

**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 31<sup>st</sup> July 2014 in Classroom 1, School of Nursing, King’s Mill Hospital, Mansfield, Nottinghamshire, NG17 4JL

<b>Present:</b>	Sean Lyons	Chairman	SL
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	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
	Fran Steele	Chief Financial Officer	FS
	Jacqui Tuffnell	Director of Operations	JT
	Kerry Rogers	Director of Corporate Services & Co.Sec	KR
	Peter Wozencroft	Director of Strategic Planning and Commercial Development	PW
<b>In Attendance:</b>	Joyce	Patient Story Participant(patient story only)	
	Adam Hayward	Practice Development Matron - Dementia Lead (patient story only)	AH
	Sandra Hopkinson	Head of Nursing, Gen Surgery and T & O (patient story)	SH
	Liz Williamson	Divisional Matron, PC&S (patient story only)	LW
	Marie Sissons	Ward leader, Ward 11 (patient story only)	MS
	Sarah Watkinson	Staff Nurse, Ward 11 (patient story only)	SW
	Lisa Dinsdale	Deputy Director of Nursing	LD
	John Tomlinson	Deputy Director Public Health( public health only)	JTo
	Lindsay Price	Public Health Senior Manager - Tobacco Control (public health only)	LP
	Helen Shrive	New Leaf Advisor (public health only)	HS
	Morgan Thanigasalam	VitalPAC Project Manager	MT
	Eddie Olla	Director of Health Informatics	EO
	David Linacre	Head of IT - NHIS	DL
	Rebecca Stevens	Head of Information - NHIS	RS
	Bob Truswell	Strategic Head of Procurement	BT
	John Swanwick	Public Governor	
	John Burch	Press – Newark Advertiser	
	Yolanda Martin	Head of Communications	YM
	Jack Adlam	Deputy Head of Communications	JA
	Lisa Bratby	Minute Secretary	LB

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
14/179	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.		

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	<b>DECLARATIONS OF INTEREST</b>		
14/180	It was CONFIRMED that there were no new Declarations of Interest		
	<b>APOLOGIES FOR ABSENCE</b>		
14/181	It was CONFIRMED that apologies had been received from Claire Ward, Mark Chivers and Gerry McSorley.		
	<b>PATIENT STORY</b>		
14/182	<p>SB welcomed AH,SH,LW,MS,SW and LD to the Board of Directors meeting and advised that the patient story this month centred around Dementia services at the Trust.</p> <p>SB reminded colleagues that one of the first patient stories to be reported to the Board of Directors at the end of 2013 related to the launch of the Trust’s dementia strategy and AH has returned to provide an update regarding the work that has taken place since.</p> <p>AH opened the presentation by providing some facts and figures relating to people that have dementia throughout England including how many people currently have been diagnosed with dementia and the average hospital stay of a patient with dementia.</p> <p>The patient story that was told was a coincidental story that occurred during an unrelated visit to ward 11. This story clearly showed examples of outstanding practice and full engagement with carers and the patient’s family. It is an example of thinking and doing things differently to provide the best patient experience possible.</p> <p>AH informed Directors that the patient involved in the story had been a music teacher all of his life and music was at the core of everything that he did. He was admitted to King’s Mill Hospital after suffering a fall which resulted in an inpatient stay of 4 weeks after a total hip replacement operation.</p> <p>As the patient had already been diagnosed with dementia this caused his experience as an inpatient to be one of disorientation and distress, particularly at night time, and he found it difficult to make his needs and feelings known to the ward staff. His care environment was therefore altered accordingly and the patient was provided with a hi-low bed with crash mats, a dynamic air mattress and a 1-1 carer.</p> <p>To enhance the patient stay even further staff identified that music was very important so adapted the patient’s room to facilitate his electric keyboard. AH reported that on entering the ward, hearing beautiful music and entering the patient’s room he found a very happy man with his 1-1 carer sitting beside him turning his sheet music whilst he played. This is clearly an excellent example of individualised patient care.</p>		

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	<p>Moving forward it is envisaged that the Trust will continue to recognise examples of excellent dementia care, continue to learn and share these examples and celebrate this excellence widely. Staff will be encouraged to have confidence in competence and put their improved theory into practice.</p> <p>AH advised that as part of the continued improvement Ward 11 are currently developing a pathway relating to orthopaedic patients with dementia.</p> <p>Following conclusion of the presentation all Directors commended AH and the ward team for the fabulous work that they had carried out and also offered their thanks to the patient's wife for allowing the Board to hear the story. All Directors agreed that this story identified a great example of person centred care. SL added his personal thanks for a story that identified the high capabilities that are evident within the Trust</p> <p>SB advised that at the Trust there is a cohort of staff that specialise in 1-1 nursing care and this story will offer them a clear steer of how to look at individual patients care differently.</p> <p>The patient story was concluded by the patient's wife reading a poem that the patient had written on the day that he started his chemotherapy treatment.</p> <p>At this point AH, SH, LW, MS and SW left the meeting.</p>		
	<b>OUTCOMES RE THE LAST MONTH'S PATIENT STORY</b>		
14/183	SB updated that Ben Owens and LD are scheduled to meet with the patient story participant from last month's Board to clarify a few points of accuracy particularly associated with the patient's drug history.		
	<b>PRESENTATION FROM THE PUBLIC HEALTH TEAM RE NICE NO SMOKING GUIDELINES</b>		
14/184	<p>SL welcomed JTo, LP and HS to the meeting.</p> <p>JTo advised that the purpose of the presentation to the Board was to gain agreement that the Trust will sign up to the Nottinghamshire Tobacco Control Declaration and commit to making Sherwood Forest Hospitals Foundation Trust a smoke free organisation with all sites smoke free in a progressive and supportive way.</p> <p>JTo started the presentation by providing the Board with some national context data and national and local facts and figures pertaining to the level of hospital admissions attributed to smoking, smoking related deaths each year, the number of children that are smoking and the difference smoking can make to life expectancy.</p>		

