

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the public meeting held on 13th August 2019, 5:30pm – 8:00pm,
Room Civic 1 & 2, Newark & Sherwood District Council Offices, Castle House, Newark

Present:	John MacDonald	Chairman	JM
	Ann Mackie	Public Governor	AM
	Brian Bacon	Public Governor	BB
	Councillor David Walters	Appointed Governor	DW
	Gerald Smith	Public Governor	GS
	Ian Holden	Public Governor	IH
	Jacqueline Lee	Staff Governor	JL
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Lawrence Abrams	Public Governor	LA
	Martin Stott	Public Governor	MS
	Nikki Slack	Appointed Governor	NS
	Philip Marsh	Public Governor	PM
	Richard Boot	Staff Governor	RB
	Richard Shillito	Public Governor	RS
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SuH
	Valerie Bacon	Public Governor	VB

In Attendance:	Richard Mitchell	Chief Executive	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Claire Ward	Non-Executive Director	CW
	Lynn Smart	Clinical Lead for Diagnostics and Outpatients	LS
	Kate Wright	Associate Chief AHP	KW
	Rebecca Herring	Corporate Matron	RH
	Yvonne Christly	Head of Professional & Practice Development	YC
	Richard Mills	Deputy Chief Financial Officer	RMil
	Matt Elmer	PWC	ME
	Sue Bradshaw	Minutes	

Observer: None

Apologies:	Councillor Craig Whitby	Appointed Governor	CrW
	Councillor Michael Brown	Appointed Governor	MB

Absent:	Belinda Salt	Public Governor	BS
	Councillor John Doddy	Appointed Governor	JD
	Jayne Revill	Staff Governor	JR

Item No.	Item	Action	Date
19/186	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate JM declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Councillor Craig Whitby - Appointed Governor Councillor Michael Brown - Appointed Governor</p>		
19/187	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Chair of the Integrated Care Provider (ICP) and Chair of the East Midlands Leadership Academy.</p> <p>JM declared an interest in agenda item 19/201.1</p> <p>BB, CW, MG, NG, GW and TR declared an interest in agenda item 19/201.2</p> <p>TR declared an interest in agenda item 19/201.3</p>		
19/188	MINUTES OF THE PUBLIC MEETING HELD ON 14th MAY 2019		
2 mins	<p>Following a review of the minutes of the meeting held on 14th May 2019, the Council APPROVED the minutes as a true and accurate record.</p> <p>VB advised a point had been raised at the meeting on 14th May 2019 in relation to governors being involved in the review of the governor observer and sub-committee role but this has not yet happened. JM advised the external Board review looked at this. However, it was acknowledged the governors felt they had not been given the opportunity to feed into that review.</p> <p>Action</p> <ul style="list-style-type: none"> Governor observer and Board sub-committee role to be reviewed with the involvement of governors 	JM / SH	12/11/19
19/189	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
4 mins	<p>The Council AGREED that actions 19/156, 19/176, 19/179 and 19/179.1 were COMPLETE and could be removed from the Action Tracker.</p> <p>MS requested feedback regarding the issue raised at the meeting on 14th May 2019 in relation to the space allocated to the Early Pregnancy Unit and the Mortuary, specifically if these were included in the capital programme.</p>		

