

# MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 21<sup>st</sup> February 2023

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	<b>Apologies for Absence</b> <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs &amp; Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	<b>Minutes of the meeting held on 8<sup>th</sup> November 2022</b> <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	<b>Matters Arising/Action Log</b>	Approve	Enclosure 4
5.	17:35	<b>Patient Story - Research through the eyes of a pandemic</b> Alison Steel - Head of Research and Innovation and Terri-Ann Sewell – Research Nurse	Assurance	Presentation
6.	17:55	<b>Chair's Report</b> Claire Ward – Chair	Assurance	Enclosure 6
		<ul style="list-style-type: none"> <li><b>Board of Directors Quadrant Report</b> Claire Ward – Chair</li> </ul>	Assurance	Enclosure 6.1
7.	18:00	<b>Chief Executive's Report</b> Paul Robinson – Chief Executive	Assurance	Enclosure 7
8.	18:15	<b>Lead Governor Report</b> Sue Holmes – Lead Governor	Assurance	Enclosure 8
9.	18:20	<b>15 Steps Feedback</b> Grace Radford, Patient Experience Manager	Assurance	Enclosure 9
10.	18:30	<b>Development of the Trust's 2024-2029 Strategy</b> David Ainsworth – Director of Strategy and Partnerships	Assurance	Enclosure 10
11.	18:50	<b>Operational Plan 2023/2024</b> David Ainsworth – Director of Strategy and Partnerships	Assurance	Enclosure 11
12.	19:00	<b>External Audit Plan</b> Richard Walton, KPMG	Assurance	Enclosure 12

	Time	Item	Status (Do not use NOTE)	Paper
13.	19:10	<b>Report from Board Sub-Committees</b> <ul style="list-style-type: none"> <li> <b>Audit &amp; Assurance Committee</b>  Graham Ward – Non-Executive Director  Ian Holden – Governor Observer  Michael Longdon – Governor Observer </li> <li> <b>Quality Committee</b>  Barbara Brady – Non-Executive Director  Justin Wyatt – Governor Observer  Ruth Scott – Governor Observer </li> <li> <b>Finance Committee</b>  Andrew Rose-Britton – Non-Executive Director  John Wood – Governor Observer </li> <li> <b>People, Culture and Improvement Committee</b>  Manjeet Gill – Non-Executive Director  Jane Stubbings – Governor Observer  Sue Holmes – Governor Observer </li> <li> <b>Charitable Funds Committee</b>  Stave Banks – Non-Executive Director  Ann Mackie – Governor Observer  Liz Barrett – Governor Observer </li> </ul>	Assurance     Assurance     Assurance     Assurance     Assurance	Enclosure 13.1     Enclosure 13.2     Enclosure 13.3     Enclosure 13.4     Enclosure 13.5
14.	19:30	<b>Council of Governors Matters/Statutory Duties</b> <ul style="list-style-type: none"> <li> <b>Membership and Engagement Group</b>  Sue Holmes – Lead Governor </li> <li> <b>Governor Elections</b>  Shirley Higginbotham – Director of Corporate Affairs </li> <li> <b>Appointment of External Auditors - Process</b>  Graham Ward - Chair of Audit and Assurance Committee </li> </ul>	Assurance   Approval  Assurance	Enclosure 14.1   Enclosure 14.2  Enclosure 14.3
15.	19:50	<b>Outstanding Service – Celebrating our Volunteers</b>	Assurance	Presentation
16.	19:55	<b>Questions from Members of Public</b> Claire Ward - Chair	Consider	Verbal
17.	19:55	<b>Escalations to the Board of Directors</b> Claire Ward - Chair	Agree	Verbal
18.	20:00	<b>Any Other Business</b> <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
19.		<b>Date &amp; Time of Next Meeting</b> <b>Date:</b> Tuesday 9 <sup>th</sup> May 2023 <b>Time:</b> 5:30pm – 8:00pm <b>Venue:</b> Lecture Theatre 2, King's Mill Hospital		

**COUNCIL OF GOVERNORS MEETING**

**Unconfirmed** Minutes of the public meeting held on 8<sup>th</sup> November 2022 at 17:30  
Via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Councillor Craig Whitby	Appointed Governor	CrW
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JoW
	Justin Wyatt	Staff Governor	JuW
	Liz Barrett	Public Governor	LB
	Maxine Huskinson	Public Governor	MH
	Michael Longdon	Public Governor	ML
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Ruth Scott	Public Governor	RS
	Sue Holmes	Public Governor	SuH
<b>In Attendance:</b>	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Sally Whittlestone	15 Steps Co-ordinator	SW
	Grace Radford	Patient Experience Manager	GR
	Rob Simcox	Director of People	RoS
	Rebecca Freeman	Head of Medical Workforce	RF
	Sue Bradshaw	Minutes	
<b>Apologies:</b>	John Doddy	Appointed Governor	JD
	Linda Dales	Appointed Governor	LD
	Nadia Whitworth	Appointed Governor	NW
	Manjeet Gill	Non-Executive Director	MG
<b>Absent:</b>	Ann Mackie	Public Governor	AM
	Councillor David Walters	Appointed Governor	DW
	Vikram Desai	Staff Governor	VD

**The meeting was via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.**

Item No.	Item	Action	Date
<b>22/427</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>John Doddy, Appointed Governor Linda Dales, Appointed Governor Nadia Whitworth, Appointed Governor Manjeet Gill, Non-Executive Director</p>		
<b>22/428</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	GW declared an interest in item 22/438.2		
<b>22/429</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the meeting held on 9 <sup>th</sup> August 2022, the Council APPROVED the minutes as a true and accurate record.		
<b>22/430</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
5 min	<p>Action 22/414 – SH advised staff are able to access help and advice from the Tobacco Dependency Team. The team offer confidential support ranging from advice on smoking and vaping to referral to the relevant community service provider, who all offer a similar level of support. All staff can access the first 30 minute consultation during working hours with no loss of pay and can receive on site face to face advice from the in-house service. Going forward there will be an additional staff vaping offer which provides staff with free vaping starter kits and support via an app.</p> <p>Action 22/418 – SH advised the increase in diagnostics activity, compared to the year 2019/2020, is included in the Single Oversight Framework (SOF) which is presented to the Board of Directors on a monthly basis. Current performance is 111.7%.</p> <p>Action 22/421 – SH advised the Trust's website has been updated to reflect the current constituencies, following the recent changes to the constitution.</p> <p>The Council AGREED these three actions were now COMPLETE and could be removed from the Action Tracker.</p>		
<b>22/431</b>	<b>STAFF STORY – THE STORY OF LITTLE MILLERS</b>		
25 mins	<p>RoS and RF joined the meeting</p> <p>RF presented the Staff Story which highlighted the work of the Little Millers Day Nursery.</p>		

	<p>LB acknowledged the difficulties the nursery has gone through this year, following the Ofsted inspection in March 2022. However, despite the challenges the staff have been brilliant. The fact parents and carers have no problem with the nursery and trust the nursery with their children speaks volumes. The determination and resilience shown by staff is admirable. The Trust is very lucky to have the nursery.</p> <p>NS felt the nursery had done very well. The way Ofsted treated the nursery in March 2022 was poor, noting the request made to Ofsted by the nursery not to visit due to an outbreak of Covid. This should have been taken into account. NS offered her help and support should this be required at any point.</p> <p>CW noted this was a fantastic story.</p> <p>RoS and RF left the meeting</p>		
22/432	<b>CHAIR'S REPORT</b>		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective.</p> <p>IH noted the work which has started to refresh the Trust's 5-year strategy and queried when the governors will be consulted, so they can inform constituents and provide feedback. CW acknowledged it is important for the governors to be part of the process. The strategy is in the early stages of development.</p> <p>PR advised a discussion on shaping the strategy could take place at the February Council of Governors meeting.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Shaping the Trust's strategy to be an agenda item for the February 2023 Council of Governors' meeting</b></li> </ul> <p>The Council was ASSURED by the report.</p>	PR	21/02/23
22/433	<b>CHIEF EXECUTIVE'S REPORT</b>		
5 min	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting the sustained pressure across the Trust, declaration of a county wide critical incident in September, preparations for Winter and preparations for possible industrial action. PR advised there was recently an article in the local press in relation to a member of the Trust's staff being convicted of drink driving. PR advised the Trust is supporting the individual and working with the Nursing and Midwifery Council (NMC). There are no concerns relating to clinical practice and it is expected the NMC will close the case shortly.</p> <p>IH sought assurance in relation to preparedness for possible industrial action, both within the Trust and at a system level.</p>		

	<p>PR advised there are well developed plans in place. A working group has been established and the Trust keeps in close contact with staff side representatives. The business continuity approach is well developed.</p> <p>The Council was ASSURED by the report</p>		
<b>22/434</b>	<b>LEAD GOVERNOR REPORT</b>		
1 min	<p>SuH presented the report, highlighting joint lead governor meetings with SFHFT, Nottinghamshire Healthcare NHS Foundation Trust and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, and plans for a conference for all governors across the Integrated Care System (ICS).</p> <p>The Council was ASSURED by the report</p> <p>CrW left the meeting</p>		
<b>22/435</b>	<b>15 STEPS FEEDBACK</b>		
2 mins	<p>SW and GR joined the meeting</p> <p>SW presented the report, highlighting the positive themes and trends as identified in the report. In terms of issues identified during visits, SW advised there were no themes or trends identified and any actions have been followed up by SW and the Patient Experience Team, with assurance being provided by area owners these actions have been completed.</p> <p>The Council was ASSURED by the report</p> <p>SW and GR left the meeting</p>		
<b>22/436</b>	<b>WINTER PLAN</b>		
9 mins	<p>PR presented the report, advising the Winter Plan was approved by the Board of Directors on 6<sup>th</sup> October 2022. The plan is based on six principles, which are outlined in the report. Detailed modelling has taken place and the assumptions used within the modelling are outlined in the report. Mitigations which can be put in place and the additional capacity required have been identified. There is sufficient bed capacity in the expected demand model which would allow for a safe Winter. Work to improve flow continues and this will allow the worst case scenarios to be addressed.</p> <p>Work has been undertaken to build a system wide plan across Nottinghamshire, which includes a commitment to work together through Winter and beyond.</p> <p>RS noted the system approach to Winter and sought clarification if this is across the whole system, including community pharmacists.</p>		

