

COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the public meeting held on 12th November 2019
5:30pm – 8:00pm, Lecture Theatre 2, Education Centre, King’s Mill Hospital

Present:	John MacDonald	Chairman	JM
	Ann Mackie	Public Governor	AM
	Belinda Salt	Public Governor	BS
	Ben Clarke	Staff Governor	BC
	Brian Bacon	Public Governor	BrB
	Councillor David Walters	Appointed Governor	DaW
	Councillor Steve Vickers	Appointed Governor	SV
	Dean Whelan	Public Governor	DeW
	Ian Holden	Public Governor	IH
	Jacqueline Lee	Staff Governor	JLe
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Lawrence Abrams	Public Governor	LA
	Nikki Slack	Appointed Governor	NS
	Philip Marsh	Public Governor	PM
	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
	Rebecca Herring	Corporate Matron	RH
	Jane Laughton	Chief Executive Officer Healthwatch	JLa
	Sue Bradshaw	Minutes	
Observer:	None		
Apologies:	Councillor Craig Whitby	Appointed Governor	CrW
	Gerald Smith	Public Governor	GS
	Jane Stubbings	Public Governor	JS
	Jayne Revill	Staff Governor	JR
	Martin Stott	Public Governor	MS
	Richard Boot	Staff Governor	RB
	Claire Ward	Non-Executive Director	CW
Absent:	Councillor Michael Brown	Appointed Governor	MB

Item No.	Item	Action	Date
19/206	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 Gerald Smith - Public Governor Jane Stubbings - Public Governor Jayne Revill - Staff Governor Martin Stott - Public Governor Richard Boot - Staff Governor Claire Ward - Non-Executive Director</p>		
19/207	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 Executive Lead of the Integrated Care Partnership (ICP) and Chair of the East Midlands Leadership Academy.</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p>		
19/208	MINUTES OF THE PUBLIC MEETING HELD ON 13th AUGUST 2019		
1 mins	<p>Following a review of the minutes of the meeting held on 13th August 2019, the Council APPROVED the minutes as a true and accurate record.</p>		
19/209	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 mins	<p>The Council AGREED that actions 19/188, 19/189, 19/191, 19/193.1, 19/193.2, 19/193.3 and 19/197 were COMPLETE and could be removed from the Action Tracker.</p>		
19/210	15 STEPS		
11 mins	<p>SH advised governor expectations need to be re-set in relation to 15 Steps and new governors may not be aware of how 15 Steps arose. Therefore, 15 Steps will be a topic for the Governor Workshop in December to provide more information on the purpose of 15 Steps, etc. It is important to remember 15 Steps is not an audit.</p> <p>Action</p> <ul style="list-style-type: none"> • 15 Steps to be topic for Governor workshop on 17th December 2019 	SH	17/12/19

RH presented the report to the Council, highlighting 36 visits have been undertaken during the three months of July to September 2019. The visits were across all three sites. 83.3% of feedback forms have been received from the visiting teams. The number of teams has been increased from 17 to 18, with the new team looking at paediatrics and patients transitioning to adult services. This will provide a multifaceted view of services in the organisation.

Key things identified on visits include some fantastic examples of person centred environments within the care settings, particularly in Women's and Children's, maternity and rehabilitation areas. Several areas are displaying positive patient feedback, with one area having a 'Have Your Say' board, actively encouraging patients and their relatives to leave feedback. Feedback from patients is strongly aligned with the Trust's values and behaviours displayed by staff.

Issues identified during visits include some areas being untidy and some areas have required improvement works. However, since the visit the works have been undertaken. There are also some areas which have little storage space.

A positive is the language being used by visiting teams as this is representative of the strong value based culture in the organisation. The 15 Steps Challenge has now been incorporated into the Clinical Leadership Programme delivered to senior Band 5 and above Registered Nurses and Allied Health Professionals by the Practice Development Team to provide a good understanding of what the process means for them and their patients.

BB felt 15 Steps provides a good opportunity for senior leaders to be visible to staff in the Trust and is a good programme. When issues have been identified as requiring fixing, some of this is done immediately.

