

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 25th September 2014 at the Holy Trinity Community and Partnership Centre, Boundary Road, Newark, Nottinghamshire, NG24 4AU

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
	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:	Deborah Anthony	Musculoskeletal Physiotherapy Clinical Lead(patient story only)	DA
	Gillian Hooper	Improvement Director-Monitor	GH
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB
	John Swanwick	Public Governor	JS
	Press rep	Newark Advertiser	
	Members of the public	2 present	

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/212	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. SL welcomed MA and GH to the meeting.		
	DECLARATIONS OF INTEREST		
14/213	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/214	It was CONFIRMED that apologies had been received from Ray Dawson, Paul O’Connor and Peter Wozencroft.		
	PATIENT STORY		
14/215	SB welcomed DA to the Board of Directors meeting and advised that following discussions at the Board meeting in July 2014, where SL advised that he had visited the Therapy services department at King’s Mill Hospital, the patient story this month centred on physiotherapy services at the Trust. DA opened the patient story by giving the Board some information		

	<p>about herself, her career history and her responsibilities in her post as musculoskeletal physiotherapy clinical lead.</p> <p>During the presentation DA advised that the Newark Musculoskeletal (MSK) outpatients is based in Byron House and the patients that are seen there are a mixture of GP referrals and orthopaedic referrals from King’s Mill and other Trusts. The physiotherapy staff see patients with a wide variety of musculoskeletal problems of all joints and also post-operative patients, patients referred from the MIU at Newark as well as patients from the Trust’s fracture clinics and orthopaedic elective clinics. During a typical month a total of 758 patients are seen undertaking treatments including ultrasound and wax treatments and also therapy in the fully equipped gym, hydrotherapy pool and back and neck traction machines.</p> <p>DA explained the many therapies that are offered to patients before telling the Board the story of a patient that sustained an anterior cruciate ligament (ACL) injury whilst pushing a wheelbarrow and twisting his knee in the process. This patient had suffered a previous ACL injury, underwent subsequent reconstruction surgery in 2010 and made a full recovery. When the patient involved in the story was referred back for a second visit in 2014 DA identified that she had seen the patient previously so to ensure continuity of care she requested that the gentleman be placed under her care again.</p> <p>During a detailed assessment the patient reported the same “feeling” as his previous ACL injury in his knee but the assessment did not immediately indicate an ACL injury. However, a key element of physiotherapy care is to listen to the patient so a subsequent referral was made back to this patient’s GP for an urgent orthopaedic referral with a plan to continue with rehabilitation treatment with the physiotherapy team whilst the referral was processed. At this point of the patient’s journey it became apparent that his physiotherapy treatment was not progressing as quickly as anticipated so DA contacted her orthopaedic colleagues to expedite the patient referral. The key message at this point was that excellent liaison between the physiotherapy team and orthopaedic colleagues is paramount to ensure a speedy resolution.</p> <p>The patient was subsequently seen by the orthopaedic team, referred for an MRI scan which confirmed an ACL injury which was successfully corrected by surgery.</p> <p>The positive messages that have arisen from this story are that this clearly demonstrates an excellent example of multi-disciplinary team working with patient centred and individualised care. It clearly shows the importance of listening to patients and offering emotional support as well as quality physiotherapy.</p> <p>The learning opportunities that were identified were improvements in the time taken between the initial injury being sustained and the date of the corrective surgery. A key change would be the opportunity for</p>		
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	<p>physiotherapy staff to be able to refer patients directly to MRI for a scan.</p> <p>DA concluded the patient story by sharing examples of tension bands and tapes that are used during physiotherapy treatment with Directors ,along with a model of a knee showing the ACL</p> <p>TR congratulated DA for not only listening to the patient's concerns but also hearing his concerns and taking immediate action to aid a speedy recovery. TR encouraged the Board to look at the system blockages identified in this story and look at streamlining services wherever possible.</p> <p>DA advised that she meets regularly with her equivalent colleague at King's Mill Hospital and processes are already in place to improve working practice and identify and share specialist knowledge amongst both teams. A meeting has also been arranged with a number of the orthopaedic surgeons to improve working partnerships further. TR concluded that he would like to see the future working plan once this is devised.</p> <p>PM questioned how assured the Trust is that the right pathways are in places to ensure the best service to all patients requiring physiotherapy treatment. AH responded that work is already underway at the Trust to review all patient pathways including physiotherapy.</p> <p>DA added that she had recently visited another Trust where she observed excellent examples of how physiotherapy services can link well with orthopaedic colleagues, the Trust Board and the local CCG's.</p> <p>GH asked how the Board proposed to use the lessons learnt in the patient story told, into a lessons learnt exercise and develop a detailed proposal for improved working.GH requested that the Board develop a patient pathway proposal, for review, within the next 2 weeks.</p> <p>AH informed the Board that approval had already been given to 2 members of physiotherapy staff to refer patients for x-rays and the option to extend this to MRI referral, as discussed earlier in the meeting, will be investigated.</p> <p>At this point DA left the meeting.</p>	Execs Mgmt action	Oct 2014
	OUTCOMES RE THE LAST MONTH'S PATIENT STORY		
14/216	<p>SB updated that the story that was told at the Board of Directors meeting in July 2014 was presented again at a senior nurse development day and a request was made for the nurses to take the story back to their respective areas and spread the examples of good practice widely.</p> <p>SL questioned how the Trust will be able to show clear evidence of</p>		

