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 27th February 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 (SID)	GMc
	Mark Chivers	Non-Executive Director	MC
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Dr Peter Marks	Non-Executive Director	PM
	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:	Kerry Rogers	Director of Corporate Services /Company Secretary	KR
	Jacqui Tuffnell	Director of Operations	JT
	Yolanda Martin	Head of Communications	YM
	Lisa Bratby	Minute Secretary	LB
	Mike Shewan	Improvement Director, Monitor (Enc H only)	MS
	Denise Grieves	Lead Paediatric Nurse , A & E (Patient story only)	DG
	Richard Clarkson	A & E department leader (Patient story only)	RC
	Amanda Barrett	Patient story participant	AB
	Shirley Clarke	Head of Programme Management(Enc H only)	SC
	Keith Turner	Head of Estates and facilities (Enc O only)	KT
	John Kerry	Member of the public	JK

		Action	Date
	CHAIRS WELCOME AND INTRODUCTION		
14/037	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 Standing Orders.		
	DECLARATIONS OF INTEREST		
14/038	It was CONFIRMED that there were no new Declarations of Interest		
	APOLOGIES FOR ABSENCE		
14/039	It was CONFIRMED that apologies had been received from Peter Wozencroft and Ray Dawson		

	PATIENT STORY		
14/040	SB advised that the patient story this month was initially told by AB to one of the Trust's ward leaders who encouraged AB to tell the story to the Board as this was a good example of excellent service and great patient care. The patient story relates to the services that are offered by the children's and young people's element of the Trust's emergency department. DG advised that the children's and young people's department opened in September 2010 and forms part of the Trust's Emergency Care Centre. Between October 2012 & September 2013 the Emergency Department saw 91,693 new patients, 16,937 of which were children 0-16yrs who account for 18.5 % of the workload. The department provides a safe environment for children away from the adult department and works very closely with ward 25, the Trust's children's in patient ward and helps to ensure that the correct care pathway is put in place for each individual child or young person in line with the Trust's vision. The children's area provides facilities and treatment for all children 0-16yrs and although the department has a separate adult and children's area staff work together as one department to ensure the best care to patients and support staff. The children's department offers a dedicated waiting area for children and their parents including soft play for young children, a seperate adolescent waiting area and a paediatric resuscitation area within the main resuscitation area. The type of things that children present with, in the department, vary greatly between minor injuries and illness to burns and scalds, simple lacerations and wounds to fractures, sprains, & dislocations. The department works closely with a play specialist who assists with distracting children that are in a lot of pain using distraction techniques through play. DG advised that the department has a clear philosophy of care statement that was shared with Directors and is threaded through everything that is done within the department. Although the separate children's Emergency department is only open from 9.00am – 9.00pm there are 2 designated cubicles in the main A & E area outside of these hours. AB explained that the story that she wanted to share involved her daughter. AB's daughter became unwell on 9 December 2013 with similar symptoms to a stomach virus. However, these symptoms persisted for		

	3 weeks and AB's daughter became lethargic and she lost 7lbs in weight so eventually she presented at her GP's practice where she was advised to drink plenty of fluids and provide a stool sample asap. During the weekend of 27 - 29 December 2013 AB's daughter became increasingly unwell and a decision was made that she should visit the out of hours GP service. This visit resulted in advice to revisit her own GP within 24 hours This subsequent visit resulted in a prescription for diarrhoea medication but no follow up. By New Year's Day 2014 AB's daughter's symptoms were worsening and she was vomiting and in sheer desperation AB brought her daughter to the Children's' Emergency Department which turned this story in a different direction. Very quickly the first doctor that AB's daughter saw took a thorough family history and promptly requested that bloods be taken to begin investigations. Bloods were taken and following a shift change another doctor continued care and he reviewed the family history again. During the review AB detailed that there was a family history of Crohn's Disease and also wheat intolerance. Both doctors noted this history and implemented investigations and ruled out both of these issues and at all times kept returning to relay progress and put both AB and her daughter at ease. During the investigations further tests were carried out for coeliac disease and other inflammatory diseases. Advice was given to experiment with lactose free and wheat free diets and clear instructions of how to do this were given. On 23 January 2014 AB received a phone call from the Trust advising her to attend her GP's surgery as some of the additional blood tests were abnormal and also advising that an appointment had been made for AB's daughter to see Dr Worsley, one of the Trust's paediatricians, on 11 February 2014. The visit to her GP revealed that the blood results showed that AB's daughter had coeliac disease. AB concluded that now that her daughter has a diagnosis and a treatment plan she is returning to good health although her weight gain is very slow. AB informed Directors that the reason she wanted to share her story is that the care that was received at SFH was fantastic. Throughout this episode no one knew that AB was a nurse so she is assured that all patients are afforded this high level of care and her daughter was not treated any differently because her mum was an employee of the Trust. AB added that she witnessed utter compassion and care and is proud to be part of SFH PM expressed his concerns regarding the failings within the primary care setting and requested that the Trust implement a robust method of sharing these failings with our primary care partners to ensure patient pathways are of a high standard throughout. AH agreed that it is very important that this type of evidence is shared and stated that he would investigate the best way of establishing a forum between the Trust and	**AH**	**Mar/ Apr 2014**

