

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 9.50am on Thursday 29th May 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
	Paul O’Connor	Chief Executive Officer	PO
	Dr Andrew Haynes	Interim 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
In Attendance:	Jacqui Tuffnell	Director of Operations	JT
	Shirley Clarke	Head of Programme Management	SC
	Dr Joanna Richardson	Patient Safety Fellow (patient story only)	JR
	Sarah Addlesee	Patient Safety Lead (patient story only)	SA
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB
	Peter Francis	Member of the public	PF

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/130	The meeting being quorate, SL declared the meeting open at 9.50hrs and confirmed that the meeting had been convened in accordance with the Trust’s Standing Orders.		
	DECLARATIONS OF INTEREST		
14/131	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/132	It was CONFIRMED that apologies had been received from Kerry Rogers, Mark Chivers and Peter Wozencroft.		
	PATIENT STORY		
14/133	SB welcomed SA and JR to the Board meeting and advised that the patient story this month centred around the tremendous work that has taken place at SFH recently to reduce the Trust’s mortality rates. Today’s story detailed how the implementation of the work stream relating to Acute Kidney Injury (AKI) has helped to reduce the mortality rates and ensure that our patients are afforded the best possible		

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	<p>treatment.</p> <p>JR and SA opened the presentation by providing some background information regarding what the kidneys do, what different conditions can lead to the kidneys not working correctly, the causes of an AKI and the symptoms and signs of AKI that our clinical staff would be looking for if a patient was admitted to one of our wards.</p> <p>JR advised that AKI has been high on the health agenda in the news and public media forums where reports of people literally dying of thirst are reported every month and as recently as April 2014. Research has proven that 14% of AKI cases are avoidable and up to 18% of all hospital admissions have AKI. Between 20 and 30% of cases of AKI are preventable and prevention could save up to 12,000 lives each year. Inpatient AKI-related mortality is currently between 25 and 30%. NHS costs related to AKI are between £434 and £620 million per year</p> <p>To address this issue NICE issued clinical guidelines in August 2013 pertaining to the prevention, detection and management of acute kidney injury up to the point of renal replacement therapy. This document identified the key priorities for implementation that all hospitals must put in place to ensure appropriate care. The key priorities within the document are</p> <ul style="list-style-type: none">• Identifying acute kidney injury in patients with no obvious acute illness• Assessing risk factors in adults having iodinated contrast agents and in adults having surgery• Ongoing assessment of patients in hospital• Detecting acute kidney injury• Identifying the cause(s) of acute kidney injury<ul style="list-style-type: none">• Urinalysis• Ultrasound• Managing acute kidney injury<ul style="list-style-type: none">• Relieving urological obstruction• Pharmacological management• Referring for renal replacement therapy• Referring to nephrology• Information and support for patients and carers <p>To assist the Trust implement these guidelines a multidisciplinary team (MDT) group has been set up to look at the management of AKI at SFH. This group comprises of</p> <ul style="list-style-type: none">• Associate Director for Patient Safety• Consultant Renal Physician• Renal GIM SpR• Patient Safety Fellow• Senior Pharmacist• ITU Nurse Consultant		
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	<ul style="list-style-type: none"> • Orthopaedic Nurse • CCOT representative • IT representative • Senior Nurse <p>This MDT group reports to the Patient Safety Improvement Group and meets on a monthly basis. It reviews all AKI alerting and management data and facilitates improvement projects Trust wide. The group has introduced initiatives to improve the management of AKI and has set up ongoing monitoring systems of the management in place.</p> <p>Guidelines on the management of AKI are also available on the Trust intranet site where junior doctors are encouraged to follow the DONUTS procedure. This procedure is</p> <p>Dehydration – Optimise fluid status Obstruction – Renal ultrasound within 24 hours Nephrotoxins – Stop nephrotoxic drugs Urine – Output : strict fluid balance / Urinalysis Think Sepsis and treat appropriately Senior Review</p> <p>JR told the story of a 84 year old lady who attended ED via ambulance describing fevers and rigors overnight. This lady had been treated for 2 weeks prior to presentation at the Trust with antibiotics for a symptomatic UTI. This lady also had a number of co morbidity issues which added to her problems. A treatment plan was put in place following the DONUTS plan which included refraining from giving this lady nephrotoxic drugs for 2 days , increasing IV fluids, undertaking a renal ultrasound which identified normal sized kidneys with 2 small cysts on the right kidney and changing the antibiotic treatment to IV in line with the sensitivity shown on the urinalysis. This lady was discharged home 5 days later with both the AKI and infection resolved.