

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 3<sup>rd</sup> October 2024, in the Boardroom, King's Mill Hospital

<b>Present:</b>	Graham Ward	Acting Chair	GW
	Steve Banks	Non-Executive Director	SB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	David Selwyn	Acting Chief Executive	DS
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
Sally Brook Shanahan	Director of Corporate Affairs	SBS	
Phil Bolton	Chief Nurse	PB	
<b>In Attendance:</b>	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up Guardian	KB
	Terri-Ann Sewell	Research Operations Manager	TS
	Mark Bolton	Associate Director of Operational Performance	MB
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
<b>Observers:</b>	Peter Saunders	Grant Thornton	
	Jamie Waller	Notts TV	
	Nik Mahida		
	Debbie Kearsley	Deputy Director of People	
	Ian Holden	Public Governor	
	Jane Hildreth	Communications Specialist	
	Andrew Fooks	360 Assurance	
0 members of the public			
<b>Apologies:</b>	Andy Haynes	Specialist Advisor to the Board	AH

Item No.	Item	Action	Date
<b>24/305</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, GW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&amp;A function.</p>		
<b>24/306</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>24/307</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Andy Haynes, Specialist Advisor to the Board.		
<b>24/308</b>	<b>STAFF STORY – EXPECT RESPECT, NOT ABUSE - THE IMPORTANCE OF REPORTING STAFF ABUSE</b>		
16 mins	<p>RS introduced the Staff Story, which highlighted the importance of staff reporting abuse experienced from patients and families.</p> <p>GW expressed the view this is a very powerful video, which highlights the strong message from staff that incidents which are reported on Datix need to be followed up and appropriate support is put in place. It is important the Trust does everything possible to support staff and reduce incidents of abuse as far as possible.</p> <p>AR advised the Quality Committee receives reports about incidents and the actions being taken to support staff. Incidents can stay with members of staff for a long time, with some staff reporting flashbacks for up to 12 months after the incident. It is important to recognise the impact on staff and provide ongoing psychological care.</p> <p>RS advised the Trust has an action plan to tackle violence and aggression, which is reviewed by the People Committee. Consideration will be given to how this can be made visible to all members of the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Consider how the visibility of the ongoing work in relation to the Violence and Aggression Action plan can be increased for the Board of Directors.</b></li> </ul> <p>BB noted the need for timely support for staff.</p> <p>PB felt there is a need to be more consistent in relation to how incidents are managed, noting there are good examples of immediate wraparound support being provided, together with ongoing care, but</p>	<b>RS</b>	<b>07/11/24</b>

	<p>there are also examples of where people do not get that response. It is important not to normalise violence and aggression. Datix is a good mechanism to capture the learning from incidents, but this does not provide the timely support. There is a lot of work to do in this area. PB felt there are more incidents happening than are reported. Therefore, it is important to report all incidents, even if this is done retrospectively.</p> <p>DS expressed thanks to the colleagues involved in making the video for sharing their stories, acknowledging this would not have been an easy experience for them. When incidents are highlighted, the Trust does take action, noting there are occasions when letters are sent to patients and/or family members, describing the behaviours experienced by staff and the actions which will be taken if the behaviours continue.</p> <p>NM sought clarification how the actions being taken, and the timeframes, will be monitored. RS advised the Violence and Aggression plan is reported to the People Committee. It was noted currently all actions are on track.</p>		
<b>24/309</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5 <sup>th</sup> September 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>24/310</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 24/039, 24/108.2, 24/221.1, 24/252.1, 24/280 and 24/285 were complete and could be removed from the action tracker.		
<b>24/311</b>	<b>ACTING CHAIR'S REPORT</b>		
10 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, highlighting Staff Excellence Awards, Annual General Meeting (AGM), work of the Trust's volunteers and system level discussions.</p> <p>DS expressed thanks to the Communications Team for their work in organising the Staff Excellence Awards.</p> <p>DS advised Wes Streeting, Secretary of State for Health and Social Care, has expressed the need to cure the nation's 'sick society'. DS advised this will require behavioural changes to make the difference.</p> <p>BB advised the prevention agenda needs to be owned not just by the NHS, but by cross government. DS advised prevention is a long-term gain, but the current financial climate is very short-term. There is a need to recognise that conflict.</p> <p>MG felt the focus should be at the system level in terms of strategy, noting the need to look beyond prevention at the areas of focus and how actions will be delivered.</p>		

