

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

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Unconfirmed **MINUTES** of a Public meeting of the Board of Directors held at 9.30am on Thursday 27th November 2014 in Classroom 1, School of Nursing, level 1 King’s Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Gerry McSorley	Non-Executive Director/ Vice Chairman (SID)	GMc
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	Mark Chivers	Non-Executive Director	MC
	Claire Ward	Non-Executive Director	CW
	Ray Dawson	Non-Executive Director	RD
	Paul O’Connor	Chief Executive Officer	PO
	Dr Andrew Haynes	Executive Medical Director	AH
	Susan Bowler	Executive Director of Nursing & Quality	SB
	Karen Fisher	Executive Director of Human Resources	KF
	Margaret Ashworth	Interim Chief Financial Officer	MA
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Jacqui Tuffnell	Director of Operations	JT
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR
In Attendance:	Adele Bonsall	Interim Matron Geriatrics, Stroke & Neurology Services (patient story only)	AB
	Linda Crick	Advocacy Team Manager (patient story only)	LC
	Natalie Newton	Patients’ Advocate/ Representative(patient Story only)	NN
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB
	John Swanwick	Public Governor	JS
	Dr Samuel Kemp	Respiratory Consultant (Enc L Only)	SK

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/267	The meeting being quorate, SL declared the meeting open at 9.30hrs and confirmed that the meeting had been convened in accordance with the Trust’s Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
14/268	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/269	It was CONFIRMED that no apologies had been received for today’s meeting.		
	PATIENT STORY		

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14/270	<p>SB welcomed LC , NN and AB to the meeting and explained that the patient story this month centred around the links between the Trust and the Age UK Notts Patients' Advocacy Service that has a base on Ward 35 at King's Mill Hospital.</p> <p>LC opened the presentation by explaining that the advocacy service strives to work in a collaborative way with the Trust to ensure that positive outcomes are achieved for all. It works proactively to ensure that not only patients' needs are met, but the Trust's discharge process is speedier and more efficient ensuring a shorter patient stay.</p> <p>Following discharge the Advocacy service ensures that the patient has a continuation of appropriate support and access to services to help prevent re-admissions. This also provides added value to the patients' experience of their hospital stay.</p> <p>The service provides free, independent support & representation for patients and their carers at Kings Mill Hospital and has links within the community to support patients following discharge from hospital, links with Community Outreach Workers and also help with housing and welfare issues.</p> <p>The service began in March 2013 and the number of referrals received to November 2014 is currently 444. The referrals to the service come from a wide range of staff including Ward Leaders, Doctors, Staff Nurses and Occupational Therapists at the Trust as well as Social Workers, Occupational and physiotherapists and the Drugs & Liaison Team,</p> <p>NN advised that the first patient story related to a gentleman who had complex medical problems who, prior to approaching the service, lived in an unsuitable property. This gentleman had reduced mobility and lived in a 2 storey house and despite various liaisons with the council was unable to find more appropriate accommodation. This gentleman suffered a nasty fall and was admitted to King's Mill Hospital where he was referred to the advocacy service. The service worked closely with the local council whilst maintained daily contact with the gentleman. With the assistance of an occupational therapist a suitable property was located during the gentleman's hospital stay and following a successful bidding process the property was secured for the gentleman and his wife within a 3 weeks period. This story was successful in many ways as not only is the gentleman in a more suitable property but as his living environment is more suitable he has not fallen again on 4 months therefore eliminating any further hospital stays.</p> <p>The second story related to a lady who had lost mental capacity due to the onset of dementia and needed support in her financial planning. This lady was a "self-funder" for her care but her family did not have a power of attorney to take over the ladies financial affairs and make the necessary arrangements to get the lady placed in a nursing home.</p>		
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	<p>A suitable nursing home was found and a place identified within a 3 week period. However, the process to gain Power of Attorney takes 12 weeks and the Nursing Home could not accept the ladies application without proof that she was able to pay for her care. Through successful liaison between the Advocacy service and the Nursing Home, agreement was reached that the lady could be discharged from hospital to her Nursing Home after just 3 weeks and not the 12 weeks that would have been required if discharge was linked to the Power of Attorney application. This agreement therefore reduced this ladies hospital stay by 9 weeks.</p> <p>In concluding their presentation NN and LC shared some of the testimonies that they had received with Directors. LC explained that the Advocacy Service was funded until March 2015 but they were very keen to maintain the service at the Trust beyond this time.</p> <p>Directors thanked NN, AB and LC for attending the meeting and offered their congratulations on the achievements that they had made so far in helping the Trust reduce patient bed days and helping patients stay out of hospital and feel supported in the right environment.</p> <p>At this point NN, AB and LC left the meeting.</p>		
	<p>OUTCOMES RE THE LAST MONTH’S PATIENT STORY</p>		
14/271	<p>SB advised that following the patient story relating to vascular services at the Trust and the reported plans to implement a one-stop service, progress has already been made. The Trust is currently offering a two stop service with patients undertaking the diagnostic element of their care prior to attending their outpatient appointment. This change has already taken 6-8 weeks off a patient’s waiting time and the vascular service will continue to be developed until the proposed one-stop service is achieved.</p> <p>SB advised that information pertaining to the changes to date and also the changes in other specialities to one stop services are available for Directors to view via Board pad.</p>		
	<p>MINUTES OF THE MEETING HELD ON 30 OCTOBER 2014</p>		
14/272	<p>Following review of the minutes of the meeting held on 30 October 2014 the following amendments were proposed;</p> <ul style="list-style-type: none"> • JT was not in attendance at the meeting so should be removed from attendee list • Page 8 – Chief Executives Report – It was PO and not SB that presented the Chief Executives report. <p>Following these amendments the minutes were APPROVED as a true</p>		