	the CCG Directors discussed the added pressures that are caused for the Trust ,within the Emergency department, by patients that are not having their problems addressed by their own GP and feel that they must present through A & E to initiate investigations All Directors thanked AB for telling her story and all wished AB's daughter a speedy recovery back to full health. At this point DG, RC and AB left the meeting		
	KEOGH UPDATE		
14/041	SL proposed that as MS was in attendance, primarily to review the Trust's progress against the Keogh action plan that Enc H – Keogh update be taken at this point of the agenda. PO reminded Directors that Sir Bruce Keogh, NHS Medical Director undertook a review of the quality of the care and treatment being provided by those hospital Trusts in England which had been persistent outliers on mortality statistics. SFH was amongst the 13 Trusts that fell into the scope of this review. The initial Rapid Response Review (RRR) took place on 17th and 18th June 2013 and resulted in a report and risk summit which identified 13 urgent actions and 10 high and medium actions. An assurance review was undertaken by the Keogh panel on 4th December 2013 and following review of the evidence, the panel agreed whether they were 'assured', 'partly assured' or not assured' that the Trust had implemented the actions agreed following the initial RRR PO advised that where it was agreed that the Trust had fully implemented an action and the outcomes of that action were apparent, an outcome of 'assured' was recorded. Where there was evidence of progress with implementation, but implementation was not complete, the outcomes were not yet evident or it was too early to tell if the changes were embedded and sustainable, the panel recorded an outcome of 'partly assured'. Where there was no evidence that implementation had started, or significant concerns remained, the panel recorded and outcome of 'not assured'. The review assessed the Trusts 23 actions and recorded 6 as 'assured' and 17 as 'partly assured'. No areas were recorded as 'not assured'. The results are summarised below: 1. Complaints and support staff — Partly Assured 2. Nursing and medical staffing levels and nurse skill mix — Partly Assured 3. Fluid management — Partly Assured		

	4.	Strategic Direction	Partly Assured	
	5.	Newark Hospital strategy, facilities and governance	ASSURED	
	6.	Board development and development of a quality focus at Board level	Partly Assured	
	7.	Ward performance information and organizational learning	Partly Assured	
	8.	Patient locations and patient moves	Partly Assured	
	9.	Handovers	Partly Assured	
	10.	Patient experience	Partly Assured	
	11.	NEWS roll out	Partly Assured	
	12.	Whistleblowing policy	ASSURED	
	13.	Supporting structures and services	Partly Assured	
	14.	Anaesthetists	Partly Assured	
	15.	Staff development	ASSURED	
	16.	Communication with patients	Partly Assured	
	17.	Ability to rescue	Partly Assured	
	18.	Maintaining the pace of change	Partly Assured	
	19.	Governors	ASSURED	
	20.	Organisational learning	Partly Assured	
	21.	A & E	ASSURED	
	22.	Medicines Management	Partly Assured	
	23.	Infection control	ASSURED	
	The actions identified from the Assurance Review in December 2013 were consolidated with actions from the parallel CQC inspection and the PwC report in respect of quality governance. There are some areas where completion of the milestones has slipped. These are being addressed through the Quality Improvement Group weekly meeting where project leads are required to present: • Progress to date • Risks/Issues • Support required • Evidence of achievement • Processes used to provide assurance In order to ensure actions are embedded, specific actions in relation to nursing are raised and addressed through the Nursing Care Forum. PO advised that the milestone plan attached to the Keogh paper (Enc H) details the actions against a timeline which need to be implemented and sustained in order to ensure those areas previously recorded as partly assured improve to fully assured. PO said that once all of the actions have been implemented there will be an audit of the relevant areas to ensure sustainability is achieved and evidenced. PO drew Director's attention to the information detailed in the Keogh			

	report paper (Enc H) regarding the "buddying" arrangements that are part of the Trust's Special Measure conditions and advised that a visit is planned on 28 February 2014 for PO and SL to visit Newcastle Upon Tyne NHS Foundation Trust in order to develop the relationship and agree next steps. The buddying 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 Each work stream has an assigned responsible director: • Work streams 1 and 2, Director of Strategic Planning and Commercial Development • Work stream 3, Director of Operations • Work stream 4, Director of Corporate Services / Company Secretary The responsible directors will make contact with their respective counterparts at Newcastle to agree specific actions to progress the work steams and will report progress to the Executive Team meeting on 17th March 2014. During lengthy discussion the following points were brought forward. MC expressed his concerns that a number of actions had missed their original milestone dates and a number of actions are showing as "red" but narrative states that work has commenced. SC clarified that an action will not be moved from "red" to "green" until evidence is provided at the relevant divisional weekly meeting that the action has been completed. Updates are included on the plan when work has commenced but the status remains the same until completed. CW added that she did not find the milestone tracker helpful noting that a number of actions are marked as "amber" but the milestone date had passed with no date for completion plotted. TR added he considered the milestone tracker to be too operational and requested that the day to day information is removed. PO responded that as the Trust has a history of poor governance the milestone tracker was compiled as a good supporting tool and forms the architecture that holds all of the assurance plans together. If the Board , as a whole, is assured that the milestone tracker is a good operational tool then this will not be presented at Board level moving forward and a document more in line with CW and TR's recommendation can be provided. However, PO asked Directors to be mindful that if the milestone tracker is removed from the Board meeting then so is the evidence of progress. PM explained that considerable debate had been undertaken at the last Clinical Governance and Quality Committee (CG&QC) meeting		