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	<p>JTo highlighted the issue of nicotine addiction and the requirement for patients to be supported throughout the decision and process to stop smoking.</p> <p>During the presentation JTo also highlighted the cost to local society which is currently hundreds of millions of pounds with major costs associated with providing healthcare and treating smokers, lost productivity through work smoking breaks and smoking related sick days.</p> <p>JTo identified that the Trust has a role as part of multi-agency partnership working to control the use of tobacco in our local community. The key priorities of the Trust involvements are to</p> <ul style="list-style-type: none"><li>• Motivate and support every smoker to quit and reducing health inequalities.</li><li>• Reduce the number of /preventing young people starting to smoke.</li><li>• Protecting families and communities from tobacco related harm.</li><li>• Underpinning all actions by effective regulation and communication.</li></ul> <p>JTo advised that 3 documents were circulated to the Board prior to the meeting namely the Nottinghamshire Declaration on Tobacco Control, 10 core actions for Nottinghamshire organisations and smokefree organisations; 11 proposed key actions for Secondary Care. The concept of the declaration was discussed and the Board acknowledged that if the Trust were to sign up to this declaration it would need to adapted the document to suit the local environment.</p> <p>The Board of Directors were asked to be mindful that if the Trust signs up to the declaration but finds that the Trust is the only Trust to do so, it will not succeed. If patients and members of the public are allowed to smoke in establishments close to the Trust or at other hospitals they will continue this practice on the SFH sites. JT suggested that the Trust consider possible partners to join them in the declaration, such as Morrissons as this is adjacent to the King’s Mill site.</p> <p>JTo identified that this project would need to be driven by a NED and Executive Team champion who would be able to work closely with all partners and stakeholders to develop an organisational plan. Following discussions it was AGREED that PM would be the NED champion and PO the Executive Director champion.</p> <p>JTo suggested that as part of the Trust action plan the following actions are given to staff and patients;</p> <p>Staff:</p> <ul style="list-style-type: none"><li>• Mandatory brief advice training</li></ul>		
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	<ul style="list-style-type: none"> <li>• Include their Smoking status in appraisals in order to support staff</li> <li>• Provide on-site access to stop smoking services</li> <li>• Make nicotine replacement therapy available to buy at work</li> </ul> <p>Patients:</p> <ul style="list-style-type: none"> <li>• Make them aware that a CPO will be patrolling the grounds</li> <li>• Ensure that Nicotine Replacement Therapy is prescribed routinely for patients</li> <li>• Ensure that Nicotine Replacement Therapy is available to buy on site for patients, carers and visitors</li> </ul> <p>To support the implementation of the action plan the Trust could hold a 6 month amnesty and a countdown clock letting staff and patients know how long it is until the action plan is implemented.</p> <p>JTo concluded the presentation by recommending that the Trust</p> <ul style="list-style-type: none"> <li>• sign the Nottinghamshire Declaration on Tobacco Control</li> <li>• commit to making Sherwood Forest Hospitals a smokefree organisation</li> <li>• commit to making all Trust sites smokefree in a progressive and supportive way</li> </ul> <p>PM responded that he supported all of the points given during the presentation and proposed that the Trust look at implementing an action plan, as soon as possible, starting by supporting staff and patients to stop smoking. TR added that the Board need to acknowledge that this is not a quick win scenario but by signing up to the declaration the Trust will be contributing to the wider prevention of smoking associated diseases and adding to the education of young hearts and minds.</p> <p>RD questioned if JTo had an example of where enforcement had been successful. JTo responded that he could not offer an example as the initiative is still new and the option of using a CPO is only one element of the overall strategy.</p> <p>SB advised that during a recent visit to Newcastle Hospitals it was noted that there was no evidence of patients, visitors or staff smoking at the main entrance to the hospital and suggested that an approach be made to Newcastle to share their learning on ensuring that they have a smokefree site.</p> <p>HS reported that the New Leaf service has a lot of contact with patients within the Mansfield and Ashfield area who contact the service to receive patches prior to a hospital admission. These patients manage to stop smoking for a short time but due to the lack of specialist support they start smoking again after the hospital</p>		
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	<p>treatment. HS offered the support of New Leaf services at the Trust via a full time, on site employee. PO responded that this was an excellent proposal and encouraged HS to contact him outside the meeting to move this option forward as quickly as possible.</p> <p>PO concluded discussions by proposing that the Board sign the Nottinghamshire Declaration on Tobacco Control during the public meeting being held today. This proposal was AGREED by all Directors.</p> <p>At this point of the meeting JTo, LP and HS left the meeting. The Board broke at this point for a break, 10.45am, and resumed the meeting at 10.50am.</p>		
	<b>MINUTES OF THE MEETING HELD ON 26 JUNE 2014</b>		
14/185	Following review the minutes of the meeting held on 26 June 2014 were APPROVED as a true and accurate record.		
	<b>MATTERS ARISING / ACTION LOG TRACKER</b>		
14/186	<p>The Board REVIEWED the matters arising / action tracker document in detail. The following update was given</p> <p><b>Action 42 – CQC- Review of Colchester</b> – RD questioned whether the Trust had received the Colchester Hospital review report. JT advised that she would investigate this delay with KR and they would report back accordingly.</p>	JT/KR mgmt. action	Sept 2014
	<b>CHAIRMAN’S REPORT</b>		
14/187	<p>SL presented the Chairman’s report providing an update on progress, plans and regulatory developments. During a verbal update the following points were brought forward;</p> <p>SL expressed his thanks, on behalf of the Board, and also his personal thanks to FS for all of the hard work that she had undertaken during her employment at the Trust.</p> <p>SL advised that he had undertaken HCA shift within therapy services since the last Board meeting and had found that staff in this area have a real awareness of the impact that their services have on the Trust’s length of stay targets. They have a lot of ideas which need to be harnessed regarding how new initiatives could be put in place to further enhance the service and improve patients recovery time.</p> <p>PW advised that there is a clear focus on therapy services in the Better Together programme and questioned whether this was raised during SL’s visit. SL confirmed that this was not raised in conversations and asked PW to feed this back at the next Better Together Programme Board meeting.</p>	PW mgmt. action	Sept 2014

