of Human Resources	GB
In attendance:	Karen Fisher	Programme Director – Quality Improvement	KF
	Eric Morton	Improvement Director	EM
	Helen Flear	Turnaround Director	HF
	Peter Watson	Interim Deputy Chief Operating Officer	PWat
	Dr M Z Noor	Associate Medical Director – Appraisal and Revalidation	MZN
	Joy Heathcote	Minute Secretary	JH
	John Kerry	Member of the Public	JK
	John Bust	Chairman, Care for Kirkby Senior Forum	JB
	Philip Bolton	Divisional Matron	PB
	Mr and Mrs K	Patient Story – Experience of Maternity Services	
	Jo Disney-Spiers	Senior Midwife/Supervisor of Midwives	JD-S

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
015/237	The meeting being quorate, SL declared the meeting open at 11.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
015/238	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
	APOLOGIES FOR ABSENCE		
015/239	It was CONFIRMED that apologies for absence had been received from Tim Reddish, Non-Executive Director, Dr Peter Marks, Non-Executive Director, Suzanne Banks, Interim Chief Nurse and Dr Andrew Haynes, Executive Medical Director.		
	PATIENT STORY		
015/240	PB introduced Mr and Mrs K to the meeting to present their patient		

	story regarding their experience of Maternity Services. Mr and Mrs K were joined by JD-S, Senior Midwife/Supervisor of Midwives. JD-S explained that throughout their treatment, the family had received holistic care in line with the 6 c's of care. The family were based in Newark and wanted a home birth, but had chosen King's Mill Hospital as their place of choice had this not been possible. Mr K was also not fully sighted so his additional needs had been considered. Mrs K confirmed that throughout her pregnancy, they had received excellent care from the Midwife, who had listened to them, supported them and enabled them to make informed choices. Mr and Mrs K had also visited the hospital to meet the staff and to look around and experience the environment of the maternity unit. They had spent some time discussing their special needs and how staff could support their preferences and needs. Unfortunately Mrs K's labour did not start as planned so she had to be admitted to be induced. Mr K had stayed with her. Mrs K was keen to labour in the pool which was supported as part of her plan. Mrs K's induction was delayed as she wanted more time to discuss options in an attempt to avoid a hormone infusion which would mean she could not use the pool. This was delayed so that Mrs K was given every opportunity to labour without the infusion but sadly, this was not to happen. Mrs K had an extremely long labour and herself and her partner were physically, mentally, emotionally and spiritually exhausted and Mrs K said it felt hard having a change of midwife after having built up a relationship with the night midwife and student after a very long and challenging night, but they needn't have worried. Alternative staff had come on duty and had immediately built up a relationship with them and supported them both when they were at their lowest. Special mention was given to particular staff and as their faith was important to them, they had suggested asking the Chaplain to come to visit. Adam was born to the sound of Boyzone, Love me for a reason and Mrs K had held the wooden cross given to her by the Chaplain. She was also able to tell her partner that they had a son. Mr K had felt his baby born and gave skin to skin whist the cord pulsated. They were also given choice and managed to make informed decisions in conjunction with the hospital staff and the placenta was delivered without the need for an injection which they were really pleased about. The Chaplain had also returned to bless the new family. Mrs K was given a single room and they were both encouraged to stay until they had recovered fully and that support with breast feeding was provided. Thanks to this, the baby was fully breast fed to 6 months. Although it wasn't the birth planned, the baby was delivered safely in the hospital of their choice and they would never forget the excellent help and support that they received from the staff at King's Mill. The Board welcomed this positive story and thanked the family for		

