

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 25th June 2015 in the Board Room, Level 1, King’s Mill Hospital

Present:	Sean Lyons	Chairman	SL
	Claire Ward	Non-Executive Director	CW
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	Neal Gossage	Non-Executive Director	NG
	Dr Peter Marks	Non-Executive Director	PM
	Tim Reddish	Non-Executive Director	TR
	Karen Fisher	Acting Chief Executive	KF
	Paul Robinson	Chief Financial Officer	PR
	Susan Bowler	Executive Director of Nursing & Quality	SBow
	Susan Barnett	Director of Operations	SBa
	Dr Andrew Haynes	Executive Medical Director	AH
	Kerry Rogers	Director of Corporate Services & Co. Sec	KR
	Graham Briggs	Interim Director of Human Resources	GB
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
In attendance:	Joy Heathcote	Minute Secretary	JH
	Yolanda Martin	Head of Communications	YM
	John Kerry	Member of the public	JK
	Maryam Qaiser	Newark Advertiser	MQ
	Nick Watson	Consultant Colorectal Surgeon	NW
	John Tansley	Consultant Anaesthetist	JT
	Helen Lenthall	Service Improvement Manager	HL
	Kim Ashall	Programme Lead Emergency	KA

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
015/128	The meeting being quorate, SL declared the meeting open at 10:00 hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
015/129	It was CONFIRMED that SBow who had declared an interest in the CQC item on the agenda, was not conflicted through her association and should remain as part of discussions.		
	APOLOGIES FOR ABSENCE		
015/130	It was CONFIRMED that no apologies had been received.		
	PATIENT STORY		
015/131	PW had undertaken an assurance visit to ITU and as a result, had invited Nick Watson (NW) and John Tansley (JT) to the Board		

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	<p>meeting to provide a presentation regarding Enhanced Peri-Operative Care for High-risk patients (EPOCH).</p> <p>NW explained the variation in mortality following emergency surgery in the UK, particularly relating to emergency laparotomy, details of which were provided in the first report of the UK Emergency Laparotomy Network. He also explained the National Emergency Laparotomy Audit (NELA) which was a mandatory national audit and was included in the Trust Quality Account. The objective of NELA was to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high quality comparative data from all providers of emergency laparotomy. This was a web based system with 88 individual data points and examples were provided.</p> <p>The presentation outlined the objective of EPOCH was in part to answer the question of whether a quality improvement project to implement a care pathway could improve 90 day survival for emergency laparotomy? There was a stepped wedge randomised cluster trial and hospitals randomised in geographical clusters along with data capture via HQIP-NELA. Intervention included the care pathway, local leadership by champions, QI training, cluster meetings and web-based resources.</p> <p>The outcome measures for primary and secondary care were; primary - 90 day mortality and secondary - hospital stay; hospital re-admission; 180 day mortality and cost effectiveness.</p> <p>The Trust was currently at stage 4/5 on the QI timeline: (Stage 4 - Investigators engage in QI planning and attempt first tests of change. Stage 5 - Improvement activities continue and sites share success and challenges through ‘community of practice’).</p> <p>NW confirmed that intuitively this made sense, was meaningful (tangible clinical impact), a chance for the Trust to be seen as good and amongst the best, an opportunity to level the playing field, cost effective and there would be transferable skills.</p> <p>To date there had been clinical engagement which was inclusive, with multi-disciplinary working and participation in NELA and EPOCH. A cluster activation meeting had been held at King’s Mill Hospital on 24th March, with a follow-up meeting on 15th June. The emergency theatre SOP had been updated and there was an ipad for data entry/risk calculation with a generic email/login for Theatre 1 team leaders. Some performance data was then outlined and it was confirmed that there were boards up in theatres for this information to be shared. The first year patient report was expected from NELA on 30th June and the Trust had been commended on being one of the top performers in one of the measures, with King’s Mill appearing in the top ten sites for pre-operative risk documentation.</p>		
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	<p>TR welcomed the excellent work being carried out and asked how difficult it was to involve other staff. NW confirmed that there were always staff who were keen to be involved and others that were not as interested in change. He also confirmed that the individual feedback was a powerful tool in driving change.</p> <p>In response to TR, JT highlighted that none of the proposals were difficult, but would need to be carried out through a specific process. It was about getting the basics right to support high risk patients, ensuring early pre-operative assessment and putting the right care packages in place for the best outcomes.</p> <p>PM highlighted the importance of research and innovation and suggested that this model could be used in other departments, particularly regarding health care of the elderly, although consideration would need to be given to resources to undertake such initiatives. There had been excellent engagement in this project and PM suggested that the outcome of the report should be shared with the Quality Committee.</p> <p>In response to SBa regarding aspirations for 2015/16, it was confirmed that this needed to be embedded in theatres and become ‘business as usual’. It was also hoped that there would be a reduction in surgical intervention, although data was not yet available to support this and also making good choices for patient outcomes.</p> <p>JT highlighted that he would like to see this used in other areas, e.g. Gynae and Urology and to roll this out to all surgical emergency admissions.</p> <p>Discussion took place regarding processes to share this information and it was recognised that this was an excellent way of increasing awareness and patient safety.</p> <p>The Board offered support in progressing this work further and agreed that this research should be recognised and shared with the organisation.</p>		
	OUTCOMES RE LAST MONTH’S PATIENT STORY		
15/132	There was no update necessary.		
	MINUTES OF THE MEETING HELD ON 28th MAY 2015		
15/133	<p>Following review of the minutes of the public meeting held on 28 May 2015 the following amendments were proposed:</p> <ul style="list-style-type: none"> • Page 7, para 2 – SBow highlighted that this minute should have clarified that if there were any risks relating to nurse staffing, this would be corrected immediately. 		