	<p>RM advised these two areas are not included on the capital plan for 2019/2020. The Trust is working within restrictions and limitations. Decisions have been taken on how to spend the limited available capital, predominantly determined by clinical staff. It is recognised those two areas and others are a priority, but other areas have been identified as greater priorities. A list of capital plans are put forward every year which are prioritised through the Capital Planning Group. Depending on the value of available capital it is determined which of those plans are successful. There are more plans which are unsuccessful than successful.</p> <p>These decisions are sense checked by a committee of the senior leadership team. The capital plan is in place for 2019/2020 and capital planning for 2020/2021 will commence shortly. Those two schemes, plus others, can be put forward again and a similar process will be followed. The Trust is aware they are legitimate schemes but unfortunately there is insufficient access to capital to fund them.</p> <p>JM felt there needs to be a transparent process to provide feedback to governors in relation to issues raised to provide assurance concerns are being addressed.</p> <p>Action</p> <ul style="list-style-type: none"> • Review process of providing feedback to governors when concerns are raised to ensure transparency 	JM / SH	12/11/19
19/190	PATIENT STORY – STREET HEALTH		
24 mins	<p>LS and KW presented the patient story, which related to the work of the Street Health project.</p> <p>JM felt the story was very inspirational and a good example of an integrated approach to providing care.</p> <p>AM queried if the project was likely to be extended to areas other than Mansfield. LS advised the project in Mansfield has been running for approximately 12 months but it is hoped this can be extended to other areas within the local health community. There are excellent tissue viability nurses who could be supportive in training practice nurses.</p>		
19/191	15 STEPS		
8 mins	<p>RH presented the report to the Council, highlighting there are 17 visiting teams in the programme, covering 52 clinical areas across all three sites. The recurring key themes from the feedback from the visits are areas are demonstrating a positive culture, staff take pride in their work and staff talk with pride about their role and the team around them. Patient feedback is affirmative of the positive values and behaviours demonstrated by staff. Staff spoke of patient care with respect and compassion and there is a real sense of engagement and honesty from clinical staff.</p>		

	<p>The next steps for the 15 Steps Challenge is to extend the pilot phase of the feedback using the digital platform. Stage One of the pilot has been to use the digital platform alongside the written report. It has been acknowledged there has been a delay with the written report while teams write their reports, submit them and the information is added to the action tracker. The advantage of the digital platform is it is a 'live' report which can be completed at the time of the visit. Photographs can be taken to help capture quality during the visit. The digital platform provides global oversight, enabling ward areas to have access to the report immediately. In addition, feedback from 15 Steps will triangulate with other audits.</p> <p>RN advised she has used the digital device. It is possible to speak into the device so no typing of reports is required. The further rollout of the digital platform is welcomed. RH advised she receives notification when the report is complete, which is live. This enables any actions to be followed up almost immediately.</p> <p>LA advised he used the digital platform on the last 15 Steps visit he undertook and the team encountered a problem with the Wi-Fi 'dropping out'. When they were able to re-access the system it was not possible to go back to the point at which connection was lost and, therefore, they had to repeat sections of the report. RH advised in the initial rollout the contingency is to continue to use the paper documents to capture visits. If any issues are encountered these should be highlighted to RH. RM acknowledged Wi-Fi is problematic across all three sites, particularly King's Mill Hospital.</p> <p>KS queried if there was a mechanism in place for providing feedback on issues raised during 15 Steps visits. RH advised a log is kept of all visits which have taken place and any actions highlighted within the reports. If specific feedback is required RH can provide this.</p> <p>JM felt thought should be given to establishing the easiest way to provide feedback. The aim is to get to a point where all feedback is triangulated in the most efficient way. SH felt feedback from 15 Steps could link to feedback from Meet Your Governor (MYG) sessions.</p> <p>MS queried if it was possible to put feedback on the governor portal.</p> <p>Action</p> <ul style="list-style-type: none"> • Consider ways of providing feedback in relation to 15 Steps to governors. <p>The Council was ASSURED by the report.</p>	SH / JM	12/11/19
19/192	CHAIR'S REPORT		
3 mins	<p>JM presented the report to the Council, highlighting the Annual General Meeting will be held on Monday 23rd September 2019 from 5.30pm-6.30pm. A number of SFHFT's teams have been nominated for or won prestigious awards in the last few months. The Chief Nurse Awards ceremony took place on 7th June 2019, which is an important event in terms of celebrating success.</p>		

