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 26th June 2014 in Classroom 1, School of Nursing, King's Mill Hospital, Mansfield, Nottinghamshire, NG17 4JL

Present:	Sean Lyons	Chairman	SL
	Dr Gerry McSorley	Non-Executive Director/ Vice Chairman (SID)	GMc
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	Ray Dawson	Non-Executive Director	RD
	Mark Chivers	Non-Executive Director	MC
	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
In Attendance:	Moya Stevenson	Patient Story Participant(patient story only)	MS
	Richard Clarkson	Patient Safety Lead (patient story only)	SA
	Marta Skuza	Staff nurse – ED (patient story only)	MaS
	Dr Ben Owens	ED consultant & Service Director for Acute Medicine (patient story only)	BO
	Lisa Dinsdale	Divisional Matron, EC&M (patient story only)	LD
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/157	The meeting being quorate, SL declared the meeting open at 9.30hrs and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	DECLARATIONS OF INTEREST		
14/158	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/159	It was CONFIRMED that apologies had been received from Peter Wozencroft.		
	PATIENT STORY		
14/160	SB welcomed MS, LD, RC, MaS and BO to the Board of Directors meeting and advised that the patient story this month centred around MS's personal experiences of care that she had received via the Trust's Emergency department (ED)		

	MS informed Directors that the first example of care occurred on 21 October 2013 when she was admitted to King's Mill Hospital, through the Emergency department from home, via her GP. On arrival to the department there were no cubicles available nor was there any other space within the department so she was placed, on a trolley, in the department plaster room. After a short period of time she was joined by another patient in what was already a small room. MS was eventually transferred to the Trust's EAU later on the night of 21 October 2013 and was seen by the consultant on call who diagnosed pneumonia. MS was allocated a cubicle where she was able to get some sleep through the early hours of the following day before she was moved into a bay and once again seen by another consultant who was of the same opinion as the first consultant in terms of diagnosis. Treatment was commenced but at no time was MS asked by either consultant what other medications she was taking and was not clerked on arrival in EAU. However, a pharmacist on EAU did ask this question and she also contacted MS's GP to have a list of medication faxed through to the ward. This request was upheld and the information was received but at no time was this information entered on to MS's drug chart and due to this fact MS was forced to self-medicate with medical supplies she had had the foresight to bring in to hospital from her home. Later, during the day of 22nd October MS was transferred to Ward 43 and was reviewed again by a doctor on 23rd October 2013 and once again she was not asked about any medication and was left to self-medicate for another day. On 24th October MS was seen by another consultant who also failed to ask about medication other than the newly prescribed treatment and this resulted in MS requesting to be discharged as, by this time, she had run out of her own medical supplies and was feeling disillusioned with the single point of access process. MS advised that she was aware that, at any time, she could have raised her concerns with the doctors and nurses involved in her care that she had not been appropriately clerked and at no time had her full drug history been taken. However, MS confirmed that she believes that it is not the patient's responsibility to tell the doctors and nurses how to do their jobs. MS added that during previous admissions to King's Mill Hospital she had never experienced not being clerked and this was usually carried out by a junior doctor who always took a full medical history. It appears that this key stage of admissions has been missed totally through the single point of access journey MS summarised that under the old admission system patients were admitted to the Medical Admissions Unit (MAU) or Surgical Admissions Unit (SAU) directly from their GP and she considered this		