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	<p>learning and how the effects of the implemented changes can be monitored. SB responded that she would discuss how this could be achieved outside the Board meeting with SL</p> <p>PM advised that he had recently accompanied Dr Rutter, Consultant Geriatrician, on a visit to Bradford Hospital to look at the dementia services that are offered there. Innovative enhancements such as special lighting that mimicked sunshine on a summer’s day and reminiscent aids were amongst a range of improvements that had been implemented. A business case is currently being prepared for similar enhancements to be made at SFH. SB concluded that she would arrange to speak to Dr Rutter to discuss any support that may be required.</p> <p>TR added that Dementia Care at the Trust had already been identified as the fundraising case for 2014/15.</p>	<p>SB</p> <p>SB Mgmt. action</p>	<p>Oct 2014</p> <p>Oct 2014</p>
	MINUTES OF THE MEETING HELD ON 31 JULY 2014		
14/217	<p>Following review of the minutes of the meeting held on 31 July 2014 the following changes were proposed</p> <p>Page 16 – para 7 - SFH IT update – “Another strategic risk is that the Trust is using expert contract staff to deliver large scale IT enabled business change projects which could expose the Trust in terms of residual expect knowledge”. Change the word expect to expert</p> <p>Subject to this amendment the minutes were APPROVED as a true and accurate record.</p>		
	MATTERS ARISING / ACTION LOG TRACKER		
14/218	<p>The Board REVIEWED the action tracker document in detail. The following update was given;</p> <p>Action 71 – Patient Story – This action is COMPLETED as the patient story in September was therapy based.</p> <p>Action 72 – Chief Executive Report – Buddying – This action is COMPLETED. A ward assurance buddying exercise has recently been completed. JT suggested that the Board’s photographs be more prominently displayed in order for staff and visitors to be aware who they are when out and about within the Trust. YM confirmed that work is already underway to look at the option of displaying photographs in the main entrance of King’s Mill and Newark hospital.</p> <p>Action 42 – CQC review of Colchester – JT updated that a template has been received and implemented and progress will be forthcoming in due course.</p> <p>Action 13 – Clinical Service plans – PM questioned when a definite clinical service plan will be available. JT updated that the Trust are</p>		