	<p>The Trust has been working closely with partners in relation to patients with learning disabilities and this is an area where the work of the Trust has been recognised. This may be a topic for a future patient story as a good example of system working.</p> <p>Action</p> <ul style="list-style-type: none"> • Consider learning disabilities as a topic for a future patient story <p>SuH noted the 'Your Health Event' attended by teams from SFHFT, the CCG and Everyone Active and requested for governors to be notified of any future events. Additionally, SuH queried if governors could be involved with Patient-led Assessments of the Care Environment (PLACE) audits.</p> <p>JM advised discussions are ongoing regarding the appointment process for consultants. Prior to interview the candidates meet with three small groups. One area covered is patient explanation which has been looked at from a clinical perspective in relation to how the candidate would explain something to a patient. A suggestion has been put forward for a patient to join that group to confirm the explanation is given in a way in which patients can understand. It is felt the governors are well placed to join the group. Discussions are in the early stages and governors will be kept informed of developments.</p> <p>The Council was ASSURED by the report.</p>	<p>SH</p>	<p>12/11/19</p>
<p>19/193</p>	<p>CHIEF EXECUTIVE'S REPORT</p>		
<p>25 mins</p>	<p>RM presented the report to the Council, advising this is an update in relation to performance in Q1. In addition, the report contains a brief update in relation to the buddying arrangements with Queen Elizabeth Hospital, King's Lynn and an update in relation to system working in the Mid-Notts Integrated Care Partnership (ICP) and across the Nottingham and Nottinghamshire Integrated Care System (ICS). The Trust will be meeting with the CQC on 22nd August 2019. It is anticipated a date for the next CQC inspection will be provided at that meeting. JM has taken up an additional role as the Independent Chair for the Derbyshire Sustainability and Transformation Partnership (STP), known as 'Joined Up Care Derbyshire'.</p> <p>RM acknowledged the work of Suzanne Banks – Chief Nurse, and Julie Bacon – Executive Director of HR & OD, who are both retiring. There have been 13 applicants for the Chief Nurse role and the calibre of applicants is very pleasing. Interviews will take place on 28th August 2019 and 4th September 2019. It is hoped the successful candidate will be in post for a month before Suzanne retires at the end of December 2019. The process to recruit a Director of HR & OD will commence shortly. Whilst two members of the executive team have retired in quick succession, they are retirements the Trust has been aware of for a while. Updates have been provided to non-executive colleagues and good succession planning has been in place for approximately the past 12 months.</p>		

In terms of Wi-Fi, it is acknowledge this is not of an acceptable standard for an organisation in 2019. There is a plan to be put in place from September 2019 which will strengthen the Wi-Fi coverage for staff. The Trust will also look at Wi-Fi coverage for the public and patients.

SFHFT is a very busy organisation. The Trust is aware Winter is not far away and the level of activity being seen, both in terms of the volume of patients accessing services and the acuity of those patients, is far greater than expected. Time was spent at the ICP Board meeting discussing the system plan for the coming Winter from both a health and local authority perspective.

There are reasons to feel proud about the collective achievements over the first quarter of the year but the Trust is not complacent and is acutely aware the level of activity is greater than the levels planned for. This is a cause for concern going into Winter.

IH expressed thanks on behalf of the governors for the work of Suzanne Banks and Julie Bacon. IH noted a concern was raised at a Board of Directors meeting as to whether the CCG understood the demand being placed on the Trust and queried if there was any update on this. In addition, IH sought clarification regarding the funding arrangements for the ICP and ICS. RM advised Andy Haynes – Medical Director, has taken the lead for Mid-Notts and Greater Notts to undertake an independent piece of work in relation to the Drivers of Demand to help understand the reasons for the level of activity being experienced by SFHFT and NUH and suggested actions to be taken to reduce demand. This is an insightful piece of work. Its strength is that it is independent and is a collaboration of providers, including Notts Healthcare, local authorities, ambulance service, commissioners and primary care. The outcome of this work will be reported to the Board of Directors in September. There is a recognition from commissioners that the level of activity being seen is likely to continue and, therefore, the number of beds the Trust has open will continue going forward. The only organisation which can determine the number of beds required by SFHFT is SFHFT. The Trust will not reduce bed capacity.

The ICP is a collection of people working together and there are two funding streams. RM advised his time working in the ICP is paid for by SFHFT, similarly Amanda Sullivan's time is paid for by the commissioners. The ICP received £1.5m of transformational money. Paul Robinson – Chief Financial Officer, has worked with colleagues to determine the best way of utilising this money. In excess of 50% of this funding has come into SFHFT to deliver some of the pre-existing schemes.

