

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 14th May 2024

Time: 17:30 – 20:00

Venue: Lecture Theatre 2, Education Centre, King's Mill Hospital

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 13th February 2024 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Patient Story - The Community Diagnostic Centre – Reducing waiting times for patients James Thomas, CDC Clinical Lead, and Rich Cotterill, Associate Director of People	Assurance	Presentation
6.	18:05	Chair's Report Claire Ward, Chair	Assurance	Enclosure 6
7.	18:10	Chief Executive's Report Paul Robinson, Chief Executive	Assurance	Enclosure 7
8.	18:30	Lead Governor Report (incorporating Membership and Engagement) Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:35	15 Steps Feedback Sally Whittlestone, Corporate Matron	Assurance	Enclosure 9
10.	18:45	Quality Priorities Kate Wright, Associate Chief AHP	Assurance	Enclosure 10
11.	18:55	Improvement Faculty Update Jim Millns, Associate Director of Transformation	Assurance	Enclosure 11
12.	19:05	Fit and Proper Person Annual Report Sally Brook Shanahan, Director of Corporate Affairs	Assurance	Enclosure 12

	Time	Item	Status <small>(Do not use NOTE)</small>	Paper
13.	19:15	Report from Board Sub-Committees <ul style="list-style-type: none"> • Audit & Assurance Committee Manjeet Gill, Non-Executive Director Ian Holden, Governor Observer Neal Cooper, Governor Observer • Quality Committee Aly Rashid, Non-Executive Director Peter Gregory, Governor Observer Pam Kirby, Governor Observer • Finance Committee Graham Ward, Non-Executive Director Sam Musson, Governor Observer Kevin Stewart, Governor Observer • People Committee Steve Banks, Non-Executive Director John Wood, Governor Observer Dean Wilson, Governor Observer • Partnerships and Communities Committee Barbara Brady, Non-Executive Director Tracy Burton, Governor Observer John Dove, Governor Observer 	Assurance Assurance Assurance Assurance Assurance	Enclosure 13.1 Enclosure 13.2 Enclosure 13.3 Enclosure 13.4 Enclosure 13.5
14.	19:40	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> • Report of the Remuneration Committee <ul style="list-style-type: none"> ○ Chair's Appraisal Barbara Brady, NED and Senior Independent Director and Liz Barrett, Lead Governor ○ Appointment of Vice Chair as Acting Chair Sally Brook Shanahan, Director of Corporate Affairs 	Approve Approve	Enclosure 14.1 Enclosure 14.2
15.	19:50	Outstanding Service – Mealtime Volunteers – Supporting nutrition and hydration across the Trust	Assurance	Presentation
16.	19:55	Questions from Members of Public Claire Ward, Chair	Consider	Verbal
17.	19:55	Escalations to the Board of Directors Claire Ward, Chair	Agree	Verbal
18.	20:00	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		

	Time	Item	Status (Do not use NOTE)	Paper
19.		Date & Time of Next Meeting Date: Tuesday 13 th August 2024 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King's Mill Hospital		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 13th February 2024 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Angie Jackson	Appointed Governor	AJ
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JDov
	Kevin Stewart	Appointed Governor	KS
	Liz Barrett	Public Governor	LB
	Pam Kirby	Public Governor	PK
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Vikram Desai	Staff Governor	VD
In Attendance:	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Richard Clarkson	Divisional Director of Nursing for UEC	RC
	Sally Whittlestone	Corporate Matron	SW
	David Ainsworth	Director of Strategy and Partnerships	DA
	Kevin Gallacher	Associate Director – Business Planning & Partnerships	KG
	Jess Townsend	KPMG	JT
	Sue Bradshaw	Minutes	
Apologies:	David Walters	Appointed Governor	DWa
	John Wood	Public Governor	JWo
	Linda Dales	Appointed Governor	LD
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Tracy Burton	Public Governor	TB
	Steve Banks	Non-Executive Director	SB
Absent:	John Doddy	Appointed Governor	JDod
	Justin Wyatt	Staff Governor	JWy
	Neal Cooper	Public Governor	NC
	Ruth Scott	Public Governor	RS
	Steven Hunkin	Public Governor	SH

Item No.	Item	Action	Date
24/001	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>David Walters, Appointed Governor John Wood, Public Governor Linda Dales, Appointed Governor Nikki Slack, Appointed Governor Peter Gregory, Public Governor Tracy Burton, Public Governor Steve Banks, Non-Executive Director</p>		
24/002	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/003	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 14 th November 2023, the Council APPROVED the minutes as a true and accurate record.		
24/004	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 mins	The Council NOTED there were no actions due for review.		
24/005	PATIENT STORY - PAUL'S STORY – RECOGNISING THE SYMPTOMS OF A HEART ATTACK		
12 mins	<p>RC joined the meeting.</p> <p>RC presented the patient story which highlighted how to recognise the symptoms of a heart attack.</p> <p>JS advised when she had a heart attack, she was initially brought to King's Mill Hospital, but was subsequently transferred to Nottingham City Hospital and queried why this was, given there is a cardiac unit at King's Mill Hospital. RC advised some patients have to be transferred to Nottingham, dependent on the procedure which is required as some procedures are not carried out by the Trust and the pathway is for patients to go to Nottingham University Hospitals (NUH).</p> <p>AJ advised her understanding, from previous experience in healthcare, is that heart attacks can present differently in women than men and queried if the Trust does any work to educate women about how a heart attack may present. RC advised the symptoms are similar in men and women. However, heart attacks are more common in men.</p> <p>KS advised he volunteers in the cardiac rehabilitation clinic and noted the fantastic service provided by the clinic.</p>		

	<p>LB noted the aftercare provided is important to help patients live their best possible life.</p> <p>RC left the meeting.</p>		
24/006	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective. CW advised she is the Labour Party candidate for the forthcoming East Midlands Mayoral elections.</p> <p>The Council was ASSURED by the report.</p>		
24/007	CHIEF EXECUTIVE'S REPORT		
8 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting operational pressures, reintroduction of the requirement to wear facemasks in clinical areas, industrial action, partnership update, Urgent Treatment Centre (UTC) opening hours, additional health tests introduced at Newark Hospital, audiology services at Newark Hospital and additional health checks carried out at the Community Diagnostics Centre (CDC). PR expressed thanks to the Vaccination Centre Team.</p> <p>PR advised the Trust is currently working with NHS England (NHSE) in relation to the Electronic Patients Record (EPR) system. This is a very tightly controlled process and the procurement exercise is in the early stages.</p> <p>KS requested an update in relation to Friends and Family reporting and how this triangulates with other aspects of feedback. PR advised there are two systems used to record feedback and these are not compatible with each other. However, a Patient Experience Committee has been established to ensure triangulation with all aspects of patient feedback. An update on this work will be presented to the Council of Governors when there are some results to share.</p> <p>Action</p> <ul style="list-style-type: none"> Update on the work of the of the Patient Experience Committee to be provided to the Council of Governors. <p>IH queried if the introduction of IFRS16 will affect the Trust. PR advised there is a change to the International Financial Reporting Standards, which affects how leases are accounted for. This will impact on the presentation of the PFI accounting arrangements. There is a change to the accounting treatment which will impact the accounts and is likely to increase the Trust's deficit. However, this is an accounting deficit, not one which is recognised by NHSE.</p> <p>GW advised the interest rate and payment mechanism within the PFI contract is linked to inflation. Therefore, there will be an impact each year.</p>	PR	14/05/24

	The Council was ASSURED by the report.		
24/008	LEAD GOVERNOR REPORT		
1 min	<p>LB presented the report, highlighting the forthcoming Governor Conference and the opportunity to provide feedback on the Trust's Strategy.</p> <p>The Council was ASSURED by the report.</p>		
24/009	15 STEPS FEEDBACK		
4 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits which took place over the past quarter, visit areas and themes and trends. SW advised actions were escalated and addressed at the time of the visit. Feedback from 15 Steps has been triangulated with Friends and Family Test results. Moving forward, 15 Steps will be aligned with peer reviews.</p> <p>AJ noted an Admiral Nurse (dementia specialist nurse) has joined one of the 15 Steps teams and sought more information about the role. SW advised this is a new role within the Trust and they have only recently taken up post. They will be working within dementia services, looking at assessments, supporting patients, etc.</p> <p>KS advised 15 Steps is a very useful thing to do.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		
24/010	LAUNCH OF 2024-2029 TRUST STRATEGY		
10 mins	<p>DA joined the meeting.</p> <p>DA outlined the engagement activities which have been undertaken in relation to the 2024-2029 Trust Strategy, advising there has been a robust approach to internal communication across the organisation, as well as with external partners. DA expressed thanks to the governors who helped with the stands to gather feedback. The Trust wrote out to all members and there were drop-in sessions across all three Trust sites. In terms of colleague engagement, the team developing the Strategy has attended meetings of all the staff networks. DA outlined details of some of the feedback received.</p> <p>KS advised he was on one of the stands at King's Mill Hospital and felt it was very useful.</p> <p>AJ advised the Strategy was presented to the recent meeting of the Health Partnership Board, noting what you do 'out there' impacts on what happens 'in here'.</p>		

	<p>DA advised he, PR and CW meet with councils on a quarterly basis, noting some alignment work has been undertaken. All three local councils have developed community plans. It was noted the Trust's principles and values are almost aligned to those plans. Broad engagement sessions are planned with all three councils.</p> <p>The Council NOTED the update.</p> <p>DA left the meeting</p>		
24/011	OPERATIONAL PLAN 2024/2025		
5 mins	<p>KG joined the meeting.</p> <p>KG presented the report, advising the planning guidance has not yet been received. However, work is underway to complete the plans by the end of March 2024, noting the indications are there will be no major changes to previous years.</p> <p>IH queried how the Trust is accounting for periods of industrial action within planning. PR advised organisations have been informed to plan on the basis there is no industrial action, advising in December 2023, the Trust was asked to indicate the H2 plans for 2023/2024 and to do that on the basis there was no industrial action, while at the same time estimating the cost of industrial action.</p> <p>PR advised the delay to the guidance being issued is due to the Treasury. There is some difficulty agreeing what the financial settlement will be for the NHS with the Treasury and this will inevitably mean there will be greater financial constraints surrounding this planning phase. The Trust is starting to get some indications and is planning on that basis.</p> <p>The Council NOTED the update.</p> <p>KG left the meeting.</p>		
24/012	EXTERNAL AUDIT PLAN		
4 mins	<p>JT joined the meeting.</p> <p>JT presented the report, highlighting audit risks and value for money work.</p> <p>IH queried what the PFI transition to IFRS16 will mean for the Trust. JT advised KPMG have had discussions with the Finance Team at the Trust to finalise the approach. The impact of IFRS16 will be in the lease liability and the amount which is recognised. The asset will still be recognised for the Trust, and that value will not change. The change is in the nuance in terms of how the expenditure and liability is recognised. In the old model, contingent rent was recognised as an expense, but this is not the case under IFRS16. There is a need to work through how that then moves to finance costs and impacts the liability. A larger liability can be expected on the balance sheet.</p>		

	<p>PR advised this is the point which creates the reduction in available capital. Due to the value of the PFI which the Trust has recognised as a lease under the old IFRS arrangements, this has led to the Trust already having low capital availability. The Trust has relied on capital coming down from the Centre, noting capital is received from the Integrated Care System (ICS) capital 'envelope', rather than from internally generated capital sources.</p> <p>The Council was ASSURED by the report.</p> <p>JT left the meeting.</p>		
24/013	ACCESS TO INFORMATION		
1 min	<p>SBS reminded governors that any requests for information need to come through either herself or Sue Bradshaw. A log of any information requested will be maintained and responses shared with all governors.</p> <p>The Council NOTED the update.</p>		
24/014	REPORT FROM BOARD SUB-COMMITTEES		
32 mins	<p>Audit and Assurance Committee (AAC)</p> <p>MG presented the report to the Council, highlighting an increase in the completion rate for outstanding internal audit actions and capacity to participate in audits.</p> <p>AJ queried if audits are across all areas, for example, audits of specific services, audits of outcomes, etc. MG advised the Audit and Assurance Committee does not look at clinical audits, but deals with the Internal Audit process. There is engagement in terms of scoping audits, setting the terms of reference, following up outstanding actions, etc. Throughout that process it has been identified capacity has been challenged.</p> <p>IH advised it is good to see audit rates improving. The AAC is a central committee in terms of governance. The Committee has previously discussed changing the frequency of meetings, to have a longer time between meetings. However, it is important nothing is missed. Therefore, the meeting frequency should be kept as it currently is.</p> <p>Quality Committee</p> <p>AR presented the report to the Council, highlighting industrial action, cancer waiting times and the work of the Patient Safety Committee.</p> <p>PK advised she was impressed by the level of discussion and challenge which took place at the Quality Committee meeting and felt the Committee is patient focussed.</p> <p>KS raised a concern in relation to the discharge process, advising he has a connection with a major secondary care provider and has received verbal complaints about patient discharge issues. KS gave details of a complaint which was raised by the provider in November and is being investigated by the Trust's Patient Experience Team.</p>		

	<p>KS advised he sought assurance in relation to the effectiveness of the Trust's discharge process, subsequently having a discussion with SBS who advised this could be a topic for the forthcoming Governor Conference. However, KS advised he was not assured on these issues.</p> <p>CW queried if any issues in relation to discharge had been reported to the Quality Committee, which would suggest there are some concerns. In terms of the process, CW reminded KS that feedback will not be provided to governors on individual cases and this is being dealt with through Patient Experience. A wider view cannot be provided on the basis of one case.</p> <p>KS advised the provider does not trust SFHFT. There is a need to find a working relationship with providers.</p> <p>AR advised, as Chair of the Quality Committee, no concerns in relation to the discharge process have come to his attention, but he will raise this, noting if there was level of harm, the case will be brought to the attention of the Committee.</p> <p>KS advised he would expect the Trust to have a contact strategy with the providers it works with, noting there is a need to improve bed flow by working with providers.</p> <p>CW advised the Trust does work with providers and there are opportunities for them to engage and have a conversation with the Trust to resolve issues. CW reminded KS his role as a governor, and with his links to the provider, is to encourage them to make contact with the Trust to discuss their concerns. The one case raised is being dealt with by the Patient Experience Team and this may not be the relationship and experience of other providers. Partners can contact the Trust at any level.</p> <p>PR advised the Trust works with all partners, noting the relationship is 2-way. If a partner has specific issues, they should raise them. If a contract is in place, this will provide a point of contact. In addition, there will be a point of contact through which discharges are arranged to providers.</p> <p>AR advised ultimately, if one provider is unhappy with the service of another provider, they can raise the issue with the ICS.</p> <p>PR advised if the provider wishes to make a complaint, they should contact him directly.</p> <p>CW advised one case in one provider cannot be the basis on which a full review is conducted, noting there is no other evidence to suggest there is an issue. This highlights the importance of having an aggregated number of concerns on any issue, theme or topic.</p> <p>SBS advised there are plans to have a 'hot-topic' for the quarter and for governors to ask about that topic during Meet Your Governor sessions. This will help identify if there is a concern, which will then be taken forward appropriately.</p>		
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	<p>Finance Committee</p> <p>GW presented the report to the Council, highlighting EPR governance, financial position at the end of Month 9 and review of Board Assurance Framework (BAF) Principal Risk (PR) 4 (Failure to achieve the Trust's financial strategy).</p> <p>KS advised he was happy with the level of questioning by the Committee and noted the importance of good governance arrangements for the EPR project.</p> <p>SM advised she has only just started observing the Finance Committee and there is a lot of learning for her. However, she felt very assured. Referencing EPR, SM advised she had been involved in discussions in relation to how that might look and what it might mean. It is, therefore, useful to have a rounded view.</p> <p>DWi queried what the current run rate is for agency spend. GW advised he was unable to quote figures, but the Trust is currently over and above the agency cap. However, this has been reducing over the last three months and is close to the 3.7% target. There is also the need to monitor Bank usage. There is more work to do, but there are encouraging signs.</p> <p>People Committee</p> <p>ARB presented the report to the Council, highlighting internal audit report into staff wellbeing, waiting times for staff to access psychological support, apprenticeships and deep dive regarding the employee relations landscape.</p> <p>IH noted doctor apprenticeships are to be introduced nationally from September 2024 and queried if there are any plans for the Trust to have a doctor apprenticeship scheme. CW advised there are currently no plans for the Trust to take this forward.</p> <p>DWi advised it was an excellent meeting and highlighted a good report which was presented in relation to ward based pharmacy. The Staff Survey results are currently embargoed, but the initial information which was presented to the Committee indicates the Trust's response rate is higher than the national average. The initial indicators are positive.</p> <p>PR advised the full Staff Survey results are due to be issued on 7th March 2024.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report to the Council, highlighting approval of the Partnership Strategy.</p> <p>Charitable Funds Committee (CFC)</p> <p>ARB presented the report to the Council, highlighting options for a major fundraising scheme aligned to the Trust Strategy and a deep dive into the volunteer workforce to support and maximise its development and utilisation.</p>		
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The Council was ASSURED by all Board Sub Committees' reports.