PM advised he finds 15 Steps valuable and it is a good opportunity to visit areas to thank staff for their work. On a recent 15 Steps visit PM advised there was a board showing a number of appointments which had been cancelled by the Trust and sought clarification if this has been followed up. RH advised some narrative regarding the reasons for this are still awaited. There is an assumption the issue relates to the administrative process but the exact issue still needs to be identified.

KS expressed concern the recording of findings and rectification process is not clear enough. JM advised there will be the opportunity to discuss this at the governor workshop in December. While not an easy process, there is a need to start to triangulate the information from 15 Steps with other information.

VB noted storage space for clinical equipment, etc. has been highlighted and queried what actions are being taken to address this.

	<p>RM advised some areas of the hospital can look untidy at times but this is partly due to the nature of the hospital environment. Across the majority of the organisation there are sufficient places to store items. A piece of work will be undertaken to remind staff about general cleanliness and the importance of storage. This should identify if there is an issue with lack of space or if it is people putting things down quickly in the nearest place.</p> <p>TR queried if the views of staff in the areas visited are sought to establish what they get out of 15 Steps, if they feel appreciated, etc. RH advised the areas visited receive a copy of the report but the specific question if they found the process valuable is not asked. This is a consideration going forward.</p> <p>The Council was ASSURED by the report.</p>		
<p>19/211</p>	<p>HEALTHWATCH</p>		
<p>30 mins</p>	<p>JLa gave a presentation highlighting the work of Healthwatch Nottingham and Nottinghamshire, including projects for 2019/2020 and the current work at SFHFT.</p> <p>JM felt it may be useful for governors to be engaged in some way with shaping the priorities and agenda for Healthwatch. The most effective way of doing this needs to be considered. Healthwatch are undertaking some important pieces of work in important areas. When the findings are published it may be useful for them to be discussed by governors to see how that fits in with feedback from Meet Your Governor (MYG) sessions, 15 Steps, etc. IH felt it is important to triangulate information which is picked up through various forums.</p> <p>JM advised the particular pieces of work which are of interest to the Trust are maternity voices and work in relation to the discharge process. However, the Trust may also be interested in work in relation to things not directly under the remit of the Trust but where the implications are important in terms of system working.</p> <p>IH queried if Healthwatch looks at the processes in relation to the Integrated Care System (ICS) and ICP to establish if they are delivering for the population of the area. JLa advised Healthwatch sits on the ICS Partnership Board. This provides the opportunity to raise concerns and keep in touch regarding what is happening in the ICPs across the patch. Healthwatch's main and overriding concern is that there is a process in place to involve and engage with local people and to be assured that is happening.</p> <p>BB queried if there is an opportunity to select a couple of pathways to look at where the system has agreed to work collaboratively to make some fundamental changes, for example, end of life care, as there are implications for all organisations Healthwatch has responsibility for. It would be useful to look at this from the patient's perspective and how it feels to experience care across the system, particularly the handover points. JLa advised this is one of the reasons Healthwatch picked up on discharge as this is a transition. The whole discussion in relation to emergency care is about flow, which does not sound very patient centred. Work to look at that pathway is being considered.</p>		