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	MATTERS ARISING/ ACTION LOG		
15/134	The Chairman confirmed that the Executive Team had reviewed the action tracker to ensure it reflected an up to date position of actions taken and those outstanding. The Board accepted the updates and their approval of those items turned ‘green’ to be archived and removed from the tracker.		
	CHAIRMAN’S REPORT		
15/135	<p>SL presented the Chairman’s report which provided details on progress, plans and regulatory developments for the Trust.</p> <p>Directors noted updates regarding Monitor Activity, CQC Inspection, Board Self Assessment of the CQC ratings, National level Announcements and Policy, membership activities, Governor activities, National Volunteers Week, League of Friends of Newark Hospital AGM and Ward Assurance visits.</p> <p>SL highlighted the ‘On the Day Briefing’ from NHS Providers which summarised national level announcements. A Monitor webcast had taken place the previous day which highlighted additional scrutiny which would be given to financial plans and cost controls and a visit to the Trust would take place with Monitor Finance Teams. PR confirmed that a visit had taken place in early 2015 and that a follow up visit would take place in August/September 2015.</p> <p>Appreciation was recorded for Nigel Nice who had represented the views of the Governors at the CQC Inspection when attending a meeting with PM, as Chair of the Quality Committee, and also to those Governors that had attended the focus group.</p> <p>With regard to Monitor’s focus on annual plans and finance, KF confirmed that an Annual Plan Review teleconference had taken place on Monday 22nd June and there had been recognition that further work was required on the Trust’s financial plan to meet the current challenges.</p> <p>In response to RD, PR confirmed that the plan had been submitted on 14th May and the Trust was being monitored against delivery of this. The next submission was expected on 31st July, however, there had been delays in external support, therefore the plan would be to submit on 30th September, which would need to be agreed with Monitor. It was also explained that Monitor wanted the Trust to limit its requirement for cash support and this would be kept under review.</p>		
	CHIEF EXECUTIVE’S REPORT		
15/136	KF introduced discussion of the Chief Executive’s report and provided an update on the weekly staff engagement sessions which included raising and responding to concerns and feedback on the		

