

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 30th October 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
	Jacqui Tuffnell	Director of Operations	JT
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR

In Attendance:	Steven Jenkins	Business Manager, PC&S (patient story only)	SJ
	Liz Williamson	Divisional Matron, PC&S (patient story only)	LW
	Ben Owens	Service Director, Emergency Care (7 day service presentation only)	BO GH
	Gillian Hooper	Improvement Director-Monitor	YM
	Yolanda Martin	Head of Communications	LB
	Lisa Bratby	Minute Secretary	JS
	John Swanwick	Public Governor	
	Press rep	Newark Advertiser	
	Sue Rubenstein	Foresight Partnership Ltd	
	Linda Pomeroy	UCL	
	Philip Harper	Head of Strategic Planning	
	Members of the public	1 present	

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/238	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		
14/239	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/240	It was CONFIRMED that apologies had been received from Jacqui Tuffnell and Peter Wozencroft.		

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	PATIENT STORY		
14/241	<p>SB welcomed SJ to the Board of Directors meeting and advised that the patient story being presented today related to a story that was heard at one of the Trust's "In Your Shoes" event and related to vascular services here at the Trust. This speciality was also identified in the last CQC visit as an area requiring service improvement.</p> <p>SJ opened the presentation by explaining that the patient story occurred during a period of significant change for vascular surgery. A high number of patients were being referred into our vascular service and there was a gap in the provision of our vascular out-patients service for a period of 4 months. The provision for acute/major surgery was moved to Nottingham University Hospitals (NUH) but the management of the NUH consultant clinics held at the Trust was poor.</p> <p>The patient in the story was referred to the Trust on 25 November 2013 and was seen by one of the NUH Consultants at King's Mill Hospital and sent for a Doppler test on 31 December 2013. He was informed during his initial appointment that he could expect a follow up appointment in 6 weeks but this was not arranged and the patient subsequently spent a great deal of time contacting the relevant Patient Pathway Co-ordinator (PPC) to understand the delay.</p> <p>The waiting time for non-urgent appointments at the time of the story was 4-6 months but the patient was constantly informed by the PPC that an appointment would be sent in 2-3 weeks. This miscommunication and false assurance caused the patient to feel let down by the Vascular Service and the high quality care that the Trust promotes fell short of expectation. A follow up appointment was finally made for 21 July 2014, 7 months later than he was initially told.</p> <p>During a review of this issue the Planned Care & Surgery (PC&S) division identified some of the root causes of the poor experience as being ;</p> <ul style="list-style-type: none"> • The Trust giving misleading information regarding waiting time • The requirement for additional training and support for PPCs • The impact of recent changes to PPC personnel • Insufficient capacity within the speciality, leading to long waits • The need for an action plan to be developed ,in liaison with NUH, including the development of a cross organisational rota and additional sessions being arranged <p>SJ advised that as a result of this story, and other patient feedback, the PC&S division have continued to make improvements to the vascular service and have undertaken a significant amount of additional outpatient and inpatient activity in order to reduce the length of time patients are waiting. The Service Agreement with Nottingham University Hospitals joint rota has been strengthened and the joint action plan identified in the review has been developed.</p>		

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	<p>The PPCs within the division have received the training identified and if they feel uncomfortable informing a patient of a long waiting time then this patient’s enquiry can be referred to the Business Support Unit who will contact the patient directly.</p> <p>SJ concluded the presentation by informing Directors that the PC&S division are also investigating the option of introducing a one stop service with duplex scanning being made available whilst the patient is in clinic and also increasing the operating capacity at Newark Hospital. Work to strengthen strategic partnerships with NUH is also underway.</p> <p>AH advised that the improvements that the Trust have implemented are further supported through the work of the Vascular Local Implementation Team (VLIT) board which has provided a link between SFH and NUH to ensure that the vascular clinics are run in a productive manner with a clear communication channel at all times.</p> <p>PM questioned how the division is seeking assurance that the vascular service performance has improved. SJ confirmed that this assurance is gained through information generated linked to patient waiting times and the level of complaints received.</p> <p>PM asked how the lessons learnt from this patient story will be disseminated to all areas concerns. PO advised that the Trust is in the process of implementing “learning boards” which will ensure that any lessons learnt are shared trust wide.</p> <p>PM enquired when the Trust envisaged that the one stop vascular service could be introduced. SJ confirmed that work has begun on this cross divisional project but a definite implementation date cannot be given presently. Further clarity would be available in December 2014. TR requested that the Board receives a one page overview regarding the progress with this implementation.</p> <p>MC and GMc raised their concerns that the PPC misled the patient, unnecessarily, with regards to the expected time scale for his follow up appointment. SE responded that improvements have been seen both in the PPC liaison with patients and also managing waiting times. PM enquired that if a consultant informs a patient that their follow up appointment will be within a 4 week slot are mechanisms in place to ensure that this time scale is fulfilled. SE confirmed that the Trust has robust booking systems in place that will flag up any patients that breaches the timescale set by the consultant so that appropriate action can be taken.</p> <p>SL thanked SJ and LW for attending the meeting. At this point SJ and LW left the meeting.</p>	PO	Dec 2014
	OUTCOMES RE THE LAST MONTH’S PATIENT STORY		