</p> <p>The second patient story related to a 64 year old gentleman who had presented to his GP due to general malaise and severe AKI which was noted on his blood screen. The GP arranged for the gentleman to attend for an outpatient appointment at NUH but due an increase in vomiting and a decline in his general wellbeing he presented to KMH where he was given appropriate drugs for a presumed urosepsis. Infection screening was also undertaken along with urinalysis and he was seen overnight by a renal SpR prior to being transferred to MCH the next day where he made a positive recovery.</p> <p>JR advised that whilst the positive effects of the improvements can be clearly seen further improvements are planned moving forward. These improvements include implementing alerts on the Trust's Orion system next to a patient's blood results when an AKI is detected. This will also assist the Trust's pharmacist to review the medication that patients are receiving avoiding any nephrotoxic drugs where possible.</p>		
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	<p>Plans are also in place to introduce the AKI management care bundle, including the DONUTS guidelines, as a prompt in patients notes so that doctors can carry out this exercise routinely. This introduction is only a pilot in EAU presently but close assessment will be carried out to gauge the success and improvements that can be made.</p> <p>Whilst the Trust is very good at carrying out blood tests to screen for AKI on admission via EAU, it is acknowledged that improvements must be made in taking blood the day after admission on the ward. Work is underway with the Trust’s IT department to implement an alert on the ICE system to alert staff to this requirement.</p> <p>SA added that the Trust is already closely linked with the sepsis collaboration networks and also the AKI collaboration networks and works with other Trusts to share information and learning is underway. The Trusts objectives moving forward are to help to lead the implementation of the NICE guidelines across England, reduce the burden of illness related to AKI, provide patient level tools for improved management and help to establish a national registry.</p> <p>Within three years the Trust’s ambition is to</p> <ul style="list-style-type: none">• establish the data flows required to allow successful audit and quality improvement• provide clinicians and patients with the education, information and access to and about AKI to inform individual care• support commissioners and organisational leads in driving and championing the need to improve AKI care <p>JR and SA concluded their presentation by advising that the Trust is constantly reviewing and monitoring the management of AKI’s and looking to improve all the time.</p> <p>During discussions following the presentation AH identified the need to share our learning with the Trust’s community partners to ensure that patients are educated and advised appropriately prior to presentation and admission to the Trust. JR confirmed this liaison is already underway along with improvements in patient education regarding the need to drink more fluids following the onset of any illness and also during admission to hospital.</p> <p>PM questioned whether the Trust is aware of how many cases of AKI are undiagnosed. AH confirmed that this data is difficult to identify but assured that a clear focus is being given to identifying what the Trust can do to ensure that AKI is avoidable following admission. The employment of a substantive renal physician at the Trust will assist this work greatly and it is anticipated that the benefits will be realised very quickly. SA added that it is envisaged that the Trust will soon be able to measure AKI in terms of a “thermometer” style method similar to measurement already in place for patient falls.</p>		
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	<p>PM acknowledged that whilst the Trust’s 3 year ambition is commendable he encouraged the Trust to achieve these targets earlier than three years wherever possible.</p> <p>SL thanked SA and JR for attending the Board meeting and congratulated them on the hard work that had been undertaken to date and offered his encouragement for future endeavours and improvements moving into the future.</p> <p>At this point SA and JR left the meeting</p>		
	OUTCOMES RE THE LAST MONTH’S PATIENT STORY		
14/134	SB updated that following on from the last patient story arrangements are underway to including the story in the first patient podcast.		
	MINUTES OF THE MEETING HELD ON 24 APRIL 2014		
14/135	Following review of the minutes of the public meeting held on 24 April 2014 the minutes were APPROVED as a true and accurate record.		
