

# MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 12<sup>th</sup> August 2025

Time: 17:30 – 20:00

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

|     | Time  | Item   | Status<br>(Do not use NOTE) | Paper                              |
|-----|-------|--|-----------------------------|------------------------------------|
| 1.  | 17:30 | <b>Apologies for Absence</b><br><i>Quoracy Check (50% of public Governors present)</i>   | Agree                       | Verbal                             |
| 2.  | 17:30 | <b>Declarations of Interest</b><br>To declare any pecuniary or non-pecuniary interest<br><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 13<sup>th</sup> May 2025</b><br><i>To be agreed as an accurate record</i>  | Agree                       | Enclosure 3.1                      |
|     |       | <b>Minutes of the meeting of the Extra-Ordinary Council of Governors held on 11<sup>th</sup> June 2025</b><br><i>To be agreed as an accurate record</i>  | Agree                       | Enclosure 3.2                      |
|     |       | <b>Minutes of the meeting of the Extra-Ordinary Council of Governors held on 18<sup>th</sup> July 2025</b><br><i>To be agreed as an accurate record</i>  | Agree                       | Enclosure 3.3                      |
| 4.  | 17:30 | <b>Matters Arising/Action Log</b>  | Approve                     | Enclosure 4                        |
|     |       |  |                             |                                    |
| 5.  | 17:35 | <b>Patient Story – Supporting patient flow: Fit2Sit</b><br>Richard Kemp, Divisional Director of Nursing  | Assurance                   | Presentation                       |
| 6.  | 17:55 | <b>Chair's Report</b><br>Graham Ward, Chair  | Assurance                   | Enclosure 6                        |
| 7.  | 18:05 | <b>Acting Chief Executive's Report</b><br>Phil Bolton, Chief Nurse   | Assurance                   | Enclosure 7                        |
| 8.  | 18:20 | <b>Lead Governor Report</b><br>Liz Barrett, Lead Governor  | Assurance                   | Enclosure 8                        |
| 9.  | 18:25 | <b>15 Steps Feedback</b><br>Grace Radford, Patient Experience Manager  | Assurance                   | Enclosure 9                        |
| 10. | 18:35 | <b>Annual Report and Accounts 2024/2025</b><br><br><ul style="list-style-type: none"> <li><b>Annual Report</b><br/>Sally Brook Shanahan, Director of Corporate Affairs</li> <li><b>Annual Accounts</b><br/>Rich Mills, Chief Financial Officer</li> </ul>                          | Assurance<br><br>Assurance  | Enclosure 10.1<br><br>Presentation |

|     | Time  | Item   | Status<br>(Do not use NOTE)  | Paper  |
|-----|-------|--|--|--|
| 11. | 18:50 | <b>External Auditors</b> <ul style="list-style-type: none"> <li><b>Annual Audit Letter</b><br/>Richard Walton, KPMG</li> </ul>   | Assurance  | Enclosure 11   |
| 12. | 19:00 | <b>Fit and Proper Person Update</b><br>Sally Brook Shanahan, Director of Corporate Affairs   | Assurance  | Enclosure 12   |
| 13. | 19:05 | <b>Report from Board Sub-Committees</b> <ul style="list-style-type: none"> <li><b>Audit &amp; Assurance Committee</b><br/>Manjeet Gill, Non-Executive Director<br/>Peter Gregory, Governor Observer<br/>Neal Cooper, Governor Observer</li> <li><b>Quality Committee</b><br/>Barbara Brady, Non-Executive Director<br/>Julie Kirkby, Governor Observer<br/>Pam Kirby, Governor Observer</li> <li><b>Finance Committee</b><br/>Richard Cotton, Non-Executive Director<br/>Sam Musson, Governor Observer<br/>Iain Peel, Governor Observer</li> <li><b>People Committee</b><br/>Steve Banks, Non-Executive Director<br/>Dean Wilson, Governor Observer<br/>John Dove, Governor Observer</li> <li><b>Partnerships and Communities Committee</b><br/>Barbara Brady, Non-Executive Director<br/>Nabeel Khan, Governor Observer<br/>Ann Gray, Governor Observer</li> <li><b>Charitable Funds Committee</b><br/>Andrew Rose-Britton, Non-Executive Director<br/>Liz Barrett, Governor Observer<br/>Mitchel Speed, Governor Observer</li> </ul> | Assurance<br><br>Assurance<br><br>Assurance<br><br>Assurance<br><br>Assurance<br><br>Assurance | Enclosure 13.1<br><br>Enclosure 13.2<br><br>Enclosure 13.3<br><br>Enclosure 13.4<br><br>Enclosure 13.5<br><br>Enclosure 13.6 |
| 14. | 19:30 | <b>Council of Governors Matters/Statutory Duties</b> <ul style="list-style-type: none"> <li><b>External Auditors Procurement Process</b><br/>Bob Truswell, Strategic Head of Procurement</li> <li><b>Membership and Engagement Group</b><br/>Liz Barrett, Lead Governor</li> <li><b>NEDs' Appraisal Outcome and Objectives</b><br/>Graham Ward, Acting Chair</li> </ul>  | Assurance<br><br>Assurance<br><br>Approval   | Enclosure 14.1<br><br>Enclosure 14.2<br><br>Enclosure 14.3   |
| 15. | 19:45 | <b>Spotlight on – Showcasing the essential work of the Orthotics Team</b>  | Assurance  | Presentation   |

|     | Time  | Item   | Status<br>(Do not use NOTE) | Paper  |
|-----|-------|--|-----------------------------|--------|
| 16. | 19:50 | <b>Questions from Members of Public</b><br>Graham Ward, Chair  | Consider                    | Verbal |
| 17. | 19:50 | <b>Escalations to the Board of Directors</b><br>Graham Ward, Chair   | Agree                       | Verbal |
| 18. | 19:55 | <b>Any Other Business</b><br><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><br><b>Date:</b> Tuesday 12 <sup>th</sup> August 2025<br><b>Time:</b> 5:30pm – 8:00pm<br><b>Venue:</b> Lecture Theatre 2, King's Mill Hospital |                             |        |

# COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 13<sup>th</sup> May 2025 at 17:30  
in Lecture Theatre 2, King's Mill Hospital

|                 |                |                    |     |
|-----------------|----------------|--------------------|-----|
| <b>Present:</b> | Graham Ward    | Chair              | GW  |
|                 | Ann Gray       | Public Governor    | AG  |
|                 | David Walters  | Appointed Governor | DWa |
|                 | Iain Peel      | Public Governor    | IP  |
|                 | Jane Stubbings | Public Governor    | JS  |
|                 | John Dove      | Public Governor    | JD  |
|                 | Julie Kirkby   | Public Governor    | JK  |
|                 | Justin Wyatt   | Staff Governor     | JW  |
|                 | Kevin Stewart  | Appointed Governor | KS  |
|                 | Linda Dales    | Appointed Governor | LD  |
|                 | Liz Barrett    | Public Governor    | LB  |
|                 | Mitchel Speed  | Staff Governor     | MS  |
|                 | Nabeel Khan    | Public Governor    | NK  |
|                 | Neal Cooper    | Public Governor    | NC  |
|                 | Nikki Slack    | Appointed Governor | NS  |
|                 | Pam Kirby      | Public Governor    | PK  |
|                 | Peter Gregory  | Public Governor    | PG  |
|                 | Sam Musson     | Staff Governor     | SM  |

|                       |                      |  |     |
|-----------------------|----------------------|--|-----|
| <b>In Attendance:</b> | David Selwyn         | Acting Chief Executive                   | DS  |
|                       | Sally Brook Shanahan | Director of Corporate Affairs            | SBS |
|                       | Andrew Rose-Britton  | Non-Executive Director                   | ARB |
|                       | Manjeet Gill         | Non-Executive Director                   | MG  |
|                       | Steve Banks          | Non-Executive Director                   | SB  |
|                       | Neil McDonald        | Non-Executive Director                   | NM  |
|                       | Georgina Goulding    | Admiral Nurse, Dementia Nurse Specialist | GG  |
|                       | Leanne Minett        | Quality Governance Matron                | LM  |
|                       | Grace Radford        | Patient Experience Manager               | GR  |
|                       | Jim Millns           | Associate Director of Transformation     | JM  |
|                       | Sue Bradshaw         | Minutes                                  |     |

|                   |                |                        |     |
|-------------------|----------------|------------------------|-----|
| <b>Apologies:</b> | Angie Jackson  | Appointed Governor     | AJ  |
|                   | Dean Wilson    | Public Governor        | DWi |
|                   | Shane O'Neill  | Public Governor        | SO  |
|                   | Tracy Burton   | Public Governor        | TB  |
|                   | Barbara Brady  | Non-Executive Director | BB  |
|                   | Lisa MacLean   | Non-Executive Director | LM  |
|                   | Richard Cotton | Non-Executive Director | RC  |

**Absent:** None

**Observer:** None

| Item No.      | Item   | Action | Date |
|---------------|--|--------|------|
| <b>25/026</b> | <b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>  |        |      |
| 2 mins        | <p>The meeting being quorate GW declared the meeting open at 17:30. GW welcomed the newly elected governors to their first meeting.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor<br/>Dean Wilson, Public Governor<br/>Shane O'Neill, Public Governor<br/>Tracy Burton, Public Governor<br/>Barbara Brady, Non-Executive Director<br/>Lisa MacLean, Non-Executive Director<br/>Richard Cotton, Non-Executive Director</p>  |        |      |
| <b>25/027</b> | <b>DECLARATIONS OF INTEREST</b>  |        |      |
| 1 min         | There were no declarations of interest pertaining to any items on the agenda.  |        |      |
| <b>25/028</b> | <b>MINUTES OF THE PREVIOUS MEETING</b>   |        |      |
| 1 min         | Following a review of the minutes of the meeting held on 11 <sup>th</sup> February 2025, PG advised the attendance log for the Extraordinary Council of Governors meeting held on 17 <sup>th</sup> January 2025 (page 12 of the minutes) was incorrect as there were some governors who were present at the meeting who are shown on the log as sending apologies. The Council APPROVED the minutes as a true and accurate record, subject to the log being updated.   |        |      |
| <b>25/029</b> | <b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>   |        |      |
| 1 mins        | <i>Action 25/024</i> – PG advised he has now provided the contact details of the Patient Participation Group at the Newark GP surgery to Rich Brown, Head of Communications.   |        |      |
| <b>25/030</b> | <b>PATIENT STORY - BRIAN'S BRAIN</b>   |        |      |
| 23 mins       | <p>GG and LM joined the meeting.</p> <p>GG introduced the Patient Story, which highlighted the work of the Dementia Team and some failings in the care of a patient with dementia. As a result of this patient's experience, and with fundraising from the patient's family, a campaign project has been developed to raise awareness of dementia and the work of the Dementia Team. GG outlined some of the improvements which have been implemented since the patient's admission.</p> <p>DS acknowledged the failings in the basic care provided to the patient.</p> <p>DWa noted the patient's medication had been lost and there was a lack of patient notes and queried how this happened.</p> |        |      |

|               |   |  |  |
|---------------|---|--|--|
|               | <p>GG advised she was unable to advise exactly what happened, but acknowledged there was a lack of communication. LM advised it is important to note representatives from the wards involved have met with the family and actioned the issues raised.</p> <p>GW noted while this story relates to a patient with dementia, the issues raised are wider than dementia in terms of the level of care, support, etc. GG advised ward teams are regularly approaching the Dementia Team to request training.</p> <p>LD noted the patient had not been booked in for the endoscopy which they required and queried if there are any measures on the ward to track how long patients are waiting for a procedure, such as an endoscopy, and, if a procedure has not taken place, how is this identified on the ward. DS acknowledged this is a component of routine patient care. Since the incident occurred, many of the Trust's systems have moved to electronic based systems, which provides greater visibility. Initiatives have been implemented to progress patients waiting in hospital for tests. However, delays do still occur.</p> <p>GG advised a positive to come from this story is the Dementia Team have developed a good relationship with the family and they are fundraising to support dementia services at the Trust. There is a learning event about living with dementia, which uses virtual reality, in October 2025 and GG extended the invitation to this event to the governors.</p> <p>PK queried if the Team solely provides support for patients with dementia. GG advised the Team covers dementia and delirium. Dementia UK's criteria is a patient has to have a dementia diagnosis to receive support from an Admiral Nurse, but, in reality, GG advised she would always provide support if asked and, if the Dementia Team was not the appropriate service, the Team would signpost appropriately.</p> <p>GG and LM left the meeting.</p> |  |  |
| <b>25/031</b> | <b>CHAIR'S REPORT</b>   |  |  |
| 5 mins        | <p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting governor elections, Executive Team recruitment, the work of the Trust charity and volunteers, meetings attended over the past quarter and forthcoming changes within the NHS.</p> <p>The Council was ASSURED by the report.</p>  |  |  |
| <b>25/032</b> | <b>ACTING CHIEF EXECUTIVE'S REPORT</b>  |  |  |
| 23 mins       | <p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting the death of Paul Robinson, Chief Executive, changes across the NHS, financial challenges, operational activity, new CT scanner, partnership work, potential impact of the English Devolution White Paper, Staff Survey, Step Into the NHS event, new bone density or 'DEXA' scanner,</p>   |  |  |

