

COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the public meeting held on 18th February 2020
5:30pm – 8:00pm, Lecture Theatre 2, Education Centre, King’s Mill Hospital

Present:	John MacDonald	Chairman	JM
	Ann Mackie	Public Governor	AM
	Ben Clarke	Staff Governor	BC
	Brian Bacon	Public Governor	BrB
	Councillor Craig Whitby	Appointed Governor	CrW
	Councillor David Walters	Appointed Governor	DaW
	Dean Whelan	Public Governor	DeW
	Gerald Smith	Public Governor	GS
	Ian Holden	Public Governor	IH
	Jacqueline Lee	Staff Governor	JL
	Jane Stubbings	Public Governor	JS
	Kevin Stewart	Public Governor	KS
	Lawrence Abrams	Public Governor	LA
	Martin Stott	Public Governor	MS
	Philip Marsh	Public Governor	PM
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SuH
	Valerie Bacon	Public Governor	VB
In Attendance:	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Manjeet Gill	Non-Executive Director	MG
	Claire Ward	Non-Executive Director	CW
	Julie Hogg	Chief Nurse	JH
	Glen Spencer	PWC	GIS
	Kate Wright	Associate Chief AHP	KW
	Carl Miller	Associate Chief AHP	CM
	Natalie Bradbury	ED Sister	NB
	Helen Seacroft	ED ACP	HS
	Sue Bradshaw	Minutes	
Observer:	None		
Apologies:	Belinda Salt	Public Governor	BS
	Councillor Michael Brown	Appointed Governor	MB
	Councillor Steve Vickers	Appointed Governor	SV
	Jayne Revill	Staff Governor	JR
	John Wood	Public Governor	JW
	Nikki Slack	Appointed Governor	NS
	Richard Boot	Staff Governor	RB
	Richard Mitchell	Chief Executive	RM
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG

Absent:

Item No.	Item	Action	Date
20/223	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>Belinda Salt - Public Governor Councillor Michael Brown - Appointed Governor Councillor Steve Vickers - Appointed Governor Jayne Revill - Staff Governor John Wood - Public Governor Nikki Slack - Appointed Governor Richard Boot - Staff Governor Richard Mitchell - Chief Executive Barbara Brady - Non-Executive Director Neal Gossage - Non-Executive Director</p>		
20/224	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p>		
20/225	MINUTES OF THE PUBLIC MEETING HELD ON 12TH NOVEMBER 2019		
1 mins	<p>Following a review of the minutes of the meeting held on 12th November 2019, the Council APPROVED the minutes as a true and accurate record.</p>		
20/226	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
2 mins	<p>The Council AGREED that actions 19/210, 19/211.1, 19/211.2, 19/213, 19/214 and 19/217.2 were COMPLETE and could be removed from the Action Tracker.</p> <p>PM requested an update on a point raised at the previous meeting regarding outpatient appointments which had been cancelled, this being identified on a 15 Steps visit. JM advised he was unable to provide an update but would follow this up. SH advised two governors, Ben Clarke – Staff Governor, and John Wood – Public Governor, will sit on the Outpatient Transformation Board and will be able to provide feedback to the Council of Governors.</p> <p>Action</p> <ul style="list-style-type: none"> • Update required regarding outpatient appointments which have been cancelled, this being previously identified on a 15 Steps visit where a board showed a number of cancelled appointments 	SH	12/05/20