	MATTERS ARISING / ACTION LOG TRACKER		
14/136	<p>The Board REVIEWED the matters arising / action tracker document in detail. No updates were given</p> <p>PM questioned what progress had been made with the management action pertaining to smoking shelters and PO’s contact with the Director of Public Health. PO confirmed that the Director of Public Health and members of his team will be attending the June 2014 Board of Directors meeting.</p>		
	CHAIRMAN’S REPORT		
14/137	<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>Monitor activity SL explained that he wished to make Directors aware that Monitor have written to all Trusts to question the realisation of the ambition of their operational plan and each Trust must respond accordingly.</p> <p>Board development SL drew Director’s attention to appendix A of his report which detailed a proposal from Foresight Partnerships Ltd to assist the Trust with Board development and effectiveness. The value of the proposal is omitted but SL informed Directors that the cost is approximately £35k. SL questioned Directors whether they considered this proposal to be acceptable and if so suggested that work commence in Autumn 2014.</p>		

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<p>During discussions KF requested that appropriate checks are carried out, prior to possible engagement with Foresight, to ensure that the appropriate procurement routes are followed.</p> <p>GMc requested that consideration be given to the timing of the possible engagement as part of the proposal is that Foresight observe the Board and sub committees and given that all of the sub committees are still in the transition period this may not be appropriate.</p> <p>During further debate the proposal was AGREED in principle with consideration being given to the timings of engagement and changes made to include the Board of Directors as a whole as currently PW, JT and KR are excluded as non-voting members of the Board.</p> <p>Ward visits</p> <p>SL informed Directors that during his recent visits to MCH he was very impressed by the high level of care that is afforded to the in-patients on the rehabilitation wards located on this site. The age of the patients that he met ranged from a 24 year old man involved in a terrible car accident to an 80 year old man who was recovered from joint surgery. One gentleman on Oakham Ward informed SL that during his stay at KMH he felt that the care that he was given was less personal with a noted difference between permanent and agency staff. SL encouraged Directors to think about the Trust's branding and values and how these can be communicated to all staff, trust wide, including agency staff.</p> <p>Lift stories</p> <p>SL advised that he had heard a mixed range of stories from people he had met whilst he was out and about across the KMH site. One family that he met told about their relative who has recovering from a heart attack and was received great care on the ward but went on to inform that their pregnant daughter did not plan to deliver her third child at the Trust due to previously feeling ostracised as she did not wish to breastfeed and also having a bad experience with the choice of food available.</p> <p>Other stories appeared to revolve around negative coverage in the local media and SL encouraged Directors to think about how we can ensure that the Trust is reflected in a much better light in the media moving forward.</p> <p>During further debate the need to change the public perception of the Trust and the possibility of the creation of a "myth busting" campaign was discussed. It was identified that a number of negative stories that Directors hear are often many years old and more good news stories need to be brought to the forefront of people's minds</p> <p>The Board NOTED the verbal update given.</p>	<p>PW</p>	<p>Mgmt action June 2014</p>
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	CHIEF EXECUTIVE’S REPORT		
14/138	<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>TR recorded his congratulations to Andrea Wood, staff nurse on Fernwood Community Unit at Newark Hospital following her recent nomination and subsequent award of the Trust’s Star of the Month for March 2014.</p> <p>TR added his thanks to all recipients of the long service awards for 20 and 25 year service. KF added that a number of staff members have completed 30 and 35 years’ service and consideration for further recognition of these staff members is being investigated.</p> <p>GMc advised that he is looking forward to receiving Sir Stuart Rose’s final report following his recent visit to the Trust and other hospitals across the country and hoped that this report would be well rounded accepting that other organisations and factors will influence the direction and level of progress that can be made within the NHS.</p> <p>GMc stated that he was delighted to see the excellent final summary report for 2013/14 for the Clinical Research Network: East Midlands in which the Trust’s progress showed improvement on previous years with 94% of approvals achieved within the 30 day target and 97% of the annual volume goal achieved.</p> <p>Directors NOTED the content of the Chief Executive’s report and specifically the verbal updates that were given.</p>		
QUALITY , FINANCE , PERFORMANCE AND STRATEGY			
	ANNUAL REPORT AND ACCOUNTS		
14/139	<p>Directors NOTED that the Annual Report , Annual Accounts, ISA260 and EA Representation letter and the Quality Accounts were APPROVED during a private meeting of the Board of Directors which took place earlier today, 29 May 2014. Publication of these documents is embargoed until the end of June 2014 following presentation before Parliament</p>		
	QUALITY & SAFETY MONTHLY REPORT		
14/140	<p>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;</p> <p>TR commended SB on the change in the presentation of the report which makes it very easy to follow particularly by Directors from a non-medical back ground</p>		