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	<p>key messages given to the CQC via the Executives presentation. This week’s session would reflect on the CQC Inspection itself.</p> <p>Non Executive Directors recognised the success of the staff engagement sessions and that staff had felt involved and listened to, which was creating an improved and engaging working environment. Staff had also appreciated their involvement in the preparations for the CQC Inspection and SBow confirmed that a number of positive comments had been received.</p> <p>Development activities with the CCG included a joint session with the Foresight Partnership on “Ways of Working Together” which had been a very positive step forward. Two weekly meetings continued with the Trust and CCG Executives.</p> <p>RD noted that Board to Board meetings had taken place previously with the CCG and KF confirmed that the current focus was the joint Executive Teams. TR highlighted that there would need to be formal discussion regarding the current position and the way forward ahead of a Board to Board meeting.</p> <p>The Trust held the first of an intended on-going programme of Clinical Senates on Friday 5th June and it had been a most successful event, with the next session being arranged for September.</p> <p>Directors noted draft procedural documents to better formalise the Trust’s approach to horizon scanning national policy and inquiries, which were being developed to ensure that there was clear awareness of the process within the Trust and a robust system. KF asked Board members to review the documents and provide any comments to KR so that these could be considered by the Executive Team before the process was finalised.</p> <p>With regard to the Star of the Month winners, Volunteers in the Cardio-respiratory Department at Newark Hospital, SL noted that the Trust should ensure such news was cascaded to raise awareness of the opportunities for volunteers. It was agreed also that KR would ensure there was an effective system to encourage the use of volunteers by patient facing areas.</p> <p>SL highlighted that the Trust was supporting the Duke of Edinburgh Volunteers and this was a real opportunity for young people to gain experience. TR also confirmed that a syllabus was being coordinated.</p> <p>With regard to the themes and lessons learnt from the Jimmy Savile (Lampard Review) KF confirmed that consideration would be given to the action plan via the Safeguarding Board, Clinical Quality & Governance Committee and Charitable Funds Committee (with respect to fundraising and volunteers) ahead of being presented to the Board in September.</p>		
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	With regard to the Carter Report, SL noted that other Trusts were being sought to participate and it was agreed that PW would liaise with Bob Truswell to ensure that the Trust was included.	PW	July 2015
	CQC FEEDBACK AND NEXT STAGES		
15/137	<p>SBow introduced discussion of the CQC Feedback Report confirming that the CQC had only provided high level feedback. There had been 57 members on the CQC Inspection Team who had completed their review on Friday 19th June.</p> <p>The Trust had received two unannounced visits ahead of the inspection commencing on 15th June and a post inspection unannounced visit was likely within the two weeks following the inspection. The CQC had requested significant information during and after the inspection.</p> <p>The date of the CQC report publication and Quality Summit was not yet known but it was likely that this would not take place until the Autumn or early Winter.</p> <p>SL noted that a teleconference had been requested with PW in connection with understanding the Trust’s strategies and PW confirmed that a helpful dialogue had taken place regarding Better Together and how this would affect the Trust going forward.</p> <p>TR highlighted the ongoing engagement with staff appeared to have improved staff morale much of the sentiment being that there was something to celebrate. The Trust’s mantra would be to continue the improvement journey. SBow supported this statement and confirmed that the CQC had held two open afternoons where staff had been invited to participate and showcase the work they were doing or to raise concerns and the CQC had been overwhelmed with the number of staff attending the sessions. It had been agreed at the staff sessions that the level of engagement activity would continue.</p> <p>SL wished to record thanks from the Non Executive Directors to the Executive Team and recognised the significant effort that had been required in preparation for the CQC Inspection.</p>		
	MONTHLY QUALITY & SAFETY REPORT		
15/138	<p>SBow presented the Monthly Quality and Safety Report which provided the Board with a summary of progress and the Trust’s key quality priorities.</p> <p>In response to SL, PM confirmed that he had been questioned by the CQC regarding mortality, although only briefly. SBow confirmed that the CQC had felt assured by the work being undertaken between the Trust and RUH Bath as part of the buddying</p>		