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	<p>PO added that he had delivered a specific <i>Quality for all</i> session to a number of therapy services staff recently. This session had been very interactive and staff showed a real understanding of the Trust’s journey.</p> <p>PM proposed that a therapy services focussed patient story be considered for a future Board of Directors meeting</p> <p>A HCA shift has also been undertaken in the outpatient department at Newark where issues were raised regarding delays with receiving case notes and also confidentiality concerns regarding the location of the desk in the eye clinic.</p> <p>SL reported that all of the “lift” stories that he had heard were good this month which is very encouraging.</p> <p>SL encouraged all of the Executive Directors to try to be part of the junior doctor (F1) changeover that is scheduled to take place at the beginning of August 2014.</p> <p>The Board NOTED the content of the Chairman’s report and specifically the verbal updates given.</p>	SB	Sept / Oct 2014
	<b>CHIEF EXECUTIVE’S REPORT</b>		
14/188	<p>PO presented the Chief Executive’s Report providing an update on the latest issues affecting the Trust. During a verbal update the following points were brought forward;</p> <p>PO added his personal thanks to FS and wished her all the very best for the future.</p> <p>PO drew Director’s attention to the Sign up to Safety campaign which aims to reduce avoidable harm by 50% and save 6000 lives in the next 3 years. This campaign was launched in early July 2014 by the Secretary of State for Health and is designed to strengthen patient safety in the NHS and make it the safest healthcare system in the world. It champions openness and honesty and supports everyone to improve the safety of patients. Monitor is encouraging all NHS Foundation Trusts to “Sign up to Safety” and to make their services safer and to dramatically reduce rates of avoidable harm in their hospitals. The Trust will therefore develop a plan which describes what we will do to reduce harm and save lives, by working to reduce the causes of harm and taking a preventative approach. By committing to Sign up to Safety, the Trust will:</p> <ul style="list-style-type: none"> <li>• Publicly declare how we will improve safety in our hospitals</li> <li>• Turn our proposed actions into a safety improvement plan</li> <li>• Engage our staff and patients in the campaign and link to existing safety initiatives</li> </ul>		