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	<p>currently reviewing service line maturity and as part of this a survey has been undertaken. A report of all work completed will be available in March 2015. GMc reported that he would request that the Finance Committee look at this matter during its meeting in October 2014. SL requested that he would like to see the clear intentions around service line options and the associated timescales at the Board of Directors meeting in October 2014.</p> <p>In terms of matters arising the following updates were given;</p> <p>Page 3 – Tobacco control declaration – SB advised that she would arrange for an update note to be issued to all Board members providing an update of actions that have been taken since the Board meeting in July.</p> <p>Page 8 – Cervical Screening QA visit – Agreement has been given that a deep dive exercise will be undertaken pertaining to the cervical screening team visit summary report at the Quality Committee meeting that is scheduled in November 2014.</p>	<p>GMc</p> <p>PW</p> <p>SB</p>	<p>Oct 2014</p> <p>Oct 2014</p> <p>Oct 2014</p>
	<p>CHAIRMAN’S REPORT</p>		
<p>14/219</p>	<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><i>Monitor PRM</i> A constructive Monitor PRM and roundtable meeting took place on 24 September 2014. During the meeting it was noted that Monitor will be looking to the Trust to successfully deliver all of the plans identified within the stated timescales. It was also noted that Monitor has submitted a PDC support application on behalf of the Trust.</p> <p>SL added that he was pleased to report that no further restrictions have been placed on the Trust’s licence and from a Keogh perspective all demands have been lifted. KR clarified that in terms of the section 105 requirements Monitor are sufficiently assured that enough action has been taken to lift the discretionary requirements in all aspects except finance. In terms of section 106 requirements, adequate action has been taken to assure Monitor that no further regulatory requirements are necessary.</p> <p>During the roundtable meeting a joint presentation was given compiled by the Trust and the CCG, which demonstrated a clear alignment of both annual plans. Concerns were raised regarding the weight of the resources required to deliver both plans and also the front door flow at the Trust currently. Discussions were undertaken regarding the best way to balance the impact of the plan implementation, the expectation of delivery and the good progress which has been made to date.</p> <p><i>HCA work</i></p>		

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	<p>SL advised that he had spent some time working in the outpatient department at Newark Hospital and during this visit he witnessed some good examples of team working.</p> <p>Time has also been spent in the Endoscopy department at King’s Mill Hospital and he was very pleased to see that an issue that he raised pertaining to patient privacy and dignity had been addressed and implemented within a very short time period.</p> <p><i>Other business</i> SL reported that he is regularly asked to sign letters of thanks to patients for their generous donations to the Trust. One of the letters that he had signed recently was to a gentleman who had raised over £11k for the Trust’s Neonatal unit by cycling 240 miles in 24 hours and another letter was to a couple who had sadly lost their baby following a stay in the Neonatal unit but who were so impressed by the care that was afforded to their baby during their stay that they donated £150. These donations are both examples of patients who have received the best care in the best place.</p> <p>The Board NOTED the content of the Chairman’s report and specifically the verbal updates given.</p>		
	<p>CHIEF EXECUTIVE’S REPORT</p>		
14/220	<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><i>Ebola</i> SB assured Directors that in line with Dr Pinto-Duschinsky’s recommendations the Trust has taken the required measures and are prepared to treat any possible patient with Ebola if the need arises. PM questioned whether the prepared protocol had been tested. AH confirmed that plans are in place to test all elements of the protocol within the area in the coming weeks.</p> <p><i>Multi-professional Quality Management Visit</i> SL emphasised that the multi-professional HEEM Quality Management visit which is scheduled to take place on 14 October 2014 is a key visit for the Trust and encouraged all Directors to engage with this visit wherever possible.</p> <p><i>CT scanning</i> PM questioned how the Trust plans to attract the additional patients from the extended catchment area as detailed in the Chief Executive’s report. JT responded that the Executive Team are reviewing this plan currently and further feedback would be given in due course.</p> <p><i>Industrial action ballot regarding NHS pay dispute</i> KF updated that a number of unions including GMB, UNISON, UNITE, and RCM have now balloted their members and the results of the</p>	JT	Nov 2014