14/242	<p>AH confirmed that following the request that was made during the patient story to allow senior physiotherapy nurses to directly refer patients for x-rays, work has progressed and from December 2014 this provision will commence.</p>		
	7 DAY SERVICE		
14/243	<p>KF advised that the introduction of 7 day services formed one of the strands of the Trust’s Transformation programme and BO was attending, as the clinical lead, to provide the Board with an overview of the activities undertaken to date.</p> <p>BO opened the presentation by informing Directors that the successful implementation of 7 day services has focussed on the achievement of the 10 clinical standards.</p> <ul style="list-style-type: none"> • Patient Experience – Can patients access the hospital 7 days a week successfully • Time to first consultant review- All emergency admissions must be seen and have a thorough clinical assessment by a consultant as soon as possible but at the latest within 14 hours of arrival at hospital. This ensures that consultants are involved from the start of all patient care. This will improve mortality rates and support more efficient discharge. This will require Consultants to implement “Hot taking” and undertake a minimum of 2 ward rounds a day i.e. 8.00am and 6.00pm. This has been implemented in most areas on weekdays but some areas are struggling over the weekend. • MDT review - All emergency inpatients must be assessed by an MDT for complex or on-going needs within 14 hours of admission. A management plan with an estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours of admission. • Shift handover – All shift handovers must be undertaken in a co-ordinated fashion with a senior doctor present on every occasion • Diagnostics - Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, <ul style="list-style-type: none"> Within 1 hour for critical patients Within 12 hours for urgent patients Within 24 hours for non-urgent patients • Intervention/ key services • Mental Health – Robust mental health pathways are already in place • On-going reviews - All patients in high dependency areas must be seen and reviewed by a consultant twice daily and on general wards patients should have a daily consultant ward round, seven days a week, unless it has been determined that this would not affect the patient’s care pathway. The first step 		

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	<p>of introducing board rounds is underway and should take place across all areas.</p> <ul style="list-style-type: none">• Transfer to community, primary care and social care – The Trust envisages that improvements can be implemented but this is reliant on better alignment and engagement with community services via the Better Together programme.• Quality Improvement <p>BO reminded Directors 7 day services anticipates that the Trust will see the same number of patients but in a different way, not increasing numbers of patients. The changes will support fewer admissions, a better experience for patients, a reduced length of stay and more ambulatory care being offered. As such the programme will not create more work but will require clinicians to work differently.</p> <p>BO advised that to achieve a successful 7 day service the following will need to be worked through.</p> <ul style="list-style-type: none">• Clinicians to have days off in the week• Undertaking clinics/theatre lists on weekends• The introduction of more Advanced Nurse Practitioners to do elective work where appropriate to do so• Encouraging senior staff to be available to work 7 days a week• Remember that this change does not influence the number of admissions/tests• Shorter, more regular ward rounds• A robust rota of cross cover of ward patients• Standardisation and consistency of working so that when people are working they are all working to the same level <p>BO identified that work to implement this change has begun and meetings have been held with every service line and speciality, a gap analysis has been carried out and potential options highlighted. A presentation has been made at the Local Negotiation Committee (LNC) and plans are in place to share activities to date with the Medical Staffing Committee.</p> <p>BO concluded the presentation by detailing the next steps, requesting that Directors note that the ten standards must be implemented by April 2017.</p> <p>PM thanked BO for the presentation which he found to be very informative and questioned how the Trust plans to engage with the medical staff and what level of impact the change will have on resources.</p> <p>BO confirmed that the impact in terms of costs at a neighbouring Trust are estimated at a 3% increase in staffing costs but this is off-set by efficiencies such as reduced numbers of beds. AH requested that Directors note that it is not clear whether this cost assumption will be correct for SFH and is only being used as a benchmark. KF added</p>		
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	<p>that a more accurate estimate must be available for the Annual plan submission for 2015/16. Engagement will take place via meetings with service leads, attendance at senior division meetings and through discussions at various medical staffing committees. The message will be cascaded to all staff reiterating that this is work that the Trust has always done, it will just be done in a different way moving forward.</p> <p>PM questioned when it is envisaged that the impact of the changes will be felt i.e. a decrease in admissions. BO estimated that benefits will become apparent from April 2015 onwards following a change in job planning.</p> <p>RD questioned whether the changes required with 7 day working would have contractual consequences. KF confirmed that national negotiations commenced in relation to NHS wide contractual changes for staff but these have currently stalled. The Trust will therefore work with existing contractual frameworks.</p> <p>CW asked if the Trust are utilising the technology available effectively to ensure a more streamlined pathway. BO confirmed that the Trust already uses remote reporting for some radiology processes but some still require attendance. AH added that the successful implementation of PACS allows the Trust to share and view x-ray images.</p> <p>SB enquired whether scoping work had been undertaken to ascertain how many Advanced Nurse Practitioners are required to successfully implement the changes and when this information can be shared with the relevant universities. BO responded that the proposals for this element of work are still being reviewed but it is hopeful that a clearer indication will be available by early 2015.</p> <p>PO concluded discussions by reminding Directors that the reason 7 day services is being implemented is that this was the number one priority in the Sir Bruce Keogh report and will help to reduce weekend mortality rates. However, there is no indication of a pre-commitment from the government in terms of financial assistance and within Simon Stevens, Chief Executive of NHS England's, report there are proposals that Trusts seek private funding locally to support the changes.</p> <p>PO advised that he would ensure that the Board are kept up to date with progress. At this point BO left the meeting</p>	PO	Nov / Dec 2014
	MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2014		
14/244	Following review of the minutes of the meeting held on 25 September 2014 the minutes were APPROVED as a true and accurate record.		
	MATTERS ARISING / ACTION LOG TRACKER		
14/245	The Board REVIEWED the action tracker document in detail. The		