	<p>AM felt it important to share and not duplicate work and queried if Healthwatch are involved with voluntary services and disability groups, etc. JLa advised Healthwatch aim to work in partnership with as many people and groups as possible. A regular newsletter is produced, which is available electronically, to keep people informed.</p> <p>Action</p> <ul style="list-style-type: none"> • Healthwatch to provide link which enables people to sign up to receive their newsletter and for this to be circulated to governors and included on the governor portal <p>DeW queried if the feedback received by Healthwatch is mainly positive or negative and is this mirrored in the feedback the Trust collates. JLa advised information received by Healthwatch tends to be individual issues and there is not a huge amount of data. Feedback tends to be through people approaching one of Healthwatch's stands or responding to a survey. Any feedback from surveys would be provided to the Trust in a report. Other ad hoc comments would be fed back if Healthwatch were concerned or the person wants 'something done'. Overall feedback is 50 / 50, positive and negative.</p> <p>DeW queried if this is reflective of any reports the Trust would produce. JM advised the Trust receives patient compliments and complaints and also undertakes surveys. A wealth of information is collected and there is a need to ensure best use is made of this. SH advised the Trust undertakes a Friends and Family test. While 90% positive responses are gained from this, the response rate can be improved.</p> <p>JM felt the governors need to look at the outputs of the work Healthwatch is undertaking where it is relevant to the Trust, either directly or indirectly. There is a need to try to develop some way of influencing Healthwatch's annual plan and priorities and improving the flow of information between the Trust and Healthwatch.</p> <p>Action</p> <ul style="list-style-type: none"> • Healthwatch reports to be disseminated to governors prior to each Council Meeting <p>The Council was ASSURED by the report.</p>	<p>SH</p> <p>SH</p>	<p>11/02/20</p> <p>11/02/20</p>
<p>19/212</p>	<p>CHAIR'S REPORT</p>		
<p>3 mins</p>	<p>JM presented the report to the Council, highlighting the Trust has received two high profile visitors on 8th and 12th November 2019. Both visitors had the opportunity to meet with staff. The visits provided an opportunity for the Trust to raise issues in relation to capital, Private Finance Initiative (PFI), system working, etc.</p> <p>The Street Health team won the Nursing Times Award for Integrated Approaches to Care on 30th October 2019. The Trust was shortlisted for the HSJ Trust of the Year award and while unsuccessful, the organisation should be proud of being a finalist.</p>		

	<p>The Trust's annual Staff Excellence Awards took place on 8th November 2019 and provided an opportunity to acknowledge the excellent work of staff within the organisation over the past 12 months.</p> <p>There have been a number of other events for staff recently, including black history month, long service awards, etc.</p> <p>The Council was ASSURED by the report.</p>		
<p>19/213</p>	<p>CHIEF EXECUTIVE'S REPORT</p>		
<p>20 mins</p>	<p>RM presented the report to the Council, advising the Trust is currently very busy, not only on the emergency care pathway but also cancer, elective care and diagnostics. More patients than ever before are being referred into the Trust's services on these pathways and the Trust is treating more patients than ever before. For example, on the emergency care pathway, performance in relation to the ED 4 hour wait standard was 95% at the end of Q2 in 2018/2019. At the same stage of 2019/2020, performance is 91%, which suggests a deterioration. However, the Trust has treated 2% more patients YTD within 4 hours than last year. Staff are working exceptionally hard to deliver safe care to patients and despite the level of activity, the Trust is confident patients continue to receive safe personalised care and good quality patient experience.</p> <p>From an organisational health perspective, the Trust continues to perform well across most areas, with record levels of recruitment and retention.</p> <p>In terms of the financial position, the Trust is currently forecasting to deliver the control total and the full value of the Financial Improvement Programme (FIP) at year end. The use of agency staff needs to continue to reduce. The financial position is not without risk, but the Trust is well sighted to the risk and actions are being taken to mitigate the risk. Financially SFHFT is in a slightly better position than 12 months ago. RM assured the Council the quality impact of all financial decisions are signed off in the presence of the Medical Director and Chief Nurse.</p> <p>The ICS performance review meeting was held on 12th November 2019. Dale Bywater - Regional Director for NHS Improvement (NHSI), advised the key areas are ED 4 hour performance, cancer standards and, from an elective care perspective, no patients should be waiting longer than 52 weeks. SFHFT has had no patients waiting longer than 52 weeks since March 2019. In terms of cancer, there is currently a lot of focus on this and a report was presented to the Public Board of Directors meeting on 7th November 2019. Overall Dale Bywater's synopsis is SFHFT is performing well and an improvement across the ICS now needs to be seen.</p> <p>IH invited Non-Executive Directors (NEDs) to comment on the financial position and their view of this. In addition, IH queried how the CCG is involved in the ICS and ICP process as the Patient Participation Group (PPG) which IH attends primarily speaks about the relationship with the CCG rather than the ICS / ICP.</p>		