Page 4 of 11



|               |   |  |  |
|---------------|---|--|--|
| <b>25/033</b> | <b>LEAD GOVERNOR REPORT</b>   |  |  |
| 6 mins        | <p>LB presented the report, highlighting incoming and outgoing governors following the recent elections, governor attendance at meetings, Integrated Care Board (ICB) meetings and visit to West Notts College.</p> <p>PG reminded members of the Council of Governors of the forthcoming concert to raise funds for the Trust's cancer treatment centre.</p> <p>The Council was ASSURED by the report.</p>   |  |  |
| <b>25/034</b> | <b>15 STEPS FEEDBACK</b>  |  |  |
| 3 mins        | <p>GR joined the meeting.</p> <p>GR presented the report, highlighting number of visits, themes, issues identified and follow up actions.</p> <p>The Council was ASSURED by the report.</p> <p>GR left the meeting.</p>   |  |  |
| <b>25/035</b> | <b>IMPROVEMENT FACULTY UPDATE</b>   |  |  |
| 14 mins       | <p>JM joined the meeting.</p> <p>JM presented the report, highlighting financial improvement work, quality improvement work, system collaboration, future plans and aspirations.</p> <p>KS sought clarification on the triangulation process in terms of reviewing and assessing the impact for patients when changes are made. JM advised, from a financial improvement perspective, a Quality Impact Assessment (QIA) is always completed, and signed off by the senior clinical team within the directorate, prior to any change being transacted. If it is determined there is a likelihood of the change impacting patient care, this is referred to the Chief Medical Officer and Chief Nurse for sign off. In terms of more general change, a senior member of the Trust forms part of the programme team.</p> <p>SM advised the impact of the Improvement Faculty has grown from a clinical perspective over the past year and expressed thanks to JM and his team.</p> <p>The Council was ASSURED by the report.</p> <p>JM left the meeting.</p> |  |  |
| <b>25/036</b> | <b>REPORT FROM BOARD SUB-COMMITTEES</b>   |  |  |
| 29 mins       | <p><b>Audit and Assurance Committee (AAC)</b></p> <p>MG presented the report to the Council, highlighting implementation rate for internal audit recommendations, Going Concern Assessment, annual Counter Fraud progress report and approval of Internal and External Audit Plans for 2025/2026 and stock management policy.</p>   |  |  |



|  |   |  |  |
|--|---|--|--|
|  | <p>JW left the meeting.</p> <p><b>Quality Committee</b></p> <p>MG presented the report to the Council, highlighting updates to the Clinical Services Strategy, progress of the Electronic Patient Record (EPR), deep dive into mortuary services, approval of the draft Quality Strategy and review of BAF PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity, and PR5, Inability to initiate and implement evidence-based improvement and innovation.</p> <p>PG noted the BAF risk ratings have remained the same for nearly 12 months, despite improvements and changes being made. MG advised there have been in depth discussions regarding the risk ratings at Quality Committee and other Board sub-committees. Despite improvements being made, there is the continual uncertainty in terms of financial challenges, increasing demand, other risks, etc.</p> <p><b>Finance Committee</b></p> <p>GW presented the report to the Council, highlighting Community Diagnostic Centre (CDC) overspend, financial position at the end of Month 11, successful request for working capital support, financial planning, sustainability funding and contract approvals.</p> <p>KS felt the CDC overspend is a concern and noted the need for this to be closely monitored as the project progresses. KG requested a brief update regarding the Private Finance Initiative (PFI) settlement.</p> <p>GW reminded the Council the Trust is a PFI hospital and advised the management of the contract, particularly in the early stages, could have been better and there was a lot of underperformance. This led to a detailed review, which has been ongoing for some time. A lot of issues have now been resolved and finalising the settlement is nearing completion. The benefits the Trust will receive from the settlement relate to the residual estate and a programme of works will be undertaken over the next five years to bring the residual estate up to standard.</p> <p>In addition, the Trust needs to ensure it is in an improved position to work with the PFI partners and ensure the expected level of performance is delivered. Another aspect to consider in relation to the PFI is to simplify the variation process. DS advised a lot of progress has been made, but there is still work to do before the settlement agreement is finalised.</p> <p>AG noted the Mansfield Community Hospital site, where the CDC is being built, is owned by NHS Property Services and queried what the arrangements are for the CDC in terms of the build, ownership of the buildings, etc.</p> |  |  |
|--|---|--|--|

|        |   |     |          |
|--------|---|-----|----------|
|        | <p>In addition, noting the additional costs which have been incurred to date with the CDC due to unforeseen issues, AG queried what the level of confidence is that no further issues and additional costs will arise.</p> <p>GW advised the build of the CDC is being closely monitored and there are no issues with the contractor undertaking the work. The Trust effectively leases the land which the CDC will stand on. The Trust is seeking to obtain ownership of the Mansfield Community Hospital site, noting if this is achieved, this will only relate to the freehold and it will remain subject to a long-term leasehold let to the PFI provider.</p> <p>DS advised he has no concerns in relation to the contractor undertaking the work on the CDC, advising they are embedded in the community and are keen to utilise local suppliers, sub-contractors, etc. as far as possible.</p> <p>KS noted the CDC project team do provide regular update sessions.</p> <p>SM noted there is a lot of emphasis on continuing the momentum of the Financial Improvement Programme, with finance meetings for budget holders continuing.</p> <p><b>People Committee</b></p> <p>SB presented the report to the Council, highlighting the impact on staff of the financial challenges for 2025/2026 and the potential knock-on impact to patient care, People Strategy for 2025-2029 and progress made in relation to reducing levels of violence and aggression.</p> <p>PG queried if the Trust prosecutes people who display violence towards members of staff. SB advised staff are encouraged to report incidents of violence which they have faced through internal systems and to the Police. The Trust does not pursue any private prosecutions. DS advised further information could be provided to a governor workshop.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Actions taken to reduce the level of violence and aggression faced by staff to be a topic for a future Governor Workshop.</b></li> </ul> <p>The Council was ASSURED by all Board Sub Committees' reports.</p> | SBS | 12/08/25 |
| 25/037 | <b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>  |     |          |
| 6 mins | <p><b>Membership and Engagement Group</b></p> <p>LB presented the report, highlighting activity related to the governor election process. A general discussion followed regarding the election process, during which the following points were raised:</p>  |     |          |

|         |   |                     |                                 |
|---------|---|---------------------|---------------------------------|
|         | <ul style="list-style-type: none"> <li>• Low turnout. There is a need to consider how this can be improved for future elections.</li> <li>• E-mails in relation to voting were directed to junk mail, for both staff and public.</li> <li>• Process to vote was not straightforward.</li> <li>• Some members did not receive the e-mail inviting them to vote.</li> <li>• Issues and delays experienced in relation to becoming a member of the Trust, with queries sent via e-mail not answered.</li> </ul> <p>SBS advised she would follow these issues up with UK Engage, who ran the election on behalf of the Trust, and Rich Brown, Head of Communications.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Issues / concerns regarding the governor election process and the process of becoming a member of the Trust to be followed up with UK Engage and Head of Communications.</b></li> </ul> <p>The Council was ASSURED by the report.</p>  | SBS                 | 12/08/25                        |
| 25/038  | <b>SPOTLIGHT ON – THE NEW TELEDERMATOLOGY CLINIC</b>  |                     |                                 |
| 11 mins | <p>A short video was played highlighting the work of the Teledermatology Clinic.</p> <p>PG advised he did a Meet Your Governor (MYG) session at Newark Hospital on 8<sup>th</sup> May 2025 and patients, who had been booked in for removal of a lesion, were being turned away as their appointments had been cancelled but they had not been notified. PG queried if a member of staff had left, leading to these cancellations. DS advised the service is operating.</p> <p>PG advised other issues were raised during his MYG session, with patients asking for services at Newark Hospital, only to be told they were not available. DS advised he would investigate this, but acknowledged the need to be clear what services are offered at Newark Hospital.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Reason for cancelling lesion removals at Newark Hospital on 8<sup>th</sup> May 2025, without notifying patients affected, to be investigated.</b></li> <li>• <b>Reasons for patients being informed services are not available at Newark Hospital to be investigated.</b></li> </ul> <p>JD advised he had a lesion removed and the service was excellent. However, when he found a further lesion in a similar area, despite having a follow up appointment for the initial lesion, he has told to go back to his GP and a further referral would be required. DS advised the Trust is aware of issues such as this, which are partly due to historical contracting arrangements. The Trust has worked with colleagues in primary care via an interface group to work through issues such as this.</p> | <p>DS</p> <p>DS</p> | <p>12/08/25</p> <p>12/08/25</p> |

|               |  |            |                 |
|---------------|--|------------|-----------------|
| <b>25/039</b> | <b>QUESTIONS FROM MEMBERS OF PUBLIC</b>  |            |                 |
|               | No questions were raised.  |            |                 |
| <b>25/040</b> | <b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>   |            |                 |
| 3 min         | <p>KS felt the issue of catering arrangements at Mansfield Community Hospital (MCH) should be escalated, noting concerns were raised with him during an MYG session. SBS advised there are good facilities for staff to make their own food and drinks within the plans for the CDC, which will be on the MCH site. In addition, discussions are ongoing with Medirest, who run the current facility at MCH. There are plans to redevelop and extend the existing café to include a hot food counter and salad bar. KS felt it would be useful to share this update with staff at MCH.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Plans for catering arrangements at Mansfield Community Hospital to be shared with staff working on that site.</b></li> </ul> | <b>SBS</b> | <b>12/08/25</b> |
| <b>25/041</b> | <b>ANY OTHER BUSINESS</b>  |            |                 |
|               | No other business was raised.  |            |                 |
| <b>25/042</b> | <b>DATE AND TIME OF NEXT MEETING</b>   |            |                 |
|               | <p>Date: Tuesday 12<sup>th</sup> August 2025<br/>Time: 17:30<br/>Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:45.</p>   |            |                 |
|               | <p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b><br/><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 |
|----------------|------------------------------------|--------------|------------------------|------------|------------|---------|-----------------|--------------|-----------|
|                |                                    |              | 13/05/2025             | 12/08/2025 | 11/11/2025 | 02/2026 |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    | A                      |            |            |         | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    | P                      |            |            |         | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       | A                      |            |            |         | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    | P                      |            |            |         | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    | P                      |            |            |         | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    | P                      |            |            |         | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

| NAME           | AREA COVERED                       | CONSTITUENCY | EO COG | TERMS OF OFFICE | DATE ELECTED | TERM ENDS |
|----------------|------------------------------------|--------------|--------|-----------------|--------------|-----------|
|                |                                    |              |        |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    |        | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       |        | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    |        | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       |        | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       |        | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        |        | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    |        | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    |        | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        |        | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       |        | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    |        | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       |        | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       |        | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        |        | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       |        | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       |        | 3               | 07/07/23     | 06/07/26  |

P = Present  
A = Apologies  
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held on 11<sup>th</sup> June 2025 at 09:00 via MS Teams

|                       |                      |                               |     |
|-----------------------|----------------------|-------------------------------|-----|
| <b>Present:</b>       | Graham Ward          | Chair                         | GW  |
|                       | Angie Jackson        | Appointed Governor            | AJ  |
|                       | Ann Gray             | Public Governor               | AG  |
|                       | Dean Wilson          | Public Governor               | DWi |
|                       | Jane Stubbings       | Public Governor               | JS  |
|                       | Julie Kirkby         | Public Governor               | JK  |
|                       | Justin Wyatt         | Staff Governor                | JW  |
|                       | Linda Dales          | Appointed Governor            | LD  |
|                       | Liz Barrett          | Public Governor               | LB  |
|                       | Nabeel Khan          | Public Governor               | NK  |
|                       | Pam Kirby            | Public Governor               | PK  |
|                       | Sam Musson           | Staff Governor                | SM  |
| <b>In Attendance:</b> | Sally Brook Shanahan | Director of Corporate Affairs | SBS |
|                       | Barbara Brady        | Non-Executive Director        | BB  |
|                       | Lisa MacLean         | Non-Executive Director        | LM  |
|                       | Richard Cotton       | Non-Executive Director        | RC  |
|                       | Sue Bradshaw         | Minutes                       |     |
| <b>Apologies:</b>     | David Walters        | Appointed Governor            | DWa |
|                       | Iain Peel            | Public Governor               | IP  |
|                       | John Dove            | Public Governor               | JD  |
|                       | Kevin Stewart        | Appointed Governor            | KS  |
|                       | Mitchel Speed        | Staff Governor                | MS  |
|                       | Neal Cooper          | Public Governor               | NC  |
|                       | Nikki Slack          | Appointed Governor            | NS  |
|                       | Peter Gregory        | Public Governor               | PG  |
|                       | Shane O'Neill        | Public Governor               | SO  |
| <b>Absent:</b>        | Tracy Burton         | Public Governor               | TB  |

**The meeting was held 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>25/043</b> | <b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>  |        |      |
| 1 min         | <p>The meeting was held by video conference. All participants confirmed they were able to hear each other. The meeting being quorate GW declared the meeting open at 09:00.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>David Walters, Appointed Governor<br/>Iain Peel, Public Governor<br/>John Dove, Public Governor<br/>Kevin Stewart, Appointed Governor<br/>Mitchel Speed, Staff Governor<br/>Neal Cooper, Public Governor<br/>Nikki Slack, Appointed Governor<br/>Peter Gregory, Public Governor<br/>Shane O'Neill, Public Governor</p> |        |      |
| <b>25/044</b> | <b>DECLARATIONS OF INTEREST</b>  |        |      |
| 1 min         | GW declared an interest in item 25/045.  |        |      |
| <b>25/045</b> | <b>CHAIR'S APPRAISAL</b>   |        |      |
| 11 mins       | <p>GW left the meeting</p> <p>BB presented the report, outlining the process for undertaking the Chair's appraisal and advising this was a positive appraisal for GW. BB highlighted the Chair's objectives and personal development plan for 2025/2026.</p> <p>LB confirmed she had completed the Chair's appraisal alongside BB and was happy with the contents.</p> <p>The Council APPROVED the Chair's appraisal for 2024/2025 and objectives for 2025/2026.</p> <p>GW re-joined the meeting.</p>  |        |      |
| <b>25/046</b> | <b>APPOINTMENT OF VICE-CHAIR</b>   |        |      |
| 5 mins        | <p>SBS presented the report, which recommended the approval of the appointment of Steve Banks to the role of Vice Chair. It was noted that while Barbara Brady has stepped back from the role of Vice Chair, her role as Senior Independent Director will continue unaffected.</p> <p>GW expressed thanks to BB for her work during her time as Vice Chair.</p> <p>The Council APPROVED the appointment of Steve Banks as Vice Chair.</p>  |        |      |