	<p>CH advised the mid-Nottinghamshire Place-Based Partnership have looked at different stages of life and have workstreams related to living well and aging well. SFHFT is looking to strengthen its action plan within those areas, working with local authority leads. Reports on progress will be provided to the Partnerships and Communities Committee. The Trust's strategic plan in relation to prevention will be incorporated into the session being planned for the Board of Directors development session in November 2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>24/312</b></p>	<p><b>ACTING CHIEF EXECUTIVE'S REPORT</b></p>		
<p>20 mins</p>	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, highlighting operational pressures, performance update, settlement of the dispute between the British Medical Association (BMA) and the government, noting the term 'junior doctors' has been replaced by 'resident doctors', implementation of Martha's Rule, flu vaccination campaign, health and social care workers eligibility for Autumn Covid vaccine, partnership update, Step Into the NHS event, Community Diagnostic Centre (CDC) update, Thirlwall Inquiry response and review of Board Assurance Framework (BAF) Principal Risk (PR) 7, Major disruptive incident.</p> <p>BB referenced previous challenges in terms of identifying staff uptake of the Covid vaccination and queried if this will be an ongoing challenge, noting the Trust no longer hosts a vaccination centre. DS advised national data in relation to the uptake of the vaccination will be available, but this will not be available at an organisational level. The Integrated Care Board (ICB) are doing some work in terms of targeting age groups, etc., but not specifically for Trust colleagues.</p> <p>RS advised the Trust will attempt to access as much data as possible, noting data in relation to uptake across Nottinghamshire should be available.</p> <p>BB noted the work underway with Newark and Sherwood District Council to improve hospital discharge, and work previously started with Mansfield District Council, and queried if there are any plans to work with Ashfield District Council. CH advised the recent workshop was targeted to Newark and Sherwood as it was felt the Trust did not have the right relationship with them. A further workshop is planned with Ashfield District Council.</p> <p>AR expressed the view there are a number of 'revolving door' patients, i.e. patients who present at ED multiple times, and queried if the Trust has identified this group of patients with general practice and taken action to reduce the number of attends. DS advised the Trust has information in relation to frequent attenders.</p> <p>SR advised the Integrated Care System (ICS) are starting to do some work in relation to the group of patients who are at high risk of admission due to their condition deteriorating, particularly in relation to respiratory and heart failure. A primary and secondary care interface group has been established and the first project, which is nearing a</p>		

	<p>conclusion, was to identify ways of working better with primary care colleagues. The group is now considering the next steps, which includes developing discussions in relation to what action can be taken in relation to respiratory and heart failure.</p> <p>DS acknowledged the concept of being more proactive in working with primary care to identify patients likely to present multiple times to ED, in order to trigger a preventative review with primary care. This is an idea which is worthy of discussion with the Primary Care Network (PCN).</p> <p>PB advised the Trust has a high-volume service user team, which has a caseload of patients they work with, linking in with GPs, partners, etc. in terms of admission avoidance.</p> <p>SR noted there are pockets of work underway and there is a need to consider how this is pulled together.</p> <p>MG referenced some work undertaken approximately two years ago in relation to waiting times and the impact of inequalities and queried if it was possible for an update to be provided. RE advised an update would be prepared and reported to the Quality Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update on waiting times and the impact of inequalities to be provided to the Quality Committee.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	RE	05/12/24
24/313	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
8 mins	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the service user voice, Safety Champion walkarounds, challenges faced in relation to estates within the community, recruitment to the role of Intrapartum Matron and Matron within the Children and Young People Service, Maternity and Neonatal Delivery Plan, NHS Resolution (NHSR) Maternity Incentive Scheme Year 6, Care Quality Commission (CQC) peer review and NHS England (NHSE) Perinatal Culture and Leadership Programme.</p> <p>AR sought clarification in relation to how progress against the ten safety actions will be monitored. PS advised the Perinatal Assurance Committee manages the evidence, actions, etc. and reports to the Quality Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		