	<ul style="list-style-type: none"> <li>• Encourage reporting of patient safety incidents</li> <li>• Regularly report progress against our plan to improve safety in our hospitals, explaining action taken in response to safety alerts</li> </ul> <p>PO proposed that the Board sign up to this campaign during today's public Board of Directors meeting. All Directors AGREED to this proposal.</p> <p>PM proposed that the results of the Cervical Screening QA team visit summary report, which was attached as appendix 1 of the Chief Executive's Report, should be followed up at the next Quality Committee meeting.</p> <p>TR recorded his thanks to the Trust's Sepsis team following the visit from the Head of Patient Safety at NHS England, Michael Surkitt-Parr, on the 23rd July 2014 to look at our sepsis improvement work and the subsequent result of the Trust being marked as a key exemplar site to actively promote sepsis improvement work and take the lead in advising other Trusts. TR also asked for his congratulations to be passed to Paula Evans, the Trust's Lead Sepsis Nurse who has been invited to become a member of the NHS England RCA Academy Expert Panel on deteriorating patients. This is excellent news for the Trust and reflects very well on the work undertaken here by Paula Evans.</p> <p>Directors NOTED the content of the Chief Executive's report and specifically the verbal updates that were given.</p> <p><b>Result of the CQC Quality Inspection</b></p> <p>PO advised that all 3 CQC reports, which had been received by the Trust, were circulated with the Board papers for information. Following a review of 8 services at KMH and 4 at Newark only 1 service was deemed to be inadequate and plans are in place to address all issues moving forward. PO reported that the Trust has been given 4 weeks to produce an action plan and respond to the CQC reports.</p> <p>PO expressed his disappointment that the Trust will remain in special measures for a further 6 months but added that the Executive team plan to concentrate on all areas that are marked as requiring improvement or inadequate and ensure that a whole Trust cultural change is implemented to sustain and maintain engagement and promote improvement. A dedicated Executive team session is planned for 11<sup>th</sup> August 2014 to consider the action plan response.</p> <p>SB encouraged the Board to consider how the Trust works with its external partners, within the whole health economy, and consider their partners response to the CQC report and their subsequent reaction and plan to ensure improvement moving forward. PO responded that this interaction was planned to take place at the Quality Summit but</p>	<p><b>SB mgmt. action</b></p>	<p><b>Aug 2014</b></p>
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	<p>unfortunately, at that time, the Trust's CQC report was only in draft form. However, plans are already in place for the Trust's CQC action plan to form part of the Better Together work.</p> <p>PM and TR both acknowledged that the report referenced areas of improvement and offered their thanks to all staff involved in implementing the key changes required.</p> <p>SL commended AH and SB on their hard work which ensured that thorough accuracy checks were undertaken which ensured that all ratings were correct. SL added that he was concerned that the Trust staff would feel deflated by the decision that we should remain in special measures but staff appear to be even more determined to progress and prove that we can achieve our aims.</p> <p>During discussions the importance of the Board being visible to staff , patients and visitors was identified and proposals were put forward that time be allocated ,within key meetings, for members to visit wards and departments and a ward to board buddying system implemented.</p> <p>During concluding discussions Directors AGREED that a target date of mid November 2014 should be set as the target date for the Trust to show clear progress against the plan.</p> <p>Directors NOTED the content of the CQC Quality Inspection and report paper and specifically the verbal update that was given.</p>	SB	Sept 2014
<b>QUALITY , FINANCE , PERFORMANCE AND STRATEGY</b>			
	<b>QUARTERLY QUALITY &amp; SAFETY REPORT</b>		
14/189	<p>SB presented the Quarterly Quality and Safety Report which provided the Board with a summary of important quality and safety items including key quality priorities.</p> <p>PM requested that consideration be given to changing the sequence of receipt of the Quality Report, in order for the close scrutiny of this report to be undertaken at the Quality Committee so that the report to the Board is not so detailed.</p> <p>PM encouraged the Trust to focus on improving the Friends and Family test results further as there is still scope for improvement.</p> <p>PM expressed his concerns that the Quality Report shows good progress and results in terms of hydration and the work that the Trust is carrying out but the CQC report identifies concerns regarding record keeping. PM concluded that this issue should be discussed with SB outside the Board meeting.</p> <p>AH identified that clinical coding has improved over the last year to less than 5% uncoded episodes in March 2014 and to further support</p>	SB Mgmt. Action	Aug 2014

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	<p>this reduction, work has begun with Dr Foster to build a Bed to Board reporting system for mortality which is planned to be in place by the end of September 2014.</p> <p>PM highlighted that previous reports had indicated a decrease in pressure ulcers but the rates appear to be rising again along with the rates of <i>c.diff</i> . PM questioned whether the Trust was aware of the reasons behind these changes. AH replied that an external review has been undertaken and the initial findings indicate that the increases are due, in part, to poor housekeeping and cleaning. Work has been undertaken with staff and the Trust feel assured that all appropriate standards are in place regarding wound management. One of the issues that was identified in the report was that whilst the usage of hand gel was high the level of hand washing was not at the level expected. The final report should be ready in approximately 10 days’ time. PM advised that he would like to see a copy of this review once it is finalised.</p> <p>Directors NOTED the information provided and the actions being taken to mitigate the areas of concern.</p>	<p>AH Mgmt. action</p>	<p>Sept 2014</p>
	<p><b>QUARTERLY PATIENT EXPERIENCE REPORT</b></p>		
<p>14/190</p>	<p>SB presented the Patient Experience Quarterly Report during which the following points were brought forward;</p> <p>RD questioned whether the Trust considers that 77% of patients having their nurse call buzzers responded to within five minutes is acceptable. SB responded that this is not acceptable as patients that buzz generally need assistance immediately. SB advised that she would look at other Trusts and find a best practice example for the Trust to aspire to match.</p> <p>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</p> <p>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 time. SB responded that she would investigate this matter and revert back accordingly</p> <p>Directors NOTED the progress made over the past 12 months in reporting and responding to patient feedback, through different mechanisms and NOTED that the Trust has further work to do to link the intelligence and feedback together which will enable the Trust to report a more rounded picture going forward.</p>	<p>SB</p> <p>SB</p> <p>SB</p>	<p>Sept 2014</p> <p>Sept 2014</p> <p>Sept 2014</p>

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	<b>NURSE STAFFING REPORT</b>		
14/191	<p>SB presented the Nurse Staffing Report reminding Directors of the mandatory reporting requirements pertaining to nurse staffing levels.</p> <p>No new issues or concerns were brought forward.</p> <p>Directors NOTED the current nurse staffing data submitted onto the UNIFY template for July 2014 and NOTED the themes around the reasons for over/ under filled shifts.</p>		
	<b>REGULATORY ESCALATIONS / ACTION PLANS</b>		
14/192	<p><b>Quality Governance Framework</b></p> <p>KR presented the Quality Governance Framework (QGF) paper updating that the QGF was reviewed at the last Trust Management Board meeting where a review of the approved trajectory ,which shows QGF question 3a being fully assured for reduction to 0.0 in June 2014, was approved.</p> <p>KR advised that in order for the Board to recommend a reduction in the score, they must be assured there is evidence against the good practice identified within the QGF. Board members should use the detail of the evidence provided in the paper together with intelligence from quality assurance visits, CCG assessment of the Trust, recent CQC report, board and committee papers to assure themselves a reduction in the score is appropriate and sustainable.</p> <p>During discussions PM requested that further clarity is provided within the evidence to ensure that there is a clear link to the action.</p> <p>SB highlighted that the Trust is aspiring to achieve a score of 0.0 by March 2015 and requested that the Board consider how the continual assessment of this score can be managed and maintained. SL responded that this continued assessment will be undertaken in the Board development work.</p> <p>Directors REVIEWED the evidence provided in the report and the recommendation from TMB and APPROVED a reduction in the QGF Score for question 3a from 0.5 to 0.0 and the consequential decrease in the Trust's overall score from 3.5 to 3.0.</p> <p>Directors NOTED the updated actions to deliver the trajectory to reduce the Trust's QGF score further.</p> <p><b>Keogh</b></p> <p>PO presented the Keogh Review update paper identifying that this will be the last time that this report is given at the Board of Directors meeting.</p>	<p>KR Mgmt. action</p>	<p>Aug 2014</p>