	regarding how the evidence is captured to assure Directors that the action has been completed. PM questioned how the Trust plans to identify how the evidence is received by the PMO and also what plans are in place to offer assurance that once completion is achieved that the action remains continual. PM used the patient fluid balance as an example.	**SC**	**Mar/Apr 2014**
	SC responded that various audits are carried out to test all evidence provided and challenges pertaining to evidence and the actions are taken throughout the assurance process. PM requested that information relating to the evidence supplied to achieve "green" should be included in the milestone tracker. PO encouraged all NEDs to visit the PMO when they are at the Trust on business to challenge any area that they require more assurance of.	**All**	**Mar/Apr 2014**
	GMc proposed that the Board consider forming small working groups to challenge various pieces of evidence, through auditing to test the level of assurance. GMc and KR encouraged Directors to focus on the level of assurance that they can gain and not solely on the milestone tracker spreadsheet.		
	MC stated that it is not possible to plot a strategic process on an operational plan and whilst the Newark Strategic plan is assured questioned how the Executive Team felt about the other strategic plans. PO clarified that whilst the report produced from the 4 December visit indicates full assurance regarding Newark the Trust Board does not share this fully assured view.		
	PO reminded Directors that 7 separate strategies were presented at the January 2014 Board of Directors meeting and the implementation of all strategies is being progressed and the relevant communication plan is currently being devised. Work is also underway to ensure that the CCGs Better Together programme which links the Trust, Local Area Team (LAT) and CCGs visions together is reflected in all areas of the strategy implementation.		
	PO advised that the one outstanding issue for the Trust is currently the affordability of the Trust's PFI and it is anticipated that it will be March / April 2014 before the evidence that is required to address this issue is compiled.		
	Confirmation was given that KR, MC and PM had discussed the requirement to put the complaints process on the internal audit work plan for 2014/15.		
	PM questioned what the Trust's level of progress was regarding the implementation of NEWS. SB confirmed that this is now the recognised tool at the Trust for observations and is considered to be the best nursing metric , the implementation of which is clearly documented in the quarterly Quality and Safety Report.		

	CW questioned whether the Trust had successfully implemented the proposed change in handover time from 30 minutes to 45 minutes and if so had any improvements been apparent. SB confirmed that it is not possible to change the time of the handover as this will have an impact on the nursing establishment requirement and changes to shift pattern. The Trust is, however, concentrating on the quality of the handover and ensuring that it is better structured. A weekly forum is in place where all senior nurses meet to ensure that this process continually meets the high standards required. CW questioned what progress had been made regarding the partly assured patient experience action. SB confirmed that a buzzer audit has been undertaken and the Trust is currently in the process of changing staff uniforms so that it is clear to differentiate between staff members. SB identified that she considers the main challenges to be 3. fluid management and 8. patient locations and patient moves. GMc proposed that a number of the areas that had been noted as "Assured" or have achieved a "green" rating on the milestone tracker be audited. KF suggested that safe staffing be tested as extra nursing has been put in place to achieve this milestone but the staff survey results indicated that staff are feeling pressured to attend work when they are not well enough to do so which is not safe. SL concluded that a systematic way of gaining assurance be implemented. Directors REVIEWED the milestones plans and AGREED the appropriate actions are being taken to ensure 'fully assured' status will be achieved in the agreed timescale. Directors also NOTED the buddying agreement work plans, which have been agreed by our partner trust and submitted to Monitor for approval and also NOTED that this enables Newcastle Upon Tyne Hospitals NHS Foundation Trust to access up to £250,000 financial support as defined in the financial breakdown. At this point SC left the meeting The Board broke at this point for a break (11.15am) and reconvened at 11.25am.	**SC**	**Mar 2014**
	MINUTES OF THE MEETING HELD ON 30 JANUARY 2014		
14/042	Following review of the minutes of the public meeting held on 30 January 2014 the following amendments were proposed Page 7 – 14/010 – Paragraph 1 – Quarterly Monitor report – "JT confirmed that the Trust has a data quality team and external assurance is in place that the Trust information is thorough, robust and correct" should read "***JT confirmed that a data quality team will be established from a reallocation of the current information team roles from the PAS implementation.*** Internal and external assurance is in place that the Trust information is thorough, robust and correct."		

	Page 9 – 14/010 – Paragraph 5 – Quarterly Monitor report - "MC noted that the report contained a great deal of data ,which requires intense review to unpick the facts and requested that a high level review document , similar to the one presented at the September **2012** meeting, be prepared in future months for the ease of reading". Change 2013 to **2013.** Page 13 – 14/013 – Paragraph 1 – IPR - "JT responded that the increase in un-coded episodes has been partly due to a significant growth in FCEs from the previous months, the Clinical Coding Team attending mandatory Clinical Coding Refresher and Training Courses in **January** and annual leave over the December / Christmas period.". Change January to **December.** Page 13 – 14/013 – Paragraph 3 – IPR - "This is commencing from 22nd January 2014" should read "This commenced on 22nd January 2014" Subject to these amendments the minutes were APPROVED as a true and accurate record.		
	MATTERS ARISING / ACTION LOG TRACKER		
14/043	The Board REVIEWED the matters arising / action tracker document in detail. The following updates were AGREED **Action 19 / 20 – Regulatory Discretionary requirements – Keogh – Newark Strategy –** Directors accepted the update provided on the action log tracker and AGREED to change the status of this action as on track. **Action 29 / 30 - Regulatory Discretionary requirements – Keogh – Supporting structures & Services –** Directors noted that an update is scheduled to be provided in the private session of today's meeting. This action is therefore **COMPLETED** **Action 42 – CQC – Review of Colchester –** Directors AGREED that this action should be changed to "on track" as discussions remain ongoing with the Trust's Internal Audit team regarding the inclusion of this audit in the 2014/15 audit plan . JT informed Directors that cancer services as a whole are routinely audited annually.		
	CHAIRMAN'S REPORT		
14/044	SL presented the Chairman's report giving an update on progress, plans and regulatory developments. GMc questioned whether any specific issues were raised during the meetings with the local MPs that are detailed in the Chairman's report. SL confirmed that no concerns were raised and all MP's were very supportive of the improvements that they have seen although the Trust's PFI. the regulatory framework and the Trust's mortality figures remain high on their agenda		