	system to be far better for the patient and the on call consultants team who were always available to do a full medical history and clerk all patients. Since moving over to the single point of access what is happening is that the emergency department is full to the point of overflowing and is no longer able to function to its full potential. MS stated that in her opinion both non urgent medical and surgical admissions should be directed away from the emergency department freeing up the space for emergency care only. This would result in far better patient care and less untoward incidents being reported. The second story occurred on 16 January 2014 when MS suffered a full cardiac arrest at home. Although she has no recollection of the events of this day she was fortunate enough to be able to ring the new 111 emergency number at 5.55am and the operator noted the signs of distress and the serious nature of the call and dispatched an emergency ambulance that arrived at 6.03am, just 8 minutes after the initial call. The EMAS first responder found MS face down with no pulse or heartbeat. CPR was commenced and she was "shocked" three times which resulted in a sporadic pulse and a quivering heartbeat which gave her a chance of survival but the odds were still stacked against her. On arrival to King's Mill Hospital MS was transferred to the resuscitation department where the team there worked very hard to stabilise her condition as best they could but the outcome was still not looking good. MS advised that 2 of the EMAS crew stood down their ambulance and stayed with her in resuscitation to give her the best chance they could as they were aware that she would need to be transferred to the Trent Cardiac Unit at Nottingham City Hospital once she had been stabilised. These two members of ambulance crew had already completed a 12 hour night shift and were due to go home but chose to stay and go above and beyond their duties by staying on duty for a further 3 hours. Once stable she was transferred across to the City Hospital where she was taken into surgery and admitted to the cardiac critical care unit where her odds were still low for 4 days. On 22nd January 2014 she was transferred back to the critical care unit at King's Mill Hospital where she remained in the care of the Trust until she was discharged on 3rd February 2014. MS expressed her thanks and gratitude to all staff involved in her care as without them all working as a team she would not be here to tell her story. Her chances of survival were 3% and with their combined efforts she was able to beat the odds. MS iterated that her second story identifies exactly what the Trust's emergency department is designed to do and does extremely well. Following conclusion of MS's stories TR advised that he was pleased that a very positive outcome was achieved during MS's second visit to the Trust but expressed his concern that on 3 separate occasions consultants did not review MS's drug history. This is a basic and fundamental requirement of care and should not have been		

	overlooked. PM agreed that the need to ensure that the basic elements of care are in place is key to excellent care and identified the need for agencies such as EMAS, PC24 and the Trust to work together to ensure continuity of care. BO offered his apologies to MS for the bad experience that she encountered during her first visit explaining that this is not the level of service that the Trust would normally provide. BO explained that since the single point of access pathway has been introduced this has helped screen out up to a third of patients, that have been referred from their GP, onto a pathway that does not require admission. At a time when bed pressures are high the introduction of this pathway is key. Patients are seen promptly by a triage team with all GP referrals being seen within 1 to 4 hours. All relevant tests will be completed on arrival which should mean that the clerking and treatment is implemented much quicker but, obviously, in MS's case this did not happen. BO iterated that MS's case does not reflect the usual standard of care afforded to patient that use the emergency department at King's Mill and he assured MS that he would review her notes to ascertain where the system failed and address this issue accordingly. BO explained the changes that have been put in place regarding patients being assigned to a named consultant on admission and the differences that this has made to the patients pathway. PM requested that the Trust review the handover processes that are undertaken to ensure that an incident such as the one that MS has told is addressed as soon as possible. BO responded that this issue is already being addressed through a project that is being led by one of the ED consultants. There is also a large project being undertaken to look at how the Trust can manage patient flow better to reduce overcrowding in the emergency department. GMc asked MS why she did not highlight the fact that she had not been clerked correctly earlier in her hospital stay and questioned whether she felt that she shouldn't or couldn't ask. MS reiterated that she felt more assured when the pharmacist contacted her GP for her drug history but as this information was not transferred to her inpatient drug chart, so her regular medication was not being given, she had no choice but to self-discharge and forfeit 1 days antibiotic treatment. SL concluded discussions by offering his personal apologies to MS for the Trust failing during her first episode of care and questioned whether the efforts of the staff involved in her second story had been recognised. MS confirmed that the EMAS staff that were involved in her care were nominated and won an award in the recent Chad newspaper champions awards and were nominated and came second in recent awards presented by the Nottingham Evening Post. The story was also showcased on the national and local news.		