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	<p>Directors NOTED the progress in respect of each of the Keogh actions and the progress with the buddying arrangements. Directors also NOTED that this is the final report in respect of updates regarding the Keogh actions as these will be amalgamated into the CQC action plan.</p>		
	<p><b>MONITOR QUARTER 1 SELF CERTIFICATION</b></p>		
<p>14/193</p>	<p>KR reminded Directors that this report is presented to the Board of Directors to safeguard debate and thorough understanding of the Board certifications to be submitted to Monitor 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 particular attention be given 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 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>Directors REVIEWED Appendix 1 and 2 for 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><b>Revalidation</b>  AH identified that this Report updates the Board on recent developments in revalidation both locally and nationally. It also details the current position of our appraisal uptake.  The report highlights areas where progress has been made and where further work will be required.</p> <p>SL reminded Directors that the Trust received correspondence from the General Medical Council specifically requesting him to draw to the attention of the Board, the statutory responsibilities which our organisation has to ensure all our doctors keep up to date and that they remain fit to practise. The GMC have specifically asked Board members to satisfy themselves that they have effective systems in place to monitor and support their medical staff.  Directors NOTED the requirements and AGREED the Trust responses given.</p> <p>During a review of the paper PM requested further information regarding the five appraisals that are not underway with appraisers. AH confirmed that some of the appraisals have been delayed due to ongoing assessment but the Trust is aware of each individual's position and the reasons for the delay.</p> <p>TR noted that 2015 and 2018 appear to be very heavy years in terms of the amount of appraisals that are scheduled to take place and questioned whether this is envisaged to be an issue. AH confirmed</p>		

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	<p>that the change to the whole agenda regarding medical appraisal will be a challenge but adequate planning is already in place.</p> <p><b>CQC Intelligent monitoring report</b></p> <p>Directors NOTED the CQC Intelligent Monitoring report.</p> <p>Following review the Board APPROVED the Declarations, Exception Report and supporting paperwork for onward submission to Monitor and AGREED relevant amendments and additions having regard also to a prospective assessment of anticipated performance and the potential for breach.</p>		
	<p><b>FINANCE REPORT</b></p>		
14/194	<p>FS presented the Financial Performance report for month 3, June 2014. During review the following points were brought forward.</p> <p>RD questioned why the surplus contribution is so high for the service lines of Trauma and Orthopaedics and Geriatrics. FS responded that this is mainly due to the large bed space that these specialities have and also the length of time that the patients spend at the Trust.</p> <p>PM identified that there is still a £2.5m deficit in the CIP planning and drew Director’s attention to the risk factors identified in the Financial report. Significant change initiatives have been implemented but limited financial value has been recognised. KF anticipated that there may be a stepped change in October 2014 when the Trust will see an increase in qualified nurse recruitment via the clearing house. Work also remains ongoing to increase the substantive recruitment of international nurses.</p> <p>FS concluded that work remains ongoing to realise potential income streams via the monthly Programme Board meetings and weekly divisional meetings.</p> <p>Directors NOTED the current financial position in terms of trading, liquidity and capital and 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 AGREED the Q1 disclosures to Monitor and acknowledged that they need to be submitted as part of our Q1 submission by 4.00pm on 31st July 2014</p>		
	<p><b>INTEGRATED PERFORMANCE REPORT (IPR)</b></p>		
14/195	<p>JT presented the Integrated Performance (Exception) Report giving an update on the Trust’s performance in June 2014. During review the following points were brought forward.</p>		