	The Board NOTED the content of the written report and RECEIVED the verbal update.		
	CHIEF EXECUTIVE'S REPORT		
14/045	PO presented the Chief Executive's Report providing an update on the latest issues affecting the Trust. PO welcomed AH to the Trust following his formal appointment as the Executive Medical Director. PO provided a verbal update pertaining to his recent study trip to Ribera Salud in Valencia where he visited a Spanish hospital with representatives from the Trust's local CCGs, the County Council, Health Partnerships and other health providers. The visit was designed to consider innovative solutions for outcome based contracts and capitated budgets based on a significantly more integrated model of service provision where primary and secondary care partners work closely together. Clear lessons were learnt and plans are in place to continue discussions with the local CCGs to explore where the principles in the Valencia system could further enhance the Mid Notts "Better Together" programme. KF advised that further to the update provided in the Chief Executives report pertaining to the 2013 national NHS staff survey she was now in a position to share the results. KF explained that the results for SFH remain consistent with the previous year but other Trusts have shown an improvement. A more detailed comparison analysis will be provided at the next Board of Directors meeting. Directors noted that the level of violence and bullying experienced by staff from patients and colleagues and the pressure that they feel to attend work even when they are ill remains a concern Directors NOTED the content of the paper and specifically the verbal updates that were given.	**KF** **KF**	**Mar 2014** **Mar 2014**
	QUALITY , FINANCE , PERFORMANCE AND STRATEGY		
	QUALITY & SAFETY MONTHLY REPORT		
14/046	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 discussions the following key points were raised: • The Trust average length of stay (ALOS) in January 2014 was 6.81 days against a Trust target of 6 days. This shows a slight deterioration. Dr Foster analytical data confirms that the Trust's ALOS is 0.5 days longer than expected. Since April 2013, a number of service developments have been instigated and as a		

result of these changes it is becoming paradoxically more appropriate for length of stay to increase rather than decrease. It was noted that this increase was identified in a previous board paper so was expected.

- Directors acknowledged that the Trust HSMR headline position is on track with an HSMR of 102 which is within range reflecting the improvements made in 2013. PM added that a report that was given at the last CG&QC meeting was very impressive and the committee were assured that the Trust is on track with this element of work.
  AH confirmed that there are a number of projects in place to further reduce the Trust HSMR figures and embed good improved practice throughout the organisation. Work is due to commence shortly to regularly sample and audit 20 sets of deceased patient's case notes to ensure that clinical coding continues to improve. SB questioned whether the Trust would see any benefit to increasing the number of case notes audited to 40. AH clarified that the issue is the time required to complete a thorough review of the case notes and the grade of doctor required to carry out the audit and offered his assurance that this issue will be closely monitored

- PM advised that the infection control rates and the report of 30 *C diff* cases against a total year trajectory of 25 was also discussed at the last CG&QC. The inappropriate use of antibiotics was also discussed and assurance was given by AH that a specialist antibiotic pharmacist is currently in place as well as specific antibiotic ward rounds to ensure that this matter is audited appropriately.

- CW noted that the Trust's re-admission rates are currently just below 10% and questioned whether this indicates good results. JT confirmed that she had been unable to find a suitable benchmark to gauge the Trust's rates against but it is envisage that once benchmarking data is available that this will indicate that the Trust's re-admission rates are average. AH identified that there a number of influencing factors associated with patient readmission including patients that are not in the correct care environment and also a number of patients captured in this data who are expected readmissions such as patients that develop an infection after chemotherapy.

  JT advised that she was aware that a specialist team is currently being implemented to focus on patient readmission rates and the reasons that influence this

- Directors noted that the Vitalpac project is now underway and has the support of a designated project manager. Implementation of the system is currently planned for Spring 2014 and the specific timescales and milestones are being

	discussed at the Vitalpac Programme Board. MC questioned whether the Trust is pursuing compensation for the delay with this implementation. FS responded that she would investigate this matter and report back accordingly. GMc expressed his concerns that whilst a large element of IT training will be given ahead of the Vitalpac roll out individual behaviours cannot be trained and questioned how the Trust plans to address individuals who do not engage with the new electronic process. SB responded that a clear drive forward will be given by the Vitalpac Project Implementation Group, who will ensure that all of the basic modules are up and running and staff are fully engaged prior to introducing any additional modules. SB confirmed that the Vitalpac Project Implementation Group would like to undertake a presentation at a future Board meeting. A date for this presentation will be arranged in due course. • GMc requested that further information be given regarding the implementation of the investment in nurse staffing and the value for money indicators that have come forward in terms of patient benefits. SB replied that she would liaise with GMc outside the meeting to clarify this issue in greater detail. • SL advised that he had reviewed the last 10 complaints that had been received pertaining to poor attitude from staff and had been shocked by the content of these letters. SL requested that the commitment to address this type of complaint and deal with employee involved remains ongoing. Directors NOTED the contents of the report, the information provided and the actions being taken to mitigate the areas of concern.	**FS** **SB** **SB**	**Mar 2014** **May 2014** **Mar 2014**
	REGULATORY ESCALATIONS / ACTION PLANS		
14/047	**Governance Reviews** **KPMG** FS presented the Financial Governance paper advising that KPMG returned to the Trust in November 2013 to review progress against the actions set out in the action plan that was developed and submitted to Monitor in January 2013. During the November visit they also obtained evidence to confirm the completion of actions and meet with key officers to further confirm the completeness of actions and the process taken to manage the actions. The report confirmed that 18 actions out of 20 (90%) had been completed, with two being in progress. The two remaining actions have now been confirmed as completed, and this was reported to Monitor on 14 February 2014. FS explained that due to commercial sensitivity it is not deemed		