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	<p>following update was given;</p> <p>Action 48 - 14/018 - Estates Strategy - Directors requested that a detailed update paper be presented at the November Board of Directors</p> <p>Action 79 - 14/218 - Tobacco control declaration – PM expressed his disappointment that an update on the Trust’s tobacco control declaration was not presented at today’s meeting and asked for assurance that this will be received by the Board in November. PO assured the Board that an overview paper would be provided to the Board in November and updated that liaisons with New Leaf have already commenced and plans are in place to provide accommodation on the King’s Mill site in a prime location.</p>	PW	Nov 2014
		PO	Nov 2014
	CHAIRMAN’S REPORT		
14/246	<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>Governor Elections SL advised that following elections and a casting of over 3,700 votes the 4 vacant Governor posts have now been filled.</p> <p>John Barsby - Mansfield Sue Holmes – Ashfield Kevin Stewart – Ashfield Sue Moss – Newark & Sherwood</p> <p>All newly appointed Governors will be present at the next Council of Governors meeting where members of the Board will be able to welcome them to the Trust formally.</p> <p>Fundraising opportunities SL reported that he had recently had the pleasure of meeting Mr Alan Taylor, a local business man, again as Mr Taylor held a fundraising garden party during the summer to raise funds for a new internal transfer buggy for patient transportation. £5k was raised at the garden party but Mr Taylor has agreed to donate a further £15k to cover the cost of further buggies. SL requested that the Board acknowledge this very generous donation.</p> <p>SB questioned who is leading on the working partnership with West Nottinghamshire College which was detailed in the Chairman’s report. YM responded that the Communications department and Lee Radford in Training and Development are leading this important link but would be more than happy to include SB in all relevant key meetings to ensure triangulation of initiatives, training opportunities and staff wellbeing.</p>	Mgmt action YM	Nov 2014

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	The Board NOTED the content of the Chairman’s report and specifically the verbal updates given.		
	CHIEF EXECUTIVE’S REPORT		
14/247	<p>SB 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>Industrial action PO advised that further to details within his report pertaining to industrial action, the Royal Society of Radiographers have also lodged their intent to strike to secure fair pay for all NHS workers. KF added that meetings with trade unions continue to take place and contingency plans are in place for further strike action in late November and December 2014.</p> <p>PAS changeover PO advised that the big changeover date for the Trust’s new PAS system, which came into effect on 4th October 2014, went very well and was managed through a combination of significant preparation, training of our staff and a huge amount of additional work and goodwill by many of our staff and partner organisations. The changeover was a potentially very disruptive period for the Trust, but the impact, as a result of strong planning and action was to deliver a new PAS system for the Trust with relatively little disruption. The Trust will conduct its own benefits realisation exercise in due course and a post project evaluation will report the results back to the Board in January 2015.</p> <p>Health Education East Midlands (HEEM) visit PO updated that further to the visit on 14th October 2014 from Health Education East Midlands (HEEM), to assess the quality of multi-disciplinary training across various specialties and professions, actions have already been taken on the verbal feedback that was given to the Trust at the end of the review. Concerns were raised regarding the link between the Trust’s Orthopaedic doctors and the Emergency department and meetings have been arranged with the Orthopaedic team as well as trainee doctors to better understand the issues raised.</p> <p>PM questioned whether the safety concerns that were identified have been addressed. PO confirmed that he had met with the Service Director for Orthopaedics and assurance was given that all concerns had been addressed. KF advised that she would provide a report to the next Quality Committee for assurance</p> <p>Coroner investigations PO reported that following high profile coverage of a recent negligence case, involving the coroner and the Trust, there were a number of inaccurate reports made in one of the tabloid newspapers.</p>	<p>PO</p> <p>Mgmt action KF</p> <p>Mgmt</p>	<p>Jan 2015</p> <p>Dec 2014</p>