24/015	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
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2 mins	<p>Membership and Engagement Group</p> <p>LB presented the report, advising the last meeting was vibrant in terms of discussion and content. There are emerging agenda themes to take forward.</p> <p>The Council was ASSURED by the report</p>		
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24/016	OUTSTANDING SERVICE – SHERWOOD FOREST HOSPITALS CARE VALUES – TOGETHER WE CARE		
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8 mins	A short video was played highlighting the Trust's CARE Values.		
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24/017	QUESTIONS FROM MEMBERS OF PUBLIC		
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	No questions were raised.	
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24/018	ESCALATIONS TO THE BOARD OF DIRECTORS		
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1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • External audit process • Planning update • Engagement in developing the Trust Strategy for 2024-2029
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24/019	ANY OTHER BUSINESS		
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1 min	No other business was raised.		
04:00	DATE AND TIME OF NEXT MEETING		

24/020	DATE AND TIME OF NEXT MEETING		
	Date: Tuesday, 14th May 2024		

<p>Date: Tuesday 14th May 2024 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:05.</p>	
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	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward Chair</p> <p>Date</p>		
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Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			09/05/2023	31/07/2023	14/11/2023	13/02/2024			
Angie Jackson	Mansfield District Council	Appointed		P	P	P	4	23/05/23	31/05/27
Ann Mackie	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Craig Whitby	Mansfield District Council	Appointed	X				4	21/05/19	31/05/23
David Walters	Ashfield District Council	Appointed	A	A	A	A	1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A	A	P	3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P	X	X	4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P	A	P	3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A	P	A	3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	P	P	X	3	01/05/22	30/04/25
Karen Nadin	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Kevin Stewart	Volunteers	Appointed	P	P	A	P	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P	A	1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
Michael Longdon	Rest of East Midlands	Public	X				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P	X	3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P	A	A	N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P	P	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P	A	A	3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P	A	X	3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P	P	P	3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P	X	X	3	07/07/23	06/07/26
Sue Holmes	Rest of East Midlands	Public	P	P			3	01/11/20	31/10/23
Tracy Burton	Rest of East Midlands	Public		P	P	A	3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X	A	P	3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent

Council of Governors Action Tracker

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
24/007	13/02/2024	Update on the work of the of the Patient Experience Committee to be provided to the Council of Governors	Council of Governors	None	14/05/2024	P Robinson		Verbal update to be provided to CoG on 14th May 2024	Amber

Council of Governors - Cover Sheet

Subject:	Chair's report				Date:	14 th May 2024
Prepared By:	Rich Brown, Head of Communications					
Approved By:	Claire Ward, Chair					
Presented By:	Claire Ward, Chair					
Purpose						
An update regarding some of the most noteworthy events and items from the past three months from the Chair's perspective, covering the period March to May 2024.					Approval	
					Assurance	Y
					Update	Y
					Consider	Y
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Failure to achieve the Trust's financial strategy						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
AGM = Annual General Meeting NICU = Neonatal Intensive Care Unit						
Executive Summary						
An update regarding some of the most noteworthy events and items from the past three months from the Chair's perspective, covering the period March to May 2024.						

Hosting the Trust's first Governors' Conference

On Tuesday 16th April 2024, I was proud to join the Trust's Lead Governor, Liz Barrett, at King's Mill Hospital to host the Trust's first-ever *Governors' Conference*.

As a Foundation Trust, we are proud to have over 14,000 public members and 5,000+ staff members. This event was a fantastic opportunity to discuss with governors how we can better engage and involve the Trust's governors and members in the Trust's work to Improve Lives in the communities we serve.

The event was also a great opportunity to understand how well we are engaging with our members already – and where we can go further to improve that engagement and ensure we are representing the views of all of the communities we serve.

Colleagues from the Trust's operational and nursing teams also joined the event to share detailed information on the Trust's Discharge and Patient Experience processes – two topics that are often raised with governors through their conversations with the members they represent.

An action plan will now be drawn-up to take that work forward. I look forward to working with the Trust's Council of Governors on this important work as it develops over the coming months.

A vision for the future

At the conclusion of the Trust's Public Meeting of its Board of Directors last month, we launched the five-year strategy for our Trust – *Improving Lives*.

In the next five years, we want to be known as an outstanding local healthcare provider that *consistently* delivers quality services for our patients and improves lives. We will achieve this by delivering *consistently outstanding* care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals.

Our vision reflects this: **Outstanding care, compassionate people and healthier communities**
During the implementation of this strategy, we will improve the lives of our patients, our people and our local population.

Together with the Chief Executive and our Lead Governor, Liz Barrett, I was delighted to present the strategy to an invited audience of our partners across the community, board members, governors and staff.

Achieving these objectives will only be delivered through the partnerships that we have built over recent years, so I want to take this opportunity to thank them for their engagement with us during the development of this strategy.



Recognising the difference made by our Trust Charity and Trust volunteers

It's been another busy few months for our Trust's Community Involvement team.

We continue to see fantastic support for the Trust – both in how we encourage financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals:

- In April 2024, 380 Trust volunteers generously gave over 4,600 hours of their time to help make great patient care happen across the 36 services they have supported during the month.
- In March 2024, 390 Trust volunteers gave over 4,700 hours of their time within 36 services during the month.
- In February 2024, 402 Trust volunteers gave over 4,300 hours of their time across 36 services supported during the month.



Caption: Four recliners chairs are presented to Newark Hospital's Minster Ward

Notable developments from our brilliant Community Involvement team and our team of volunteers during April 2024 alone include:

- The Friends of Newark Hospital have kindly purchased four recliner chairs for Minor Ops on Minster Ward using funds raised in coffee shops and fundraising stalls. Pictured above.
- The team co-ordinated the numerous donations of Easter eggs and gifts which were distributed to Childrens' Services and Health Care of the Elderly wards. We welcomed our regular fundraisers, the Mansfield Roadrunners Scooter Club, who arrived at King's Mill in a huge scooter convoy to deliver Easter eggs and a £500 donation to our Neonatal Intensive Care Unit (NICU).
- We offered a warm welcome to 10 new #TeamSFH volunteers who joined the Trust during the month and were officially inducted into the organisation.
- As well as welcoming new volunteers into the organisation, we have also presented a number of our volunteers with long service awards over the past month. One such presentation was made to Daffodil Cafe volunteer Kath, who received an award for her 15 years' service from the Trust's Deputy Divisional Manager from our Clinical Support, Therapies and Outpatient Division, Mandy Toplis. Pictured opposite.



- The mealtime assist volunteer role was launched on Sconce and Castle Wards at Newark Hospital, following bespoke training sessions from the Speech and Language Team.
- Volunteers continue to support training sessions for medical students using their acting skills to become the patient in a number of role-play scenarios.

I would like to reiterate my personal thanks to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

Andy Haynes formally receives MBE

On a personal level, I would like to congratulate the Trust's Specialist Advisor to the Board, Dr Andy Haynes MBE, after he formally received his MBE at a ceremony at Windsor Castle in February.

The award recognises Dr Haynes' outstanding achievement and services to patients and their families across Nottinghamshire.

Through Andy's skill and dedication, he has helped to transform the way that people living with cancer are cared for and how their families are supported at what we know can be one of the most challenging times in their lives.

This is fantastic and well-deserved recognition for Dr Haynes' career for this important work. We could not be prouder to call him a colleague here at Sherwood.

Other notable engagements during the quarter:

- During April, I joined Trust governors and colleagues in undertaking our latest '15 Steps' visit to Trust services. The month's event took place in the Trust's Colposcopy areas, which provided an essential opportunity for colleagues to showcase their achievements and highlight areas where we can further improve. I want to give a special mention to Sally in the department as it was clear from our visit how much she is valued by the team for her dedication to the patients and the services provided.
- I was delighted to be invited to the Annual General Meeting (AGM) of the League of Hospital Friends (Mansfield and Sutton). Over the last year, they have raised funds for the Trust which has helped to make great patient care happen here at Sherwood. Their contributions have helped to pay for presents for all inpatients who spent Christmas in hospital and a tabletop activity unit that will be used by all three wards at Mansfield Community Hospital. It was an enjoyable afternoon event and an opportunity to thank all the volunteers for their fundraising to support our patients.
- I have attended meetings with our local councils as part of my regular engagement with partners.
- In my role as Board Maternity Safety Champion, I took part in the monthly walkaround of our maternity services and wards with the opportunity to engage with patients and staff and observe the care of our smallest and youngest patients.

- My regular visits to maternity and the Neonatal Intensive Care Unit (NICU) continue to provide the assurance needed of the services we provide to parents and our smallest patients. There are always improvements we can make to care, but I remain proud of our staff and the service they provide. I have visited wards and services during April, including with other members of our executive team.
- I continue to meet regularly with our Lead Governor and other governors to hear their feedback from our patients, staff and public.

Council of Governors - Cover Sheet

Subject:	Chief Executive's report		Date:	14 th May 2024	
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items from the past three months from the Chief Executive's perspective, covering the period March to May 2024.				Approval	
				Assurance	Y
				Update	Y
				Consider	Y
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
Action short of strike (ASOS) British Medical Association (BMA) Integrated Care Board = ICB Urgent Treatment Centre (UTC)					
Executive Summary					
An update regarding some of the most noteworthy events and items from the past three months from the Chief Executive's perspective, covering the period March to May 2024.					

Operational updates

King's Mill Hospital Discharge Lounge opens to help make every bed count



One of the most exciting developments in the Trust from the past three months saw the opening of our new multimillion-pound Discharge Lounge at King's Mill Hospital, which opened its doors to its first patients on Monday 22nd April 2024.

The development has been part-funded thanks to investment from the Department of Health and Social Care to create a more positive and comfortable experience for patients once they have received the vital hospital care they need and are preparing to be discharged to wherever they call home.

The new lounge has been specially-designed to improve patient flow in our hospitals by providing increased capacity for 19 beds and around 22 chairs for patients who no longer require a hospital bed. The configuration of the lounge can be tailored, depending on the needs of patients in the lounge at the time.

By providing a comfortable space for patients to wait for the vital medication and transport they need, the Discharge Lounge will also help to ease pressures in our Emergency Department and our wards by ensuring that hospital beds can be freed-up as soon as possible for those that need them most.

We are delighted to be announcing this development here at Sherwood that will play a vital part in ensuring that our patients can access the care they need in the right place at the right time – a key part of [our new Trust Strategy](#).

We shared a sneak-peek inside the new Discharge Lounge at May's Public Board meeting where the development was the focus of our latest *Outstanding Service* video, which you can watch online here: <https://youtu.be/PMd7oUv5ukA?feature=shared>

Industrial action updates

In March, we were disappointed to learn that the lack of progress being made in the national talks to bring an end to the industrial action of the past year has resulted in the British Medical Association (BMA) extending its mandate to call further industrial action and action short of strike (ASOS) action over the coming months.

The British Medical Association re-balloted its junior doctor members to seek to extend their mandate for industrial action. The re-ballot continued to see high levels of support from members nationally, with a 61.86% national turnout reported. Of those, 97.97% confirmed they are prepared to take part in further industrial action.

While the Trust had not been formally notified of any further industrial action by the time of writing, the extension of that mandate means it is highly likely that we will see further industrial action over the coming months.

The lack of progress being made in these negotiations nationally remains a source of disappointment for the Trust, as we continue to manage the local impact that each period of industrial action inevitably brings for our Trust colleagues, our patients and the communities we serve.

We continue to hope for a resolution to this national dispute in the interests of everyone involved.

Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 9,085 appointments, procedures and operations in order to prioritise the delivery of safe urgent and emergency care throughout each period of industrial action.

The financial cost of the past year's industrial action now runs to over £8.5million at Sherwood alone. That figure accounts for the spend to cover lost shifts, lost income opportunities and missed efficiency-saving opportunities. To date, the Trust has received £4.7million of national funding to mitigate the impact of this.

Newark Urgent Treatment Centre (UTC) permanent opening hours confirmed

In March 2024, the Nottingham and Nottinghamshire Integrated Care Board (ICB) made its decision on the future opening hours of Newark Hospital's Urgent Treatment Centre (UTC) following feedback from residents, stakeholders and clinical input from healthcare experts.

The UTC, which is run by Sherwood Forest Hospitals NHS Foundation Trust, provides urgent care and non-life-threatening treatment for injuries or conditions, such as cuts, simple broken bones, wounds, minor burns and minor head, eye and back injuries.

Currently, the Urgent Treatment Centre operates between 9am and 10pm as a temporary measure, with the last patient being admitted at 9.30pm.

As a result of the ICB decision on the Centre's permanent opening hours, the UTC will open between 8am and 10.30pm each day, seven days-a-week. Under the new opening hours, the last patient will be admitted at 9.30pm each day.

The new permanent opening hours will offer an extended window for patients to access essential healthcare services, opening earlier and longer to support people who need to access the service around working patterns and school times.

The new opening hours will also provide more time for our colleagues working there to finish caring for patients at the end of the day.

Once the new opening hours are introduced, the service will be open for 14.5 hours per day. That not only exceeds the 12-hour minimum national standard for UTCs set by NHS England, but also the current temporary operating hours at the UTC.