20/227	PATIENT STORY		
15 mins	HS and NB presented the patient story which related to the development of a room in ED for use by patients with dementia.		
20/228	CHAIR'S REPORT		
2 mins	<p>JM presented the report to the Council, highlighting it has been a difficult Winter but the Trust has performed well. JM acknowledged the work of Trust staff. The Trust continues to be nominated for national awards.</p> <p>The national staff survey results were published on 18th February 2020. These show further improvement but are not perfect and areas for improvement have been identified. The CQC inspection is concluded and it is hoped the outcome can be communicated outside the organisation in May 2020.</p> <p>RN stated she was glad the staff survey results are not perfect as this demonstrates staff feel able to make comments.</p> <p>The Council was ASSURED by the report.</p>		
20/229	CHIEF EXECUTIVE'S REPORT		
8 mins	<p>PR presented the report to the Council, advising January and February continue to be busy with ED attendances and non-elective activity between 6 and 10% above the expected levels. Despite the pressure, the Trust is proud of the timeliness and quality of care provided to patients but performance is challenged. Like the majority of NHS organisations, SFHFT remains below the national standards for ED, Cancer and Referral to Treatment (RTT). However, the Trust is performing comparatively well. The financial position is a challenge, with the Trust being adverse to plan after 10 months. The current forecast for year end is to be on plan and to achieve the control total. All Winter plan capacity was open throughout January and continues into February. The plan is working well.</p> <p>The CQC assessment is complete. The assessment team spent three days at King's Mill Hospital and two days at Newark Hospital with a further day for the use of resources assessment and two days for the well led assessment. The informal feedback received from the CQC has been complimentary. The draft report is expected in the next two months with the final report due in May 2020.</p> <p>The 2019 staff survey results were received on 18th February 2020. SFHFT is joint best in the Midlands for staff engagement. In terms of the response rate, the Trust is the second highest in the Midlands with a response rate of 66%. The Trust should be pleased and proud of the results but it is acknowledged there is more work to do. Emma Challans – Director of Culture and Improvement, will be taking forward the actions.</p> <p>IH acknowledged staff are working hard and are under pressure and queried if this is sustainable and is the mental health of staff a cause for concern or is this being managed.</p>		

	<p>PR advised there are good support networks in place for staff through Freedom to Speak Up (FTSU), support from managers and other colleagues, etc. PR advised he was not aware of any specific concerns which have been raised through those channels but there is a need to be mindful of the requirement to provide support. RN advised the provider for counselling services to staff has recently changed. This has reduced the waiting time for face to face counselling sessions from 6-8 weeks down to 2-4 weeks. If staff are feeling stressed they can speak to FTSU champions, counselling services (telephone call or face to face) and occupational health. Support mechanisms are in place. TR advised he had recently met with SH and Jess Woodward – FTSU Guardian. No specific concerns have been raised linked to Winter pressures and staff have been complimentary about the plans which have been put in place.</p> <p>BC sought clarification in relation to keeping the same level of capacity open once the Winter pressures subside. PR advised the operational planning guidance suggests there is an expectation 92% occupancy rate is maintained. This is the measure which will be applied to ensure the Trust has appropriate capacity so that only 92% of beds are occupied at any one time. This may not necessarily mean all beds and capacity which has been opened through Winter will remain open.</p> <p>VB noted the Trust is at 101.9% for safe staffing levels and queried if this means the Trust is overstaffed. PR advised there are times when patients require 1:1 staffing levels. Safe staffing levels are monitored throughout the day.</p> <p>The Council was ASSURED by the report.</p>		
<p>20/230</p>	<p>LEAD GOVERNOR REPORT</p>		
<p>2 mins</p>	<p>SuH presented the report to the Council, advising the 'new' governors can no longer be referred to as such as they are now fully on board and playing their part, with very good attendance at meetings. Richard Shillito has resigned as public governor for Newark, thus leaving a vacancy for a public governor in that constituency.</p> <p>SH advised in addition to the vacancy at Newark, there are two volunteer vacancies as no-one came forward to stand at the last election in April 2019. There is an election due in September 2020 for two public governors.</p> <p>The Council AGREED an election for the vacancy at Newark would be held in September</p> <p>The Council was ASSURED by the report.</p>		
<p>20/231</p>	<p>OPERATIONAL PLAN 2020/2021</p>		
<p>18 mins</p>	<p>PR presented an update regarding planning for 2020/2021, outlining the key points and expectations contained within the guidance. PR informed the Council of progress to date and outlined the next steps.</p> <p>BC noted there is an expectation to potentially make the flu vaccination mandatory for all NHS staff and sought clarification regarding this.</p>		