	appropriate to include the whole report, but below are the relevant extracts confirming completeness of the remaining two actions: "*The Trust had completed, at November 2013, 18 actions out of 20 (90%) with two being in progress, which would not be completed within the timeframe of this review:* *1) Forward looking financial reporting; and* *2) Finance restructuring / transformation.* *However, our subsequent review of those outstanding actions, in February 2014, has highlighted progress in these two areas and we now consider the actions complete subject to them being fully embedded and the Trust reviewing the effectiveness of the actions taken."* Following consideration Directors AGREED that the review carried out by KPMG has been satisfactorily completed. **PwC & QGF** KR reminded Directors that Monitor wrote to the Trust ,after the January 2014 progress review meeting, reiterating that the Trust has failed to meet its Discretionary Requirements with respect to quality governance, having been externally assessed in January 2014 (by PwC) as having a quality governance score of 4. This followed the Trust's declaration at the end of October 2013 that it considered its self-assessment score against the QGF as 3.9, below the threshold of 4 required by Monitor. The Trust informed Monitor it expects to achieve a score of 3.5 by the end of February 2014. Monitor expects the Trust to write to them with evidence of the improvement and the results of its self-assessment by the end of March 2014. To evidence this improvement a programme of confirm and challenge events have been arranged throughout the year to address the areas identified for improvement with the second session taking place on 13 February 2014. Directors reviewed the Monitor guidance in respect of the QGF where areas of best practice are detailed and following discussion concluded that a clear focus should be given to question 3a, Are there clear roles and accountabilities in relation to quality governance. It was identified that point 2 of the examples of good practice remained a concern and Directors discussed at great length what measures are already in place for "board to ward to board" working and what the differences are between wards , outpatients and ED. During discussions proposals were made that the Board consider improvements that could be made with 3c and 4a also. Following further debate the Board agreed to focus on question 3a. PO concluded that consideration regarding how the required improvements will be		

	implemented will be undertaken at the weekly Executive Team meeting Directors REVIEWED the evidence provided in the report and AGREED to undertake work to re-score the QGF questions identified. Directors identified the further actions which need to be taken to evidence improvements and ACKNOWLEDGED that monthly progress against the QGF score will continue to be provided to the Board of Directors to show progress and that the Executive Team/TMB will manage progress on a monthly basis to satisfy improvement. **CQC Update / escalations** SB reminded Directors that the CQC inspection of the Trust in June (26th) and July (8th, 9th, 10th, 17th, 18th) 2013 resulted in five compliance judgements, of which one indicated a 'warning notice' in respect of Outcome 16, assessing and monitoring of the quality of service provision. The Trust subsequently received a CQC follow up visit on the same day as the Keogh follow up on 4 December 2013. This CQC visit only assessed the warning notice. SB reiterated that the Trust currently has compliance actions against 5 of the CQC outcomes. The Trust has received confirmation that the Trust will be inspected under the new CQC regime and provisional soundings are indicating that this visit may be undertaken week commencing 21st April 2014. The CQC will use the new inspection to assess the Trust. It will be a comprehensive visit, spanning over a number of days utilising a team of 20+ inspectors and in hours and out of hours visits. Following the visit the Trust will receive a CQC rating of either outstanding, good, requires improvement or inadequate and a report will be submitted to Monitor and the Secretary of State. The Trust will have an opportunity to respond to the draft report. The Trust are preparing for a re-inspection around the new system and are currently developing a peer review process which will involve the Board and senior managers frequently visiting clinical and non-clinical environments to obtain their own assurance prior to a reinspection. This will build upon our successful IAT programme. Directors AGREED to consider what further assurance mechanisms (over and above what is currently in place) may be required by Board members prior to the CQC visit on 21 April 2014.	**PO**	**Mar 2014**
	FINANCE REPORT		
14/048	FS presented the Finance Performance report bringing forward the following salient points; • The year to date financial deficit is £19.3m.		

	• The Trust's year end forecast remains in line with plan (£23.3m deficit). This includes a clinical contract outturn assumption of £216m with our commissioners, encompassing all penalties and activity issues. This agreement is still being finalised. • A liquidity support application has been submitted to Monitor for our 2014/15 requirements. Feedback is still awaited and this will be key to informing our year end accounts view from external audit. As in 2012/13 a letter of support for the preparation of the Trust's 2013/14 accounts on a going concern basis is being discussed with DoH. • Following the withdrawal of the Integrated Care Record (ICR) programme funding by commissioners in January 2014, Commissioners have now re-funded £1m to the Trust to offset costs incurred and discussions are on-going regarding the balance of £2.5m. • The clinical contract discussions are on-going and there are almost-daily meetings to progress key items in order to try to meet the national deadline for contract signature of 28th February 2014. Directors NOTED the key headlines and risks and the actions being taken			
	INTEGRATED PERFORMANCE REPORT (IPR)			
14/049	JT presented the Integrated Performance (Exception) Report giving an update on the Trust's performance in December 2013. JT advised that as the Trust has already breached in terms of Monitor compliance for Q4 every effort will now be made to see as many patients as possible in an attempt to clear backlogs in all areas so the Trust will be in the best position possible at the start of Q1 2014/15. To support this drive all Service Directors have attended the Executive Team meeting to understand the importance of addressing performance issues. This important message will then be communicated to all levels within the respective division. CW questioned how the decommissioning of the sleep study service would significantly improve achievement of the 6 week wait for this diagnostic. JT clarified that this study will be undertaken in the patient's home rather than as an inpatient so more tests can be undertaken, therefore reducing the waiting time. Directors NOTED all points of the high level summary report and the progress / position to date. <u>Workforce</u> SL expressed his concerns regarding the high level of appraisals that are scheduled to take place during March 2014. KF confirmed that this high level is likely to relate to the volume of staff that are reviewed to go through their pay progression gateway in April 2014. Managers have been encouraged to schedule appraisals more evenly throughout the			