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	and accurate record.		
	MATTERS ARISING / ACTION LOG TRACKER		
14/273	<p>The Board REVIEWED the action tracker document in detail. The following update was given;</p> <p>Action 80 - 14/220 – CT Scanner - JT advised that the CT scanner business case has undertaken divisional and further executive team review to identify the extended catchment opportunities.</p> <p>Action 94 - 14/263 – Questions from the public - PO advised that the Executive Team are currently working through the options available to install a microphone system within the Board room.</p> <p>Action 42 – 13/180 – CQC – Review of Colchester - KR advised that following development of the “True for Us” template and work in divisions to undertake a full assurance review a report was presented at the Audit and Assurance Committee meeting that was held on 20 November. However, this report did not capture all results as they were not available so a full report will be given at the December Board of Directors meeting.</p>		
	CHAIRMAN’S REPORT		
14/274	<p>SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. During a verbal update the following points were brought forward;</p> <p>SL advised that during discussions with staff that facilitated his HCA shift on Clinic 5 he was made aware of capacity issues and patient experience concerns which he discussed with the Divisional Manager and found that they were already aware of staff all issues highlighted. The staff in this area showed a real willingness to improve and a return visit will be arranged to check on progress.</p> <p>PM added his thanks to the two people identified in the Chairman’s report for making generous donations to the Trust.</p> <p>The Board NOTED the content of the Chairman’s report and specifically the verbal updates given.</p>		
	CHIEF EXECUTIVE’S REPORT		
14/275	<p>PO presented the Chief Executive’s Report providing an update on the latest issues affecting the Trust. During a verbal update the following points were brought forward;</p> <p>PO assured Directors that the Trust is currently reviewing the Duty of Candour and Fit and Proper person requirements which take effect from 27 November 2014.</p>		