As part of the decision-making process, the Trust supported the ICB in engaging with residents and stakeholders to ensure that the preferred option for the UTC opening hours aligned with the community's needs. The feedback from residents of Newark clearly indicated the high value they place on the service received at the UTC. While there was clearly a strong preference for a return to 24 hours opening, this was balanced against other factors within a rounded, evidence-based decision.

The evidence-based decision follows a review by the East Midlands Clinical Senate and their subsequent recommendation to make permanent the overnight closure of the Urgent Treatment Centre.

Following the decision, the Trust will now turn its attention to reviewing the staffing arrangements that will need to be made in order to implement the new opening hours, which are expected to come into effect from summer 2024.

Both the Trust and the ICB will also continue to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure we continue to provide a responsive service to local people.

Other Trust updates

Trust opens nominations for annual *Excellence Awards*

Sherwood Forest Hospitals is inviting patients and members of the public to show their appreciation and thank Trust colleagues for the care they and their loved ones have provided by making a nomination for this year's Trust *Excellence Awards*.

Our annual *Excellence Awards* celebrate individual colleagues, teams and volunteers who go above-and-beyond in their roles to make a positive impact on our services, patients, visitors and colleagues through the outstanding care they provide.

While the majority of awards are nominated by Trust colleagues, our 'People's Award' allows the local community who may have received care at one of the Trust's three sites the opportunity to nominate someone and show their appreciation.

The awards are an outstanding opportunity for patients and members of the local community to say 'thank you' to our hardworking Trust staff who have given them outstanding care over the year gone by.

Nominations are now open until midnight on Monday 13th May 2024 for the annual awards, which are entirely funded thanks to the generosity of our corporate and charity sponsors.

Members of the community can make their nominations via [the *Excellence Awards* page on our Trust website](#) at www.sfh-tr.nhs.uk/excellence. Paper nomination forms are also available by emailing sfh-tr.communications@nhs.net.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Follow the QR code
to vote for your
deserving member
of our Trust



**People's
EXCELLENCE AWARDS
2024**

Public nominations now open

Specialist Admiral Nurse appointed to support families with Dementia

Sherwood Forest Hospitals has recently appointed its first Admiral Nurse in collaboration with Dementia UK, the specialist dementia nurse charity.

Georgina Goulding joined the Trust's Dementia Specialist team to provide life-changing support for families affected by all forms of dementia across our three hospital sites.

Admiral Nurses are specialist dementia nurses that are continually supported and developed by Dementia UK. They are there for families with dementia when needed most; providing health advice, compassionate emotional and psychological support, and improving the quality of life for everyone involved.

Georgina will be working to improve awareness and knowledge among Trust colleagues for when they are caring for people who are living with dementia.



The Dementia Specialist Team already comprises a Specialist Dementia Nurse, Adele Bonsall, and Dementia Support Worker, Carol Hatton, who strive to provide excellent dementia care at Sherwood Forest Hospitals. The team aims to embed a culture of dementia care that puts the person and their loved ones at the forefront, as well as supporting and educating staff to enhance dementia care.

Dementia is an umbrella term for a range of progressive conditions that affect a person's ability to remember, think and speak. It can affect a person at any age but it's more common in people over the age of 65. One in two of us will be affected by dementia – either through caring for a loved one with the condition, developing it ourselves, or both. It is a huge and growing health crisis.

We are delighted to be working with Dementia UK to introduce this new role that will increase support for people living with dementia, their families and those caring for them. We are pleased to welcome Georgina to the team and look forward to the positive differences she will make.

#TeamSFH receives Interim Quality Mark for Preceptorship

On Monday 25th March 2024, Sherwood Forest Hospitals received the Interim Quality Mark for Preceptorship.

Over the last 12 months, we have been busy gathering evidence to demonstrate that our Preceptorship policy aligned with the 10 core criteria to enable us to become accredited.

In 2022, following the release of the National Preceptorship Framework, the Trust's Preceptorship Team reviewed the programme and considered all the recommendations, which include extension to



Preceptorship from six months to one year. This has been a successful transition, with our newly-qualified Registered Nurses now completing The Edward Jenner Leadership in the second half of the programme.

The framework will help to continue to drive outstanding patient care here at Sherwood by providing a framework of good practice and providing a structured and supportive approach for our newly-qualified nursing colleagues to follow as they develop here at Sherwood.

Successful partnership with local education providers sees hundreds explore career opportunities within their local NHS

Hundreds more job seekers have explored a host of NHS careers at our first 'Step into the NHS' careers showcase event of 2024, with the event being organised by the Trust in partnership with West Nottinghamshire College and Nottingham Trent University (NTU).

The event presented a valuable opportunity to showcase the host of clinical and non-clinical roles available across the Trust's King's Mill, Mansfield Community, and Newark Hospital sites.

Visitors to the event, which took place at West Notts College's Derby Road Campus on Thursday 7th March 2024, had the opportunity to find out about a range of NHS departments including nursing, maternity, neonatal intensive care, and therapy services. For those considering a career in nursing, NTU also conducted tours of their Mansfield Nursing Facilities which are based on the College's Derby Road Campus.

Our partnerships with both West Notts College and Nottingham Trent University continues to deliver real benefits for local people, with our popular *Step into the NHS* events continuing to be a huge success. We remain grateful for the role that our partners play in *Improving Lives* for our local communities.



Pictured with me at the event are Nikki Slack and Andrew Cropley from Vision West Notts College and Rob Simcox, Director of People.

Partnership updates

Strengthening our relationship with Nottinghamshire County Council

As part of our ongoing commitment to strengthening our relationships with local partners, I was delighted to welcome colleagues from Nottinghamshire County Council to our King's Mill Hospital on Monday 26th February 2024.

Councillor Scott Carlton, Communities and Public Health portfolio holder, and Viv Robbins, the Council's Acting Director of Public Health, visited to explore how we can strengthen our work together.

During the visit, we were proud to showcase our amazing 'Phoenix Team' to tell the story of how our smoking cessation maternity service is helping to improve the lives of local families and improve the prospects of future generations – a key commitment of our new Trust Strategy.

The Trust team leading our work to create a permanent home for Nottinghamshire's first Community Diagnostic Centre (CDC) also showcased our plans for the site, as well as sharing how the service is already helping to improve the lives of local people.

We thank them for sharing our commitment to improving the lives of our local communities and we look forward to continuing that important work together over the months and years to come.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report				Date:	14 th May 2024
Prepared By:	Liz Barrett, Lead Governor					
Approved By:	Liz Barrett, Lead Governor					
Presented By:	Liz Barrett, Lead Governor					
Purpose						
To provide assurance to the Council of Governors from the perspective of the Lead Governor					Approval	
					Assurance	X
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
			X			
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Failure to achieve the Trust's financial strategy					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
None						
Acronyms						
SFHFT - Sherwood Forest Hospital Foundation Trust MYG - Meet Your Governor						
Executive Summary						
An overview of governors' activity and engagement.						

Sherwood Forest Hospitals Foundation Trust (SFHFT) Governors have continued to have a busy few months since the last Council of Governors (CoG). Monthly 15 Steps and Meet Your Governor (MYG) activities have remained well attended by governors.

We held our Governor Conference on 16th April 2024. This event started with food tasting thanks to Medirest. As a governor we often receive comments about the food served in hospital to patients at SFHFT. It was, therefore, really helpful and insightful to experience food from a typical menu. It was enlightening to hear about how the Medirest team consistently accommodate a whole range of complex food challenges to support patients on a daily basis (from dietary requirements to ensuring that food plays a valuable role in nourishing patients to assist their recovery).

The Governor conference provided us with an opportunity to thank governors for all that they are doing. Being a governor is an entirely voluntary role which is made up of many facets from pre reading before meetings to travel time to doing 15 Steps. I feel we are really blessed within SFHFT to have a governing body who care deeply and have a wide range of different skills and knowledge which they share.

As Lead Governor I proposed three key focuses for us as a team during this next year. This approach is taken to ensure that our time, care and commitment has as much positive and focused impact as possible in supporting SFHFT. These focuses are:

- Actively support the delivery of the five-year strategy in every sense
- Focus upon getting the members we currently have actively engaged
- An agreed focus to our Meet Your Governor work

It feels really important as a team of governors to actively support the five-year strategy whenever and wherever we can. There are some fabulous elements to it and it is important that we add value in assisting it to be delivered.

Our membership data tells us that whilst we have a lot of members, only a proportion of these are active. My proposal is that we focus upon quality rather than quantity and really move forward with having active members who join in at events, share their voice and help SFHFT in achieving its ambitious five-year strategy.

The concept of 'Meet Your Governor' [MYG] is great. However, it often feels like a lot of time, energy and effort is given that it is ultra-hard to see the impact of. I have been doing MYG for 2.5 years now and car parking (regardless of site) comes up every time. Our MYG packs have a standard factual response for us to give for this. However, there are bigger points we need to hear about to support the SFHFT exec team and NEDS in achieving consistently outstanding care for all.

The revised approach to MYG will see a key theme chosen by governors (such as discharge) asked about by all governors during MYG in a set time frame. If all governors have set questions to ask on each topic and the same system to input answers in to, then in theory it will enable us to collect and collate really strong qualitative information from SFHFT patients, carers, members and staff that can be shared with the Exec team / NEDs to triangulate with and work with. I am hopeful that this will ensure that MYG has a very strong visible impact that we can see evidence of in CoG and other governor minutes in a 'you said, we did' style approach.

As governors we had a follow up session on mortality which was exceptionally well attended by governors. This session was asked for based upon governor questions raised after a previous sessional on mortality. The presentations during this session included SFHFT staff along with external consultants which helped to ensure external objectivity and scrutiny. I

greatly value being able to have an open, honest and transparent approach within the governing body and with how we interact with the Exec team and NEDs. It is important that we are all supported and facilitated to be able to ask any questions we wish and that we all remain curious and inquisitive in our volunteer roles. Through collaborative working we can ensure that we tackle the different things, gain deeper knowledge of SFHFT in the process and monitor outcomes closely.

Governor Nikki Slack led another wonderful 'Step into the NHS' event which really does present such wonderful SFHFT (and NHS!) opportunities to the communities that we serve. Thank you for your work on this Nikki.

And finally, the governing body and myself would like to congratulate our Chair of the Board, Claire Ward, on becoming the first East Midlands Mayor for the Combined Authority. This prestigious new role will serve East Midlands in a new and innovative way. It is, therefore, reassuring that Claire has first hand experience as to how SFHFT operates as an anchor organisation in mid Notts along with the challenges that we currently face in our locality. Claire, thank you for all that you have done for SFHFT, we value you and your impact.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update		Date:	14 th May 2024	
Prepared By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
Approved By:	Candice Smith, Director of Nursing Quality and Governance				
Presented By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints.				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from January to March 2024.				Approval	
				Assurance	
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X			X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Acronyms					
Executive Summary					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from January to March 2024. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>During the reporting period from January to March 2024, there were a total of 19 visits confirmed as undertaken, with reports completed and returned.</p>					

The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15-Step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.

Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between January and March 2024. This paper details the clinical and non-clinical areas visited, the feedback identified by the visiting teams, and any themes or trends noted.

It is important to acknowledge that the 15 Steps process is not a tool for traditional clinical auditing assurance, the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience, to promote a positive experience for all, whilst encouraging staff to initiate local service improvement.

During the reporting period, there was a total of 19 visits completed, with reports returned, visit areas were as follows:

January	February	March
Newark Outpatients	Minster Day Case	Ward 22
Ward 44	Sherwood Women's Centre	Occupational Health
	Clinic 10	Ward 24
	Ward 52	Surgical Day Case Unit
	Newark Theatres	Ward 34
	Ward 31	Oakham ward
	Little Millers Day Nursery	Ward 43
	Pharmacy	Faith Centre
		Canteen
	Visiting areas across the Newark site.	

It should be noted it was not possible to complete several of the planned visits over the quarter, due to the January board meeting being held via a team's meeting, which resulted in a total of 6 visits to be re-scheduled.

During February visits were re-arranged due to the board meeting being held at Newark Hospital, after the meeting the board members completed a walk around visiting several additional areas and services.

When analysing the qualitative data, themes, and trends can clearly be seen throughout all visits and are of a positive nature, below are examples of the feedback received.

In conjunction with the 15 Steps Challenge a number of peer views have been undertaken covering all divisions, over all three sites. High-level feedback has been provided to the Divisional Directors, and

Executives, highlighting areas for improvement and the sharing of positive findings, this has been triangulated with patient experience, seeing the teams gather feedback from patients during the peer review visits, collating and reviewing alongside the 15 Steps Challenge.

Welcoming:

- All areas were noted to be welcoming and engaging with the visit teams.
- An agency nurse who wasn't aware of the 15-step process was keen to hear about it and very complimentary about the ward and the team.
- The Nursery Manager was very happy to engage, show the team around, answering any questions the team had. A discussion was held about recruitment, retention, finances, place availability, inspections, and OFSTED reports.
- All staff interacted well with each other, the team, and the patients.

Caring and Involving:

- The team held a discussion with multiple staff members including doctors, therapy staff & nursing staff, who were all happy working on the ward visit. Some of the locum staff had indicated that they were moving on and were sad to do so, as they had enjoyed working on the ward.
- An area informed the team that they had a low staff turnover, and how they felt supported. Having the necessary equipment to undertake their roles. The ward leader in this area moved to the end of the ward to allow staff to have a safe space to feedback to the team, indicating that she is happy to receive feedback and encourages her staff to speak up. All staff members regardless of role or grade were observed as being included in the team.
- A significant number of wards and areas had informative patient information displays, including an excellent 'champions' board for link staff an information display for parents, and photographs of trips out with the children visible in the nursery.
- Patients appeared well cared for with witnessed interactions and positive feedback and compliments about the care they received, no concerns were raised to visiting teams in most areas, one patient didn't enjoy the food provided. There were many 'Thank You' cards identified by the teams, indicating that good care had been provided.
- One team spoke with a patient who was awaiting transport home, he gave a good report of his visit and was enjoying a cup of tea and a sandwich whilst he was waiting.

Safe:

- All wards and departments appeared clean, tidy, and organised; it was noted that some areas were using corridors for storage.
- The environment felt safe, with no safety concerns.
- Infection Control requirements are being adhered to in all areas visited.
- All staff wore identification badges and uniforms appropriately.
- A discussion took place about how one team dealt with the difficult days and the emotions of looking after patients with dementia. They informed the teams how they provide support for each other with time out and have processes in place for debriefing, when necessary, all the team appeared to be happy at work.

Well organised and calm:

- A significant number of areas were described as organised and calm.
- One team identified how it was good to see staff names in the cubicles so you can clearly see who is working in each cubicle, this improves privacy and dignity.
- There was a group exercise in the gym, and whilst the team didn't interrupt it was evident that the staff and patients seemed to be enjoying the exercise.
- Occupational Health Services spoke about how they have recently moved location and although the team felt a little isolated from the main building, they felt it was a good thing due to the sensitive issues with staff they dealt with. Staff who had been referred felt less anxious in the new build as didn't have to attend the main hospital.

Issues identified during the visits:

The majority of actions identified during the visits were addressed at the point of contact, seeing immediate action being taken, where appropriate, with assurance given that where required communication would be shared with the wider team, to prevent similar occurrences. A number of issues were resolved shortly following the visits. These included:

- A Medicine trolley that was noted to be extremely noisy with squeaky wheels. - actioned immediately rang through for repair whilst the team was still on the ward.