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<p>arrangement.</p> <p>PM noted the significant improvements and organisational learning, particularly with regard to the management of falls, which had now reduced and highlighted that this should be translated into further improvements. SBow confirmed that some areas had reached a plateau and the report had been enhanced to highlight the collaboration and external support, which would continue during the current year.</p> <p>PM referred to the narrative regarding CDiff and noted that this did not confirm whether the cases reported were on the same ward. AH confirmed that this area had been considered and improvements had been made.</p> <p>The work undertaken with the Patient Safety Collaborative was welcomed by PM as an important piece of work for the Trust and the community and he asked whether there was any concern relating to the 50 recommendations made. AH confirmed that this was a very thorough review and the recommendations had been prioritised and were being progressed by the HCAI group and would also be considered via the Trust's governance processes. PM and AH would consider the relevant actions through the Quality Committee.</p> <p>KR expressed that it was important an appropriate focus was given to lapses in care and that consequently enhanced reporting in connection with lapses would be needed, including that same clarity in the numbers reported in the IP Report.</p> <p>To correct the section of the report regarding breach, KR confirmed that the Trust would not breach its CDiff target for the quarter based on the numbers to date because the target according to Monitor guidance was specific only to lapses in care and not rudimentary numbers of cases. In response to KR's question about the number of cases reported in the Quality Report versus the Exception Report item of the agenda, AH confirmed that the report should read 5 lapses in care, rather than 6. A focus would remain on ensuring appropriate management of CDiff numbers.</p> <p>With regard to coding, SBa asked if the uncoded consultant episodes would remain uncoded and as a consequence affect income. PR felt that this was not the case but agreed to check the income assumptions relating to this data.</p> <p>AH confirmed that there was now a comprehensive action plan in place and work being undertaken with the CCG on sepsis and mortality. There was also a focus on governance processes and end of life care across the local health community and work on coding and documentation. Part of the turnaround work would consider coding and a review of learning.</p>	PR	July 2015
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	<p>The Trust had received a letter regarding mortality outliers which indicated higher than average mortality rates for Septicemia (except in labour) and fluid and electrolyte disorder. There had also been issues relating to coding and in response to PM, AH confirmed that this related to the way in which Dr Foster recorded data and they were currently reviewing this element of their reporting.</p> <p>Nurse Staffing Report</p> <p>SBow introduced discussion of the monthly nurse staffing report, confirming that Victoria Bagshaw had now commenced as Deputy Director of Nursing & Quality and would review the effectiveness of the report and provide feedback for improvement.</p> <p>Directors noted the Nurse Staffing Report and the systems and processes supporting calculation of requirements against patient acuity levels at 3 points across the day.</p>		
	QUALITY IMPROVEMENT PLAN		
15/139	Directors noted the Quality Improvement Plan and the improvements made. The QIP continued to be updated by the action owners on a regular basis.		
	INTEGRATED PERFORMANCE REPORT		
15/140	<p>SBa discussed the detailed report of the Trust’s performance confirming that there were 2 Monitor compliance points which related to underachievement against the RTT non-admitted, admitted and incomplete pathways standards. As a consequence of the Trust’s financial and performance risk ratings the Trust remained in breach of its authorisation with automatic over-ride applying a red governance risk rating.</p> <p>SBa referred to a letter received by all NHS providers and CCGs from Simon Stevens regarding the measurement of RTT. The proposal was to abolish the admitted and non-admitted measures as soon as practically possible, using only the incomplete standard as a measure. It was suggested this action should stop any perverse incentives. SBa also reminded Directors that as part of the licence conditions on the Trust, it was required to resubmit the plan for RTT by 30th June. It was described that there would be a national variation from 1st October which would focus on the incomplete standard and there would be increases in penalties for failure of this measure.</p> <p>In response to MC, SBa confirmed that a focus would remain on all 3 standards but only reporting on the one. Work would continue on Outpatient improvements and all patients as part of the review list programme had now been reconciled, with 1500 requiring appointments. Not all review list patients had been seen within the</p>		