|               |   |  |  |
|---------------|---|--|--|
| <b>25/047</b> | <b>UPDATE ON CHIEF EXECUTIVE OFFICER (CEO) RECRUITMENT</b>  |  |  |
| 5 mins        | <p>GW provided the Council with an update in relation to the recruitment of a substantive CEO, advising the post was advertised on 27<sup>th</sup> May 2025, with a closing date of 23<sup>rd</sup> June 2025. Shortlisting will take place on 25<sup>th</sup> June 2025 and interviews are scheduled for 15<sup>th</sup> July 2025. It was noted selected governors will be involved on both a stakeholder panel and the interview panel. The decision on the successful applicant will then be presented to an extraordinary meeting of the Council of Governors for ratification.</p> <p>GW advised there has been a good level of interest in the role. GW advised he has spoken to six prospective applicants to date and there are some strong candidates.</p> <p>The Council ACKNOWLEDGED the update</p> |  |  |
| <b>25/048</b> | <b>ANY OTHER BUSINESS</b>   |  |  |
|               | No other business was raised.   |  |  |
| <b>25/049</b> | <b>DATE AND TIME OF NEXT MEETING</b>  |  |  |
|               | <p>Date: Tuesday 12<sup>th</sup> August 2025<br/>Time: 17:30<br/>Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 09:25.</p>  |  |  |
|               | <p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b><br/>Chair</p> <p style="text-align: right;"><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 |
|----------------|------------------------------------|--------------|------------------------|------------|------------|---------|-----------------|--------------|-----------|
|                |                                    |              | 13/05/2025             | 12/08/2025 | 11/11/2025 | 02/2026 |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    | A                      |            |            |         | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    | P                      |            |            |         | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       | A                      |            |            |         | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    | P                      |            |            |         | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    | P                      |            |            |         | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    | P                      |            |            |         | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

| NAME           | AREA COVERED                       | CONSTITUENCY | EO COG     | TERMS OF OFFICE | DATE ELECTED | TERM ENDS |
|----------------|------------------------------------|--------------|------------|-----------------|--------------|-----------|
|                |                                    |              | 11/06/2025 |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    | P          | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       | P          | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    | A          | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       | P          | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       | A          | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       | P          | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       | A          | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       | P          | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        | P          | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    | A          | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    | P          | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       | P          | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        | A          | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       | P          | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       | A          | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    | A          | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       | P          | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       | A          | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        | P          | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       | A          | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       | X          | 3               | 07/07/23     | 06/07/26  |

P = Present  
A = Apologies  
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held on 18<sup>th</sup> July 2025 at 16:00 via MS Teams

|                       |                      |                               |     |
|-----------------------|----------------------|-------------------------------|-----|
| <b>Present:</b>       | Graham Ward          | Chair                         | GW  |
|                       | Ann Gray             | Public Governor               | AG  |
|                       | David Walters        | Appointed Governor            | DWa |
|                       | Dean Wilson          | Public Governor               | DWi |
|                       | Iain Peel            | Public Governor               | IP  |
|                       | Jane Stubbings       | Public Governor               | JS  |
|                       | Justin Wyatt         | Staff Governor                | JW  |
|                       | Kevin Stewart        | Appointed Governor            | KS  |
|                       | Linda Dales          | Appointed Governor            | LD  |
|                       | Liz Barrett          | Public Governor               | LB  |
|                       | Mitchel Speed        | Staff Governor                | MS  |
|                       | Neal Cooper          | Public Governor               | NC  |
|                       | Pam Kirby            | Public Governor               | PK  |
|                       | Peter Gregory        | Public Governor               | PG  |
|                       | Sam Musson           | Staff Governor                | SM  |
| <b>In Attendance:</b> | Sally Brook Shanahan | Director of Corporate Affairs | SBS |
|                       | Debbie Kearsley      | Deputy Chief People Officer   | DK  |
|                       | Sue Bradshaw         | Minutes                       |     |
| <b>Apologies:</b>     | Angie Jackson        | Appointed Governor            | AJ  |
|                       | Julie Kirkby         | Public Governor               | JK  |
|                       | Nabeel Khan          | Public Governor               | NK  |
|                       | Tracy Burton         | Public Governor               | TB  |
| <b>Absent:</b>        | John Dove            | Public Governor               | JD  |
|                       | Nikki Slack          | Appointed Governor            | NS  |
|                       | Shane O'Neill        | Public Governor               | SO  |

**The meeting was held 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>25/050</b> | <b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>  |        |      |
| 1 min         | <p>The meeting was held by video conference. All participants confirmed they were able to hear each other. The meeting being quorate GW declared the meeting open at 09:00.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor<br/>Julie Kirkby, Public Governor<br/>Nabeel Khan, Public Governor<br/>Tracy Burton, Public Governor</p>   |        |      |
| <b>25/051</b> | <b>DECLARATIONS OF INTEREST</b>  |        |      |
| 1 min         | There were no declarations of interest pertaining to any items on the agenda.  |        |      |
| <b>25/052</b> | <b>APPOINTMENT OF THE CHIEF EXECUTIVE</b>  |        |      |
| 17 mins       | <p>GW presented the report, outlining the Chief Executive recruitment process and advising the calibre of applicants was extremely high. The recommendation of the interview panel and stakeholder panels was to appoint Jon Melbourne as Chief Executive of the Trust.</p> <p>GW outlined the process to be followed before Jon's appointment is confirmed and start date agreed. GW reminded governors of the need for confidentiality until the appointment is confirmed.</p> <p>IP advised he is aware GatenbySanderson, who supported the recruitment process, provide follow up support for unsuccessful internal candidates and queried if this would be offered to Dave Selwyn. DK advised all candidates went through a personality profile exercise and all candidates are being offered feedback in relation to this. The Trust is continuing to work with GatenbySanderson to support all unsuccessful applicants. In addition, members of the interview panel have offered to provide feedback to unsuccessful applicants.</p> <p>MS queried when the details of the appointment will be released across the Trust. DK advised the Trust is working with Jon in terms of communication and he wants to ensure the communication is dealt with sensitively both at SFHFT and his current organisation. Details of the appointment will be made at both organisations at the same time. The timing of the communication, in terms of whether this is before or after the checks have been completed, has not yet been determined. The appointment will be announced as soon as it is possible to do so.</p> <p>The Council APPROVED the recommendation to appoint Jon Melbourne as Chief Executive for SFHFT.</p> |        |      |

Page 3 of 5



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

| NAME           | AREA COVERED                       | CONSTITUENCY | FULL COG MEETING DATES |            |            |         | TERMS OF OFFICE | DATE ELECTED | TERM ENDS |
|----------------|------------------------------------|--------------|------------------------|------------|------------|---------|-----------------|--------------|-----------|
|                |                                    |              | 13/05/2025             | 12/08/2025 | 11/11/2025 | 02/2026 |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    | A                      |            |            |         | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    | P                      |            |            |         | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       | A                      |            |            |         | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    | P                      |            |            |         | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    | P                      |            |            |         | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    | P                      |            |            |         | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        | P                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       | A                      |            |            |         | 3               | 07/07/23     | 06/07/26  |

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

| NAME           | AREA COVERED                       | CONSTITUENCY | EO COG     |           | TERMS OF OFFICE | DATE ELECTED | TERM ENDS |
|----------------|------------------------------------|--------------|------------|-----------|-----------------|--------------|-----------|
|                |                                    |              | 11/06/2025 | 18/7/2025 |                 |              |           |
| Angie Jackson  | Mansfield District Council         | Appointed    | P          | A         | 4               | 23/05/23     | 31/05/27  |
| Ann Gray       | Newark & Sherwood                  | Public       | P          | P         | 3               | 01/05/25     | 30/04/28  |
| David Walters  | Ashfield District Council          | Appointed    | A          | P         | 1               | 23/04/20     | 31/05/25  |
| Dean Wilson    | Rest of England                    | Public       | P          | P         | 3               | 06/07/23     | 31/10/26  |
| Iain Peel      | Mansfield & Ashfield               | Public       | A          | P         | 3               | 01/05/25     | 30/04/28  |
| Jane Stubbings | Mansfield & Ashfield               | Public       | P          | P         | 3               | 01/05/25     | 30/04/28  |
| John Dove      | Mansfield & Ashfield               | Public       | A          | X         | 3               | 07/07/23     | 06/07/26  |
| Julie Kirkby   | Mansfield & Ashfield               | Public       | P          | A         | 3               | 01/05/25     | 30/04/28  |
| Justin Wyatt   | Staff                              | Staff        | P          | P         | 3               | 01/05/25     | 30/04/28  |
| Kevin Stewart  | Volunteers                         | Appointed    | A          | P         | 3               | 28/02/23     | 28/02/26  |
| Linda Dales    | Newark & Sherwood District Council | Appointed    | P          | P         | 1               | 15/07/21     | 31/05/25  |
| Liz Barrett    | Mansfield & Ashfield               | Public       | P          | P         | 3               | 01/05/25     | 30/04/28  |
| Mitchel Speed  | Staff                              | Staff        | A          | P         | 3               | 01/05/25     | 30/04/28  |
| Nabeel Khan    | Mansfield & Ashfield               | Public       | P          | A         | 3               | 01/05/25     | 30/04/28  |
| Neal Cooper    | Mansfield & Ashfield               | Public       | A          | P         | 3               | 01/05/25     | 30/04/28  |
| Nikki Slack    | Vision West Notts                  | Appointed    | A          | X         | N/A             | 17/07/19     | N/A       |
| Pam Kirby      | Mansfield & Ashfield               | Public       | P          | P         | 3               | 07/07/23     | 06/07/26  |
| Peter Gregory  | Newark & Sherwood                  | Public       | A          | P         | 3               | 07/07/23     | 06/07/26  |
| Sam Musson     | Staff                              | Staff        | P          | P         | 3               | 07/07/23     | 06/07/26  |
| Shane O'Neill  | Newark & Sherwood                  | Public       | A          | X         | 3               | 07/07/23     | 06/07/26  |
| Tracy Burton   | Mansfield & Ashfield               | Public       | X          | A         | 3               | 07/07/23     | 06/07/26  |

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 |
|----------|------------|---|----------------------|-------------------------------|--------------------------|--------------------------------------|--------------------------|---|------------|
| 25/011   | 11/02/2025 | Patient Story to be developed highlighting the work of Reach (local learning disability charity) and their links with the Trust.  | Council of Governors | Public Board                  | 12/08/2025               | P Bolton                             | S Whittlestone / R Brown | <b>Update 03/03/2025</b><br>Trust Communications and Patient Experience Teams to work with Peter Gregory to scope story and agree most suitable forum to present to. Date for presentation TBC.<br><br><b>UPDATE REQUIRED</b>   | Amber      |
| 25/020.1 | 11/02/2025 | Membership and governor postcode mapping work to be repeated following the governor elections   | Council of Governors | Membership & Engagement Group | 12/08/2025               | S Brook Shanahan                     | R Brown                  | <b>Update 01/07/2025</b><br>Update provided to Membership & Engagement meeting on 1st July 2025<br><b>Complete</b>  | Green      |
| 25/020.2 | 11/02/2025 | Reasons for the reduction in the number of time slots and the length of time slots for MYG to be queried with the Communication Team  | Council of Governors | Membership & Engagement Group | 13/05/2025<br>12/08/2025 | S Brook Shanahan                     | R Brown                  | <b>Update 07/05/2025</b><br>Additional slots offered in February and March. Topic discussed at April CoG M&E meeting, recognising disestablishment of dedicated Communications and Membership Officer role and inability to recruit to now vacant role. Communications Team to work with governors on establishment a self-service model for Meet Your Governor sessions to allow governors to hold MYG sessions at any site, at any time with minimal administrative overheads. For discussion and confirmation at July CoG M&E Forum meeting.<br><br><b>Update 01/07/2025</b><br>Update provided to Membership & Engagement meeting on 1st July 2025<br><b>Complete</b> | Green      |
| 25/024   | 11/02/2025 | Representative from the Trust to make contact with Patient Participation Group at Newark GP surgery to talk about the services on offer at Newark Hospital. Peter Gregory to provide details. | Council of Governors | None                          | 13/05/2025               | D Selwyn                             | R Brown                  | <b>Update 07/05/2025</b><br>Rich Brown emailed Peter Gregory for contact information; awaiting response.<br><br><b>Update 13/05/2025</b><br>Contact details provided to Rich Brown by Peter Gregory.<br><br><b>UPDATE REQUIRED</b>  | Red        |
| 25/032.1 | 13/05/2025 | Changes within the NHS and their impact on the Trust to be a topic for the Governor Conference scheduled for September 2025   | Council of Governors | None                          | 09/09/2025               | S Brook Shanahan / D Selwyn / G Ward |                          |   | Grey       |

|          |            |  |                      |      |            |                   |         |  |       |
|----------|------------|--|----------------------|------|------------|-------------------|---------|--|-------|
| 25/032.2 | 13/05/2025 | Issue of staff sitting in the main reception area of King's Mill Hospital, rather than the wellbeing spaces, to be raised at the liaison group meeting with Skanska and Medirest | Council of Governors | None | 12/08/2025 | G Ward / D Selwyn |         | <b>Update 12/08/2025 - Action Complete</b>   | Green |
| 25/036   | 13/05/2025 | Actions taken to reduce the level of violence and aggression faced by staff to be a topic for a future Governor Workshop   | Council of Governors | None | 12/08/2025 | S Brook Shanahan  |         | <b>Update 23/07/2025</b><br>On agenda for Governor Conference on 9th September 2025<br><b>Complete</b>   | Green |
| 25/037   | 13/05/2025 | Issues / concerns regarding the governor election process and the process of becoming a member of the Trust to be followed up with UK Engage and Head of Communications          | Council of Governors | None | 12/08/2025 | S Brook Shanahan  | R Brown | <b>Update 01/07/2025</b><br>Update provided to Membership & Engagement meeting on 1st July 2025<br><b>Complete</b>   | Green |
| 25/038.1 | 13/05/2025 | Reason for cancelling lesion removals at Newark Hospital on 8th May 2025, without notifying patients affected, to be investigated.   | Council of Governors | None | 12/08/2025 | D Selwyn          |         | <b>Update 12/08/2025</b><br>The incident occurred due to an unforeseeable short notice locum resignation. The information initially provided regarding dermatology at Newark Hospital was incorrect.<br><b>Complete</b>                      | Green |
| 25/038.2 | 13/05/2025 | Reasons for patients being informed services are not available at Newark Hospital to be investigated.  | Council of Governors | None | 12/08/2025 | D Selwyn          |         | <b>Update 12/08/2025</b><br>As per action 25/038.2 The information initially provided regarding dermatology was incorrect. Divisional teams have been reminded of the options for treatment available at Newark Hospital.<br><b>Complete</b> | Green |
| 25/040   | 13/05/2025 | Plans for catering arrangements at Mansfield Community Hospital to be shared with staff working on that site   | Council of Governors | None | 12/08/2025 | S Brook Shanahan  |         | <b>Update 12/08/2025</b><br>Plans contingent on transfer of the building to the Trust. Catering arrangements through volunteers cannot yet therefore be explored.  | Green |