- A positivity Board – was empty, which the team joked about. The Ward Sister explained that it wasn't that the team wasn't positive but that the board is being changed.
- One area noted to have had 7 Falls in the last month – the team felt this was high. The Ward Sister discussed it is common for them to have 5-11 falls per month. No trends or themes are associated, and they do encourage patients to be independent and would not wish to be risk-averse and stifle that independence.
- Lots of talks around uniforms and women in menopause. Occupational Health does support the use of scrubs and their workload has increased due to the number of referrals; a discussion was held as to whether the new uniforms will be menopausal friendly.

Below is an indication of actions that require updates currently:

- Theatre storage at Newark was discussed, as this is a problem, and the waiting room on Fernwood is seen as a solution, the teams are currently working with the surgical division to establish alternative solutions.
- Fernwood Unit was looked at it will be the new place for the Community Midwives. And is currently under development, however, the vision was seen by the team, and with the three cubicles already prepared for service, work is ongoing.
- It was noted by some teams that corridors are being used for storage of equipment- and that this is an ongoing issue across the Trust, seen in many areas.
- An Occupational therapist felt that sensor mats for patient chairs may be useful, the staff member had used these previously at a different organisation and felt they were beneficial, and this is being looked at currently.
- A Receptionist spoke of frustration at not having a print label machine and having to use one from a different ward. This was the result of the incorrect print label machine having been ordered. It was escalated to the ward leader who was already aware of the issue and trying to resolve it.
- One wall was identified as in need of decoration and was due May 2024. It was discussed with the ward sister, and she informed me that the ward is due for life cycle paint in October however she will ask for one wall to be done earlier.
- Staff reported obtaining enough chairs to sit patients out of bed was challenging but also, the type of chair wasn't always appropriate- Staff had already raised the issue over chairs but felt frustrated at

the scrutiny that came back, although did understand the financial position. However, they felt this being resolved could improve patient care. Escalated to Medical matron of Mansfield Community Hospital.

- A Foyer – looked a little bland and uninviting although the area was clean and tidy it may benefit from some more inviting furnishings, and a 12-month deadline for work was given.
- A Bathroom was not utilised for its intended purpose and staff used it as a storage area. Bath, sink, etc remain connected to the water supply therefore staff have to flush the system as per the Trust policy. The ward would need to explore if the water can be disconnected safely to stop the need for flushing and avoid any water safety issues/ infection and to consider if the bathroom can be repurposed.
- The Nursery- Outside area improvement works are ongoing. The team was pleased to see work being undertaken to improve the outside space for children. This will be completed for the summer months meaning the children will be able to play outside.

Patient feedback:

Feedback received from patients and carers was positive during the visits, with a strong sense of compassion being seen throughout the conversations.

When triangulating this with the Friends and Family Test feedback, concerns, and compliments you can see below some of the positive words used to describe the Trust, staff, and the care received.



Visiting team's feedback:

The Trust CARE values and behaviours were reflected throughout the language used within all the reports and demonstrated an alignment with patient feedback.



Feedback was provided to area owners by the visiting teams if any issues were identified allowing them to act on this, improving as required, and sharing the positive findings.

Conclusion:

The 15 Steps Challenge is a valuable source of qualitative information that aligns patient and staff experience to collectively promote a positive experience for all and support staff to initiate local service improvement. It is not to be used as a single process of quality measurement; the 15 Steps Challenge is used in conjunction with several clinical audits that support the triangulation of the delivery of quality care from a multifaceted approach.

The programme of visits also continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor's representation is a valuable element in the 15-step process as they provide a unique opportunity to capture real-time honest patient feedback. The outcomes of the visits continue to be overwhelmingly positive with many examples of person-centred compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.

Next Steps:

Moving forward visits will be planned through May, June, July, August, September, and October 2024, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues allowing for improvements or sharing of positive findings.

Council of Governors - Cover Sheet

Subject:	Quality Account 2023/2024 update and presentation of Quality Priorities for 2024/2025				Date:	14 th May 2024
Prepared By:	Kate Wright, Associate Chief AHP					
Approved By:	Phil Bolton, Chief Nurse					
Presented By:	Kate Wright, Associate Chief AHP					
Purpose						
The purpose of this paper is to update the council of Governors on the progress of the Quality account and present the quality priorities for 2024/2025.					Approval	
					Assurance	x
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
			x			
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Failure to achieve the Trust's financial strategy					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Audit and Assurance Committee Quality Committee						
Acronyms						
QA – Quality Account				ICB - Integrated Care Board		
COG – Council of Governors				NHSE – NHS England		
NICS – Nottingham and Nottinghamshire Integrated Care System				Q4 – Quarter 4		
Executive Summary						
<p>This paper is to provide assurance to the Council of Governors on the production of the 2023/2024 Quality Account (QA) and, to present the Quality Priorities for 2024/2025 that will be published in the QA.</p> <p>Patients want to know they are receiving the very best quality of care. Providers of NHS Trusts are required to publish a Quality Account each year. These are required by the Health Act 2009 and set out in NHS (QA) Regulations 2010.</p> <p>A Quality account must contain the following:</p> <ul style="list-style-type: none"> ➤ Part 1: Statement on quality from the CEO ➤ Part 2: Priorities for improvement and statements of assurance from the Board ➤ Part 3: Other information and 2 annexes. This section is to present other information relevant to the quality of services provided by the Trust and must include: <ul style="list-style-type: none"> ➤ At least 3 indicators for Patient Safety ➤ At least 3 indicators for Clinical Effectiveness 						

- At least 3 indicators for Patient Experience
- Statements from ICB, Healthwatch and the Overview and Scrutiny Committee
- Statement of Directors responsibilities for the quality report.

The QA is collated from a wide range of authors with stakeholder engagement.

NHSE undertook a review of the QA process with providers during 2022. Guidance is normally received in Q4 from NHSE, describing the QA requirements required for publication of that financial year. The outcome of this review and requirements for the 2023/2024 QA remains outstanding. In the absence of published guidance for this year, SFHFT are following previous guidance requirements. This approach has been agreed and verified with the ICB and other NICS providers.

Pre-Covid-19, NHSE guidance was published early in Q4 so facilitated the COG to be involved in the selection of the quality priorities for improvement the following year (part 2). In light of the lack of guidance this year, and the timeline to produce the QA, the quality priorities have been agreed and presented at Quality Committee. They have been selected from the Quality Strategy 2022-2025 and are as follows:

Specific Campaign	Quality Priority	Success Measure
Campaign 2 Excellent patient experience for users and the wider community	<i>Increased service user/citizen engagement at key SFH meetings</i>	Assurance processes / Terms of Reference/Meeting Minutes.
Campaign 3 Strengthen and sustain a learning culture of continuous improvement	<i>Developing and embedding our approach to Patient Safety II by implementing and embedding Patient Safety Incident Response Framework (PSIRF).</i>	Embedded patient safety framework to match the national patient safety incident framework.
Campaign 4 Deliver high-quality care through kindness and 'joy at work'	<i>Reduce colleagues working experience of violence and aggressive behaviour</i>	Improved performance against the following key National Staff Survey indicators at a Trust level. We will report that staff have not experienced harassment, bullying discrimination or abuse from: <ul style="list-style-type: none"> • Patients / service users, their relatives or members of the public/Other colleagues/managers

The Quality Account 2023/2024 will be submitted and published on the SFHFT intranet website on 30th June 2024. The COG is asked to note the quality priorities and, take assurance that the timeline for publication of the SFHFT Quality account 2023/2024 is progressing, and, on track.

Council of Governors - Cover Sheet

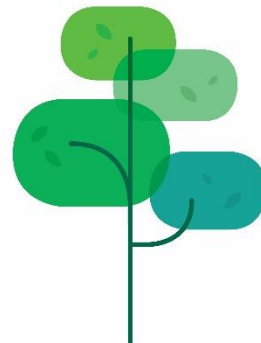
Subject:	Improvement Faculty Update		Date:	14 th May 2024		
Prepared By:	Jim Millns, Associate Director of Transformation					
Approved By:	Claire Hinchley, Interim Director of Strategy and Partnerships					
Presented By:	Jim Millns, Associate Director of Transformation					
Purpose						
<p>The purpose of this paper is to provide the Council of Governors with an update on the Improvement Faculty. This will focus on two key areas:</p> <p>a. An update on the development of the Trust's Continuous Quality Improvement Strategy.</p> <p>b. Changes to governance, which will help embed Continuous Quality Improvement across the organisation.</p>				Approval		
				Assurance		
				Update	X	
				Consider		
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X		
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Failure to achieve the Trust's financial strategy					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
None.						
Acronyms						
ICS – Integrated Care System SFH – Sherwood Forest Hospitals TMT – Trust Management Team NHS IMPACT – National Health Service Improving Patient Care Together QSIR – Quality, Service Improvement and Redesign PDSA – Plan, Do, Study, Act						
Executive Summary						
1. <u>Overview</u>						
1.1 As the Council of Governors will recall, the Sherwood Forest Hospitals Improvement Faculty (herein referred to as ' <i>the Faculty</i> ') was launched on 4th May 2023. It has therefore been operational for just over a year.						

- 1.2 In that time the Faculty has achieved and delivered against its key objectives (see slide 2).
- 1.1 In addition the Faculty is also helping to develop (and deliver) a Continuous Quality Improvement Strategy (CQIS) (see slides 3-4). The CQIS will provide a framework that reinforces and underpins the Trusts commitment to '*strengthening and sustaining a learning culture of continuous improvement*'. The aim is to **firmly embed continuous learning and improvement across the entire organisation**.
- 1.2 The CQIS will outline how we will deliver safe person-centred care to our citizens and support our colleagues by providing the best possible practice environment. It will therefore help us to innovate, improve and thrive as an organisation and achieve our aim of providing *Outstanding Care, given by Compassionate People leading to Healthier Communities*.
- 1.3 In addition, this report will also provide an overview as to how delivery of the CQIS will be monitored and overseen. This will predominantly involve the creation of an Executive Director led Improvement Cabinet (see slides 5-6).
- 1.4 The role of the Improvement Cabinet will be to receive assurance and provide appropriate support on the delivery of all Transformation Programmes, Divisional Productive Programmes (including financial efficiency), and building culture and horizon scanning. The Improvement Cabinet will ensure quality and patient safety considerations underpin all aspects of improvement activity and they will therefore review appropriate action plans, risk logs and issue logs (including the assumptions and dependencies that are detailed in each) and provide support and help to resolve and/or 'unblock' issues which are impacting on delivery. **The Cabinet will also oversee the delivery of the Continuous Quality Improvement Strategy.**
2. Recommendations
- 2.1 The Council of Governors are asked to:
- a. Note the contents of the attached report.
 - b. Agree to receive a further update in 6-months.

Sherwood Forest Hospitals NHS Foundation Trust

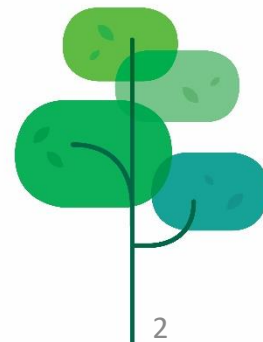
Improvement Faculty Update

Council of Governors Meeting 14th May 2024



Improvement Faculty Update – Reflections on last 12-Months

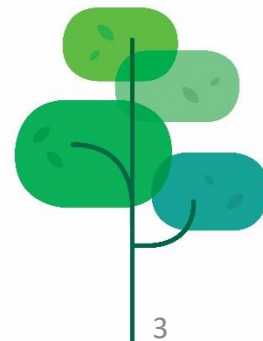
- The creation of the Trusts Improvement Faculty has helped to reinforce that **patient safety, clinical effectiveness and quality care remain at the heart of our strategic vision.**
- The main purpose of the Improvement Faculty was/is to provide a centrally located, **single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement**, change management and transformation. The overarching aims of the Faculty are to improve the quality of patient care, improve the experience of those who use our services, improve clinical outcomes, improve the working lives of our colleagues, and help the Trust to make best use of its resources.
- The Faculty therefore provides an evidence-based improvement offer that will help the Trust to **embrace the cultural aspects of improvement, address the immediate priorities and help plan for longer-term challenges.**
- Since its inception, the Faculty have:
 - Supported 11 major Transformational Programmes.
 - Continued to deliver 7 different training programmes (including contributing to the system wide Quality, Service Improvement and Redesign (QSIR) practitioner programme).
 - Supported every clinical division in the delivery of financial improvement.
 - Have responded to over 110 additional requests for ad-hoc support.
 - Brought together a multitude of partner services (for whom Improvement is a part of their role) through the establishment of a multi-professional 'Improvement Advisory Group'.



Improvement Faculty Update – Developing a Continuous Quality Improvement Strategy (1)

Background

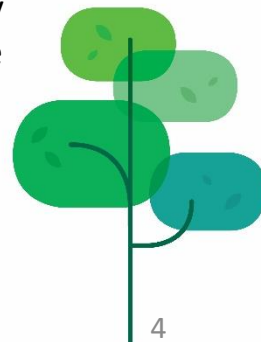
- Back in 2022 SFH launched its Quality Strategy 2022-2025.
- Although ‘*strengthening and sustaining a learning culture of continuous improvement*’ was a key component of the Quality Strategy, **the Trust is keen to reinforce the importance of this.**
- **This is therefore why we are developing a Continuous Quality Improvement Strategy;** to firmly embed continuous learning and improvement across the entire organisation. It will therefore help us to innovate, improve and thrive as an organisation and achieve our aim of providing *Outstanding Care, given by Compassionate People leading to Healthier Communities*.
- We have proactively sought the views of clinical and operational colleagues, and as a result of the feedback we’ve received, the Continuous Quality Improvement Strategy is starting to take shape.
- Importantly however, by seeking views and consulting with colleagues, the strategy will be ‘owned’ by the wider organisation. **It will simply be a framework for how the organisation aims to improve clinical quality, outcomes and working lives.**
- Our aim is to create the right culture so that all colleagues and teams across the organisation are encouraged to ask the questions ‘**how are we doing?**’ and ‘**can we do it better?**’.