IH sought assurance from the non-executive directors (NEDs) in relation to succession planning. CW advised the issue in relation to succession planning has been well managed and has allowed the Trust to give consideration to the issue and to ensure RM and the rest of the executive team are preparing appropriately. This is part of a broader plan to look at how skills and staff can be developed.

RM added over the last 18 months SFHFT has had the opportunity to recruit non-executive directors and Chief Operating Officer - Simon Barton. In addition, the Trust has recruited deputy executive directors, for example, Richard Mills – Deputy Chief Financial Officer, Helen Hendley – Deputy Chief Operating Officer (Elective Care) and David Selwyn – Deputy Medical Director. The Trust has consistently recruited high calibre people into the organisation. The interest in the Trust locally, regionally and nationally is generating a lot of interest from people who want to work for SFHFT.

JM advised Suzanne Banks has built up a strong nursing leadership and has strengthened the leadership of allied health professionals, raising the profile of a group of staff who don't always receive the recognition in terms of the value they add to the care process. Strong deputies have been brought into the Trust but there has also been some internal promotions which have strengthened leadership.

GW confirmed Suzanne discussed her plans to retire with the executive team at an early stage and RM shared this information with the Board of Directors. It is encouraging Suzanne felt able to have the discussion as part of the planning process. RM informed the Council the Trust is not using private sector search firms for recruitment. RN advised the Trust is often mentioned as an example of good practice in national meetings she has attended.

MS advised a point was raised at the recent Governor Forum in relation to patients feeling 'scared' of complaining. MS sought assurance there is a culture in the Trust for patients not to be afraid of raising a concern. RM advised there is a culture within the Trust for patients and staff whereby people increasingly feel able to speak up. Patients have a range of ways to raise a complaint. They can write to the Patient Experience Team (PET) and RM advised he sees all the responses and signs them off. From these letters there is no evidence people feel concerned about complaining. Patients can also contact RM directly and will receive a response. In addition, there are anonymous ways a complaint can be made, for example the care opinions website. SFHFT has committed to respond to every person who writes on that site. RM advised he could not give assurance patients are not scared of complaining as there is no way to fully evidence that. However, RM advised he has not seen any evidence to suggest patients are scared of complaining.

BB advised the Trust is trying to engender a culture in the organisation where a complaint is not viewed as a negative but an opportunity to improve. It is acknowledged some people from a more deprived community may struggle to articulate a complaint. Some of the feedback from the Street Health presentation might not be complaints but there are areas for improvement and there is a need to consider those as opportunities for improving service quality. MG advised there is a workforce equalities group and patient equalities group within the Trust with the focus on accessibility and enabling people to speak up. The culture of improvement feedback needs to be encouraged.