	<p>PR confirmed it is a whole system plan, advising he had not yet had sight of the system plan so was unsure if it refers in detail to community pharmacists. However, it is a composite of the plans of the acute hospitals, community trust, mental health trust, primary care and adult social care.</p> <p>RS queried if the plan will be communicated to the local community as this would reinforce the signposting about how and where to access services. PR advised the Integrated Care Board (ICB) communications team have been involved in developing the plan. They will be putting together a communication strategy for the system, which the communication teams of all partner organisations will have access to.</p> <p>JuW noted one of the main challenges to opening additional capacity is ensuring clinical and ancillary staff are available. While the Trust is currently staffing capacity, JuW queried if there were any concerns in relation to sustaining this position. PR advised the Trust is strengthening recruitment by, in some cases, making substantive appointments where staffing levels need to be sustained. Vaccination rates will impact on sickness absence through Winter and daily reminders are being issued to staff about how to access flu and Covid vaccinations.</p> <p>JuW acknowledged the work being undertaken at the Sherwood Community Unit. PR advised the unit is a key part of the Winter Plan. The Trust has recently re-negotiated the lease and now has full input, ownership and control of all the inputs to the unit, for example, the catering and cleaning has been taken over by Medirest.</p> <p>The Council was ASSURED by the report</p>		
22/437	<b>REPORT FROM BOARD SUB COMMITTEES</b>		
26 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW presented the report to the Council, highlighting internal audit and the Healthcare Financial Management Association (HFMA) Sustainability Audit.</p> <p>IH advised he was unable to attend the last meeting of the Committee but had read the papers. IH noted the concern expressed in the Health Service Journal (HSJ) in relation to the deteriorating state of procurement and the supply chain process, noting NHS Logistics have abandoned plans to outsource procurement due to the challenging state of the supply chain and the economic environment. IH sought GW's views on this emerging risk.</p> <p>GW advised the Trust is fortunate to have a very good procurement team. However, the Trust is currently facing a lot of difficulties in terms of supply, timing of supply and pricing. The Procurement Team is starting to track where issues arise. In terms of timing of supply, there is a need to ensure stock holdings are correct. There is a lot of work happening in the background to help manage what is a difficult position, noting costs are increasing and this is part of the Trust's financial pressures. The Procurement Team are performing well and doing everything possible to manage the situation.</p>		

	<p><b>Quality Committee</b></p> <p>AR presented the report to the Council, highlighting the increase in 12 hour breaches in ED, increase in falls, overdue investigations, water safety and approval of a report on stroke.</p> <p>JuW advised he felt the discussions at the Committee were robust and challenging. It is reassuring to note the Trust is doing everything possible to avoid 12 hours breaches in ED and to learn from them when they do occur.</p> <p>RS felt it was a big meeting, with a lot of very important topics for discussion but they all had the 'air time' required. People are working incredibly hard to mitigate the risks to quality.</p> <p>MH left the meeting</p> <p><b>Finance Committee</b></p> <p>ARB presented the report to the Council, highlighting the Trust's financial position at the end of Month 6, in depth discussion in relation to the Board Assurance Framework (BAF) Principal Risk 4 (PR4) and the appointment of GW as Vice Chair of the Committee.</p> <p>JoW advised he was unable to attend the last meeting of the Committee.</p> <p>IH noted a report in the HSJ in relation to discussions to return to payment by results within the NHS and queried what the impact of this will be on the Trust. ARB advised he had not seen the report and would need to follow this up.</p> <p>GW advised he had seen the article in the HSJ and felt this is not necessarily a move the Trust would welcome. If this did come to fruition, Richard Mills, Chief Financial Officer, and his team would pick up on this and plan accordingly. CW advised the speculation is payment by results would be re-introduced in respect of elective work in order to incentivise elective work.</p> <p>PR advised a form of payment by results for elective work is in place for 2022/2023 as there is an assumption trusts will perform to the levels of activity as at 2019/2020. There is a financial incentive for delivering greater than that. PR advised it is unclear if the re-introduction of payment by results would have a negative impact. There is a need to understand the detail and the case mix if this was introduced.</p> <p><b>People, Culture and Improvement Committee</b></p> <p>SB presented the report to the Council, highlighting the discussion in relation to PR3 and PR5.</p> <p>JS advised she was unable to attend the last meeting of the Committee.</p> <p>SuH advised she was unable to attend the last meeting of the Committee but advised it is a very busy committee with a huge agenda.</p>		
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	<p><b>Charitable Funds Committee</b></p> <p>SB presented the report to the Council, highlighting the recommendation to the Corporate Trustee to approve the annual accounts and letter of representation and the addition of a new risk to the register in relation to the ability to spend money raised in a timely manner.</p> <p>LB advised she was unable to attend the last meeting of the Committee.</p> <p>IH queried the amount of money currently held by the Charity. SB advised typically this is just over £1m and this is mainly held in investment funds. There is a need to sustain a level of investment and ensure the income generated and additional legacies and funds donated are used to support the Trust.</p> <p>SH advised the Charity is seeking a project to spend some funds on and is working with the Finance Team as the capital programme is developed.</p> <p>The Council was ASSURED by all Board Sub Committees' reports</p>		
22/438	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
7 mins	<p><b>Membership and Engagement Group</b></p> <p>SuH presented the report, highlighting recent local shows attended, Newark Business Club breakfast, potential visits to schools and other work to attract young members.</p> <p>IH noted it is hard work getting people interested in becoming a member of the Trust. However, IH advised one person who recently became a member is considering standing for election as a governor.</p> <p>NS advised she has been working with David Ainsworth, Director of Strategy and Partnerships, in relation to a careers showcase in January 2023, which will be hosted at West Notts College. This will provide a good opportunity to try to encourage young people to become members of the Trust.</p> <p>The Council was ASSURED by the report</p>		
2 mins	<p><b>Report of the Remuneration Committee - Re-appointment of Non-Executive Director</b></p> <p>GW left the meeting</p> <p>SH presented the report, advising Graham Ward (GW) comes to the end of his tenure on 30<sup>th</sup> November 2022, having served 7 years as a Non-Executive Director (NED). Graham is eligible for reappointment and has had a positive appraisal. It was proposed to re-appoint GW for a period of 1 year to 30<sup>th</sup> November 2023.</p> <p>The Council APPROVED the reappointment of Graham Ward for a period of 1 year.</p>		

7 mins	<p>GW re-joined the meeting</p> <p><b>Governor Elections</b></p> <p>SH presented the report, advising there are currently five governor vacancies, two public governors for Newark and Sherwood, two public governors for the Rest of the East Midlands and one staff governor. SH outlined the proposed timeline for elections to these vacant posts.</p> <p>SuH noted the term of office for two governors ends in September 2023 and queried if these posts could be included in the election process which would conclude in April 2023. SH advised she would seek advice on this, given it would be 6 months before the successful governors took up post.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>Clarify if election to governor posts which will become vacant in September 2023 can be included in the election process which will conclude in April 2023</li> </ul> <p>IH sought clarification on the voting system which will be used. SH confirmed this will be the 'first past the post' system.</p> <p>CW encouraged all governors to speak to members and obtain e-mail addresses from members who currently do not have this information recorded on the system as this will reduce the postage costs for elections.</p> <p>The Council APPROVED the proposed timeline for governor elections, as outlined in the report</p>	SH	21/02/23
22/439	<b>OUTSTANDING SERVICE – THE DIGITAL MIDWIFE</b>		
4 mins	A short video was played highlighting the work of the Digital Midwife and the Badgernet system.		
22/440	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No questions were raised		
22/441	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>Governor elections</li> <li>Re-appointment of Graham Ward as a Non-Executive Director for a further 12 months</li> <li>Governors to be included in the consultation process for the development of the Trust strategy</li> </ul>		

<b>22/442</b>	<b>ANY OTHER BUSINESS</b>		
7 mins	<p>CW invited additional comments from governors and non-executive directors, specifically in relation to the effectiveness of the meeting.</p> <p>IH noted there have been a number of cases in the news recently where hospitals have had serious issues. These were foundation trusts and it is difficult to understand why the governors were not aware of the issues. IH queried if the NEDs felt the relationship between the governors and NEDs at SFHFT is appropriate, suitable and sufficiently open and transparent to enable the governors to identify any issues which may arise at the Trust.</p> <p>CW felt the NEDs of the trusts in the news were not necessarily sighted on the issues, let alone the governors. It was noted maternity is a significant feature of SFHFT's Board of Directors meetings and across the sub committees of the Trust.</p> <p>GW felt the relationship between the NEDs and governors at SFHFT is very good, noting the re-introduction of 15 Steps provides an opportunity for relationships to develop. The governor observer role of sub committees works very well.</p> <p>SuH reflected when she first started as a governor, all members of the Board of Directors attended the Council of Governor meetings and it was the executives who passed on information rather than the NEDs. At that time there was no encouragement to observe Board of Directors meetings and there were no observers of the sub committees. The situation now is completely different and there is a very open relationship with the governors. The only area of concern is the new governors do not yet know the NEDs.</p> <p>ARB felt continual involvement between the NEDs and the governors is vital. Face to face meetings are how relationships are built.</p>		
<b>22/443</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 21<sup>st</sup> February 2023 Time: 17:30 Venue: MS Teams (TBC)</p> <p>There being no further business the Chair declared the meeting closed at 19:20</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Claire Ward</b> <b>Chair</b></p> <p><b>Date</b></p>		

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

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			10/05/2022	09/08/2022	08/11/2022	Feb 2023			
Ann Mackie	Newark & Sherwood	Public	P	X	X		3	01/05/22	30/04/25
Councillor Craig Whitby	Mansfield District Council	Appointed	P	P	P		4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A	P	X		1	23/04/20	31/05/23
Councillor John Doddy	Nottinghamshire County Council	Appointed		P	A		4	14/07/21	31/05/25
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	P	A		1	15/07/21	16/05/23
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A				N/A	20/02/20	N/A
Ian Holden	Newark & Sherwood	Public	A	P	P		3	01/05/22	30/04/25
Jane Stubbings	Ashfield	Staff	P	P	P		3	01/05/22	30/04/25
John Wood	Mansfield	Public	P	P	P		3	01/05/22	30/04/25
Justin Wyatt	King's Mill Hospital	Public	P	P	P		3	01/05/22	30/04/25
Liz Barrett	Ashfield	Public	P	P	P		3	01/05/22	30/04/25
Maxine Huskinson	Ashfield	Public	P	X	P		3	01/11/20	31/10/23
Michael Longdon	Mansfield	Public	P	P	P		3	01/05/22	30/04/25
Nadia Whitworth	Volunteers	Appointed	A	P	A		3	10/05/21	10/05/24
Neal Cooper	Mansfield	Public		P	P		3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P	A	P		N/A	17/07/19	N/A
Ruth Scott	Mansfield	Public	P	P	P		3	01/05/22	30/04/25
Sue Holmes	Ashfield	Public	P	P	P		3	01/11/20	31/10/23
Vikram Desai	King's Mill Hospital	Public	P	A	X		3	01/05/22	30/04/25