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	<p>PM congratulated the Trust on the excellent results that were recorded in the East Midlands Breast Screening Programme Monthly Contract Monitoring Data report. PM added that this report will be reviewed at the next Quality Committee meeting.</p> <p>KF updated that on the day of Industrial Action that took place on 24th November 2014, 20 members of staff took strike action and notification has been given to the Trust that there are no plans in place for further action until the new year.</p> <p>Following the appointment of Jacqueline Totterdell as Director for Newark GMc requested a copy of Jacqueline's job description and role brief. PO advised that he would issue this as requested</p> <p>Directors NOTED the content of the Chief Executive's report and specifically the verbal updates that were given.</p>	<p>Mgmt. action PO</p>	<p>Dec 2014</p>
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	<p>QUALITY & SAFETY MONTHLY REPORT</p>		
<p>14/276</p>	<p>SB presented the Quality and Safety Monthly Report which provided the Board with a summary of important items and the Trust's key quality priorities.</p> <p>During discussions the following points were brought forward;</p> <p>PM expressed his concern regarding the disparity between the fall in crude mortality rate and rise in HSMR in July in relation to coding issues.</p> <p>AH clarified that this disparity is not related to coding. As reported there were internal coding issues in April through to June with a large number of uncoded episodes at the SUS return but the main issues have been caused by delays in updating risk models due to delays in data supply from HSCIC.</p> <p>The Trust was expecting validated data from Dr Foster to update this position but the update is now delayed until the end of November. AH reminded Directors that ongoing internal note reviews on 30-40 patients a month have not caused any alerts but a review of all deaths in July has been initiated and a meeting is scheduled with Dr Foster for 28 November 2014 when the updated information is expected.</p> <p>PM noted that the Trust had been unable to secure a provider to fulfil their requirements to facilitate improvements in the Friends and Family test and questioned what contingency plans are in place to increase the level of engagement internally.</p> <p>SB responded that although the response rate of 40.5% is lower the target response rate of 50%, this is an internal target and nationally</p>		

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	<p>40.5% is a good response and the increase from 32% to 40% should be commended. SB advised that the Trust is still engaging with I Want Great Care so the option of undertaking the survey via i-pad is not possible due to conflict in contract. A meeting is scheduled to take place on 28 November 2014 to review the options that are available to the Trust to ensure that we have a robust system but with a reduction in specification ahead of going out to tender again in the near future.</p> <p>PM commended the Trust on raising the level of infection control mandatory training to 80% for senior medical staff but encouraged Executives to ensure that this training level is 100% as soon as possible. AH confirmed that the Trust envisages that the 100% target will be reached by the end of December 2014.</p> <p>Regarding the <i>c.diff</i> rates AH updated that the Trust has reported 3 <i>c.diff</i> infections in October and 4 in November. To further reduce the run rate plans are in place to undertake a trust wide deep clean exercise using chlor clean fogging machines during the first week in December 2014.</p> <p>Directors NOTED the information provided and the actions being taken to mitigate the areas of concern.</p>		
	MONTHLY NURSE STAFFING REPORT		
14/277	<p>SB presented the Nurse Staffing Report which provided an overview of the nursing and midwifery staffing position for October 2014 and reminded Directors of the mandatory reporting requirements pertaining to nurse staffing levels.</p> <p>During a review Directors noted that the report submitted this month is a streamlined report in line with requests made at the October Board of Directors meeting and also noted that the Trust’s full nurse staffing report is available on the NHS choices website.</p> <p>RD referred to table 1 within the report and questioned why the average fill rate during the day and night is 110% and 119% respectively. SB confirmed that this overfill occurs in areas where high levels of 1-1 nursing are required and assured Directors that wherever possible patients requiring 1-1 care such as frequent fallers are placed in a bay together, to minimise the additional care requirements. SB confirmed that it is not possible to show where the over fill is due to 1-1 care as the matrix that is used for the staffing report is a national tool and cannot be altered.</p> <p>GMc requested that SB arrange a meeting with her to help her understand and analyse the nurse staffing data better and to obtain the benefit realisation. GMc proposed that as the benefit realisation exercise is likely to be complex the Trust identify a link with an academic partner to obtain the true data findings. SB responded that this avenue will be explored but it is anticipated that the introduction of</p>	Mgmt action SB	Dec 2014