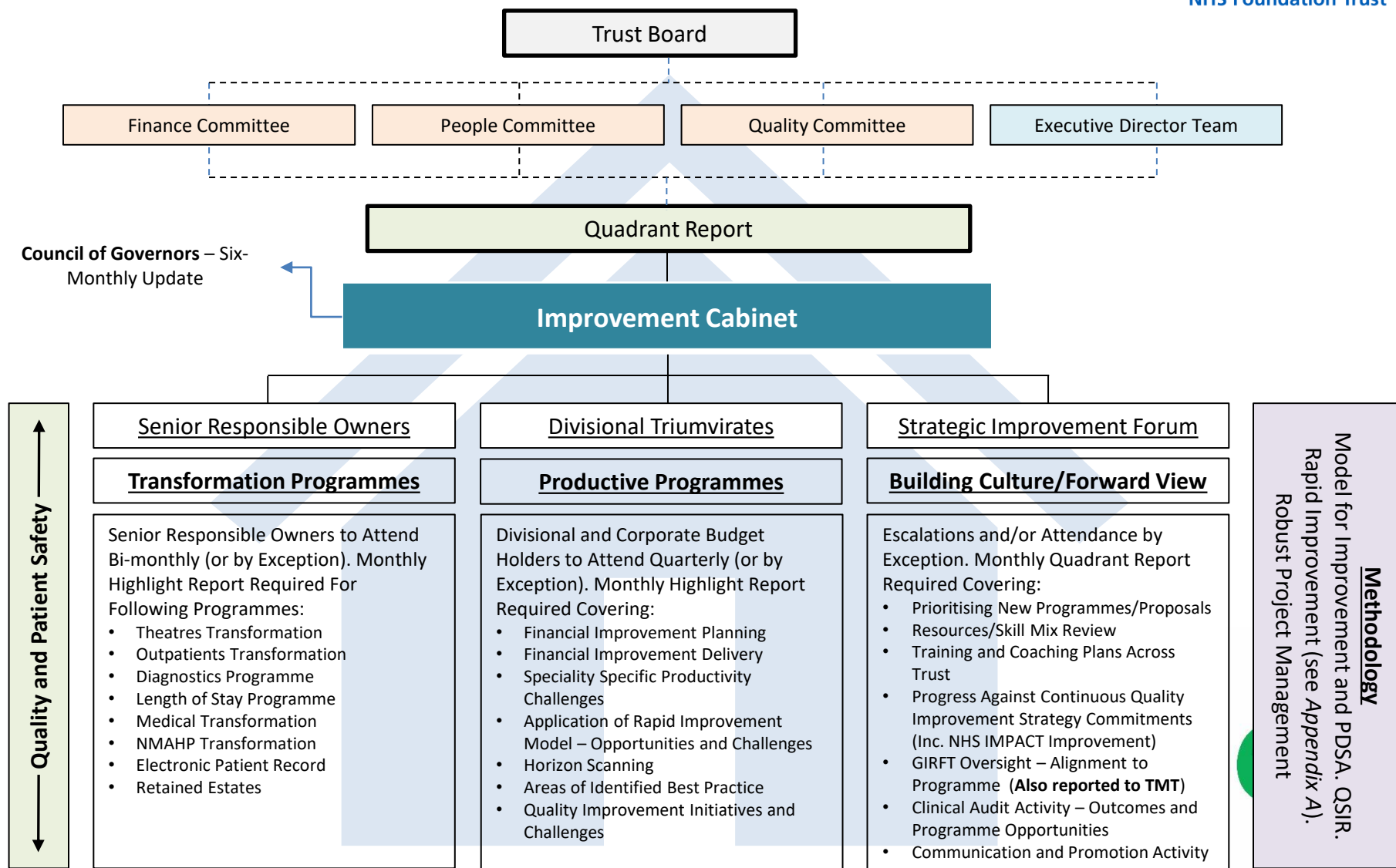
Improvement Faculty Update – Developing a Continuous Quality Improvement Strategy (2)

Our Commitments *(What have people told us they want to see)*

- **Commitment 1 - We Will Build a Shared Purpose and Vision**
We will identify and promote a improvement methodology to use across our entire organisation, ensuring a local, systemic and simple way of practising improvement.
- **Commitment 2 - We Will Invest in People and Culture**
We will give all our colleagues access to induction, improvement training and support, so that everyone can run improvement projects and continuously improve their daily work.
- **Commitment 3 - We Will Build Improvement Capability and Capacity**
We will set the expectation that all colleagues will have a common understanding of improvement, that it is a priority for the organisation and that they will be supported to make improvements in their own area of work.
- **Commitment 4 - We Will Develop Leadership Behaviours**
We will have a clear leadership and management development strategy in place, outlining capability requirements and access to training. The Board will set our ambition, provide direction, and allocate resources to develop an organisation-wide system and culture for continuous improvement.
- **Commitment 5 - We Will Embed Improvement into Management Systems and Processes**
We will develop an approach to programme and project delivery that aligns with the strategy, vision and purpose of our organisation.



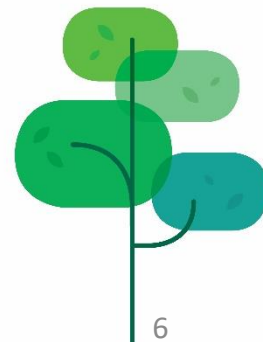
Improvement Faculty Update – Changes to Governance (1)



Improvement Faculty Update – Changes to Governance (2)

Benefits of Introducing an Improvement Cabinet

- Quality and Patient Safety will continue to underpin everything we do.
- All aspects of Improvement (including culture) will be discussed simultaneously.
- The Cabinet will ensure everything we do will be grounded in evidence.
- Having an Executive led cabinet will reinforce that **improvement is everybody's business**. Improvement will become an organisational resource in which we all have a stake.
- Multiple points of reporting will ensure key messages are circulated across the organisation.
- The Cabinet will oversee and ensure that the right level of support is provided with the right level of expertise.
- It will provide a single point of governance for delivery of the Continuous Quality Improvement Strategy.



Improvement Faculty Update – Contact Us



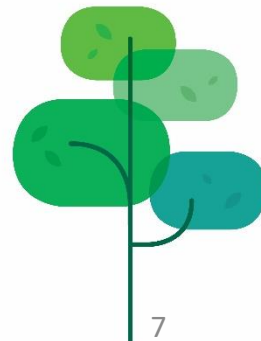
sfh-tr.sfhimprovementfaculty@nhs.net



@SFHImprovement



The Improvement Faculty Hub, Office 061039 (Opposite the Boardroom), Level 1,
Kins Mill Hospital



Council of Governors - Cover Sheet

Subject:	Fit and Proper Person Requirements – Implementation Update		Date:	14 th May 2024		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs					
Approved By:						
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs					
Purpose						
To provide assurance to the Council of Governors regarding compliance with the updated NHSE Fit and Proper Person Framework requirements in force from 30 th September 2023 and to note the voluntary extension of the requirements to current and new Deputies to Executive Directors.				Approval		
				Assurance	X	
				Update		
				Consider		
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X	X	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					X
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					X
PR4	Failure to achieve the Trust's financial strategy					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Executive Team Meeting – 24 th April 2024 Board of Directors in public – 2 nd June 2024						
Acronyms						
FPPT – Fit and Proper Person Test FPP – Fit and Proper Person ESR – Electronic Staff Record SID – Senior Independent Director NHSE – National Health Service England						
Executive Summary						
<p>NHSE has developed a FPPT Framework (referred to in this paper as the “new Framework”) for board members in response to recommendations from the Kark Review that reported in 2019 intended to strengthen and reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS leading to positive impacts on patient safety.</p> <p>The Trust has responded to the requirements of the new Framework that came into force on 30th September 2023 and now has in place the core documents comprising the Privacy Notice for Board members, an updated FPP Policy and new FPP Recording and Reporting Guidance.</p>						

Work is currently underway to capture the outcomes of the required actions and checks into the ESR system that is the mandated storage repository.

The first annual submission on the outcomes of the FPP assessments that requires the approval of the Chair and the SID must be sent to the NHSE Regional Director by 30th June 2024. The Trust is well prepared to do this in a full and timely manner.

Further details of the implementation are provided in the accompanying paper.

Implementation of the New Fit and Proper Person Requirements

NHSE has developed a FPPT Framework (referred to in this paper as the “new Framework”) for board members in response to recommendations from the Kark Review that reported in 2019 intended to strengthen and reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS leading to positive impacts on patient safety.

This new Framework was published on 2nd August 2023 and went live on 30th September 2023. It applies to both executive and non-executive directors, both interim and permanent, irrespective of voting rights. The Framework does not apply to the Council of Governors.

In response to the requirements set out in the Framework the Trust has:

- Updated the FPP Requirements Policy (HR0012) to include the requirements of the new Framework and issued new associated FPP Recording and Reporting Guidance
- Issued a specific Board Member FPPT Privacy Notice (based on the template at Appendix 6 of the new Framework) to all those currently covered by the new Framework. All current Board Members, and the Director of Corporate Affairs as a regular board meeting attendee, have signed a copy of the Privacy Notice to confirm receipt, and this has been placed on each individual's file. The same process has and will continue to be applied to all new Board Members. The Privacy Notice provides details of the types of personal information the Trust collects and processes in relation to the FPPT and informs members that their FPPT information is kept on the ESR system for a career long period (to the member's 75th birthday).
- Implemented the new starter/annual FPPT self-attestation process. All the Trust's Board Members have now completed their annual self-declaration of on-going fitness in the format prescribed in Appendix 3 of the new Framework. The Trust's Recruitment Manager is currently in the process of entering the information from the self-declarations, and the results from the annual Insolvency, bankruptcy and social media checks, into ESR that is a specified requirement in the process. The new Framework mandates ESR as the recording repository for all FPPT checks and information. In addition, as noted above, the Director of Corporate Affairs maintains an individual file for each Board member and regular attendee (referred to as a local evidence folder) with the files kept in a designated, locked metal filing cabinet.
- Is preparing, once the updated annual checks have been entered on to ESR, for the Associate Director of People (Transformation) to run the Annual Reporting Template Report (in the format contained in Appendix 2 of the FPP Recording and Reporting Guidance). This report comprises a comprehensive record of all checks carried out plus Training & Development compliance, last appraisal date, any ongoing and discontinued disciplinary investigations and any disciplinary findings, as detailed in the FPPT checklist at Appendix 7 of the new Framework. The Director of Corporate Affairs will share this report

with the Chair and, using the data from it, complete the Annual NHS FPPT submission to the NHSE Regional Director using the template at Appendix 5 of the new Framework that must be approved and signed by the Chair. This Annual submission includes in Part 1 the FPPT outcome for board members including starters and leavers in the period covered. Part 2 records any reviews or inspections of the FPP process, including by CQC, internal audit and Board effectiveness reviews. Its final section, Part 3, requires the SID or Deputy Chair to complete a Declaration regarding the Chair being Fit and proper and for the Chair to complete the same Declaration in respect of all other Board members. The process then requires the Chair to sign the overall declaration that the FPPT submission is complete.

The Director of Corporate Affairs will then send this first annual submission to the NHSE Regional Director by 30th June 2024. The Regional Director will review it and respond back as a record of receipt. The Regional Director will copy the submission to the NHSE Central FPPT Team where it will be collated with all the returns from other NHSE England regions.

It should also be noted that with the agreement of the Executive Committee the Trust has:

- Revised its arrangements for obtaining social media checks to ensure wide and consistent coverage via an external service provider, replacing the ad hoc checks previously carried out in-house.
- Begun the process whereby all Board members will become subscribers to the DBS updating service rather than having a single DBS check on appointment only.

NHSE has published a leadership competency framework for board members based on six domains each with a range of competencies. The six domains are:

- Driving high-quality, and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting for equality and inclusion, and reducing health inequalities
- Providing robust governance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

NHSE acknowledged that it is unlikely all NHS board members will be able to fulfil all of the competency examples all of the time and that first time directors may need time to develop proficiency. The Trust is required to incorporate the six competency domains into its board member role descriptions and recruitment processes from April 2024.

A revised Chair appraisal framework has been published and has been used in the 2023/24 Trust Chair appraisal. NHSE has announced that a new Board Member Appraisal Framework will be launched in Autumn 2024.

Assurance on the practical application of the new Framework since 30th September 2023 can be taken from the following:

- One externally recruited new Board member has been appointed since the new Framework went live. The FPP checks were completed in accordance with the new Framework and included obtaining references covering the mandated minimum six previous year period.
- To date the Trust has received three requests for references from staff covered by the new Framework, and these have been issued on the board member reference template (Appendix 2 in the new Framework) and stored on ESR and the People Directorate system.
- The Trust has complied with the requirement to prepare a reference on the prescribed Board Member Template Reference form following the resignation of an Executive Director. The reference was completed at the point the employment ended, as required by the Framework. The completed reference has been stored in ESR and the original placed on the former Executive Director's personal file ready for issue, if requested.
- The information provided to the Remuneration & Nomination Committee at its meeting on 4th April 2024, chaired and comprised exclusively of Board members, to assure the Committee that the Trust was compliant with the FPP requirements both at the time of the appointment of that Executive Director in 2022 (prior to introduction of the new Framework from 30th September 2023) and subsequently.
- The FPP process currently being run in respect of the Interim Board member appointee to ensure they meet the requirements of the new Framework, including the issue and signature of the board member Privacy Notice, further references being sought to cover the period of at least six years, and a new DBS check. In order to have the other designated Executive Director deputies ready to take up Board appointments, if required, it was proposed to the Board at its meeting on 2nd May 2024 that the new FPP requirements are extended to the existing Deputy cohort and all new Deputy Executive Director appointments with immediate effect. This proposal was agreed.
- That arrangements have been made for the Internal Auditor to discuss with the Director of Corporate Affairs, the scope of the FPPT review included in the 2024/25 Internal Audit Plan. Outline terms of reference for this review have been prepared and an initial scoping meeting held on 30th April 2024.

Recommendations:

That the Council of Governors

- takes assurance from the details in this paper describing the implementation of the new FPP Framework process,
- notes the arrangements, responsibilities, and timescale for the submission of the Trust's first annual submission to the NHSE Regional Director confirming compliance with the new Framework (by 30th June 2024), and
- notes the voluntary extension of the application of the FPP requirements of the new Framework to each Executive Director's designated deputy.

Audit & Assurance Committee Chair's Highlight Report to Council of Governors

Subject:	Audit and Assurance Committee	Date	14 th May 2024
Prepared By:	Manjeet Gill		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
This paper summarises the key highlights from the Audit and Assurance Committee Meeting held on 18 th April 2024.		Assurance	Substantial Assurance

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
First follow up implementation rate of IA actions is 72% against the target of 75% with resulting impact on the HOIA Opinion. Positive Assurance on lessons learned and planned actions to strengthen the internal processes to track progress.		A Review of the Committee effectiveness process will look at how this could be developed alongside the Committee Maturity Review planned this year.	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
Interim Head of Internal Audit Opinion for 2023/24 received and will inform the Annual Governance Statement when finalised. Progress update on the draft Annual Report and Annual Governance Statement (AGS) preparation. Register of Conflicts of Interest. Assurance received on the process and that no breaches had been identified. Positive progress reported on timely renewal of non-clinical Trust policies. Medicines Stocktake and process for control. Progress with draft Annual Accounts and the Going Concern statement, Valuation Process, Accounting Policies and Standards and IFRS16 and how that impacts on our PFI accounting, with no impact compared to the previous IFRS15 standard.		The updates to the Standing Financial Instructions and Scheme of Delegations were approved and a recommendation agreed for them to be ratified by the Board of Directors at its meeting in May 2024.	

<p>Losses and Special payments, with assurance on how to improve debt collection and prevent debt.</p> <p>Employment Tribunal Settlement. The process, decisions and lessons learnt.</p> <p>Data Security Protection Toolkit. Assurance on progress with indicators showing 83/108 complete as at 17.04.24 with training compliance on track to achieve 92%.</p> <p>Assurance received on the timeline and progress of the current 2023/2024 Quality Account</p>	
Comments on effectiveness of the meeting	
<p>Well-presented reports and assurance, helping understanding of some complex accounting and governance standards, in order to effectively carry out assurance role.</p>	
Items recommended for consideration by other Committees	

Note: this report does not require a cover sheet due to sufficient information provided.