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

NAME	AREA COVERED	CONSTITUENCY	EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			04/04/2022			
Ann Mackie	Newark & Sherwood	Public	X	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	A	1	23/04/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A	N/A	20/02/20	N/A
Gerald Smith	Mansfield	Public	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	A	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	P	N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	A	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	A	3	01/11/20	31/10/23

P = Present  
A = Apologies  
X = Absent

## Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
22/432	08/11/2022	Shaping the Trust's strategy to be agenda item for the February 2023 Council of Governors' meeting	Council of Governors	None	21/02/2023	P Robinson		On agenda	Green
22/438	08/11/2022	Clarify if election to governor posts which will become vacant in September 2023 can be included in the election process which will conclude in April 2023.	Council of Governors	None	21/02/2023	S Higginbotham		On agenda	Green

## Council of Governors - Cover Sheet

<b>Subject:</b>	Chair's Report		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Rich Brown, Head of Communications			
<b>Approved By:</b>	Claire Ward, Chair			
<b>Presented By:</b>	Claire Ward, Chair			
<b>Purpose</b>				
To update on key events and information from the Chair's perspective since the previous Council of Governors meeting.			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	X
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>
X	X	X	X	X
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
Not applicable				
<b>Executive Summary</b>				
<p>To update on key events and information from the Chair's perspective since the last Council of Governors meeting.</p> <p>The report includes updates on the following areas, with full details provided in Appendix One below:</p> <ul style="list-style-type: none"> <li>• Recognising the impact of NHS pressures on our hardworking colleagues</li> <li>• Continuing to ensure Sherwood's voice is heard as the ICB defines its longer-term strategy</li> <li>• How we are extending our work with West Nottinghamshire College</li> <li>• Our preparations for this year's Council of Governor elections</li> </ul>				

## **APPENDIX ONE: CHAIR'S REPORT IN FULL:**

### **Pressures: Recognising the impact of pressures on our hardworking colleagues**

The Chief's Executive's report references the pressures that we have seen continuing throughout the year – and some of the causes that are compounding those pressures.

As Chair, I know I speak on behalf of the whole Trust Board in wanting to be proactive in recognising the extreme and relentless operational pressures that our hospitals have been under throughout 2022 and already in 2023.

In recognising the scale of those challenges, it is also particularly important to recognise the consequent impact this has on our hardworking #TeamSFH staff and volunteers.

While it is unlikely that we will see any reduction in this demand and activity for several months, the Trust Board have heard stories from a variety of teams across SFH regarding the personal and professional impact felt by this activity.

Like NHS organisations across the country right now, we are working hard to provide the best possible care that we can within the current situation.

We are so incredibly grateful to all our teams for the pressures they are continuing to manage so brilliantly and I would like to offer my personal thanks, on behalf of the Board, for the tireless efforts our hardworking colleagues continue to make – both professionally and personally.

As a Trust Board, we recognise the need to support each other during this time – both as teams and as individuals. We are proud to prioritise the wellbeing of our hardworking colleagues and we will continue to be proactive in supporting them however we can.

We already offer a comprehensive support for colleagues' physical, mental and financial wellbeing – and that is something I know we will continue to develop well into 2023.

To any of our #TeamSFH colleagues who happen to read this report: thank you for all that you do.

### **Continuing to ensure Sherwood's voice is heard as the ICB defines its longer-term strategy**

Since the Nottingham and Nottinghamshire ICB formed in July 2022, I – along with our Chief Executive, Paul Robinson and the whole Executive Team – have been keen to ensure that the voice of Sherwood Forest Hospitals, its staff and its patients are heard at every opportunity.

That has been true throughout the regular meetings that Paul and I have with the Chair and Chief Executive of the ICB, as well as through more structured engagement – like the work that is currently ongoing across the ICB to define, refine and roll-out its longer-term strategy to shape the future of how health and care services are provided across Nottingham and Nottinghamshire.

We will continue to engage in the formation of that strategy and I look forward to bringing further updates to the Board about the progress of that work in future meetings.

### **We are committed to working with our partners for the benefit of our local communities**

One key development I am proud to share from over recent weeks has been the strengthening of our commitment to working with our local partners – namely in [signing an agreement with West Nottinghamshire College that commits us to working more closely together for the benefit of our local communities](#).

That agreement strengthens the relationship we are already enjoying, including by support local learners into employment within the local NHS, creating opportunities for work experience and committing our Executive Team to take part in regular Q&As with learners to have their say on the running of their local hospitals.

I was delighted to attend [the recent Step into the NHS recruitment event we hosted alongside the College that was attended by over 650 people](#). That was a vital first public demonstration of that commitment, with the event resulting in the Trust making a number of vital connections with local people who are considering pursuing a career in the NHS.

I look forward to that fruitful partnership continuing.



Partnership is a key part of our focus because we know that by working collaboratively with local stakeholders we can tackle some of the factors that make it more likely that members of the public will become patients in our care. For example, we know that if we can work with local councils and primary care services to promote better health, improve early access to advice and care in the community and improve housing and employment opportunities - a healthy population is less likely to need on going acute services. Paul Robinson and I have regular meetings with local council leaders and chief executives to identify areas where together we can make a greater impact. It has been a very positive decision for local council leaders at Mansfield, Ashfield and Newark and Sherwood to take on leadership roles in the Place Based Partnership – which helps to bring a variety of statutory and voluntary organisations to work together in the local community.

### **Preparing for this year's Council of Governor elections**

In April 2023, the Trust will be opening polls once again to elect governors to five vacancies we currently have on our Council of Governors.

The role of a governor within a Foundation Trust like ours is an essential part of ensuring that our hospitals are as responsive as they can be to the needs of our local community – including by offering actionable feedback to the Trust and our colleagues.

We will soon be sharing details of how anyone interested in becoming a governor of the Trust can do so ahead of the next election for our Council of Governors, with [more general information about how to become a governor available on our Trust website](#).

I would encourage anyone interested in becoming a Trust governor to check out the information on our website or to reach out to me direct to discuss those vacancies and the exciting opportunities they could lead to. I am sure that our existing governors can talk about their activities and why they decided to stand for election.

As part of this work, work has already begun to review the Trust's approach to communicating the benefits of becoming a member and how we support our governors to engage with our membership and recruit younger members to make our membership more representative of the communities we serve. This approach was presented at the most recent Council of Governors Membership and Engagement meeting and work is now underway to deliver on those plans, which governors will be kept informed about via the Head of Communications over the weeks ahead.

### **Trust Activities**

I continue to visit different parts of the organisation on a regular basis including:

- 15 steps visits to wards at Kingsmill
- Chair visits to Newark UTC and wards
- Meetings with the leads of our diversity networks
- Undertaking my role as the NED Maternity Safety Champion with visits across maternity and NICU
- Meetings with other Chairs across the system and our partner organisations

## Council of Governors - Cover Sheet

<b>Subject:</b>	Chief Executive's report		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Rich Brown, Head of Communications			
<b>Approved By:</b>	Paul Robinson, Chief Executive			
<b>Presented By:</b>	Paul Robinson, Chief Executive			
<b>Purpose</b>				
To update on key events and information from the Chief Executive's perspective since the previous Council of Governors meeting			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	X
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
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PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
Not applicable				
<b>Executive Summary</b>				
<p>To update on key events and information from the Chief Executive's perspective since the last Council of Governors meeting. The report includes updates on the following areas, with full details provided in Appendix One below:</p> <ul style="list-style-type: none"> <li>Pressures update from your local hospitals</li> <li>How we're working with our local education providers to encourage local people to <i>Step into the NHS</i></li> <li>We've shared our multimillion pound plans to bring faster, more convenient diagnoses to Mansfield</li> <li>Updates from Newark Hospital</li> </ul>				

## **APPENDIX ONE: CHIEF EXECUTIVE'S REPORT IN FULL:**

### **Pressures update from your local hospitals**

Sherwood Forest Hospitals – like the whole of our NHS – remains under pressure right now.

Locally, those pressures resulted in the whole Nottingham and Nottinghamshire health and care system starting 2023 in a critical incident. The cause of those pressures are multiple and complex, but at its core are:

**1. The high numbers of patients we continue to treat in our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark Hospital**

In fact, [Newark Hospital's Urgent Treatment Centre experienced its busiest ever day on Monday 19 December](#), as staff there treated over 135 patients that day. That's more than double the average number of attendances seen at the site in December 2021, where hospital staff treated an average of 64 patients each day.

**2. The challenges we continue to experience with discharging patients as soon as they are medically fit to leave hospital**

On an average day in January, over 100 patients occupied inpatient beds in our hospitals despite them being medically fit to leave. Those issues present significant challenges with maintaining good patient flow across our hospitals

Despite the Trust having opened more beds in our hospitals than ever before this winter, those challenges persist and have been compounded by the return of flu and other winter bugs – as well as the impact that industrial action elsewhere in the NHS over the past month.

It is often said that the most difficult of times bring out the best in us and that has certainly been true of recent months, where we have seen so many brilliant examples of how our whole Trust stepping-up to help manage those pressures. Whether it be through examples like [our SDEC extending its opening hours to become a 24/7 operation for a short time](#) or [our brilliant volunteers putting in extra hours over weekends to bolster our efforts](#), our 'whole Trust' response has been a source of real pride for me.

And there have been so many more examples of this work across our hospitals from throughout the year – like the work we have done to [transform a former care home to extend the walls of our hospital wards at our Sherwood Community Unit](#) and [working with our partners to open our Transfer of Care Hub to help get patients home sooner](#).

Thankfully, we are now in a slightly better position and, as a result, we have been able to stand-down the critical incident. Despite this, we remain challenged and some of the escalation capacity we opened during the critical incident remains open.

I want to pay tribute and thank each and every one of our staff for their hard work, skill and dedication which have ensured we have been able to deliver safe patient care throughout such a challenging period.

We know that working through such intense pressures has been difficult, tiring and challenging for them all. We also recognise how our staff have been asked to go to lengths to make extraordinary decisions and changes that we would usually not have to make.

Throughout the New Year, members of the Executive and Senior Leadership Teams have been out and about talking with colleagues, giving our thanks to them for going above-and-beyond. We also took time to listen to their experiences and ideas on how we can support and improve things. I appreciate everyone's honesty and openness throughout those conversations. We will consider the actions necessary to improve these and all issues raised. I personally commit to keep the Board updated on this work.

