

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on  
Thursday 5<sup>th</sup> September 2019 in the Boardroom, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Simon Barton	Chief Operating Officer	SiB
	Suzanne Banks	Chief Nurse	SuB
	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Clare Teeney	Director of People	CT

<b>In Attendance:</b>	Shannon Wilkie	Minutes	
	Sue Bradshaw	Minutes	
	Robin Smith	Deputy Head of Communications	RSm
	Rob Simcox	Deputy Director of HR	RSi
	David Selwyn	Deputy Medical Director	DS
	Charlotte Cooper	Senior Physiotherapist	CC
	Christian Brailsford	Matron - Critical Care Unit	CB

<b>Observer:</b>	Roz Norman	Staff Governor	
	Philip Marsh	Public Governor	
	Richard Shillito	Public Governor	

**Apologies:** None

Item No.	Item	Action	Date
<b>17/324</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, JM declared the meeting open at 09:10 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>JM welcomed Clare Teeney to the Board of Directors as Director of People.</p>		
<b>17/325</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Chair of the Integrated Care Provider (ICP) and Chair of the East Midlands Leadership Academy.</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p>		
<b>17/326</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	No apologies were received.		
<b>17/327</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
2 mins	Following a review of the minutes of the Board of Directors in Public held on 1 <sup>st</sup> August 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>17/328</b>	<b>MATTERS ARISING/ACTION LOG</b>		
2 mins	The Board of Directors AGREED that actions 17/243, 17/268, 17/294, 17/297.1, 17/297.2, 17/299.2, 17/302.1, 17/302.2 and 17/307 were complete and could be removed from the action tracker.		
<b>17/329</b>	<b>CHAIR'S REPORT</b>		
11 mins	<p>JM presented the report highlighting that SFHFT has been shortlisted for 'Trust of the Year' at the Health Service Journal (HSJ) awards, which is a great achievement. Representatives of the HSJ will be coming to visit the Trust and this will be an opportunity for SFHFT staff to showcase areas of excellence and innovation. RM will then be invited to an event in London where a presentation will be given to a panel of representatives from the HSJ, as part of the judging process.</p> <p>JM reminded the Board that the Trust Annual General Meeting is scheduled to take place on the 23<sup>rd</sup> September 2019 and encouraged attendance.</p>		

	<p>JM advised that currently discussions are being held to consider ways of further involving the Council of Governors (CoG) in the daily business of the Trust. One idea for this is to include a representative from the CoG to attend the patient focus group stage of Consultant interviews.</p> <p>JM also advised that the Governors are currently undertaking their appraisal process. In addition, three new Governors have joined the Council.</p> <p>JM reminded the Board of the upcoming mental health awareness day and suicide prevention day, both of which will involve activities and events being held in the King's Treatment Centre (KTC). Additionally, a mental health conference is being organised to take place at Newark Hospital. All staff are encouraged to attend and communications including details of the event will be circulated to staff in due course.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>17/330</b></p>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p>		
<p>16 mins</p>	<p>RM presented the report and informed the Board that the advertisement for the position of Director of Culture and Improvement was now live and thus far a good standard of candidates have shown initial interest in the role.</p> <p>The interviews for the position of Chief Nurse concluded on the 4<sup>th</sup> September 2019. RM stated that a decision had been made regarding appointment however this would not be shared with the wider organisation until week commencing 9<sup>th</sup> September 2019 to allow RM to inform each of the six candidates of the decision personally.</p> <p>RM highlighted the Trust being shortlisted for Trust of the Year by HSJ and felt that this had come as a result of the incredible improvements made by the Trust over the previous 5 years, particularly regarding quality of care, financial performance, culture and partnership working.</p> <p>RM advised the Board that risks discussed at the August 2019 Public Board meeting relating to increasing demand have not ceased and activity continues to grow, resulting in increased pressure on staff to deliver safe and timely care.</p> <p>RM highlighted the appendices detailing monthly performance for the Integrated Care System (ICS) and Integrated Care Partnership (ICP). BB advised that the ICP will hold public meetings going forwards and felt positive that this is a step to improve transparency and accountability.</p> <p>TR queried whether there is any apprehension amongst staff in the organisation regarding recent changes to senior leadership including the Director of HR &amp; OD, Chief Nurse, Clinical Chair for Medicine and potentially the Medical Director. RM felt staff are generally positive and optimistic however it is clear that the winter period will be a challenging one.</p>		