	SL thanked MS for attending the Board and wished her well on her journey back to good health. At this point MS, LD, BO, RC and MaS left the meeting. JT identified that she is aware that there are issues with the single point of access pathway nationally but the Trust must put patient safety first at all times and this is the best pathway to follow. JT reported that all patients are triaged within 15 minutes of arriving in the department and seen by a medical professional within 60 minutes. At times of increased patient flow the acute physicians implement an efficient escalation plan to "pull" patients through to EAU quicker to ensure that flow is maintained within the emergency department. SB reminded Directors that following a request from PM at the May 2014 Board of Directors meeting a deep dive exercise will be undertaken to look at the overall patient experience within the Emergency department and this will be presented at the next Quality Committee meeting	**SB**	**Mgmt. action July 2014**
	OUTCOMES RE THE LAST MONTH'S PATIENT STORY		
14/161	SB updated that the focus of the AKI working group remains ongoing as they continue to assist in reducing the Trust's mortality figures. SB advised that 3 patient story podcasts have been undertaken to date and these podcasts will be published on the Trust's website in due course.		
	MINUTES OF THE MEETING HELD ON 29 MAY 2014		
14/162	Following review of the minutes of the public meeting held on 29 May 2014 the following amendment was proposed Page 14 – IPR- paragraph 6 - "*GMc encouraged the Board to identify the top 5 issues that must improve to gain confidence trust wide and which issues are key to these changes taking place. Once the top 5 issues are identified then these need to be considered in a board to board meeting with the local CCGs and the Local Area Team to drive improvement forward. JT and PO assured Directors that the CCG are aware of the Trusts ongoing cash support needs and acknowledge the pressures that are being faced"*. This paragraph should be deleted Page 5 – Matters arising – Smoking shelters - PM informed Directors that due to unavailability the Director of Public Health and his team will be attending the Board of Directors meeting in July 2014. Subject to these amendments the minutes of the meeting held on 29 May 2014 were APPROVED as a true and accurate record.		

	MATTERS ARISING / ACTION LOG TRACKER		
14/163	The Board REVIEWED the matters arising / action tracker document in detail. The following update was given **Action 61- 14/140 - Quality and Safety Monthly Report- D.O.L**- Directors noted that Jane Freezer, Safeguarding Adults Advisor at the Trust, is currently undertaking a risk assessment pertaining to D.O.L. Once this assessment is complete an entry will be made on the corporate risk register. Directors noted that there is no clear national guidance therefore the Trust will continue current practice. SB advised that this issue was considered at the CCG Quality Committee and will be review at the CCG Safeguarding Board to ensure that all approaches are consistent. **Action 42 – CQC- Review of Colchester –** RD questioned whether the Trust had received the Colchester Hospital review report. PO advised that he anticipated that the report will be released following Colchester Hospital's Quality Summit, which has not been held to date. **Action 63 – IPR – Accuracy of sickness absence** – PM advised that whilst he accepts that this action has been closed he did not understand the rationale behind the formulas given and requested that KF clarify this matter outside the meeting	**KF**	**Mgmt. action July 2014**
	CHAIRMAN'S REPORT		
14/164	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; SL informed Directors that following the sad news of the death of Governor Mick Parker, who passed away on Monday 9 June 2014, the Board had sent a letter of condolence to Mick's family and had arranged for a floral tribute to be sent to the funeral that is due to take place this week. SL drew Director's attention to the update pertaining to Monitor activity and advised that further discussions would be held during the private session of the Board meeting later today. SL advised that he had met lots of patients and visitors during June and the majority of the stories that he had heard were positive. A particular gentleman that he had met , who had been an inpatient on Ward 34, was not only complimentary regarding his own care but also the manner in which staff had dealt with a patient with very challenging behaviour, in a professional and dignified manner. SL reported that he had also visited clinic 8 for his own care and found patients in the waiting area were happy with the care that they		