From the conversations we have had with colleagues over recent weeks, I want our colleagues to know that we hear them and that they have the full support of the Board of Directors in taking the decisions you have to ensure patients can continue to access the care they need and deserve this winter.

Despite the huge challenges that we continue to face, I firmly believe that we can all look forward to 2023 with real positivity – as I hope this report shows in abundance.

### **Pressures: Preparing for potential industrial action**

As a Trust, we are also watching with interest at the potential for planned industrial action from employee groups nationally over the months ahead – both within the NHS and from other sectors, including planned teachers' strikes.

The Trust has business continuity plans in place so eventualities like these and we have established a Trust planning group to assess and prepare for the likely impact of any potential industrial action on the Trust, the services it provides, and the patients we care for.

We will continue to keep the Council of Governors updated with details of the specifics of those planning arrangements and the contingencies we will be putting in place, as soon as more detail on any planned industrial action becomes available.

### **We're working with our local education providers to encourage local people to *Step into the NHS***

In January, we were delighted to have worked alongside our partners from West Nottinghamshire College and Nottingham Trent University to host [a special \*Step into the NHS\* careers event to showcase the wide range of opportunities available in the NHS.](#)

The event took place on Tuesday 17 January at the College's Derby Road campus and was attended by more than 650 people who turned out in numbers to learn about the various career paths, apprenticeship opportunities and how to enrol at the university's Mansfield-based campus.

I would like to place on record my thanks to our partners and #TeamSFH staff who came together to help make this fantastic event possible. The event was the first what looks like to be a series of successful events of its kind – so please watch this space for details of future events.



## **We've shared our multimillion pound plans to bring faster, more convenient diagnoses to Mansfield**



We have recently [announced the multimillion pound plans we have submitted to Mansfield District Council for a purpose-built 'Community Diagnostics Centre' that will run alongside our existing Mansfield Community Hospital in Stockwell Gate.](#)

If approved, the Centre – Nottinghamshire's first of its kind – will become a 'one-stop shop' for patients to access the tests and investigations they need in a single visit, helping them to give them an answer to their concerns.

Getting a rapid diagnosis for conditions such as cancer will help patients access the treatments they need more quickly – something that could be genuinely life-saving, as earlier diagnosis is key to improving survival rates and quality of life for those suffering chronic diseases.

Checks available at the new Centre will include a host of X-rays, scans and tests for a range of other conditions, including cancer and other long-term conditions – like heart and lung disease.

If approved, the plans could see the purpose-built facility open its doors to its first patients as soon as autumn 2024 to complement the services already provided at the Trust's King's Mill, Newark and Mansfield Community Hospital sites.

The plans are currently subject to a national funding bid. If the funding is secured and the plans are approved, it is hoped the Centre will welcome thousands of patients each year – as well as creating hundreds of new jobs.

The Centre will be built where a derelict building that is awaiting demolition currently stands on the Mansfield Community Hospital site.

As part of the unveiling of our plans, we hosted a public information event at Mansfield Community Hospital on Thursday 26 January for local people to learn more about these exciting new plans.

Thank you to everyone who has supported this initiative so far to help make this great work happen.

## **We're working to expand our operating theatres at Newark Hospital**



Patients needing certain operations will get treatment faster thanks to a £5.6million project that will create new and improved theatres at Newark Hospital.

An extra 2,600 operations and procedures are expected to take place each year as a result of a new state-of-the-art theatre and recovery area and the development of two minor operations suites.

The Newark Elective Hub will significantly reduce waiting times, improve patient experience, as well as create new jobs for nursing and healthcare staff.

Expansion of the Newark Hospital site will help to address health inequalities by providing services locally for patients who would previously have had to travel further afield for treatment.

The development has been announced, thanks to a successful bid we have made to NHS England's Targeted Investment Fund (TIF).

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) sought support from Nottinghamshire County Council's Health Scrutiny Committee at their meeting on 10 January 2023, where the committee approved the plans for us to continue the planned expansion.

The project will create extra capacity in elective (non-urgent) care for urology and ear, nose and throat (ENT) surgery, which have the greatest backlogs. In addition, it will also enable clinically-appropriate procedures to be moved out of the theatres into minor operations suites to free up space for bigger procedures, in line with the national initiatives.

Preparation work is expected to start early in 2023, with the theatre expected to be on site in spring and in use from the summer.

The project is in-line with the Trust's strategy to maximise the potential of Newark Hospital for local residents and ensure it's a valued and vibrant community asset. We know how much residents value Newark Hospital and we are committed to making best use of the site and further improving the services we provide and the speed in which people can access them.

This project will enable us to carry out more procedures in Newark, making it much more convenient for patients to get the care they need and help them get back to living fuller lives, faster – without having to travel to King’s Mill or further afield.

### **Other updates from Newark Hospital**

We know how much local people value Newark Hospital – and that’s why we’re so committed to working with our partners to expanding and improving the services available there. I am delighted to share news of three really positive updates with you all, as a result of our hardworking colleagues’ efforts:

#### ***Parking boost for Newark Hospital***

The first relates to [the creation of up to 80 extra parking spaces at Newark Hospital – something that I know will be of real benefit to our patients, visitors and staff alike.](#)

That work has been made possible thanks to our partnership with Newark and Sherwood District Council, who have purchased a 1.2hectare plot of land in Bowbridge Road next door to Newark Hospital.

The District Council is expected to submit a planning application in the coming weeks, which will consider whether some of the land can be converted into additional parking for the site. If approved, work could begin at the site early in 2023 to further improve patient access to the hospital.

#### ***Newark Hospital recruitment open day***

In November and December, we advertised a range of roles for admin, clerical, healthcare support workers, physiotherapists, occupational therapists and registered nurses to help support the running of services at Newark Hospitals.

That activity resulted in a flurry of applications and I am delighted to confirm that 25 applicants are preparing to begin their roles at Newark Hospital as a result of those efforts. That is a huge boost for the site, our patients and the wider community alike – and I am looking forward to meeting them all, once their necessary pre-employment checks are rubber-stamped.

#### ***Enhanced audiology service helping to slash patients’ waiting times***

We were delighted to share the news during December that more patients than ever are benefiting from being able to access more accurate and timely hearing tests at Newark Hospital, thanks to the introduction of a new state-of-the-art facility there.

The improvements have seen a Newark Hospital consultation room converted into a fully soundproofed booth which is already helping specialist teams to conduct more accurate hearing tests on both adults and children, including those who are referred to the hospital for support with their hearing aids.

The increased capacity of the new facility has also helped the Trust’s audiology service to meet national targets of welcoming 99% of patients for diagnostic tests within six weeks of being referred by their GP since May – the first time those targets have been met across the Trust’s King’s Mill and Newark sites since the start of the pandemic.

Over 500 adults, children and young people visit Newark Hospital each month to access support with their hearing and our new audiology booth is already helping patients to access the support they need in a more timely way, which is great news for everyone.

Thank you to everyone who has helped to make those really positive developments happen.

We are committed to continuing to make Newark Hospital a valued and vibrant community asset and, over the past five years, more than £5million has been invested in improvements to equipment, additional staffing and clinical supplies to expand the services there.

We are working hard behind-the-scenes on a host of other improvements and enhancements to services at Newark Hospital that we can't wait to share with our patients and the public throughout 2023. We will, of course, keep you informed.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Lead Governor Report	<b>Date:</b> 21 <sup>st</sup> February 2023
<b>Prepared By:</b>	Sue Holmes , Lead Governor	
<b>Approved By:</b>	Sue Holmes , Lead Governor	
<b>Presented By:</b>	Sue Holmes , Lead Governor	
<b>Purpose</b>		
To provide assurance to the Council of Governors from the perspective of the Lead Governor		<b>Approval</b>
		<b>Assurance</b>
		<b>Update</b>
		<b>Consider</b>
<b>Strategic Objectives</b>		
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>
<b>To continuously learn and improve</b>	<b>To achieve better value</b>	
<b>X</b>	<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>	
<b>Identify which principal risk this report relates to:</b>		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	
<b>Committees/groups where this item has been presented before</b>		
N/A		
<b>Executive Summary</b>		
<p>More to report. Mainly meeting with the Lead Governors from Doncaster and Bassetlaw FT and Notts Healthcare FT. Our initial aim was to have a joint project to work on but these plans have been overtaken by the plan for a conference for all Foundation Trust Governors led by the ICS. We have now been involved in drawing up an agenda and the event is on-line on 16<sup>th</sup> February, so over by the time you read this. Hopefully I can report back both a summary of the content and that we had good attendance and involvement from our governors.</p> <p>I have also had meetings with Healthwatch and we undertook a short survey for them in our MYG sessions about how people think they can access Mental Health services. I have quarterly meetings calendared now with them.</p> <p>The great concern at the moment is the coming election for governors – 7 to be elected in total. The biggest concern is Newark and getting residents interested in supporting their hospital by standing for election. There are currently only two Newark governors and 2 vacancies and both are in the last 2 of their 9 years. I understand that Comms. are planning for this but I would like to urge everyone to play their part in filling these vacancies. There are also local council elections in May so there could be quite a change around this table.</p> <p>Since the last Council of Governors, Nadia Whitworth has resigned as the Governor for the Volunteers because of all of the other events she supports. I must thank Nadia for what she did during her time as a governor, she really played a full role and will be missed. I do hope that another of our wonderful volunteers will be willing to take on the job!</p>		

SFHT has been on TV so many times in the last few weeks and it is so heartening for our staff to be recognised for the great work they do and the innovations they have made. We owe them all our thanks.

## Council of Governors - Cover Sheet

<b>Subject:</b>	15 Steps Challenge Update		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Sally Whittlestone Corporate Matron			
<b>Approved By:</b>	Phil Bolton Chief Nurse			
<b>Presented By:</b>	Sally Whittlestone Corporate Matron			
<b>Purpose</b>				
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from October to December 2022.			<b>Approval</b>	
			<b>Assurance</b>	
			<b>Update</b>	x
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
x			x	
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			x
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
<b>Executive Summary</b>				
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from October to December 2022. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>It is important to acknowledge that during the reporting period, the trust encountered increasing operational pressures, and further critical incidents were declared, all of which would have had an impact on the team's ability to complete 15 Steps.</p> <p>During the reporting period from October to December 2022, there were a total of 13 visits confirmed as undertaken, with reports completed and returned.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15 Step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>				

## **Introduction**

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between October 2022 and January 2023. This paper details the clinical areas visited, the feedback identified by the visiting teams, and any themes or trends.

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

It is important to acknowledge that during the reporting period, the trust encountered increasing operational pressures, and further critical incidents were declared, all of which would have had an impact on the team's ability to complete 15 Steps, from October to December 2022, there were a total of 13 visits confirmed as undertaken, with reports completed and returned.