	<p>Deprivation of Liberty</p> <p>AH provided a verbal explanation of what the recent changes with the Deprivation of Liberty Act means for the Trust</p> <p>In 2009 the Mental Capacity Act (2005) was amended to provide safeguards for people who lack capacity specifically to consent to care or treatment. The Deprivations of Liberty (DOL) safeguards were introduced to prevent breaches of the European convention on human rights. These safeguards provide legal authority only to detain the patient subject to certain strict criteria and they are to prevent arbitrary decisions that may deprive vulnerable people of their liberty.</p> <p>On March 19th 2014 the Supreme Court clarified the “acid test” to define a DOL as the person is:</p> <p><i>“Under continuous supervision and control and are not free to leave” and lacks capacity to consent to the care and residence arrangements.</i></p> <p>The Supreme Court also made clear a number of factors that are not relevant to whether a person is deprived of their liberty including:</p> <p>Since 2009 deprivation of liberty training has been part of the Trust’s mandatory training programme.</p> <p>At present the ward teams identify patients who are at risk of being deprived of their liberty and refer to the Trusts safeguarding team, who will give advice. They support the ward staff to complete the deprivation of liberty paper work to apply to the Local Authority for assessment of the patient regarding deprivation of liberty. The safeguarding team maintain a register of patients deprived of their liberty and advise the CQC of these patients.</p> <p>The numbers of patients that have been identified and applications completed to deprive a patient of their liberty for last year, 2013, was four, and since 1st January 2014 there have been applications for three patients to be deprived of their liberty.</p> <p>AH explained the process that needed to be followed to deprive a patient of their liberty and explained that this new case law will affect all other hospitals and the local authorities as they receive all the referrals and then assess the patients who are at risk of being deprived of their liberty.</p> <p>Here at the Trust the new case law means that;</p> <ol style="list-style-type: none">1. There will be an increase in the numbers of patients who are at risk of being deprived of their liberty, as the “new” definition is likely to apply to a lot more patients than would previously have been recognised. The safeguarding team have scoped the in-patient wards and in one day 39 patients were at risk of being deprived of their Liberty, under the new definition. Most of the patients identified		
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	<p>were being observed on a 1:1 basis or within eyesight as they were at risk of falling. Out of the 39 patients 6 were on surgical wards, 2 patients were at MCH and 2 at Newark, 19 patients were on medical wards, mainly care of older people, gastroenterology and respiratory wards. This scope of patients did not include patients on ITU.</p> <ol style="list-style-type: none">2. Where a patient is at risk of being deprived of their liberty and is under 18 or the patient does not have a mental disorder a Court of protection (COP) application would be needed as the deprivation of liberty safeguards would not cover these patients, e.g. Alcohol withdrawal, Permanent Vegetative state (PVS).3. Trust staff will have to be aware and trained in the new case law. At present staff will not recognise if a patient is being deprived of their liberty under the new acid test. <p>Urgent action is required by all NHS bodies to review existing cases, and failure to do so promptly could make it increasingly difficult to defend any case, notwithstanding the resource implications.</p> <p>The Trust’s solicitors anticipate that the specialist lawyers who act for patients and families may see this as an opportunity on a scale comparable with the Continuing Healthcare retrospective appeals (of which there are an estimated 60,000 pending), with prominent advertising likely to identify and encourage claims.</p> <p>To manage those potential liabilities, the Trust’s solicitors have advised the Board to consider inclusion of the new case law in the corporate risk register, as well as having appropriate discussions with the Trust’s insurers and the NHSLA.</p> <p>A clear plan of work that needs to be done has been compiled and the options for the Trust have been summarised as</p> <ol style="list-style-type: none">1. Continue with current practice, but the Trust would be at risk of unlawfully depriving patients of their liberty. This would need to be detailed on the risk register. Compensation cases may be a result for patients that are unlawfully detained in hospital.2. Deprive the patients of their liberty as per the new definition. This would mean the work load on the safeguarding team would increase and there would need to be 1 whole time equivalent post (this could be a temporary post while we wait for further case law and clarification in acute Trusts). This post would concentrate on DOL’s, so that the increase in work load would not be put on the safeguarding and ward teams. This would result in better care for the patients with regard to the mental capacity act and would be a cheaper option as litigation may arise for patients that are unlawfully detained in hospital.3. Be proactive and take some cases to the courts so that the new		
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	<p>case law will clarify DOL in the acute hospitals, and continue with current practice while we await new case law. The Trust would be at risk of unlawfully depriving patients of their liberty. This would need to be detailed on the risk register. Compensation cases may be a result for patients that are unlawfully detained in hospital.</p> <p>4. Be proactive and take some cases to the courts so that new case law will clarify DOL in the acute hospitals and until we have new case law deprive the patients of their liberty as per the new definition. This would mean the work load on the safeguarding team would increase and there would need to be 1 whole time equivalent post (this could be a temporary post while we wait for further case law and clarification in acute Trusts). This post would concentrate on DOL’s, so that the increase in workload would not be put on the safeguarding and ward teams. This would result in better care for the patients with regard to the mental capacity act and would be a cheaper option as litigation may arise for patients that are unlawfully detained in hospital.