	received but the question that everyone was asking was "How long do I have to wait". SB responded that there is a project, currently underway, looking at this element of patient experience within the new patient strategy so improvements should be realised in due course. TR proposed that the Trust look at utilising the fantastic volunteers that we have to keep patients informed regarding waiting times. SL advised that he had undertaken a health care assistant shift on Minster Ward during the past month and staff expressed their concern regarding how the level of patient referral to Newark can be maintained and improved following the shift towards day case surgery. TR iterated that work needs to be undertaken to ensure that both staff and patients at Newark feel valued and assured. CW added that whilst the recent Newark open day was a fabulous event it was apparent that a lot of people that attended were not aware of the services that are available and staff were frustrated that the information they were giving was unknown to so many. CW encouraged the Executive team to revisit the Newark Strategy to look at strengthening the communications element of the plan. SL informed Directors that during a recent visit to a ward he looked in the store cupboard to find over 30 different brand names of dressings. This identifies a clear need to rationalise purchasing and discussions will be held with Bob Truswell, Strategic Head of Procurement, regarding this issue. RD explained that he had been approached by a member of the public that had recently visited the Trust's oncology department and had praised the sympathetic and professional treatment they were given. Unfortunately this was over shadowed by administration errors such as patient's notes being lost and appointments being double booked. The Board NOTED the content of the Chairman's report and specifically the verbal updates given	**PW** **SL**	**July 2014** **July 2014**
	CHIEF EXECUTIVE'S REPORT		
14/165	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; PO expressed his concerns that, to date, the Trust has not received the draft copy of the CQC inspection report. The Quality Summit is currently planned to take place on 14 July 2014 and following receipt of the CQC draft report, the Trust is given 10 working days to scrutinise the report and issue back to CQC. As there are only 12 working days before 14 July this is a large concern for the Trust and this has been raised with the CQC and also Monitor. SB assured Directors that the Trust is awaiting the report and have adequate resources in place to respond within the agreed timeframe. MC encouraged the Board to not become complacent in the event		

	special measures be lifted and to maintain the momentum required to uphold the high standards of care that the Trust has achieved. TR added his congratulations to Adam Haywood and Shantelle Miles , practice development matrons, who are finalists on this year's Nursing Times awards and Lisa Welham, the Trust's star of the month for March 2014. Directors NOTED the content of the Chief Executive's report and specifically the verbal updates that were given.		
	QUALITY , FINANCE , PERFORMANCE AND STRATEGY		
	MONITOR DOCUMENTATION		
14/166	**Quarterly Submission Feedback letters** KR advised Directors that the Q4 2013/14 monitoring and 2014/15 annual plan review of NHS Foundation Trusts letter serves as a reminder, to the Trust, of its current position in terms of risk ratings, financial sustainability, quality and service performance and governance. KR encouraged all Directors to be aware of the information given and ensure they were being assured of the work necessary to close residual concerns held by Monitor. Directors noted and debated the letter from Monitor and recognised the requirements for the Trust to demonstrate a "firm grip" of what is required to maintain improvement coupled with the submission of a strong strategic and operational plan. Further debate took place about an application to Monitor, in due course regarding the resolution or removal of section 105/106 requirements. **Corporate Governance Statement** KR advised Directors that in accordance with Monitor's Risk Assessment Framework, to comply with the governance conditions of their licence, NHS foundation trusts are required to provide a statement setting out any risks to compliance with the governance conditions and actions taken or being taken to maintain future compliance. The Trust is expected to submit its declarations on 30 June 2014. KR reported that the worksheets included in the Board papers formed a suite of self-assessment documentation that have been pre populated. During discussions Directors debated and CONFIRMED all responses but AGREED that a statement would be made that "confirmed" status also recognised that Monitor still have restrictions on the Trust's licence, the Quality Summit remains outstanding and the draft CQC report has not been received.		