	<p>PR advised this has been discussed but is not in the operational planning guidance as being mandatory. RN advised this issue has been discussed at staff council and was rejected.</p> <p>MS felt it is good to see a move away from hard targets, with the focus being on continuous improvement. PR felt this is a practical approach, looking at what can be achieved. Continuous improvement delivers a significant challenge but is a more realistic expectation than achieving all the standards.</p> <p>IH queried if, in terms of risks, the planning is affected by a lack of congruence between NHS England (NHSE) and NHS Improvement (NHSI). PR advised there is an increasing congruence between the two organisations and they have a joint structure in place. However, some slightly differing messages are still being passed down. Planning on a system basis brings things together in a transparent way and provides the opportunity for difficult challenges to be resolved at an early stage.</p> <p>PM queried if this system enables the Trust to ensure people in the local communities have a 'fair share' of resources allocated to their health service care, noting there used to be a system which established the size of the population, amount of money per head of population and reflected if the community was more deprived and, therefore, had increased health needs. PR advised this is still the system by which the CCGs receive their funding. SFHFT contracts for the services it provides at the activity levels it provides them. This is not necessarily on the basis of the demographics of the population.</p> <p>The Council was ASSURED by the report</p>		
<p>20/232</p>	<p>EXTERNAL AUDIT</p>		
<p>7 mins</p>	<p>GIS presented the draft External Audit Plan for 2019/2020, highlighting the key points. The key areas of audit risk remain relatively consistent with the previous year, these being income and expenditure recognition, property valuations and the Trust's overall financial position. These risks are consistent with those of other acute foundation trusts.</p> <p>IH queried if the Trust has over 5,000 staff, noting more work is required if this is the case. PR confirmed this figure has been breached.</p> <p>IH sought clarification regarding the concept of materiality. GIS advised when PWC audit the Trust's financial statements, this is done to a materiality level with the audit establishing if figures are correct to within that degree. The figure is based on 2% of the Trust's revenue, which is a commonly used benchmark. Any issues are flagged up and PWC will work with the Trust regarding adjustment depending on the nature of them and whether a change is needed.</p> <p>JM sought clarification regarding timescales. PR advised the draft accounts are submitted just before the end of April, nationally and to the auditors. PWC will then provide a report to the Audit and Assurance Committee toward the end of May, which provides a recommendation to the Board of Directors. The accounts are filed by the submission date of 29th May 2020.</p>		

	<p>An update on the process will be provided to the August meeting of the Council of Governors. The formal reporting of the accounts is at the AGM in September. The Board of Directors approve the accounts for national submission, following the report provided by PWC. The governors' responsibility is to receive the accounts and annual report.</p> <p>IH noted in previous years there have been 'disagreements' in the interpretation of some areas between PWC and the Trust, for example, valuation of property. IH queried if there is now more agreement. GIS advised there is generally more alignment. The issues previously related to judgement of certain technical aspects relating to the PFI and how costs are related. If these issues are below the materiality threshold, PWC and the Trust know what the position will be. Therefore, a significant amount of time will not be spent discussing this.</p> <p>The Council was ASSURED by the report</p>		
<p>20/233</p>	<p>QUALITY PRIORITIES</p>		
<p>20 mins</p>	<p>KW and CM presented information regarding the Quality Account for 2019/2020, highlighting the purpose of the Quality Account and what information it must contain. CM advised the report must contain two mandated indicators and a local indicator. The Council of Governors need to agree a local indicator. CM advised the Trust has tried to focus on aspects of the Quality Improvement Programme which will provide the greatest benefit. Three options have been identified for the local indicator, these being inpatient mobility to reduce deconditioning and risk of falling, faster learning from serious incidents and end of life ReSPECT approach to be fully implemented. The indicators which are not selected as the local indicator will remain part of the Quality Improvement Programme and will be continually monitored through the Patient Safety Quality Group (PSQG), but will not be subject to the greater level of scrutiny as the local indicator in the Quality Account.</p> <p>IH noted the end of life pathway across the Integrated Care System (ICS) / Integrated Care Partnership (ICP) is strong and queried how the local indicator would fit into that. CM advised there is an end of life programme across the ICS and there is a lot of work ongoing in relation to this. It is not fully understood where the improvement could be if this was the local indicator.</p> <p>PM queried where learning from near misses might fit in with faster learning from serious incidents. CM advised it is important to take learning from serious incidents but equally important is the need to learn from near misses and to learn from the good work which is done. While the focus for this is serious incidents, if this was to be chosen as a quality indicator the process of learning from incidents will include the whole range.</p> <p>GS queried how feedback on learning from incidents is obtained. CM advised the monitoring and reporting would be through the Quality Committee, who report to the Board of Directors and the Council of Governors. KW advised staff receive feedback from incidents in various forums with the learning cascaded in different ways.</p>		