	<p>Additionally, there is excitement amongst staff for the upcoming Care Quality Commission (CQC) inspection, expected to take place at the beginning of 2020. RM highlighted the discretionary efforts of staff who go above and beyond to ensure delivery of safe and efficient care to SFHFT patients every day.</p> <p>SiB highlighted the cumulative impact on staff wellbeing of rising demand over recent years and stressed the importance of maximising support available to staff to improve this.</p> <p>CT explained her first impression of the general attitude of staff in the organisation as a positive one. CT stated she had received positive feedback from colleagues in both Nottinghamshire Healthcare and SFHFT since the announcement of her appointment.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/331</p>	<p><b>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</b></p>		
<p>8 mins</p>	<p><b>Advancing Quality Programme Progress Report</b></p> <p>SuB presented the report to the Board which had also been presented to the Quality Committee in July 2019, at which point 3 blue actions relating to campaign 5 were ratified.</p> <p>SuB explained action owners, who are invited to monthly AQP meetings, if their respective actions become overdue are becoming increasingly more engaged. As at the 11<sup>th</sup> July 2019 11 actions were overdue, relating to campaigns 1-4.</p> <p>The Board discussed 2 actions classified as ‘unable to progress’ and challenged whether this is correct or whether there is something blocking further progress being made. JM requested that the Quality Committee investigate further. BB confirmed that an action is currently on the Quality Committee tracker to challenge whether the actions are unable to progress.</p> <p>SuB informed the Board that the next report would include updated narrative to reflect recent changes to national reporting requirements.</p> <p>JM was concerned with an increasing amount of unofficial signage being used at KMH which is confusing for patients and requested this be addressed. SH added this concern had also been raised through the ‘Meet your Governor’ sessions. RM confirmed this issue had been discussed with Ben Widdowson – Associate Director of Estates &amp; Facilities, and is being addressed.</p> <p><b>Action;-</b></p> <ul style="list-style-type: none"> <li>• <b><i>Signposting and standards of temporary signs and notices to be reviewed, and issues addressed to ensure they are neat, professional and helpful to patients.</i></b></li> </ul> <p>The Board of Directors were ASSURED by the report</p>	<p>RSm</p>	<p>03/10/19</p>

<p>9 mins</p>	<p><b>End of Life Annual Report</b></p> <p>SuB presented the report which had previously been presented to Patient Safety Quality Group in July 2019. SuB advised SFHFT had been performing well in relation to targets surrounding EOL care which is due to increased funding from MacMillan Cancer support enabling additional staffing of the service.</p> <p>SuB highlighted work done in relation to the ReSPECT agenda as a key area of success. SuB also described the success of the Quality End of Life For All (QELCA) training programme which had been delivered to an initial cohort of 6 nurses.</p> <p>SuB advised SFHFT had participated in the National Audit for Care at End of Life and the results were positive with SFHFT performing above average in 7 of 8 domains.</p> <p>SuB informed the Board the biggest risk pertaining to EOL is the provision of the Specialist Palliative Care Team due to recruitment and retention issues. Resolution of this risk would be the main focus of the Better Together Alliance for 2019/20.</p> <p>The Board discussed targets to improve the number of patient's choosing a preferred setting to receive EOL care either; in the community, at home or in hospital. This work will subsequently impact capacity constraints in the community and in order to achieve the targets, recruitment and retention of community carers would need to be improved.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>12 mins</p>	<p><b>Safeguarding Annual Report</b></p> <p>SuB presented the report which had also been received by the Quality Committee and PSQG. SuB highlighted areas of success surrounding the safeguarding agenda over the previous 12 months.</p> <p>SuB informed the Board that a trial period of the service for domestic abuse, run by Women's Aid, had been successful and the service had been commissioned for a period of 12 months.</p> <p>A screening tool had been implemented in ED to aid identification of child sexual exploitation. This work has been quite innovative and is considered nationally to be best practice.</p> <p>SuB stated the Trust currently has 92 safeguarding champions.</p> <p>SuB advised the Trust had experienced success in the previous 12 months surrounding work relating to learning disabilities and this had been recognised by a nomination for a HSJ award. A newly recruited Learning Disabilities Nurse has joined the Trust and will be focused on promoting multi agency working.</p> <p>SuB highlighted work being undertaken by safeguarding and occupational health to improve staff health and wellbeing and advised that this is a priority in 2019/20.</p>		