	<p>RM advised, in terms of integration with the CCG the Trust's relationship with commissioners is improving and there is a recognition the commissioners' position and the providers' position are united by the fact too many patients are accessing services.</p> <p>The commissioners' position has become more difficult over the last 12 months as they are now commissioning services through one entity across the city and the county, meaning more work is passing through the same team. The CCG's financial position does give some cause for concern in terms of the system control total and when other organisations in the ICS declare their financial position over the coming months, it is unlikely that collectively the control total will be delivered for 2019/2020.</p> <p>VB challenged the statement that the Trust has no patients waiting over 52 weeks from referral to care, advising she is aware of cases where people have been waiting longer than 52 weeks. RM advised 52 week waiters are calculated from the referral being received from GPs to the beginning of the first definitive treatment. Depending on the pathway, it is possible definitive treatment has started but not concluded. RM advised he would look into the specific case but is confident the Trust is compliant. However, if there is a wider issue, this will be reported back to the Council.</p> <p>Action</p> <ul style="list-style-type: none"> • SH to discuss details of specific case with VB in relation to a patient waiting over 52 weeks from referral to treatment <p>NG presented the Finance Committee report by way of addressing IH's query on the NED's view of the Trust's financial position (see Item 19/215)</p> <p>RM advised he met with the CQC on 11th November 2019. While no date for the CQC visit has been confirmed, the assumption is this will be before 31st March 2020. It is hoped the CQC will visit the six services which have not been visited since 2013. The CQC will want to meet with as many governors as possible. RM requested governors inform him in advance of any concerns they wish to raise with the CQC.</p> <p>The Trust continues to make progress in relation to Freedom to Speak Up (FTSU). There has been a dramatic increase in colleagues speaking up since Jess Woodward joined the organisation as the first substantive FTSU Guardian for the Trust. It is recognised safe organisations are organisations which have made improvements in relation to FTSU.</p> <p>RM advised Julie Hogg - Chief Nurse, and Emma Challans - Director of Culture and Improvement, are both due to take up post at the Trust on 9th December 2019. Clare Teeney - Director of Human Resources at Nottinghamshire Healthcare, has also taken on the role of Director of People at SFHFT. Clare will split her time equally between the Trust and Nottinghamshire Healthcare.</p>	<p>SH</p>	<p>31/12/19</p>
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	<p>RN sought clarification if there were any themes highlighted in the concerns being raised through FTSU. SH advised the Trust is trying to pick up themes but no themes have been identified so far. As more concerns are raised themes may start to emerge. RM advised whilst maintaining the anonymity of the feedback, the Trust is looking at ways in which FTSU information can be layered into exit interviews and staff survey information. This may expose some hotspots which the organisation is currently unsighted to.</p> <p>TR advised governors part of his responsibility as a NED within the Trust, on behalf of the governors, is to link in with SH and Jess Woodward – FTSU Guardian, in relation to speaking up.</p> <p>IH noted the Occupational Health Team gave a presentation to the last Public Board of Directors meeting in relation to staff health and wellbeing. This focussed on physical health and IH queried what support there is for staff’s mental health given the pressure staff are currently under. RM advised the Trust is effectively supporting colleagues’ mental health through the Occupational Health Team and other services. A key part of the Trust’s strategy, Healthy Communities and Outstanding Care, includes mental health as well as physical health. RN advised there are mental health ‘Time to Change’ champions in the organisation and healthy workplace champions. There are a lot of people who staff can go to.</p> <p>The Council was ASSURED by the report.</p>		
<p>19/214</p>	<p>WINTER PLAN</p>		
<p>4 mins</p>	<p>RM presented the report to the Council, advising to date 72% of staff have had their flu vaccination, with the aim to reach 80%.</p> <p>RM advised there are three key objectives of the Winter plan, safely avoid admissions, safely create more capacity and safely reduce length of stay. Details of the actions the Trust will be taking are outlined in the report. The Winter plan has been through the A&E Delivery Board. Progress can be evidenced in terms of the actions being taken to reduce length of stay. In the last 4-5 months there has been a 40% reduction in delayed transfers of care and there has been a reduction in the number of longest waiting patients. The number of patients going through the ambulatory care pathway is increasing.</p> <p>As the Trust does not have multiple empty wards and excess staff to staff those wards, the opportunity for a huge increase in beds is limited. Safe avoidance of admissions is the key concern as there continues to be an increase in activity.</p> <p>JLe queried if Castle Ward at Newark Hospital was being opened. RM advised it wasn’t but did not have the detailed information available.</p> <p>Action</p> <ul style="list-style-type: none"> • Confirm Castle Ward at Newark Hospital is not being opened and the reasons why 	<p>RM</p>	<p>31/12/19</p>