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	<p>target.</p> <p>With regard to the remaining 1500 patients and in response to RD, SBa confirmed that internal standards had been introduced that would ensure reconciliation would be appropriate in future.</p> <p>SBa confirmed that ED performance had remained above the 95% target for three consecutive months which was a significant achievement and particularly in terms of experience of the patient despite compliance and regulation benefits.</p> <p>SL confirmed that there was evidence staff now had confidence in their roles relating to patient flows and understood their part in ensuring improvements.</p> <p>In response to RD questioning if nationally there had been improvements across this period, SBa confirmed that there would be an expectation in March/April of reduced ED attendance but the underlying indicator would suggest that there was something more fundamental.</p> <p>With regard to Cancer Inter-provider Pathways the Trust was working to ensure the East Midlands SCN Inter-provider transfer guidance, once implemented, would meet the needs of both referring hospitals and tertiary centres, thus maximising the benefit of reducing waiting times for patients on cancer pathways which crossed organisational boundaries. NHS England were considering the data and were hoping to implement the Nottingham Policy quickly.</p> <p>The Trust had appointed an experienced interim Cancer Programme Director who would be focusing firstly on issues regarding cancer pathways and the 2 week waiting times. Improvements were being made in offering appointments sooner and also increasing capacity in Endoscopy, which should achieve compliance by the end of July. Two additional Gastroenterology Consultants would allow greater flexibility for increased input. The incidence of cancer was likely to increase significantly over the next 3 years, with suggestion of significant increases for Endoscopy.</p> <p>In response to PM regarding the Bowel Cancer Screening Programme, SBa outlined the increases in Consultant support with a post being advertised in the week and a further 2 posts being sought.</p> <p>With regard to 100 day waits and in response to PM, SBa confirmed that a full review was being undertaken of each patient pathway to understand the clinical reasons for any delays, which was being led by the MDT Clinical Lead.</p> <p>Directors noted the Straw Man scorecard that had been included within the report and discussion took place regarding the IPR which</p>		
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	<p>would be fully integrated in future to include, performance, workforce and finance.</p> <p>PR reported an improvement in the run rate and the Trust was reporting £200k less than the planned deficit at month 2. He also reminded Directors of the significant CIPs that were required. Discussion ensued about the importance of rigour and tight management in and beyond the PMO and that it was important that the Finance Committee received assurances regarding the effectiveness of project management across both the pipeline tracker and delivery tracker processes. It was acknowledged that the Turnaround Team had presented pipeline and tracking information to the Finance Committee, and whilst reporting and documentation was improving, further confidence of delivery values, phasing and timescales was needed. It was confirmed that the Director of PMO would report monthly to the Finance Committee and Executives confirmed recent tangible improvement in CIP reporting to Turnaround Board. Executives also acknowledged that post the CQC inspection, they were acting to be more strongly engaged in workstream leadership.</p>		
	WORKFORCE MONTHLY REPORT		
15/141	<p>A detailed Workforce Report was considered and GB confirmed that a revised format was being developed which would be presented the following month.</p> <p>With regard to budgeted establishment, it was noted that a reconciliation exercise would be undertaken to determine a true vacancy figure as there had been significant variation between March figures and current figures.</p> <p>In terms of recruitment, there had been positive movement in A&E and T&O, although Geriatrics remained a concern. The Government would be introducing new proposals relating to international recruitment and length of stay/work permits in the UK. The Trust was continuing its plan to recruit from Europe and India and there had been good retention from the last recruitment drive. KF confirmed the requirement to recruit internationally to reduce any risk.</p> <p>In response to MC regarding any risks associated with international recruits who were reaching the end of the 6 year period, GB agreed to check whether this was retrospective and how many staff might be affected.</p> <p>It was noted that sickness absence had continued to improve as a result of the revised policy and its application. SBa confirmed that EC&M should be commended on its sickness absence levels, particularly with the current pressures.</p>	GB	July 2015