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	<p>ballots are expected to be received by the Trust within the next week. Subject to the Trade Unions receiving a mandate to take strike action a strike is planned for 13 October 2014 between 7.00am – 11.00am. The Trust will liaise with the unions to agree the location and arrangements for picket lines and a contingency plan will be instigated to manage the impact. Further action is likely to take place before Christmas.</p> <p>Directors NOTED the content of the Chief Executive’s report and specifically the verbal updates that were given.</p> <p>NHS patient, visitor and staff car parking principles KF presented the NHS patient , visitor and staff car parking principles paper which offers assurance that the Trust is applying reasonable concessions for the disabled and frequent hospital attenders as per the recently published DoH guidance ‘NHS patient, visitor and staff car parking principles’.</p> <p>Following review CW raised her concern regarding the lack of advertising around the Trust that concessions are available. SB highlighted that this issue is identified on the compliance to guidance action plan as amber, pending a review of the possibility of the parking charges being added to patient letters as part of the implementation of the new PAS. This initiative will be investigated further and feedback provided.</p> <p>CW questioned how the recent implementation of penalty notices for people who park their vehicles inappropriately has been received throughout the Trust. KF responded that no issues have been raised at the LNC/ JSPF meeting from staff members. YM added that a few complaints had been received about the parking fine notices but this has helped to drive out issues that are now being addressed.</p> <p>TR advised that he is aware that people continue to park in the drop off area at the front of the hospital which causes issues at peak times. KF responded that she would highlight this issue at the next Car Park User group.</p> <p>GMc questioned why the University Hospital North Staffordshire NHS Trust had been used as a neighbouring acute Trust for comparison and requested that Nottingham University Hospitals be used instead.</p> <p>Directors NOTED the content of the report paper and were ASSURED of the Trust’s position, current concessions and ongoing actions.</p>	<p>KF Mgmt. action</p> <p>PW Mgmt. action</p>	<p>Nov 2014</p> <p>Oct/Nov 2014</p>
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	QUALITY & SAFETY MONTHLY REPORT		
14/221	SB presented the Quality and Safety Monthly Report which provided the Board with a summary of important quality and safety items and the Trust’s key quality priorities. SB highlighted that the top 3 priorities		

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	<p>for the month of August are</p> <ul style="list-style-type: none"> • Reduce mortality as measured by HSMR • Reduce harm from falls • Improve response rates and scores in the patient and staff friends and family test. <p>During discussions the following points were brought forward;</p> <p>PM expressed concerns that the chart detailing the Trust's 12 months rolling HSMR has plateaued. AH responded that this is to be expected as significant improvements have been made which are now being maintained. A meeting has been arranged with a representative from Dr Foster and work remains ongoing.</p> <p>PM questioned what the Trust's current position on coding was presently after the deterioration in April, May and June 2014. AH confirmed that the Trust internal auditors, 360 assurance, had completed an audit on the accuracy of coding and had found that the Trust is now back on track. AH advised that staffing issues within the department had impacted on the deterioration earlier in the year.</p> <p>PM noted that in the month of July 2014 the harm rate for falls was 2.4%. SB advised that whilst this is the highest recorded rate for 18 months there is an increase in the severity coding for this harm and the data has been validated by the Clinical Governance Lead. It is suspected that the introduction of DatixWeb with improved coding has contributed to this deterioration.</p> <p>However, the falls work is being driven to ensure that any real deterioration (outside of coding) is quickly addressed through the introduction of a number of initiatives including placing frequent fallers close to the Nurses station so they can be more closely monitored and also the introduction of Falls champions on all wards.</p> <p>The new Falls champions meetings commence on September 16th 2014 and all wards and departments have made nominations. 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</p> <p>GMc questioned whether the Trust are seeing an increase in patients falling or are simply reporting more falls through the Datix system. SB confirmed that the Trust is seeing less falls but the severity of the falls have risen and are resulting in harm.</p> <p>SB advised that Nottingham University Hospitals (NUH) have recently undertaken a large campaign to reduce falls and Gerrie Edwards, Lead Falls nurse has visited NUH to review the work and brought back</p>		
		SB	Dec 2014