Quality Committee Chair's Highlight Report to the Council of Governors

Subject:	Quality Committee Meeting	Date:	14 th May 2024
Prepared By:	Aly Rashid, Non-Executive Director		
Approved By:	Aly Rashid, Non-Executive Director		
Presented By:	Aly Rashid, Non-Executive Director		
Purpose:	This paper summarises the key highlights from the Quality Committee Meeting held on 22 nd April 2024		
	Assurance	x	

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none">- No Medical Lead for Sepsis.- HSMR- Recognising the importance and complexity of the work being undertake, the committee raised questions regarding whether adequate resources were available to the team.- Timely Care paper to be provided to the QC in specific relation to trends in cancers diagnosed at stages 1-4.		<ul style="list-style-type: none">- HSMR- An approach has been made with regional peer Trust Dudley Group NHS Foundation Trust, who appear to have been on a similar journey in relation to elevated HSMR. The Trust will benefit from shared learning and support.	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
<ul style="list-style-type: none">- Verbal update in relation to breast services with a formal paper to be presented in the coming months.- Positive assurance gained in relation to HSMR, IPR, PSC, NMAHP and MAC papers.- Positive assurance provided following BAF Risk Score comparisons to other Trusts.		<ul style="list-style-type: none">- APPROVED- Quality Committee Terms of Reference pending agreed amendments.- APPROVED- Quality Committee Annual Work Plan 2024/25, pending agreed amendments.- Invitation to be extended to the CQC for Quality Committee for transparency.	
Comments on effectiveness of the meeting			
High quality of papers provided, prompting a positive level of discussion and challenge.			
Items recommended for consideration by other Committees			
No			

Finance Committee Chair's Highlight Report to the Council of Governors

Subject:	Finance Committee (FC) Report	Date: 14 th May 2024
Prepared By:	Graham Ward – FC Chair	
Approved By:		
Presented By:	Graham Ward – FC Chair	
Purpose:		
To provide an overview of the key discussion items from the Finance Committee meeting of 23 rd April 2024.		Assurance Significant

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>FIP</u> – concern that £6.5M of the 2023/24 FIP delivered was non-recurrent, put together with the current FIP target for 2024/25 of £27.1M equates to a full requirement this year of £33.6M (over 6%). For NOTING. <u>CDC</u> – the temporary facilities must be maintained for 2024/25 until the new CDC is completed (otherwise Trust performance will be materially impacted), yet it remains unfunded due to a technicality. ACTION: recommend that a letter from the Board go to the ICB and Region. <u>Month 12 Finance Report</u> – The draft deficit for the full year is £11.6M, £3.1M adverse to the H2 Re-submission, due to the non-payment of £5.5M re CDC, offset by a gain of £2.4M on PDC. Key issue for NOTING: <ul style="list-style-type: none"> Concerns continue with respect to cash, exacerbated by the non-payment of the expected CDC income (cash pressure in 2024/25 of £39M). <u>2024/25 Planning</u> – Good progress but NOTE CDC risk above, FIP requirement of £33.6M and starting underlying deficit of £22M. 	<ul style="list-style-type: none"> <u>FIP, Agency/Bank Expenditure, Productivity and Cash</u> – All to be subject to deep dives as part of the May Informal Committee Meeting. <u>Sustainability</u> – Not assured on progress and lack of a strong communication strategy. <u>Month 12 Finance Report</u> – waterfalls to be prepared to show underlying deficit and extent of cask risk for sharing with Committee and Board. <u>2024/25 Planning Update</u> – Table of compliance and comments to include a risk of delivery column, together with further comments.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>FIP</u> – Process to identify, manage and deliver well worked through including quality impact assessments and linkages to People and Quality Committees. <u>Agency and Implied Productivity</u> – reviewed background information ahead of deep dive in May. <u>NHSE and ICB Updates</u> – positions noted. <u>Month 12 Finance Report</u> – Finance team and Trust, as a whole, were 	<ul style="list-style-type: none"> <u>Treasury Management Policy</u> – Approved <u>Workplan</u> – Approved subject to addition at the end on informal meetings. <u>Terms of Reference</u> – Approved subject to addition of sustainability. <u>BAF</u> – agreed to hold PR4 (financial Strategy) at 16 and to recommend an increase in PR8 (Sustainability) to 12.

<p>congratulated on being on track to deliver the revised 2023/24 financial outturn, before the impact of the CDC funding withdrawal.</p> <ul style="list-style-type: none"> • <u>Procurement</u> – noted the forward programme and move towards greater collaboration with NUH and NHT. • <u>PFI Settlement</u> – continuing to progress, though on fire safety the impact of the new Building Safety Act is still being determined. • <u>Internal Audit Reports</u> – reports on Procurement, and Budget Setting, Reporting & Monitoring were presented. Both reports were issued with significant assurance and assured that recommendations were on track to be implemented by agreed dates. • <u>Strategic Priorities</u> – Q4 position and progress noted. 	
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> • All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion. 	
Items recommended for consideration by other Committees	
<ul style="list-style-type: none"> • Audit Committee to be appraised that the 2 internal audit reports were reviewed and actions to implement discussed. • Quality and People Committees to note their inclusion in the 'governance' around the FIP programme. Committee chairs to discuss whether any 'joint' meetings may be required. 	

People Committee Chair's Highlight Report to the Council of Governors

Subject:	People Committee Board Report	Date: 14 th May 2024	
Prepared By:	Steve Banks, Non-Executive Director (Chair of the People Committee)		
Approved By:	Steve Banks, Non-Executive Director (Chair of the People Committee)		
Presented By:	Steve Banks, Non-Executive Director (Chair of the People Committee)		
Purpose:			
To provide a summary overview from the People Committee’s meeting held on 26 th March 2024		Assurance	Significant

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> No specific items for escalation, however the ongoing impact on staff and patients of industrial action continues to be a concern 	<ul style="list-style-type: none"> The committee was pleased to note that the Trust had gained funding as a People Promise Exemplar, and also noted the role being played as part of the system being a Scaling Up People Services Vanguard The Violence and aggression improvement plan was presented, with an aim to launch in May Understanding the Staff Survey, how to respond and how to hear more staff voices
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> The Employee Relations deep dive provided assurance in the way cases are managed. Much positive assurance was also received: Occupational Health including measles update; Medical and Nursing, Midwifery and AHP staffing reports; Healthcare support workers job grading; and performance in terms of IPR and strategic objectives. The Gender Pay Gap report provide assurance with Trusts requirements Equality Act 2010. 	<ul style="list-style-type: none"> The BAF was reviewed and risk levels and levels of assurance held

Comments on effectiveness of the meeting
Great papers and meeting, the right agenda. Good to be very proud of staff survey, whilst recognising voices not heard and work still to do
Items recommended for consideration by other Committees
None

Note: this report does not require a cover sheet due to sufficient information provided.

Partnerships & Communities Chair's Highlight Report to the Council of Governors

Subject:	Partnerships & Communities Quadrant Report	Date:	14 th May 2024
Prepared By:	Barbara Brady, Chair of Partnerships & Communities Committee		
Approved By:	Barbara Brady, Chair of Partnerships & Communities Committee		
Presented By:	Barbara Brady, Chair of Partnerships & Communities Committee		
Purpose:			
To provide a summary overview from the Partnership and Communities Committee meeting held on 11 th April 2024		Assurance	

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
Ongoing challenge of resources required to support partnership work and the needed to constantly prioritise work		A single integrated delivery plan covering all the responsibilities of this committee	
Positive Assurances to Provide		Decisions Made (include BAF review outcomes)	
Latest version of the Delivery Plan Review of gaps in Partnership arrangements and next steps Population health overview with next steps		BAF, PR6 score raised to 8	
Comments on effectiveness of the meeting			
Good meeting, high quality of papers enabled good discussion			
Items recommended for consideration by other Committees			
None on this occasion			

Note: this report does not require a cover sheet due to sufficient information provided.

Council of Governors - Cover Sheet

Subject:	Chair's Appraisal Outcome and Objectives	Date:	14 th May 2024		
Prepared By:	Barbara Brady, Non-Executive Director and Senior Independent Director and Liz Barrett, Lead Governor				
Approved By:	Barbara Brady and Liz Barrett				
Presented By:	Barbara Brady and Liz Barrett				
Purpose					
To approve the recommendation of the Governor Remuneration and Nomination Committee to accept the review of the Chair's objectives for 2023/2024 and the setting of objectives for 2024/2025 has been completed		Approval	X		
		Assurance			
		Update			
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Council of Governors Remuneration Committee – 22 nd April 2024 (This version has been amended slightly to reflect the outcome of the East Midlands Mayoral election)					
Acronyms					
COG. Council of Governors ICB Integrated Care Board ICS Integrated Care System FT. Foundation Trust NED. Non-Executive Director CEO. Chief Executive Officer PBP. Place Based Partnership EDI. Equality Diversity and Inclusion PDP. Personal Development Plan					
Executive Summary					
Following guidance issued by NHS England the Lead Governor and Senior Independent Director met with the Chair in March 2024. Informed by feedback from members of the Board of Directors, Council of Governors and two Chairs from the Nottinghamshire system a review of Objectives for 2023/4 was completed and at the same time objectives for the year ahead i.e. 2024/25 were agreed along with associated Personal Development Plan. This is Claire Ward's third and final successful annual appraisal.					

Chair's Annual Performance Review

Review Period: 1st April 2023 – 31st March 2024

The review process reflects guidance published by NHS England. The Senior Independent Director along with the Lead Governor met with the Chair in March. This paper captures that discussion and has two parts; review of 2023/24 and objectives for 2024/5.

Part 1: Review of 2023/24

Overview

Claire Ward was appointed substantive Chair on the 1st October 2021, making this her third and final annual appraisal as Chair. She will be leaving the Trust at the end of May 2024 and handing over to Graham Ward our Vice Chair who will be Chair on an Interim basis. In view of this, there is no Personal Development Plan (PDP) relating to Claire included in this paper. A PDP will be developed with Graham once he has had a chance to settle in.

It has been another busy year with the successful appointment of several new Governors including a new Lead Governor. A large majority of the Executive team have now settled in role and at the time of writing this paper there is only one interim Director. This more stable team will enable the Trust to mature and develop especially given the recent publication of the Trust's Strategy, which sets our direction for the next 5 years.

The Trust continues to be challenged on a number of fronts. It has experienced a year on year growth in demand for services. This has resulted in extended periods of operating at Opal 4 level and utilizing the Full Capacity Protocol. The effect of industrial action on patients, staff and indeed the whole organisation cannot be understated. Unfortunately, at the time of writing the National junior Doctor dispute continues on. The financial position of the Trust continues to be challenging. So, against this backdrop it was good to hear the results of the national staff survey (Published March 2024) stating that SFHT is the best Trust to work for in the Midlands.

The work outside of the Trust as part of our wider system working continues to develop. For instance, our Place Based Partnership is beginning to evidence benefits e.g. "step into the NHS" which has resulted in number of successful recruitments. In addition, the participation of our District Local Authorities in the Integrated Discharge Hub (hosted at KMH) has contributed to more effective and speedy patient discharges.

This next section is a look back. Initially the focus is on feedback received from Stakeholders. Much of the feedback from the first section provides evidence to support the achievement of last year's objectives and feeds into the look forward i.e. the objectives for 2024/25

Stakeholder and Partner Feedback

All members of the Board and Council of Governors were invited to provide their feedback based on a competency framework developed by NHS England and NHS Improvement. The competencies assessed in the Multi Source Feedback were; strategic, partnerships, people, professional acumen and outcomes focus. For each competency there were several statements and for each of these it was possible to choose from four responses; strongly

agree, agree, disagree and strongly disagree. The second part of the questionnaire asked respondents to use free text to respond to three questions;

- What does the chair do particularly well?
- How might the Chair increase their impact and effectiveness?
- Additional comments?

The questionnaire was emailed out. This year, this was done slightly differently to enable the Governor and Board members results to be analysed separately. The response rate for Board members was 69% (11/16) and 50% (11/22) for Governors. In addition to using the questionnaire with Board members and Governors, feedback from the Chairs of our two local providers was also sought via email. These Chairs were selected as they represent organisations with whom SFHT has a strategic relationship and with whom Claire engages on a regular basis. Feedback was sought on what Claire did well and secondly how might she improve her impact and effectiveness.

In considering the responses to the questionnaire it has not been possible to determine if the same individual has given more than one negative response or if there are multiple individuals involved.

Multi Source Feedback

The majority of respondents agreed or strongly agreed with the statements, there were a relatively small number of those who disagreed.

Competency: Strategic

All responses were in the agree or strongly agree categories (20/22) with two exceptions. These exceptions were in the disagree category and are from Board member/s. The statements are *'Evaluates evidence, risks and options for improvement objectively'* and *'Builds organizational and system resilience for the benefit of the population of the system as a whole'*.

Competency: Partnerships

All responses were in the agree or strongly agree categories (20/22) with two exceptions. Again, these were in the disagree category but this time from Governor/s. The statements are *'Develops external partnerships with health and social care system stakeholders'* and *'Promotes collaborative, whole-system working for the benefit of all patients and service users'*.

Competency: People

All responses were in the agree or strongly agree categories (19/22) with three exceptions. Again, these were in the disagree category. A Board member disagreed with the statement *'Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users'*. A second Board response was negative to the statement *'Supports, counsels and acts as a critical friend to directors including the chief executive'*. A Governor disagreed with the statement *'Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively'*.

Competency: Professional Acumen

All responses were in the agree or strongly agree categories (21/22) with one exception by a Board member with disagreed with the statement *'Applies financial, commercial and technological understanding effectively'*.

Competency: Outcomes Focus

All responses were in the agree or strongly agree categories (20/22) with two exceptions. A Board member disagreed with the statement *'Embeds a culture of continuous improvement and value for money'* and a Governor disagreed with the statement *'Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus'*.

Free Text Responses

Rather than considering every individual response to each of the three questions at the end of the questionnaire, the responses have been analysed and themed enabling inclusion of the feedback from the interviews with the chairs. When strengths were mentioned in the additional section, these have now been included in the analysis of strengths.

What the Chair does well.

At Claire's first appraisal, she was asked what she would like to be known for. This was to enable a longer-term view of her time as Chair. Her response was about working in partnership and collaborating. Feedback on this aspect has been very positive from both system Chairs, stating that she has been a *'strong player in our system and in our Provider Collaborative'* and *'a committed system player. In all system meetings Claire is very much focused upon the best interests of the public....'* This type of feedback is particularly important as these comments are based on direct and personal experience of our external partnerships. Overall the feedback for Claire is positive and several people gave praise and thanks to Claire as she prepares to move on.

There were several themes identified and again unsurprisingly several of these are a repetition of last year's findings;

- Excellent communicator e.g. *'an outstanding communicator', 'communicates well and always looks enthusiastic even in adversity'*
- Strong external focus/system working e.g. *'Works closely with CEO and liaises well across the ICS'*
- Knowledgeable e.g. *'has detailed knowledge of the Trust including its strengths...'*
- Leadership and strategic thinking. e.g. *'works closely with the CEO and liaises well across the ICS.'*
- Positive attitude e.g. *'Has an open and friendly attitude toward all'*.