<p>19 mins</p>	<p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting the deep dive into third and fourth degree tears, low number of complaints, emerging workforce challenges and deep dive into elective caesarean sections. It was noted there were four suspensions of service in August 2024.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Learning from Deaths</b></p> <p>SR presented the report, highlighting Summary Hospital-Level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR), changes to the Dr Foster model (HSMR+), ongoing work in relation to improving coding, deep dives into Cumulative Sum (CuSUM) alerts, data in relation to place of death, Structured Judgment Review (SJR) process, coronial process and next steps.</p> <p>SB referenced the work looking into deaths due to alcoholic liver disease, noting the introduction of the fibroscan provision to primary care, and queried if this scan will eventually lead to a reduction in the number of deaths and better outcomes for patients.</p> <p>SR advised the fibroscan is an important part of diagnostic work, which can then lead to a preventative strategy for those patients. In terms of timeliness of these scans, there are community-based facilities in the local area, which care for this particular group of patients, and this may influence the flow into the Trust. However, if liver disease can be identified earlier, and appropriate actions be put in place, that will slow down the development of liver cirrhosis.</p> <p>DS advised historically the fibroscan equipment was funded by charitable bids. The Trust is involved in the cross-system alcohol liaison group, which is looking at harmonising resources. SR advised the early part of the liver disease pathway will be delivered in the community. However, there is a need to consider how the Trust can make every contact count by intervening in something which may not be the main reason for seeing the patient.</p> <p>MG noted the data in relation to place of death and queried if there was any learning which could be taken from other trusts regarding this. SR advised the Trust is learning from other organisations and there is a system-wide group looking at end of life care and care planning.</p> <p>BB requested future reports include a rolling death rate for alcoholic liver disease.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Rolling death rate for alcoholic liver disease to be included in future learning from deaths reports.</b></li> </ul> <p>BB noted the care bundle in relation to liver disease had not had the desired outcome and sought reflections on this.</p>	<p>SR</p>	<p>03/04/25</p>
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	<p>SR advised care bundles are sometimes introduced as it is felt they are a 'good thing' but sometimes there is no evidence base to support this. There is a need to review the care bundle with the Gastroenterology Team.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Liver disease care bundle to be reviewed with the Gastroenterology Team.</b></li> </ul> <p>DS noted the forthcoming introduction of HSMR+ and while this is still 'work in progress', DS queried if the initial data provides more or less assurance in relation to the work the Trust is undertaking.</p> <p>SR advised the initial data shows a significant reduction in the Trust's HSMR rate. However, there is currently no information in relation to how the Trust's position relative to other organisations is impacted, noting there are indications the change will have more of an impact on SFHFT than other organisations. The significant change is the removal of palliative care.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>SR</p>	<p>7/11/24</p>
<p>24/314</p>	<p><b>STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b></p>		
<p>17 mins</p>	<p><b>Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual report</b></p> <p>PB presented the report, highlighting the vacancy rate, Trainee Nurse Associate Programme, agency usage, recruitment to the role of Chief Nurse Clinical Fellow for Safer Staffing, developing the Allied Health Professionals (AHP) workforce, establishment reviews and challenges in the Maternity Team.</p> <p>PS advised the vacancy rate in Maternity has reduced. However, there is a significant amount of Maternity Leave within the team. Short-term mitigations are in place, but there is a need to focus on long-term planning in order to support the workforce.</p> <p>SB advised the report had been presented to the People Committee, who were assured by the report. However, the Committee did have concerns in relation to the long-term sustainability of midwifery staffing, as well as speech and language therapists and operating department practitioners.</p> <p>BB queried if the report includes pharmacy staffing. PB advised pharmacists are not AHPs. As a result of previous discussions by the Board of Directors, a report has been presented to the People Committee in relation to this group of staff to provide visibility and assurance.</p> <p>BB queried if it was possible for pharmacists to be included in future reports, noting the requirement to have the right workforce in place at the right time. PB advised the paper is a statutory paper and there are very clear guidelines as to what it can and cannot include.</p>		