	coming in to share their experience.		
	OUTCOMES RE LAST MONTH'S PATIENT STORY		
15/241	PB confirmed that the patient story provided the previous month was being used at the Proud to Care study days which all Registered Nurses and HCAs would attend throughout the year and the video was being shown to assist learning. The patient had input to the video and would possibly be visiting the hospital in the future.		
	MINUTES OF THE MEETING HELD ON 5th NOVEMBER 2015		
15/242	Following a review of the minutes of the public meeting held on 5th November 2015 these were AGREED as a true and accurate record.		
	MATTERS ARISING/ ACTION LOG		
15/243	The Board REVIEWED the action tracker document in detail and SL reminded Directors of the importance of ensuring the actions were accurate and had been followed up. The following updates were provided; **Item 47** – KF confirmed that learning was still to be embedded and that this formed part of Duty of Candour and was an element of the Quality Improvement Plan (QIP). KF would provide a further update at the December Board meeting. **Item 61** – GB to give update as part of workforce update later in the meeting. **Item 66** – response to be provided by J Richardson. **Item 67** – PB confirmed that the latest hand hygiene audit showed significant improvement. Poor performance had been reinforced with the Senior Nursing Team. Action complete. **Item 68** – Agreed that RB would be the NED advocate for End of Life Care **Item 72** – should read reported data, rather than date. **Item 75** – PWoz confirmed that delivery of the telephone system was expected on 21st December and would require configuration. The expected completion date was January 2016. SL confirmed that the actions would need to be completed appropriately.		
	CHAIRMAN'S REPORT		
15/244	SL provided a verbal update which included: **Monitor PRM** – The latest PRM had taken place on 16th November and Monitor had confirmed that they intended to take regulatory action with regard to reference costs. PR confirmed that formal notification		

	had not yet been received. **Long Term Partnerships** – this had also been discussed with Monitor and further consideration would be given to this issue at the Confirm and Challenge session on 16th December 2015. **NED Stakeholders** – SL confirmed that he had been contacted by Chesterfield Royal Hospitals NHS Foundation Trust who had nominated a NED stakeholder and a meeting would be arranged. **Full Council of Governors meeting** – a meeting of the Council of Governors had taken place on 18th November and they had expressed a wish to be connected with the Quality Improvement Plan (QIP) and to receive assurance. **Commissioner Requested Services** – all commissioners were requested to complete this by the end of March and ours have stated earlier following receipt of a letter from professor Sir Mike Richards. **Alliance Contracting Board** – a meeting had taken place on 25th November and the Memorandum of Understanding (MoU) had not yet been signed. **NED Responsibilities** – SL confirmed that he was currently reviewing NED responsibilities for various committees and would discuss these with PH. The updated arrangements would then be shared with Executives. **NHS Providers** – SL had circulated the recent communication from NHS providers and any key issues could be shared at the next meeting if required. The Chairman's Report was noted.	SL	22/12/15
	CHIEF EXECUTIVE'S REPORT		
15/245	PH provided a verbal update, confirming that PB would provide an update regarding nursing issues and Dr MZ Noor would update on issues relating to doctors. In future, PH would provide a report on the 'view from the bridge' which would include high level information on the priorities and issues. A number of Board reports would be reshaped and Executives would describe the current situation verbally, rather than producing lengthy reports. The focus over the next 12 months would be on delivery and embedding the QIP and making real progress on the CQC concerns. The CQC would need to be satisfied that good progress was being made and that the Trust would be moving out of its inadequate status and special measures. This was a high priority and would be considered at a Board of Directors Workshop.		

	One of PH's key roles would be to ensure that there were high levels of staff engagement, along with delivery of high quality services as a team effort. The Trust's vision would need to be refreshed and clarified to ensure that all staff and stakeholders understood the future direction for the Trust. With regard to performance, there was a need to consistently deliver and the current A&E performance was a great achievement and a credit to the organisation and we should be proud. It would be a difficult winter and there was a requirement to sustain current performance. Improvements were also required on cancer waiting times and RTT. Financial improvement was required with a need to reduce run rate and the forecast deficit. Following the Alliance Development Board meeting held on 25th November it was evident that the Trust would need to engage with its partners. Good work had taken place in Nottinghamshire relating to the Vanguard work. SL agreed with the proposals for the structure of Board reporting going forward and PH highlighted the requirement for high quality reporting. The Chief Executive's report was noted.		
	QUALITY & SAFETY MONTHLY REPORT		
15/246	PB introduced discussion of the monthly Quality & Safety Report which updated on the Trust's 3 quality priorities Mortality information was provided and PB confirmed that the aim was to achieve a sustained HSMR at, or below 100. Dr Foster data was now available up to June 2015 and performance for June 2015 was currently showing at 89. The work undertaken on sepsis was now resulting in performance improvements. MZN confirmed that there was 7 day cover and 100% compliance with the Sepsis 6 bundle at weekends, as well as during the week. Ward rounds were undertaken and good staff engagement had improved participation. In response to SL regarding sustainability, PB confirmed that sepsis was a good example of this and that teams were now fully engaged, they had a full understanding of requirements and wished to sustain the improvements. GW emphasised that the Board required assurances that performance would be maintained but recognised this would be difficult. MZN again highlighted that the staff engagement had made a real difference and that the same focus was applied at Newark Hospital. PB added that all cases of sepsis were reviewed straight away so that organisational learning would be immediate.		