	year rather than a majority being undertaken in one month causing unnecessary pressure. Directors NOTED the month 10 position in relation to key workforce indicators and the actions being taken to bring performance back to plan.		
	SERVICE IMPROVEMENT STRATEGY / TRANSFORMATION AGENDA		
14/050	AH presented the Service Improvement Strategy / Transformation agenda paper for the Board's consideration and approval. Directors NOTED that the content has been informed by conversations held with Executive and senior management colleagues and discussions held at the Executive Team meetings on 27 January and 3 February 2014. The strategy has been structured using the NHS Change Model and the content has been designed to be consistent with the Trust's new Organisational Development Strategy, the Patient Engagement and Involvement Strategy and the soon to be refreshed Quality Strategy. The strategy incorporates proposals for a new service improvement capability framework, along with suggestions for identifying and addressing capability gaps within the management and the frontline workforce. It also incorporates proposals for how the Trust can better facilitate the development of a culture of innovation, in line with the ambitions outlined in the OD strategy. Directors were advised that a related paper was considered by the Trust Management Board on 24 February 2014 which included a business case for increasing programme management and service improvement resources to support delivery of the strategy and the Trust's Integrated Improvement Programme. Following discussions MC requested that consideration be given to simplifying the strategy prior to distribution to all staff so that the key messages are more evident and easily understood Directors NOTED the Service Improvement Strategy and requested that a further update be provided at the March 2014 Board of Directors meeting AH left the meeting at this point	**AH** **AH**	**March 2014** **March 2014**
	GOVERNANCE , RISK AND ASSURANCE		
	GOVERNING DOCUMENTS		
14/051	KR identified that it is necessary to amend the Trust's Constitution as it currently does not accord with the provisions of the Health and Social		

	Care Act 2012. The impact of the required changes to the Constitution means it is also relevant and timely to review the Trust's Standing Orders and other associated governing documents, which is a review that has already commenced in conjunction with the finance team who are reviewing the Standing Financial Instructions KR drew Director's attention to annex 1 of the constitution paper which detailed the key "desirable" proposed amendments in addition to the necessary / statutory changes, the requirement of the change and the current position. All changes have been discussed with the Council of Governors (CoG) and they are all in agreement that these changes should be made and where mitigating actions have been put forward these have been approved. Directors NOTED that a copy of the current changes to the Constitution is available on request from the Director of Corporate Services/Company Secretary. KR advised that a further update paper charting progress associated with the changes will be presented to the March Board of Directors meeting. Directors discussed the constitutional requirements pertaining to finances and it was clarified that any issue with a value less than £25m should not involve the CoG in the decision making process. However they will remain informed throughout the decision making process. Directors NOTED the work being undertaken by the Director of Corporate Services/Company Secretary and legal advisers to revise the Trust's constitutional suite of documents and AGREED to inform the Director of Corporate Services/Company Secretary of any issues to be considered in the revision of the constitutional documents.	**KR**	**Mar 2014**
	BOARD COMMITTEES - TRANSITION		
14/052	KR presented the Board Committees transitional arrangements paper and reminded Directors that the Board agreed at its December 2013 meeting that the evaluation of the corporate governance and assurance systems, controls and processes that deliver assurances to the Board had appropriately identified the need for a new committee structure. As part of that process, the Board approved the recommendation to make changes to the committee structures in order to address potential weaknesses. The new Trust Management Board meeting (TMB) has begun and the terms of reference for all of the sub committees have been agreed. The only element that is left outstanding agreement is the timing of the implementation. In line with the recommendation in the December 2013 Board report the role of the NEDs and EDs at Board committees was discussed and the following points were brought forward.		

	• GMc proposed that the Finance & Performance meeting should move to bi-monthly • PM reported that he did not think it was appropriate for NEDs to attend operational meetings • GMc expressed his concern that there may be a conflict of interest between his position as the chair of the Finance & Performance meeting and the vice chair of the Audit Committee • PM expressed his concern that as the volume of business that is currently on the Board agenda is so large, bi-monthly meetings may not be sufficient to address all matters and requested that consideration be given to sub committees being held monthly where it is deemed to be appropriate. PM recommended that the Quality Committee remain as a monthly meeting • PM advised that concern was voiced at the CG&QC meeting that assurance needs to be gained that the opportunity to call an interim or extra ordinary meeting be written into the Terms of reference • PM requested that he be consulted during the TMB agenda setting process to ensure that all quality issues are addressed on a monthly basis Directors discussed the timings of all meetings at length and acknowledged the high level of constraint that is placed on Executive Director's time in preparing for monthly meetings and ensuring that all reports produced are of the high quality that is required. The need to eliminate duplication in various forums was also noted. PO proposed that all sub committees are cancelled during the month of March 2014 and the new committee structure is implemented from April 2014 onwards. Approval was also given that the August 2014 Board of Directors meeting will be cancelled. Following further debate Directors AGREED that the new committee structure should be implemented from April 2014 taking into consideration the quarterly Monitor requirements in terms of reporting. Directors NOTED the content of the report and the need for them to individually determine how they will ensure the effectiveness of the new Committee structure and the information provided to Board to enhance decision making, focus and a forward looking orientation coupled with a deeper understanding of prospective risks. Directors APPROVED the governance and assurance transitional arrangements regarding NEDs attendance in line with the schedule detailed in the report. Directors ACKNOWLEDGED that monthly progress against the QGF score will continue to be provided to the Board of Directors to show progress and that the Executive Team/TMB will manage progress on a monthly basis to satisfy improvement	**KR**	**Mar 2014**

