

# COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 12<sup>th</sup> November 2024 at 17:45  
in Lecture Theatre 1, King's Mill Hospital

<b>Present:</b>	Graham Ward	Acting Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Bethan Eddy	Appointed Governor	BE
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JD
	Justin Wyatt	Staff Governor	JWy
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO

<b>In Attendance:</b>	David Selwyn	Acting Chief Executive	DS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Neil McDonald	Non-Executive Director	NM
	Laura Fuller	Registered Nurse	LF
	Sally Whittlestone	Associate Director of Nursing, Patient Experience and Complaints	SW
	Jim Millns	Associate Director of Transformation	JM
	Paula Longden	Associate Director of Strategy and Partnerships	PL
	Sue Bradshaw	Minutes	

<b>Apologies:</b>	John Wood	Public Governor	JWo
	Pam Kirby	Public Governor	PK
	Tracy Burton	Public Governor	TB
	Vikram Desai	Staff Governor	VD

<b>Absent:</b>	Aly Rashid	Non-Executive Director	AR
----------------	------------	------------------------	----

Item No.	Item	Action	Date
<b>24/061</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate GW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>John Wood, Public Governor Pam Kirby, Public Governor Tracy Burton, Public Governor Vikram Desai, Staff Governor</p>		
<b>24/062</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	SB declared an interest in item 24/074.2.		
<b>24/063</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the meeting held on 13 <sup>th</sup> August 2024, the Council APPROVED the minutes as a true and accurate record.		
<b>24/064</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
2 mins	<p>The Council AGREED that actions 24/033 and 24/052 were complete and could be removed from the action tracker.</p> <p>PG noted the action in relation to the provision of end of life training for nursing staff was complete. PG queried what consideration is given for patients who have a terminal diagnosis who may be leaving someone behind who has learning difficulties, noting the added stress and worry this would cause for the individual.</p> <p>GW noted the need to look at building a stronger relationship with Reach in Mansfield. DS advised he would need to check the details and provide further information, but his assumption would be the Learning Disabilities Team would be involved and would be aware of the situation.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Feedback to be provided in relation to what support is in place for patients who receive a terminal diagnosis who may be leaving someone behind who has learning difficulties.</b></li> </ul>	DS	11/02/25
<b>24/065</b>	<b>PATIENT STORY - THE IMPACTS OF PAIN AND THE DISCHARGE PROCESS</b>		
25 mins	<p>LF joined the meeting</p> <p>LF presented the patient story, which highlighted the impacts of pain, the discharge process and some failings in the care received by a patient.</p>		

	<p>IH queried what went wrong on the day of the patient's attendance at ED. LF advised the patient was assessed by the orthopaedic team and the medical team. At the time, the Trust had a reduced number of beds and was taking steps to avoid admitting patients where possible. The patient's condition, spinal cord compression, was not diagnosed until four days after their original attendance when they had altered bowel movement. They did not require emergency surgery. There are more aspects to the story which cannot be shared due to confidentiality. This story needs to be used as learning and it has been presented to the Board of Directors, Nursing and Midwifery Committee and nursing Grand Round. In addition, the divisions have used this story as learning for doctors. LF acknowledged the Trust is not perfect in every case, but it is important to learn from any cases which could have been handled better than they were.</p> <p>DS advised the standout point for him in this story, which needs to be shared with teams, is the need for constant curiosity, i.e. when a patient is not behaving in the way which is expected, there is the need to continue to probe to establish what the issue is. DS acknowledged the difficulty, when the department is busy, is the mindset can be more focussed on getting through the workload.</p> <p>JS queried what staff have learned from this story to ensure a similar situation does not arise again. LF advised she would like staff to remember the need to explain why things need to happen and to assist patients and family as far as possible, for example, fetching a wheelchair.</p> <p>LD queried if clinical staff, who have been shown this video, have been shocked by it or not surprised. LF advised it has been a mixed response. The patient presented complaining of hip pain, rather than back pain, and their hip was manipulated when taking the x-rays, hence the reason for them going home in increased pain. Sometimes the level of patients being admitted changes, dependent on the number of beds available. This should not be the case, but sometimes the Trust tries to admission avoid as much as possible when there is limited capacity.</p> <p>IH queried if this case is an anomaly or if there are other cases like this. LF advised she answers a lot of complaints in ED and this case is a one-off. DS advised the two key learning points from this case is the need for curiosity and the need to show compassion.</p> <p>NC expressed concern the desire to get patients out of the hospital is sometimes greater than the desire to really care for them. DS expressed disagreement, advising the case in the video happened on one occasion. LF advised the patient was seen by all the same doctors they would have been seen by if they had gone to a bed on the Emergency Assessment Unit (EAU) or the orthopaedic ward. The amount of assessment by specialists would not have changed.</p> <p>RS queried how staff are provided with the headspace to reflect on cases, such as the one highlighted, and to be 'curious'. LF advised it is difficult. Grand Rounds are held bi-monthly, where learning opportunities are shared. Nurses are offered the opportunity to reflect at the end of their shift, but often they just want to get home.</p>		
--	---	--	--