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	<p>TR suggested that wider team messages should recognise such achievements.</p> <p>With regard to trends and themes, GB confirmed that the hotspots were known and more specific action would be taken in these areas.</p> <p>PR made reference to the statement regarding establishments and CIPs for 2014/15, confirming that he had requested these to be removed and confirm and challenge activity undertaken to understand requirements.</p> <p>In response to NG regarding medical recruitment, GB confirmed that there were national difficult to recruit to areas and the Trust would use Executive Search for recruitment purposes. Consideration would firstly need to be given to specialties where there were shortages and others that were fully staffed to ensure that recruitment was appropriate. International recruitment would be considered for medical staff as well as nursing and also to enhanced innovation in provision of services.</p> <p>AH highlighted particular issues relating to the lengthy process for commencement of international doctors and the specialty by specialty plans would be required to provide assurance and assist decision making.</p> <p>KF confirmed that senior medical vacancies were considered at the divisional performance management meetings and there was a definitive list available, along with the action that had been taken.</p> <p>In response to PM, KF confirmed that the HEEM visit to T&O scheduled for 16th June had not taken place and would be rescheduled by HEEM.</p> <p>KF confirmed that the vacancy process had been discussed and a QIA would need to be undertaken on the process.</p>		
	WORKFORCE RACE EQUALITY SCHEME (WRES)		
15/142	<p>Directors noted the update on the WRES which would be led by GB with CW as the Non Executive Director lead.</p> <p>GB confirmed that the report described the new mandatory requirements and work had commenced on the baseline assessment which would be submitted by the deadline. Once the baseline information had been collated, an action plan would be developed and presented to the Board of Directors in October 2015. The action plan would be monitored by the OD and Workforce Committee.</p> <p>Directors APPROVED the WRES.</p>		

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	FIT AND PROPER PERSON REQUIREMENTS (FPPR)		
15/143	<p>GB introduced discussion of the FPPR report confirming that updates had been provided to the Board of Directors in February, March and April.</p> <p>A policy and procedure had been developed for the FPPR and was attached to the report. All checks had been undertaken for existing and newly appointed members of the Board of Directors and all requirements had now been satisfied, with the exception of finalisation of DBS returns although this was now nearing completion and Directors were asked to approve the policy and procedure for FPPR.</p> <p>KF confirmed that the FPPR would be discussed at the Remuneration and Nominations Committee following the Board of Directors meeting and in response to SBow, confirmed that Kate Lorenti was currently drafting a submission to the CQC.</p> <p>TR asked whether this would apply to the Council of Governors and it was confirmed that the constitution made clear the disqualification criteria for the Council of Governors and as such, whilst the legislation wasn’t specific about NHS Governors, the Trust could rely on the constitution and code of conduct/standards of business conduct.</p> <p>Directors APPROVED the policy and procedure for the FPPR.</p>		
	STAFF ENGAGEMENT STRATEGY		
15/144	<p>The Staff Engagement Strategy had been developed with the involvement of Trust managers and Staff Side and approved by the OD and Workforce Committee.</p> <p>GB confirmed that a reference group would be established for the wider engagement requirements and the first stage of its development had been completed.</p> <p>In response to MC regarding the requirement for a Staff Engagement Policy, GB confirmed that this had been developed as a guide to better information for managers. MC questioned whether this was the right way forward and PM felt that a Staff Engagement Strategy was preferable to a policy.</p> <p>KF confirmed that the Board of Directors was required to approve strategies and SL asked for comments to be forwarded to GB or discussed with him.</p>	All	July 2015

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	BOARD DECLARATION – CORPORATE GOVERNANCE STATEMENT, AHSC’S AND TRAINING OF GOVERNORS		
15/145	<p>KR introduced discussion of the Corporate Governance Statement Self Certification process, confirming that the first part of this declaration process had been considered by the Board at its May meeting in private, when declarations were made regarding availability of resources and systems of compliance with the Trust’s licence. The second part of the process, was described as a Corporate Governance Statement to be submitted by 30th June, which required an understanding of, and assurance against the effectiveness of the Trust’s systems of internal control. The Board were asked to consider and certify each statement and agree any commentary for submission. The Council of Governors had also been invited to comment.</p> <p>Board members approved submission of the Declaration having carefully considered the sources of assurance presented in the paper, and their own ‘reality checks’ and suggested minor amendments to the narrative across the following points of emphasis:</p> <ul style="list-style-type: none"> • Financial turnaround position • Well led – capacity issues in light of interim and acting up arrangements of COO and CEO respectively and departure of the Director of Corporate Services at the end of August. 		
	MONITOR EXCEPTION REPORT MONTH 2		
15/146	<p>KR introduced discussion of the Monitor Exception Report for month 2, confirming that it was important that the Board discussed regulatory reports ahead of submission to Monitor.</p> <p>Following discussion with regard to the narrative included in the report, Board members APPROVED the submission.</p>		
	QUALITY GOVERNANCE FRAMEWORK		
15/147	<p>KR outlined the background to the development of the Well Led Framework which had replaced the Quality Governance Framework which was now effectively incorporated within this framework. She went on to explain there was now an aligned view of a well-led organisation aimed at supporting Trusts to improve therefore benefiting patients.</p> <p>KR explained that the characteristics of a well-led organisation as defined by CQC, Monitor and the TDA were now identical and that this aligned view is reflected in CQC’s assessments and ratings and replaced Monitors QGF.</p> <p>KR reminded members that Monitors Risk Assessment Framework required the Trust to undertake an external and independent review</p>		