	<p>SuB added that another focus for 2019/20 would be improving continued completion of Deprivation of Liberty Safeguards (DoLS) forms. This work is as a result of an audit which identified areas of governance requiring improvement.</p> <p>The Board discussed the scope of the safeguarding agenda within the NHS.</p> <p>TR recommended closer working relationships between freedom to speak up champions and safeguarding champions.</p> <p>MG enquired if risks were being balanced with regards to the child protection element of the safeguarding agenda and if a scheme similar to Street Health had been considered for this very vulnerable group. SuB advised discussions are being held at the Safeguarding Committee and the Children and Young People Partnership Board.</p> <p>JM queried whether the SFHFT safeguarding team is engaged with colleagues from partner organisations. SuB assured that SFHFT is well represented at a wide range of safeguarding platforms and forums and is considered to be engaged with neighbouring organisations.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/332</p>	<p><b>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</b></p>		
<p>5 mins</p>	<p><b>Guardian of Safe Working</b></p> <p>AH presented the annual report highlighting the exception reports received from August 2018 to August 2019. AH felt the current position is not dissimilar to that of previous years.</p> <p>AH advised there is an element of underreporting of safe working regulation breaches within the Trust and this worsens directly after Junior Doctor rotation. There are also a lower than desired number of work schedule reviews undertaken as a result of an exception report being raised. This issue is being discussed in the upcoming Local Negotiating Committee meeting.</p> <p>AH stated the length of time to respond to an exception report has increased in the last quarter and this position reflects the increased levels of activity within the Trust.</p> <p>AH informed the Board that the Guardian of Safe working left the post at the end of August 2019 and this position is yet to be filled, as per requirements of the 2016 Junior Doctor’s contract. Recruitment to this post is on-going.</p> <p>JM felt positive that work is being undertaken to improve the position further and a similar processes is also being developed for nursing and AHP staff.</p> <p>The Board of Directors were ASSURED by the report</p>		

<p>10 mins</p>	<p><b>AHP Strategy</b></p> <p>SuB presented the report which had previously been received in July 2019. Further developments to the strategy have since been made including inclusion of detail surrounding the breadth of engagement within the ICP and ICS.</p> <p>SuB assured the Board that over 50% of the AHP's in the organisation had been involved in the development of the strategy.</p> <p>SuB explained the KPI's which will be used going forward to monitor delivery of the strategy on a quarterly basis through Nursing, Midwifery and AHP board. A highlight report summarising performance against KPI's will also be provided to the Quality Committee.</p> <p>JM queried whether the Strategy had been discussed at ICP level. SuB confirmed the Nottinghamshire AHP Cabinet had suggested the SFHFT AHP Strategy be used to shape the wider system AHP strategy, which SuB felt was a positive step.</p> <p>The Board of Directors APPROVED the AHP Strategy</p>		
<p>3 mins</p>	<p><b>AOA Statement of Compliance</b></p> <p>AH presented the AOA Statement of Compliance detailing the process for medics' revalidation and appraisals. AH felt confident the system in place at SFHFT, summarised in the report, is strong. The system was deemed exemplar by the General Medical Council (GMC).</p> <p>AH advised that an external review of the system was undertaken in 2015 and another will be required in 2020.</p> <p>The Board of Directors APPROVED the AOA Statement of Compliance</p>		
<p>17/333</p>	<p><b>STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE</b></p>		
<p>19 mins</p>	<p><b>ICS Memorandum of Understanding (MOU)</b></p> <p>RM presented the report requesting the Board approve the MOU, as a statutory Board, of an organisation in the ICS.</p> <p>JM advised the aim of the ICS is to achieve a new way of working that is focused on the overall healthcare system, rather than individual organisations. JM felt it important to begin to consider the potential governance structures for this way of working, to enable SFHFT to influence decision making within the ICS and to help shape the system.</p> <p>RM emphasised system working is about behavioural change and structural change.</p> <p>JM enquired whether CT had witnessed similar conversations about shaping partnership working in her role at Nottinghamshire Healthcare. CT confirmed and advised that an important part of enabling both structural and behavioural change is having strong working relationships between organisations.</p>		