## **Visit Areas:**

October visits:

- Ward 51
- Day Case Unit
- Ward 43
- Ward 14

November Visits:

- Newark Outpatient Departments.
- Cardiac Catheter suite
- Chatsworth Ward
- Clinic 14- (Antenatal)
- Little Millers Day Nursery

December Visits:

- Clinic 12
- Clinic 14-(Breast)
- Clinic 11
- Ward 25

Unfortunately, Clinic 14 had no patients in the department when the visiting team arrived and staff was on breaks, so it was decided to pause that visit and it will be re-scheduled.

## **Themes and Trends:**

### **Welcoming:**

- Each team noted that they received a warm positive welcome when presenting to each area.
- The staff was seen as friendly and willing to engage with the visiting teams, spending time explaining how the ward was run.
- One team describes how the receptionist in that particular area was welcoming and the team was presented in uniform aligning to trust expectations.

- Clinical areas were clean and tidy and uncluttered.
- The team appears happy in their roles, welcoming and greeting on arrival.
- A nurse in charge of one area spoke highly of her team, the staff noted to be happy despite being busy and the team witnessed positive interactions with patients.
- One ward was noted to be extremely busy but felt calm and organised. It was recognised that this was due to a regional and national issue around significantly high presentations of Strep A, leading to an increase in pressure on specialists.

### **Caring and Involving:**

- When discussing patients with staff it was clear that care and compassion were evident.
- Interactions with patients were observed in a positive caring manner.
- A good understanding of governance engagement with the pathway to excellence is visible.
- Comments around the visit were 'wow', a fabulous team who should be very proud.
- A discussion was held regarding a small change in the department, that had led to a reduced wait for patients visiting that area.
- A variety of information leaflets are available in the waiting area, alongside how to complain and concerns leaflets.
- A Discussion was held about how a staff member had received a daisy award in one of the areas visited.
- Parents, carers, and children spoke positively about the area, including the quality of the food provided.
- The staff was supportive of a visit, even in such difficult circumstances.

### **Safe:**

- Environments were clean with good infection prevention and control practices demonstrated.
- In one visit area, it was described as Spotlessly clean with exemplary ICP noted.
- Signage and displays all relevant and up-to-date, described as being innovative in one area.
- Staff discussed how they were able to learn from incidents through regular comms cells.
- A good understanding of Governance and patient safety was noted.
- Plenty of seating areas was a theme that came through from the clinic areas visited.
- A discussion was held with staff members within the Maternity services about their knowledge of what is happening nationally in Midwifery.

- Fire exits were clear and uncluttered.

**Well organised and calm:**

- Areas felt calm and controlled.
- There was a strong sense of ownership and leadership demonstrated by the staff.
- There was a collective sense of pride amongst teams.
- The Trust CARE values were demonstrated and upheld by staff.

**Issues identified during the visits:**

- The End-of-Life room in one visit area was discussed and the ward is waiting for confirmation of funding to be agreed upon to create a room specifically for this.
- A patient waiting area and quiet room were noted to need an update, this action was picked up at the time of the visit, with a time scale of during the year 2023 for completion.
- A midwife raised an issue regarding coordinating consultation and scan visits, this action was picked up by the Divisional Director of Nursing, during the visit, and meetings are in place to address this moving forward.
- Staff discussed concerns about space for the future, this action was picked up by the Divisional Director of Nursing at the time of the visit for consideration.
- Staff areas had been adapted in one area from the pre-existing estate during Covid19 but weren't entirely appropriate. A smaller area pre-covid required attention. The action was picked up at the time of the visit to discuss with estate colleagues, an update is required.
- Tv was noted to cater to younger viewers only, a request was made by a patient and parent for "Teen" channels if possible. The action was picked up at the time of visit. Our Estates colleagues are looking into this, and a request has been sent to hospedia.

**Patient feedback:**

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

When triangulating this with the Friends and Family Test feedback, concerns, and compliments you can see below some of the positive words used to describe Sherwood Forest Hospitals:



### Visiting team's feedback:

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

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



### **Conclusion:**





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

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

### **Next Steps:**

Moving forward visits are planned through February, March, and April, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues, themes, and trends that are identified throughout the 15 Steps Challenge visits, triangulated with the Friends and Family Test, concerns, compliments and complaints, giving support to focus on improvement's and sharing positive feedback

## Council of Governors - Cover Sheet

<b>Subject:</b>	2024-29 Strategy Process		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Kevin Gallacher, Associate Director – Business Planning & Partnerships			
<b>Approved By:</b>	David Ainsworth, Director of Strategy and Partnerships			
<b>Presented By:</b>	David Ainsworth, Director of Strategy and Partnerships			
<b>Purpose</b>				
To update the Council of Governors on the process for developing the Trust 2024-29 Strategy			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	X
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			X
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			X
<b>Committees/groups where this item has been presented before</b>				
None				
<b>Executive Summary</b>				
<p>The current SFH strategy, published in Spring 2019, expires in Spring 2024 with 2023-24 the final year.</p> <p>Board workshops earlier this year confirmed the Trust Vision: '<i>Healthier Communities and outstanding care for all</i>' remained appropriate and did not need to be updated for the final year of the existing strategy and also confirmed with small updates that the Trust CARE values and strategic objectives should remain in place for 2023-24.</p> <p>The Integrated Care System is also in the process of finalising the Integrated Care Strategy which aligns with the wider Health &amp; Wellbeing Strategies and the four national aims for ICSs.</p>				
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #4CAF50; color: white; padding: 10px; text-align: center; width: 22%;">  <p><b>1. Improve outcomes</b> in population health and healthcare</p> </div> <div style="background-color: #9C27B0; color: white; padding: 10px; text-align: center; width: 22%;">  <p><b>2. Tackle inequalities</b> in outcomes, experience and access</p> </div> <div style="background-color: #E91E63; color: white; padding: 10px; text-align: center; width: 22%;">  <p><b>3. Enhance productivity and value for money</b></p> </div> <div style="background-color: #3F51B5; color: white; padding: 10px; text-align: center; width: 22%;">  <p><b>4. Support broader social and economic development</b></p> </div> </div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center; margin-top: 5px;">             Prevention is better than cure         </div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center; margin-top: 5px;">             Equity in everything         </div> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center; margin-top: 5px;">             Integration by default         </div>				

It is within this context that Sherwood Forest Hospitals, as a key partner in the Integrated Care System, will be developing its strategy.

To support this an engagement plan is being developed based around key internal Board and Council of Governor dates. This will be structured as a series of pre-draft listening events across a wide range of stakeholders followed by post draft engagement.

The key dates for this are:

- Board update on process - 5<sup>th</sup> January 23 - Completed
- Council of Governors update on process - 21<sup>st</sup> February 23
- Board Workshop (2024-29 Strategy - Single Agenda Item) - 29<sup>th</sup> June 23
- Board approval of final draft consultation strategy for engagement - 5<sup>th</sup> October 23
- Council of Governors formal engagement on draft consultation document - 14<sup>th</sup> November 23
- Board Time Out – Strategy progress update 15-16 November 23
- Board Approval of 2024-29 Strategy - 4<sup>th</sup> January 2024
- Launch of 2024-29 Trust Strategy - February/ March 24

**The Council of Governors are asked to:**

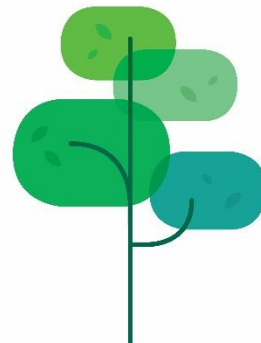
**Note the update**

## Council of Governors - Cover Sheet

<b>Subject:</b>	Operational Planning - Planning Guidance Update		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Kevin Gallacher, Associate Director – Business Planning & Partnerships			
<b>Approved By:</b>	David Ainsworth, Director of Strategy and Partnerships			
<b>Presented By:</b>	David Ainsworth, Director of Strategy and Partnerships			
<b>Purpose</b>				
To communicate the 2023-24 NHSE Operational Planning Guidance			<b>Approval</b>	
			<b>Assurance</b>	
			<b>Update</b>	X
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			X
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			X
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			X
<b>Committees/groups where this item has been presented before</b>				
None				
<b>Executive Summary</b>				
<p>The enclosed presentation summarises the current NHSE planning guidance for 2023-24.</p> <p>The Nottingham and Nottinghamshire Integrated Care System (ICS) is required to submit draft plans by Thursday 23<sup>rd</sup> February and final plans by Thursday 30<sup>th</sup> March.</p> <p>SFH has a process in place to feed the SFH activity &amp; performance, workforce and financial information into the ICS plan submission and will work between draft plan and final plan to address any areas of non-compliance.</p> <p>A briefing on the SFH information provided to the ICS and the final ICS plan submission will be provided for the May Council of Governors.</p> <p><b>The Council of Governors are asked to:</b></p> <p><b>Note the update</b></p>				

# 2023-24 Operational Plan Guidance Update

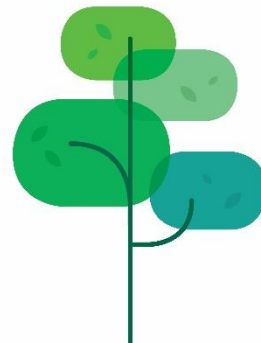
Council of Governors 21<sup>st</sup> February  
2023



# 2023-24 Operational Planning

- On 23<sup>rd</sup> December 2022, NHS England (NHSE) released its 2023-24 priorities and operational planning guidance with associated technical guidance published early January 2023.
- The guidance is shorter than 2022-23 with fewer targets, a greater emphasis on outcomes and less prescription on how to achieve them. It signals a new relationship between the service and the centre in the future, which empowers local leaders.
- NHSE simultaneously published guidance on developing the Joint Forward Plan (JFP).
- ICBs are asked to work with system partners to develop plans to meet the objectives set out in the operational planning guidance before the end of March 2023 (and JFP by the end of June 2023).