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	<p>Challenges have been made to the editor of the newspaper and the conclusion of this challenge along with the lessons learnt will be reviewed at the next Quality Committee meeting.</p> <p>PO proposed that all cases that involve the coroner should be reviewed at the Quality Committee not just high profile cases. PM confirmed that a review of all coroner cases and legal claims will be undertaken at the Quality Committee moving forward.</p> <p>Directors NOTED the content of the Chief Executive's report and specifically the verbal updates that were given.</p>	<p>action PM</p> <p>Mgmt action PM</p>	<p>Dec 2014</p> <p>Dec 2014</p>
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	MONITOR COMPLIANCE – QUARTERLY REPORT		
14/248	<p>KR presented the Monitor Compliance Quarterly report to safeguard debate and thorough understanding of the Board certifications to be submitted to Monitor and to ensure all Board members are clear of their responsibility to be confident of the accuracy and appropriateness of the declarations being made. KR requested that the Board pay particular attention to the Finance and Governance Declaration with regard to its confidence in achieving/sustaining against the Continuity of Services rating and the Governance declaration in achieving targets for the next 12 months and agree that it is appropriate for Board consideration of the Financials in terms of a clear understanding of the potential for any future material financial risks.</p> <p>Following review Directors APPROVED the Declarations, Exception Report and supporting paperwork for onward submission to Monitor and AGREED the relevant amendments and additions having regard to a prospective assessment of anticipated performance and the potential for breach.</p> <p>Directors AGREED to continue to review Appendix 1 and 2 each quarter to ensure each member has confidence in the Trust's assurance systems and processes that support the Declarations and to drive improvements accordingly should any view be taken concerning system weakness.</p> <p>The Board broke at the point for a break. 10.55 and reconvened at 11.05</p>		
	CQC QUALITY IMPROVEMENT PLAN		
14/249	<p>SB advised that following the inspection that was carried out by the Chief Inspector of Hospitals in April 2014 and the identification of a number of areas where improvements were required the Trust compiled the Quality Improvement Plan (QIP) which was attached to the Board paper at Appendix 1.</p>		