	<p>SuH requested governors be informed if and when elective operations are cancelled to enable governors to talk to patients in an informed way when undertaking MYG sessions. RM advised last Winter very few elective patients' operations were cancelled as the number of elective operations booked was reduced. The same approach will be taken this Winter.</p> <p>The Council was ASSURED by the report.</p>		
19/215	LEAD GOVERNOR REPORT		
2 mins	<p>SuH presented the report. On behalf of the governors she congratulated all staff within the Trust for being shortlisted for the HSJ Trust of the Year award. She also passed on her thanks to the Communications Team for their organisation of the Staff Excellence Awards evening.</p> <p>SuH acknowledged the work of Suzanne Banks – Chief Nurse, and Andy Haynes – Medical Director.</p> <p>SuH advised she has spoken to JS who is happy to share she has recently had a heart attack. She is now back home, with orders to rest. A card has been sent to her on behalf of the governors.</p> <p>The Council CONSIDERED the report.</p>		
19/216	REPORT FROM BOARD SUB-COMMITTEES		
26 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, highlighting the implementation of recommendations from internal audit reports currently stands at 90%, compared to 78.6% last year. The Committee received an internal audit report with limited assurance in relation to the Mental Capacity Act and Deprivation of Liberty. Given the importance of this area with respect to the quality of care, the Committee asked for an update on progress against the identified actions to address the recommendations to be presented to the next meeting of the Committee.</p> <p>In terms of the register of interests, the Committee noted the significant improvements in compliance, with 16.7% (147 staff) non-compliant, compared to 38.6% (370 staff) at this point in 2018/2019.</p> <p>Members of the Committee have undertaken a self-assessment review against the maturity matrix developed by 360 Assurance. It was agreed that 360 Assurance would facilitate a development session for the Committee after its next meeting to agree the self-assessment scoring and finalise the actions.</p> <p>IH noted the review of the Board Assurance Framework (BAF) risk ratings and queried if GW was happy with the process for this.</p>		

GW advised the review process is ongoing. There is a need to understand the risks and the comparability of the levels between the risks. SH advised it has been agreed there will be a Board of Directors development session to look across the BAF and how the risks relate to each other. The Trust does not want to disrupt the BAF at this stage of the year. Therefore, the work will be undertaken in preparation for a refreshed BAF to be in place for April 2020.

KS advised he was assured enough questions were asked by the NEDs at the AAC meeting.

Quality Committee

BB presented the report to the Council, advising the Trust has a quality strategy which was developed and agreed before the publication of the recent national NHSI/E Quality Strategy. The Committee compared the Trust's strategy to the national strategy and were assured the Trust's strategy contains all the key components which need to be included.

Good progress continues to be made in relation to the Advancing Quality Programme (AQP). Progress was evidenced on two of the campaigns and the Committee signed those off.

The Committee acknowledged the great work which goes on within the Trust in relation to research as considering the Trust is relatively small, it has a fantastic research portfolio. Dr David Hodgson, who has been Director of Research and Innovation for over five years, has recently stepped down. It is hoped the good work in this area will continue when his successor is appointed.

BB highlighted the concern which was raised at the previous Council of Governors meeting in relation to patients feeling able to raise concerns. The Patient Experience annual report was presented to the last meeting of the Committee and the opportunity was taken to challenge the effectiveness of the complaints process. The Committee were assured there is a good process in place.

SuH felt it is a good report which accurately reflects the meeting. There was robust questioning from TR and BB.

Finance Committee

NG presented the report to the Council, advising at the end of Q2 the YTD deficit is £23.2m before non-recurrent income, which is in line with plan. When the non-recurrent income of Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and marginal rate emergency funding is taken into account, the deficit is £13.1m. The risk is in the Financial Improvement Programme (FIP). £4.77m has been delivered at the end of Q2, which is in line with plan. It should be noted 62% of that was in the form of non-recurrent savings which do not flow into next year as part of the control total. The current forecast for year end is a deficit of £41.5m, or £14.9m after non-recurrent income is taken into account.