<p>5 mins</p>	<p>The Board discussed the importance of identifying a governance structure that clearly outlines accountability within the ICP and the ICS. PR felt positive that when individual organisations sign up to the ICS 5 year plan, this will be a shared goal for all partners which will improve system working.</p> <p>CW felt that individuals working across multiple organisations within the ICS would improve shared accountability and create a culture of shared responsibility amongst senior leaders in the ICS.</p> <p>RM advised that the key to being successful within the ICS is to ensure SFHFT continues to perform to a good standard, obtaining credibility from the regulators.</p> <p><b>Action;-</b></p> <ul style="list-style-type: none"> <li>• <b>The Chair and Chief Executive to agree an appropriate forum for the Board of Directors to further discuss the future of system working within the ICS and ICP.</b></li> </ul> <p>The Board of Directors APPROVED the ICS Memorandum of Understanding</p> <p><b>Financial Strategy</b></p> <p>PR presented the final SFHFT 5 year financial strategy which had previously been discussed in detail at both the Finance Committee and at the September 2019 Board Workshop. PR assured the Committee that consultation with NHSI had been undertaken and an external review of the strategy had been completed by Ernst &amp; Young.</p> <p>Following approval, the strategy will be communicated with the ICS to ensure consistency with the ICS 5 year strategy, which is currently being developed. Following this, detailed action plans will be developed to underpin delivery and performance which will be monitored through the Finance Committee.</p> <p>NG acknowledged that in recent years the focus within the Trust in relation to financial performance had been achieving control total and delivery of FIP targets and that moving forwards, resolving the underlying deficit would need to be a priority.</p> <p>RM stated that the estates strategy, which is currently being developed, would be discussed at the forthcoming Board Workshop and will link closely to the financial strategy as a result of the impact of the PFI contract on the Trusts structural deficit.</p> <p>The Board of Directors APPROVED the Financial Strategy</p>	<p>RM</p>	<p>03/10/19</p>
<p>17/334</p>	<p><b>PATIENT STORY – FRED’S STORY</b></p>		
<p>35 mins</p>	<p>CC and CB presented the patient story which related to work of the Critical Care Unit, specifically the follow-up clinic and the support this offers to patients.</p>		



	<p>The Board of Directors commended the dedication of staff in the follow up clinic for the psychological support offered to ITU patients and emphasised the benefits this has on the recovery of patients both physically and mentally. JM recognised the benefits of introducing physiotherapy and rehab to long stay patients at an early stage and queried if everything is being done to maximise this.</p> <p>CC confirmed that rehab and physiotherapy is introduced in the early stages of a patients stay, when required, however due to how acutely ill many patients in ITU are, it is not always possible for the patient to actively participate in the treatment.</p> <p>The Board discussed the outside area often used by staff and patients in the follow up clinic and inpatients on ITU and considered ways of making the area more fit for purpose.</p> <p>BB stated the psychological support offered to patients is often based on diagnosis rather than on a case by case basis and felt this could be improved.</p> <p>MG enquired if staff in the follow up clinic receive training to enable them to offer psychological support to patients. CB confirmed that staff in the area undertake a suitable course of training.</p> <p>JM thanked CC and CB for the presentation.</p>		
<p>17/335</p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>30 mins</p>	<p><b>ORGANISATIONAL HEALTH</b></p> <p>RSi advised that sickness absence had increased in month to 3.73% and acknowledged that the increasing demand within the Trust will likely have an impact on staff wellbeing. Nationally, the Trust benchmarks well for sickness levels.</p> <p>RSi informed the Board that week commencing 23<sup>rd</sup> September 2019 is 'wellness week'. This will involve promotion of health and wellbeing support available to staff, as well as the start of the annual flu jab campaign. RSi advised the concept of 'health hero's' will be introduced throughout the Trust with a designated person being a point of contact for an individual to signpost staff to support available.</p> <p>RSi assured that there had been a reduction in staff turnover in month, partly due to the number of starters being affected by the Junior Doctor rotation. RSi advised that exit interviews continue to take place and key themes from these are highlighted within the report.</p> <p>Dependency on temporary workforce had increased slightly over the previous month as additional staffing has been required to enable delivery of safe patient care during a busy period.</p> <p>RSi informed the Board the conclusion of trajectory work surrounding the NET impact of the overseas nurses recruitment campaign, had shown registered nurse vacancies are expected to decrease to below 10% in the coming months.</p>		