	<p>JM felt it would be beneficial for a report on how people can complain and raise issues to be presented to the next Council of Governors meeting. The Quality Committee and People, OD and Culture Committee should consider what level of assurance can be gained in relation to people feeling able to raise concerns. In addition, it would be helpful to invite Healthwatch to present to the next Council of Governors meeting. These actions will provide internal assurance and the views of an external organisation.</p> <p>SH felt, given the number of new governors, it would be useful for Kim Kirk - Patient Experience Manager, to run a workshop session on the complaints process. SH asked governors to provide more information if they pick up that patients feel unable to raise concerns. This will enable the issue to be addressed.</p> <p>RN advised every department and ward should have information on display in relation to how to make a complaint. This is something to check when undertaking 15 Steps visits and if the information is not on display this should be queried.</p> <p>Actions</p> <ul style="list-style-type: none"> • Quality Committee and People, OD and Culture Committee to consider what level of assurance can be gained in relation to people feeling able to raise concerns • Healthwatch to be invited to attend the next Council of Governors meeting • Complaints process to be topic for future Governors' Workshop <p>The Council was ASSURED by the report.</p>	<p>BB/MG</p> <p>SH</p> <p>SH</p>	<p>12/11/19</p> <p>12/11/19</p> <p>12/11/19</p>
<p>19/194</p>	<p>NEWARK HOSPITAL PROGRESS REPORT</p>		
<p>6 mins</p>	<p>RM presented the report to the Council, highlighting the update in relation to the Newark Urgent Treatment Centre (UTC) which will continue to be a 24/7 service run by SFHFT. The report contains an update in relation to elective orthopaedics and returning elective orthopaedic work to Newark Hospital. In relation to bed capacity, RM acknowledged concerns continue to be raised in relation to beds being closed but assured the Council SFHFT will not be shutting beds at any of the Trust's three sites. The only part of the health system which can determine if beds will be shut at Newark Hospital is SFHFT.</p> <p>RM advised he and the executive team committed to colleagues at Newark Hospital in December 2018 they would see more of the executive and divisional teams. This continues to be the case with members of those teams being at Newark Hospital more than they were previously, including an executive team meeting being held there once every 6 weeks. Newark is an important site for the Trust for a range of reasons.</p> <p>IH noted commissioners have agreed for SFHFT to lead the Urgent Treatment Centre provision, which was previously described as being primary care led. IH sought clarification if the Trust would be held responsible if primary care fails to deliver.</p>		

	<p>RM advised the decision to change the urgent care centre to an urgent treatment centre was driven by commissioning colleagues and was to manage a Department of Health led change. As part of the change, the name has to be changed and various functions introduced.</p> <p>There have been previous suggestions the UTC would close overnight and be run by primary care. The Trust has advocated for it not to close overnight as it provides an important service to patients in Newark. There will be primary care on site but the majority of patient care will be run and delivered by SFHFT staff. JM felt the agenda for integrated care provides real opportunities for Newark to take centre stage.</p> <p>The Council was ASSURED by the report.</p>		
19/195	ANNUAL REPORT AND ACCOUNTS 2018/2019		
8 mins	<p>SH presented the Annual Report to the Council, advising the report has been published and has been laid before parliament.</p> <p>RMil presented the Annual Accounts advising the accounts were prepared in accordance with the Department of Health and Social Care Group Accounting Manual (GAM) and on a going concern basis. RMil confirmed the financial plan for 2018/2019 was delivered and the Trust is reporting a retained deficit of £12.7m.</p> <p>RMil advised there are four main statements, namely the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows, and provided an explanation regarding each of these.</p> <p>The audit report provides an unqualified opinion that the Trust's financial statements provide a true and fair view and have been properly prepared in accordance with the GAM. RMil explained the Trust and external auditors had differing views on the interpretation of how accounting standards should be applied in two non-material cases, these being the treatment of asset lives and Private Finance Initiative (PFI) lifecycle replacement.</p> <p>The Council was ASSURED by the report.</p>		
19/196	EXTERNAL AUDITORS – ANNUAL AUDIT LETTER		
15 mins	<p>ME presented the Annual Audit Letter to the Council, highlighting the scope of the work and audit findings. National Audit Office guidelines were followed and an adverse conclusion was issued in respect of value for money. This refers to the challenges faced by the Trust in relation to external financing. Whilst SFHFT met the control total, as auditors PWC are required to reflect there is an ongoing deficit and reliance on external financing.</p> <p>A limited assurance report was issued in respect of the Quality Report. Three areas were looked at, namely is the quality report prepared in accordance with guidance, is it prepared materially consistently with a range of other information and performance indicators were considered.</p>		