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	<p>the new e-rostering system will assist this process.</p> <p>Directors NOTED the outcomes of the UNIFY submission and NOTED that the mechanisms are in place to manage.</p>	SB	Jan 2015
	<p>6 MONTHLY NURSE STAFFING UPDATE</p>		
14/278	<p>SB presented the six month nurse staffing and establishment report.</p> <p>Directors NOTED the information contained in the summary report and the work undertaken to maintain safe staffing levels and move toward the Keogh investment.</p>		
	<p>QUALITY IMPROVEMENT PLAN PROGRESS</p>		
14/279	<p>SB presented the Quality Improvement Plan (QIP) progress report during which the following points were brought forward;</p> <p>Within the QIP the Trust has separated the improvements under 16 High Level Actions. Each high level action contains many individual actions. There are a total of 173 lines within the plan. Since the last meeting</p> <ul style="list-style-type: none"> ○ No actions have deteriorated within the RAG rating ○ One action has moved from Amber to Blue ○ One action has moved from Green to Blue ○ One action has moved from Red to Green ○ Six actions have moved from Red to Amber ○ One action has moved from Amber to Green <p>The Trust has provided a more detailed comprehensive return to NHS Choices which clearly articulates the improvement within month. All of this information has been shared with our regulator Monitor.</p> <p>Following discussion Directors agreed that the QIP was a useful and comprehensive tool which captures data effectively, maps progress, clearly denotes responsibility and helps Executives focus on the key issues. It was also acknowledged that the QIP was a key tool to track reactive actions and future transformation plans and chart the interdependencies between all actions.</p> <p>SB advised that whilst she is leading the collation and tracking of progress each Executive is responsible for progressing their individual action.</p> <p>PO stated that work to compile the plan is now complete and the Executive Team will now concentrate on delivery; delivering the QIP, Improvement in the Emergency Department and addressing the financial challenge ahead. PO advised that if the Trust wants to see any qualitative changes strong medical engagement is required. SL updated that the process of arranging a Medical Engagement focus group is underway and he has already met with 3 clinicians how are</p>		

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	<p>keen to assist the Board with increasing the level of engagement and sharing the Trust vision rather than recalling past events. A key message that is already coming through is the perceived low visibility of the Board and uncertainty of how the voice of the clinical community will influence the direction of the Trust.</p> <p>It was proposed that all of the work that has been implemented and successfully delivered since the CQC visit in April 2014 be clearly detailed and celebrated throughout the Trust so that staff are aware of the effect of their hard work and subsequent achievements.</p> <p>PO identified the importance of the QIP in terms of the anticipated re-inspection from the CQC and the key part that the document plays in identifying definite quality improvements throughout the Trust. The primary focus will be the 10 key areas previously identified which must achieve "gold standard" prior to the CQC visit.</p> <p>PO explained that the feedback from the recent Board Health Review undertaken by Foresight Partnership Ltd will be received on 4 December 2014. This review will reveal how the Trust is perceived by external and internal stakeholders and will be a key document in terms of the CQC.</p> <p>KR concluded discussions by assured Non-Executive Directors that assurance pertaining to the progress of the QIP can be gained during a confirm and challenge session that will be diarised in January 2015</p> <p>Directors NOTED the improvement activity that has been undertaken by the Trust within a short period of time, acknowledging the commitment and work of Trust staff to lead and implement these changes. Directors also NOTED the progress and amendments to the Quality Improvement Plan and the improved submission to NHS Choices.</p>	KR	January 2015
	QGF		
14/280	<p>PO apologised for the absence of a formal report pertaining to the Quality Governance Framework (QGF) and advised that a detailed report would be presented at the December Board of Directors meeting.</p> <p>PO offered his thanks to all members of the Board that had responded to the latest QGF confirm and challenge and also departmental and divisional representatives. Following this review it appears that the Trust score has drifted from 3.0 to 3.5 particularly in relation to question 3c - Does the board actively engage patients, staff and other key stakeholders on quality?. PO advised that more detail regarding this change are given later in today's meeting in the update from the TMB meeting</p> <p>The Board had a break at this point ,11.06, and reconvened at 11.16</p>		
	FINANCE REPORT		