	During concluding debate Directors considered and certified each Statement and AGREED the supporting commentary that it wishes to submit. Directors APPROVED (including any amendments agreed) the Corporate Governance Statement for submission to Monitor. Directors CONSIDERED how the work of the Committees might better support assurances concerning this annual declaration for the future and ensure the agendas and work of the committees are driven accordingly.		
	QUALITY & SAFETY MONTHLY REPORT		
14/167	SB presented the monthly Quality and Safety report providing the Board with a summary of important quality and safety items and the Trust's key quality priorities. During consideration of the report the following points were brought forward; GMc expressed his concern that the confidence levels on the graphs pertaining to falls run linear and he would expect these to change. SB agreed to investigate this matter and report back accordingly. TR questioned whether the Trust has received the new Government guidelines relating to falls that have recently been issued. SB responded that she had not had sight of these guidelines but would review these as soon as possible. CW questioned whether it would be possible to utilise the Trust's volunteers to encourage patients to undertake the friends and family test as they are leaving hospital. SB responded that she would review this option but identified that this may be seen as the Trust influencing patients opinions if we ask them to sit down and complete the test but we may be able simply ask if the survey has been completed. SB advised that the tender for the provision of the friends and family test has been issued and successful companies will be invited to deliver a presentation to the Trust in due course. PM complimented the Trust for the work that has been carried out, to date, regarding falls reduction and improved mortality rates. PM questioned whether the Trust had identified the cause for the increase in the rate of *c.diff* and asked whether this is due to random variation or an early warning that something is wrong. AH responded that during the first quarter of the year it was identified that the increase was a random variation, something different to anticipated but if the rates are high again in June then this will act as an early warning to an issue which SB and AH will be closely monitoring. AH advised that to ensure that this matter is stringently reviewed a representative from another Trust will undertake an external review and a full root cause analysis will be undertaken for all cases to date.	**SB** **SB** **SB**	**Mgmt. action July 2014** **Mgmt. action July 2014** **Mgmt action July 2014**

	GMc requested that information pertaining to Key Performance Indicators and how they link to work that is being undertaken be included in the monthly and quarterly Quality and Safety report for continuity. During a discussion regarding the HSMR figures AH highlighted the importance of Directors utilising either the monthly, quarterly or annual figures and not comparing one with the other as this will cause confusion. Directors NOTED the information provided, particularly the changed priorities, and the actions being taken to mitigate concerns.	**SB**	**July 2014**
	REGULATORY ESCALATIONS / ACTION PLANS		
14/168	**Quality Governance Framework** KR presented the Quality Governance Framework (QGF) paper reminding Directors that Monitor had written to the Trust after the January 2014 progress review meeting reiterating that the Trust had failed to meet its Discretionary Requirements with respect to quality governance, having been externally assessed in January (by PWC) as having a quality governance score of 4. The Board reviewed the evidence at the March 2014 meeting and approved a reduction in the score of question 3c from 0.5 to 0.0 reducing the Trust's overall score from 4.0 to 3.5. The Trust wrote to Monitor at the end of March 2014 with the evidence of the improvement and the results of this self-assessment. KR advised that the paper circulated provides an update of the actions being taken to deliver the trajectory to further reduce the Trust's QGF score. During a review of the paper MC requested that updates are also provided for the QGF points that have already achieved a score of 0 to assure Directors that work remains ongoing Directors AGREED the updated actions to deliver the trajectory to assured them sufficiently to reduce the Trusts QGF score further as indicated **Keogh** PO presented the Keogh Review update paper drawing Director's attention to the actions which were identified from the Assurance Review in December 2013 which have been consolidated with actions from the parallel CQC inspection and the PWC report in respect of quality governance. Directors noted that the Executive Director leads for each of the actions have provided a report on progress and recommended their revised	**KR**	**July 2014**

	assessment of the position at April 2014 together with a forecast of the date when each action will achieve full assurance. Following review PO highlighted that the forecast full assurance date for action 1 – Complaints and support staff is now July 2014 and not June 2014 as detailed in the paper. JT stated that as a result of recent work undertaken she is not recommending full assurance regarding action 8 – patient locations and patient moves and requested that this assurance level be changed back to partly assured. During discussions the importance of identifying clear, achievable dates was highlighted and in light of the fact that the Keogh review was undertaken over 1 year ago, the need to identify a date when the Board can be fully assured on all actions needs to be ascertained. Directors identified that action 6 - Board development and development of a quality focus at Board level and action 20 – organisational learning has a target achievement date of September 2014. Members were reminded that with regard to Board Development it would not be until September's Board effectiveness review that a determination of fully assured would be relevant. With regard to organisational learning it was recognised that pace was necessary to assure progress in being able to evidence the Trust is a learning organisation. Directors were reminded that as part of the Trust's Special Measure conditions the Trust was allocated 'buddying' arrangements with other Trusts. The Trust has agreed buddying arrangements with Newcastle Upon Tyne NHS Foundation Trust. The agreement covers four work streams where the Trust has requested support: 1. Delivery of Integrated Improvement Programme 2. Enhancing relationships with Primary Care to deliver vertically integrated patient pathways 3. Business intelligence and analysis 4. Improved Trust Board Quality Governance process The Trust has submitted the work plans to Monitor together with a financial breakdown of the support required in order to allow our partner Trust access up to £250,000 from Monitor. Directors NOTED the progress in respect of each of the Keogh actions and AGREED the revised trajectories for: a. K3 – Fluid Management b. K8 - Patient Locations and Patient Moves c. K14 - Anesthetists d. K22 – Medicines Management	**KR** **PO**	**July 2014** **Mgmt action July 2014**