	<p>This QIP incorporates continuous improvement actions contained in the previously published Keogh and CQC improvement plans, even if they were not specifically mentioned by the Chief Inspector of Hospitals inspection.</p> <p>SB highlighted that within the QIP the Trust has separated their improvements under 16 high level actions. Each high level action contains many individual actions and has an Executive Director lead for each action, except one that is assigned to the Chairman. The Trust Management Board will monitor progress of the whole plan before it is presented to each Trust Board meeting.</p> <p>Of the 16 High level Actions:</p> <ul style="list-style-type: none">• 5 are rated green (Action on track to complete in line with completion date)• 11 are rated amber (Progress being made towards completion of the action or overdue on completion) <p>Of the 158 individual actions:</p> <ul style="list-style-type: none">• 15 are rated blue (Action fully completed)• 64 are rated green (Action on track to complete in line with completion date)• 70 are rated amber (Progress being made towards completion of the action or overdue on completion)• 9 are rated red (No progress is being made or progress is not expected to be made due to barriers) <p>During a review of the QIP PM questioned whether the Board is confident that the Trust has the appropriate resources and staff abilities in place to successfully deliver the plan. PO confirmed that the plan clearly denotes where responsibilities lie, which committee will deal with and resolve each issue and also the level of confidence of delivery which is currently high.</p> <p>TR offered his congratulations to Executive Directors for compiling the QIP and proposed that the Non-Executive Directors give the Executives a mandate to progress with the work required whilst ensuring that clear accountability links are maintained.</p> <p>SL reported that he would like to see details of a clear process denoting how issues and concerns are put forward for inclusion for each committee’s agenda and also how the issues are cascaded up to the Board when resolution is not possible at sub-committee and Trust Management Board level (TMB).</p> <p>SL questioned how the non-progress / red rating of any issue on the QIP is dealt with initially by the Trust Management Board and subsequently the Board of Directors. PO gave his assurance that all items that remain red will be notified at the Board of Directors meeting and assurance given that appropriate action is being taken.</p> <p>SB added that some of the items are denoted as red as action has not</p>	
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<p>been taken as the start date is in the future so it is a timing issue. For example the first Risk Committee meeting is not scheduled to take place until November 2014 so this will remain red until the meeting takes place. PO concluded that the Programme Management Office should be used to source any evidence that is required for individual Directors to seek assurance of progress.</p> <p>All actions that were marked red were discussed and assurance given regarding the plan for action or the appropriate mitigation.</p> <p>MC encouraged Directors to seek assurance that the TMB is controlling the flow of issues up to the Board in a managed way and also acquire a clear understanding of what questions the Executive are asking to gain the assurance required. PO confirmed that whilst the TMB has a large and complex agenda all issues are discussed in detail and all risks identified and denoted on the appropriate risk register.</p> <p>During a detailed discussion Directors identified the need to be clear what the purpose of each committee is, what needs to be achieved, how assurance can be gained that the goal has been achieved and how each committee can learn and further develop assurance. It was proposed that a short summary be provided each month, to the Board, detailing all relevant business from TMB giving the assurance of progress / resolution. It was also proposed that on a quarterly basis a deep dive report be presented to the Board tracking the path of one action / issue through the relevant committee, to TMB and up to the Board clearly showing the processes, layers and conclusions.</p> <p>GMc questioned how many staff members are aware of the appropriate pathway to take any issues that they may encounter. SE responded that he is confident that all staff above ward leader level are aware of the correct escalation process.</p> <p>During concluding discussions a request was made that a clear assurance map be presented to the Board meeting in November.</p> <p>Directors APPROVED the Quality Improvement Plan and APPROVED the Executive governance arrangements for monitoring & reporting.</p> <p>AH delivered a presentation pertaining to Medical Engagement which was aimed at providing the Board with an indication of where the level of Medical engagement was deemed to be when AH joined the Trust in March 2014 and the level of progress in July 2014 and again in October 2014.</p> <p>During the presentation 4 key messages were brought forward;</p> <ul style="list-style-type: none"> • How the Trust can influence medical engagement via <ul style="list-style-type: none"> ○ <i>Appraisal and revalidation</i> ○ <i>Job Planning</i> 	SB	Nov 2014
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	<ul style="list-style-type: none"> ○ <i>Serious Incident Investigation</i> ○ <i>Challenging Behaviours</i> ● <i>How the Trust can interact via</i> <ul style="list-style-type: none"> ○ <i>Team Meetings</i> ○ <i>Junior Doctors Induction and follow up</i> ○ <i>Meet with all newly appointed Consultants at 8 weeks</i> ○ <i>The APRIL Strategy work</i> ○ <i>1:1 meetings with Head of Service /Service Directors and Junior Doctor’s</i> ○ <i>Open engagement events with Consultants and JD’s</i> ○ <i>Informal suppers with CEO and MD</i> ○ <i>Medical Managers Forum</i> ○ <i>LNC/MSC</i> ○ <i>Drop in sessions at all campuses</i> ● <i>What opportunities are given to medical staff to assert their opinion and views via</i> <ul style="list-style-type: none"> ○ <i>Representation at TMB</i> ○ <i>Attending the Appraisers Forum</i> ○ <i>Attending the Junior Doctors Forum</i> ○ <i>Contributing to the Medical Matters and Clinical Issues log</i> ○ <i>Involvement in Transformation Projects</i> ○ <i>Being involved in arranging attendance at meetings: delegation, ownership and expectation</i> ○ <i>Junior Doctor’s engaging with Safety Fellow in safety projects</i> ○ <i>Involvement in the Clinical Productivity Group and medical metrics</i> ○ <i>Solving recruitment and developing alternative practitioner workforce via 7 Day Transformation Programme</i> ● <i>What development / support the Trust is giving to doctors</i> <ul style="list-style-type: none"> ○ <i>Agree Service Line Management form and function in Wider Leadership Forum</i> ○ <i>Agree training requirements for Head of Service</i> ○ <i>Divisional Clinical Directors enrolled with Faculty or Medical Management and Leadership</i> ○ <i>Suggested programme submitted to Training and Education Department for new consultant programme: “The Sherwood Way”</i> ○ <i>Implement a programme for leadership development; offer from FMLM to provide their Royal Colleges approved programme and from David Clarke via RCPATH</i> <p>AH advised Directors that in 2007, the Institute for Healthcare Improvement developed an evidence based framework for engaging</p>		
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	<p>clinicians in a shared quality agenda. This model was adopted by the National Leadership and Innovation Agency for Healthcare (NHS Wales) in 2008 and is widely cited in literature and provides a helpful framework and useful ‘checklist’ for proposed recommendations to strengthen medical engagement at SFH moving forward.</p> <p>AH concluded the presentation by asking the Board to reflect on the presentation and ask how they can increase their level of engagement by not only engaging with nurses and health care assistants but by shadowing a doctor or consultant as well.</p> <p>In concluding discussions SL proposed that a small working group convene to discuss the large agenda pertaining to this key workstream and also the elements that are required to drive this project forward.</p> <p>Structures SB identified that the committee structure attached as appendix 2 clearly denotes all Trust Committees and their linked sub committees.</p> <p>Governance KR reminded Directors that a proposed governance framework was presented to the Board of Directors at its December 2013 meeting and articulated all of the key systems and structures to govern the relationship between the Board of Directors and the Executives holding functional responsibilities for operational delivery. The devolution of responsibilities to the Divisions had been the subject of Board debate back in early 2013.</p> <p>Having approved the ‘future state’ at that Board meeting, it was necessary to implement changes to the governance framework, which involved:</p> <ul style="list-style-type: none"> o Amending governing frameworks defining decision rights and escalation paths o Detailed design of the corporate governance operating model and its components o Developing a matrix defining Trust accountabilities across the executives o Mapped governance requirements to organisational functions and business requirements <p>During a review MC identified that a clear focus on Corporate and Social responsibility needs to be incorporated to show where and how stakeholder engagement is happening. KR agreed to discuss this requirement in greater detail with YM to look at how this engagement process can be incorporated in the accountability matrix</p> <p>Directors NOTED that they were invited to identify any additional clarifications with regard to the high level Accountability Matrix and committee linkages and Board Committee Chairs are to agree responsibility for ensuring the appropriate oversight through Committee workplans.</p>	<p>AH/SL</p> <p>Mgmt action KR/YM</p>	<p>Nov 2014</p> <p>Nov 2014</p>
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	<p>Keogh Declaration</p> <p>KR reminded Directors that the Keogh Review – Assurance of actions for lifting of Enforcement undertaking document was circulated to all prior to the meeting.</p> <p>KR updated that further to the CQC inspection in April 2014 the Trust had a further inspection which identified progress in a number of areas and made recommendations in respect of areas requiring further action. The CQC also recommended to Monitor that the Trust remain in Special Measures for a further 6 months.</p> <p>KR reminded that the Executive Director Leads for each of the 23 actions provided a report on progress and recommended their revised assessment of the position together with a forecast of the date when each action will achieve full assurance. This was reported to the Board of Directors in July 2014 and a further update is provided at today’s meeting.</p> <p>Three actions remained as partly assured when reported to the Trust Board in July these are:</p> <ul style="list-style-type: none">3 Fluid management – was self-assessed as partly assured, which reflected the findings in the CQC report6 Board development and development of a quality focus – with a self-assessment trajectory of September for fully assured20 Organisational Learning – with a self-assessment trajectory of September for fully assured <p>Directors NOTED that the attached report details the original action from the Rapid Response Review, the outcome and any comments/ outstanding actions from the Keogh Assurance Review, the executive lead for each action and the detail of how the executive provided assurance to the Board of progress against that action. The final column provides detail of the sources of assurance received by the Board since April 2014.</p> <p>Directors NOTED that the Board are invited to review the report and approve the recommendation received from TMB regarding fully assured status against each of the actions based on the information provided and triangulated with previous reports received by the Board and its committees.</p> <p>During further discussion MC questioned whether there is a need to revisit an action to test assurance levels. KR confirmed that where the CQC have assigned an action as assured then the Trust will not be expected to revisit.</p> <p>Following consideration the Board AGREED that the Keogh</p>		
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	<p>declaration would be APPROVED on the premise that the following narrative was provided to support the declaration.</p> <p><i>“The Board is minded to clarify the importance of recognising the difficulties of divorcing the nature of the improvements required to safeguard the lifting of special measures as detailed in the attached Quality Improvement plan, from some of the attendant themes in the Keogh review which resulted in the Trust entering special measures in the first place. To make logic of an assessment of full assurance with the knowledge of the findings of a CQC inspection, it was necessary to avoid the Keogh actions being a moving target, and so the Board has assessed compliance against the ‘fixed actions’ as identified by Keogh’s explicit recommendations. On that basis, the Board is able to make a declaration of assurance against the 23 actions but mindful of the associated areas within the Quality Improvement Plan that will support the Trust improve beyond the Keogh recommendations and help it out of special measures through cultural change and entrenched improvements. In particular Board notes the improvement plans’ focus in the areas concerning staffing, documentation (fluid management) and organisational learning”.</i></p> <p>At this point the Board broke for lunch,1.00pm, and reconvened at 1.30pm</p> <p>KPMG Action Plan MA advised that the action plan circulated with the Board papers had been seen previously at the Finance and Performance Committee meeting on 22 October 2014 and also the Audit & Assurance Committee meeting on 18 September 2014. MA assured the Board that progress is underway to address the 3 “red” actions that were identified in the KPMG report.</p> <p>Directors NOTED the update provided</p> <p>QGF KR reminded Directors that the trajectory for the achievement of a score of 0.0 by March 2015 required the Board to review question 4b in September 2014 asking “Is the Board assured of the robustness of the quality information to assess achievement against best practice”. The report provided gives the detail behind the assessment and the Trust Management Board recommends the score remain at 0.5 with an extended trajectory to March 2015 to ensure all the elements of collaborative working with external organisations including the Trust’s ‘buddy’ Trust, Newcastle University Hospitals NHS Foundation Trust can be fully embedded and sustained.</p> <p>TR questioned whether the revised trajectory affected the trajectory overall. KR confirmed that the trajectory for achievement of a score of 0.0 is not affected by this change but a review will be undertaken in January 2015</p>	KR	Jan 2015
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	<p>During concluding discussions Directors APPROVED the recommendation from TMB for question 4b to remain at a score of 0.5 and also APPROVED the recommendation from TMB to revise trajectories for questions 1b and 3b to November 2014, 2a to December 2014 and 4a and 4b to March 2015</p> <p>Directors NOTED the update to actions to deliver the trajectory to reduce the Trusts QGF score further.</p>		
	QUALITY & SAFETY QUARTERLY REPORT		
14/250	<p>SB presented the Quarterly Quality and Safety Monthly Report which provided the Board with a Quarter 2 summary.</p> <p>During discussions the following points were brought forward;</p> <p>PM expressed his concerns that it appears that the crude mortality figures are increasing and questioned how this translated in terms of HSMR. AH confirmed that the text provided in the narrative of the report identified that this rise was attributed to coding issues of which the Trust is aware. AH assured Directors that this issue is being monitored and the Trust are undertaking weekly meeting with Dr Foster representatives.</p> <p>AH informed Directors that the Trust has sought the support of our health community partners to help identify solutions to address the rise in <i>C.diff</i>. Our CCG have agreed to facilitate a community wide task and finish group, in which all partners including NUH will be invited to discuss actions and learning across the whole patient pathway.</p> <p>MC reported that he was encouraged by the reduction reported in Q2 relating to falls which has continued to show some good improvements with a comprehensive programme of work in place, led by the Falls nurse. SL added that he recently took part in a Radiology study day where he wore a special suit that had been specially designed to demonstrate the effects of reduced mobility. The effects were quite debilitating and he encouraged other staff to make use of this suit to raise awareness. SB confirmed that arrangements are already in place for the suit to be used at an upcoming Nursing and Midwifery time out session.</p> <p>Directors discussed the contents of the report and NOTED the improvements that are being made in relation to the quality priorities and ACKNOWLEDGED that there are still areas that are receiving focused attention to ensure improvements are maintained and driven further.</p>		
	NURSE STAFFING REPORT		
14/251	<p>SB presented the Nurse Staffing Report which provided an overview of the nursing and midwifery staffing position for September 2014 and</p>		