	<p>KW advised there are huge benefits in trying to improve the programme of increasing patients' mobility. By getting patients mobile quicker and improving conditioning, length of stay is reduced and hopefully the risk of falls is reduced. JM felt the focus on minimising falling could be doing patients harm as they decondition, lose muscle mass, etc. If the emphasis is moved from avoiding all falls to maximising mobility, while recognising the need to minimise the risk of falling, this will be better for patients. CM advised this is an opportunity for a step change in terms of the approach to falls.</p> <p>VB felt the local indicator should be inpatient mobility to reduce deconditioning but expressed concern that by increasing mobility there is a risk of increasing falls. JM advised this is the balance. Patient mobility is increasingly becoming an issue which is being discussed more widely. If this is chosen as the local indicator it could contribute to the wider discussion. While the others indicators for consideration are important, they are more 'business as usual' indicators.</p> <p>MS queried how measurable increasing inpatient mobility is. KW advised this can be as simple as how many patients are out of bed, dressed, etc. There are various metrics available which can be pulled together in a multi-disciplinary approach.</p> <p>RN referenced the 'PJ paralysis' programme / training and queried how this would fit in. KW advised the training is still ongoing and is part of the induction programme for new staff. Audits take place on wards in relation to how many patients are out of bed, how many patients have their mobility aides when they come onto the ward, how many times a patient is mobilised, etc. This is ongoing and is part of business as usual.</p> <p>The Council AGREED the local indicator for 2019/2020 should be "Inpatient mobility to reduce deconditioning and risk of falling"</p>		
<p>20/234</p>	<p>15 STEPS</p>		
<p>10 mins</p>	<p>JH presented the report, advising 36 visits were completed over the last quarter and thanked governors for their continued engagement. The Quality Committee have requested the format for the 15 Steps programme be reviewed, with particular consideration to be given to how it can be adapted for non-clinical areas. The programme works well for clinical areas but 15 Steps might not be the right approach for non-clinical areas. However, non-clinical areas have indicated they still wish to be visited. One option is to focus on a well-led style assessment and there are models which could be used for this.</p> <p>SuH advised she had done a visit to the path lab and it was good to gauge it as a place to work for the staff. It is possible to 'pick up' on the atmosphere of the work area, if staff are happy with their work, etc. SuH queried if this type of approach could be utilised. JH advised her initial thoughts were some sort of assessment of staff experience and culture.</p> <p>MS advised every visit he has done there has been some aspect of need for a physical improvement but he has not seen a list of such issues reported back to the governors.</p>		

	<p>JM acknowledged there is work to do in relation to triangulating information from 15 Steps and other information obtained by governors in other forums, for example Meet Your Governor. There is also a need to work on the feedback mechanism.</p> <p>IH advised the further away you get from clinical work, the more difficult 15 Steps is in its current format. The primary concern is something having a direct impact on patients and this is less relevant the further away you get. There is a need for different questions. JM advised there is a need to visit non-clinical areas as this demonstrates an interest is being taken in those areas. However, a more appropriate approach for non-clinical areas needs to be identified.</p> <p>DeW suggested asking the heads of department in non-clinical areas for ideas of an approach and what might help them. IH felt it important to empower staff to do things themselves. BC queried if there was any feedback in the staff survey to reflect on non-clinical areas which might shape the approach.</p> <p>DaW queried if there was formal accreditation for Clinical Pathology. JM advised there is a clinical pathology accreditation process and a number of different ways departments are assessed. It is important not to duplicate or replicate those as there is a need for something which adds value.</p> <p>The Council was ASSURED by the report</p>		
<p>20/235</p>	<p>DEVELOPING THE COUNCIL OF GOVERNORS – INTERIM RECOMMENDATIONS FROM 1:1 SESSIONS</p>		
<p>6 mins</p>	<p>JM presented the report advising this is initial feedback from the 1:1 sessions with governors. Approximately two thirds of governors have been seen and there are a number of suggestions which fall into four key areas. These are new initiatives, supporting governors, identifying and feedback on issues and improving the performance of governors and getting feedback.</p> <p>KS felt governors are not as well trained as they could be and would like to see an improvement in training for governors. JM advised each year when committee observers change, a briefing about the role of an observer could be arranged and governors who have been observers could feed into that.</p> <p>VB felt there should be some recognition for governors such as a long service badge or similar.</p> <p>SH advised the mileage rate currently paid to governors and volunteers is 39.2p per mile. It is proposed to increase this to 45p per mile, in line with HMRC rules.</p> <p>The Council APPROVED the increase of mileage rate from 39.2p to 45p per mile for governors and volunteers, to take effect from 1st April 2020</p>		