	<p>The indicators for 2018/2019 were the ED 4 hour wait standard and the maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers. In addition, there was a local indicator which was the Summary Hospital-level Mortality Indicator (SHMI).</p> <p>GW provided further information in relation to the PFI lifecycle issue and advised the Audit and Assurance Committee had no concerns and the figures are below materiality.</p> <p>IH noted the issues in relation to clock start and stop times for the ED 4 hour wait standard and sought clarification if it is possible to get to position where this is recorded accurately. GW advised this is an issue faced by every trust. SFHFT is in a better position than previously as the Trust just uses digital records rather than digital and manual records.</p> <p>PM queried if the Trust's PFI provider was an off-shore organisation. GW advised it isn't but it is a special purpose vehicle controlled and run by primary investors. The PFI provider is Central Nottinghamshire Hospitals (CNH) but the real delivery is through the subcontractors, namely Skanska and Medirest.</p> <p>TR advised what is presented from the annual report and accounts is a snapshot which helps triangulate information received at Quality Committee, Board of Directors, etc.</p> <p>The Council was ASSURED of the report.</p>		
<p>19/197</p>	<p>REPORT FROM BOARD SUB-COMMITTEES</p>		
<p>30 mins</p>	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, advising the Committee received internal audit reports in relation to governance and a review of the management of the PFI contract. Both reports gave an opinion of Significant Assurance.</p> <p>The Committee looked at outstanding audit recommendations and noted some changes have been made in relation to follow up of internal audit recommendations which seems to be having an impact as overall performance is currently 93.3%, compared to 79.2% at year end.</p> <p>The Committee received a report in relation to procurement, particularly single tender waivers. It was noted processes have continued to tighten and there is a reduction in the number of single tender waivers.</p> <p>IH confirmed he is happy with the functioning of the AAC. It was noted 360 Assurance recently completed a report on the role of the AAC, particularly in relation to how the committee will receive assurance in the future in the changing and challenging environment. The role of the AAC is to 'cross check' what is happening in the other committees. IH advised he would welcome a discussion regarding if the AAC is playing a full role. JM advised he views the AAC as the keeper of the risk process.</p>		

	<p>GW felt it would be useful to make the report available on the governor portal. The report highlights the ongoing need to work closely with the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • 360 Assurance report on role of Audit and Assurance Committee to be uploaded to governor portal <p>Quality Committee</p> <p>BB presented the report to the Council, advising the Committee received the End of Life Care Annual Report which shows good progress and is an example of what works well when there is a fully integrated provision. It is encouraging to see patients are receiving care in their preferred place of care, which is often not a hospital.</p> <p>The Committee received the Safeguarding Annual Report which demonstrates the breadth of issues which come under the banner of safeguarding.</p> <p>Work in relation to the maternity incentive scheme submission was presented to the Committee. This was subsequently presented to the August Board of Directors meeting and has been approved and submitted.</p> <p>An update in relation to 15 Steps was presented to the Committee. It was noted in addition to clinical areas where patient care is delivered, the programme covers behind the scenes areas which have a direct impact on patient care, for example pathology and case notes stores. 15 Steps should be viewed as an enhanced programme. Some of the changes being put in place will benefit not just the clinical settings but the wider team.</p> <p>PM noted the large amount of work the Quality Committee deals with. PM sought clarification regarding the progress being made in relation to the falsified medicines process. BB advised recent legislation has been introduced in relation to tracking medicines from the manufacturer to the patient and is a means of ensuring patients receive good quality medication. The implementation of this within the Trust has both a capital and revenue component to enable full compliance. IT software needs to be purchased to enable barcode scanning, etc. This has gone through the capital spending programme and is in the process of being purchased. The revenue costs need to be factored into the divisional budgets. This is in train and is scheduled to be implemented by December 2019.</p> <p>PM referenced the significant increase in re-admission rates, noting a deep dive into the reasons for the increase is to be conducted. PM queried if the Trust has sufficient resources to conduct this work and produce information effectively and quickly. BB advised she has no reason to believe SFHFT does not have either the capability or the capacity to undertake this analytical work. The increase in readmission rates has fed into the Drivers of Demand work.</p>	<p>SH</p>	<p>12/11/19</p>
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PM advised the simulation suite was mentioned at the Quality Committee meeting and sought clarification if this is being fully utilised. BB advised the suite is used but acknowledged the query if it is being used to maximum effect. It needs to be factored into the training and development programme.

PM noted the culture which is being developed in the organisation and queried if there is a system in place by which clinical and other staff can report errors or near errors to take forward as learning without fear of disciplinary action. RN advised the Joint Staff Partnership Forum has been looking at the Disciplinary Investigation Policy. The 'Just Culture' will be included in that policy. This refers to looking at the incident by looking at the person, not the fault. RM advised information on incidents is recorded on Datix, including shared learning. Greatix, which captures good practice, is being rolled out across the Trust.