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14/281	<p>MA presented the Board Financial performance report bring the following points forward;</p> <p>The summary I & E position is a £18.10m deficit. This is £1.78m worse than plan of £16.32m and pay pressures remain high with an overspend of £1.3m. The Executive is identifying, and delivering at pace, actions to support delivery of the 2014/15 Plan.</p> <p>MA identified that the month 7 income and expenditure statement and in particular the detailed pay statement on page 6 of the report was scrutinised at the Finance Committee meeting on 20th November 2014.</p> <p>Directors NOTED the current financial position in terms of trading, liquidity and capital and ACKNOWLEDGED the key financial risks and the actions being taken particularly in respect of pay spend and achievement of the cost improvement programme.</p> <p>Directors NOTED that summary monthly financial tables for month 7 have yet to be been submitted to Monitor as the Trust is currently awaiting the updated template. The accompanying narrative will be submitted by the 28th November 2014.</p>		
	INTEGRATED PERFORMANCE REPORT (IPR)		
14/282	<p>JT presented the Integrated Performance (Exception) Report giving an update on the Trust's performance in October 2014. During review the following points were brought forward;</p> <p>The Trust's performance for Q3 2014/15 is now only 2 Monitor compliance points but the Trust's financial and governance risk rating remains red.</p> <p>Heavy pressure is still evident on the overnight bed state which is having a consequential effect on the bed state into the following day. PO advised that a capacity group now convenes weekly with the aim of gaining better management of patient flow across all specialities. JT added that to further support patient flow an integrated "pull" team is in place to undertake a review of complex patients and support a speedier discharge process for this category of patients.</p> <p>Directors noted that further to the information within the IPR the main risks within ED are currently the pace of the transfer teams, the number of middle grade doctors available and access to social care.</p> <p>The Trust has maintained their success in achieving all 3 RTT standards for the second month in a row.</p> <p>RD questioned when the GP presence within A & E will be operational. JT confirmed that despite actively recruiting to this post the Trust have been unable to recruit to this position so this initiative is</p>		

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	<p>currently on hold.</p> <p>SL expressed his concerns that the Trust were identified in a recent report as being the 5th worst in terms of A & E performance out of all Foundation Trusts. JT responded that a comprehensive report to assist Directors to understand this data accurately is available on Boardpad.</p> <p>AH reported that he delivered a presentation to the Better Together Programme Board meeting on 26th November 2014 pertaining to analysis. AH gave a summary of the presentation bringing the salient points forward;</p> <p>Regarding the flow into the Emergency department (ED), there are still a number of patients that are currently being streamed into the minors department that could be seen by the out of hours GP service / PC24 and whilst this service is located in the building next door to the Trust emergency department the services are not linked. Work on this vital connection is in place and remains ongoing both in terms of the physical design of the link between the buildings and also the link in the clinical service.</p> <p>There are currently 7 consultants within ED compared to an establishment of 11 and this short staffing is contributing to the current overcrowding in majors. The current escalation policy is implemented when the agreed trigger is reached and work is in place to improve the floor management throughout the department. More effective dialogue between staff at the front door and the back door needs to be instigated.</p> <p>Regarding the flow out of the department a review has been undertaken to understand the period of peak activity in the early hours when there is a “bulge” at the front and back door of the patient flow. The option of splitting the working periods within EAU into four separate periods instead of three i.e. morning , afternoon , evening and overnight will allow clinicians to pull patients through from ED during the evening period so by 10.00pm a large majority of patients will have a treatment and discharge plan in place.</p> <p>Work to improve the discharge process is progressing at a good pace with the implementation of daily board rounds early in the morning so that beds can start to be freed at 10.00am which frees up beds to clear the flow through ED/EAU.</p> <p>CW questioned what the Board can do to influence these issues externally, i.e. understanding why patients are choosing not to visit their GP. AH clarified that the reasons for personal choice will always vary but what the Trust does need to understand is why there has been a change in the last 6-8 weeks.</p> <p>Patient’s length of stay remains an issue and this is largely attributed</p>		
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	<p>currently to internal flow issues. To reduce these issues the Trust is currently targeting key areas and encouraging staff to work differently. PM questioned whether the Trust could utilise the Clinical Decision Unit (CDU) more effectively and make more use of the Advanced Nurse Practitioners (ANPs). AH confirmed that there are staffing / resource issues currently within the CDU which is affecting the productivity and unfortunately it is difficult to recruit additional ANPs as there is no market available.</p> <p>PM asked how confident the Trust was that the trajectory for addressing the ED flow issues would be achieved. AH iterated that the trajectory must be achieved. There is no discussion to be had regarding failure.</p> <p>AH advised that work is also progressing regarding a review of ambulance batching. A trend has been identified where ambulances are called after morning and evening GP surgeries and house calls have closed. The number of "blue light" ambulances have also increased with patients having a high acuity of illness.</p> <p>JT added that it is envisaged that from December 2014 a positive impact will be felt at the Trust with the implementation of new initiatives in the community as well as the commencement of the initial projects linked to the Better Together Project.</p> <p>Directors discussed at length the need for the whole health economy to engage with the required changes as whilst the targets that have been set are internal to the Trust the impact is community wide. The pressures involved in covering the predicted peaks in ambulance traffic and patients were also highlighted.</p> <p>Directors NOTED all points of the high level summary report and the progress / position to date.</p> <p>Workforce KF presented the workforce element of the IPR and Directors NOTED the workforce information presented and ACKNOWLEDGED the actions being taken to improve performance. Specifically in the areas of sickness absence and appraisal compliance.</p>		
GOVERNANCE , RISK AND ASSURANCE			
	BAF		
14/283	KR explained that a detailed report pertaining to the BAF was presented at the Audit and Assurance Committee meeting on 20 th November 2014. During consideration a proposal was made that a workshop style meeting be arranged in order to give a clear focus to the BAF. KF asked Directors to consider using the private session of the Board of Directors meeting scheduled to be held on 18 December		