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<p>JT requested that Directors note that the Trust's ED recovery plan which is being monitored with the CCG at the Urgent Care Working Group, describes a number of significant schemes, internal and external to the Trust, aimed at delivering sustainable performance. The timescales for these improvement schemes do stretch into Q3 as they involve a number of areas of recruitment as well as substantial design, build and deployment of new services.</p> <p>The total number of patients in June 2014 who were over 18 weeks was 1325 which is an increase of just 34 patients from May 2014. This increase is mainly attributable to the number of patients who have tipped over into the 18 week reporting group following the booking of the gateway backlog. This small increase in the number of patients in this group is a reflection of the hard work being undertaken at divisional level to put on additional activity to manage the influx of over 1100 patients coming into the Trust already having waited in excess of 6 weeks. SL requested that JT provide him with the names of all staff that had truly influenced these improvements in order that he could offer his personal thanks and those on behalf of the Board</p> <p>TR questioned whether the additional clinical coding training that had been introduced had now been embedded. JT confirmed that improvements had been seen pertaining to the Dr Foster coding but further improvement is required in terms of SUS. The team is confident that these improvements will be forthcoming.</p> <p>SL noted that the Trust is projecting that it will achieve all cancer waiting time targets except the suspected cancer 2 week wait. SL questioned whether this target included patients that choose not to be treated / accept an appointment within the 2 week period. JT responded that, wherever possible, patients are encouraged to take an appointment within the time scale. JT added that national campaigns do influence GP referrals and people do visit their GPs more often, with their concerns in line with the latest campaign.</p> <p>Directors NOTED all points of the high level summary report and the progress / position to date.</p> <p><b>Workforce</b>          KF presented the workforce element of the IPR bringing the following points forward</p> <p>Work remains ongoing to reduce sickness levels and a slight improvement has been seen in month and also in comparison to the same period in 2013. TR questioned whether any changes had been noted following the implementation of the new sickness absence policy. KF responded that as the triggers for action had changed problems with recurring absence are being identified quicker. Further improvements are anticipated in Q3 and Q4.</p> <p>SB suggested re-launching the Trust's Health and Wellbeing Strategy</p>	<p><b>JT</b></p>	<p><b>Mgmt. action – Aug 2014</b></p>
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	<p>alongside the new sickness absence policy to support staff to reduce their short term sickness levels. KR responded that the Trust's Health and Wellbeing group are currently refreshing the Health and Wellbeing strategy and this will be presented at a future Board meeting for ratification.</p> <p>RD questioned whether the Trust offers a "return to work" interview. KF confirmed that this interview is compulsory and will be audited accordingly.</p> <p>KF advised that managers throughout the Trust will be encouraged to give a clear focus to appraisals over the coming months. Appraisal rates and the importance of phasing appraisals throughout the year continue to be high on the agenda of the Executive Team meetings and also divisional management meetings.</p> <p>KF updated that Lee Radford, Director for Training and Development, is currently investigating ways to improve staff mandatory training requirements.</p> <p>Directors NOTED the workforce information presented and ACKNOWLEDGED the actions being taken to improve performance taking note of the information provided within the report</p>		
	<b>WORKFORCE QUARTERLY REPORTS</b>		
14/196	KF presented the Quarterly Workforce report for quarter 1. No questions were raised.		
	<b>SFH IT UPDATE</b>		
14/197	<p>EO, RS and DL joined the meeting at this point to present the Information Technology (IT) update paper which provides assurance to the Board regarding the progress with IT projects and service activity that has taken place throughout Q1.</p> <p>The key messages given were that the Trust is investing to replace old computers and other IT equipment which also means that a more reliable and cost effective IT support system is in place. SB questioned whether the revenue issues that were recently identified have been addressed. DL confirmed that the non-recurrent issues are still being considered but a paper will be provided to the Executive Team meeting on 4 August 2014. TR questioned what the shelf life of the new equipment was and DL confirmed that this is currently estimated as 7 years.</p> <p>The current Wi-Fi network has been upgraded which gives the Trust the opportunity to offer free access to patients who wish to bring their own devices. EO clarified that due to some contractual issues with the Hospedia contract, regarding the limited use of wi-fi on the wards, the free access will only relate to way finding opportunities and Trust</p>		

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	<p>information initially.</p> <p>The Trust’s Integrated Care Record (ICR) Programme is supporting the “Better Together” programme IT roadmap by working collaboratively and the Trust is collaborating with Nottinghamshire wide health and social care providers on a bid for funding which would see the introduction of a county wide “clinical portal” for information sharing.</p> <p>EO advised that the first major milestone of the IT Strategy is the implementation of the new PAS system on the 4th October 2014 but asked Directors to note that there are 2 major issues which impact on the planned “go-live” date. These issues have been escalated to the Executive Team and to the Board of Directors previously and are the Referral to Treatment (RTT) Functionality and the Clinic-build to Revised Specification.</p> <p>SL questioned whether the NHIS team are confident that the go live date can be achieved in light of these issues. DL responded that the issues identified are being addressed and the Trust remains confident that the go live date will be achieved. Regular updates will continue to be provided to the Executive Team and the Board of Directors.</p> <p>TR questioned whether the Trust will incur a further cost for issuing a change to service request. EO confirmed that no additional cost will be incurred as the change request was made during the implementation phase and will, in fact, benefit other organisations that use the same system moving forward.</p> <p>PW advised that during a Better Together project meeting the issue of SystemOne coming out of commission in March 2016 was discussed and questioned whether the Trust’s PAS offered a good opportunity for system integration. EO replied that liaison is already underway with a neighbouring CCG regarding the end of the TPP SystemOne contract and an update pertaining to this liaison will be provided in due course.</p> <p>EO identified that the key emerging strategic risks are that the Trust had seen the unexpected realisation of a PAS project risk that appears not to have been escalated in accordance with the project governance framework and is now a major issue. There will be an immediate investigation and a lesson learnt report undertaken and feedback will be provided accordingly.</p> <p>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 expert knowledge. In mitigation the Trust will create a formal skills and knowledge transfer process which should result in a low likelihood of this risk occurring as an issue.</p>		
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	<p>Directors NOTED the update provided for assurance.</p> <p>At this point EO, RS and DL left the meeting</p>		
	<b>PAS UPDATE</b>		
14/198	This paper was removed from the agenda for discussion		
	<b>QUARTERLY UPDATE - PROCUREMENT</b>		
14/199	<p>BT joined the meeting at this point to present the Procurement Strategy Update paper explaining that plans are in place to provide a quarterly update to the Board moving forward.</p> <p>BT explained that he was challenged by MC to define the mission of the Trust's procurement department and drew Director's attention to the mission statement point 3.3 which defines that the procurement department will have direct or indirect influence over every purchase made by the Trust. Adequately skilled staff are in place to support this statement and specific category managers have been employed to assist staff from the onset of the procurement process.</p> <p>PO encouraged BT to extend the mission statement to include engagement with local companies to improve local economy and clearly define the measures we will take to enable this engagement.</p> <p>Directors NOTED the verbal update and the contents of the paper.</p>		
	<b>ENERGY PROCUREMENT UPDATE</b>		
14/200	<p>PW explained that currently the Trust's average cost of energy consumed is in the upper median performance quartile compared to other similar sized medium acute Trusts when benchmarked using Estates Return Information Collection (ERIC) data.</p> <p>Trusts in the lowest quartile of "average cost per unit of energy consumed" use dynamic energy procurement and capital at risk model.</p> <p>The capital at risk model typically equates to 10% of the energy budget to allow head room to dynamically purchase energy over a 3 year forward term. The implication of the proposal is that SFH will be required to put £412K capital at risk to operate this dynamic model over three years.</p> <p>Industry experts in dynamic energy procurement, Schneider Electric, have evaluated SFH performance using the capital and risk model compared to the existing day ahead model and have concluded a saving of £213K if the dynamic model had been used.</p> <p>During discussions SL questioned whether the Trust is able to</p>		