	With regard to falls, PB confirmed that there had been minimal reduction although significant work was now being undertaken to bring about improvements. This would include more of a multi-disciplinary approach with the Falls Team and medical staff working together to identify specific areas where improvements could be made. Equipment purchases had been made to support a reduction in falls which included anti slip mattresses. Reducing falls was a must do and good work was being undertaken by the Falls Nurses who were visiting other Trusts to explore shared learning opportunities, working both locally and nationally. Environmental changes were being made to ward 52 and if there was something that could be replicated in other areas of risk then this would be considered. The Trust was taking part in a pilot of hip hop flooring which was an anti-slip advancement. In response to SL, PB confirmed that consideration was given to where there were cohorts of patients in specific areas that were at risk and assessments were made as to whether these patients required direct interaction, one to one care or other enhanced care. SL recognised the work being undertaken but emphasised that the speed of change would need to increase. He asked that the Quality Committee consider this further with a report prepared for the Board meeting in January 2016.	PB	Jan 2016
	NURSE STAFFING REPORT		
15/247	In line with national guidance the Board of Directors received a monthly nurse and midwifery staffing report which: • Provided a summary of the planned and actual staffing levels across all in-patient wards; • Included exception reporting where the actual nurse staffing levels had either failed to achieve or had exceeded agreed local staffing thresholds; • Identified a number of predetermined patient outcome measures in order to evidence; • Included a summary of the sickness and vacancy levels by ward. The paper described the mechanisms by which all escalations for concerns about safe staffing were identified and documented and the staffing information formed part of the monthly published staffing data published on NHS choices and the Trusts website. SL noted that a presentation had been provided at the Council of Governors meeting the previous week. PB confirmed that in December, a trust-wide review of all ward establishments, both whole time equivalent and skill mix, would be undertaken based on the information collated from the previous 3 patient acuity and dependency reviews. GB highlighted that this would fit with the Recruitment & Retention workstream within the QIP.		

	In response to JS, PB confirmed that this work did respond to the questions raised by the CQC relating to safe staffing levels. The Board NOTED the Nurse Staffing Report and SL confirmed that there had been good progress since the last meeting.		
	INTEGRATED PERFORMANCE REPORT		
15/248	PWat introduced discussion of the Integrated Performance Report which highlighted on-going concerns in key areas. RTT Incomplete pathway achieved 92.04% (target 92%) with the admitted and non-admitted failing to reach their indicative targets (non-reportable) which indicated an increased likelihood of further pressure on this target. The diagnostic tests achieved 96.12% (target 99%). This was due to issues in Endoscopy for which there was a trajectory for recovery during December, Echocardiogram which was now back above 99%, Dexascan which was very low in number and sleep studies which continued to present an issue. 62 day cancer pathways achieved 90.9% for September and 80.5% for October which was due to on-going work to catch up with long waiting patients and had a trajectory to achieve compliance for Q4. The Trust was in discussion with Nottingham and Derby Hospitals to provide support and having a joint cancer lead with Nottingham. In response to GW, PWat confirmed that consideration was given to relationships with tertiary centres and ensuring improvements in diagnostics. AH had spoken to cancer clinicians regarding appropriate scheduling of operations and diagnostics. In response to SL, PWat confirmed that commissioners and Monitor were aware of the action the Trust was taking to ensure improvements. Length of stay showed significant improvement and turnaround workstreams were in place to achieve better than national average. Theatre utilisation was low and a workstream to improve this was being designed. Cancellations on the day of operation were 0.3% and theatre utilisation was 72% which would be considered by the specific workstream. JS highlighted the QIPP and part of this was to improve pathways and PWat confirmed that there were also some issues relating to recording which would need to be resolved. Outpatient clinic utilisation was low although had improved markedly. Action was required to reduce DNA rates through improved communications, better call handling and application of the access policy. With regard to the review list, there were now 2240 patients overdue and improvements had been made with expected achievement by February 2016. Performance against A&E waiting times was 95% which remained challenging and work continued on patient flow across the organisation to assist A&E and RTT achievement. Further work would		