How might the Chair increase their impact and effectiveness?

Again, the responses have been analysed to identify themes.

- Holding to account more effectively e.g. *'ensuring all execs and non-execs are across their briefs'*.
- Ongoing work with Governors through one to one meetings and ongoing development of the COG

Table 1: Performance Relating to Chair's Personal Objectives for 2023/24

Key Objective	Detail /Delivered Through	Evidence
Chair the SFHT Board to become an outstanding Board	To support the development of a new strategy for 2024 - 29	Strategy now published. Supported directors to get input from NEDs and governors
	Explore freedoms and flexibilities available as an FT in order to secure better outcomes for our population	It is clear that this is not a priority for the Trust and we subsequently removed this reference from our strategy
	Ensure there is greater focus and strategy to address Health Inequalities, to increase our focus on the Place Based Partnership.	Work of our partnerships with PBP. Strategy focuses on health inequalities.
	To provide opportunities for board to feed into the Provider Collaboration and ICS discussions	I think this is done through our discussions and our NEDs attending committees, also meetings with ICS and chairs.
	Ensure all NEDs have appraisal and personal development plan	Appraisals undertaken
	To consider succession planning for the NEDs on Board and creation of Associate NED role	We have a new NED and a clear plan for succession. Discussions on handover to Vice Chair if required in May and plans to commence recruitment in May of new chair in any event.
	Review the membership of committees	New committees created and membership reviewed
	To regularly meet with the EDI leads and consider how Board can support them	I have met with Suman and other leads, including supporting Trust attendance at Pride. Networks have been through a recent review/ renew.
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	Provide support and counsel as a critical friend for the Chief executive and Executive Directors	Especially in relation to issues with directors.
	To develop strong links between relevant Executives and NEDs	I have encouraged this and I think this has developed e.g. Aly/Dave

Chair Council of Governors and ensure good governance by enabling them to carry out their roles effectively and efficiently.	Enhanced engagement with governors recognising the election of new governors in this year.	Good relations with Lead Governor. Regular meetings with governors.
	Support a successful transition to a new Lead Governor	Liz has settled in well into the new role and we have a good relationship. We involved Liz in the recent strategy launch too.
	Provide support and guidance to the new COG so that it holds NEDs to account effectively	Forthcoming Governors conference will help to clarify the roles and responsibilities of governors.
	Ensure effective feedback mechanism in place from Governors in order to ensure they have a good experience	I meet regularly with governors and available to respond to any issues.
	Ensure governance strengthens to accommodate system working implications.	Lead Governor is connected into governors in other providers in the system.
Visible leadership across the Trust in order to reinforce our vision, strategy and culture of improvement	To highlight the continuity of leadership at SFHT through increased visibility as Chair	Regular walk arounds. Participation in activities.
	To remain as Maternity Safety Champion NED	Monthly visit. High profile
	Participate in 15 steps walk about, etc.	Yes
	To maintain visible leadership throughout the organisation	Launch of strategy. Active engagement in external visits. On site at least once a week, normally 2 days.
Engage with external stakeholders in the Nottinghamshire system in order to secure better outcomes for our population	Develop opportunities to make tangible improvements in quality of care and value for money through our Provider Collaboration at scale	
	Develop and embed relationships and opportunities to promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.	I think the relationship building with partners has gone well this year and especially the connections with west Notts College and local councils.

	Ensure that focus is given in conjunction with CEO to financial challenges through Provider Collaborative	Engage in discussions with other chairs on this and other matters.
	Through Provider collaborative develop a single voice to ensure effective feed into and out of System board	I think we have this through the CEOs and where necessary through chairs meetings with ICS.
	Attend NHS Improvement and NHS Provider chairs events	Online attendance – limited.
	Attend quarterly review meetings with NHS Improvement	These have not taken place
	Develop opportunities to make tangible improvements in quality of care and value for money through our Place Based Partnership	The trust has worked with council partners on discharge arrangements to help support patients.

Part 2: Objectives for 2024/25

These objectives whilst developed with Claire have been drafted with a view to them being handed over to Graham Ward. The handover process between the two is well underway. The same key objectives used last year remain relevant. It is the detail which changes from one year to the next.

Table 2: Chair's Personal Objectives for 2024/25

Key Objective	Detail /Delivered Through
Chair the SFHT Board to become an outstanding Board	To hold to account directors and CEOs for the progress against the new Strategy
	Continue to connect board to ward and impact of decisions taken by Board
	Ensure there is greater focus and strategy to address Health Inequalities, to increase our focus on the Place Based Partnership.
	To provide opportunities for board to feed into the Provider Collaboration and ICS discussions
	Ensure all NEDs have appraisal and personal development plan
	To consider succession planning for the Chair role. Provide continual improvement for all NEDS

	Conduct a review of the effectiveness of the new committees.
	To regularly meet with the EDI leads and consider how Board can support them
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	Provide support and counsel as a critical friend for the Chief executive and Executive Directors
	To develop strong links between relevant Executives and NEDs
Chair Council of Governors and ensure good governance by enabling them to carry out their roles effectively and efficiently.	Enhanced engagement with governors and focus on their roles
	To ensure the effectiveness of the governors and their ongoing engagement
	Ensure governance strengthens to accommodate system working implications.
Visible leadership across the Trust in order to reinforce our vision, strategy and culture of improvement	To support the transition to a new Chair within the year.
	To remain as Maternity Safety Champion NED
	Participate in 15 steps walk about, etc.
	To maintain visible leadership throughout the organisation
Engage with external stakeholders in the Nottinghamshire system in order to secure better outcomes for our population	Develop opportunities to make tangible improvements in quality of care and value for money through our Provider Collaboration at scale
	Develop and embed relationships and opportunities to promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.
	Build extended relationships with partners in Derbyshire in recognition of the two ICS being brought closer together.
	Through Provider collaborative develop a single voice to ensure effective feed into and out of System board
	Attend NHS Improvement and NHS Provider chairs events
	Ensure progress in our partnerships strategy through work of partnership and communities committee

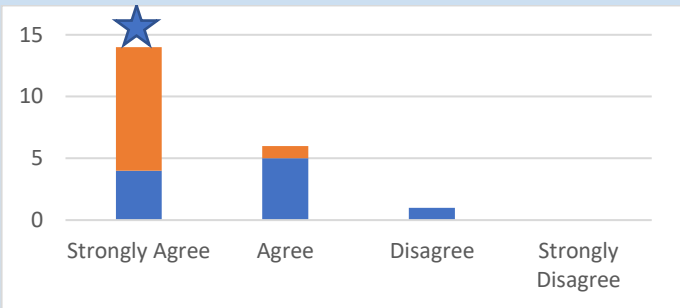
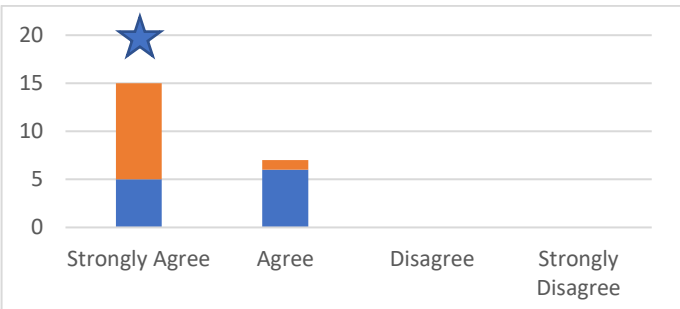
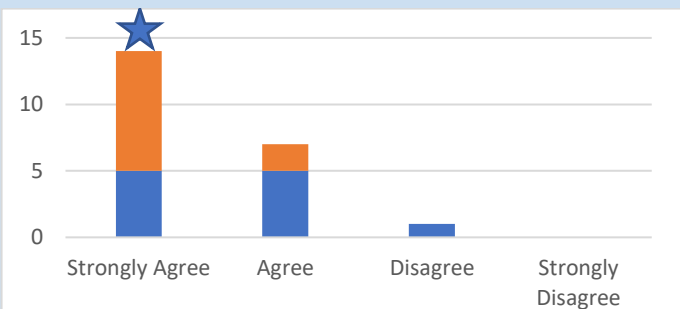
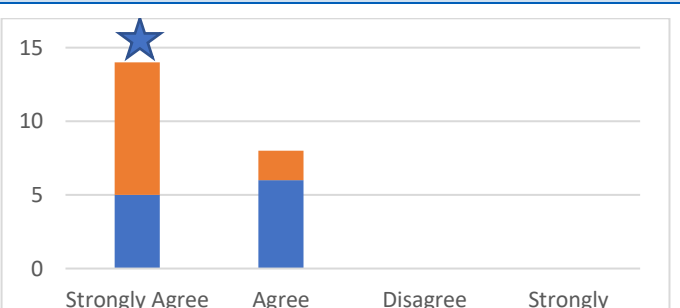
Appendix 1 Survey Responses in Detail

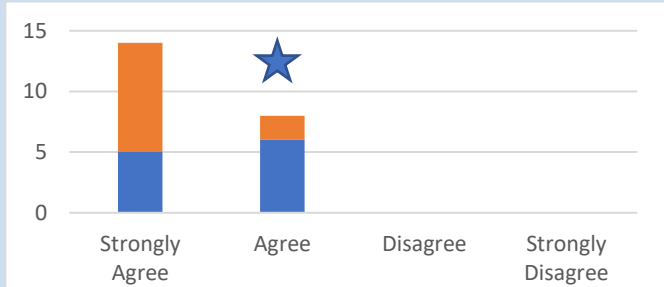
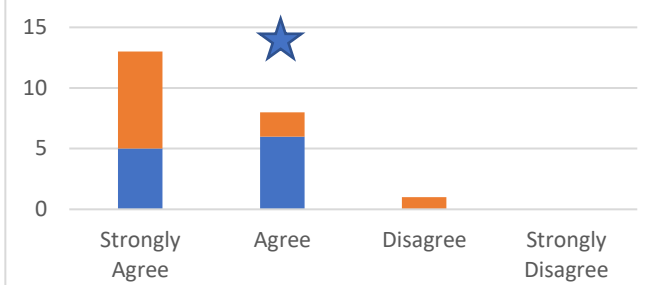
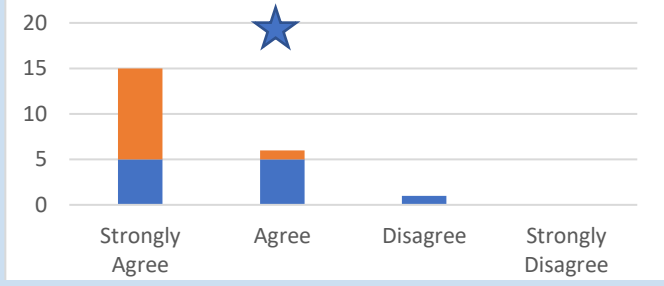
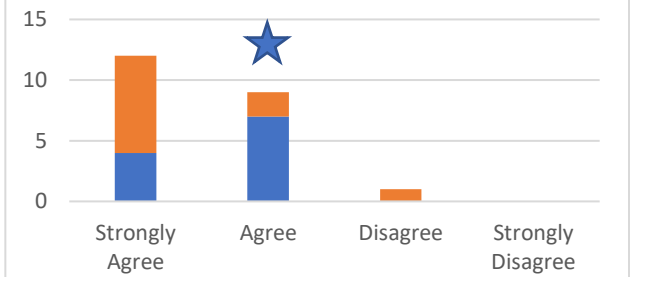


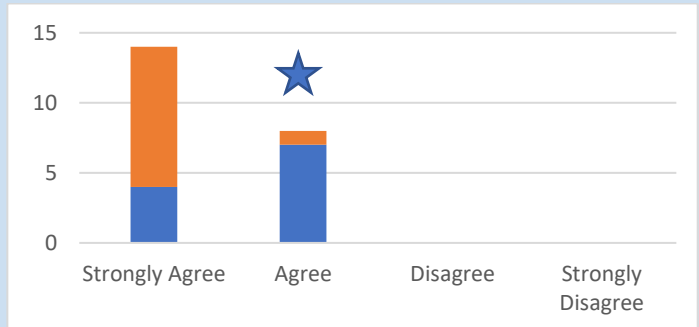
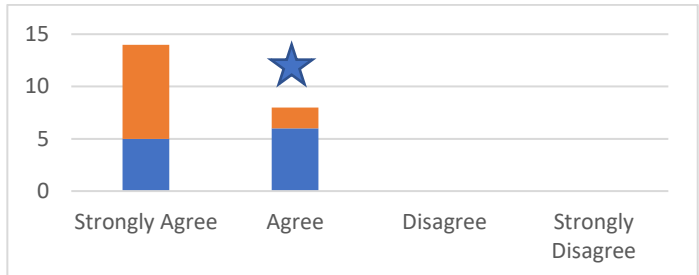
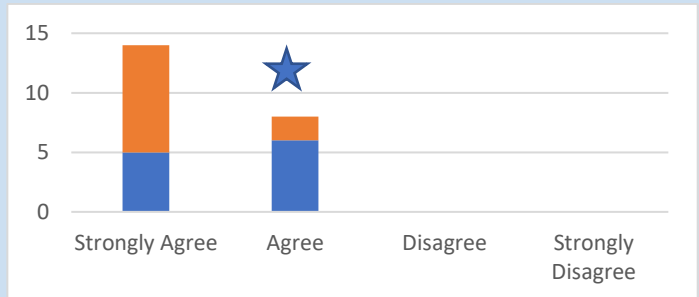
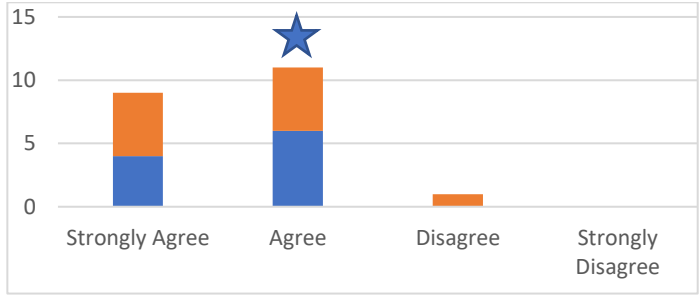
Shows chairs self-assessment