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	<p>some ideas to include in the Trust’s plan moving forward.</p> <p>PM highlighted that the new friends and family survey has a target date of 1st October 2014 for the launch but the Trust is still in the procurement stage and questioned how this launch date is achievable. SB confirmed that the Trust has assessed and scored the non-financial elements of the Friends and Family survey and the procurement that remains ongoing is the financial element. Early indications are showing that the cost of the new system is greater than anticipated and there are a number of information governance concerns. Further feedback will be given in the next monthly report.</p> <p>SB identified that the Trust could undertake a large element of work internally and are already looking at the best way to emphasise the importance of the Friends and Family tests to all patients. It has been highlighted that patients are less likely to undertake the test whilst they are on the wards so ways of approaching patients as they arrive or leave the hospital are being explored.</p> <p>CW questioned if the Trust knows why the numbers of participants are falling, particularly in maternity, as this seems to be the group that are the most likely to participate. SB confirmed that this challenge has already been made to the department and feedback will be given in due course. SL requested that a clear focus be given to this in the October report.</p> <p>PM requested that clear benchmarking data be included in the Quality and Safety Monthly report moving forward pertaining to Cdif. AH confirmed that benchmarking data would be available in future.</p> <p>Directors NOTED the information provided, particularly the change priorities, and the actions being taken to mitigate the areas of concern.</p>	<p>SB</p> <p>Oct 2014</p> <p>AH</p> <p>Oct 2014</p>	<p>Oct 2014</p> <p>Oct 2014</p>
	<p>NURSE STAFFING REPORT</p>		
<p>14/222</p>	<p>SB presented the Nurse Staffing Report reminding Directors of the mandatory reporting requirements pertaining to nurse staffing levels.</p> <p>SB identified the factors that are influencing the nurse staffing issues included the reduction to just 1 intake a year for newly qualified nurses instead of 3, the high number of single rooms on the Trust wards and the level of 1-1 caring. To mitigate some of these risks the high emphasis on international recruitment and targeting return to practice nurses continues.</p> <p>SL questioned whether, as part of this recruitment work, the Trust offers specific posts for newly qualified nurses to meet their interests. KF responded that the Trust does showcase all vacancies and offers a clearing house arrangement. KF confirmed that specific areas are offered to newly qualified nurses as requested. SB added that assurance is also given to newly appointed nurses that if they feel, once they are working at the Trust, that they are within the wrong speciality if they raise this with the manager the Trust will look at</p>		

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	<p>alternative areas rather than the employee leaving the Trust entirely .</p> <p>GMc requested that a trajectory be provided identifying how many vacancies need to be filled for the Trust to see any benefits. Directors discussed the benefits of increasing the fill rates against the financial impact. During this discussion JT assured Directors that the nurse staffing levels are checked daily and following a recent audit of 1:1 care only one shift was found to be over staffed.</p> <p>GH advised that she thought that the report was impressive but encouraged the Board to move away from the emphasis on finance and numbers and concentrate more on the quality impact. 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.</p> <p>SB advised that in October 2014 a 6 monthly update report would be given to the Board</p> <p>Directors NOTED that a more detailed establishment report would be presented at the October Trust Board meeting and staffing risks would be strongly reflected within the revised Board Assurance Framework .</p> <p>Directors NOTED the information provided and the actions being taken daily to mitigate the risks.</p>	SB	Oct/Nov 2014
	7 DAY SERVICES		
14/223	KF advised that due to clinical commitments it was not possible for the planned presentation on 7 day services to be made. This presentation would be deferred to the October Board of Directors meeting		
	REGULATORY ESCALATIONS / ACTION PLANS		
14/224	<p>Quality Governance Framework</p> <p>KR presented the Quality Governance Framework (QGF) paper. KR advised that focus to reduce the QGF score is being maintained but there are no changes to report since the last report in July 2014. The next question to be addressed is 4b, Is the Board assured of the robustness of the quality information, and an update on this progress will be provided at the October Board meeting</p> <p>Directors NOTED the updated actions to deliver the trajectory to reduce the Trust’s QGF score further.</p> <p>CQC</p> <p>SB delivered a presentation pertaining to the progress that has been made at the Trust following the CQC inspections that were undertaken in April and May 2014 and the resulting action plan that was drawn up after the report was produced in July 2014.</p>		