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	<p>withdraw from this scheme within the 3 year period if it chose to. BT confirmed that the Trust would be requested to sign up initially for a 3 year period with 3 break out clauses annually.</p> <p>Directors APPROVED the energy procurement model as detailed in the report for the Trust’s procurement method of gas and electricity supplies.</p> <p>The Board of Directors broke at this point for lunch.</p>		
<b>GOVERNANCE , RISK AND ASSURANCE</b>			
	<b>VITALPAC UPDATE</b>		
14/201	<p>MT delivered a presentation updating the Board on the progress with the phase 1 implementation of the Vitalpac system and the benefits that have already been seen.</p> <p>MT advised that the end of the phase 1 implementation was scheduled for July 31 2014 and it actually completed 1 week early on 24 July 2014. In this period 1384 staff have been successfully trained. SB questioned whether agency nursing staff have also been trained. MT confirmed that regular agency staff had received training and an account has been set up for them. In the case of more temporary staff a seperate account with a temporary pin has been set up .</p> <p>Following the successful implementation of phase 1 the Vitalpac team are now continuing work to introduce modules within the pathology and radiology departments and also launching dementia and VTE modules. The team are also thinking about what modules would be beneficial to introduce next.</p> <p>During the presentation MT shared examples of how the Vitalpac system displays the relevant patient information and how it alerts staff when observations are due or overdue or when there is a significant change in a patient’s condition. The system also minimises issues with misunderstood handwriting and it is clear to all concerned who is caring for which patient and also, as the amount of paperwork and the need to search through notes is reduced, this releases more time to care.</p> <p>MT advised that phase 2 of the Vitalpac implementation is planned for October, November and December 2014 and this phase will see the introduction of the fluid balance module, the ability for doctors to view radiology results, alcohol screening and a focus on “closing the loop” which is the automatic escalation of messages to all everyone involved in a patient’s care.</p> <p>Phase 3, which will take place in Spring 2015, will see the introduction of modules pertaining to paediatrics, maternity, indwelling devices such as catheters and central lines and infection, prevention and</p>		

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	<p>control.</p> <p>AH advised that he had taken the opportunity to speak to staff that are using this system and it has been very well received. He offered his thanks to Lisa Milligan and MT for their efforts in successfully implementing the system.</p> <p>SL questioned whether there are plans to implement the system at Newark Hospital. MT confirmed that the Newark and Mansfield Community Hospital wards were not included in the initial business case as the focus was on the acute ward areas but it is anticipated that the same benefits could be realised at these sites. The implementation would also help when patients who are discharged from an acute to a rehabilitation setting. The costings associated with this rollout are being considered.</p> <p>The Board NOTED the update given.</p>		
	<p><b>REVISED GOVERNING DOCUMENTS</b></p>		
14/202	<p><b>Constitution , Engagement Policy and Directors Code of Conduct</b></p> <p>KR advised that the revised Constitution represents the constitution of Sherwood Forest Hospitals NHS Foundation Trust as adopted in accordance with the 2006 Act as amended by the 2012 Act. This Constitution sets out the powers and functions of the Trust.</p> <p>Work has continued to be carried out on the amendments to the Trust’s Constitution that safeguard compliance with statute, bring the Trust’s governing documents up to date with best practice and include matters of concern to the Governors as a result of their changing powers. This work has continued to encompass both necessary and desirable amendments.</p> <p>Directors noted that a copy of the Constitution, with all tracked changes noted, was available.</p> <p><b>The Code of Conduct for Directors</b></p> <p>Whilst key Trust documents indicated the existence of a code of conduct for directors a current version was not accessible, but in any event amendments would be necessary to accord with the revisions to the suite of governing documents. Directors noted that a draft version was included in the board papers.</p> <p><b>Engagement Policy</b></p> <p>In accordance with Monitor’s NHS Foundation Trust Code of Governance the Council of Governors has developed an engagement policy for the Council of Governors’ interactions with the Board of Directors for which the Board are asked to note and confirm acceptance. KR offered her thanks to all Governors involved in the revision of this document. It is envisaged that the Engagement policy will be presented at the Council of Governors meeting on 14 August</p>		