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	<p>reminded Directors of the mandatory reporting requirements pertaining to nurse staffing levels.</p> <p>During a review Directors discussed the complexity and volume of the report and agreed to consider a better way of presenting this report moving forward.</p>	<p>Mgmt action SB</p>	<p>Nov 2014</p>
	PATIENT EXPERIENCE QUARTERLY REPORT		
14/252	<p>SB presented the Patient Experience Quarterly Report bringing the following points forward</p> <p>Directors NOTED that the responsiveness of the complaints system is improving but there are plans to make it more personalised for our complainants. SE added that he is assured that divisional staff are more aware of the importance of engagement in the complaints pathway and changes in practice have been actioned.</p> <p>Directors also NOTED that a project manager has been recruited within the Improving Patient Experience team to support a strategy to improve our family and friends response rates and the new Patient Experience Team are taking forward many changes in Quarter 3 which will improve our patient experience function and service.</p> <p>GMC expressed his concerns that during Q2 the Trust achieved an 87% response rate in relation to the acknowledgement timescale for complaints and questioned why this was not 100%. SB highlighted that since 15th September all complainants (wherever contactable) were contacted by the Patient Experience Team on the day of receipt and their concerns were discussed and the newly appointed manager is assured that the acknowledgment rate will be 100% within the next quarter.</p> <p>PM highlighted that on page 13 of the report one of the comments that was given via the Friends and Family test was from a patient that stated "Nurses outstanding - waiting for tablets to go home, far too long!" This is an issue that has been raised previously and he encouraged the Board to address this issue as soon as possible as patients tend to remember the last experience that they have and if this is a lengthy wait for tablets this will have an impact on their response via the friends and family test.</p> <p>PO confirmed that a weekly capacity meeting will commence shortly to address all issues and drive them forward to resolution in a timely manner. PM concluded that he would request that patient flow be addressed at the next Quality Committee meeting and then reviewed again in 6 months' time to assess what progress has been made.</p> <p>TR proposed that this delay issue and the communication error identified, earlier in today's meeting in the patient story, be used as an</p>		