20/236	REPORT FROM BOARD SUB-COMMITTEES		
46 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, highlighting there has been a change in personnel from the counter fraud team. The focus is increasingly on cyber security and raising staff awareness of potential fraud issues. In terms of internal audit, the implementation rate for first follow up actions is 95.7%, which is the highest of all 360 Assurance clients.</p> <p>In relation to register of interests, there have been significant improvements in compliance, with 69 staff non-compliant. The Clinical Chair for the Surgery Division and the Acting Divisional General Manager for the Medicine Division attended the meeting to update the Committee with proposed actions to improve compliance.</p> <p>The Committee have been working with 360 Assurance regarding developing the Committee. An action plan has been developed which is being implemented. Part of this is formalising the working relationship across the committees and this is starting to work well.</p> <p>KS advised he was assured the NEDs at the AAC meeting are asking the right questions but felt there is some uncertainty around the ICS and the Board Assurance Framework (BAF). GW advised the BAF is being reviewed and is subject to a workshop for executives and NEDs. To ensure consistency for this year, any changes will take effect from April 2020.</p> <p>IH felt the follow up on internal audit recommendations is impressive and there is a rigorous process in place.</p> <p>Quality Committee</p> <p>TR presented the report to the Council, advising the Committee received assurance in relation to dementia screening. The Committee were assured screening for dementia is taking place and meeting the required standards. However, there has been a challenge between the screening being documented on paper and entered onto NerveCentre. There will be continued follow up of the process and 360 Assurance have been asked to do a piece of work on one target area to provide further assurance once Nervecentre is embedded.</p> <p>Ophthalmology provided an update regarding progress against the quality summit. While it was reassuring to hear about the progress, there is more work to do. This will continue to be an area of focus and a further update will be provided to the Committee in September 2020.</p> <p>The Committee received the reports from the PSQG meetings. A substantial area of discussion was the safety of patients waiting a significant period of time within ED. The Committee were assured no significant harm had come to patients with an extended stay in the department.</p>		

PM felt this is an impressive committee with the NEDs following up on critical issues. In relation to ophthalmology, some patients have come to harm but the NEDs are concentrating on the issue to ensure progress is made. The Trust is learning from serious incidents.

DaW sought clarification as to the definition of CQUIN. PR advised there is a methodology whereby the centre defines clinical quality improvements the NHS is required to make, with extra funding available if the standard is achieved. For example, there is a target for the number of staff who receive their flu vaccination.

Finance Committee

GW presented the report to the Council, advising the Committee received an in depth review of performance of the Medicine Division as their financial performance has deteriorated significantly. There is an understanding of the issues and the situation will be continually monitored.

Discussions are ongoing in relation to the hard and soft FM services provided to the Trust against the service specifications. This will be discussed further at the Board of Directors meeting in Private on 5th March 2020.

The forecast is to achieve the control total at year end but this is reliant on non-recurrent savings. This has implications, particularly for the planning process for 2020/2021. There is a risk for 2020/2021 as 50% of financial recovery funding (FRF) is linked into system work and the ICS is currently not meeting its financial targets.

The Committee had a presentation from the Head of Procurement on the Spend Comparison Service. There is a lot of data but it appears to be unreliable and is compiled by a third party. The Head of Procurement is going to work at national level to establish how better data can be obtained to provide a fair comparison.

KS read the following statement which he had prepared in conjunction with BrB.

“At a previous meeting it was disclosed that some divisions had not met the forecast financial budgets and indeed Medicine was particularly adrift of expectations. The Medicine Division were asked to attend to help understand why there was a large gap in the forecasts

Three members of the division were present including the clinical lead and they referred during their discussions to worrying aspects of the division including:

- *Budget and actual financial forecasts being very different and perceived pressure to accept these despite large doubts*
- *Large agency costs for staff*
- *Staff sickness excessive*
- *Staff not doing on-call as on restricted duties*
- *Staff stress levels*
- *Discussion of some services being ‘fragile’*

One example was RM asked about recruitment and it was clear that more support was needed to recognise the strengths of working at Sherwood.