</p> <p>AH concluded that DOL is obviously a big issue for the Trust and whilst a firm decision remains outstanding it is likely that the Trust will be encouraged to take some cases to the courts. In the meantime directors AGREED that a robust risk assessment will be carried out 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.</p> <p>Friends and Family Test RD expressed his concerns that the Friends and Family combined response rate for the Trust is quite low at 17%, compared to other Trusts in our local area, and questioned whether the reasons for this low response rate is known. SB responded that she suspected that the low response was due to this test not being a key priority and the appropriate challenges have not been put in place. However, following agreement that a better focus is required, the Trust is currently looking at introducing an electronic response system which is anticipated to raise response levels.</p> <p>Mortality Following review of the higher than average GI haemorrhage figures AH updated one of the Trust’s Gastroenterology consultants has now carried out a review of deaths attributed to GI Haemorrhage and the findings were that of the 19 cases identified only 2 were deaths due to GI bleeding in his judgement. In one of the cases consideration should have been given to transferring the patient to Nottingham for embolization. In the other case there was a delay in referral to the GI team on admission.</p> <p>The other cases were incorrectly labelled as GI bleeds by the admitting team where there was little evidence to substantiate this – e.g. vomiting of brown material in a patient who was systemically unwell</p>	<p>KR</p>	<p>June 2014</p>
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	<p>This review is reassuring that there that there is no excess mortality from GI haemorrhage at the Trust.</p> <p>RD expressed his concerns that issues were identified with clinical coding approximately one year ago and the Board were informed that 4 clinical coders would be employed to improve data quality and questioned why errors are still being attributed to clinical coding error. AH confirmed that the 4 clinical coders employed last year were employed to address the level of uncoded episodes and improve the level of income available to the Trust. This initiative has been successful and improvements have been seen.</p> <p>Vitalpac SL advised that he had seen the Vitalpac system in action following the start of the rollout process and had found it to be implementing well.</p> <p>CQC focus SL questioned how the momentum and drive that was generated amongst the Trust nursing staff in the build up to the CQC visit can be maintained to the same high standards moving forward. SB responded that she would discuss this consideration with her senior nursing colleagues and the Executive Team and would feedback accordingly.</p> <p>CDiff AH advised that following the report in the monthly report that the Trust had identified 5 cases of <i>C.diff</i> this year a further 5 cases have been identified bringing the total to 10 in year. Of these five, two patients had been previously diagnosed with <i>C.diff</i>, two patients were extensively treated with antibiotics in the community prior to admission and the remaining case is thought to be a case of cross contamination. Further feedback will be given following investigation into the cross contamination issue. Whilst this figure may appear to be high, in terms of the high level of activity currently being undertaken at the Trust this is comparatively low. AH encouraged the Board to be open and transparent regarding the latest figures and share this information with our regulators.</p> <p>Directors NOTED the information provided and the actions being taken to mitigate concerns.</p>	SB	Mgmt action June 2014
	FINANCE REPORT		
14/141	<p>FS presented the Finance Performance report for the month 1 period. FS advised that during month 1, reporting had been difficult due to technical issues in respect of collating clinical income information as well as resource constraints.</p> <p>The draft position at month 1 is showing a £200k adverse variance although this may be a result of clinical income. Premium pay levels are £200k less than the value incurred in March 2014 but are still running at significant levels.</p>		

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	<p>GMc expressed concerns pertaining to clinical income and budgetary controls. JT explained that when the Trust discharges patients early this is good for the patient's experience and bed flow but not good from an income perspective as the Trust is paid for extra bed days. FS added that this data is still being worked through and further information will be given as it becomes available.</p> <p>GMc advised that the month 1 figures were cause for concern and questioned whether this position is anticipated to remain in month 2. JT advised that whilst the figures may initially cause concern the Trust is reviewing the data set to ascertain whether this data is being interpreted correctly. The Trust will continue to monitor the data on a daily basis. JT confirmed that the pay spend will remain the same in month.</p> <p>RD requested that as the Trust's pay spend is currently 80% of the yearly budget that the agency spend is closely monitored to ensure that this is limited wherever possible. KF confirmed that the responsibility for managing the Nurse Bank has transferred under her remit and gave assurance that she would be looking closely at the current fill rates and how many staff are utilised from the nurse bank and how many are agency staff.</p> <p>GMc iterated that all Trust budgets need to be agreed and signed off as soon as possible as this should have been completed prior to year end.</p> <p>CIP Directors noted that CIP schemes are still to be identified and the Programme Board in June 2014 is seen as a key milestone to help close the gap. SC informed Directors that the responsibility of risk adjusting the CIP schemes sits with the division and not with the PMO. The divisions are presenting ideas to close the gaps but the pace of turnaround and implementation to get each scheme through the gateway remains a concern. SC identified her concerns and detailed the significant work that is still required.</p> <p>SL questioned if there were any obvious indicators to identify why it appears that the CIP has lost so much momentum and appears to have started again from the beginning. JT confirmed that the most obvious missing factor is the lack of suitably qualified business support staff. Measures are in place to review internal capability and options in the wider workplace.</p> <p>FS drew Director's attention to Appendix C of the Finance report which detailed the CIP position statement from the PMO.</p> <p>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.</p>		