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	<p>Directors noted that whilst the Trust had made progress in many areas and was seen to be caring, as a whole, we were let down during the CQC visits by inconsistencies and this was further reinforced through the April Consultancy “In Your Shoes” work.</p> <p>SB highlighted the “must do’s” which centred greatly on a cultural change to strongly demonstrate learning from feedback and convey and strengthen accountability.</p> <p>SB advised that the Trust has developed a new action plan in response to the latest visit and this was uploaded onto the NHS choices website at the beginning of September 2014 after strengthening leadership, culture and accountability.</p> <p>Directors noted that staff are starting to talk of a will to improve, are feeling different and want to change the culture. They do not want more action plans and inspections but would like assurance that the changes they are making are being recognised.</p> <p>The next steps were noted as follows</p> <ul style="list-style-type: none"> ▪ The Trust to amend it’s improvement plan based upon ‘the best’ focusing on outputs & outcome measures and upload the amended plan onto NHS Choices within 14 days. This plan will then be submitted to the October Trust Board meeting ▪ In light of the revised plan, review the accountability framework & reporting processes and bring these findings to the November Trust Board meeting ▪ Redesign the Trust’s assurance programme and increase the pace <ul style="list-style-type: none"> ○ Quality Committee Agenda ○ Exec / NED visits ○ Out of Hours support visits - consistency ○ IAT programme with feedback loop ○ Implement our own quality visits - 17th October ▪ Share internal learning at the planned Quality Summit on 26th September ▪ Develop and implement a learning toolkit quickly including stepped change to promote learning ▪ Continue to convey and strengthen managerial and individual accountability using ‘Quality for All’ tools <p>SB concluded her presentation by drawing Directors attention to the final slide which contained the question how are we going to win “hearts and minds” whilst increasing the pace of change?</p> <p>SL requested that SB issue guidance to the NEDs to set the tone and expectation for future inspections so that they can be appropriately prepared</p> <p>During discussions SB identified that Trust staff have stopped talking</p>	SB	Oct 2014
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	<p>about CQC and targets and are focussing on aspiring to be the best and the journey ahead. PM expressed his concerns that the workload to implement must be spread evenly so that the key staff that are passionate about the change do not feel burdened. The Trust needs to test capability and support all staff member’s passion. TR added that the hearts and minds change needs to begin at Board level by showing a genuine and caring interest in the changes that are being made.</p> <p>Directors NOTED the information given in the presentation on progress to date and the next steps identified.</p>		
	<p>FINANCIAL PERFORMANCE REPORT</p>		
<p>14/225</p>	<p>MA presented the Financial Performance report. During review the following points were brought forward;</p> <p><i>Income & Expenditure</i> The summary I & E position is a £14.08m deficit. This is £1.11m worse than plan of £12.97m and pay pressures remain high. The Executive team is identifying, and delivering at pace, actions to support delivery of the 2014/15 plan. Analysis is being undertaken to understand the clinical income plan phasing and whether this fully explains the underperformance in month.</p> <p>The current SLAM system is not fit for purpose and a review of the process for calculating the Trust’s clinical income, including the SLAM system, is being undertaken.</p> <p>The level of pay overspend continues to remain high despite active recruitment and is £2.42m above plan at the end of month 5. Directors noted that the key drivers for this continued pressure were detailed in the Financial Performance report along with the actions that are being taken to address these issues. MA advised that JT and SB were due to meet to undertake a deep dive exercise to understand fully the factors of the overspend. The Strategic Procurement team are also investigating possible factors that may influence the overspend.</p> <p><i>Capital Programme</i> The capital programme spend at the end of period 5 is £2.65m against a plan of £3.67m and the Trust is forecasting achievement of the Q2 plan within the Monitor +/- 15% tolerance.</p> <p><i>Cash</i> The cash balance at the end of August 2014 was £100k which is in line with the expected balance following the receipt of Public Dividend Capital cash support.</p> <p>MC questioned in which forum the Baker Tilly cost control review report will be received. MA confirmed that the first report would be reviewed by the Executive Team as this will be in the form of an action plan and then it will be passed to the Audit and Assurance Committee</p>		