Technical guidance published 12<sup>th</sup> January 2023 set out the requirement for a **Draft ICS plan submission Thursday 23<sup>rd</sup> February with final ICS plan submission 30<sup>th</sup> March** (SFH No longer submits its plan separately with Nottingham & Nottinghamshire NHS providers and the Integrated Care Board submitting a single consolidated ICS Plan)

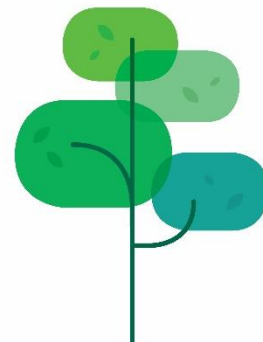


# 2023-24 Operational Planning

The 2023/24 priorities and operational planning guidance sets out three core priorities informed by three underlying principles:

1. Recovering our core services and improving productivity	2. Make progress in delivering the key NHS Long Term Plan ambitions	3. Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the “why” and “what”, not the “how”		

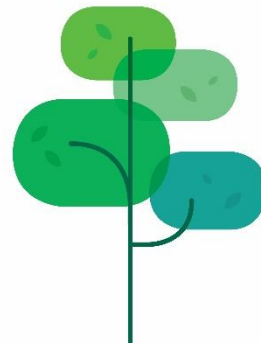
The guidance covers 12 areas and 32 national objectives against the first two priorities (see appendix).



# 2023-24 Operational Planning

## Headline ambitions

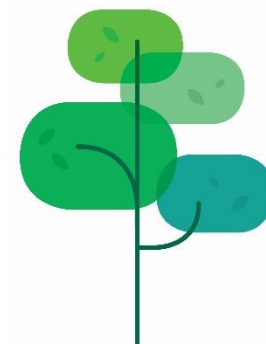
- **Recovering our core services and improving productivity including:**
  - Improve **ambulance** response and **A&E** waiting times.
  - Reduce **elective** long waits and **cancer** backlogs, and improve performance against the core **diagnostic** standard.
  - Make it easier for people to access primary care services, particularly **general practice**.
- Recovering **productivity** and improving **whole system flow** are critical to achieving these objectives
- We must collectively address the challenge of **staff retention and attendance**.
- Throughout all the above will be a focus on narrowing **health inequalities** in access, outcomes and experiences, and maintaining **quality and safety** in our services, particularly in **maternity** services.



# 2023-24 Operational Planning

## Headline ambitions

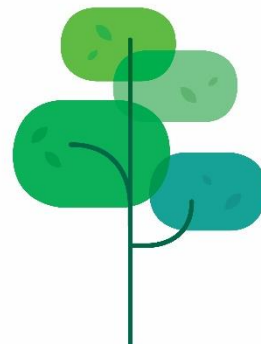
- **Delivering the key Long Term Plan ambitions and transforming the NHS including:**
  - Improve **mental health** services and services for people with a learning disability and autistic people.
  - Continue to support delivery of the **primary and secondary prevention** priorities and the effective management of long-term conditions.
  - Ensure that the **workforce** is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
  - Level up **digital infrastructure** and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.
- **Local empowerment and accountability**
  - ICSs are best placed to understand population needs and are expected to agree **specific local objectives** that complement the national NHS objectives.
  - As set out in **Operating Framework**, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.



# 2023-24 Operational Planning

## Appendix:

- Table setting out the 12 areas and 32 national objectives set out in the 2023-24 priorities and operational planning guidance
- Useful links

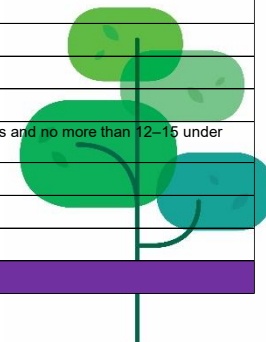


# 2023-24 Operational Planning

Table summarising the 12 areas and 32 national objectives set out within the NHSE 2023/24 priorities and operational planning guidance

	Ref	Area	Objective
Recovering our core services and improving productivity	1a	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
			Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
			Reduce adult general and acute (G&A) bed occupancy to 92% or below
	1b	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
			Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	1c	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
			Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
			Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
			Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	1d	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
			Deliver the system- specific activity target (agreed through the operational planning process)
	1e	Cancer	Continue to reduce the number of patients waiting over 62 days
			Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
			Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	1f	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
			Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	1g	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
			Increase fill rates against funded establishment for maternity staff
	1h	Use of resources	Deliver a balanced net system financial position for 2023/24
	2d	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	2a	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
			Increase the number of adults and older adults accessing IAPT treatment
			Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
			Work towards eliminating inappropriate adult acute out of area placements
			Recover the dementia diagnosis rate to 66.7%
			Improve access to perinatal mental health services
	2b	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
			Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	2c	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
			Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
			Continue to address health inequalities and deliver on the Core20PLUS5 approach

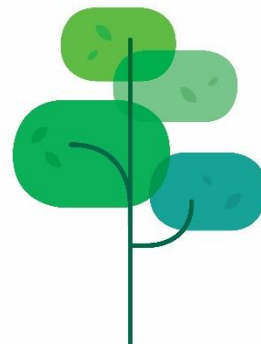
\*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published



# 2023-24 Operational Planning

## Useful Links

- NHSE Operational and Joint Forward Planning guidance is available at the following link: [NHS England » NHS operational planning and contracting guidance](#)
- The NHS Confederation has produced a very helpful summary of the 2023/24 planning guidance at the following link: [2023/24 NHS priorities and operational planning guidance | NHS Confederation](#)





# Governors' Presentation

Draft External Audit Plan –  
2022/23

**Sherwood Forest Hospitals NHS  
Foundation Trust**

February 2023

# Team Members

## Supporting team from the Public Sector Audit Department



**Richard Walton,**  
Director

*"I am responsible for delivery of all of our services to the Trust. I lead all of our key meetings and presentations to management, along attending the Audit and Risk Committee"*



**Debbie Stokes,**  
Senior Manager

*"I oversee the audit team and work with Richard to ensure the quality of our audit work. Along with Richard, I meet the Audit Committee Chair and Director of Finance on a regular basis"*



**Eliakim Nashon,**  
Assistant Manager

*"I am the on-site lead during our audit and work closely with your finance team to ensure that we deliver an efficient audit"*

Specialist support received from relevant IT, valuation and tax colleagues as required.

# Our audit risks

## Focusing our audit on your risks

We have commenced our audit planning and identified the following risks that we will focus on:

Risk	Risk change
<b>Financial Statements</b>	
Valuation of land and buildings	● Stable
Expenditure recognition	● Stable
Revenue recognition	▼ Decreased
Management override of control	● Stable
<b>Other areas of focus</b>	
IFRS 16 transition	● Stable
<b>Value for money significant risks</b>	
<i>To be determined following risk assessment</i>	

## Scope



**Materiality**  
**£11.5m**



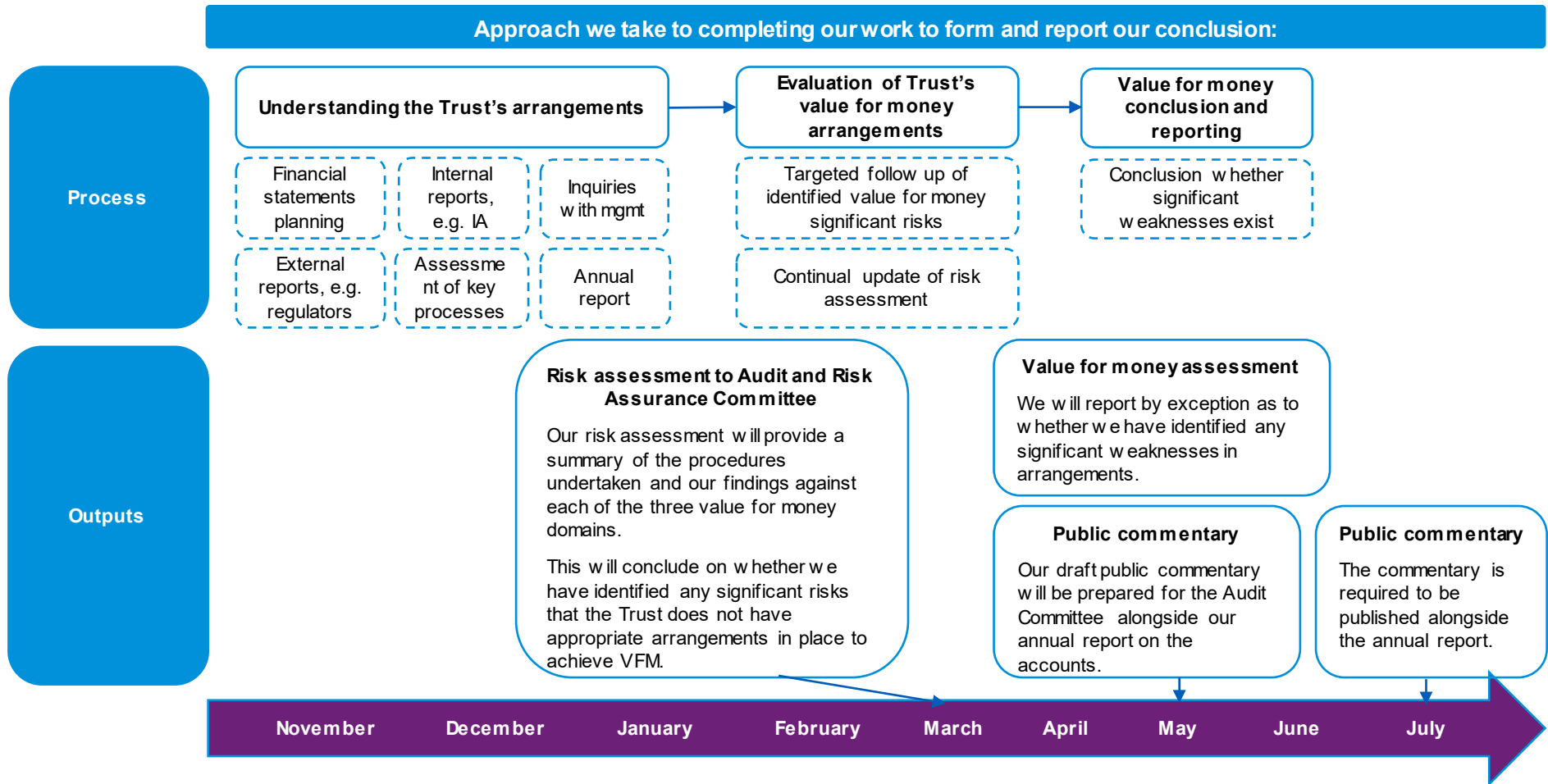
**Reporting threshold**  
**£0.300m**

## Value for money commentary

We are required to provide a public commentary on the arrangements in place for ensuring value for money is achieved at the Trust and do this via our Auditor's Annual Report. This is required to be published on the Trust's website and include a commentary on our view of the appropriateness of the Trust's arrangements against each of the three specified domains of value for money: financial sustainability; governance; and improving economy, efficiency and effectiveness.

We have set out the methodology to be followed in undertaking our risk assessment procedures on the next page.