There is a £3.8m risk on the FIP delivery, of which £2.2m relates to the outpatient transformation programme. However, of most concern is the underlying deficit position which is currently £47m, £6.2m worse than plan. The effect of this is the Trust could be at risk of not delivering the plan for 2019/2020 but if the plan is delivered for this year, this means the starting point for next year's plan is at risk. This would then flow through the next 4 years.

The first 'cut' of the 2020/2021 plan has been submitted. This is in line with the planning assumptions included in the Trust's 5 year financial strategy. NHSI have issued targets for the next 5 years and these are also in line with the Trust's financial strategy. If the Trust can deliver that plan over the next 5 years, FRF funding will be received to eliminate the deficit. This would leave a breakeven position at the end of 5 years.

The Committee reviewed BAF Principal Risk 4 (PR4) which relates to financial sustainability. The Committee did not change the risk rating but the underlying deficit position does give cause for concern. There is a need to convert non-recurrent savings to recurrent savings. The risk will be reviewed again at the next meeting. The current assumption is the financial plan will be delivered at year end.

KS advised he attended the last meeting of the Committee and was assured by the discussions.

People, OD and Culture Committee

MG presented the report to the Council, advising the Committee sought assurance in relation to the FTSU Champions. 16 new champions have been appointed with a further 4 awaiting training. The champions now include representatives from all Trust sites and staff groups across the Trust.

The Committee gave recognition and thanks to staff for the various awards the Trust has either won or been shortlisted for.

The Committee looked at the interim NHS People Plan and sought assurance on some of the key themes and how they align with the work the Trust is currently doing. The Trust's Workforce Strategy, Maximising our Potential, expires in 2020. In light of the full NHS People Plan being available in early 2020, this will provide an opportunity for the workforce vision of the Trust to be fully aligned.

RN advised she was pleased the Committee has been re-instated. It is good the Trust's Workforce Strategy expires as the NHS People Plan comes in. There is a need to make best use of that. There was good challenge by the NEDs at the meeting.

Charitable Funds Committee (CFC)

TR presented the report to the Council, highlighting the Gamma Scanner appeal has raised circa £430k of the £500k target. A process of assessment is underway to identify which scanner will be purchased.

	<p>The Newark Breast Cancer Service appeal is completed and the equipment has been purchased. However, there has been a significant delay with the software supplier. This is being followed up through procurement and the surgery division and will be escalated to the Board of Directors if and when deemed necessary.</p> <p>The Committee discussed and approved the fund manager's information packs, pending some slight amendments. The draft fundraising strategy for 2019-2022 was approved.</p> <p>The committee reviewed and approved for submission the Annual report and accounts, which were subsequently approved by the Corporate Trustee on 7th November 2019.</p> <p>The Trust's AGM in 2020 will include a section highlighting the work and impact of charitable funds and volunteers within the organisation.</p> <p>AM advised she was impressed with TR's knowledge, adding he questioned appropriately during the meeting.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
<p>19/217</p>	<p>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</p>		
<p>13 mins</p>	<p>Review of Governor Committee and Governor Observers</p> <p>SH presented the report to the Council, advising this is a review of the governor committees and governor observer role. Feedback received from governors via 1:1 sessions and via e-mail has been included in the report. SH advised the governor committees were not well attended and it was mainly the executives who were present. There were no written reports from the governor sub-committees to the Council, with just a verbal update being provided. The Council were reminded it is the Council of Governors which is the statutory body and it cannot delegate any decision making to another committee.</p> <p>SH advised when KPMG undertook the well-led assessment in 2018, the use of Governor Observers was identified as best practice. SFHFT is one of the first Trusts to introduce this approach.</p> <p>VB advised she used to attend meetings of the sub-committee and felt they were positive for triangulation. VB advised she would like some form of sub-committee to be formed to make a decision on this issue. A lot of information has been provided and governors need time to digest the information before making a decision.</p> <p>RN advised she attended the majority of sub-committee meetings and these were not well attended. The same people used to attend every meeting and the same things were discussed. Despite this, RN advised she was initially opposed to the introduction of the governor observer role, feeling the sub-committees were required. However, RN now feels more assurance is provided by the observers. There is the opportunity to witness the NEDs holding the executive directors to account. RN advised she is against re-introducing the sub-committees.</p>		