	The Board broke at this point for lunch (1.30pm) and reconvened at 2.00pm.		
	SMOKING FACILITIES		
14/053	KT reported that in November 2013 the National Institute for Health and Clinical Excellence (NICE) issued guidance that NHS hospitals and clinics should become completely smoke-free to create a culture where smoking is no longer considered culturally acceptable in health care delivery environments. They said that smoking shelters and other designated smoking areas should be removed from secondary settings as part of their smoke-free plans, because "We need to end the terrible spectacle of people on drips in hospital gowns smoking outside hospital entrances" KT iterated that the Trust is fully signed up to the sentiments expressed in the guidance and does not argue against them in principle. The Trust does wish to see smoking cease on our hospital campuses and will continue to promote the health benefits of quitting smoking with our patients and visitors and offering them practical help in doing so. However, we believe that this culture change is a long term project, that we will not achieve a smoke-free environment in the immediate term, and that in the meantime we should adopt a pragmatic approach that minimises the impact of smoking on the campus and gives us greater control over the situation than we have at present. KT advised that this proposal has been considered by the Council of Governors and the view was quite polarised with views varying from a total smoking ban with no shelters to acceptance that staff and patients that smoke are vulnerable, in times of stress, and needed the opportunity to smoke if they chose to. KT identified that the Trust needs to gain an element of control of the issue and rather than force people into corners, create places where they can smoke away from public view and minimise the impact on visitors, patients and staff. Stop smoking literature would be clearly displayed KT requested that the Board acknowledge the principles and intentions of the NICE guidance and accept the reasons and logic behind the Trust's departure from the guidance. PM stated that he could not support the Trust's proposal and the NICE guideline must be adhered to. Erecting smoking shelters would send the wrong message to users of the Trust and would appear that the Trust is supporting smoking and placing our patients at a higher risk instead of discouraging. PM questioned whether the Trust's clinicians had been consulted on this proposal. PO responded that clinicians had not been consulted specifically as this consultation was planned once a clear strategy had been agreed.		

	GMc advised that he could also not support the proposal and stated that the erection of the shelters goes against all of the Trust values. Smoking is not allowed in any other public place so why should it be encouraged at a hospital. PO clarified that the reason the proposal had been put forward was to address the issue and offer a solution to the sight of patients smoking outside the hospital in their night clothes. PM proposed that the Trust should invest in a strategy to help patients, staff and visitors to stop smoking. During a lengthy debate Directors discussed the issues with challenging patients and visitors that are smoking and requesting that they refrain or move and also the message that will be sent to the wider community if the shelters are erected. In conclusion PO withdrew the paper and stated that this issue would be reconsidered in the weekly Executive Team meeting KT left the meeting at this point	**PO**	**Mar 2014**
	GOVERNOR MATTERS		
14/054	KR advised that following the resignation of the lead Governor Craig Gunton-Day a private vote was held at the Council of Governors meeting held on 20 February 2014 and subsequently Colin Barnard has been appointed into this key role. KR updated that in addition to the lead governor ballot, discussions were undertaken pertaining to a governor's behaviour and possible breach of conduct and the governor concerned offered his resignation from his governor post on 25 February 2014. Measures will be put in place to recruit a replacement to this governor vacancy. KR advised that governor training remains ongoing Directors NOTED the verbal update that was given		
	DIVERSITY & INCLUSIVITY ANNUAL REPORT		
14/055	KF presented the Diversity and Inclusivity Report which provided the Board with an update on the achievements, progress and developments in relation to the Diversity and Inclusivity agenda. Directors noted that the report details the work that has been completed and activities necessary to ensure the Trust continues to meet the requirements of the Equality Act 2010 and the Public Sector Duty. The report highlights five key Objectives for 2014, which include but are not limited to the following; • Ensure the publication duties as outlined by the New Public Sector Duty are adhered to		