# Value for money arrangements



Any questions?

## Board of Directors Chair's Highlight Report to Council of Governors

<b>Subject:</b>	Board of Directors	<b>Date:</b> 21 <sup>st</sup> February 2023
<b>Prepared By:</b>	Claire Ward, Chair	
<b>Approved By:</b>	Claire Ward, Chair	
<b>Presented By:</b>	Claire Ward, Chair	
<b>Purpose</b>		
	<b>Assurance</b>	<b>X</b>

<b>Matters of Concern</b>	<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>Financial challenges across the system and the ability to achieve the Financial Strategy</li> </ul>	<p>Board discussed the number of principal risks, on the Board Assurance Framework which are in excess of the agreed tolerable level and asked committees to continue to scrutinise the scores for the principal risk's allocation to them.</p> <p>The planning guidance for 2023/24 has been received and an update of the process was received, the Board noted SFH plans would feed into the Integrated Care System plans and the deadline for submission of a draft plans was required by 23<sup>rd</sup> February with final agreed plans by 30<sup>th</sup> March 2023.</p>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<p>Board received an update with regard to partnership working within the Integrated Care System.</p> <p>Board received an update on progress at quarter 3 against the 2022-23 strategic priorities.</p> <p>The maternity Safety Champions update, and Maternity Perinatal Quality Surveillance Model were presented to Board for assurance.</p> <p>Board received assurance regarding the Freedom to Speak up process and concerns raised through the process.</p>	<p>Approval of the Board Assurance Framework (BAF).</p> <p>Recommendation eight on the External Well-led Report was considered and agreed this was completed, however an update was requested in six months' time to ensure embedded.</p>

The integrated performance report (SOF) was received and discussed; positive assurance was received.

An update against the recommendations in the External Well-led Report was received and it was noted 2 actions remain on-going.

#### Comments on Effectiveness of the Meeting

The quality of the papers ensured focussed high impact discussions

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

Subject:	Audit & Assurance Committee (AAC) Report	Date: 21 <sup>st</sup> February 2023
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>▪ <u>Internal Audit</u> – Implementation of internal audit recommendations is improving – currently at 66% (up from 55% at last report) implemented by due date (needs to be &gt;75% for Head of Internal Audit Opinion to be significant assurance).</li> <li>▪ <u>Internal Audit Report with Limited Assurance</u> – the recommendations (4 medium and 2 low risks) and actions were presented. The Committee gained good assurance that the recommendation implementations were progressing well.</li> <li>▪ <u>Governance Survey</u> – as this survey is confined to directors only (executive and non-executive) in future years it will not be done anonymously.</li> <li>▪ <u>Register of Interests</u> – this is now down to an all time low of 32 who haven't declared (out of 942 Grade 7+ staff).</li> <li>▪ <u>Non-Clinical Policies</u> – The number of well overdue policies has now reduced to 10, for which plans are in place to update and approve. This is a significant improvement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Internal Audit Programme</u> – This is currently under discussion for 2023/24 between SLT and 360 Assurance. The draft programme will be discussed at the next Audit Committee meeting, which will include detailed explanations of why the areas have been selected.</li> <li>▪ <u>Maturity Matrix</u> – 360 Assurance presented a number of areas for discussion for areas of further improvement. Two actions were agreed: <ul style="list-style-type: none"> <li>○ A policy note be prepared to cover any potential conflicts of interest for the Chair of the Audit Committee; and</li> <li>○ An additional standing item be added to the agenda for System related updates.</li> </ul> </li> <li>▪ <u>Procurement</u> – Requested that the single tender waiver report includes details on the percentage of payments where there is no purchase order as the next area of focus for improvement (this currently stands at 18%).</li> </ul>

<ul style="list-style-type: none"> <li>▪ <u>HfMA Financial Sustainability Audit</u> – this has now been completed and assurance gained from the internal auditors that SFH’s responses, if anything, understated SFH’s position. The full set of responses will be reviewed by Finance Committee and implementation of improvements for those scored 3 or below (out of 5) will be monitored.</li> <li>▪ <u>Single Tender Waivers</u> – This process is now well embedded and is helping deliver improved VFM and better planning for future procurements.</li> </ul>	
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>▪ <u>Internal Audit</u> – The Head of Internal Audit Opinion Stage 2 paper was presented, which with the exception of the recommendation implementation rate (66%, which represents moderate assurance) was very positive.</li> <li>▪ <u>External Audit</u> – KPMG gave an update on the preliminary risk assessment for SFH. This included the proposed materiality for 2022/23 which has been increased from £9M to £11.5M, primarily due to a reduced risk assessment which changed the percentage of forecast revenue from 2% to 2.5%.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Internal Audit Programme</u> –Approval of proposed changes were agreed.</li> </ul>
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> <li>▪ All papers were of a high quality and clear which helped the meeting run smoothly.</li> </ul>	

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

<b>Subject:</b>	Quality Committee Report	<b>Date:</b> 21 <sup>st</sup> February 2023
<b>Prepared By:</b>	Barbara Brady, Non – Executive Director, Chair of QC	
<b>Approved By:</b>	Barbara Brady	
<b>Presented By:</b>	Barbara Brady, Chair of Quality Committee	
<b>Purpose</b>		
	<b>Assurance</b>	

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<ul style="list-style-type: none"> <li>▪ GIRFT – Insufficient capacity available to implement recommendations (these would in turn support financial sustainability)</li> <li>▪ Accommodation for Cancer Services</li> <li>▪ HSMR, data presented on quarterly basis is 12 month rolling period, so time lag in seeing changes feed through</li> </ul>	<ul style="list-style-type: none"> <li>▪ Committee annual report</li> </ul>
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<ul style="list-style-type: none"> <li>• Submission to meet requirements of Maternity Incentive scheme</li> <li>• Deep Dive of 3<sup>rd</sup> and 4<sup>th</sup> degree tears</li> <li>• Water Quality</li> <li>• Annual report of cancer services</li> </ul>	<ul style="list-style-type: none"> <li>▪ BAF reviewed <ul style="list-style-type: none"> <li>○ PR1 rating unchanged</li> <li>○ PR2 current exposure increased to 20 as a result of increasing likelihood score to 5</li> </ul> </li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li>▪ Good discussion and challenge aided by the quality of papers and contributions from members. Added benefit of having ICB colleague contributing to the meeting</li> </ul>	

## Finance Chair's Highlight Report to Council of Governors

<b>Subject:</b>	Finance Committee meeting	<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Richard Mills		
<b>Approved By:</b>	Andrew Rose-Britton		
<b>Presented By:</b>	Andrew Rose-Britton		
<b>Purpose</b>			
		<b>Assurance</b>	<b>Sufficient</b>

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>PR4 Failure to achieve Trust's financial strategy</li> <li>PR8 Failure to deliver Trust's impact of climate change</li> </ul>	External overview of Committees effectiveness
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>Monthly Finance report</li> <li>NHIS Performance</li> <li>ICS/ICP Update</li> <li>Financial planning and budgeting</li> <li>Procurement review</li> <li>Trust Strategic Priorities 2023</li> <li>PFI Governance</li> </ul>	<ul style="list-style-type: none"> <li>Committee Annual report</li> <li>Committee Effectiveness Self-Assessment</li> <li>Workplan update</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li>Excellent papers submitted to the Committee.</li> <li>In depth discussion on the financial challenges facing the Trust and ICB</li> </ul>	

## People, Culture & Improvement Committee Chair's Highlight Report to Council of Governors

<b>Subject:</b>	People, Culture & Improvement Committee Highlight Report	<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Manjeet Gill, Non-Executive Director		
<b>Approved By:</b>	Manjeet Gill, Non-Executive Director		
<b>Presented By:</b>	Manjeet Gill, Non-Executive Director		
<b>Purpose</b>			
		<b>Assurance</b>	<b>X</b>

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Assurance by way of update reports were provided on industrial action and the mitigations in place to address.</li> <li>Employee relations assurance showed an increase in disciplinaries / grievances, and it was agreed that a deeper dive was needed to understand and assure risks being mitigated.</li> </ul>	<ul style="list-style-type: none"> <li>An update on the workforce plans gave assurance on a long-term plan, the work underway and how it linked to system working and other trust plans.</li> </ul>
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> <li>Progress report on the People Culture and Improvement Strategy at the end of Q3</li> <li>Freedom to Speak Up Q3 report</li> <li>Equality Diversity and Inclusion Q3 report</li> <li>Improvement Faculty development and how based on national best practice and frameworks.</li> <li>Junior Doctors experience feedback and the actions being taken to address key areas.</li> <li>Positive assurance reports on wellbeing work to support our people</li> <li>A reflective account regarding the Step into NHS Careers event, leading to positive local interest, recruitment, and more reach into the local community, to develop more tailored careers pathways.</li> </ul>	<ul style="list-style-type: none"> <li>Committee Terms of Reference reviewed and agreed</li> <li>Committee Annual Report reviewed and agreed</li> <li>Committee effectiveness reviewed and agreed</li> <li>Agreement and review of BAF PR3 and PR5 where risk rating remanded unchanged</li> </ul>

#### Comments on Effectiveness of the Meeting

- The Committee was observed by the Chief Executive Officer and Lead Governor where the effectiveness of the committee was discussed and explored offering positive reflections regarding the level of positive assurance and content of the papers provided.

## Charitable Funds Committee Chair's Highlight Report to Council of Governors

<b>Subject:</b>	Charitable Funds Committee feedback report	<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Steve Banks – Non-Executive Director and Committee Chair		
<b>Approved By:</b>			
<b>Presented By:</b>	Steve Banks – Non-Executive Director		
<b>Purpose</b>			
To provide assurance to the Council of Governors		<b>Assurance</b>	

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
Delays with Estates projects, although improving Supporting Colleagues Psychological Safety project. The implementation of TRiM model risk management tool for colleagues is delayed due to Winter pressures Fluctuating nature of the Investment Market	Finance to finalise transfer of funds to ICCU from surgery fund and pathology to cancer fund by end Q4 Fund Manager training to be incorporated into scheduled budget manager training Fundraising strategy and objectives being updated for April CFC meeting Creation of a staff wellbeing fund to be investigated
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
The effectiveness of the Operational Group The Community Involvement Q3 report, highlighting great work and making a difference The project and fundraising update Supporting Colleagues Psychological Safety project evaluation Investment Update	Staff survey to be undertaken to gauge opinion regarding the charity and accessing funds To recommend approval for a dementia appeal in the interim until the Trust Strategy guides future appeals To support requests for patient treatment chairs in the oncology Welcome treatment Centre To propose ground rules for use of funds on renewables To increase Comms focus on CFC to promote understanding and access to funds
<b>Comments on Effectiveness of the Meeting</b>	
The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was a satisfactory level of discussion and challenge, and the work of the Operational Group supported the receipt of assurance and good debate where needed.	