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	for this purpose. Following consideration this proposal was AGREED		
	PATHOLOGY ALLIANCE		
14/284	<p>PW presented the Western Hub Pathology Alliance paper asking Directors to note that the paper covers three key pieces of work undertaken and agreed by the three participating organisations.</p> <p>PW advised that a 'Memorandum of Understanding' governing the work has been accepted within the Shadow Board and the 'scope' of services affected by the shared approach has been agreed. PW asked Directors to note that a key potential area of financial and service improvement surrounds the procurement of a new blood sciences platform at Chesterfield and Sherwood Forest.</p> <p>Directors reviewed the paper and considered the potential options set out in the paper and NOTED the content of the paper confirming APPROVAL of the two key recommendations of continuing to support the work already undertaken and continuing commitment to the development of the alliance.</p> <p>GMc requested assurance that the risks identified in the paper are being registered on the Trust Risk Register. PW confirmed that the alliance are currently in the process of addressing all governance and risk matters.</p> <p>Directors AUTHORISED the signing of the Memorandum of Understanding between the three parties.</p>		
	RESEARCH STRATEGY		
14/285	<p>AH welcomed SK to the meeting and explained that the Research Strategy that was circulated with the Board papers has previously been seen at the Audit and Assurance Committee but questions had been raised regarding resourcing Research and Development services so the strategy had been brought to the Board of Directors meeting for clarification.</p> <p>SK advised that the strategy explains the details and actions that the Trust needs to undertake to develop in line with the current changes in the National Institute of Health Research (NIHR). Funds are in place to run portfolio research and 2 nurse's salary and 1 PA per week of SK's time is allocated to Research. The Trust currently does not have the capacity to work outside the NIHR remit and to enable this the Trust would need to employ a Research Manager. Funds are available to fund a Research manager post for an initial period of 24 months but this would be difficult to implement if the correct infrastructure is not in place prior to appointment.</p> <p>At this point PM declared an interest as he is a member of the NIHR Research Board advising that he could not comment on any aspect of</p>		