SuH noted the work of the Quality Committee is proactive towards improvement rather than reactive.

Finance Committee

NG presented the report to the Council, advising at the end of Q1 the YTD deficit is £13.9m before non-recurrent income, which is in line with plan. When the non-recurrent income of Provider Sustainability Funding (PSF), financial recovery funding and marginal rate emergency funding is taken into account, the deficit is £9.4m, which is also in line with plan. Income was £2m above plan, which is mainly due to the increased ED attendances and non-elective activity which is above plan. Expenditure is £1.95m above plan to service the extra demand.

The forecast is to deliver in line with plan for the remainder of the year, which would give a £41.5m deficit, but there are some significant risks within that. The Financial Improvement Programme (FIP) delivered £1m of savings in Q1. However, £600k of this is non-recurrent. The FIP risk at the end of Q1 is £5.3m. External support from Ernst and Young (EY) has been secured to help in the process of mitigating the risk.

EY presented their review of the draft Financial Strategy to the Committee. Having observed the Committee, EY believed the work of the Committee was very operational. There is a need to focus on looking forward rather than backwards.

The Governor Observers at the committee agreed the Chairs report and provided no further comment

People, OD and Culture Committee

MG presented the report to the Council, advising the Committee has only recently been established. There is a large work plan and the frequency of meetings is being considered. The Committee needs to focus on culture.

	<p>A deep dive into sickness absence was presented to the last meeting of the Committee. Interventions in relation to musculoskeletal (MSK) absences are proving effective as the number of absences for MSK related issues are reducing. Stress, anxiety and depression related absence is an area requiring further work. Demand for occupational health interventions has increased by 27% in the past 5 years.</p> <p>Assurance was received in relation to apprenticeships. However, there is currently an underspend on the apprenticeship levy and ways of using this money are being considered.</p> <p>JL noted the large agenda at the last meeting and advised some items were set aside. MG advised increasing the frequency of Committee meetings is being considered.</p> <p>Charitable Funds Committee (CFC)</p> <p>TR presented the report to the Council, advising the Committee welcomed a change of NEDs with BB and GW joining the Committee. In addition, VB and AM were welcomed as governor observers.</p> <p>The committee received a number of updates regarding ongoing appeals, the main appeal being for the gamma scanner which currently stands at £400k.</p> <p>A number of projects which were funded have been evaluated to confirm their impact and that they delivered as planned. The fundraising strategy was reviewed. The draft annual accounts and report were reviewed in preparation for their finalisation prior to submission to the trustees.</p> <p>A legacy of £170k has been received which was presented to the trustees for sign off in August 2019.</p> <p>VB felt it was a well organised and informative meeting with all three NEDs questioning and being involved.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
<p>19/198</p>	<p>WELL-LED REVIEW PROGRESS REPORT</p>		
<p>1 min</p>	<p>SH presented the Well-led Review Progress Report to the Council, advising KPMG undertook an external well-led review of the Trust. The final report, including recommendations, was presented to the Board of Directors in December 2018. This report details the progress against the 20 recommendations, 10 rated as medium priority and 10 rated as low priority. 15 recommendations are completed, 3 are in progress and 2 are on-going. The 2 recommendations which are ongoing are Board skills assessment and allocation of management time to clinical directors.</p> <p>The Council was ASSURED of the report.</p>		