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	<p>of their governance every 3 years using the well-led framework as a basis of the review. The Trust had undertaken its first independent governance review in December 2014 with Foresight Partnership which had resulted in a Board approved action plan to support improvement. KR confirmed that the Board would be monitoring actions within the action plan so there would be regular review and the Trust's licence conditions also included progression of the Board Governance action plan. KR described the sensibility given the changes from QGF to the Well Led Framework, of undertaking a refresh of the Trust's current status and trajectories.</p> <p>SL recorded thanks for the comprehensive report provided and the Board NOTED the guidance and committed to understand it in greater detail such that the Board could continually challenge its own effectiveness.</p> <p>To support the continuing assessment of its effectiveness, Board members confirmed their agreement to continue to receive regular self assessments of the Board's ongoing status against the well-led framework elements, with the next update to be provided to the July meeting, following a thorough assessment conducted by the relevant executive leads (as identified in the previous QGF process).</p>	Executive Leads	July 2015
	TURNAROUND BOARD TERMS OF REFERENCE		
15/148	<p>KF confirmed that the Turnaround Board had been established and met on a weekly basis. It would be essential to ensure that there were clear arrangements in place for the Turnaround Board as a committee reporting to the Board of Directors.</p> <p>It was confirmed that the involvement of Non Executive Directors would be important for the NEDs to gain their own assurances on the effectiveness of the Turnaround Board and its attention to delivery against recovery plans. It was agreed that Non Executive Directors should receive the meeting papers and the Terms of Reference already made clear their ability to attend the meetings.</p> <p>Discussion took place regarding the responsibilities of the Turnaround Team and the accountability to the Board of Directors for delivery of the plans. It was confirmed that a more detailed discussion would take place at the private meeting later that day but that in principal the Terms of Reference were approved, acknowledging the importance of the relationship with the Finance Committee regarding robust assurances.</p>	KR	June 2015
	TRANSFORMATION UPDATE		
15/149	<p><i>Elective Transformation Programme</i></p> <p>HL introduced discussion of the Elective Transformation</p>		