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	<p>for ratification.</p> <p>Directors NOTED the current financial position in terms of trading, liquidity and capital.</p> <p>Directors ACKNOWLEDGED the key financial risks and the actions being taken particularly in respect of pay spend and achievement of the cost improvements programme.</p>		
	<p>INTEGRATED PERFORMANCE REPORT (IPR)</p>		
14/226	<p>JT presented the Integrated Performance (Exception) Report giving an update on the Trust's performance in August 2014. During review the following points were brought forward.</p> <p><i>RTT</i></p> <p>The Trust has failed to achieve the bottom-line position for the non-admitted and admitted standard in August 2014 but this was expected and remains in line with the Trust's RTT recovery plan.</p> <p>The Trust has reported no patients waiting over 52 weeks for the second month in a row.</p> <p>The Divisional teams have made improvements in reducing the number of patients waiting in excess of 40 weeks through management at the weekly PTL meetings.</p> <p><i>2 week wait</i></p> <p>CW raised her concerns that the two week wait figures appear to be quite different between specialities and also month to month and questioned why this was occurring. JT confirmed that throughout the month of August some patients decline an appointment within the two week period as they are on holiday over the summer months and do not wish to change their plans but this is difficult to capture as mitigation within the target figures. Work remains ongoing with GPs and commissioners also to address the variances in the referral protocol across the Newark and Sherwood and Mansfield and Ashfield GP practices.</p> <p>Directors NOTED all points of the high level summary report and the progress / position to date.</p> <p>Workforce</p> <p>KF presented the workforce element of the IPR bringing the following points forward;</p> <p>The workforce report for August 2014 demonstrated positive improvements in sickness absence rates and appraisal completion.</p> <p>It also identifies that there has been a step change in employee</p>		

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	<p>relations activity both internally (increased number of disciplinary cases) and externally in relation to ballots currently taking place for industrial action.</p> <p>The HR department are able to report that an establishment review has been completed following on from the agreement of budgets and the Trust can therefore now provide assurance that the establishments and vacancies reported reflect an accurate position.</p> <p>Sickness absence has reduced for two consecutive months since the launch of the new Sickness Absence Policy and equates to 3.56% for the month and continues to track below levels each for last year. Careful monitoring will remain ongoing. MC confirmed that he was pleased to see the reduction in short term sickness absence and looked forward to seeing the same reduction in long term absence.</p> <p>Appraisal compliance for the Trust stood at 84% in August 2014 an increase of 1%, with Corporate departments improving compliance by 14% in the last two months. The 98% appraisal target continues to be driven within the divisions and actions are being taken to address areas where appraisals remain non-compliant.</p> <p>SL expressed his concern that the audit of return to work interviews identified a completion rate of 80%. He felt this should be 100%. KF assured the Board that the HR Business Partners are working with non-compliant areas to ensure policy awareness and support is in place to increase completion rates.</p> <p>TR requested that data pertaining to mandatory training compliance levels be added to the workforce report. KF confirmed that this information is currently presented quarterly and an update will be given in October 2014.</p> <p>Directors NOTED the workforce information presented and ACKNOWLEDGED the actions being taken to improve performance.</p>		
GOVERNANCE , RISK AND ASSURANCE			
	BOARD ASSURANCE STATEMENT		
14/227	<p>KR reminded Directors that the Board Assurance Statement (BAS) is used to inform the Board of the assurances required in order to confidently recommend to the Accounting Officer that he sign the Annual Governance Statement on behalf of the Board. Through reading the Board Assurance Statement it should evoke a number of questions for Board members to ask themselves about the arrangements they have in place and the assurances they are provided with not only to support preparation and sign off of the Annual Governance Statement but also to enable members to develop or evolve our governance arrangements in a way which effectively supports achievement of the Trust's strategic objectives.</p>		