<p>CW queried whether a different campaign approach would be taken for the coming winter flu season. RSi advised that a similar structure of campaign would be used as it was very successful in 2018/19, however minor changes have been made. For example, intelligence suggests a small number of staff did not receive a vaccination due to an egg allergy therefore this year a number of egg-free vaccines have been purchased.</p> <p>RM advised that 81.6% of SFHFT staff received a flu vaccination in 2018/19 and did not feel that a significant improvement to this was possible. RM felt that encouraging more administrative staff to receive a vaccination should be the focus for the forthcoming winter period.</p> <p>TR queried whether vaccinations are offered to Medirest staff, Skanska staff and volunteers which RSi confirmed. BB and SiB emphasised the importance of encouraging patients and visitors to also receive vaccinations.</p> <p>JM queried whether there is work being done to resolve seasonal increases in staff sickness. RSi advised this is part of the winter wellness work being undertaken.</p> <p>The Board discussed the importance of staff health and wellbeing and anticipated further discussions to be had by MG and CT in the People OD and Workforce Committee. JM felt that a fresh perspective on the matter would have positive results.</p> <p><b>QUALITY</b></p> <p>SuB advised for the month of July 2019 there had been 3 serious incidents and 1 never event. SuB assured the Board that all incidents and never events are investigated in a timely manner with learning shared throughout the appropriate areas and key themes identified where possible. SuB assured the Board there is no evidence to suggest the incidents are as a result of additional pressure on staff due to increasing demand.</p> <p>SuB informed the Board there had been 3 incidents of Trust acquired Clostridium Difficile in July 2019 and no hospital acquired pressure ulcers. The number of falls per 1000 bed days remains below the national average. SuB advised that 20 international nurses had been successfully recruited to SFHFT.</p> <p>SuB informed the Board for the month of July 2019 the Maternity Unit had closed on 7 occasions, totalling 35 hours, due to staffing issues caused by acuity. A total of 7 women were affected by this and apology letters have been sent to each of them. BB queried whether the Birthrate Plus tool had been implemented yet. SuB advised the tool had been approved but was yet to be implemented.</p> <p><b>Action;-</b></p> <p><b><i>The Quality Committee to review the decision making process for closure of the Maternity Unit to make sure it's appropriate and robust.</i></b></p>	<p>SuB</p>	<p>03/10/19</p>
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**OPERATIONAL**

SiB advised ED performance in July 2019 was 88.9% making SFHFT 28<sup>th</sup> across the NHS, which is not a desirable position.

ED attendance remains at 10% higher than experienced in 2018 and attendances reached more than 10,000, in one month, for the first time ever.

SiB felt the organisation is performing well considering the current levels of activity. For reference, there were 1,000 more attendances to ED in July 2019 than experienced in January 2019.

SiB assured that there are 3 areas of work being undertaken internally to improve performance. These include; investment in ED nursing staff, the implementation of eBeds, which will improve the ability to effectively manage capacity in the organisation and a project to improve weekend flow which is being led by Anne-Louise Schokker – Consultant Geriatrician.

The Board discussed the organisations risk appetite in relation to access standards and agreed that the 95% ED target is ambitious whilst the organisation is experiencing such high levels of activity.

The Board discussed the performance of PC24, which is currently at 92% against the 95% 4 hour wait target, which the Board deemed to be an unacceptable level. GW expressed concern surrounding the oversight of management of the contractual obligations relating to PC24 as the contract is directly with the CCG. SiB assured the Board that along with Ben Owens – Clinical Director of ED, there is visibility of the contractual arrangements in place for PC24 and there are regular meetings held to discuss aspects of performance and staffing.

NG queried whether private sector support has been sought for the Cancer service, as the Trust has underperformed in this area for several consecutive months. SiB assured the Board that private sector support for this area is utilised wherever possible. SiB advised the Cancer pathway has been affected by a national shortage of urologists.

Also, current pension issues within the NHS have particularly impacted consultants in Endoscopy, which is an area of the Cancer pathway for the majority of patients and this further impacts performance.

BB recalled at a recent Board Workshop it was agreed the SOF would include SPC charts and recognised that this approach had not consistently been adopted. SH advised SPC charts were included on the dashboard but would encourage authors to include in the narrative of the report for the Board of Directors meeting in October.