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	<p>Programme highlighting the purpose as ‘reviewing elective pathways ensuring processes were safe, efficient, reliable and well organised, ensuring patients were seen in the right place, first time’.</p> <p>An overview was provided regarding pre-acute – Better Together, pre-theatre pathways, specialty pathways and cancer pathways, with consideration of the direction of the East Midlands Strategic Clinical Network.</p> <p>Good progress was being made with patients being optimised as early as possible on the pathway and processes were being implemented to ensure that pre operative assessment was undertaken at the correct time. Work continued in building relationships with clinicians and GPs across primary and secondary care and a clinical pathway website had been developed.</p> <p>With regard to pre operative assessment, there would be attendance of a Consultant Anaesthetist during the afternoons and the appointment of a Band 3 and HCAs to provide support. Reviews were being undertaken on standardisation of reconciliation slips, patient information, consent and review clinics and review of demand. It was evident that length of stay was greatly reduced if the patient was on the enhanced care pathway.</p> <p>Work also continued on the 7 Day Services Transformation Programme which would enhance services received at weekends and aimed to reduce mortality rates, re-admission rates, length of stay and improved patient experience.</p> <p>KF highlighted the importance of Board awareness and recognition of the work being undertaken.</p> <p>Emergency Flow Programme</p> <p>KA introduced discussion of the Emergency Flow Programme confirming the importance of flow in the ability to discharge patients safely and quickly from the hospital. There was evidence of the detrimental affects to patients if they did not progress on their pathway quickly.</p> <p>Directors noted the various workstreams and KA highlighted progress to date against each of these. The current focus was to increase the number of safe, timely discharges through:</p> <ul style="list-style-type: none">• Board rounds and weekly ward metrics;• Discharge process and discharge hub;• Increasing weekend discharges;• Reviewing specific pathways;• Education of staff and working with community and primary care partners;• Focus on reducing admission to EAU and base wards and increasing the use of ambulatory pathways.		
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	<p>Progress to date included:</p> <ul style="list-style-type: none"> • Achievement of the 4 hour target in ED for the 3rd month running; • Reducing the number of patients with an over 14 day length of stay; reducing the number of occupied bed days and the closure of some beds. <p>Future work included:</p> <ul style="list-style-type: none"> • Working with Better Together to design plans for attendance avoidance; • Reviewing how many patients could be better cared for in ambulatory care; • Implementing and monitoring a new bed management policy and escalation plan, including a standard operating framework for on call; • Reviewing the location of the discharge lounge; • Working within the Programme Management Office; • Embedding all the work that had commenced. <p>The Board thanked HL and KA for their presentations and it was noted that it would be important to share the progress made with the wider organisation.</p> <p>In response to PM, KA confirmed that delays on the day of discharge related to a number of areas including transport, TTOs and work was being carried out to address these areas. SBa also noted that there was a theme relating to planning the discharge at an early stage.</p>		
	GOVERNOR MATTERS		
15/150	There was no further update.		
	ESCALATION OF ISSUES FROM TMB		
15/151	KF agreed to circulate the highlight report from the Trust Management Board meeting.	KF	June 2015
	REPORTS FROM SUB COMMITTEES		
15/152	<p>Finance Committee – NG confirmed that there had been significant focus on CIPs, Monitor compliance and standards, the BARs and risks in sustainability, minimisation and mitigation of risks throughout the year.</p> <p>Quality Committee – PM confirmed that the Committee wasn’t due to meet since the last Board as the next Quality Committee meeting would take place on 18th July.</p>		

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QUESTIONS FROM MEMBERS OF THE PUBLIC			
15/153	<p>JK raised three issues:</p> <ul style="list-style-type: none"> • JK welcomed the presentations and suggested that these messages should be shared with a wider audience. • He also asked when the no smoking signs would be displayed and when systems for stopping smoking on site would be implemented. • JK enquired about the Government’s proposals relating to international recruitment. <p>With regard to the work being carried out on transformation, KF confirmed that it would be helpful to consider how best to share this work and engage with staff.</p> <p>PM provided an update on the work of the Smokefree Sherwood Forest Hospitals group, confirming that the Stoptober campaign would be used to re-launch no smoking at the Trust. Signage was in the design stage and there were options to produce in-house or buy in from other areas. Consideration was being given to the support required to assist people to stop smoking through New Leaf and provision of brief intervention training for staff. Training would also be provided to approach smokers on site and how they could be supported. JK asked as part of this that the Trust could ensure that staff would not be put at risk when challenging smokers.</p> <p>With regard to the Government plans regarding international recruitment, GB confirmed that there would be limited affect on the Trust. There were two issues, one would be attracting staff to come to the UK and secondly, a check would need to be made retrospectively for staff that already worked for the Trust.</p>		
COMMUNICATIONS TO WIDER ORGANISATION			
15/154	<p>It was agreed that the following items should be communicated to the wider organisation:</p> <ul style="list-style-type: none"> • Enhanced Peri-Operative Care for High-risk patients (EPOCH) • Elective Transformation Programme • Emergency Flow Programme 		
ANY OTHER BUSINESS			
15/155	There were no further matters arising.		
DATE AND TIME OF NEXT MEETING			
15/156	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 30 th July 2015 at 10.00am in the Board		

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	Room, Level 1, King’s Mill Hospital. There being no further business the Chairman declared the meeting closed at 13.33pm.		
	Signed by the Chairman as a true record of the meeting, subject to any amendments duly minuted. Sean Lyons Chairman	Date	