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	<p>the Trust’s investment in research but added his support for an active engagement. TR added his support to the Trust’s investment in research and requested that the Research Strategy be expanded to include innovation projects as well.</p> <p>PW questioned whether SK had looked at the possibility of forming a collaboration with other providers / organisations to strengthen research options. SK confirmed that the option of linking with CLARC and also Nottingham University has been considered but at the moment neither partner has the capacity to assist.</p> <p>PO confirmed that he would review the options presented with the Executive Team and provide feedback accordingly.</p> <p>At this point SK left the meeting.</p>	PO	Jan 2015
	RISK MANAGEMENT STRATEGY		
14/286	<p>SB confirmed that the Risk Management Strategy is presented to the Board of Directors for final ratification. This strategy has already been approved at Clinical Quality and Governance Committee and Trust Management Board and had been widely consulted.</p> <p>During review it was noted that this policy appears to be chronologically out of date due to the recent change in meeting structure.</p> <p>Directors APPROVED the strategy subject to an amendment to the chronological order. This amendment would be implemented and approved outside the Board meeting with the Chair of the Audit Committee.</p>		
	BEING OPEN POLICY		
14/287	<p>SB advised that the Being Open – a Duty to be Candid – Communicating care and treatment related harm with patients, their families and carers policy is presented to the Board of Directors for final ratification. It has been approved at Clinical Quality and Governance Committee and Trust Management Board and has been widely consulted.</p> <p>Directors NOTED that from October 2014 NHS providers are required to comply with the duty of candour meaning that providers must be open and transparent with service users about their care and treatment, including when it goes wrong. The regulations impose a specific and detailed duty of candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold. The duty is being introduced as part of the fundamental standard requirements for all providers. It will apply to all NHS trusts, foundation trusts and special health authorities from October 2014 and the government plans to implement the standards for all other</p>		

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	<p>providers by April 2015, subject to parliamentary approval.</p> <p>The duty of candour is a legal requirement and the CQC will be able to take enforcement action when it finds breaches.</p> <p>Following a review of the policy Directors APPROVED the policy as requested</p> <p>SB advised that as this policy is new and also detailed a shortened more concise document will be shared with all staff members.</p>		
	HELPING PEOPLE TO STOP SMOKING		
14/288	<p>PO reported that the first meeting of the “Smoke Free Sherwood Forest” group met on 25th November 2014 and attendees included representatives from the Trust, the local council and Professor John Britton, Head of Professor of Epidemiology and Director of the UK Centre for Tobacco Control Studies at Nottingham University Hospitals. Invitations have also been extended to Medirest, New Leaf, the CCG and Nottinghamshire Healthcare Trust who share the King’s Mill Hospital site.</p> <p>The three main aims of the Trust are the same as those detailed in the Nottinghamshire Declaration on Tobacco control ;</p> <ul style="list-style-type: none"> • Motivate and support every smoker to quit and reducing health inequalities. • Reduce the number of /preventing young people starting to smoke. • Protecting families and communities from tobacco related harm. <p>The aim of the group is to successfully implement the smoke free declaration and make Sherwood Forest Hospitals smoke free by STOPTOBER in October 2015.</p> <p>PO advised that it was proposed that the next meeting of the “Smoke Free Sherwood Forest” group be scheduled to take place in one month and all updates will go to the Quality Committee.</p> <p>CW encouraged the Group to look at including the use of e-cigarettes / vapping on all Trust sites within their smoke free declaration.</p> <p>Directors NOTED the verbal update that was given</p>		
	GOVERNOR MATTERS		
14/289	<p>SL updated that during a recent meeting with the Newark Governors it was clear that an element of anxiety remains regarding the pace of transformation and direction at Newark Hospital. CW added that Hayley Allison delivered a very clear and encouraging presentation at</p>		