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	example for the need for better departmental connectivity trust wide.		
	FINANCIAL PERFORMANCE REPORT		
14/253	<p>MA presented the Financial Performance report. During review the following points were brought forward;</p> <p>Two private meetings of the Board had convened on 9th October 2014 and 23rd October 2014 to seek assurance of the Trust’s financial position and as a result of these meetings significant progress had been made in terms of realisation of targets.</p> <p>Directors NOTED the current financial position in terms of trading, liquidity and capital and also 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 the contents of this report will be shared with Monitor as part of the quarterly monitoring submission.</p>		
	INTEGRATED PERFORMANCE REPORT (IPR)		
14/254	<p>SE presented the Integrated Performance (Exception) Report giving an update on the Trust’s performance in September 2014. During review the following points were brought forward.</p> <p>The Trust achieved all 3 RTT standards in month, with non-admitted performance being the most challenging, due to the number of over 18 week patients being treated in September 2014.</p> <p>The Trust has no patients waiting over 52 weeks at the end of September 2014.</p> <p>SE highlighted that the IPR now contains kite marks. These kite marks are data quality markers which will be used in each individual area. The absence of an associated key was noted and assurance was given that this will be included in the November report.</p> <p>GMc expressed his concern that the Trust has failed the A & E targets for several quarters and questioned when the Trust trajectory is predicting that targets will be achieved. SE explained that a percentage improvement is anticipated in the November figures as the October target achievement figures were much better. However this improvement will not be sufficient recovery to achieve Quarter 3 which is anticipated to fail. The Trust is, however, hopeful that all targets will be achieved in quarter 4.</p> <p>PO added that he felt assured that the Trust is taking appropriate action to address and improve the failing A & E targets but unfortunately these actions are not having an impact on external agencies that are out of the Trust’s control.</p>		