	be undertaken on standard operating procedures to put in increased challenges. CW asked what modelling had been undertaken to ensure continuity of service during the junior doctors strike and PWat confirmed the arrangements in outpatients, some appointments had been moved forward and there would be increased activity in Endoscopy on 1st December. 3 theatre cases had also been listed. JS also confirmed that there were full contingency arrangements in place for the strike. SL noted the significant improvements in length of stay greater than 14 days but remained anxious regarding reports from Governors regarding outpatients, cancelled appointments and not being able to contact the hospital via the telephone and these issues would need to be resolved. These issues also presented reputational risk to the organisation. PWat confirmed that it would take 10 days for the new telephone system to be operational following delivery and it was expected that this would be complete in January 2016. Work was also ongoing with regard to text messaging and improving cancellation rates and ensuring patients were re-booked. SL highlighted that the construction of the IPR would become more integrated going forward. With regard to finance, PR confirmed that the Trust's financial position for the 7 months to October 2015 was a deficit of £29.77m, £5m worse than plan. Medical pay expenditure was due to high numbers of vacancies and a focus remained on recruitment. Work was taking place with Monitor to ensure the Trust received the central cash support required. Year to date CIP delivery was £3.03m delivered against a plan of £3.07m. Project Initiation Documents continued to be compiled to assure delivery of 2015/16 plan of £6.5m, which currently stood at £6m achieved.		
	WORKFORCE REPORT		
15/249	GB provided a verbal update on the proposed Junior Doctor strikes of 1st, 8th and 16th December 2015. The Board noted that the drive to renegotiate the junior doctors and consultants contracts was in support of the commitment to 7 day services across the NHS. The junior doctors contract dispute was with the Government not with the Trust. That said the Trust had the responsibility to manage the consequences of any industrial action and GB assured the Board that extensive plans were in place to do so. Clarity had been sought from the BMA on the level of 'emergency' cover that the junior doctors would be providing on 1 December. Exemptions had been requested but declined by the local BMA. If this stance were maintained it would have more serious consequences for the days of action planned for		

	the 8th and 16th December when the junior doctors would be providing no emergency cover. GB explained that the essence of the Trust's contingency planning for action on 1 December was to provide as extensive a range of patient services as could be safely staffed on the day. At present the estimate was that only about 100 planned outpatient, day case or elective operations would need to be cancelled. Patents would be advised to plan to attend as normal unless they were contacted to the contrary. In response to NG, GB confirmed that it was expected that all junior doctors would participate in the strike action with the exception of the 28 junior doctors/locums who would normally be rostered for emergency cover on that day. GB went on to highlight the key issues from the Workforce report. Sickness absence figures were disappointing. The Divisions had not stopped applying the initiatives that had previously reduced absence to class leading lows. It was felt that the continuing level of vacancies was impacting on staff resilience and the QIP focus on recruitment and retention should begin to deliver results shortly. GB highlighted that absence figures relating to Newark Hospital and corporate were skewed due to the smaller numbers involved. CW noted that although smaller in number, there was a significant difference in sickness absence and she asked what was specific at Newark Hospital and what action was being taken. GB confirmed that services at Newark Hospital came under the same divisions as at King's Mill and not dealt with separately and he agreed to investigate whether there were any particularly different reasons for absence at Newark Hospital. GB confirmed that the split in sickness absence overall was slightly more on short term than long term. SL noted the Divisional trajectories for sickness absence improvements within the report and his expectation was for this to be achieved. GB confirmed that HEEM, the GMC and Nottingham University had recently visited the Trust. The informal feedback from HEEM was confirmation that they had not found any issues that they or the Trust were not previously sighted on and emphasised their not regulatory and supportive role. Written feedback from the visit was awaited. Feedback from the University of Nottingham had been positive. With regard to mandatory training, completion rates were just above 80%. An extensive QIP action plan was in now place to drive compliance and support a patient safety culture. With regard to recruitment, NG noted the number of medical vacancies and that there was still a financial overspend on medical pay and asked if there was a specific report for the Board relating to		