	<p>DS advised a piece of work in relation to pharmacy has been undertaken and reports in relation to the Future Pharmacy Programme have been presented to the Quality Committee and People Committee. However, consideration needs to be given as to how the Board of Directors can be provided with visibility of broader staffing groups. RS advised there is the need to consider all professions, including administration and clerical.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Consideration to be given as to how the People Committee and Board of Directors can be provided with visibility of broader staffing groups, not covered in the Nursing, Midwifery and AHP Staffing report.</b></li> </ul> <p>NM noted the current workforce in midwifery is younger than it has been previously and sought assurance the base assumptions used to calculate headcount and cover are correct. NM noted the 24/7 provision in terms of place of birth will have an impact on headcount and queried if this is a mandated or aspirational service. NM referenced the role of the Maternity Support Worker and noted the Trust is looking to support all Band 2 healthcare support workers (HCSW) employed within maternity to progress to Band 3, in line with the Maternity Support Worker Competency, Education and Career Development Framework. NM queried how much midwifery time would be released if this was put in place, noting not all the clinical work in maternity services is required to be undertaken by midwives.</p> <p>PB acknowledged there is also the need to consider if the amount of 'headroom' in the establishment is sufficient to manage all mandatory training requirements. PB advised the Trust uses the BirthRate Plus tool to provide an evidence-based benchmark for the establishment setting process.</p> <p>PS advised maternity is an integrated unit at SFHFT, with no standalone midwifery service. Therefore, the options for place of delivery are hospital or home and the Trust has to provide that provision. Community services are currently more challenged due to the percentage of maternity leave. However, mitigations are in place. There is a need for some wider work in relation to increasing headroom. In terms of progressing Band 2 HCSW to Band 3, BirthRate Plus sets a 20:80 unregistered / registered workforce and the split within the Trust is currently at that level. The Trust is working with the BirthRate plus team to potentially bring forward a review, which is not due for another year, to look at the Band 2 to Band 3 transition. However, this will not release much more midwifery time as it is already built in.</p> <p>MG noted the report provides assurance about the past and present, but felt more information is required in relation to what is being done proactively to identify potential fragile areas and any actions being taken at a system level. RS advised the forward look can be included in future reports.</p>	<p>RS</p>	<p>07/11/24</p>
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<p>23 mins</p>	<p>SB noted that the training period for resident doctors working less than full time hours will be extended and queried if there is anything which can be done to address this. SR advised the training is competency-based programmes, which are not time defined. If there is an increasing number of trainees working less than full time hours, who are not at work on particular days of the week, they may miss elements of the training. Therefore, there is a need to be flexible when training is offered.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Freedom to Speak Up (FTSU)</b></p> <p>KB joined the meeting.</p> <p>KB presented the report, highlighting the findings of the National Guardians' Office (NGO) FTSU Reflection and Planning Tool, FTSU Champions event, proactive engagement with FTSU from specific divisions who have requested help, Leadership Development Programme, FTSU Guardian resource / capacity and improving visibility of FTSU to the workforce. It was noted the actions arising from the NGO FTSU Reflection and Planning Tool will be monitored by the People Committee.</p> <p>AR queried if the concerns raised by colleagues from an ethnic minority background differed from other concerns raised. KB advised the majority of all concerns relate to worker safety and wellbeing and attitudes and behaviours. There are no discrimination concerns being raised.</p> <p>NM noted some of the issues raised relate to poor leadership and dealing with issues in a timely manner, and the fact it may be 2-3 years before the training in relation to handling difficult conversations has been rolled out, and queried what action can be taken to shorten this timeframe and ensure all frontline managers are dealing with issues in a timely manner.</p> <p>SBS advised the outcome of tool has been shared with colleagues in HR and a meeting has been arranged to discuss what support is available to ensure people are responded to in the correct way when they raise concerns.</p> <p>RS advised all new leaders joining the organisation are expected to attend a leadership fundamentals course which is aimed at ensuring new leaders are trained and supported and have the necessary skills. 80%-90% of colleagues attend this training within their first 6 months of employment. In addition, there are other leadership opportunities available.</p> <p>MG noted the theme of behaviours exhibited and queried if positive and negative behaviours are outlined in the Trust's values. RS advised the Trust's CARE values were relaunched in 2023 with the 'We CARE' description which outlines how individuals are expected to behave.</p>		
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	<p>BB queried how FTSU works in conjunction with other initiatives across the Trust, for example, the cultural heatmap. BB noted when FTSU is mentioned, people immediately think of KB as the FTSU Guardian. However, FTSU needs to be organisationally owned and reach into all areas of the Trust. BB queried if KB is feeding into the right level within the people structure. SBS advised KB reports into the People, Wellbeing and Belonging Subcabinet, together with reporting to the People Committee and the Board of Directors on a 6-monthly basis. Consideration is being given to KB also reporting to the People Cabinet.</p> <p>DS noted the need to capture more meaningful data in relation to the impact of FTSU. DS sought clarification regarding the interpretation of the national benchmarking of FTSU concerns raised. KB acknowledged this is a crude data point taken from the NGO's data. DS requested KB ask the NGO for some tangible metrics in terms of the impact of FTSU.</p> <p>RS noted the need for the Trust to learn from colleagues' experience of speaking up and what action was taken as a result. KB acknowledged the need to close the feedback loop.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Tangible metrics for Freedom to Speak up, in terms of impact, to be requested from the National Guardians' Office.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p> <p>KB left the meeting.</p>	SBS / KB	06/02/25
24/315	<b>STRATEGIC OBJECTIVE 4 – CONTINUOUSLY LEARN AND IMPROVE</b>		
16 mins	<p>TS joined the meeting.</p> <p><b>Research Strategy Update</b></p> <p>TS presented the report, highlighting recruitment, open studies, finance, patient experience, strategy update and how the studies fit into the strategic goals.</p> <p>AR noted the Trust had not been selected for a large maternity study and queried if the Trust had received any feedback. TS advised the Trust fulfilled the entry criteria. Three applications were made for this study and the feedback each time was that the study was closed to new sites. However, on checking the database, these studies were still showing as open. This has been challenged and they are now closed to new sites. AR felt it would be useful for the Trust to build academic links as this may help strengthen bids.</p> <p>SR noted the Principal Investigators (PI) do not have the time to undertake studies and queried if this is mainly from a medical perspective. TS advised this is across the board. Some studies are in depth and require a lot of PI input, whereas the researchers can do the work for other studies and just require sign off by the PI.</p>		