	• Undertake further analysis of data for service users, workforce and training data, to establish underlying trends and issues and take action where necessary • Continue to implement the Diversity and Inclusivity training for all staff • Engage with the local community, patients and employees to grade the Trust against the EDS2 goals and publish the self-assessment by 30th December 2014. • Review the Trust EDS Objective action plan in line with the self-assessment and update where appropriate. SL concluded that the report was very extensive and appears to detail much more than just diversity and inclusivity and is associated to the whole HR agenda. SL questioned whether more could be done regarding staff wellbeing. KF confirmed that the Trust already has a staff wellbeing committee which is currently reviewing the options available to drive the staff benefits and wellbeing agenda forward. This will, in turn, help to reduce sickness absence levels and increase staff morale. SL requested that an invitation to the next staff wellbeing committee be extended to him. TR requested that a review of the uptake of the currently available staff benefits be undertaken. Directors discussed various elements of the report during which it was identified that there are effective interpretation services in place for ethnic minorities such as the local Polish community. YM confirmed that data pertaining to disability and ethnic group is not captured when members of the public and staff members sign up to the Trust membership database so these demographics are not recorded for membership. KF acknowledged that a large number of staff are not comfortable with declaring a disability as they perceiver there may be potential consequences. MC drew Director's attention to the "age" data which indicates that the highest populated age group at the Trust is 45-49 and questioned whether the succession planning that is eluded to in the report is sufficient. KF confirmed that the majority of managers have adequate measures in place but acknowledged that a more robust succession planning process was required. Directors NOTED the Diversity and Inclusivity activities undertaken in 2013 and NOTED the priorities for 2014	**KF**	**Mar 2014**
	ESCALATION OF ISSUES FROM TMB / BOARD		
14/056	Directors NOTED that there were no issues to be escalated from the Trust Management Board meeting that was held on 24 February 2014		
	AUTHORISATION TO AFFIX THE TRUST SEAL		
14/057	KR advised that Board approval is sought for the authority to affix the		

	Trust seal on the JCT Intermediate Building Contract (Current edition) to formalise the agreement between Thomas Bow City Asphalt and the Trust for demolition of the former renal and Blandy ward and the formation of a staff car parking facility. Following consideration Directors APPROVED the use of the Trust seal		
	AUDIT COMMITTEE		
14/058	As RD had offered his apologies to today's meeting, no verbal update was given		
	CLINICAL GOVERNANCE & QUALITY COMMITTEE		
14/059	PM advised that details of the Clinical Governance & Quality Committee (CG&QC) that was held on 3rd February 2014 are clearly documented within the Monthly Quality and Safety report. The last meeting of the CG& QC was held on 26 February 2014 and during a verbal update PM brought forward the following points; • Updates were given regarding the progress of the Keogh action plan, the implementation of the ward assurance dashboard and CQUINS with a particular focus on pressure ulcers • Issues regarding the Trust ICNET were also discussed at length • A report regarding the Trust mandatory training levels and the plans that are in place to address the level of DNAs and low staff take up was received. It was agreed that if improvements are not seen following the implementation of the action plan then a further report must be presented at the CG&QC in 3 months' time • Good feedback following the Human Tissue Authority visit that was undertaken on 26 February was given. SB advised that improvements in governance, systems and processes were clearly evident • It was noted that the membership details within the terms of reference of the CG&QC did not include the CoG representative and the CCG representative. It was agreed that both of these roles were key and valuable to the membership and the terms of reference should be changed in line with this requirement. SB expressed her concerns that the CCG representative could be also involve in an external regulatory visit to the Trust which may in turn cause a conflict of interest. KR responded that she would investigate this matter and respond to SB in due course.	**KR**	**Mar 2014**
	RISK ASSURANCE COMMITTEE		
14/060	MC confirmed that as there was no Risk Assurance Committee meeting held in February therefore no update could be given in today's meeting.		
	FINANCE AND PERFORMANCE COMMITTEE		

14/061	GMc reported that the last meeting of the Finance and Performance Committee was held on 26 February 2014 and gave a verbal update bringing forward the following points • Assurance was received that the Trust's end of year position is on track • An update regarding the Trust's levels of sickness absence was given • Deep dive reports were presented regarding the pharmacy spend analysis and outpatient and theatre productivity improvement programme • The current CIP position was discussed and members noted that this was slightly lower than anticipated. The PMO will drive the required improvements forward • An update regarding the 2014/15 clinical contract position was received.		
	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
14/062	In relation to agenda point 14/053 , smoking shelters , JK stated that he had closely followed the Trust progress for the past 5 years and discouraged any step backwards to re-installing smoking shelters again . JK encouraged the Board to invest in other measures to assist people to stop smoking. JK encouraged the Board to engage with the police commissioner regarding the level of violence that is experienced by Trust staff and implement a zero tolerance policy. JK requested that Directors give consideration to the installation of a hearing loop within the meeting room that the Board of Directors meeting is held in so that attendees of the meeting who are hard of hearing can participate in the meeting fully.	**KR**	**Mar 2014**
	COMMUNICATIONS TO WIDER ORGANISATION		
14/063	PO 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 • The key Keogh messages including the Trust's readiness to change and not just the action that has been taken in line with the action plan • Celebrating success that is reflected in the local press , in house through the Trust's "Star of the Month" award and other new initiatives that had improved patient care • Sharing the patient story that is brought to the Board of Directors meeting each month		

	• As the Trust is due to implement the roll out of the "Quality for All" work the Service Improvement Strategy should be shared shortly after this to continue the drive forward. • The " Better Together" strategy and the contract negotiations between the Trust and the CCGs • The key financial messages, in snapshot form, to be shared with staff and the public PO concluded that consideration will be given to ensuring that all communication is undertaken via the best method possible.		
	ANY OTHER BUSINESS		
14/064	PO advised that although there had been a considerable amount of coverage in the national media regarding the appointment of ex M & S boss Stuart Rose, to lead a review of the 14 Trusts in special measures and the proposal that David Dalton, CEO at Salford hospital, should look at how best practice can be shared throughout the NHS, nothing had been received, to date at SFH pertaining to these plans.		
	DATE AND TIME OF NEXT MEETING		
14/065	It was CONFIRMED that the next meeting of the Board of Directors would be held on Thursday 27th March 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 15.15 hrs.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. …… …….. [Name of Chairman] **Date** **Chairman**		