	<p>IH queried if this incident happened before the introduction of Martha's Rule at the Trust. LF advised the incident happened in August 2023, which is before Martha's Rule was introduced.</p> <p>DWa queried if there is an issue with MRI capacity, noting the patient had to wait for scan, rather than being offered it immediately. DS advised emergency MRI scans are available for diagnosis of two conditions. The patient would not have received an MRI scan any sooner had they been admitted. MRI capacity is available when required.</p> <p>AJ acknowledged the bed pressures faced by the Trust and sought assurance staff are able to advocate on behalf of patients when a bed is required. LF advised nursing staff do advocate for patients.</p> <p>DS advised a change which has been made to the complaints process is once the complaint is concluded, patients / family are offered the opportunity to tell their story.</p> <p>LF left the meeting.</p>		
<b>24/066</b>	<b>ACTING CHAIR'S REPORT</b>		
13 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chair's perspective, highlighting progress to recruit two Non-Executive Directors (NEDs) and an Associate NED, recruitment of a Director of Improvement and Change, visit to West Notts College, work of the Trust's Charity, contribution of the Trust's volunteers and a productive Board-to-Board meeting with Nottingham University Hospitals (NUH).</p> <p>RS noted GP trainees attend the Trust for training and queried if this opportunity to build relationships is utilised. DS advised there is a need to look at how trainee doctors (now known as resident doctors) who train at the Trust for any length of time, can be attracted to work at SFHFT once they complete their training. It was noted trainees do not always feel part of the organisation and this needs to be addressed as relationships are forged during training which last forever.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/067</b>	<b>ACTING CHIEF EXECUTIVE'S REPORT</b>		
15 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting operational activity, industrial action, change in terminology from Junior Doctor to Resident Doctor, Community Diagnostic Centre (CDC) public information event, Newark Urgent Treatment Centre (UTC) update, partnership update, events to mark Armistice Day, new one-stop clinic for cataract patients, rollout of Respiratory Syncytial Virus (RSV) vaccinations, introduction of Automatic Number Plate Recognition (ANPR) in the Trust's car parks and the Celebrating Excellence event.</p>		

	<p>DS advised Paul Robinson's (PR's) recovery continues. It had originally been anticipated PR would return to work in November / December 2024. However, he will not be returning until the end of January 2025 at the earliest. It was noted the acting up roles have been extended accordingly.</p> <p>JS sought an update in relation to the current position with waiting lists. DS advised there are no 78-week waiters. The Trust is currently on trajectory to eradicate 65-week waiters in December 2024.</p> <p>JS queried what the average waiting time is for an appointment from referral by a GP. DS advised this is dependent on speciality. The Trust is performing well in terms of patients who are referred on a 2-week wait pathway. Good progress has been made in terms of the 62-day cancer waits. However, performance dipped in August 2024, which related to holidays, but performance is now back on track.</p> <p>IH queried what procedures are required by patients waiting 65 weeks. DS advised the majority of 65-week waiters are orthopaedic patients and patients with non-life-threatening conditions.</p> <p>IH queried if theatre capacity at Newark Hospital was being fully utilised. DS advised theatre utilisation at Newark Hospital is improving. Theatre provision at Newark Hospital will be used more through Winter in order to support the Trust's elective work. DS acknowledged there is more work to do in relation to what services are offered at Newark Hospital.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/068</b>	<b>LEAD GOVERNOR REPORT</b>		
5 mins	<p>LB presented the report, highlighting the recent Integrated Care Board (ICB) event, risk register presentation and Patient Led Assessments of the Care Environment (PLACE) audits.</p> <p>IH advised the PLACE audits are very thorough and challenging, but staff are very open. IH advised undertaking the audit made him realise how good the basics are at the Trust.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/069</b>	<b>15 STEPS FEEDBACK</b>		
3 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits undertaken and positive themes and trends.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		