**Council of Governors Meeting in Public - Cover Sheet**

|   |   |   |                                |  |   |              |
|---|---|---|--------------------------------|--|---|--------------|
| <b>Subject:</b>   | Chair's report  |   |                                |  | <b>Date:</b>  | 31 July 2025 |
| <b>Prepared By:</b>   | Rich Brown, Head of Communications                        |   |                                |  |   |              |
| <b>Approved By:</b>   | Graham Ward, Chair  |   |                                |  |   |              |
| <b>Presented By:</b>  | Graham Ward, Chair  |   |                                |  |   |              |
| <b>Purpose</b>  |   |   |                                |  |   |              |
| An update regarding some of the most noteworthy events and items the past two months from the Chair's perspective.  |   |   |                                |  | <b>Approval</b>                                     |              |
|   |   |   |                                |  | <b>Assurance</b>                                    | Y            |
|   |   |   |                                |  | <b>Update</b>                                       | Y            |
|   |   |   |                                |  | <b>Consider</b>                                     | Y            |
| <b>Strategic Objectives</b>   |   |   |                                |  |   |              |
| Provide outstanding care in the best place at the right time  | Empower and support our people to be the best they can be | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |              |
| Y   | Y   | Y   | Y                              | Y  | Y   |              |
| <b>Principal Risk</b>   |   |   |                                |  |   |              |
| <b>PR1</b> Significant deterioration in standards of safety and care  |   |   |                                |  |   |              |
| <b>PR2</b> Demand that overwhelms capacity  |   |   |                                |  |   |              |
| <b>PR3</b> Critical shortage of workforce capacity and capability   |   |   |                                |  |   |              |
| <b>PR4</b> Insufficient financial resources available to support the delivery of services   |   |   |                                |  |   |              |
| <b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation  |   |   |                                |  |   |              |
| <b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits  |   |   |                                |  |   |              |
| <b>PR7</b> Major disruptive incident  |   |   |                                |  |   |              |
| <b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change  |   |   |                                |  |   |              |
| <b>Committees/groups where this item has been presented before</b>  |   |   |                                |  |   |              |
| None  |   |   |                                |  |   |              |
| <b>Acronyms</b>   |   |   |                                |  |   |              |
| <div style="display: flex; justify-content: space-between;"> <div> AGM = Annual General Meeting<br/> AMM = Annual Members Meeting<br/> COO = Chief Operating Officer<br/> CT = Computed Tomography<br/> DL = Deputy Lieutenant<br/> ICB = Integrated Care Board </div> <div> ICP = Integrated Care Partnership<br/> OBE = Officer of the Order of the British Empire<br/> NED = Non-Executive Director<br/> NHS = National Health Service<br/> NUH = Nottingham University Hospitals<br/> QEH = Queen Elizabeth Hospital<br/> SID = Senior Independent Director </div> </div> |   |   |                                |  |   |              |
| <b>Executive Summary</b>  |   |   |                                |  |   |              |
| An update regarding some of the most noteworthy events and items the past two months from the Chair's perspective.  |   |   |                                |  |   |              |

## Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and Norfolk & Waveney University Hospitals Group Interim Vice-Chair appointment

I am sharing this update to formally notify the Trust's Council of Governors that I have been appointed the Interim Vice-Chair of The Queen Elizabeth Hospital (QEH) King's Lynn NHS Foundation Trust and the Norfolk and Waveney University Hospitals Group.

As the Council of Governors here will know, I have been a Non-Executive Director at QEH since August 2019, Acting Chair in 2022, and have served as Deputy Chair there since January 2024. I will continue to undertake the role of Interim Vice-Chair at QEH alongside my duties as Chair here at Sherwood.

The Council of Governors is asked to note this update and all necessary declarations of interest here at Sherwood have now been completed.

## Executive Team appointments

### Chief Executive Officer recruitment update

Sherwood Forest Hospitals will soon welcome a new Chief Executive to the Trust, following a competitive recruitment process that concluded during July.

Jon Melbourne has been appointed to the role, subject to essential pre-employment checks being completed.

Jon is currently the Deputy Chief Executive and Chief Operating Officer at University Hospitals of Leicester NHS Trust, where he has worked since January 2022.

His appointment follows a highly-competitive recruitment campaign that attracted a number of high-quality candidates from across the country.



**Jon Melbourne**

The new Chief Executive will play a key role in helping to lead the Trust which was named the East Midlands' best NHS organisation of its kind to work for in each of the past seven years' NHS National Staff Surveys.

Everyone at Sherwood who has met Jon during this recruitment campaign has been inspired by his personable approach, his willingness to listen to and work with our colleagues and our partners, and the commitment he shares to improving lives across the communities we serve.

Despite having so much to be proud of as a Trust, we are always aspiring to improve – an ambition that I know Jon shares.

Jon brings extensive experience in operational, financial and strategic leadership to the role.



His previous experience includes a number of senior roles across the country's NHS, with Jon having also worked at University College London Hospitals NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, and Imperial College Healthcare NHS Trust.

Jon joined University Hospitals of Leicester when waiting lists at the Trust were among the worst in the country following the pandemic.

Under his leadership, the Trust achieved the largest reduction of long waiters in England and delivered sustained improvements to ambulance handover times.

During his time at the Trust, Jon also oversaw complex cross-site reconfigurations, major improvements to operational productivity, and the implementation of a new Patient Administration System earlier this year.

### **Acting Chief Executive announces future plans**

In his recent blog, the Trust's Acting Chief Executive Dr David Selwyn announced to colleagues that he is leaving SFH to explore new opportunities beyond the NHS.

Dave has served as our Acting Chief Executive since May 2024, where he has continued to lead the Trust following the passing of former Chief Executive, Paul Robinson, earlier this year.

We all know how difficult the past year has been for everyone at Sherwood and I would like to place on record my thanks to Dave for his exemplary leadership during this difficult time in the Trust's history

His leadership has helped me immeasurably, as well as bringing much-needed stability to the Trust. During that year, he has delivered the first year of our new *Improving Lives* strategy – all while managing the operational and financial challenges we are seeing across the whole of our NHS.

Dave will continue to serve as the Trust's Acting Chief Executive until 27 October and hand-over to Jon until 6 November when he officially leaves.

### **New Chief Operating Officer takes-up his new role**

In July, the Trust welcomed its new Chief Operating Officer (COO), Simon Illingworth, into post.

Simon officially joined the Trust on Monday 14 July from The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, where he had been serving as its Chief Operating Officer since August 2023.

He takes over from his predecessor, Rachel Eddie, who left the Trust in July.

I welcome Simon into his role and extend my thanks once again to Rachel Eddie for her time in the role, as well as to the Trust's Deputy Chief Operating Officer, Chris Dann, who acted into the 'COO' role in anticipation of Simon taking up his new role.



**Simon Illingworth**



## **New Trust Vice Chair confirmed**

I am pleased to confirm that one of the Trust's Non Executive Directors, Steve Banks, was confirmed as the Trust's new Vice Chair by the Trust's Council of Governors at its meeting in on 11 June 2025.

Steve has been with Sherwood as a Non-Executive Director (NED) since December 2021. He takes over the Vice Chair role from his fellow 'NED', Barbara Brady.

I would like to congratulate Steve on this new role, as well as giving my thanks to Barbara who has been a rock for me during my time as both a Non-Executive Director and Chair, where she has offered invaluable support during her time as both a Non-Executive Director and as the Trust's Senior Independent Director (SID).

I am delighted that Barbara will be continuing to support the Board by continuing in her role as the Trust's Senior Independent Director. I look forward to continuing to work with them both over the coming months ahead.

## Board of Directors



**David Selwyn**  
Acting Chief Executive



**Graham Ward**  
Chair



**Phil Bolton**  
Executive Chief Nurse



**Sally Brook Shanahan**  
Director of Corporate Affairs



**Simon Illingworth**  
Chief Operating Officer



**Steve Banks**  
Vice Chair & Non-Executive Director



**Barbara Brady**  
Non-Executive Director



**Richard Cotton**  
Non-Executive Director



**Manjeet Gill**  
Non-Executive Director



**Richard Mills**  
Chief Financial Officer



**Dr Simon Roe**  
Chief Medical Officer



**Robert Simcox**  
Chief People Officer



**Lisa Maclean**  
Non-Executive Director



**Neil McDonald**  
Non-Executive Director



**Andrew Rose-Britton**  
Non-Executive Director



**Professor Sir Jonathan Van-Tam**  
Associate Non-Executive Director  
(Research and Innovation)

## Council of Governors

### Mansfield, Ashfield and surrounding wards



**Liz Barrett OBE**  
Lead Governor



**Tracy Burton**



**Neal Cooper**



**John Dove**



**Nabeel Khan**



**Samantha Musson**



**Mitchel Speed**



**Justin Wyatt**

### Staff governors



**Pam Kirby**



**Julie Kirkby**



**Iain Peel**



**Jane Stubbings**

### Rest of England



**Nikki Slack**  
West Notts College



**Cllr Linda Dales**  
Newark and Sherwood District Council



**Cllr Angie Jackson**  
Mansfield District Council

### Newark, Sherwood and surrounding wards



**Ann Gray**



**Peter Gregory**



**Shane O'Neill**



**Position vacant**



**Dean Wilson**



**Kevin Stewart**  
Appointed Governor - Volunteers



**Cllr David Walters**  
Ashfield District Council



**Position vacant**  
Nottinghamshire County Council

Issued: July 2025

## Trust to host 2025/26 Annual General Meeting

The Trust will host its Annual General Meeting (AGM) and Annual Members Meeting (AMM) later this year to provide an in-depth review of the Trust's performance over the last financial year.

The meeting will also share how the Trust is planning to meet the challenges we are expecting to face in the remainder of 2025/26 and beyond.

The public meeting is due to take place on Tuesday 16 September 2025 from 5.30pm in Lecture Theatre 2 at the King's Mill Conference Centre at King's Mill Hospital. The meeting is expected to last around one hour.

Aligned to the meeting will be a showcase that will share a number of key developments from across the Trust with attendees.

Trust colleagues, partners and members of the public will also be invited to submit their questions to the Trust's Board for them to answer during the meeting. All questions must be submitted in advance of the meeting by emailing [sfh-tr.communications@nhs.net](mailto:sfh-tr.communications@nhs.net).

## Recognising the difference made by our Trust Charity and Trust volunteers

June and July have been another two more busy months for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

A summary of their key achievements and updates during that time are provided below:

### Celebrating the contributions of our Trust volunteers

In June and July alone, 380 Trust volunteers generously gave over 9,000 hours of their time to help make great patient care happen across the 26 services they have supported during the month.

To show our appreciation for our longest-serving volunteers, we have been proud to recognise their long service at the Trust through a number of recent presentations.

Recipients of those presentations include Doreen who has volunteered at Newark Hospital for an amazing 25 years, where you will find her working on the main reception.

She is pictured right being presented with her award by the Trust's Acting Chief Executive, Dave Selwyn, and our Associate Corporate Director of Nursing, Yvonne Simpson.





Meanwhile, Merv works as a café storeman at King's Mill Hospital and loves being able to support the hospital. He was awarded his 15-year certificate by Community Involvement Coordinator Joy Wilson.

We thank them both – and all our volunteers – for the difference they make to supporting us to providing great patient care across our hospitals.

## Hospitals charity launches lottery with top prize of £25,000



Supporters of King's Mill, Newark and Mansfield Community Hospitals can give back to the Trust by signing up to a weekly lottery with a cash prize of £25,000.

The Sherwood Forest Hospitals Charity has launched *Your Charity Lottery* which enables people to make payments of £5 per month to the charity and be entered into a weekly lottery draw from Saturday 19 July.

The introduction of the lottery gives people the chance to support the charity on an ongoing basis, for the small amount of £5 per month.

By playing the weekly lottery, supporters can help the Trust to improve the lives of patients, their families, visitors and staff, and be in with a chance of winning a cash prize of up to £25,000.

Hundreds of tickets for the lottery have already been sold and its first draw has already taken place. We look forward to sharing more details about our first winners with you all soon.

## Abseil announced to raise money for Sherwood Forest Hospitals Charity

On Friday 3 and Saturday 4 October, the Sherwood Forest Hospitals Charity is hosting an abseil event at King's Mill Hospital to raise money to help fund more schemes which will improve the lives of our patients, staff and visitors across our hospitals.

The charity has teamed up with *Big Bang Experiences* to give you the chance to take a leap of faith and abseil down six storeys of King's Mill Hospital.

The Trust has already received hundreds of expressions of interest to take part in the event, with more thrill-seekers encouraged to come forward to secure their place as soon as possible.

Anyone interested in registering for the event can email [kenneth.godber@nhs.net](mailto:kenneth.godber@nhs.net) to register their interest.

### **Pop Choir fundraiser raises £4,000 for Trust Charity**



The Major Oak Pop Choir hosted a charity evening at the Civic Centre on Sunday 6 July, raising funds for The Sherwood Forest Hospitals Charity.

The event was organised by Sherwood Forest Hospitals governor Peter Gregory and his wife, Helen, with the support of other governors (pictured above) and the hospital charity.

The Major Oak Pop choir provided the entertainment for the evening, which was compered by Mansfield 103.2 Managing Director, Tony Delahunty. A big thank you to both parties for donating their time.

The event raised nearly £4,000 from a combination of ticket sales, raffle prizes, donations to the collection tin on the night, a donation from Experian and proceeds from a handmade quilt sale. The funds will be utilised by cancer services at the Trust.