	this. GB agreed to provide this detail at the next meeting within the Workforce Report. RB welcomed the information relating to variable pay and noted that it had decreased in some areas. In response to RB regarding the reduction in appraisal completion, MZN confirmed that some appraisal dates had been moved and medical appraisal completion rates were currently 95%.	GB	22/12/15
	ACCESS POLICY		
15/250	This item was deferred to the next meeting.		
	ESTATES STRATEGY		
15/251	BW confirmed that following the recent report by Monitor on the Trust's Capital Programmes for 2015/2016 and DoH Section 42 'Deficit Support Conditions', the Trust was required to have an up to date, Board approved, Estates Strategy consistent with the Trust Clinical Strategy. The document built on the CCG Better Together Transformational Programme (BTTP) Estates & Commercial Strategy and defined the Trust Estates priorities aligned with the BTTP. The Estates Strategy was a 'no new build' solution to better utilise the high quality PFI estate, improve adjacencies, dispose surplus land and exit deteriorating retained estate to reduce the Trust's overall gross internal area/footprint. This would not only reduce the Trust's PFI financial burden and excess retained estate liabilities, but also occupancy costs including business rates and utilities costs. The PFI cost was £326m of which 70% was PFI and 30% was the liability of the Trust. The document was consistent with the format described in the DoH document 'Developing an Estate Strategy' (2005) and the strategy included a 5 year capital investment plan reflecting safety/backlog maintenance levels and capital spend to mitigate these, annual lifecycle replacement of estate infrastructure, and new developments. Estate KPI's were included and benchmarked against peers to assist when reviewing investment proposals that impacted on or were affected by the estate. BW provided a presentation which confirmed that the Trust was an outlier against the top third of PFIs regarding activity, income and occupancy costs, although the Trust performed well in other indicators. The performance drivers in the Estates Strategy were noted and BW confirmed that if activity dropped as proposed, it would leave the Trust with a significant estate, therefore this investment was required. In response to SL, BW confirmed that a decision would need to be		

	made on how to use the main hospital site, Mansfield Community and Newark Hospitals and would need to be aligned with reduction in activity. A major part of the capital investment would be required in 2019/20. By making this investment this would reduce the PFI costs by £1m per year and provide better utilisation of the PFI asset. The retained estate would continue to deteriorate and in the interim increase the Trust's maintenance liability and single point failure exposure for critical services. RD asked if the proposals could be brought forward and BW confirmed that there were plans to remove the Trust Administration Building but this was reliant on the School of Nursing moving out and in response to PH he confirmed that this was financially based. PWoz explained that the presentation provided planning assumptions and that the capacity would need to be available in the PFI estate to be above to move from the retained estate. Further work would need to take place to go through the plans methodically if greater pace was required. With regard to the capital costs it was confirmed that there were significant equipment costs included and that if the BTTP did not materialise as planned, there would still be capacity available at the Trust, but that rationalisation still had to take place to reduce the Trust's footprint. CW asked about the capacity for decanting from Newark Hospital and for clarity, PWoz confirmed that it was about the most efficient use of acute bed capacity and consolidation. Consideration could then be given to how to use other sites more effectively. PH noted that it was essential to have a full understanding of the background and at present, there was not an agreed strategy for Newark Hospital. A strategy would also be required if the BTTP did not take place and there was a need to understand the basic assumptions to allow sign off by the Board. SL confirmed that the Executive Team would need to consider the Estates Strategy further and suggested that if anything could be completed quicker, then this should be actioned for the benefit of the Trust and its patients. Action should also be taken to reduce the number of older, unsightly buildings on site. It was agreed that the Executive Team would consider the Estates Strategy and SL thanked BW and PWoz for this piece of work. PWoz to advise date.	PWoz	06/01/15
	TERMS OF REFERENCE FOR OD & WORKFORCE BOARD COMMITTEE		
15/252	GB presented the revised Terms of Reference (ToR) for the OD & Workforce Board Committee.		