	Directors NOTED the progress with the buddying arrangements.		
	FINANCE REPORT		
14/169	FS presented the Financial Performance report for month 2, May 2014. During review the following points were brought forward. FS advised that Monitor have brought forward our monthly reporting date to Monday 23rd June 2014 which is a week earlier than usual and moving forward they would like to receive this document on the 10th working day of each month. As a result the Board of Directors has not been able to consider this month's financial report before it is submitted. Monitor will be made aware that changing the dates does impact on the Trust's overall governance cycle. PO reported that he would write formally to Monitor to highlight his significant concerns that changing the reporting schedule would result in the financial report not being considered and approved by the Board and this issue would also be raised at the next PRM. KR requested that information pertaining to service line reporting and escalations be included in the financial performance report moving forward. GMc offered his assurances as Chair of the Finance Committee that all budgetary sign off will be completed by the end of July 2014. 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 the cost improvement programme. Directors also NOTED the contents of the report which was shared with Monitor on 23rd June 2014 and APPROVED the Reference Costs submission which is due on 30th July 2013 **CIP** Directors acknowledged that the 3rd key financial risk is the in-year CIP target of £8.7m which is being tracked through the Programme Management Office and schemes with a value of £8m FYE have now been identified. However the level of confidence to be able to realise the full financial benefits in 14/15 varies scheme by scheme. The risk adjusted value of the schemes as at 19th June 14 is £6.6m FYE. Directors were advised that a CIP programme board escalation meeting took place on Monday 16th June, in order to continue to identify and deliver against the efficiency challenge. A series of actions were agreed following this meeting and are being expedited, supported by an overarching commitment from the CEO to lead a weekly steering group to keep a top level focus on achievement. FS added that all Divisional leads are committed to identifying and initiating further savings by the date of the July CIP board meeting.	**PO** **FS**	**July 2014** **Mgmt. action – July 2014**

	Directors NOTED the key headlines, the risks detailed and the actions being taken that were detailed within the Board paper and the verbal update given.		
	INTEGRATED PERFORMANCE REPORT (IPR)		
14/170	JT presented the Integrated Performance (Exception) Report giving an update on the Trust's performance in May 2014. During review the following points were brought forward. <u>RTT</u> JT informed Directors that a lengthy conversation regarding RTT took place at the TMB meeting that was held on 23 June 2014 with 3 areas of significant concern being brought forward, trauma and orthopaedics, maxillofacial and cardiology. A request has been made for a report, giving the bottom line position for all 3 areas, to be given at the August TMB meeting. GMC questioned why the external provider support that was arranged to clear the maxillofacial minor ops back log was withdrawn. JT confirmed that the provider stated that they could not deliver what they had committed to due to a high level of patients being referred during the month of June 2014. <u>Medical Specialities</u> CW noted that there had been a consultant resignation within gastroenterology and whilst measures are in place to identify locum coverage this is proving difficult. CW questioned whether this issue had been identified on the Trust's risk register. JT responded that recruitment within the Emergency Care and Medicine division is already high on the risk register. However, plans are already in place to interview for a locum consultant with a good field of candidates. CW questioned whether the division had a robust succession planning process in place for subsequent planned retirement. JT confirmed that the division is currently developing a medical workforce succession plan acknowledging that there are some areas that will always be more difficult than others to plan for. <u>ED</u> JT advised that the Trust is undertaking a review to ascertain what has caused the shift / increase in patients attending the Trust via ED. This review will look at possible issues that patients may have accessing out of hours primary care facilities and recent changes in the trauma pathway and whether the changes are more evident on any particular day of the week. JT updated that during the month of June standard performance had increased to 95.57%. This is due, in part, to an increase in staffing levels during the evenings and through the night but this increase		