Thank you to all those who supported, and all those who made the night possible, including businesses and individuals who donated amazing raffle prizes.



## Other notable contributions made by the Sherwood Forest Hospitals Charity over recent months include:

- Children receiving treatment for diabetes at the Trust have been learning how to manage their condition thanks to a donation from the Sherwood Forest Hospitals Charity. The funds have allowed the diabetes team to run a group cooking session where participants learned how to prepare two healthy recipes – bean and cheese quesadillas on whole wheat wraps with salsa, and Chicken Chow Mein.
- Clinicians at Newark Hospital will be able to improve the excellent CT Colon service, thanks to a kind donation of £7,000 from the Friends of Newark Hospital. Pictured right.

The donation has enabled the CT (Computed Tomography) department at Newark Hospital to purchase an upgraded insufflator machine which works by safely delivering carbon dioxide into the body to inflate the large intestine allows clinicians better access to view the area when a patient is receiving a CT scan.



We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

## Other notable engagements:

- I attended an event run by NHS Providers along with the Trust's Executive Chief Nurse. The event included discussions on the 10-year Health Plan for England and the role that trusts will have to play within that, as well as highlighting ongoing developments from the NHS App and its ongoing development.
- I attended the Council of Governors Membership and Engagement Forum on Tuesday 1 July to update Trust governors on a number of ongoing items, including the Trust's financial position and the Trust's recruitment of a new substantive Chief Executive Officer. This has complemented by regular ongoing conversations with the Trust's lead governor, Liz Barrett OBE DL.
- I have undertaken my latest '15 Steps' visit to Ward 22 at King's Mill Hospital, where I visited with Mitchel Speed, one of the Trust's new staff governors, to the ward where he first worked.
- I visited Newark Hospital for a tour of the site and to learn of the latest developments there.
- I held the latest of our quarterly meetings with representatives from Nottingham and Nottinghamshire Healthwatch.

- I took part in my latest monthly catch-up meeting with the Regional Director of NHS England (Midlands), Dale Bywater.
- I joined my regular one-to-one meeting with Dr Kathy McLean, OBE – the Chair of the Integrated Care Board (ICB) and the Nottingham and Nottinghamshire Integrated Care Partnership (ICP), who is also Chair of Derby and Derbyshire ICB.
- Nottingham and Nottinghamshire chairs and elected members monthly meeting, which is led by the Nottingham and Nottinghamshire Integrated Care Board (ICB).



**Council of Governors Meeting in Public - Cover Sheet**

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>Subject:</b>   | Acting Chief Executive's report                           |   | <b>Date:</b>  | 5 August 2025                            |   |
| <b>Prepared By:</b>   | Caroline Kirk, Deputy Head of Communications              |   |   |  |   |
| <b>Approved By:</b>   | Dr David Selwyn, Acting Chief Executive                   |   |   |  |   |
| <b>Presented By:</b>  | Phil Bolton, Executive Chief Nurse                        |   |   |  |   |
| <b>Purpose</b>  |   |   |   |  |   |
| An update regarding some of the most noteworthy events and items over the past two months from the Acting Chief Executive's perspective.  |   |   |   | <b>Approval</b>                          |   |
|   |   |   |   | <b>Assurance</b>                         | Y   |
|   |   |   |   | <b>Update</b>                            | Y   |
|   |   |   |   | <b>Consider</b>                          | Y   |
| <b>Strategic Objectives</b>   |   |   |   |  |   |
| Provide outstanding care in the best place at the right time  | Empower and support our people to be the best they can be | Improve health and wellbeing within our communities | Continuously learn and improve  | Sustainable use of resources and estates | Work collaboratively with partners in the community |
| Y   | Y   | Y   | Y   | Y  | Y   |
| <b>Principal Risk</b>   |   |   |   |  |   |
| <b>PR1</b> Significant deterioration in standards of safety and care  |   |   |   |  |   |
| <b>PR2</b> Demand that overwhelms capacity  |   |   |   |  |   |
| <b>PR3</b> Critical shortage of workforce capacity and capability   |   |   |   |  |   |
| <b>PR4</b> Insufficient financial resources available to support the delivery of services   |   |   |   |  |   |
| <b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation  |   |   |   |  |   |
| <b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits  |   |   |   |  |   |
| <b>PR7</b> Major disruptive incident  |   |   |   |  |   |
| <b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change  |   |   |   |  |   |
| <b>Committees/groups where this item has been presented before</b>  |   |   |   |  |   |
| None  |   |   |   |  |   |
| <b>Acronyms</b>   |   |   |   |  |   |
| A&E = Accident and Emergency<br>BAF = Board Assurance Framework<br>BFI = Baby Friendly Initiative<br>CRM = Customer Relationship Management<br>DM01 = Diagnostic Waiting Times and Activity<br>ED = Emergency Department<br>EPR = Electronic Patient Record<br>GPs = General Practitioners<br>ICB = Integrated Care Board |   |   | MARS = Mutually Agreed Resignation Scheme<br>NHS = National Health Service<br>NICU = Neonatal Intensive Care Unit<br>PTL = Patient Tracking List<br>RTT = Referral to Treatment<br>SFH = Sherwood Forest Hospitals<br>UNICEF = United Nations Children's Fund |  |   |
| <b>Executive Summary</b>  |   |   |   |  |   |
| An update regarding some of the most noteworthy events and items over the past two months from the Acting Chief Executive's perspective.  |   |   |   |  |   |

## Government announces 10 Year Health Plan for England

The Government's 10 Year Health Plan for England was announced at the beginning of July.

Through the 'three shifts' – from hospital to community, from analogue to digital, and from treatment to prevention – set out in the plan, the government is aiming to support the NHS to personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

Key commitments under the plan include expanding the use of the NHS App to become complete digital front door to NHS, where patients can book appointments, manage medicines, view data and access a Single Patient Record that will be in place from 2028.

Patients will also be able to self-refer on the app to mental health talking therapies, musculoskeletal services, podiatry, and audiology – freeing-up GPs and new Neighbourhood Health Services to reduce national waiting times for these services, as well as keeping our own Urgent and Emergency Care services free for those who need them.

You can [read the full plan on the Government's website](#), where you can also find [a shorter 'executive summary' of the plan](#).

Since its publication, the Trust has been reviewing the detail of the newly-published plan to understand what it means for [the Trust's own five-year Improving Lives strategy](#) and the work we do here at Sherwood.

A vital chapter of the 10 Year Health Plan for England is due to be published in the autumn which will detail how the plan will be implemented. At this point, the specific requirements on Sherwood will become clearer. There is reference within the plan around changes to, and increasing the number of, Foundation Trusts. We have no additional detail or information regarding this, at present.

### Regulatory and structural change

In addition to responding to the ambitions of the [10 Year Health Plan](#), we are navigating significant regulatory and structural change. This includes growing recognition of the inconsistencies in the CQC regulatory and assessment processes and the implications of the recent [Penny Dash 2 quality and safety report](#).

Both the Integrated Care System (ICS) and NHS England are undergoing major transformations. The ICS is merging with Derby and Derbyshire and Lincolnshire, meanwhile, NHS England is being integrated into the Department of Health and Social Care (DHSC).

We will, of course, continue to update the Council of Governors on all the above as more detail becomes available.

## Operational updates

### Updates from national industrial action

July saw the return of national industrial action, as a result of the national dispute between the doctors' trade union, the British Medical Association, and HM Government. Resident doctors (previously called junior doctors) chose to take industrial action as part of their ongoing dispute with the government over pay and conditions.

Resident doctors make-up around half the medical workforce in England, which led to significant disruption during the action which took place between 7am on Friday 25 and 7am on Wednesday 30 July 2025.

Industrial action was always going to have an impact on our elective activity and backlogs but with forward planning we were able to mitigate this as much as possible, with minimal numbers of patients seeing their non-urgent elective procedures and outpatient procedures rearranged as we focused our efforts on providing urgent and emergency care. 639 outpatient appointments, 16 inpatient procedures and 53 day case procedures were postponed and are in the process of being rescheduled. Over the five days, 84.17% of our resident doctors supported the industrial action.

We remain grateful to all our Trust colleagues who worked to ensure that patients could continue to access the care they needed during this latest period of industrial action.

## **Overview of operational performance**

During the summer months, our services have also been dealing with the unique challenges that periods of intense heat bring with them. This has included the Trust operating while several amber heat health warnings have been in place.

These weather conditions present unique challenges to our colleagues and we have been working with partners to share advice on how to stay well and look out for their elderly friends, family and neighbours during each period of warm weather to help reduce the chances of them needing hospital care during the warmer weather.

When considering operational performance, despite continued high levels of Emergency Department attendances, our headline A&E four-hour performance metric has been above 75% since March 2025 and has exceeded plan throughout the first quarter of 2025/26. This is our best quarter one performance since 2022/23.

Our ambulance handover position and Emergency Department (ED) 12-hour length of stay performance have also improved in recent months, benchmarking well nationally.

In terms of planned care, our 52-week wait backlog is steadily reducing and we are close to delivering our 2025/26 year-end operational planning requirement of no more than 1% of our total PTL (Patient Treatment List) waiting over 52 weeks.

Our 18-week referral to treatment (RTT) performance is stable at around 64% and is at the highest sustained levels observed since summer 2023. Our diagnostic DM01 performance has deteriorated in 2025/26 quarter one, falling below our plan.

A deterioration in our Echocardiography position following the release of insourcing capacity is the predominant driver of this recent performance trend which we are addressing. Despite the decrease in performance, we remain above the national average by circa 10% and benchmark favourably.

Our cancer performance for the 28-day faster diagnostic standard and the 62-day treatment standard both remain favourable to plan. Cancer 31-day treatment performance (first treatment) has varied in recent months and is presently worse than the national standard (which is also our plan). For 31-day and 62-day treatment standards, we benchmark in the lower quartiles nationally. Positive signs have been observed in the 62-day pathway, with the 62-day patient backlog reducing in recent weeks. Recovery plans are in place.

We remain grateful to all Trust colleagues who have been working hard to provide the best and most timely care possible over recent months.

## **Update on Trust's position in NHS Oversight Framework 2024/25: Quarter 4 Segmentation**

Amanda Sullivan, Chief Executive of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), formally wrote to the Trust on 3 July 2025 to confirm the Trust's Quarter 4 2024/25 segmentation position and set out the process and timescales for the 2024/25 Quarter 1 segmentation assessment.

It was agreed that for Quarter 4 2024/25, Sherwood Forest NHS Foundation Trust should remain in segment 2 of the existing NHS Oversight Framework. This rating is based on the quantitative and qualitative assessments of the five national themes and one local priority contained within the NHS Oversight Framework.

The Trust is unclear when its new segmentation position for Quarter 1 2025/26 will be published, as the release date has been pushed back by NHS England. The initial segmentation will now be based on Q1 financial actuals as opposed to 'plan' financial position. Initial feedback has suggested that operational and quality metrics are pointing towards a segment 2 position but as a result of our 2025/6 dependence of deficit support, and the gateway impact of this in the calculation process, we are likely to be allocated segment 3.

## **Other Trust updates**

### **Mutually Agreed Resignation Scheme launched in response to financial pressures**

Over recent months, we have talked extensively about the financial challenges we are facing across our NHS and we know that Sherwood is no different in needing to live within its means, as we have committed to saving £45.8million before the end of March 2026.

In July, we followed a number of other local NHS trusts in launching a Mutually Agreed Resignation Scheme (MARS) to support us in making the significant financial savings we need to make as a trust.

Mutually Agreed Resignation Schemes enable colleagues who meet certain criteria to apply to volunteer to leave the Trust in return for a severance payment of up to 12 months' basic salary. That figure is capped and will depend on the individual's length of service. The scheme has only been opened to colleagues working in non-patient-facing roles and those who meet a number of strict criteria.

Under the scheme, we welcomed applications for a short window between Tuesday 1 July and Monday 28 July. A panel of senior leaders has reviewed those applications before applicants were informed of the outcome of their application.

Decisions on whether to accept applications will only be made where a resignation does not compromise patient safety, the quality of care we provide or the Trust's ability to deliver essential services.

Importantly, a Mutually Agreed Resignation Scheme does not involve voluntary or compulsory redundancies, as Sherwood Forest Hospitals is making every effort to deliver the financial savings it needs to make without the need for voluntary and compulsory redundancies.

We will keep the Trust's Council of Governors updated on the outcomes of that process.



## Maternity department reaccredited with UNICEF's Stage 3 Baby Friendly Initiative status



Our Maternity Department has passed its recent re-accreditation for Stage 3 Baby Friendly Initiative by the United Nations Children's Fund (UNICEF). Stage 3 is the highest level of accreditation available before applying for the Gold Sustainability Award.

UNICEF stated that the staff at Sherwood Forest Hospitals are commended for their hard work since last year's reassessment in continuing to support the women, parents and carers they work with.

It was clear to the assessment team that in many areas, pregnant women, parents and new families receive a high standard of care.

This re-accreditation recognises that the team have, for the 11<sup>th</sup> year running, shown their commitment to following Baby Friendly standards. These standards promote breast/chest feeding and the use of breastmilk based on extensive evidence to support parents and babies with their feeding journey.

Achieving re-accreditation highlights the Trust's commitment to excellent evidence-based care for parents and babies with one parent saying they received "outstanding care antenatally and during birth" and mentioned the Trust's Lime Green Infant Feeding Team saying that their support "has been amazing."

The hard work and determination from the team to gain this re-accreditation cannot be underestimated. We are extremely pleased to have been able to do this for our parents and babies.

We are proud of the collective ongoing work by our teams in community and the hospital to reach this stage of accreditation, which has been only been made possible thanks multi-disciplinary working as one across our Women's and Children's Division.

This 'one team' approach is vital in enabling us to offer progressive parent-centred infant feeding support at SFH, and for us to work towards the BFI Gold Award. A huge thank you and well done to all involved!

## **Trust announces partnership with Nervecentre's EPR to drive digital transformation**

Steps to digitise patient records across our sites have taken a step forward recently, as the Trust announced its preferred supplier to make that ambition a reality.

