

Sherwood Forest Hospitals NHS Foundation Trust  
**Board of Directors Meetings (Public): Oct 2013 – Sept 2014**

**MATTERS ARISING / ACTIONS TRACKER**  
**30 OCTOBER 2014**

KEY:

<b>GREEN</b>	<b>ACTION COMPLETE</b>	<b>AMBER</b>	<b>ACTION ON TRACK</b>	<b>YELLOW</b>	<b>UPDATE REQUIRED</b>	<b>RED</b>	<b>ACTION OVERDUE</b>
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ACTIONS ARISING FROM EXTRAORDINARY MEETING 29 <sup>th</sup> OCTOBER 2013							
13.	13/ 126	<b>CLINICAL SERVICE PLANS</b>	Following discussions Directors APPROVED the Clinical Services plan as a blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan.	PW	<b>DATE REVISED TO MARCH 2015</b>	Following the completion of the Strategic plan, we are developing detailed implementation programmes for its many elements. This will focus at service line level and as part of the preparatory work we are commissioning an assessment of service line management maturity. It is intended that this will lead to high quality service line plans in line with the organisations strategy	
ACTIONS ARISING FROM 19 DECEMBER 2013							
42.	13/180	<b>CQC- REVIEW OF COLCHESTER</b>	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 <sup>rd</sup> party opinion following the Trust assessment against the failings at Colchester.	RD	<b>IN LINE WITH RELEASE OF REPORT</b>	JT updated that a template has been received and implemented and progress will be forthcoming in due course.	



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			buzzers responded to within 5 minutes is acceptable. SB responded that this is not acceptable and advised that she would look at other Trust's and find a best practice example for the Trust to aspire to match.					
74.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	It was identified that the report records that 99% of KMH patients surveyed rated the quality of the meal service provided to be fair or above . This summary appears to be quite vague and further information is required. TR requested that the further information provided also contains the amount of people surveyed	SB	<b>DEC 2014</b>			
75.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	SL expressed his concerns that the report clearly states that there is no backlog within the complaints department but then evidence is seen in table 7 that responses are clearly outside the 40 day response	SB	<b>DEC 2014</b>			

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			time. SB responded that she would investigate this matter and revert back accordingly.					
<b>ACTIONS ARISING FROM 25 SEPTEMBER 2014</b>								
76.	14/216	<b>PREVIOUS PATIENT STORY</b>	SB confirmed that she would discuss how the implemented changes from the July Patient story could be achieved outside the Board meeting with SL .	SB	<b>NOV 2014</b>		<b>COMPLETED</b> Progress was reported at the October Board meeting	
79.	14/218	<b>MATTERS ARISING</b>	SB advised that she would arrange for a note to be issued to all Board members providing an update of actions relating to Tobacco control declaration that have been taken since the Board meeting in July.	PO	<b>NOV 2014</b>		<b>COMPLETED</b> A paper is scheduled to be presented at the November Board of Directors meeting	
80.	14/220	<b>CHIEF EXECUTIVES REPORT</b>	JT confirmed that the Trust's plans to attract the additional CT patients from the extended catchment area would be discussed by the Executive Team who are reviewing this	JT	<b>NOV 2014</b>			

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			plan currently and further feedback would be given in due course.					
81.	14/221	<b>QUALITY &amp; SAFETY MONTHLY REPORT</b>	The new Falls champions meetings commence on September 16th 2014 This forum will be used to share Serious Incidents and more importantly an opportunity for learning and improvement. Further information regarding this key introduction will be given at a future Board meeting once it is fully embedded.	SB	<b>DEC 2014</b>			
82.	14/221	<b>QUALITY &amp; SAFETY MONTHLY REPORT</b>	SL requested that a clear focus be given to the Friends and Family survey response rate in the October 2014 report.	SB	<b>NOV 2014</b>	<b>COMPLETED</b> This report was received , as requested , in the October report		
83.	14/221	<b>QUALITY &amp; SAFETY MONTHLY REPORT</b>	PM requested that clear benchmarking data be included in the Quality and Safety Monthly report moving forward pertaining to Cdiff. AH	AH	<b>OCT 2014</b>	<b>COMPLETED</b> This report was received , as requested , in the October report		

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			confirmed that benchmarking data would be available in future.					
84.	14/222	<b>NURSE STAFFING REPORT</b>	GH requested that if processes are already in place to map falls against staffing levels then links should also be made to the baseline recruitment numbers and financial implications. SB confirmed that this data is already available but work is required to triangulate all elements.	SB	<b>NOV 2014</b>		Work is underway to triangulate all elements of this work	
<b>ACTIONS ARISING FROM 30 OCTOBER 2014</b>								
86.	14/241	<b>PATIENT STORY</b>	TR requested that a one page overview be provided regarding the progress of the implementation of a one stop vascular service could be introduced.	PO	<b>DEC 2014</b>			
87.	14/243	<b>7 DAY SERVICE</b>	PO advised that he would ensure that the Board are kept up to date with progress on the	PO	<b>NOV/ DEC 2014</b>		<b>COMPLETED</b> Updates provided monthly to the	

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			implementation of the 7 day service work				Transformation Board. Quarterly updates will be provided to Board	
88.	14/245	<b>MATTERS ARISING – ESTATES STRATEGY</b>	Directors requested that a detailed update paper be presented at the November Board of Directors regarding the Estates Strategy	PW	<b>NOV 2014</b>		<b>COMPLETED</b> A paper has been submitted to the November Board meeting	
89.	14/245	<b>MATTERS ARISING – TOBACCO CONTROL</b>	PO assured the Board that an overview paper would be provided to the Board in November	PO	<b>NOV 2014</b>		<b>COMPLETED</b> A paper has been submitted to the November Board meeting	
90.	14/247	<b>CHIEF EXECUTIVE REPORT – PAS POST PROJECT EVALUATION</b>	The Trust will conduct its own benefits realisation exercise in due course and post project evaluation and will report the results back to the Board in January 2015.	PO	<b>JAN 2015</b>			
91.	14/249	<b>QUALITY IMPROVEMENT PLAN</b>	During concluding discussions a request was made that a clear assurance map relating to the QIP be presented to the Board meeting in November	SB	<b>NOV 2015</b>		<b>COMPLETED</b> A paper has been submitted to the November Board meeting	

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92.	14/249	<b>QUALITY IMPROVEMENT PLAN</b>	SL proposed that a small working group convene to discuss the large agenda pertaining to Medical Engagement and also the elements that are required to drive this project forward.	SL/AH	<b>NOV 2015</b>		<b>COMPLETED</b> Meeting arrangements are in place	
93.	14/249	<b>QUALITY IMPROVEMENT PLAN – QGF</b>	TR questioned whether the revised QGF 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	KR	<b>JAN 2015</b>			
94.	14/263	<b>QUESTIONS FORM MEMBERS OF THE PUBLIC</b>	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.	PO	<b>NOV/DEC 2014</b>			