	REGULATORY ESCALATIONS / ACTION PLANS		
14/142	Quality Governance Framework		

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	<p>SC presented the Quality Governance Framework (QGF) paper reminding Directors that the Board reviewed 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.</p> <p>SC invited Directors to call upon the work it had already completed to continue to assure individuals of the realities of the quality of care delivery at the Trust ,gleaned from involvement in C&C sessions, ward and department unannounced visits, IATs and other triangulated intelligence sources to inform the Board’s acceptance of the improvements forecast.</p> <p>PM advised that the internal audit team had only given a <i>limited assurance</i> recommendation to the CQC standard 16 (assessing and monitoring quality) departmental compliance report and expressed his concerns how this view may conflict with the Board acceptance of improvement. SB updated that some of the evidence that was presented to the internal audit team was not considered and this has been raised with them. Further feedback regarding the assurance level will be given via the next Quality Committee meeting. The division have produced an action plan in response.</p> <p>Directors NOTED the updated actions taken to deliver the trajectory to reduce the Trust QGF score further as indicated.</p> <p>Keogh PO presented the Keogh Review update paper drawing Director’s attention to the progress report relating to buddying arrangements with Newcastle.</p> <p>Directors expressed concern regarding the lack of pace of engagement relating to this “buddying” arrangement. PO assured the Board that the Trust is striving to move arrangements forward in every way possible and will discuss this lack of pace with Monitor at the next PRM.</p> <p>Directors NOTED the progress in respect of</p> <ul style="list-style-type: none"> • K3 Fluid Management • K8 Patient locations and patient moves • K14 Anaesthetists • K22 Medicine Management 	<p style="text-align: center;">SB</p> <p style="text-align: center;">PO</p>	<p style="text-align: center;">Mgmt action July 2014</p> <p style="text-align: center;">Mgmt action July 2014</p>
	<p>INTEGRATED PERFORMANCE REPORT (IPR)</p>		
<p>14/143</p>	<p>JT presented the Integrated Performance (Exception) Report giving an update on the Trust’s performance in April 2014.</p> <p>SB questioned why the key performance indicator relating to Cancer 62 day wait: consultant upgrade is red for Q1 and YTD. JT responded that</p>		

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	<p>Workforce KF presented the workforce element of the IPR bringing the following points forward;</p> <ul style="list-style-type: none"> • The workforce report given this month is presented in a new format. Feedback is welcome • The revised Trust Sickness absence policy has been agreed and accepted, by the Trade unions and will be implemented from 1 July 2014. HR staff members are currently liaising with the Trust's communications department to ensure that this new policy is cascaded effectively throughout the Trust supported by full training. It was acknowledged that some trade unions are still not agreeable to the changes made within the sickness absence policy. • CW raised concern regarding the level of overfills that are advised in the report and questioned how this occurs. SB confirmed that there has been a high incidence of 1-1 nursing during the past month and also the measurements are taken against the agreed nursing establishment which does not take in to account the investment in additional nursing which provides an additional nurse per ward. SB concluded that she would review the narrative pertaining to this matter in order for this measurement to be clearer to Directors. • Changes have been made to the appraisal method of calculation to exclude all staff that are on maternity leave and staff who are within their first year of employment, therefore the target for achievement has been increased to 98%. • PM questioned the accuracy of the data included in the sickness absence trends and themes regarding 1369 working days out of a total of 5034 (27%) working days were lost to sickness within the health care support worker group. KF advised that she would check this information and report back accordingly • PM questioned if the Trust can identify what causes the 18% of sickness absence relating to anxiety / stress. KF confirmed that it is not possible to identify the exact cause of this type of sickness although sickness absence in areas of significant change are monitored. <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>	<p style="text-align: center;">SB</p> <p style="text-align: center;">KF</p>	<p style="text-align: center;">Mgmt action June 2014</p> <p style="text-align: center;">June 2014</p>
GOVERNANCE , RISK AND ASSURANCE			
	MONITOR COMPLIANCE – REVALIDATION REPORT		
14/144	AH presented the Medical Appraisal and Revalidation report updating the Board on recent developments in revalidation both locally and nationally. Directors noted that the report also details the current position of the Trust's appraisal uptake. The report highlights areas where progress has been made and further work that will be required.		