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	<p>the last Governors meeting which should provide the Governors and Newark staff members with the reassurance that they require.</p> <p>Directors NOTED the verbal update that was given</p>		
	<p>ESCALATION OF ISSUES FROM TMB</p>		
14/290	<p>PO advised that as the TMB meeting is held just 3 days prior to the Board meeting he wanted to provide an update via a tabled paper that was distributed to all Directors for ASSURANCE. During a review of the tabled ppaer the following points were brought forward;</p> <p>The implementation of PAS was discussed and a number of issues were highlighted both in terms of financial risk and clinical risk. Members of the TMB committee agreed to escalate these issues to the Board and proposed that these risks be entered on to the BAF and Corporate Risk Register. Directors APPROVED the proposal from TMB.</p> <p>Since the time of writing the paper, norovirus has become a problem for the Trust but PO assured Directors that robust infection control processes have been put in place to limit the spread of the virus.</p> <p>Following an increase in FOI requests to the Trust the TMB committee have requested a breakdown of themes to be provided at the next meeting so that this increase can be understood and any vexatious applicants can be identified. CW proposed that the cost of dealing with this level of FOI requests be collated and shared publically.</p> <p>The issue of additional beds on EAU remaining open and the associated staffing issues and cost pressure was discussed but the TMB committee were assured that the staffing levels are safe and reviewed regularly.</p> <p>The cross divisional workforce management and e-rostering project was presented and approval was given to purchase the system at a cost of £575,000 capital.</p> <p>Directors discussed the format of the report and AGREED that the preference would be that the document be shared electronically via Boardpad, albeit later than the other papers.</p>	KR	Dec 2014
	<p>AUDIT AND ASSURANCE COMMITTEE</p>		
14/291	<p>RD advised that concerns were raised during the Audit and Assurance meeting that was held on 20th November 2014 regarding the current interpretation of the Trust’s BAF.</p> <p>RD reported that the committee welcomed Lisa Davies , the newly appointed Trust Risk Manager and were impressed by her approach to addressing the Trust’s risk issues.</p>		

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	FINANCE COMMITTEE		
14/292	GMc advised that there were no items to be discussed following the Finance Committee meeting that was held on 20 th November 2014		
	CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS		
14/293	<p>TR advised that in line with legislation the Trust is required to produce a Charitable Fund Annual Report and Accounts which must be submitted to the Charity Commission by the 31 January 2015 following the accounting period reported.</p> <p>The documents presented to the Board have been subject to external audit and an unqualified audit opinion received. They were ratified for submission to the Charity Commission, subject to Board approval, at the August 2014 Charitable Fund Committee.</p> <p>In addition the Trust is required to sign and submit to the External Auditors a Letter of Representation confirming that there are no matters which have not been advised to the External Auditors and to submit signed copies of the certificates to External Audit.</p> <p>Following review the Board APPROVED the Charitable Fund Annual Report and Account, APPROVED the Letter of Representation, NOTED the External Audit Opinion and APPROVED submission to the Charity Commission.</p> <p>Directors RECOMMENDED that the Chairman and Interim Chief Financial Officer sign the:</p> <ul style="list-style-type: none"> • Letter of Representation • Annual report (ICFO) • Statement of Trustees responsibility (Chairman and ICFO) • Balance sheet (Chairman) <p>TR advised that he was currently reviewing the process that the Charitable Funds Accounts are presented for approval and a further update will be provided in March 2015.</p>	KR/TR	March 2015
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/294	JS advised that he was looking forward to seeing the services and opportunities identified for further development at Newark Hospital become reality following the appointment of Jacqueline Totterdell.		
	COMMUNICATIONS TO WIDER ORGANISATION		
14/295	SL requested that Directors consider what information they think should be high on the Trust’s agenda for sharing with the local media and wider organisations and what pertinent messages we should be sharing with our staff. Following discussions the following suggestions		

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	<p>were brought forward</p> <ul style="list-style-type: none"> • The financial position of the Trust • The Quality Improvement Plan • The pace of Medical engagement • Thanks to all staff for the work that has been undertaken at the Trust since April 2014 • The East Midlands Breast Screening programme and UNICEF baby friendly award <p>It was also agreed that as a year-end celebration of success all recipients of internal staff excellence awards and external organisation awards or nominees be invited to join the Board of Directors for lunch at the December meeting.</p>	YM/LB	Dec 2014
	ANY OTHER BUSINESS		
14/296	There was no other business to discuss		
	DATE AND TIME OF NEXT MEETING		
14/297	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 18 th December 2014 at 9.30am in Classroom 1 , level 1, School of Nursing , King’s Mill Hospital Sutton in Ashfield, Nottinghamshire		
	There being no further business the Chairman declared the meeting closed at 13.00hrs.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>..... [Name of Chairman] Chairman</p> <p style="text-align: right;">..... Date</p>		