	<p>SuH advised she attended the Patient Safety and Experience Group and also observed the Quality Committee, being the only governor observer at that time. SuH advised the two meetings bore no relation to each other as the NEDs who attended the Patient Safety and Experience Group were not the ones who were members of the Quality Committee. This meant they could not be held to account through this process. SuH advised she feels far more informed now with the quality of reports received. SuH advised she feels she can rely on other observers to provide assurance from the other committees.</p> <p>JLe advised as a new governor she feels the current system works well in terms of triangulation with 15 Steps, etc. and feels the sub-committees would not add value.</p> <p>JM invited comments on VB's proposal for this issue to be discussed further before a decision is taken or to continue with the governor observer role and look for ways to strengthen that through triangulation with other information.</p> <p>IH advised he felt very in touch through sitting on the Audit and Assurance Committee but queried if all governors are getting the same level of contact. Governors may feel more engaged if the level of contact can be increased. JM advised over a governor's three year term the expectation is they will serve at least a year as an observer. It is not possible for every governor to observe every committee but ways in which the Trust can ensure there is a wider awareness of issues needs to be considered. SuH advised governors can observe the Public Board of Directors meetings.</p> <p>IH advised if governors feel they have a concern, the governors can request a meeting with specific people and queried if there was anything in the structure which prevents this. JM confirmed there is nothing to stop governors raising a concern at any point.</p> <p>JM advised the governor observer role would continue but would be reviewed annually. Ways of strengthening feedback and using workshop information for triangulation will be considered.</p> <p>KS advised it needs to be made clear to any new governors in the future they are expected to observe Board of Directors sub-committees.</p> <p>JW queried if the issue could be discussed further at the next governor workshop. JM advised if a number of governors come forward this can be added to the agenda for the next governor forum. However, JM advised he did not sense a need for this.</p> <p>Action</p> <ul style="list-style-type: none"> • Governor observer role to be reviewed on an annual basis <p>The Council CONSIDERED the report and AGREED the governor observer role should continue</p>	<p>SH</p>	<p>10/11/20</p>
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<p>4 min</p>	<p>Appointment of External Auditor</p> <p>GW presented the report to the Council, advising it is the Council of Governors role to appoint the external auditors. The contract with the current auditors (PWC) expires at the end of the 2019/2020 audit. Getting firms interested in external audit is a challenge and the Trust will need to take a proactive approach. It is, therefore, important to start the process as soon as possible. Any governor who is interested should send an e-mail to SH.</p> <p>Action</p> <ul style="list-style-type: none"> • E-mail to be sent to all governors inviting expressions of interest in being involved in the process of appointing external auditors for the Trust <p>The Council CONSIDERED the report</p>	<p>SH</p>	<p>15/11/19</p>
<p>3 min</p>	<p>Report of the Governor Remuneration and Nomination Committee (RemCom)</p> <p>JM left the meeting.</p> <p>SH presented the report to the Council, advising the RemCom met on 31st October 2019 to consider the realignment of Chair and NED remuneration. Foundation trusts, unlike NHS trusts, are permitted to set their own remuneration for chairs and NEDs and there is a significant difference. Revised NHS guidance has been issued and from 2021 rates will be aligned across all NHS trusts and foundation trusts. This will not impact on SFHFT as the recommended rate is the rate already being paid by the Trust.</p> <p>The Council APPROVED the recommendation of the RemCom to review the revised structure as and when new NEDs are appointed.</p> <p>JM's three year tenure as Chair ends on 29th February 2020. JM has confirmed his willingness to continue in office and has had a positive appraisal. The RemCom reviewed JM's salary in line with the new NHS guidance and recommended the re-appointment of JM as Chair.</p> <p>The Council APPROVED the re-appointment of JM for 3 years to 28th February 2023 and to retain his current remuneration level.</p> <p>JM re-joined the meeting</p>		
<p>4 min</p>	<p>Membership and Engagement Group</p> <p>SuH presented the report, advising the last meeting was very well attended with many new governors involved. The Trust's membership demographic was considered and it was identified younger members are required, who would benefit from a different newsletter. Rachel Kouijzer - Communications and Membership Officer, is working on developing this. RS has identified a link with Newark College.</p> <p>The Group also discussed ways of supporting the Trust with the strategy for Healthy Communities. This work is ongoing.</p>		