	cannot be maintained long term. SL questioned whether the benefits of the new discharge lounge, which was opened on 18th June, have started to be realised. JT responded that patient flow has improved and it envisaged that maintaining this facility will aid further improvements with pathways. JT advised that she would speak to PW regarding the estates need of this facility moving forward as it is currently located on Ward 36. <u>ASI rates</u> CW questioned what specifically is causing the extended wait at the referral gateway. JT clarified that 3 attempts are made to contact a patient to offer an appointment following referral but after the third attempt, if no contact is made, then the referral is moved to "pending" and focus remains on the new referrals. An issue is then caused with the backlog of pending referrals. Improvements to this referral system are currently being considered. GMc expressed his concern that this issue is causing a barrier to referral and questioned whether there is a formal contract in place with the external provider of the gateway service. PO responded that the Trust's responsibility is to provide excellent care to our patients and any issues, with external providers, that prevent us from providing this service need to be addressed accordingly. SL encouraged JT to continue to monitor this issue and provide regular update to the Board Directors NOTED all points of the high level summary report and the progress / position to date. **Workforce** KF presented the workforce element of the IPR bringing the following points forward; KF advised that there is still further work to do to better understand and report establishments which will be rectified in month 3, to incorporate the additional registered nurse overnight therefore meaning more accurate reporting of vacancies. KF informed Directors that the Trust has been informed by the Health and Safety Executive that they wish to conduct an inspection of the way the Trust manages violence and aggression. This relates to an incident which occurred in 2006. An inspector will be visiting the Trust on Wednesday 9 July 2014. The inspection is intended to follow on from a similar exercise conducted by the HSE on 16 May 2011. SL noted the details in the workforce report regarding the drive on recruitment and questioned how members of the public can be assured that we are actively trying to recruit to all of our vacancies. KF confirmed that the Trust advertises all vacancies on the NHS jobs website and work remains ongoing to recruit registered nurses to the in house "bank". A project manager has been appointed to assist with	**JT**	**Mgmt. action – July 2014**

	reorganising the bank focussing on registered nurses as this is the greatest pressure for the Trust. Discussion had also taken place with the Trust's advertising agency regarding the possibility of an enhanced advertising campaign including preparing a "teaser" advert to direct prospective employees to our website. Work remains ongoing with this activity. TR suggested that when this work progresses that links are also placed in the advert linking to the Trust's social media outlets. Regarding the report that the HR department has undergone a restructure with the new structure taking effect from the 1st July 2014, RD questioned whether this would reduce or increase HR support to divisions/department leads. KF confirmed that the aim of the restructure is to create a move to a business partner model which will ensure that HR are aligned more to the divisions. As part of the new structure a new role of Recruitment Manager has been created and the restructure has led to certain posts being declared redundant. CW expressed her concern that the health care support worker role has the highest number of days lost due to sickness absence totalling 1354 working days. The sickness absence percentage rate for this group of staff stood at 8.25% in May and in April it was 8.58%. KF responded that this level of sickness is high nationally for this staff group and is not just an issue for SFH. Following discussions KF agreed to drill down and undertake a thorough review of the factors that impact on this sickness level and report back at the next Board meeting. Directors NOTED the workforce information presented and ACKNOWLEDGED the actions being taken to improve performance taking note of the information provided within the report	**KF** **KF**	**Mgmt. action – July 2014** **July 2014**
	GOVERNANCE , RISK AND ASSURANCE		
	QUALITY FOR ALL UPDATE		
14/171	KF reminded Directors that the Trust's Quality for All Programme was launched during the autumn of 2013 and subsequently key strategies (Patient Experience & Engagement and Organisational Development) were developed based on the information gained from listening events with patients, carers and staff. A series of briefing sessions have taken place since the launch with both staff and managers in relation to our agreed values and behaviours and these have been very well received. A recent survey monkey indicated that 93% of staff have found the sessions useful and the Trust's "plan on a page" was very helpful to gain a real perspective of the issues that the Trust has faced in the past and what we need to do to prepare for the future. To date 1,100 staff members have attended over 60 separate sessions.		