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	<p>AH advised that the new revalidation process that is scheduled to be introduced will present a number of issues to the Trust's medical staff and is already bringing out a number of issues. AH assured Directors that the Trust is on track with our planning and measures are in place to recruit additional appraisers to support the proposed changes and changes have been made in appraisers PAs to reflect this commitment.</p> <p>AH reported that Board approval of the FQA statement of compliance is required before the end of August 2014. As the Board meeting in August has been cancelled Directors AGREED to consider the document again at the July Board of Directors meeting.</p> <p>TR questioned whether the doctor's appraisal system links to the corporate appraisal system. AH clarified that the doctor's appraisal system is a completely different process which takes into account the amount of complaints and compliments received for the doctor as well as 360° appraisal from patients and colleagues.</p> <p>Directors NOTED the contents of the report and AGREED to support the progress and planning for 2014 to support the new revalidation process</p>		
	SCHEME OF DELEGATION		
14/145	<p>SC advised that the Trust carried out a major overhaul of the Scheme of Delegation (SoD) as part of the FT application in February 2007, to reflect the national template. The SoD was last updated in February 2010 to reflect the updated Official Journal of the European Union (OJEU) limits and some job title changes.</p> <p>The OJEU limits, relating to tendering regulations, are changed every 2 years. They changed in January 2014 and, along with further job title / structure changes, this needs to be reflected in the SoD.</p> <p>The updated SoD was discussed at the 17th March 2014 Executive Team meeting and the 7th April 2014 Audit Committee and Directors NOTED that the revised SoD was attached to the board paper for reference with proposed changes to specific items highlighted throughout the document.</p> <p>Since the initial discussion by the Executive Team, the Business Intelligence and Information Technology Board (BI&ITB) have requested the same Capital Projects authorisation rights as the Commercial Development Group (CDG), as set out in Table B, Section 8 of the attached Scheme of Delegation. This is on the basis that both of these carry out similar project review processes, but for different types of projects, and both report to the Trust Management Board.</p> <p>Audit Committee have approved the proposed changes for submission to the Board of Directors, subject to the additional BI&ITB authorisation request being sent to the Executive Team for notification.</p>		

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	<p>The next proposed steps are for the Trust to carry out a further, full review of the SoD, Standing Orders and Standing Financial Instructions in July/August this year.</p> <p>During a review of the document the following proposals were made;</p> <ul style="list-style-type: none"> • SL requested that the operational responsibility pertaining to Item 20- Funds held on Trust (charitable and non-charitable funds) be considered again in light of recent workforce change. • SL advised that the Chief Executive’s annual leave is authorised by the Chairman <p>Directors AGREED the proposed highlighted changes to the Scheme of Delegation and NOTED that a further review will be undertaken in July 2014 alongside the review of the Trust’s constitution</p>		
	AUTHORISATION TO AFFIX THE TRUST SEAL		
14/146	<p>In accordance with the Trust Standing Orders and Scheme of Delegation the Board APPROVED the use of the Common Seal of the Trust on JCT Minor Works Contract 2011 documents between the Trust and Thomas Bow Ltd for the formation of car parking facilities on the old Dukeries Site at King’s Mill Hospital</p>		
	GOVERNOR MATTERS		
14/147	<p>SL advised that Colin Barnard had settled in successfully as Lead Governor and monthly meetings are to be held with the Chairman and the Company Secretary</p> <p>Directors NOTED the verbal update that was given</p>		
	ESCALATION OF ISSUES FROM TMB / BOARD		
14/148	<p>PO reported that there were no issues to be brought forward from the Trust Management Board that was held on 27th May 2014.</p>		
	AUDIT AND ASSURANCE COMMITTEE		
14/149	<p>RD informed Directors that the last Audit and Assurance Committee meeting was held on 22nd May 2014 and during the meeting a number of issues were highlighted. A request was made that these issues be brought to the attention of the Board.</p> <p>During the meeting it was agreed that the Audit & Assurance Committee could recommend to the Board that the action noted in the audit report as “ <i>The BoD should consider whether there is merit in asking the CoG formally to support the Vision and Strategic Direction for Newark Hospital</i>” was complete as it now stands</p> <p>It was recommended that a quality impact assessment and equality impact assessment should be completed with all future Trust consultations and the Board should be provided with a coversheet with a</p>		

