

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

**MATTERS ARISING / ACTIONS TRACKER**  
**31 JULY 2014**

KEY:

|              |                        |              |                        |               |                        |            |                       |
|--------------|------------------------|--------------|------------------------|---------------|------------------------|------------|-----------------------|
| <b>GREEN</b> | <b>ACTION COMPLETE</b> | <b>AMBER</b> | <b>ACTION ON TRACK</b> | <b>YELLOW</b> | <b>UPDATE REQUIRED</b> | <b>RED</b> | <b>ACTION OVERDUE</b> |
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**ACTIONS ARISING FROM EXTRAORDINARY MEETING 29<sup>th</sup> OCTOBER 2013**

|     |         |                               |   |    |                                 |   |  |
|-----|---------|-------------------------------|---|----|---------------------------------|---|--|
| 13. | 13/ 126 | <b>CLINICAL SERVICE PLANS</b> | Following discussions Directors APPROVED the Clinical Services plan as a blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan. | PW | <b>DATE REVISED TO AUG 2014</b> | Following the completion of the Strategic plan, we are developing detailed implementation programmes for its many elements. This will focus at service line level and as part of the preparatory work we are commissioning an assessment of service line management maturity. It is intended that this will lead to high quality service line plans in line with the organisations strategy |  |
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**ACTIONS ARISING FROM 19 DECEMBER 2013**

|     |        |                                  |   |    |                                       |   |  |
|-----|--------|----------------------------------|---|----|---------------------------------------|---|--|
| 42. | 13/180 | <b>CQC- REVIEW OF COLCHESTER</b> | RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 <sup>rd</sup> party opinion following the Trust assessment against the failings at | RD | <b>IN LINE WITH RELEASE OF REPORT</b> | RD updated that consideration is still being given to the inclusion of the CQC Colchester report in the 2014/15 internal audit programme. |  |
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|   |        |                         | Colchester.  |                               |                                  | Directors noted that the Colchester report has not been issued to date and the Trust will undertake a “true for us” exercise upon receipt.  |  |
| <b>ACTIONS ARISING FROM 30 JANUARY 2014</b> |        |                         |  |                               |                                  |   |  |
| 48.   | 14/018 | <b>ESTATES STRATEGY</b> | <p>MC requested that the strategy identify clear links to the benefits of the changes and provide further reference to the PFI and any surplus estate that the Trust currently holds.</p> <p>CW requested that the strategy be more “public facing” and further explanation be included to support the Trust’s decision to reduce the theatre accommodation from 9 to 5.</p> <p>GMc requested that a clear benefit realisation statement be included pertaining to the effect of the incorporation of the Estates Strategy on backlog maintenance.</p> | <p>PW</p> <p>PW</p> <p>PW</p> | <b>DATE REVISED TO SEPT 2014</b> | <p>There have been a number of developments during April:</p> <p>The Better Together estate work stream has concluded its membership &amp; terms of reference &amp; engaged external support. It will be working to a timeframe concluding in Sept 2014 to comprehensively review all health and social care premises in Mid-Notts and make recommendations about its optimum future utilisation.</p> |  |

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|  |  |  |  |  |  |  | <p>Whilst phase 1 of the estate strategy addressing the retained estate issues at KMH remains relevant, for financial planning purposes the executive has taken the view that the requirements of the capital expenditure approvals regime, coupled with the timeframe for the Better Together Estate work stream to conclude its work means that expenditure is unlikely to begin until 2015/16, and has therefore slipped the notional capital profile (for £30m scheme) by twelve months.</p> <p>Phase 2 of the SFH estate strategy will be developed in light of the outcomes of the Better Together work.</p> |  |
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| <b>ACTIONS ARISING FROM 24 APRIL 2014</b> |        |  |  |         |                            |  |   |  |
|---|--------|--|--|---------|----------------------------|--|---|--|
| 55.                                       | 14/103 | <b>BETTER TOGETHER ESTATES WORKSTREAM</b>        | PW advised that there are clear milestones set which he will share with the Board and ensure that regular updates are factored in to this milestone timeline.  | PW      | <b>JULY 2014</b>           |  | <p><b>COMPLETED</b><br/>           There will be an update on the KMH aspects of the Estates Strategy circulated to the Board prior to the July meeting and subsequent reports at appropriate intervals.</p>  |  |
| <b>ACTIONS ARISING FROM 29 MAY 2014</b>   |        |  |  |         |                            |  |   |  |
| 61.                                       | 14/140 | <b>QUALITY AND SAFETY MONTHLY REPORT – D.O.L</b> | Directors AGREED that a robust risk assessment will be carried out pertaining to D.O.L and this issue will be placed on the corporate risk register until such time as a local consensus is gained detailing the proposed way forward. | KR / AH | <b>REVISED TO AUG 2014</b> |  | <p><b>COMPLETED</b><br/>           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</p> |  |

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|     |        |                          |   |    |                  |   | 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 |  |
| 64. | 14/164 | <b>CHAIRMANS REPORT</b>  | CW encouraged the Executive team to revisit the Newark Strategy to look at strengthening the communications element of the plan.  | PW | <b>JULY 2014</b> | <b>COMPLETED</b><br>There is substantial work on the Newark Strategy ongoing including a Clinical Summit on 25 <sup>th</sup> July. The Trust will strengthen the communication of key aspects emerging. |  |  |
| 65. | 14/164 | <b>CHAIRMAN'S REPORT</b> | SL informed Directors that he would liaise with Bob Truswell, Strategic Head of Procurement, regarding the 30 different brand names of dressings that he saw during a recent ward visit | SL | <b>JULY 2014</b> | <b>COMPLETED</b><br>A meeting has been held between SL and Bob Truswell regarding product rationalisation   |  |  |

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| 66. | 14/167 | <b>QUALITY &amp; SAFETY MONTHLY REPORT</b> | 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. | SB | <b>JULY 2014</b> | <b>COMPLETED</b><br>Performance Indicators have been added to the Quarterly report as requested |  |
| 67. | 14/168 | <b>QGF</b>                                 | 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                             | KR | <b>JULY 2014</b> | <b>COMPLETED</b><br>Updates are provided in the July's Board of Directors paper                 |  |
| 68. | 14/168 | <b>QGF</b>                                 | JT stated that she is not fully assured regarding action 8 – patient locations and patient moves and requested that this assurance level be changed to partly assured   | KR | <b>JULY 2014</b> | <b>COMPLETED</b><br>The latest position is included in the July Keogh paper                     |  |
| 69. | 14/169 | <b>FINANCE REPORT</b>                      | PO reported that he would write formally to Monitor to highlight his significant  | PO | <b>JULY 2014</b> | <b>COMPLETED</b><br>Monitor has confirmed that the change in the                                |  |

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|     |        |            | 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. |    |                  |                  | reporting schedule will not be actioned  |  |
| 70. | 14/170 | <b>IPR</b> | KF agreed to drill down and undertaken a thorough review of the factors that impact on the healthcare assistants sickness level and report back at the next Board meeting.             | KF | <b>JULY 2014</b> | <b>COMPLETED</b> | Update included within the workforce report. Additional supporting information will be provided as a verbal update |  |