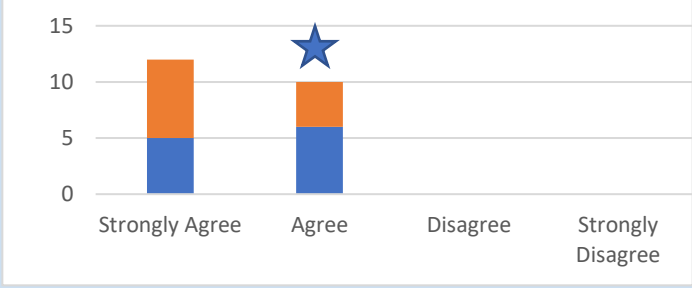
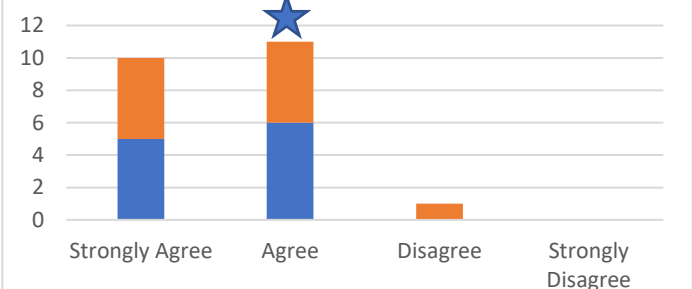
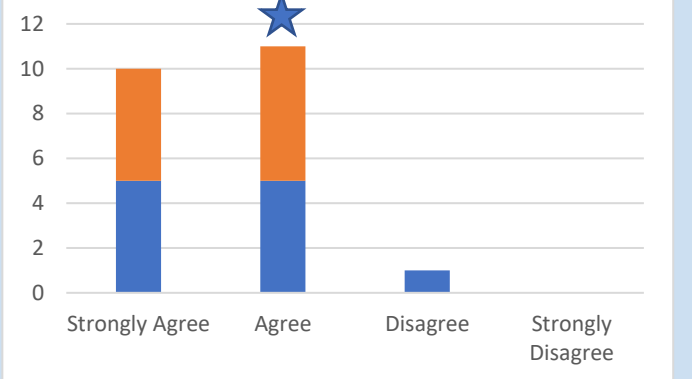
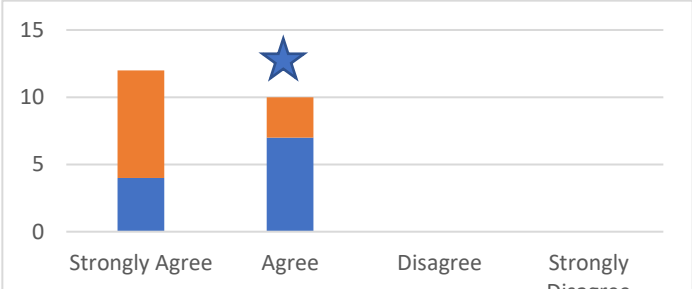
■ Governors ■ Board

Competency: Strategic	Results															
Leads the board in setting an achievable strategy.	<table><tr><th>Response</th><th>Governors</th><th>Board</th></tr><tr><td>Strongly Agree</td><td>4</td><td>7</td></tr><tr><td>Agree</td><td>7</td><td>4</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></table>	Response	Governors	Board	Strongly Agree	4	7	Agree	7	4	Disagree	0	0	Strongly Disagree	0	0
Response	Governors	Board														
Strongly Agree	4	7														
Agree	7	4														
Disagree	0	0														
Strongly Disagree	0	0														
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.	<table><tr><th>Response</th><th>Governors</th><th>Board</th></tr><tr><td>Strongly Agree</td><td>5</td><td>9</td></tr><tr><td>Agree</td><td>5</td><td>2</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></table>	Response	Governors	Board	Strongly Agree	5	9	Agree	5	2	Disagree	0	0	Strongly Disagree	0	0
Response	Governors	Board														
Strongly Agree	5	9														
Agree	5	2														
Disagree	0	0														
Strongly Disagree	0	0														
Provokes and acquires new insights and encourages innovation.	<table><tr><th>Response</th><th>Governors</th><th>Board</th></tr><tr><td>Strongly Agree</td><td>4</td><td>7</td></tr><tr><td>Agree</td><td>7</td><td>4</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></table>	Response	Governors	Board	Strongly Agree	4	7	Agree	7	4	Disagree	0	0	Strongly Disagree	0	0
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Strongly Disagree	0	0														
Evaluates evidence, risks and options for improvement objectively.	<table><tr><th>Response</th><th>Governors</th><th>Board</th></tr><tr><td>Strongly Agree</td><td>5</td><td>6</td></tr><tr><td>Agree</td><td>6</td><td>4</td></tr><tr><td>Disagree</td><td>0</td><td>1</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></table>	Response	Governors	Board	Strongly Agree	5	6	Agree	6	4	Disagree	0	1	Strongly Disagree	0	0
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Builds organisational and system resilience, for the benefit of the population of the system as a whole.	<table><tr><th>Response</th><th>Governors</th><th>Board</th></tr><tr><td>Strongly Agree</td><td>4</td><td>6</td></tr><tr><td>Agree</td><td>7</td><td>4</td></tr><tr><td>Disagree</td><td>0</td><td>1</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></table>	Response	Governors	Board	Strongly Agree	4	6	Agree	7	4	Disagree	0	1	Strongly Disagree	0	0
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Competency: Partnerships	Results										
<p>Develops external partnerships with health and social care system stakeholders.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>14</td> </tr> <tr> <td>Agree</td> <td>4</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	14	Agree	4	Disagree	1	Strongly Disagree	0
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<p>Demonstrates deep personal commitment to partnership working and integration.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>5</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	5	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	5										
Disagree	0										
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<p>Promotes collaborative, whole-system working for the benefit of all patients and service users.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>14</td> </tr> <tr> <td>Agree</td> <td>4</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	14	Agree	4	Disagree	1	Strongly Disagree	0
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<p>Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>14</td> </tr> <tr> <td>Agree</td> <td>4</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	14	Agree	4	Disagree	0	Strongly Disagree	0
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Competency: People	Results										
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>14</td> </tr> <tr> <td>Agree</td> <td>8</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	14	Agree	8	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	14										
Agree	8										
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Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>13</td> </tr> <tr> <td>Agree</td> <td>8</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	13	Agree	8	Disagree	1	Strongly Disagree	0
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Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	1	Strongly Disagree	0
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Supports, counsels and acts as a critical friend to directors, including the chief executive.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>12</td> </tr> <tr> <td>Agree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	12	Agree	9	Disagree	1	Strongly Disagree	0
Response	Count										
Strongly Agree	12										
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Competency: Professional acumen	Results															
Owns governance, including openness, transparency, probity and accountability.	 <table><thead><tr><th>Response</th><th>Blue Count</th><th>Orange Count</th></tr></thead><tbody><tr><td>Strongly Agree</td><td>4</td><td>10</td></tr><tr><td>Agree</td><td>7</td><td>1</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></tbody></table>	Response	Blue Count	Orange Count	Strongly Agree	4	10	Agree	7	1	Disagree	0	0	Strongly Disagree	0	0
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Understands and communicates the trust's regulatory and compliance context.	 <table><thead><tr><th>Response</th><th>Blue Count</th><th>Orange Count</th></tr></thead><tbody><tr><td>Strongly Agree</td><td>5</td><td>9</td></tr><tr><td>Agree</td><td>6</td><td>2</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></tbody></table>	Response	Blue Count	Orange Count	Strongly Agree	5	9	Agree	6	2	Disagree	0	0	Strongly Disagree	0	0
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Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.	 <table><thead><tr><th>Response</th><th>Blue Count</th><th>Orange Count</th></tr></thead><tbody><tr><td>Strongly Agree</td><td>5</td><td>9</td></tr><tr><td>Agree</td><td>6</td><td>2</td></tr><tr><td>Disagree</td><td>0</td><td>0</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></tbody></table>	Response	Blue Count	Orange Count	Strongly Agree	5	9	Agree	6	2	Disagree	0	0	Strongly Disagree	0	0
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Applies financial, commercial and technological understanding effectively.	 <table><thead><tr><th>Response</th><th>Blue Count</th><th>Orange Count</th></tr></thead><tbody><tr><td>Strongly Agree</td><td>4</td><td>5</td></tr><tr><td>Agree</td><td>6</td><td>5</td></tr><tr><td>Disagree</td><td>0</td><td>1</td></tr><tr><td>Strongly Disagree</td><td>0</td><td>0</td></tr></tbody></table>	Response	Blue Count	Orange Count	Strongly Agree	4	5	Agree	6	5	Disagree	0	1	Strongly Disagree	0	0
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Strongly Agree	4	5														
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Competency: Outcomes focus	Results										
Creates an environment in which clinical and operational excellence is sustained.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>5</td> </tr> <tr> <td>Agree</td> <td>10</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	5	Agree	10	Disagree	0	Strongly Disagree	0
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Embeds a culture of continuous improvement and value for money.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>5</td> </tr> <tr> <td>Agree</td> <td>11</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	5	Agree	11	Disagree	1	Strongly Disagree	0
Response	Count										
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Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>5</td> </tr> <tr> <td>Agree</td> <td>11</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	5	Agree	11	Disagree	1	Strongly Disagree	0
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Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>4</td> </tr> <tr> <td>Agree</td> <td>10</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	4	Agree	10	Disagree	0	Strongly Disagree	0
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Strengths: What does the chair do particularly well?

Governor Responses

1. I feel that the chair has a wealth of experience that she brings to this role some of which has been gained through her time / experience with SFHT. I feel she has detailed knowledge as to the Trust including its strengths, areas for focus and a secure direction of travel.
2. Claire is generally welcoming of and open to questions.
3. Communicates well with everyone, and leads by example. She is one of the best Chairs I have ever worked with. She makes us feel comfortable in not knowing and encouraging the asking of any question. Very well respected.
4. Chairs meetings and listens well
5. Has an open and friendly attitude toward all.
6. Is fully across the work of the Trust. An outstanding communicator. Compassionate, caring and excellent leader.
7. Listens, learns and respects people's views.
8. Give everyone a voice
9. Only been a governor for about 6 months with 3 months off for ill health Of the times I have seen the chair she comes over as very knowledgeable, keen, friendly, passionate professional

Board Responses

1. Communicates well and always looks enthusiastic even in adversity
2. Inclusive patient focus and collaborative
3. Seeks to get the best from the council of governors
4. Supports the Non-Executive Directors in their roles as well as supporting the CEO and other Executive Board members and wider management team in discharging their responsibilities.
5. Works closely with the CEO and liaises well across the ICS. Chairs board and governors' committee well and manages issues as they arise
6. Builds consensus; brings in national, regional and local context; Advocate for patients and local population; Works with Governor, NEDs and Execs for good of patients and effective operation of trust; very politically aware; approachable style
7. Inclusivity around the Board table

Opportunities: How might the chair increase their impact and effectiveness?

Governors Responses

1. I am mindful that we are rapidly heading to the end of the chairs term of office. Any work that can take place to share knowledge with an incoming chair to support impact and effectiveness would be high value even if time is required several months after leaving.
2. As governors we see only a tiny, public facing, part of Claire's performance. It is, therefore, not realistic for me to make any comment about increasing her impact or effectiveness.
3. By not leaving!
4. Move beyond politician answers to understand and respect more deeply
5. I have met and spoken to the chair on too few occasions to form an opinion on this.
6. Ensure all Execs and Non-Execs are across their briefs.
7. More one to one face to face meetings with governors
8. Make sure the technical side i.e. microphones, slide shows all work at board meetings otherwise you can't hear what's being said

Board Responses

1. Challenge the CEO more to move out of comfort zone and look outside the NHS for solutions to problems and innovation.
2. Ongoing development of COG
3. I think it is very difficult to identify any areas where this would be possible.
4. Increased knowledge of commercial and financial issues/impact
5. Whilst very supportive of Continual Improvement could encourage greater use of technology and large-scale transformation to bring improvements for patients, make life simpler for staff, and cut costs
6. Strengthen the importance of the role of sub-committees

Additional Commentary Below

Governor Responses

1. I would like to thank the chair for all of her hard work, input and impact.
2. I have marked the agree box in the preceding questions because I have no evidence to say that Claire is doing anything other than meeting her objectives. However, I have little or no substantive evidence on which to make any further judgement as most of her key roles are carried out in private.
3. I think that the Trust's ongoing success is attributable to Clare's leadership style and - along with Paul - she sets a positive and inclusive 'can do' culture that cascades down.
4. Whilst she leads meetings well, I have the constant feeling it's a politician leading and not someone who deeply believes in our Trust
5. Nothing to add.
6. Will be sorely missed.
7. Clare is a good listener and has a great understanding of what is required of her

Board Responses

1. Honest, committed and passionate about patient care and supporting the Trust.
2. An excellent Chair that has been great to work with

Council of Governors - Cover Sheet

Subject:	Appointment of Vice Chair as Acting Chair		Date:	14 th May 2024	
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
The Council of Governors is invited to agree the appointment of the Vice Chair to the position of Acting Chair on the recommendation of the Governor Remuneration and Nomination Committee. The Council of Governors is also asked to follow a further recommendation from the Governor Remuneration and Nomination Committee to agree that the process to recruit a new Non-Executive Director with a strong accountancy/finance skillset should proceed.				Approval	X
				Assurance	
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Governor Remuneration and Nomination Committee on 9 th May 2024					
Acronyms					
NHSE – National Health Service England ICB – Integrated Care Board					
Executive Summary					
<p>The current Trust Board Chair, Claire Ward, has been announced as the successful candidate following the election for the position of East Midlands Regional Mayor that took place on 2nd May 2024. Claire has confirmed her intention to stand down as Chair of this Trust and in discussion with the Chief Executive, the Board Vice Chair, the ICB and NHSE it has been agreed the resignation will take effect on 24th May 2024 to allow time for an effective handover.</p> <p>Paragraph 3.4 of the Trust's Standing Orders for the Council of Governors describes the process of appointment and the powers of the Vice Chair. This includes that where the Chair ceases to hold office the Vice Chair shall act until a new Chair is appointed in accordance with the Constitution.</p>					

The Council of Governors nominated Graham Ward as Vice Chair in May 2021 and, on 14th November 2023, approved Graham's tenure for a further term to 30th November 2024. Therefore, as a temporary solution, Graham, in his capacity as Vice Chair, would take over the Chair's duties with effect from 25th May 2024.

However, in view of the impending absence of the Chief Executive from 17th May 2024 for an expected duration of c.6 months, it is considered a longer-term solution would be optimal. To that end the Governor Remuneration and Nomination Committee agreed at its meeting on 9th May 2024 to recommend to the Council of Governors that Graham Ward be appointed as the Acting Chair for a period of one year with effect from 25th May 2024. NHSE have been consulted about this proposal and endorse it as a pragmatic and sensible approach to ensure continuity and stability over this period of significant change. The proposal that the appointment is "Acting" reflects the intention for there to be an open and competitive recruitment process for the position, the preparation for which will commence during the Chief Executive's absence. Whilst this timetable will enable the recruitment to be completed in time for the successful candidate to take up office by May 2025, NHSE are strongly recommending that the Trust proceeds as soon as possible.

The Governor Remuneration and Nomination Committee also made a recommendation that the to the Council of Governors, that the remuneration agreed previously for the Chair of the Trust of £50,000 per annum for 20 hours per week should be agreed for her successor.

If the recommendation to appoint Graham Ward as the Acting Chair is agreed, this will leave a vacancy in the Non-Executive Director cohort for a member with a strong accountancy/finance skillset who is able to serve on the Board Committees (notably Audit, of which the Chair cannot be a member). The Council of Governors is asked to note the intention to proceed with this Governor- led recruitment as soon as possible.

Recommendations:

That the Council of Governors agrees the appointment of Graham Ward to the office of Acting Chair of the Trust with effect from 25th May 2024 for a period of one year and that his remuneration should be £50,000 per annum for 20 hours per week.

That the Council of Governors notes the plan to proceed with the governor-led recruitment of a Non-Executive Director with a strong accountancy/finance skillset.