<p>4 min</p>	<p>NS advised a new principal is in post at West Notts College and exciting things are happening in the organisation, especially in relation to joining forces with Nottingham Trent University and developments in relation to nursing training. Engaging with the younger generation is important. JM advised the Trust is keen to work with the college in terms of the nursing training developments.</p> <p>SuH advised the group identified the information on the website in relation to the benefits of Trust membership is poor. The governors have been requested to provide ideas on what to include. Any comments should be sent to SuH.</p> <p>TR advised an activity with the Children and Young People Board which Suzanne Banks – Chief Nurse, has established should be considered in relation to attracting younger members.</p> <p>The Council CONSIDERED the report.</p> <p>Issues raised through Governor Forum</p> <p>JM noted two of the issues which were raised at the Governor Forum, namely the Trust’s Financial position and the ICS/ICP update, had been covered earlier in the meeting. The other issue identified was medicine shortages.</p> <p>RM advised in advance of the UK’s anticipated exit from the EU at the end of October 2019, the weekly Brexit planning meetings were re-instated. These meetings were attended by senior representatives from pharmacy who highlighted any shortages linked to Brexit or other reasons. The Trust felt well sighted to the issues and there were no concerns from an organisational perspective. The Trust has received clear instructions stockpiling of medicines is not permitted.</p> <p>BB advised there is a general issue in relation to shortage of medicines which is not just linked to Brexit. There were 100 medicines reported as being in short supply last year. However, in September 2019 there were 123 medicines logged as being in short supply. From a quality perspective the concern relates to the potential impact of shortages on patient care. However, the pharmacy team are constantly undertaking horizon scanning in relation to where issues are arising. Where concerns are identified this is escalated through the Patient Safety and Quality Group. Clinicians discuss and agree alternative medications if the shortage becomes a reality. No patient harm has been reported as a result of any medication shortage. However, there is a need to continually monitor the situation. Just linking shortages to Brexit is underestimating the potential impact.</p> <p>The Council CONSIDERED the issues identified</p>		
<p>19/218</p>	<p>OUTSTANDING SERVICE</p>		
<p>5 mins</p>	<p>A short video was played highlighting the work of the Freedom to Speak Up Guardian</p>		

19/219	QUESTIONS FROM MEMBERS OF PUBLIC		
	No members of the public were present		
19/220	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> Recognise and share concerns the Board of Directors is aware of in relation to pressure, Winter and financial risks 		
19/221	ANY OTHER BUSINESS		
min	No further business was raised		
19/222	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 11th February 2020 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 19:45</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 COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			14/05/2019	13/08/2019	12/11/2019	11/02/2020			
Amanda Sullivan	M&A and N&S CCG	Appointed	X					01/06/17	
Ann Mackie	Newark & Sherwood	Public	P	P	P		3	01/05/19	30/04/22
Belinda Salt	Mansfield	Public	P	X	P		3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff			P		3	01/09/19	31/08/22
Brian Bacon	Derbyshire	Public	P	P	P		3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed		A	A		4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed		P	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	X		1	21/05/19	31/05/20
Councillor Steve Vickers	Nottinghamshire County Council	Appointed			P		2	04/06/19	06/05/21
Dean Whelan	Mansfield	Public			P		3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	P	P	A		3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	P	P		3	01/05/19	30/04/22
Jane Stubbings	Ashfield	Public	P	P	A		3	01/11/17	31/10/20
Jayne Revill	King's Mill Hospital	Staff	P	X	A		3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P		3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P		3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	P	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	A		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	P		N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	P	P	P		3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	A	P	A		3	01/05/19	30/04/22
Richard Shillito	Newark & Sherwood	Public	P	P	P		3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P	P		3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	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	P		3	01/08/19	31/07/22