## Council of Governors - Cover Sheet

<b>Subject:</b>	Membership and engagement Committee		<b>Date:</b> February 2023	
<b>Prepared By:</b>	Sue Holmes			
<b>Approved By:</b>				
<b>Presented By:</b>	Sue Holmes			
<b>Purpose</b>				
To provide an update to the Council of Governors regarding the work of the Membership and Engagement Committee			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
N/A				
<b>Executive Summary</b>				
<p>Rather more happening this year.</p> <p>Neil Cooper and myself visited 4 schools (6 visits) with a view to gaining young members and to advertise the 'Step into the NHS' event at West Notts College. (rather poorly advertised within the schools) This did generate interest and on the night I was approached by students who had only found out about this from our visit.</p> <p>The event was supported by a total of 5 governors who engaged with the attendees, signed up members and spoke to some about the merits of standing for election as a governor. It was a tremendously successful event.</p> <p>'Meet your Governor' continues within our hospitals but so far this year attendance has been relatively poor and I hope to see more involvement in the future.</p> <p>One Governor has also engaged with a large primary care practice and was able to pass on some interesting feedback.</p> <p>An addendum to our responsibilities has been 'engagement within the wider community', not just our constituencies (which will change with the next elections). In order to enable this, I have attended a breakfast meeting of the Mansfield CVS and was greeted with interest (this may be a pool of potential governors). For the spring meeting I have a speaker's slot – 2 aims</p>				

1. Hopefully it will be before the elections and I hope to interest candidates, and
2. I hope that we will be able to 'attach' a governor to some of the community groups where they can form a relationship, seek views and attend as and when required.

I am also hoping to repeat this in the next few weeks with the Ashfield CVS and that we can make contact with a similar group in Newark.

I would like us to continue to recruit young members, once we have their emails we can inform and interest them in the work of the NHS and the wide availability of careers/jobs and the different methods of entry. Numbers of young members are steadily increasing. The only way we will ever get a young member elected as a governor is by having plenty of young members to vote for them! 'Trust Matters' the monthly newsletter is becoming more like a magazine and I do believe is being read by more. Articles are short, varied and interesting. Thank you to Christine in Comms.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Governor Elections 2023		<b>Date:</b> 21 <sup>st</sup> February 2023	
<b>Prepared By:</b>	Shirley A Higginbotham, Director of Corporate Affairs			
<b>Approved By:</b>	Shirley A Higginbotham, Director of Corporate Affairs			
<b>Presented By:</b>	Shirley A Higginbotham, Director of Corporate Affairs			
<b>Purpose</b>				
To seek approval from the Council of Governors regarding the updated Governor Election timeline 2023.			<b>Approval</b>	x
			<b>Assurance</b>	
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
x	x	x	x	x
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
<b>Committees/groups where this item has been presented before</b>				
N/A				
<b>Executive Summary</b>				
<p>As Council is aware the Constitution of the Trust states the requirement for a Council of Governors, which consists of both elected and appointed members.</p> <p>Elected members are defined as Public Governors – representing the Public Constituency Classes as defined in annex 1 of the Constitution and Staff Governors representing the Staff Classes as defined in annex 2 of the Constitution</p> <p>The previous Governor elections held in 2022, did not fill all the seats available. The Governors have subsequently revised the Constitution to amend the constituencies for both public and staff governors. The revised Constitution was approved at the Annual Members and General Meeting on 29<sup>th</sup> September 2022.</p> <p>Governors received a report regarding the election of five new governors in 2023. The Council asked if the two governors due for election in September 2023 could be included. A conversation with UK Engage, who undertake the elections indicated this would be unprecedented to elect governors six months prior to them taking up the post.</p> <p>Therefore, a new timeline is presented for Governors to consider and approve which does include all seven governors due for election in 2023.</p>				

## Council of Governor Elections -2023

**Author: Shirley A Higginbotham, Director of Corporate Affairs**

**Date: 21<sup>st</sup> February 2023**

As Council is aware the constitution of the Trust states the requirement for a Council of Governors, which consists of both elected and appointed members.

Elected members are defined as Public Governors – representing the Public Constituency Classes as defined in annex 1 of the Constitution and Staff Governors representing the Staff Classes as defined in annex 2 of the Constitution. Volunteer Governors are included in the Staff Classes.

Each elected governor is elected for a period of 3 years as stated in the constitution. Governors are eligible for re-election at the end of that period up to a maximum of 9 years any extension beyond 9 years to a maximum of 12 years is subject to annual re-election.

After the elections held in 2022, a number of vacancies remained. Therefore, to address this the Governors have reviewed and amended the public and staff constituencies detailed in the Constitution. The revised Constitution was approved by the Council of Governors, Board and at the Annual Members and General meeting on 29<sup>th</sup> September 2022.

Governors received a report regarding the election of five new governors in 2023. The Council asked if the two governors due for election in September 2023 could be included. A conversation with UK Engage, who undertake the elections indicated this would be unprecedented to elect governors six months prior to them taking up the post. The two governors who's tenure's cease at the end of October will remain in post until then with the two new governors taking up their new posts in November 2023.

Therefore, a new timeline is presented for Governors to consider and approve which does include all seven governors due for election in 2023.

The following Governors will require election:

Public Constituency	Number of Governors	Number of Governors requiring election
Rest of East Midlands	10	4
Newark & Sherwood	4	2
Staff Constituency		
Kings Mill Hospital, Mansfield Community Hospital and Newark Hospital	3	1

The Governor election process is detailed in the model election rules which form part of the Trusts Constitution, this states that the Publication of Notice of Election shall be no later than the fortieth day before the day of the close of the poll, this excludes weekends, Christmas day, Good Friday or bank holidays. To ensure the Governors can undertake their role from July 2023 the Publication of Notice of Election will be 10<sup>th</sup> May 2023. See below the full timetable for the elections:

Action	Date
Last Day for Publication of Notice of Election	10/05/2023
Deadline for receipt of nominations	26/05/2023
Publication of Statement of Nominations	30/05/2023
Deadline for candidate withdrawals	01/06/2023
Notice of Poll/Issue of ballot packs	13/06/2023
Close of Poll 5.00pm	06/07/2023
Count and Declaration of Result	07/07/2023

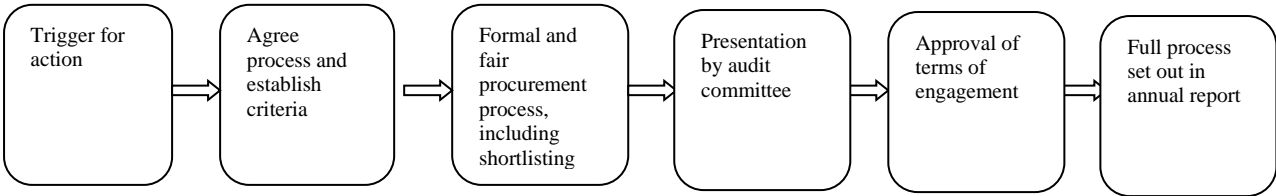
The timetable above commences after the Kings Coronation and local government elections meaning there are no Purdah implications for the Trust when undertaking the elections.

The cost of elections for the five governors will be approximately £24,000 a significant increase on previous elections due to the number of postal votes required and the increase in postage costs.

### Recommendations:

The Council of Governors are asked to approve the timetable for elections.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Appointing the External Auditor	<b>Date:</b> 21 <sup>st</sup> February 2023		
<b>Prepared By:</b>	Shirley A Higginbotham, Director of Corporate Affairs			
<b>Approved By:</b>	Graham Ward, NED, Chair of Audit and Assurance Committee			
<b>Presented By:</b>	Graham Ward, NED, Chair of Audit and Assurance Committee			
<b>Purpose</b>				
To consider and approve the appointment process for the external auditor.		<b>Approval</b>	x	
		<b>Assurance</b>		
		<b>Update</b>		
		<b>Consider</b>		
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
x	x	x	x	x
<b>Identify which principal risk this report relates to:</b>				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>				
<b>Executive Team – 18<sup>th</sup> January 2023,</b>				
<b>Executive Summary</b>				
<p>The Health and Social Care Act 2006 states that every foundation trust must have an auditor this is appointed by the council of governors. The Act states that it is for the council of governors to appoint or remove the auditor at a general meeting of the council.</p> <p>There are six key states for appointing the auditor:</p> <div style="text-align: center; margin: 10px 0;">  <pre> graph LR     A[Trigger for action] --&gt; B[Agree process and establish criteria]     B --&gt; C[Formal and fair procurement process, including shortlisting]     C --&gt; D[Presentation by audit committee]     D --&gt; E[Approval of terms of engagement]     E --&gt; F[Full process set out in annual report]           </pre> </div> <p><b>Trigger for action</b></p> <p>The impending end of the existing auditor's contract term will trigger a new appointment process, whether or not the existing auditor is seeking reappointment.</p> <p>KPMG were appointed for the end of the 2020/2021 financial year for a 3-year contract. this will cease at the end of the 2022/23 audit. The Trust therefore must have an auditor appointed for this time.</p>				

### **Agree process and establish criteria**

In 2019 the Governors approved a process for the appointment of the external auditors this included a working group, comprising governors and members of the Audit and Assurance committee was established to take this forward, with the final decision made by the Council of Governors.

A formal procurement process was undertaken; however, no tenders were received at that point, subsequently KPMG expressed an interest in being the Trusts external auditor and presented to the Governor working group. The outcome of the presentation was the group recommended the appointment of KPMG to the Council of Governors to act as the Trusts external auditors for a period of three years to the end of the 2022/23 audit.

Ordinarily, we would run a tender to fulfil this contract. However, new rules prohibiting audit contractors from undertaking any other consultancy work for a Trust have led to a significant reduction in potential bidders, as evidenced in our previous attempt in 2019.

It is, therefore suggested that rather than run a full, and potentially fruitless, mini competition, we firstly engage with KPMG and attempt to negotiate a price for an additional three-year contract.

This would still be compliant from a procurement point of view as direct awards are allowable under the CCS framework. However, we would not have the benefit of fully testing the market.

If we are unable to negotiate an acceptably priced contract with KPMG, we would then seek alternative methods such as a traditional mini-competition or further negotiation with another supplier.

The chair of the Audit Committee requests the Council of Governors approve the proposal to firstly attempt to negotiate a new contract with the external audit contractor, before attempting to run a mini-competition in difficult market circumstances.