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	<p>2014 and also the AGM on 11 September 2014.</p> <p>Following review Directors APPROVED the amendments to the Constitution and NOTED the contents of the draft code of conduct. Directors also NOTED and ACCEPTED the Engagement Policy before it is formally adopted by the Council of Governors.</p>		
	<p><b>GOVERNOR MATTERS</b></p>		
14/203	<p>SL advised that the next full Council of Governors meeting is scheduled to take place on 14 August 2014.</p> <p>Plans are in place for the forthcoming Governor elections to recruit to the 4 vacancies that are currently available in the Ashfield area. As part of these plans an aspirant governor event had been organised and poster campaigns have been planned. It is envisaged that the polls will close on 20<sup>th</sup> October 2014 so the new Governors should be in place at the beginning of November 2014.</p> <p>A special topic meeting with Governors was held on 24 July 2014 with the focus being on the outcome of the CQC report. This session was led by PO and PW. The next special topic meeting subject is NED and Governor interaction. Further topics are being considered.</p> <p>Directors NOTED the verbal update that was given</p>		
	<p><b>ESCALATION OF ISSUES FROM TMB / BOARD</b></p>		
14/204	<p><b>EMRAD/ PACS Business case</b> Directors noted that the PACS Business case had been seen and approved at the Commercial Development Group and the Trust Management Board and was presented to the Board for ratification only.</p> <p><b>CRC Energy Efficiency Scheme Invoice</b> PW advised that in accordance with the Scheme of Delegation the Board’s approval is sought to formally authorise the payment of the memorandum of Account from the department of Energy and Climate Change to ensure continued participation in the scheme.</p> <p>Directors NOTED that a recommendation was given at the Trust Management Board meeting which was held on 28 July 2014 that the Board approve this invoice.</p> <p>Following consideration this invoice APPROVAL was given.</p>		
	<p><b>AUDIT COMMITTEE</b></p>		
14/205	<p>No verbal update was given</p>		

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	<b>QUALITY COMMITTEE</b>		
14/206	PM advised that there was no additional verbal update regarding the last Quality Committee meeting but did advise that this meeting did not prove to be as productive as expected.		
	<b>FINANCE AND PERFORMANCE COMMITTEE</b>		
14/207	FS advised that KPMG attended the Finance & Performance committee meeting that was held on 17 July 2014 and delivered a presentation pertaining to a financial review that is scheduled to take place. A full report will be given at the next Board of Directors meeting.		
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
14/208	<p>In relation to agenda point 14/182 a member of the public requested that his thanks be passed to the participants in the patient story.</p> <p>In relation to agenda point 14/184 a member of the public requested that his thanks be passed to the public health team. He encouraged the Trust to engage with the police commissioner for Nottinghamshire ahead of the implementation of the No Smoking strategy so that he is aware of any possible incidents that may arise.</p> <p>He expressed his disappointment that he had seen an abundance of cigarette ends littered the main entrance again on his arrival at King’s Mill Hospital. YM responded that this issue is being closely monitored but it appears to be a never ending task.</p> <p>The member of the public asked the Board to consider erecting signs at the vehicular entrances to the hospital sites informing visitors of the No Smoking policy.</p> <p>In relation to agenda point 14/188 a member of the public expressed his disappointment at the outcome of the CQC report and encouraged the Board to continue with the good work that has already been implemented</p> <p>With regard to the VitalPac presentation a member of the public questioned where the back-up data to the system is stored. AH confirmed that all back up data is held on the Trust’s server to ensure security.</p>		
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
14/209	<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"> <li>• A message to staff to maintain high morale in light of the</li> </ul>		

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	<p>recent CQC update report</p> <ul style="list-style-type: none"> <li>• An update regarding the roll out of the VitalPac system</li> <li>• A message that the Board have committed to the “Sign up to Safety” campaign</li> <li>• Recognition to all staff on Ward 11 following the examples of excellent care that was afforded to the patient detailed in the patient story</li> <li>• A message that the Board have signed up to the “ No Smoking” declaration and a note stating that the smoking strategy will be finalise and implemented shortly</li> </ul>		
	<b>ANY OTHER BUSINESS</b>		
14/210	<p>Directors were asked to approve the use of the Common Seal of the Trust on the contract documents between the Trust and Nottinghamshire Healthcare NHS Trust for office space used by the Rapid Response Liaison Psychiatry team which are signed and sealed as a deed in accordance with the requirements of the Trust Standing Orders and Scheme of Delegation on the lease. Directors NOTED that approval of the lease was given at the Commercial Development Group meeting held on 12 February 2014.</p> <p>Following consideration Directors APPROVED the use of the common seal as detailed in the tabled document.</p>		
	<b>DATE AND TIME OF NEXT MEETING</b>		
14/211	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 25<sup>th</sup> September 2014 at 9.30am in the Holy Trinity Community Centre , Boundary Road, Newark , Nottinghamshire</p>		
	<p>There being no further business the Chairman declared the meeting closed at 14.40 hrs.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>.....  [Name of Chairman]  <b>Chairman</b></p> <p style="text-align: right;">.....  <b>Date</b></p>		