	PH noted that the ToR provided significant assurance, although these should also include work on strategic development. It was agreed that GB would agree revisions and seek virtual approval.	GB	22/12/15
	CDS PATHOLOGY		
15/253	PWoz reminded Directors that in 2014 Sherwood Forest Hospitals NHS Foundation Trust, Derby Teaching Hospitals NHS Foundation Trust and Chesterfield Royal Hospitals NHS Foundation Trust had signed a Memorandum of Understanding (MOU) to develop a provider collaboration which would accrue significant benefits to the three Trusts delivering a shared pathology service. Good progress had been made on consolidating the services. CDS Pathology had produced a position statement which was provided in the paper. The programme was planning to produce a full options appraisal document to assess the options for the provision of pathology services for January 2016 and it was the ambition of the programme to start developing operational implementation plans from January 2016. Directors were asked to note the report and support the direction of travel towards greater integration of pathology services in order to deliver clinical and cost effective benefits. Approval was also sought for the programme management to proceed to develop an options appraisal report with in depth modelling of final options for the future provision of a single managed pathology service. PWoz also highlighted the significant gains available and investing in the IT required. In response to SL, MZN confirmed that there had been improvements in internal clinical engagement. The Board noted and approved the progress being made and requested that a final recommendation be presented to the Board. To be included on action log with date.	PWoz	Mar/Apr 2016
	QUALITY IMPROVEMENT PLAN		
15/254	SL reminded Directors of the QIP workshop that had taken place earlier that day with a move to adopt the document. GB advised that that the MAST compliance target of 90% of eligible staff had been brought forward to 30th September 2016 and the 100% of eligible staff target been brought forward to 31st December 2016.		
	GOVERNOR MATTERS		
15/255	There was nothing to report this month.		

	ESCALATION OF ISSUES FROM TMB		
15/256	PR confirmed that discussion had taken place regarding preparation for the junior doctor's strike and agency caps. Discussion also focussed on the HEEM visit and issues arising from the Integrated Performance Report and their resolution.		
	REPORTS FROM SUB COMMITTEES		
15/257	**Quality Committee** SL reported that PM had prepared an update from the Quality Committee for the Board. Endoscopy backlog and JAG accreditation – A response had not yet been received from JAG on the evidence submission in August and submission of additional information in September. There was a requirement to clear the backlog and improve waiting times by the beginning of January and a plan was in place to do this by using private sector at Park Hospital in Nottingham. Although the timescales were tight there was a degree of confidence that this would be achieved. However, the junior doctors strike action would pose a significant risk to this as consultants would have to cover juniors work and some routine work may have to be deferred. The other risk is of patients not wanting to travel to Nottingham, although we have tried to minimise this by providing transport etc. If we don't manage to deal with the backlog and reduce waiting times both JAG accreditation and bowel cancer screening accreditation may be at risk. Cystoscopy SI which did not hit the radar until October from May. There were patients at risk and AH had this under scrutiny There were a significant number of outstanding serious incident investigations and complaints over 25 days, including five over 100 days, one of which is waiting for SI investigation. This was also a concern for the CCG. **Finance Committee** NG confirmed that SL had agreed to join the meeting as it had not been quorate. The cash position remained challenging with a stretch target of £41m. The forecast outturn was worse than plan and discussions regarding support were taking place with Monitor and the DoH. The Trust was on target to deliver the CIP programme. **Audit & Assurance Committee** RD provided a report from the last meeting confirming that there was		

	concern regarding the BAF which would also prejudice the Head of Internal Audit opinion this year. A BAF development session would take place on 16th December and Browne Jacobson would provide support. There was a lack of assurance received regarding risk management and consideration would be given to a risk management sub committee of the Board. SC confirmed that KPMG were supporting this work. **Charitable Funds Committee** Directors noted a report which provided an update on the community involvement agenda and the support that the Trust services received via voluntary services and charitable funds donations.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC		
15/258	Two questions were received from JK: **Smoking** JK welcomed the smoking cessation service advice centre in the main entrance and felt that improvements had been made. The hand out cards were now available and he was not sure where these would be placed at Newark and Mansfield Community Hospital sites. JK noted that there were no members of the public invited to the Smokefree Sherwood Forest Hospitals meetings. JK asked if the notes of the Smokefree meetings could be shared and SL agreed to speak to PM regarding this request. **Primary Care 24** JK asked if any statistics were available for non emergency services from the walk in centre and PWoz confirmed that this service was not provided by the Trust but that he would check if details were available.	SL PWoz	22/12/15 22/12/15
	COMMUNICATIONS TO WIDER ORGANISATION		
15/259	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.		
	ANY OTHER BUSINESS		
15/260	There were no further matters arising.		
	DATE AND TIME OF NEXT MEETING		
15/261	It was CONFIRMED that the next meeting of the Board of Directors would be held on Tuesday 22nd December 2015 at 9.30 am in the		

	Board Room, Level 1, King's Mill Hospital.		
	There being no further business the Chairman declared the meeting closed at 2.05pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted. **Sean Lyons** **Chairman** **Date**		