As a Trust, we have selected Nervecentre as the preferred supplier to implement our Electronic Patient Record (EPR) – or, as I like to describe it, our whole hospital cultural change programme.

The announcement was made following a robust selection process supported by NHS England.

An Electronic Patient Record (EPR) is a digital record that stores detailed patient information all in one place, including medical history, test results, treatment plans, and other relevant data. It will provide a single, connected record to streamline decision-making, improve data quality, and help improve patient outcomes.

The introduction of an EPR to the Trust will enhance operational efficiency, streamline workflows, and improve communication across our Trust and the wider healthcare system. This transformation will grant better access to patient information, empowering individuals to make more informed decisions and ultimately elevate the standard of patient care.

Our previous work with Nervecentre has already allowed us to successfully implement various innovative solutions, including e-observations, escalations, electronic prescribing, and medicines administration.

The Trust is now able to build on its long-standing relationship with Nervecentre, which has supported patient monitoring in several departments at Sherwood since 2017. This move supports key areas like patient safety, managing hospital capacity, digital prescribing, electronic observations, clinical photography, and out-of-hours care.

I am delighted that our stringent procurement process has selected Nervecentre as our digital partner and we are confident that this partnership will deliver lasting benefits for our patients, empowering and supporting our staff whilst significantly improving the quality of care across our hospitals.

The partnership will also allow exciting opportunities to foster greater collaboration across the NHS Trusts in the East Midlands, ensuring we make the best use of our shared resources, improve communication across our hospitals paving the way for a more integrated healthcare system to the benefit of all.

Paul Volkaerts, Nervecentre CEO says: "We are delighted that Sherwood Forest Hospitals have chosen Nervecentre as their EPR. Its full breadth functionality, world-class ease of use, and collaborative capabilities will encourage safe and efficient care for people living in Nottinghamshire. We look forward to continuing to work with the trust in this exciting time of healthcare digitisation."

The decision to select Nervecentre as our preferred supplier has been confirmed by the Nottingham and Nottinghamshire Integrated Care Board (ICB) and is now awaiting ratification by the Cabinet Office.

Whilst our full EPR is still two years or so away, it is vital that we take every opportunity to continue to drive forward innovations in improving our patient care and this is now entirely in line with the NHS 10 year plan. Consequently, we plan to launch our Urgent & Emergency Care Nervecentre module this autumn to seamlessly integrate our front door patients, with the rest of our hospital.

## First cancer information and support centre of its kind opens in Newark



People who have been affected by cancer were among those who attended the official opening of a new Macmillan Cancer Information and Support Centre in Newark – the first of its kind in the country.

Sherwood Forest Hospitals NHS Foundation Trust is working in partnership with Macmillan Cancer Support to provide the service at the YMCA Community and Activity Village on Lord Hawke Way in Newark.

It is the first Macmillan Cancer Information and Support Centre based in a community setting rather than in a hospital and is already welcoming a range of people who are affected by cancer.

Service user Andrea Ellis cut the ribbon to declare the centre officially open on Tuesday 10 June 2025. She was joined by the Chief Executive of Macmillan Cancer Support, Gemma Peters, along with representatives from Sherwood Forest Hospitals and the YMCA.

The official opening is another milestone in our journey to improve access to high-quality cancer information and support for local people affected by cancer. Our aim is to support people's physical, social, emotional, financial and practical wellbeing under the one roof. We really hope that by visiting us, people's experience of cancer will be more positive.

The new service, which offers support to anyone affected by cancer, is designed to provide information and support close to home, in a friendly and welcoming community setting.

The centre – which is open Monday to Friday, 8.30am to 4pm – offers drop-in services and appointments for personalised support.

There is also a growing timetable of sessions and events such as walking groups, craft and chat groups, Look Good Feel Better sessions, as well as bespoke workshops around the impact of cancer and carer support groups.

You can contact the service via [01636 681681](tel:01636681681), extension 5936, or on [07553 726425](tel:07553726425), or email [sfh-tr.cancer.info@nhs.net](mailto:sfh-tr.cancer.info@nhs.net). Alternatively, you can call the Macmillan Support Line 7 days a week, 8am to 8pm on [0808 808 00 00](tel:08088080000) or visit the [Macmillan website](#).



## Winning students' designs to bring NHS heroes' commemorative garden to life



The entrance to Nottinghamshire's first Community Diagnostic Centre in Mansfield will be transformed into an eye-catching commemorative garden, thanks to our partnership with local college students and the contractors working to build the new purpose-built facility.

The design, created by a group of talented students from West Nottinghamshire College, was selected as part of a collaborative competition which challenged students to create their own eye-catching designs for the entrance to the new multi-million pound development that will eventually deliver tens of thousands more health checks each year.

The competition was launched to provide students with real-world experience and the opportunity to contribute to a meaningful project that will offer a peaceful, reflective space for staff, patients, and visitors to remember loved ones and colleagues to enjoy.

Using elements of the winning designs, the garden will now be brought to life at the new Mansfield Community Diagnostic Centre, which is being built alongside Mansfield Community Hospital in Stockwell Gate.

The panel were so blown away by the quality of the designs presented that they were unable to choose between them, so it was decided to take elements of each design and incorporate them into one final plan.

## Showing our appreciation to our Armed Forces community



On Armed Forces Day on Saturday 28 June, we proudly celebrated the end of Armed Forces Week with an event to show our support for the men and women who make up the Armed Forces community – from currently serving personnel to service families, veterans, and cadets.

As a Trust, we are proud to have many reservists, service leavers, veterans, and members of the Armed Forces community contributing their skills and experience across a wide range of roles at SFH.

Throughout the week, some of our amazing veterans have been marking the occasion with information stands, sharing stories about military life and their career journeys.

The celebration followed our announcement that Sherwood was shortlisted for the Health and Wellbeing award, jointly with [Nottingham University Hospitals NHS Trust](#) and [Nottinghamshire Healthcare NHS Foundation Trust](#) at this year's Boots and Beret Awards.

The awards, run by [Nottinghamshire County Council](#), honour the dedication, commitment and support for our Armed Forces community in Nottinghamshire. We will find out the outcome of that shortlisting following the ceremony on Thursday 11 September.

## Trust's new website enters top 30 NHS websites in the country for accessibility

Recently, the Trust's website relaunched with a modern, clean, consistent new look that makes the site easier to use and navigate, and ensures everyone, including people with disabilities and impairments, is able to access and understand our website content.

We are proud to share that the Trust's website has climbed to 30th place in the country for digital accessibility – a significant leap from the Trust's lowest rating of 230th place in October 2023.

We are now reporting our highest-ever levels of compliance (94.4%) with the EU web accessibility standards that we are legally required to comply with, and we are also reporting 90% compliance with the higher, more aspirational 'AAA' standards that reflect accessibility best practice.

Technical compliance with those standards is one thing, but the real benefit is that the Trust is now delivering an improved website and better experience for the tens of thousands accessing our trust website each month.

The work does not stop here, as we continue to make improvements and developments to the Trust's website as part of our ongoing commitment to continue aspiring and improving to improve the lives of the communities we serve.

## Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – 'A major disruptive incident' – for which the Risk Committee is the lead committee, has been scrutinised by the Trust's Risk Committee.

Committee members discussed the risk scores and assurance ratings but decided that they should remain unchanged.

The full and updated Board Assurance Framework (BAF) is now due to be presented to the Trust's Board of Directors every four months, with the full BAF next due to be presented at the Public Meeting of the Trust's Board of Directors in October.



**Council of Governors - Cover Sheet**

|  |   |   |                                |  |   |
|--|---|---|--------------------------------|--|---|
| <b>Subject:</b>  | Council of Governors                                      |   | <b>Date:</b>                   | 12 <sup>th</sup> August 2025             |   |
| <b>Prepared By:</b>  | Liz Barrett   |   |                                |  |   |
| <b>Approved By:</b>  |   |   |                                |  |   |
| <b>Presented By:</b>   | Liz Barrett   |   |                                |  |   |
| <b>Purpose</b>   |   |   |                                |  |   |
| To share an overview as to the activities that Governors are engaging in and the impact of this work             |   |   |                                | <b>Approval</b>                          |   |
|  |   |   |                                | <b>Assurance</b>                         | <b>X</b>  |
|  |   |   |                                | <b>Update</b>                            | <b>X</b>  |
|  |   |   |                                | <b>Consider</b>                          |   |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |
|  | <b>X</b>  | <b>X</b>  | <b>X</b>                       |  |   |
| <b>Principal Risk</b>  |   |   |                                |  |   |
| <b>PR1</b> Significant deterioration in standards of safety and care   |   |   |                                |  |   |
| <b>PR2</b> Demand that overwhelms capacity   |   |   |                                |  |   |
| <b>PR3</b> Critical shortage of workforce capacity and capability  |   |   |                                |  |   |
| <b>PR4</b> Insufficient financial resources available to support the delivery of services                        |   |   |                                |  |   |
| <b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation                         |   |   |                                |  |   |
| <b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits |   |   |                                |  |   |
| <b>PR7</b> Major disruptive incident   |   |   |                                |  |   |
| <b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change                     |   |   |                                |  |   |
| <b>Committees/groups where this item has been presented before</b>   |   |   |                                |  |   |
| Council of Governors   |   |   |                                |  |   |
| <b>Acronyms</b>  |   |   |                                |  |   |
| SFHFT (Sherwood Forest Hospital Foundation Trust)<br>MYG (Meet Your Governor)                                    |   |   |                                |  |   |
| <b>Executive Summary</b>   |   |   |                                |  |   |
| An overview as to how Governors have been spending their time this quarter and the impact of this.               |   |   |                                |  |   |

The Governing body are adjusting to recent changes within the team. It feels as though our newly appointed governors bring with them great skillsets that are having deep and meaningful impact in the work that we do. Governors continue to invest a lot of volunteer time in a wide range of activities that we routinely engage in and remain curious and supportive in all that we do.

As a team we are very aware as to the financial challenges that SFHFT currently faces and are committed to supporting the savings that need to be made to the best of our individual and collective ability. Evidence of this can be seen with how we are finding solutions to no longer having general governor administration support.

A selection of Governors have actively helped with the appointment of a new CEO for SFHFT. I am very grateful to all Governors who stepped up and helped with this process especially as I was on annual leave at the time.

A revised 15 Steps programme has now been put in place which also accommodates new Governors and is underway. As is our normal, we visit a wide range of different areas across all sites. I continue to meet with the Lead Governor for Doncaster and Bassetlaw NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust and appreciate through this work how rare it is as Governors to have the opportunity to support quality assurance in this way. For me, I find it and incredibly helpful activity. It enables us to explore many different layers from the patient experience to the cleanliness of the spaces. It also enables Governors an opportunity to express our thanks to the SFHFT staff for the great work that they are doing.

Attendance at Governor meetings remains high with Governors actively contributing strong discussion points to the debates. Individually and collectively we are keen to ensure we continue to support the quality improvements taking place within SFHFT. Outside of our planned meetings we have also formed a small working group to support revising the way in which we do 'Meet Your Governor'. Our intention is to implement a system that is very self-contained and transportable (i.e. something that can be done on site at Kings Mill Hospital as easily as it can be done in a community venue).

Governors have continued to keep a really watchful eye on how SFHFT responds and cares for people with disabilities. There was some really positive feedback that has flowed back to Governors on this matter, but this has since turned into negative feedback. At the time of writing this report, Governors are trying to get this picked up and followed through again by relevant staff within SFHFT. We appreciate how busy everyone is, however, we feel this is a really important area that does need to be improved to ensure that SFHFT is fully inclusive in its approach to care for all members of the communities that we serve.

Attendance from Governors to the Committees remains high which helps us as a team of Governors to triangulate information shared back. It is natural that the SFHFT Governors also have a high interest in the finances of SFHFT right now and the direction of travel. Governors are also keen to know further details as to how relevant in-year savings will be made especially now that the MARs scheme has come to an end.

Governor Peter Gregory led a wonderful 'Power of Love' choir concert recently with support from several other governors. It was humbling to see what was achieved by Governors with this event. We are very grateful to Sally Brook Shanahan and Jo Thornley for their support with the concert. The concert raised around £4000 of which has gone into the SFHFT charitable trust funds.

## Council of Governors - Cover Sheet

|  |   |   |                                |  |   |
|--|---|---|--------------------------------|--|---|
| <b>Subject:</b>  | 15 Steps Challenge Update.  |   | <b>Date:</b>                   | 12 <sup>th</sup> August 2025             |   |
| <b>Prepared By:</b>  | Grace Radford, Patient Experience Manager   |   |                                |  |   |
| <b>Approved By:</b>  | Sally Whittlestone, Deputy Director of Nursing Quality & Governance                                   |   |                                |  |   |
| <b>Presented By:</b>   | Grace Radford, Patient Experience Manager   |   |                                |  |   |
| <b>Purpose</b>   |   |   |                                |  |   |
| This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from May to July 2025.   |   |   |                                | <b>Approval</b>                          |   |
|  |   |   |                                | <b>Assurance</b>                         |   |
|  |   |   |                                | <b>Update</b>                            | X   |
|  |   |   |                                | <b>Consider</b>                          |   |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |
| X  |   |   | X                              |  |   |
| <b>Identify which Principal Risk this report relates to:</b>   |   |   |                                |  |   |
| <b>PR1</b>   | Significant deterioration in standards of safety and care   |   |                                |  |   |
| <b>PR2</b>   | Demand that overwhelms capacity   |   |                                |  |   |
| <b>PR3</b>   | Critical shortage of workforce capacity and capability  |   |                                |  |   |
| <b>PR4</b>   | Insufficient financial resources available to support the delivery of services                        |   |                                |  |   |
| <b>PR5</b>   | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   |
| <b>PR6</b>   | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   |
| <b>PR7</b>   | Major disruptive incident   |   |                                |  |   |
| <b>PR8</b>   | 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>Acronyms</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 took place between May and July 2025. This report will outline the clinical areas visited, the feedback gathered by the visiting teams, and any emerging themes.</p> <p>The 15 Steps Challenge serves as a valuable source of qualitative data, offering insights into various healthcare settings from the perspectives of patients and relatives. It also provides an opportunity to align patient and staff experiences, fostering a positive experience for all and encouraging staff to recognise and implement local service improvements.</p> <p>During the reporting period from May to July 2025, a total of 26 visits were scheduled. It is worth noting due to the Governor's elections visits were not arranged for June therefore there are limited reports to share during this quarter.</p> <p>The outcomes of these visits remain positive, with numerous examples of person-centred, compassionate care, pride, positivity, and a strong demonstration of CARE values throughout the organisation.</p> |   |   |                                |  |   |

The programme of visits continues to support the engagement and visibility of the Senior Leadership Team and Governor representation. Governors play a unique role in the 15 Steps process, capturing real-time, honest patient feedback.



## Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits conducted between May to July 2025. This report outlines the clinical and non-clinical areas visited, the feedback gathered by the visiting teams, and any key themes or trends that emerged.

It is important to note that the 15 Steps process is not intended to function as a traditional clinical audit tool. Rather, the 15 Steps Challenge offers valuable qualitative insights that align the experiences of patients and staff, helping to create a positive environment for all. The process also encourages staff to take ownership of local service improvements.

During the reporting period, 12 visits areas were completed, with corresponding reports submitted and reviewed. This represents a significant decrease from the previous quarter, which saw 25 visits completed. There were no visits organised during June and this reflects in the figures. The areas visited during this period are as follows:

| May                              | June                | July             |
|----------------------------------|---------------------|------------------|
| Maternity Ward                   | No visits scheduled | Ward 33/SAU/SDEC |
| Radiology KMH including CT & MRI |                     | Ward 22          |
| On-Call Bedrooms at Newark       |                     | Ward 23          |
| Chatsworth                       |                     | Ward 43          |
| Ward 51                          |                     | Linen Room       |
| ED                               |                     | Ward 34          |
|                                  |                     |                  |
|                                  |                     |                  |
|                                  |                     |                  |
| Total areas 6                    | Total areas 0       | Total areas 6    |

When analysing the qualitative data, recurring themes and positive trends emerge across all visits. It is clear that the Trust CARE Values and behaviours are consistently reflected in the areas visited, with staff demonstrating pride, leadership, and engagement in their interactions with both the 15 Steps teams and the patients in their care. Below are some examples of the feedback received.

### Welcoming:

All areas were observed to be welcoming to the teams and open to engagement, allowing the teams to explore the areas independently or with the accompaniment of the ward leaders or nurse in charge.

Areas appeared calmed, organised and patient privacy and dignity was well maintained.

Both staff and patients were noted to be happy within the CT and Ultrasound department

The visit to Chatsworth Ward was positive with a welcome board displaying up to date and relevant information and a warm greeting from staff members.

Ward 22 staff engaging upon arrival to the ward and attentive to visitors needs. Staff were noted to introduce themselves to patients when offering assistance.

Ward Sister and Matron were engaging upon arrival to Ward 23 and offered to join the visit.

### **Caring and Involving:**

Several patients on Ward 22 and other areas were noted to provide positive feedback regarding their care and treatment.

There appeared to be enough chairs available for visitors to the ward and comments received providing positive feedback surrounding visiting times enabling different friends and family to visit.

Patients on Chatsworth were 'overjoyed' to be offered a shower daily.

Staff interactions with patients were observed to be polite and respectful.

The patients on Chatsworth were enjoying VE celebrations and appropriate activities were noted with patients and visitors participating.

### **Safe:**

Staff were easily identifiable either by name badges or lanyards, hand gel was available on ward entrances and IPC guidance was adhered to during visit to Ward 43.

Staff noted to be wearing Hello my Name is.. badges

Ward 34 was calm, clean, tidy and well controlled. The drug room was locked and staff were noted to be using red trays and jugs appropriately whilst assisting patients.

Ward areas and bathrooms that were entered at Mansfield Community Hospital were clean and tidy, decide tables free of clutter and patients were noted to have access to drinks with ID wrist bands in place.

Staff on Ward 43 reported feeling supported by the matron who was readily available and accessible is required.

### **Well-organised and calm:**

Chatsworth Ward was calm and despite multiple discharges and admissions during the visit it appeared well organised.

The Ward was very clean and organised despite staff being very busy.

Modern and clean areas were noted following refurbishment of on-call bedrooms at Newark.

Trainee doctors on Ward 23 reported the ward felt well organised and they were respectful of the nurses knowledge and skills. Third year student nurse reported she wished to join the team and had a planned interview date.

Moving and handling equipment stored centrally and was easily accessible on Ward 43.

### **Issues identified during the visits:**

Most of the actions identified during the visits were addressed immediately, with prompt steps taken where appropriate, following the 15 Steps process. Assurance was given that, when necessary, communication would be shared with the wider team to prevent similar issues from recurring.

There were a number of issues relating to the visit to Radiology which have been escalated to the senior team for review and appropriate action. This will be monitored and addressed in the next report.

Any outstanding actions that have not yet been confirmed as completed— including those from the previous quarter— are listed below, with a number of actions ongoing.

| Status   | Action  | Assigned to | Discussed during visit | Due date  | Notes  |
|--|---|-------------|------------------------|-----------|--|
| In the breast clinic, there was a collection for breast cancer charity | Consideration is to be given as to whether we should be collecting for the SFH charity.   | NIC         | ✓                      | May 2025  | Completed Fundraising (collection tins) by Amazon Breast Support Group authorised by Community Involvement Team as they are a fundraising partner raising money solely for Breast Services at King's Mill. |
| Ward 52  | One recline chair is damaged, and already out for repair. Contacting charitable funds.  | NIC         | ✓                      | May 2025  | Confirmed completed February 2025  |
| Ward 23  | IPCC display was busy and information was small and scattered   | NIC         | ✓                      | Completed | Actioned during the visit  |
| Radiology  | Bin bag on the floor in Ultrasound. Doors very old. No change from previous visit. Resus trolley not checked and stored in inaccessible area.   |             | ✓                      | Ongoing   | Raised with Senior Team to review  |
| On-Call Bedrooms Newark  | Ensuite toilet and sink to bedroom 2 – work not commenced, agreed approximately 2 years ago to be undertaken as part of life cycle. Shower room between Bedroom 6 & 7 remains in poor state of repair | YS          | ✓                      | Ongoing   | Reported to Skanska and CNH to see when this will be undertaken. Email sent on day of visit. To update before next report.   |



**Next Steps:**

Visits are scheduled from August to December 2025. Results will be analysed on a monthly basis, ensuring that area owners are informed of any issues, allowing for timely improvements or the sharing of positive findings.

**Annual Report 2024/2025 - Cover Sheet**

|   |   |   |                                |  |   |
|---|---|---|--------------------------------|--|---|
| <b>Subject:</b>   | Annual Report and Accounts 2024/25                          |   | <b>Date:</b>                   | 12/08/2025                               |   |
| <b>Prepared By:</b>   | Sally Brook Shanahan – Director of Corporate Affairs        |   |                                |  |   |
| <b>Approved By:</b>   | Graham Ward – Trust Chair and Chair of Council of Governors |   |                                |  |   |
| <b>Presented By:</b>  | Sally Brook Shanahan – Director of Corporate Affairs        |   |                                |  |   |
| <b>Purpose</b>  |   |   |                                |  |   |
| To receive the Final Annual Report and Accounts for 2024/25.  |   |   |                                | <b>Approval</b>                          |   |
|   |   |   |                                | <b>Assurance</b>                         | <b>X</b>  |
|   |   |   |                                | <b>Update</b>                            |   |
|   |   |   |                                | <b>Consider</b>                          |   |
| <b>Strategic Objectives</b>   |   |   |                                |  |   |
| Provide outstanding care in the best place at the right time  | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |
|   |   |   | <b>X</b>                       |  |   |
| <b>Principal Risk</b>   |   |   |                                |  |   |
| <b>PR1</b> Significant deterioration in standards of safety and care  |   |   |                                |  |   |
| <b>PR2</b> Demand that overwhelms capacity  |   |   |                                |  |   |
| <b>PR3</b> Critical shortage of workforce capacity and capability   |   |   |                                |  |   |
| <b>PR4</b> Insufficient financial resources available to support the delivery of services   |   |   |                                |  |   |
| <b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation  |   |   |                                |  |   |
| <b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits  |   |   |                                |  |   |
| <b>PR7</b> Major disruptive incident  |   |   |                                |  |   |
| <b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change  |   |   |                                |  |   |
| <b>Committees/groups where this item has been presented before</b>  |   |   |                                |  |   |
| Audit and Assurance Committee 19 <sup>th</sup> June 2025  |   |   |                                |  |   |
| Extraordinary Board Meeting 19 <sup>th</sup> June 2025  |   |   |                                |  |   |
| <b>Acronyms</b>   |   |   |                                |  |   |
| FT ARM - Foundation Trust Annual Reporting Manual   |   |   |                                |  |   |
| TCFD – Task force on climate-related financial disclosures  |   |   |                                |  |   |
| AGM – Annual General Meeting  |   |   |                                |  |   |
| <b>Executive Summary</b>  |   |   |                                |  |   |
| The NHS Foundation Trust Annual Reporting Manual for 2024/2025, that sets out the requirements regarding the Annual Reports and Accounts, was published by NHS England in February 2025.  |   |   |                                |  |   |
| The manual described the annual reporting requirements for 2024/2025 and provided one new requirement that had changed from the 2023/24 reporting year relating to:   |   |   |                                |  |   |
| <ol style="list-style-type: none"> <li>Task force on climate-related financial disclosures<br/>NHS foundation trusts are required to follow the 'task force on climate-related financial disclosures' requirements on a comply or explain basis. From 2024/25 entities should disclose how they identify, assess and manage climate related risks as part of the risk management pillar. Metrics and targets used in assessment and management of climate issues should also be disclosed.</li> </ol> |   |   |                                |  |   |
| The manual also included the following five minor changes/clarifications to guidance for providers:   |   |   |                                |  |   |

2. Good practice in annual reporting (FT ARM Paragraph 2.6)  
The National Audit Office has produced a good practice guide with examples of published annual reports that illustrate how effective presentation can support the requirements of the Government Financial Reporting Manual.
3. Off-payroll working (FT ARM Paragraph 2.104 and annex 6 to chapter 2)  
HM Treasury has updated guidance on the application of off-payroll working rules (IR35). Links to this have been updated to the new guidance.
4. Impracticability in remuneration report (FT ARM Paragraph 2.46)  
Guidance has been added that where disclosure requirements are impracticable for the entity to follow, this should be stated and the approach taken disclosed.
5. Fair pay disclosures: prior year services paid in current year (FT ARM Paragraph 2.89)  
Guidance has been added on adjusting fair pay disclosures where significant amounts remunerated in the current financial year relate to services rendered in a previous financial year.
6. Requirement for TCFD disclosures (FT ARM Annex 7 to chapter 2)  
The 2023/24 FT ARM included an inconsistency in that annex 7 of chapter 2 indicated TCFD reporting was only required for trusts with income over £500m. Footnote 10 on page 25 correctly noted that the requirement was for any trust with over 500 employees or operating income in excess of £500m. All foundation trusts have more than 500 employees.  
For the avoidance of doubt the FT ARM confirms all foundation trusts are therefore required to include TCFD disclosures with their annual report (see item 1, above).

The final report reflects the above revised guidance where applicable.

KPMG LLP has reviewed the report as part of the external audit process. Contained within the firm's report on the audit of the financial statements is its independent report to the Council of Governors (starting on page 211 of the attached final Annual Report & Accounts for 2024/25). This includes the statements below:

#### **"Other information in the Annual Report**

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

#### **Remuneration and Staff Reports**

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25."

The Annual Report and Accounts 2024/25 were submitted to the Department of Health & Social Care following their approval at the Extraordinary Board meeting on 19<sup>th</sup> June 2025. Confirmation has been received that they were laid before parliament on 22<sup>nd</sup> July 2025, since when the requirement in the Department's Accounts and Reporting Timetable for their publication without delay on the Trust Website, together with the external auditor's annual report, has been met as evidenced using the links below:



<https://www.sfh-tr.nhs.uk/media/gd4g2uu5/annual-report-and-accounts-2024-2025.pdf>

<https://www.sfh-tr.nhs.uk/media/rwbdcz4w/auditors-annual-report-2024-25-final.pdf>

Finally, in order to fully complete the annual reporting cycle, and meet the requirements of the Trust's Constitution (Paragraph 7.14.2.1(e) of which requires the governors to be presented with the Annual Accounts, any report of the Auditor on them and the Annual Report at a general meeting and a requirement at Paragraph 8.8.3 for the Directors to do this), the Annual Report and Accounts 2024/25 will be presented at the Annual Members Meeting and AGM on 16<sup>th</sup> September 2025.

**Recommendation:**

That the Council of Governors receive the final Annual Report and Accounts for 2024/25 as laid before Parliament and note their publication on the Trust website and the arrangements for presentation to the membership and public.