1 min	<p>Re-appointment of Non-Executive Director</p> <p>JM advised Tim Reddish (TR) comes to the end of his third tenure on 30th October 2019, after 6 years serving as a Non-Executive Director. There is provision in the constitution for TR to be appointed for a further 12 months. The Remunerations Committee are recommending to the Council that TR's tenure be extended for 12 months.</p> <p>TR is a highly experienced and effective NED with significant knowledge about the Trust's history, performance, quality imperatives, governance requirements and strategic intent. He has had a positive appraisal.</p> <p>The Council APPROVED the reappointment of TR for a period of 12 months.</p>		
1 min	<p>Staff Governor</p> <p>SH advised Morgan Thanigasalam resigned from his position as Staff Governor in June 2019, leaving a vacancy on the Council of Governors for a Staff Governor for Kings Mill Hospital and Mansfield Community Hospital. SH outlined the options to fill this post.</p> <p>The recommendation is to invite the next highest polling candidate from the elections held in April 2019 to fill the vacancy. SH advised she has spoken to this candidate (Ben Clarke) and he has confirmed he is willing to take up the post.</p> <p>The Council APPROVED the recommendation to invite the next highest polling candidate from the governor elections held in April 2019 to fill the vacancy</p>		
1 min	<p>Lead Governor Report</p> <p>SuH presented the report, requesting thanks be passed on to staff for continuing to cope with the high levels of demand and provide excellent patient care.</p> <p>The Council CONSIDERED the report.</p>		
1 min	<p>Membership and Engagement Group</p> <p>SuH presented the report, advising the last meeting was very well attended with many new governors involved.</p> <p>The Council CONSIDERED the report.</p>		
19/202	QUESTIONS FROM MEMBERS OF PUBLIC		
	No members of the public were present		

19/203	ESCALATIONS TO THE BOARD OF DIRECTORS		
2 mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Some processes require greater transparency in terms of feedback to governors • Greater awareness and assurance in relation to the way in which patients raise concerns • System risk issues • Learning culture 		
19/204	ANY OTHER BUSINESS		
1 min	<p>SH advised Tony Egginton has resigned from his position as Public Governor for Mansfield, leaving a vacancy on the Council of Governors for this constituency.</p> <p>The recommendation is to invite the next highest polling candidate from the elections held in April 2019 to fill the vacancy.</p> <p>The Council APPROVED the recommendation to invite the next highest polling candidate from the governor elections held in April 2019 to fill the vacancy</p>		
19/205	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 12th November 2019 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, Education Centre, King’s Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 20:00</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald Chair</p> <p style="text-align: right;">Date</p>		

NAME	AREA COVERED	CONSTITUENCY	FULL COUNCIL OF GOVERNORS MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			14/05/2019	13/08/2019	12/11/2019	Feb 2020			
Amanda Sullivan	M&A and N&S CCG	Appointed	X					01/06/17	
Ann Mackie	Newark & Sherwood	Public	P	P			3	01/05/19	30/04/22
Belinda Salt	Mansfield	Public	P	X			3	01/05/19	30/04/22
Brian Bacon	Derbyshire	Public	P	P			3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed		A			4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed		P			1	16/05/19	31/05/20
Councillor Helen Hollis	Ashfield District Council	Appointed	X				1	14/05/18	24/05/19
Councillor John Doddy	Nottinghamshire County Council	Appointed	X	X			4	27/07/17	31/05/21
Councillor Michael Brown	Newark & Sherwood District Council	Appointed		A			1	21/05/19	31/05/20
Gerald Smith	Mansfield	Public	P	P			3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P			3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	P			3	01/05/19	30/04/22
Jane Stubbings	Ashfield	Public	P	P			3	01/11/17	31/10/20
Jayne Revill	King's Mill Hospital	Staff	P	X			3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P			3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P			3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	P			3	01/05/19	30/04/22
Louise Knott	Vision West Notts	Appointed	P				N/A	01/03/15	N/A
Martin Stott	Newark & Sherwood	Public	P	P			3	01/05/19	30/04/22
Morgan Thanigasalam	King's Mill Hospital	Staff	P				3	01/10/17	31/10/20
Nikki Slack	Vision West Notts	Appointed		P			N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	P	P			3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	A	P			3	01/05/19	30/04/22
Richard Shillito	Newark & Sherwood	Public	P	P			3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P			3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P			3	01/11/17	31/10/20
Tony Egginton	Mansfield	Public	X				3	01/05/19	30/04/22
Valerie Bacon	Derbyshire	Public	P	P			3	01/08/19	31/07/22