<b>24/070</b>	<b>IMPROVEMENT FACULTY UPDATE</b>		
20 mins	<p>JM joined the meeting.</p> <p>JM presented the report, highlighting activity over the last six months, work to support the Financial Improvement Programme (FIP), quality improvement work, patient safety and system collaboration.</p> <p>IH noted previously staff were required to attend a lot of different meetings and queried if, by rationalising various departments, staff are now working in a more consolidated way. JM advised the situation is improving, but there is still work to do. As teams are now co-located in one office, only one person now attends a meeting and provides feedback to the wider team, whereas previously this would have been three people.</p> <p>RS noted the target of £38.5m for the FIP and queried how this can be achieved. JM advised historically the Trust has managed to save significant amounts, for example circa £30m was saved in 2023/2024. One of the ways this is achieved relates to vacancies, noting the salary savings in the gap between one person leaving post and their replacement taking up post.</p> <p>RS queried what element of savings are recurrent and what are non-recurrent. JM advised currently approximately threequarters of the savings are non-recurrent and only a quarter are recurrent savings, but this is not ideal and the Trust is exploring ways of making savings recurrent wherever possible. JM advised nothing is transacted financially until a Quality Impact Assessment (QIA) has been completed and signed off.</p> <p>The Council was ASSURED by the report.</p> <p>JM left the meeting.</p>		
<b>24/071</b>	<b>STRATEGY UPDATE</b>		
9 mins	<p>PL joined the meeting.</p> <p>PL presented the report, highlighting delivery to date and next steps.</p> <p>GW advised the Board of Directors has requested that the next review of the strategy, which is scheduled for 6 months' time, includes information on what metrics can be used to measure effectiveness.</p> <p>IH noted the model which was presented included underpinning strategies, building towards supporting the overall strategy. IH advised he is not aware of how those strategies come together to underpin the overall strategy going forward. PL advised each of the strategic objectives has been mapped to the main supporting strategy. Each of the strategic objectives sits with a sub-committee of the Board of Directors.</p> <p>The Council was ASSURED by the report.</p> <p>PL left the meeting.</p>		



<b>24/072</b>	<b>WINTER PLAN</b>		
13 mins	<p>DS presented the report, highlighting financial constraints, bed base, admission avoidance, support for colleagues, key Winter schemes, bed modelling and mitigations. DS advised the Winter plan is still developing and evolving.</p> <p>KS noted an ongoing issue has been the Trust's ability to discharge patients who are medically safe for transfer, but there has been a lot of work undertaken to address this. KS queried what the current situation is. DS advised there are currently high levels of activity across the Trust. However, during the week ending 8<sup>th</sup> November 2024, the number of patients who were medically safe for discharge was the lowest it has been for four years. There has been a significant increase in utilisation of the Discharge Lounge.</p> <p>DWi queried if there is an issue with patients being readmitted. DS advised this is monitored and there is a steady rate of readmissions, rather than a huge variance. As the population gets older and with more co-morbidities, the natural progress is for more admissions, noting establishing if they are readmissions, or part of the disease progress, is difficult.</p> <p>RS queried if there is a process to keep patients, who are waiting in ED, informed when there is pressure for beds. DS advised the Trust has invested in ED and staffing to ensure teams are in place to provide basic care to patients, i.e. ensuring they have food, drug rounds, observations, etc. If patients are likely to be waiting to be admitted for a long period of time, they are put onto a bed, rather than a trolley, as this helps to reduce the number of pressure ulcers.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/073</b>	<b>REPORT FROM BOARD SUB-COMMITTEES</b>		
15 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>MG presented the report to the Council, highlighting response times to implementing internal audit recommendations, Risk Committee Quadrant report and Outpatients, Appointments and Remote Consultations Audit.</p> <p><b>Quality Committee</b></p> <p>AR was not present at the meeting. Therefore, the report was taken as read.</p> <p><b>Finance Committee</b></p> <p>GW presented the report to the Council, highlighting FIP requirements, financial position at the end of Month 6 and planning for 2025/2026.</p> <p>KS advised he was satisfied the appropriate checks and balances are being made and he is assured the Trust is doing everything possible to manage the financial position.</p>		