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	<p>section contained for sign off.</p> <p>Directors noted that a limited assurance view was given in the Internal Audit report regarding the CQC Audit and a request was made that SB attend a future meeting of the Audit Committee to offer further assurance. SB responded that further evidence had been given to the Internal Audit Team following their opinion statement for further consideration.</p> <p>RD advised that the Bank and Agency staff audit that was completed in April 2013 still has recommendations and actions outstanding and concerns were raised regarding this issue. KF proposed that she meet with RD outside the Board meeting to discuss the Audit Committee concerns in greater detail</p> <p>Directors NOTED the verbal update given.</p>	KF	Mgmt action June 2014
	QUALITY COMMITTEE		
14/150	<p>PM reported that the meeting of the Quality Committee that took place on 22 May 2014 was the first meeting in the new format and committee members agreed that the level of the reports that were received was very high.</p> <p>The Quality Account was AGREED with only 1 amendment.</p> <p>Two Serious Untoward Incidents (SUI) reports were discussed at the meeting and assurance was given that a robust process is in place to review both issues.</p> <p>Discussions were also held regarding the early warning system and dashboard and the clinical audit forward plan was also considered.</p> <p>A detailed deep dive report was given pertaining to pressure ulcers which was very well received and detailed work that will be undertaken trust wide.</p> <p>A comprehensive Patient Experience report was also well received.</p> <p>Directors NOTED the verbal update given.</p>		
	FINANCE AND PERFORMANCE COMMITTEE		
14/151	<p>GMc advised that he had no verbal update to give following the Finance and Performance Committee that was held on 26 March 2014 as the relevant update had been provided to the May Board of Directors meeting</p>		
	CHARITABLE FUNDS COMMITTEE		
14/152	<p>TR advised that during the Charitable Funds Committee meeting that was held on 15 May 2014 the need to revise the Committee Terms of reference was identified. This action will be progressed by TR and KR.</p>	KR	Mgmt action June 2014

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	<p>Committee members spent a large amount of time discussing the process involving in the Charitable funds process rather than the productivity of the process and it was agreed that the Committee need to stop being reactive and use more time to plan and be more proactive.</p> <p>Agreement was reached that a tender will be issued pertaining to the management of charitable funds. It is anticipated that a robust process to ensure that this tender is successfully transacted will be put in place within the next quarter.</p> <p>The importance of a member of the Executive Team being part of the Charitable Funds Committee was discussed. PO added that he had discussed this requirement with JT as a large number of requests that are made to the Charitable Funds Committee need to be reviewed from a divisional priority perspective. Following further discussion it was AGREED that JT would join the core membership of the Charitable Funds Committee.</p> <p>During the meeting 3 strategic directions for the coming year were agreed as;</p> <ol style="list-style-type: none"> 1. Medical equipment and environment 2. Appeals and/ or campaigns i.e. healthy lifestyle 3. Health, welfare and education <p>CW requested that consideration be given for the Organ Donation Committee to be affiliated with the Charitable Funds Committee.</p> <p>Directors NOTED the verbal update that was given</p>	KR	Mgmt action June 2014
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/153	<p>In relation to agenda point 14 /133, patient story, PF advised that a more balanced story giving both good and bad examples of care would have been a little more beneficial but offered his congratulations on the good work to date.</p> <p>In relation to agenda point 14/140, Monthly Quality and Safety report, PF stated that he was encouraged to see an appropriate level of challenge particularly in relation to the low level of response to the friends and family test.</p> <p>PF concluded that he felt encouraged by the level of challenge presented by the NEDs and the evidence that there is no complacency amongst the Board as a whole</p>		
	COMMUNICATIONS TO WIDER ORGANISATION		
14/154	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		

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	<p>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"> • The Annual Report, Quality Account and Annual Account highlights • The high level of performance in the Trust Emergency department through a period of high activity and difficult times • The expectation of improvement in the sickness absence level following the implementation of the new sickness absence policy. • A “ thank you” to the 1000 + staff that have already attended the <i>Quality for all</i> sessions • A key message relating to CIP identifying the importance of driving out ideas and implementing them 		
	ANY OTHER BUSINESS		
14/155	There was no other business to report		
	DATE AND TIME OF NEXT MEETING		
14/156	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 26 th June 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 13.29 hrs.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>..... [Name of Chairman] Chairman</p> <p style="text-align: right;">..... Date</p>		