We heard various plans to improve but these reach across other area like patient safety, human resources as well as finance.

This is a large part of our business at the hospital and is very important to us and to the patients.

The picture we heard was one of a service which has elements of risk which the Council needed to be aware of and therefore seek assurance that the NEDS and executive had a coordinated plan to improve take forward.”

PR advised there is a difficult challenge, not just in the Medicine Division. There are other components, for example, non-delivery of financial improvements on a recurrent basis. It is difficult and challenging to effectively manage the balance of maintaining patient safety, operational performance and financial control. The Committee heard an honest account of how it feels to be in that position. The executive team are working to support the division to turn this around, to understand and build resilience to their financial planning and enhance the budget setting process for 2020/2021 to be one of greater scrutiny and challenge.

JM felt part of the issue is Medicine Division are externalising their problems. They need to take some responsibility. The Trust has responsibilities but the managers in divisions also have responsibilities.

BrB advised members of the division introduced themselves in the meeting as ‘acting’ heads which appeared to indicate they had just started in the role. BrB advised he got the impression they had ‘hit the ground running’ and didn’t appreciate the problems. However, BrB advised he was impressed by the rigorous questioning of the NEDs.

PR advised the Medicine Division will be reporting back to the April meeting of the Finance Committee. JM requested a briefing paper regarding progress be completed after this meeting, to be agreed by the Chair and governor observers, and for this to be circulated to all governors.

SH noted it was good both observers have fed back they felt the NEDs were probing and challenging as the role of the observers is to ensure the NEDs are challenging appropriately.

TR advised one of the reasons why Medicine Division were invited to attend the Finance Committee was the rapid deterioration of their financial position. They acknowledged they have got work to do.

PR advised the Acting Divisional General Manager (DGM) for Medicine is Rachel Briggs, whose substantive role is Deputy DGM. She is acting into that role as the substantive DGM – Dale Travis, is doing a different role on a temporary basis. Both Dale and Rachel were present at the meeting.

	<p>BC advised there is currently a 26 week pilot, whereby when patients reach 26 weeks, they are offered the opportunity to seek a service elsewhere. This is a resource hungry pilot and may impact on Medicine Division's performance. PR advised this has not been raised as an issue but will be followed up.</p> <p>Action</p> <ul style="list-style-type: none"> • Briefing paper, providing an update on performance of the Medicine Division, to be circulated to governors following the April meeting of the Finance Committee • Clarify if the 26 week pilot is impacting on the performance of the Medicine Division <p>People, OD and Culture Committee</p> <p>MG presented the report to the Council, advising the Committee looked at a deep dive into the reasons for sickness absence. The key areas are stress and musculoskeletal (MSK). There is a focus on causes and interventions to support staff.</p> <p>A deep dive has been undertaken into the variation of flu vaccination rates. Updates were provided to the Committee regarding the pensions and taxation issue and the Health Hero programme. Progress has been made in relation to the equality, diversity and inclusion agenda, but further work is required.</p> <p>The Trust has received national recognition for its work in relation to e-rostering and e-job planning software.</p> <p>MS queried why the high rate of medical staff vacancies is not mentioned in the report. MG advised the Committee did not receive a report on this issue but has asked for a report on this. JM advised the Trust has seen a reduction in medical staff vacancies. PR advised while there has been a reduction in vacancies, the Trust does have some hard to recruit to consultant vacancies. There is a need to consider alternatives to recruiting on a like for like basis.</p> <p>RN advised she is pleased this Committee has been re-instated. There is a big agenda with issues potentially being missed when the Committee was not in place. The Trust is getting recognition at a national level in relation to the work done regarding the menopause conference, etc. The staff council has incorporated SFHFT's policy into the staff council documentation.</p> <p>RN advised a concern was raised at the governor forum in relation to agency healthcare assistants and the percentage of agency workers used on a regular basis and those called in to cover sickness. There is a need to seek assurance in terms of the percentages and why agencies are being used rather than Trust staff. A piece of work is required to ensure there is assurance the right people are being utilised. This has been raised with MG outside of the meeting and will be picked up by the Committee.</p>	<p>PR</p> <p>PR</p>	<p>12/05/20</p> <p>12/05/20</p>
--	---	---------------------	---------------------------------