	<p>The Board of Directors were ASSURED by the report.</p> <p>TS left the meeting.</p>		
<p>24/316</p>	<p><b>STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE</b></p>		
<p>35 mins</p>	<p><b>Financial Improvement Performance 2024 / 2025 Update</b></p> <p>RM presented the report, highlighting efficiency targets, efficiency forecast, de-risking exercise, governance changes, discretionary spend controls, vacancy control process, Quality Impact Assessment (QIA) process, actions being taken to translate non-recurrent savings into recurrent savings, Investigation and Intervention (I&amp;I) process and improvement in productivity.</p> <p>MG requested sight of recurrent and non-recurrent savings in percentage terms to enable this to be tracked. MG noted the Trust’s Financial Efficiency Programme of £38.5m and queried what part of that figure is cost controls, and hence what are the risks to safety and quality, what part is efficiencies and what part is transformational. MG sought assurance on the effectiveness of schemes and the deliverability of them, including if there are adequate governance arrangements in place. MG noted QIAs are being completed for each scheme, but queried if there was anything strategic at a programme or thematic level, particularly in relation to stakeholder expectations.</p> <p>GW advised there is a need to understand the potential impact of FIP activity across the system on the Trust. NM advised the Finance Committee agreed recurrency of savings is the key theme.</p> <p>RM advised information in relation to recurrent and non-recurrent savings will be reported to the next meeting of the Finance Committee. The 2025/2026 planning process starts in October 2024. As part of the budget setting principals, there will be an expectation to transact a higher proportion of efficiency savings from the budget. GW noted it would be useful to understand the full year effect of recurrent savings which are identified for 2025/2026, noting there will not be the full year effect for 2024/2025.</p> <p>RM advised predominately the savings are either cost control or revenue related. Support will be provided where there are transformation schemes which may change services in future years and lead to efficiencies. There is a need to ensure the Trust is ‘doing the right things’, taking the right actions and following the processes which are in place. Progress is monitored by the Finance Committee. However, there is also a reporting line in the governance structure to the Quality Committee from the Financial Recovery Cabinet. An update on the Efficiency Programme is provided to the Executive Team each week, which provides the opportunity to raise any concerns about the potential impact on quality and safety of any proposed actions.</p> <p>DS advised the executives jointly own the delivery of the year end position, which is across the portfolios of all the executives. There is robust challenge, but clinical safety is prioritised.</p>		