**FINANCE**

PR advised the Trust YTD deficit, inclusive of non-recurrent sources of income, is £16.72m. This is £420k worse than plan. During the month of July 2019 a deterioration of £530k to the overall position occurred as a result of non-delivery of planned increase in FIP.

	<p>PR informed the Board that all non-recurrent sources of income for the year have been assumed in the plan, noting a level of risk due to dependency on the performance of the ICS for SPF and FRF receipt.</p> <p>The non-elective pathway is experiencing severe pressure and activity levels remain in excess of the agreed 7% above plan, resulting in an income variance that is £2.5m greater than expected at M4. As a result of this activity, agency spends increased slightly in July 2019 but remain within the NHSI ceiling YTD.</p> <p>PR advised 2018/19 PSF monies had been received in M4 resulting in a cash position £4.3m above plan.</p> <p>PR assured the Board that at present SFHFT is forecasting achievement of control total at year end whilst noting risks to delivery of the Outpatient Transformation QIPP scheme and the internal FIP programme. A line of sight for delivery of these programmes has been identified with actions being developed to close the risk gap.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>17/336</b></p>	<p><b>WINTER PLAN</b></p>		
<p>14 mins</p>	<p>SiB presented the report which assumes SFHFT will experience a 6% increase in demand over the winter period. The trajectory for delivery of the 4 hour wait target during this period is 90-91%.</p> <p>SiB assured the Board the winter plan had been developed using feedback obtained through the winter debrief sessions held from winter 2018/19.</p> <p>SiB advised 58 additional medicine beds would be opened for the winter period, consisting of both internal and private beds. 28 Surgical and Orthopaedic beds will also be converted to medical beds to further support additional medical activity.</p> <p>SiB highlighted risks surrounding workforce capacity and whether surrounding organisations have appropriate winter plans in place to cope with demand.</p> <p>SiB informed the Board the plan requires the entirety of the winter reserves and assumes maximum capacity possible for the Trust to take, for the space and staff available.</p> <p>RM emphasised the importance of repatriating a ward to MCH that is currently located at KMH before December 2019, to ensure the winter plan can be delivered.</p> <p>NG felt 6% growth is optimistic and enquired whether 10% is sustainable. SiB stated that 1% or 2% variance to the expected 6% increase may be possible to absorb, if further LoS schemes are activated, however higher levels of growth would not be sustainable.</p> <p>SiB assured that delivery of the plan would be regularly reported to Board through the SOF.</p>		

	The Board of Directors APPROVED the Winter Plan for 2019/2020.		
<b>17/337</b>	<b>ORGAN DONATION ANNUAL REPORT</b>		
4 mins	<p>SH presented the report, highlighting that although SFHFT actively promotes organ donation, there has been a decrease in people becoming an organ donor through SFHFT over the last year, however for the current year the Trust has already identified five donors who have gone on to donate organs.</p> <p>The focus for this year's organ donation week will be pending legislative changes that will make organ donation an 'opt out' system from April 2020. SH encouraged members of the Board and Public to visit the stall in the KTC at KMH for organ donation week.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>17/338</b>	<b>OUTSTANDING SERVICE</b>		
3 mins	A short video was played highlighting the work of the Library and Knowledge Service.		
<b>17/339</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation;-</p> <ul style="list-style-type: none"> <li>• Safeguarding Annual Report</li> <li>• AHP Strategy</li> <li>• Patient Story</li> <li>• Presentation on Street Health Project to the Nursing Times</li> <li>• HSJ Trust of the Year nomination</li> <li>• SoF</li> <li>• Winter Plan</li> </ul>		
<b>17/340</b>	<b>ANY OTHER BUSINESS</b>		
0 mins	No other business was raised		
<b>17/341</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
mins	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 3<sup>rd</sup> October 2019, Boardroom, Newark Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:09</p>		
<b>17/342</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

17/343	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
min	<p>PM enquired whether SFHFT has experienced an increase in patients from outside the catchment area, as a result of the hospitals improved reputation, and whether this has a financial impact on the Trust. AH advised there has been a slight increase in staff patients from the Bolsover and Derbyshire areas. PR assured PM the Trust receives income for all patients, regardless of where they are from. SiB advised this increase, although minor, is not ideal as it contributes to operational pressures.</p> <p>RM informed the Board there has also been an increase in staff joining the organisation from neighbouring Trusts and felt this reflects positively on the culture at SFHFT.</p> <p>No other questions were raised.</p>		