	<p>Action</p> <ul style="list-style-type: none"> • People, OD and Culture Committee to seek assurance regarding the percentage of agency healthcare assistants used on a regular basis and called in to cover sickness, etc. Clarification required regarding reasons for agency usage as opposed to Trust staff <p>Charitable Funds Committee (CFC)</p> <p>TR presented the report, advising the Gamma Scanner appeal has reached £485k. 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. The revised implementation date is April 2020.</p> <p>The enhancements to the KMH ward entrances work will be completed by early 2020.</p> <p>The 'Dragons' Den' initiative was reviewed. Staff were invited to submit bids for patient experience service improvement projects, up to a maximum of £5k. There were 13 successful bids. It was acknowledged the process put a lot of strain on the community involvement team to support bids. It is hoped to implement the scheme again and to possibly run it twice per year rather than annually.</p> <p>VB advised she welcomed the prospect of taking the Dragons' Den idea forward to possibly every 6 months. This will enhance opportunities for staff to be innovative and present new ideas.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>	<p>MG</p>	<p>12/05/20</p>
<p>20/237</p>	<p>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</p>		
<p>1 mins</p> <p>2 min</p>	<p>Membership and Engagement Group</p> <p>SuH presented the report, advising the Trust is starting to work in collaboration with West Notts College. A meeting has taken place with staff involved in work placements, apprenticeships etc. A newsletter aimed at 16-21 year olds is expected to be completed for March 2020. This will include information relevant to that age group, including the benefits of Trust membership.</p> <p>The Council CONSIDERED the report.</p> <p>Re-appointment of Non-Executive Director</p> <p>CW left the meeting.</p> <p>SH advised Claire Ward (CW) comes to the end of her 7 year tenure on 30th April 2020. The Governor Remunerations Committee (RemCom) are recommending to the Council that CW's tenure be extended for 12 months. It was noted CW is on annual re-appointment as she has completed over 6 years as a NED.</p>		

	<p>The Council APPROVED the reappointment of Claire Ward for a period of 12 months.</p> <p>JM advised Neal Gossage's tenure is due to end shortly. Due to timescales it is recommended the Council delegate authority to the Governor RemCom to decide if his tenure should be renewed. A report will be provided to the Council of Governors meeting in May for information.</p> <p>The Council APPROVED authority to be delegated to the Governor RemCom regarding the reappointment of Neal Gossage</p> <p>CW re-joined the meeting</p>		
20/238	OUTSTANDING SERVICE		
3 mins	A short video was played highlighting the work of the Sterile Services Team		
20/239	QUESTIONS FROM MEMBERS OF PUBLIC		
	No members of the public were present		
20/240	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"> • Medicine division performance • Consultant vacancies 		
20/241	ANY OTHER BUSINESS		
2 min	<p>Chair Appraisal process 2020</p> <p>TR advised the Chair's appraisal process has changed slightly. There have been some changes to the questions and there are additional layers which need to be put in place, but these do not affect the governors. The revised process has been approved by the Governor RemCom and will be implemented for this year's round of appraisals.</p> <p>TR advised a survey will be emailed to governors in March and encouraged governors to complete this.</p>		
20/242	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 12th May 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 20:05</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	P	3	01/05/19	30/04/22
Belinda Salt	Mansfield	Public	P	X	P	A	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff			P	P	3	01/09/19	31/08/22
Brian Bacon	Derbyshire	Public	P	P	P	P	3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed		A	A	P	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed		P	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	A	1	21/05/19	31/05/20
Councillor Steve Vickers	Nottinghamshire County Council	Appointed			P	A	2	04/06/19	06/05/21
Dean Whelan	Mansfield	Public			P	P	3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	P	P	A	P	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	P	P	3	01/05/19	30/04/22
Jane Stubbings	Ashfield	Public	P	P	A	P	3	01/11/17	31/10/20
Jayne Revill	King's Mill Hospital	Staff	P	X	A	A	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P	A	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	P	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	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	P	A	N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	P	P	P	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	A	P	A	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	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	P	P	3	01/11/17	31/10/20
Tony Egginton	Mansfield	Public	A				3	01/05/19	30/04/22
Valerie Bacon	Derbyshire	Public	P	P	P	P	3	01/08/19	31/07/22