	<p>MG queried if the processes included a stakeholder process of identification, understanding of expectations, management, action plans, etc., risk assessments and QIAs. RM advised there is a QIA in every scheme which is completed and signed off by the divisional triumvirate. The programme leads are brought together in weekly meetings, which provides the opportunity for cross checking by different stakeholders.</p> <p>DS acknowledged the difficult balance between quality and safety, operational pressures and financial sustainability. A half year update will be provided to the Board of Directors in November, which will incorporate the financial position and quality and operational metrics.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Half year update, incorporating the financial position and quality and operational metrics, to be presented to the November meeting of the Board of Directors.</b></li> </ul> <p>BB queried if the Trust has visibility of QIAs completed for schemes in the system which may impact on the Trust. PB advised he is assured by the internal QIA process, but is less assured by the system process. GW advised he has escalated this issue to the ICB. RE advised there are a number of large schemes underway across the ICS, which may impact on capacity over Winter, and she has not had sight of any QIAs. The process is in its infancy, but there is a need to have sight of QIAs. This issue is being escalated at every opportunity.</p> <p>CH advised every financial improvement project has a Project Initiation Document (PID) which captures information relating to stakeholder expectations, risks and actions. Each project is reviewed at the weekly meetings to check it is delivering and is on track and if any additional support, changes, etc. are required. The majority of projects are cost reduction projects rather than transformational. However, some of the earlier projects are being closed down and the resource to run those projects is being used differently, to look at high-cost services. This is where the transformation projects will start to come alive. DS advised it is important to note transformational schemes take a long time to enact and are, therefore, multi-year projects.</p> <p>AR queried what the benefits are of being a foundation trust and queried if SFHFT had reached out to other foundation trusts to establish if they are able to generate income on a different basis which allows use of the foundation trust status. GW felt this is an area for the Executive Team to explore further and report findings to the Finance Committee.</p> <p>GW requested an update on financial improvement performance be provided to each Board of Directors meeting. In addition, financial improvement to be included on the agenda for People Committee and Quality Committee.</p>	<p>DS</p>	<p>07/11/24</p>
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	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Ability to use foundation trust status to generate income in a different way to be explored and reported to the Finance Committee.</b></li> <li>• <b>Update on financial improvement performance be provided to each Board of Directors meeting.</b></li> <li>• <b>Financial improvement to be included on the agenda for People Committee and Quality Committee.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	<p>RM</p> <p>RM</p> <p>RS / PB / SR</p>	<p>05/12/24</p> <p>07/11/24</p> <p>5/12/24</p>
<p><b>24/317</b></p>	<p><b>WINTER PLAN</b></p>		
<p>13 mins</p>	<p>MB joined the meeting.</p> <p>MB presented the report, highlighting the key principles for Winter planning, structured plan, bed modelling, proposal for elective activity, mitigations, including shortlisted bed schemes, indicative workforce implications and reserve schemes, and the staff wellbeing offer. MB advised the Winter Plan may continue to evolve and it forms part of a wider ICS process, which is still underway. Specific plans will be developed for the Christmas and New Year period.</p> <p>RE advised work with the ICS to try to stem demand is still ongoing. This is the area of greatest challenge and the Trust is working closely with partners to address this.</p> <p>BB queried if the Trust has insight into what is being thought through at a system level and what the implications are for the Trust. RE advised the Winter Plans from partners are pulled together by the ICS and work is ongoing in relation to this.</p> <p>The Board of Directors APPROVED the Winter Plan for 2024/2025.</p>		
<p><b>24/318</b></p>	<p><b>ASSURANCE FROM SUB-COMMITTEES</b></p>		
<p>5 mins</p>	<p><b>Audit and Assurance Committee</b></p> <p>MG presented the report, highlighting audit targets, limited assurance report for the Outpatients, Appointments and Remote Consultations audit and external audit fees.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Finance Committee</b></p> <p>GW presented the report, highlighting Financial Improvement Programme, potential evaluation of Band 2 HCSW role to Band 3, revenue deficit support and concern about the timeliness of payment to suppliers. GW advised the Soft FM Deed has now been agreed.</p> <p>The Board of Directors were ASSURED by the report.</p>		



	<p><b>Quality Committee</b></p> <p>AR presented the report, highlighting the importance of the Clinical Services Strategy and the balance between finance, quality, and safety.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>People Committee</b></p> <p>SB presented the report, highlighting staff wellbeing support, risk from implications of potential employment legislation change and review of BAF PR3, Critical shortage of workforce capacity and capability.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>24/319</b>	<b>OUTSTANDING SERVICE – SFH EXCEEDING NATIONAL AVERAGE FOR AMBULANCE HANDOVER TIMES</b>		
7 mins	A short video was played highlighting the work to improve ambulance handover times.		
<b>24/320</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
3 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Encourage colleagues to complete the 2024 Staff Survey.</li> <li>• Flu vaccination campaign.</li> <li>• Staff to be encouraged to have Covid vaccination.</li> <li>• Martha’s Rule launch.</li> <li>• Freedom to Speak Up.</li> <li>• Financial position.</li> <li>• Winter Plan.</li> <li>• Ambulance Handover Times.</li> </ul>		
<b>24/321</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>24/322</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7<sup>th</sup> November 2024 in the Boardroom at King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:45</p>		

24/323	<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>Graham Ward</p> <p><b>Acting Chair</b></p>		<p><b>Date</b></p>

24/324	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
1 min	<p>GW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
24/325	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		