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	<p>GMc highlighted that earlier in the meeting the Board heard about the disruption caused by the changeover with the PAS system and questioned how the Board can be assured that patients / waiting lists / targets have not been missed during this time. AH confirmed that the Trust ran some initial key reports before the changeover and have continued to run them on a daily basis after the change with no issues being identified. This status will be further confirmed via the regular 12 week reporting cycle.</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 identifying that there had been an increase in registered nurse staff in post numbers and work remains ongoing to prepare a future forecast model in relation to pay expenditure.</p> <p>Directors NOTED the workforce information presented and ACKNOWLEDGED the actions being taken to improve performance.</p>		
	WORKFORCE QUARTERLY REPORTS		
14/255	<p>KF presented the detailed Workforce Quarterly report during which the following points were brought forward;</p> <p>A detailed report relating to Medical Appraisal & Revalidation rates will be distributed to Board members in due course.</p> <p>CW identified that the number of employment tribunals is increasing and questioned why this is occurring. KF confirmed that the implementation of the new sickness absence policy and improved performance management process has led to increased numbers of disciplinary hearings which in turn has increased the amount of tribunals. This issue has been highlighted at the Board of Directors meeting previously.</p> <p>TR questioned whether there is a consensus that Trust staff have the confidence to raise any concerns that they may have and also requested that any sickness episodes that are associated with stress related issues are monitored and adequate support put in place.</p> <p>KF confirmed that a review of the Raising Concerns policy had recently been completed and would be reviewed to ensure that it is relevant to all staff. Regular staff well-being sessions are held to support staff and processes are in place to support staff suffering from stress related issues.</p> <p>Directors NOTED the workforce information presented and specifically the actions being taken to improve performance.</p>	<p>Mgmt action KF</p>	<p>Nov 2014</p>

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	FIT AND PROPER PERSON TEST		
14/256	<p>SL drew Directors attention to the newly implemented Fit and Proper person guidelines which will apply to new Board Directors. Directors were asked to note that these guidelines do not apply to current post holders, however it is likely that organisations will wish to establish a process to assess existing Directors.</p> <p>KR added that a more detailed paper would be included on the agenda of the next Remuneration and Nominations Committee.</p> <p>Directors NOTED the introduction of the Fit and Proper Person test effective from October 2015 and the actions required to support implementation.</p>		
GOVERNANCE , RISK AND ASSURANCE			
	SFI'S		
14/257	<p>MA advised Directors that the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) documents circulated denoted all proposed changes that have been made since the Trust achieved Foundation Trust status.</p> <p>Following review Directors APPROVED the proposed changes for issue of the revised documents</p>		
	SERVICE LINE MATURITY ASSESSMENT/ INTENTIONS		
14/258	<p>PO advised that the first stage of the Service Line Maturity assessment, which is currently being undertaken at the Trust, was presented at the Finance and Performance meeting that was held on 22 October 2014. GMc added that this presentation gave clear directions regarding the measures required to successfully implement change and the increase in the level of engagement that is needed.</p> <p>Directors NOTED the content of the report and ACCEPTED the recommendation from the Finance Committee that it be accepted and that implementation should begin.</p>		
	GOVERNOR MATTERS		
14/259	<p>SL advised that there is still an element of anxiety amongst the Newark Governors regarding the pace of implementation of the Strategic plan for Newark. To alleviate this concern several meetings have been scheduled during the first few weeks of November 2014 to demonstrate the steps that are being made.</p> <p>Directors NOTED the verbal update that was given</p>		

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	ESCALATION OF ISSUES FROM TMB		
14/261	There were no issues identified for escalation		
	FINANCE & PERFORMANCE COMMITTEE		
14/262	GMc gave Directors assurance that the Finance Committee will continue to oversee the delivery of the 5 year financial plan.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/263	<p>A member of the public stated that he was pleased to hear that the Trust will be discussing its tobacco control declaration in detail at the November Board of Directors meeting.</p> <p>A member of the public requested that the Board consider installing a microphone system in the Board room as it was difficult to hear all conversations when Board members are facing away from the public table.</p>	PO	Nov 2014
	COMMUNICATIONS TO WIDER ORGANISATION		
14/264	<p>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 were brought forward</p> <ul style="list-style-type: none"> • The financial position of the Trust • The Quality Improvement Plan • The importance of the flow and capacity meeting now scheduled every Friday • The details of the Strategy work that will be commenced in the private session of the Board meeting today, 30 October 2014. • NHS 5 year view and the implications on the Trust • The successful implementation of PAS • The importance of completing the staff survey 		
	ANY OTHER BUSINESS		
14/265	There was no other business to discuss		
	DATE AND TIME OF NEXT MEETING		
14/266	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 27 th November 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 14.42 hrs.		

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	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.		
 [Name of Chairman] Chairman Date	