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	Directors CONSIDERED the BAS and AGREED to continually consider the detailed content of the six monthly Board Assurance Statements.		
	MONITOR QUARTERLY SUBMISSION FEEDBACK LETTERS		
14/228	Directors NOTED the information provided in the Monitor feedback letter to the Trust detailing the analysis of the Q1 submission.		
	GOVERNOR MATTERS		
14/229	SL advised that a successful Governor training session was held on 18 September 2014 where interaction took place between the NEDs and governors. Directors NOTED the verbal update that was given		
	ESCALATION OF ISSUES FROM TRANSFORMATION BOARD		
14/230	There were no issues identified for escalation		
	ESCALATION OF ISSUES FROM TMB / BOARD		
14/231	There were no issues identified for escalation		
	AUDIT & ASSURANCE COMMITTEE		
14/232	MC advised that the Audit and Assurance Committee welcomed TR and MA to their meeting on 18 September 2014. It was reported at the Audit and Assurance meeting that 360 Assurance (Internal Audit) are behind on their yearly plan and a considerable amount of audit action remains outstanding. During the Audit and Assurance meeting a lengthy discussion was undertaken pertaining to the Trust's BAF and it was agreed that a clear focus would be given to this framework at a future meeting. The meeting was attended by Ruth Lloyd who provided an update on Information Governance (IG) at the Trust and as part of raising Trust staff's appetite for IG awareness she offered to issue a letter to encourage engagement. Members NOTED the verbal update given		
	QUALITY COMMITTEE		
14/233	PM advised that he was pleased to report that a number of high quality papers were reviewed at the Quality Committee meeting that was held on 18 September 2014. Two deep dives reports were received regarding Emergency Department patient experience and the Trust Discharge procedure,		

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	<p>which were of a very good quality and very informative.</p> <p>Directors NOTED the verbal update given</p>		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/234	<p>A member of the public highlighted the need for the Trust to advertise the free bus service that runs between Newark Hospital and King's Mill Hospital more widely as ,in his opinion, lots of local residents were not aware that the service is in existence. He suggested that the Trust uses the social media outlets that are already in place on Facebook, twitter and the Trust's own website to publicise this effectively.</p>		
	COMMUNICATIONS TO WIDER ORGANISATION		
14/235	<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"> • Celebrating recent success • The Trust's transformation agenda • The patient story that was heard today 		
	ANY OTHER BUSINESS		
14/236	There was no other business to discuss		
	DATE AND TIME OF NEXT MEETING		
14/237	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 30th October 2014 at 9.30am in Classroom 1 , level 1, School of Nursing , King's Mill Hospital Sutton in Ashfield, Nottinghamshire</p>		
	There being no further business the Chairman declared the meeting closed at 13.10 hrs.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>.....</p> <p>[Name of Chairman] Chairman</p>	<p>.....</p> <p>Date</p>	

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