	KF advised that the paper provided today gives the Board of Directors an update on activities undertaken in relation to our Quality for All Programme including leads for values and development of an integrated action plan . The priority for the coming months are the managers workshop which will be utilised to build on team dynamics and encourage managers to cascade their learning to all of their staff within a 12 week period. During discussion it was acknowledged that whilst the majority of the Trust staff are embracing the values that are part of the *Quality For All* campaign, confidence that all staff would challenge if they witnessed something wrong is not fully embedded. The importance of instilling these values in the new employee induction programme was identified.		
	GOVERNOR MATTERS		
14/172	SL offered his thanks to Executive Team colleagues who had delivered specific topic training to the Governors over the past month. Feedback indicates that all Governors that attended the training found it to be very beneficial. Directors NOTED the verbal update that was given		
	ESCALATION OF ISSUES FROM TMB / BOARD		
14/173	PO reported that there were no further issues to be brought forward from the Trust Management Board that was held on 23rd June 2014 beyond the performance issues already discussed at the meeting.		
	FINANCE AND PERFORMANCE COMMITTEE		
14/174	GMc advised that during the Finance and Performance Committee that was held on 18 June 2014 the committee's terms of reference were reviewed and it was agreed that a focus would be maintained within the Finance and Performance Committee and the Trust's performance during the coming months. Directors AGREED that this focus should be maintained. GMc advised that the Finance and Performance Committee ENDORSED the recommendations made in a paper presented by PO regarding the need to revise the membership of the programme board to include divisional and financial representation and move forward the Programme Board to become more strategic and risk focussed in order to ensure delivery of the CIP programme and provide assurance to the Trust Board that the CIP programme supports the wider objectives of the Trust, including achieving financial sustainability.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/175	In relation to agenda point 14 /162, a member of the public questioned when the Trust envisages that the No Smoking policy will be ratified and		

	implemented. PO confirmed that the No Smoking policy continues to be developed and will be further supported by the upcoming attendance of the Directors of Public Health at the Board of Directors meeting in July 2014. A member of the public advised that a "No Smoking" sign which is erected at the front of King's Mill Hospital is hanging off and he had seen cigarette ends embedded in the main entrance doorway. PO responded that he would ensure that both of these issues are addressed. A member of the public advised that there is still an absence of notices advising visitors that the Trust operates a "No Smoking" policy, at the main entrance and encouraged the Board to arrange installation as soon as possible. In relation to agenda point 14/171 a member of the public questioned whether the Board is aware of Notts TV which is a new digital TV channel which showcases everything that is great about Nottinghamshire. YM confirmed that she would look into the opportunities that may be available to connect the Trust Communications department with this new media outlet. In relation to agenda point 14/167 a member of the public advised that the boxes on the current friends and family forms are quite small and may be discouraged patients from completing the forms. This may be a contributory factor to the low response rate.SB confirmed that she would review this observation and respond accordingly	**PW** **PW** **YM** **SB**	**Mgmt action – July 2014** **Mgmt action – July 2014** **Mgmt action – July 2014** **Mgmt action – July 2014**
	COMMUNICATIONS TO WIDER ORGANISATION		
14/176	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 • A key message relating to CIP identifying the importance of driving out ideas and the financial benefits linked to the CIP • An update regarding *Quality For All* progress • The status of the Trust's Annual Plan • The roll out of the Trust's revised Sickness absence policy		
	ANY OTHER BUSINESS		
14/177	There was no other business to report		
	DATE AND TIME OF NEXT MEETING		
14/178	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 31st July 2014 at 9.30am in Classroom 1, School of Nursing, level 1, King's Mill Hospital.		

	There being no further business the Chairman declared the meeting closed at 12.45 hrs.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. …… …….. [Name of Chairman] **Date** **Chairman**		