	<p><b>People Committee</b></p> <p>SB presented the report to the Council, highlighting Staff Survey and review of Board Assurance Framework (BAF) Principal Risk 3 (PR3) - Critical shortage of workforce capacity and capability.</p> <p>JS left the meeting.</p> <p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report to the Council, highlighting ongoing concerns regarding capacity to engage and support partnership work and the ongoing development and maturity of the Primary/secondary care interface work.</p> <p>KS advised he previously raised issues in relation to discharge and a local care home which provides complex care, noting a relationship with the provider has now been forged by Shantell Miles, Director of Nursing. KS advised he has been informed GPs are struggling to handle complex patients in that environment and, therefore, patients are attending hospital who could be cared for in the community. KS queried if this could be raised with GPs. DS advised relationships with Primary Care partners has improved, which will allow for discussions to take place.</p> <p><b>Charitable Funds Committee</b></p> <p>ARB presented the report to the Council, highlighting approval of a proposal to launch a Charity Lottery, decision to not proceed with the Breast Services Appeal and approval of Charity's annual accounts.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
24/074	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
8 mins	<p><b>Membership and Engagement Group</b></p> <p>LB presented the report, highlighting membership mapping exercise, changes to the Meet Your Governor (MYG) model and plans for wider engagement.</p> <p>KS felt the new approach to MYG has been useful. The first 'hot topic' is discharge and staff involved in this process have been keen for feedback to be shared with them. There is still work to do, but there appears to be a resource issue in the Communications Team to take this work forward.</p> <p>PG suggested engaging with Reach, which is a community group working with people with severe learning difficulties, and considering fundraising ideas, noting these areas need to be explored further.</p> <p>The Council was ASSURED by the report.</p>		



<p>2 mins</p> <p>2 mins</p>	<p><b><u>Report of the Remuneration Committee</u></b></p> <p><b>Non-Executive Director (NED's) re-appointment</b></p> <p>SB left the meeting.</p> <p>SBS presented the report, advising Steve Banks (SB) comes to the end of his tenure on 30<sup>th</sup> November 2024, having served three years as a NED. In line with the Trust's constitution, SB is eligible for reappointment.</p> <p>The Council APPROVED the reappointment of Steve Banks for 3 years to 30<sup>th</sup> November 2027.</p> <p>SB re-joined the meeting.</p> <p><b>Appointment of NED</b></p> <p>SBS presented the report, advising Aly Rashid (AR) has decided not to seek re-appointment when his three-year tenure comes to an end on 9<sup>th</sup> January 2025. Therefore, the Committee approved the recruitment of a NED with clinical expertise to replace AR.</p> <p>The Council RATIFIED the decision of the Committee to recruit a NED with clinical expertise.</p>		
<p><b>24/075</b></p>	<p><b>OUTSTANDING SERVICE – ORGAN DONATION - CHANGING AND SAVING LIVES</b></p>		
<p>7 mins</p>	<p>A short video was played highlighting the work of the Organ Donation Team.</p>		
<p><b>24/076</b></p>	<p><b>QUESTIONS FROM MEMBERS OF PUBLIC</b></p>		
	<p>No questions were raised.</p>		
<p><b>24/077</b></p>	<p><b>ESCALATIONS TO THE BOARD OF DIRECTORS</b></p>		
<p>1 min</p>	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• Potential contact with Reach.</li> <li>• Approval of the re-appointment of Steve Banks as a Non-Executive Director.</li> </ul>		
<p><b>24/078</b></p>	<p><b>ANY OTHER BUSINESS</b></p>		
<p>1 min</p>	<p>DS advised the Trust's Electronic Patient Records (EPR) has now received Cabinet approval and is out to Invitation to Tender.</p>		
<p><b>24/079</b></p>	<p><b>DATE AND TIME OF NEXT MEETING</b></p>		
	<p>Date: Tuesday 11<sup>th</sup> February 2025 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p>		

	There being no further business the Chair declared the meeting closed at 20:10.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b> <b>Acting Chair</b></p> <p><b>Date</b></p>		

**Attendance at Full COG (scheduled meetings)**

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			14/05/2024	13/08/2024	12/11/2024	11/02/2025			
Angie Jackson	Mansfield District Council	Appointed	A	P	P		4	23/05/23	31/05/27
Bethan Eddy	Nottinghamshire County Council	Appointed		P	P		1	01/07/24	31/05/25
David Walters	Ashfield District Council	Appointed	P	P	P		1	23/04/20	31/05/25
Dean Wilson	Rest of East Midlands	Public	P	P	P		3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P				4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public	P	P	P		3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	P	A		3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	P	P	P		3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	P	A	P		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P		1	15/07/21	31/05/25
Liz Barrett	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P		3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P	X	P		N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public	P	P	A		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	A	P		3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	P	P	P		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	A	P		3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public	X				3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	P	P	A		3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	P	A		3	01/05/22	30/04/25

P = Present  
A = Apologies  
X = Absent