**Council of Governors - Cover Sheet**

|   |   |   |                                |  |   |                |
|---|---|---|--------------------------------|--|---|----------------|
| <b>Subject:</b>   | Annual Auditors Report  |   |                                |  | <b>Date:</b>  | 12 August 2025 |
| <b>Prepared By:</b>   | Richard Walton (KPMG, Director)<br>Jess Townsend (KPMG, Manager)                                      |   |                                |  |   |                |
| <b>Approved By:</b>   | Richard Walton (KPMG, Director)   |   |                                |  |   |                |
| <b>Presented By:</b>  | Richard Walton (KPMG, Director)   |   |                                |  |   |                |
| <b>Purpose</b>  |   |   |                                |  |   |                |
| Consider the Annual Auditors Report for the 2024/25 financial period.   |   |   |                                |  | <b>Approval</b>                                     |                |
|   |   |   |                                |  | <b>Assurance</b>                                    |                |
|   |   |   |                                |  | <b>Update</b>                                       |                |
|   |   |   |                                |  | <b>Consider</b>                                     | <b>X</b>       |
| <b>Strategic Objectives</b>   |   |   |                                |  |   |                |
| Provide outstanding care in the best place at the right time  | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |                |
|   |   |   |                                |  |   |                |
| <b>Principal Risk</b>   |   |   |                                |  |   |                |
| <b>PR1</b>  | Significant deterioration in standards of safety and care   |   |                                |  |   |                |
| <b>PR2</b>  | Demand that overwhelms capacity   |   |                                |  |   |                |
| <b>PR3</b>  | Critical shortage of workforce capacity and capability  |   |                                |  |   |                |
| <b>PR4</b>  | Insufficient financial resources available to support the delivery of services                        |   |                                |  |   |                |
| <b>PR5</b>  | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   |                |
| <b>PR6</b>  | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   |                |
| <b>PR7</b>  | Major disruptive incident   |   |                                |  |   |                |
| <b>PR8</b>  | Failure to deliver sustainable reductions in the Trust's impact on climate change                     |   |                                |  |   |                |
| <b>Committees/groups where this item has been presented before</b>  |   |   |                                |  |   |                |
| Audit and Assurance Committee   |   |   |                                |  |   |                |
| <b>Acronyms</b>   |   |   |                                |  |   |                |
|   |   |   |                                |  |   |                |
| <b>Executive Summary</b>  |   |   |                                |  |   |                |
| The report outlines the summary of the Annual Auditors Report, summarising findings arising from our 2024-25 audit. |   |   |                                |  |   |                |



# Auditor's Annual Report 2024/25

Sherwood Forest Hospitals NHS Foundation Trust

—

June 2025

# Executive Summary

## Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2024-25 audit of Sherwood Forest Hospitals NHS Foundation Trust (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

## Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



**Accounts** - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



**Annual report** - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



**Value for money** - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



**Other reporting** - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

## Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

|                 |  |
|-----------------|--|
| Accounts        | We issued an unqualified opinion on the Trust’s accounts on 25 June 2025. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.<br><br>We have provided further details of the key risks we identified and our response on page 3.   |
| Annual report   | We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.<br><br>We confirmed that the annual report has been prepared in line with the NHS Group Accounting Manual (GAM) and the Foundation Trust Annual Reporting Manual (the ARM). |
| Value for money | We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.<br><br>We have nothing to report in this regard.  |
| Other reporting | We did not consider it necessary to issue any other reports in the public interest.  |

# Audit of the financial statements


The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.


| Risk   | Procedures undertaken   | Findings   |
|--|---|--|
| <p><b>Management override of controls</b></p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p>  | <p>We assessed accounting estimates for biases by evaluating whether judgements and decisions in making accounting estimates, even if individually reasonable, indicate a possible bias;</p> <p>In line with our methodology, we evaluated the design and implementation of controls over journal entries and post closing adjustments;</p> <p>We assessed the appropriateness of changes, compared to the prior year, to the methods and underlying assumptions used to prepare accounting estimates;</p> <p>We assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the Trust's normal course of business, or are otherwise unusual; and</p> <p>We identified journal entries and other adjustments with characteristics that indicate that they may be inappropriate or unauthorised and therefore may have been used to manipulate the financial statements (which we refer to as 'high-risk journals and other adjustments'), using KPMG Clara Journal Entry Analysis) and perform procedures to test the appropriateness of these entries and adjustments.</p>   | <p>We did not identify any material misstatements relating to this risk.</p> |
| <p><b>Fraudulent expenditure recognition</b></p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately.</p> <p>We recognised this risk over all of the Trust's non-pay expenditure excluding depreciation.</p> | <p>We evaluated the design and implementation of controls for reviewing manual expenditure accruals at the end of the year to verify that they exist and are valid;</p> <p>We inspected a sample of invoices and payments of expenditure, in the period after 31 March 2025, to determine whether expenditure has been recognised in the correct accounting period;</p> <p>We also selected a sample of payments from the bank statements in the period after 31 March 2025 by agreeing to underlining supporting evidences to determine that all the liabilities are completely and accurately recorded in the correct accounting period;</p> <p>We selected a sample of year end accruals and inspected evidence of the actual amount paid after year end and other supporting information, and assessed whether the accrual exists and has been accurately recorded;</p> <p>We inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded and critically assessed whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence;</p> <p>We performed a retrospective review of prior year accruals in order to assess the existence and accuracy with which accruals had been recorded at 31 March 2024 and considered the impact on our assessment of the accruals at 31 March 2025; and</p> <p>As a risk assessment procedure, we performed a year on year comparison of a sample of the largest accruals in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.</p> | <p>We did not identify any material misstatements relating to this risk.</p> |


# Value for Money

## Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

- 

Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.
- 

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.
- 

Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

## Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

## Summary of findings

|   | Financial sustainability   | Governance                         | Improving economy, efficiency and effectiveness |
|---|--|------------------------------------|---|
| Identified risks of significant weakness? | Yes  | No                                 | No  |
| Actual significant weakness identified?   | No   | No                                 | No  |
| 2023-24 Findings                          | Risk to significant weakness noted but did not materialise into significant weakness | No significant weakness identified | No significant weakness identified              |
| Direction of travel                       | ↔  | ↔                                  | ↔   |





[kpmg.com/uk](https://kpmg.com/uk)

© 2025 KPMG LLP, a UK limited liability partnership and a member firm of the KPMG global organisation of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved.

The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.

**Document Classification: KPMG Public**

**Council of Governors Meeting - Cover Sheet**

|  |   |   |                                |  |   |
|--|---|---|--------------------------------|--|---|
| <b>Subject:</b>  | Fit and Proper Person Framework compliance – Update   |   | <b>Date:</b>                   | 12 <sup>th</sup> August 2025             |   |
| <b>Prepared By:</b>  | Sally Brook Shanahan, Director of Corporate Affairs   |   |                                |  |   |
| <b>Approved By:</b>  |   |   |                                |  |   |
| <b>Presented By:</b>   | Sally Brook Shanahan, Director of Corporate Affairs   |   |                                |  |   |
| <b>Purpose</b>   |   |   |                                |  |   |
| To provide assurance to the Council of Governors of full compliance with the NHSE Fit and Proper Person Framework requirements for the reporting year ended 30 <sup>th</sup> June 2025.  |   |   | <b>Approval</b>                |  |   |
|  |   |   | <b>Assurance</b>               | X  |   |
|  |   |   | <b>Update</b>                  |  |   |
|  |   |   | <b>Consider</b>                |  |   |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |
| X  | X   | X   | X                              | X  | X   |
| <b>Principal Risk</b>  |   |   |                                |  |   |
| <b>PR1</b>   | Significant deterioration in standards of safety and care   |   |                                |  | X   |
| <b>PR2</b>   | Demand that overwhelms capacity   |   |                                |  | X   |
| <b>PR3</b>   | Critical shortage of workforce capacity and capability  |   |                                |  | X   |
| <b>PR4</b>   | Failure to achieve the Trust's financial strategy   |   |                                |  | X   |
| <b>PR5</b>   | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   |
| <b>PR6</b>   | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   |
| <b>PR7</b>   | Major disruptive incident   |   |                                |  |   |
| <b>PR8</b>   | Failure to deliver sustainable reductions in the Trust's impact on climate change                     |   |                                |  |   |
| <b>Committees/groups where this item has been presented before</b>   |   |   |                                |  |   |
| Trust Board 7 <sup>th</sup> August 2025  |   |   |                                |  |   |
| <b>Acronyms</b>  |   |   |                                |  |   |
| FPPT – Fit and Proper Person Test<br>FPP – Fit and Proper Person<br>ESR – Electronic Staff Record<br>SID – Senior Independent Director<br>NHSE – National Health Service England   |   |   |                                |  |   |
| <b>Executive Summary</b>   |   |   |                                |  |   |
| <p>This report is the second annual update to the Council of Governors following the introduction of the new FPPT Framework requirements in force from 30<sup>th</sup> September 2023. The initial paper presented to the Council of Governors on 13<sup>th</sup> May 2024 summarised the actions taken by the Trust in response to the requirements of the new Framework including confirmation that the core documents and systems were in place.</p> <p>Since then, work has been carried out to capture the outcomes of the required annual checks (DBS, social media, insolvency, Charity Commission register of trustees, Companies House disqualified directors and professional registrations, where relevant) into the ESR system, that is the mandated storage repository.</p> |   |   |                                |  |   |

These checks have all been completed with no adverse findings. This enabled the annual submission on the outcomes of the FPP assessments to be prepared for review by the Trust Chair and the SID. The resulting return (containing information as of 9<sup>th</sup> June 2025) was scrutinised and signed off by the SID (in respect of the Chair) and the Chair in relation to the rest of the Board on 26<sup>th</sup> June 2025. Due to the confidential nature of the return, the process has changed from last year and it was sent to the national coordinating centre (previously the NHSE Regional Director) on 26<sup>th</sup> June 2025 with receipt acknowledged on 1<sup>st</sup> July 2025 to complete the process.

Three Board members left during the reporting period and references were completed for all of them at the time they left using the prescribed Board reference template. These have been retained on file ready in the event the Trust is called upon to provide a reference. Future leavers will have references prepared in the same timely way.

### Internal Audit

Further assurance is also provided from the internal audit carried out on the implementation and compliance with the new FPP Framework that was included as a core audit within the Internal Audit Plan for 2024/25. The internal audit report was issued on 10<sup>th</sup> October 2024 with significant assurance provided. Two low risk recommendations were made both of which were completed on time, reported to the Audit and Assurance Committee and referenced as supporting evidence in the FPP return. They were to:

- 1.1 On an annual basis, obtain evidence from the Chief Financial Officer of his ongoing professional registration.
- 1.2 Verify through a review of the Charity Commission register of disqualified charity trustees that Board members have not been removed as charitable trustees.

These checks were completed as an integral part of the FPPT process for the period ended 30<sup>th</sup> June 2025 and will continue to be included in future years.

Separately, beyond the scope of the new Framework, and with the approval of the Board in May 2024, the Trust has extended the coverage of FPP testing to designated deputies to ensure greater assurance in the event a deputy is required to cover for an executive director role at short notice and/or for an extended period.

### **Recommendations:**

That the Council of Governors :

- takes assurance from the details in this paper describing the implementation of the FPP Framework process for the period ended 30<sup>th</sup> June 2025 and be assured the Trust has met the 2025 FPP requirements in a full and timely manner, and
- notes the significant assurance provided by the FPP Internal Audit report on the application of the FPP processes at the Trust, and
- notes the extension of the FPP requirements to Executive Directors' designated deputies.

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

|   |  |              |                              |
|---|--|--------------|------------------------------|
| <b>Subject:</b>   | Audit and Assurance Committee                                | <b>Date:</b> | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>   | Andrew Rose-Britton – Chair of Audit and Assurance Committee |              |                              |
| <b>Approved By:</b>   | Andrew Rose-Britton  |              |                              |
| <b>Presented By:</b>  | Andrew Rose-Britton  |              |                              |
| <b>Purpose:</b>   |  |              |                              |
| To provide an overview of the key discussion items from the Audit and Assurance Committee meeting held on 17 <sup>th</sup> July 2025. |  |              |                              |

| Matters of Concern or Key Risks Escalated for Noting / Action   | Major Actions Commissioned / Work Underway   |
|---|--|
| A concern was noted in relation to the action from the Capital Schemes Internal Audit around evidencing the approval of Capital business cases by the appropriate forum and in accordance with the Trust's Scheme of Delegation that will be referred to the Finance Committee for its consideration.   | <ul style="list-style-type: none"> <li>• External Audit tender.</li> <li>• Continued work on declarations of interests compliance.</li> <li>• Head of Procurement to review the contract for equipment provided by Hologic UK to ascertain whether the service can be provided safely using a lower priced alternative.</li> <li>• A general Contract Management Report to be brought to the next meeting including new developments.</li> </ul>                                 |
| Positive Assurances to Provide  | Decisions Made <i>(include BAF review outcomes)</i>  |
| <p>Assurance received from the Counter Fraud Progress Report, noting the changes in legislation from September 2025.</p> <p>Internal Audit Progress Report.</p> <p>The Fire Safety Internal Audit Reports provided Limited Assurance, however it was acknowledged that significant progress had been made in response to the 19 actions, noting ten had been completed before the report was issued and the remainder are on course for completion on time.</p> | <p>Losses and Special Payments approved, noting that the largest value item related to the long-term care of mental health patients from 2023 in respect of which a settlement had now been reached with the Council. ED practises had been changed to mitigate the likelihood of this recurring.</p> <p>Fifteen single tender waivers with a cumulative value of £1,040,152 had been approved in the reporting period, one of which is to be reviewed (see quadrant above).</p> |

Good assurance received from the remaining Internal Audit reports submitted to other Board Sub-Committees.

External Audit Progress Report and confirmation that the Financial Statements 2024/25 had been submitted according to the required time schedules with one post-approval adjustment necessary regarding impairment on buildings.

Good progress made with outstanding Internal Audit Actions. The submission of the Data Security and Protection Toolkit and its assessment as “standards met” was noted. Four low level actions are in progress.

Risk Committee Report including progress with actions.

Clinical Audit Planning Process and Current Year Progress Report, (greater participation of staff needs to be encouraged).

Register of Interests report showing good progress on declarations.

Non-Clinical Policies Report and progress with renewals/approvals (25 in Q1).

Board Assurance Framework Report provided assurance on the process.

Purchase order v No-Purchase order update, noting the progress made towards every order having a PO in place prior to a commitment being made.



### **Comments on effectiveness of the meeting**

Good challenge and debate as to the items under consideration (Governor feedback).

From the STW paper it looks like there's a lot of financial abuse and ripping off and low morals about charges going on (Governor feedback).

### **Items recommended for consideration by other Committees**

Finance Committee: action from the Capital Schemes Internal Audit (see top left of the quadrant) and one single tender waiver (Hologic UK – see top right) to be followed up.

### **Progress with Actions**

Number of actions considered at the meeting - 7

Number of actions closed at the meeting – 5

Number of actions carried forward - 1

Any concerns with progress of actions – The Stock Policy has been amended in line with proposals and is awaiting Procurement review. It was felt that further clarity on the progress and timescales would support assurance and oversight. Action to remain open. Update to be provided at the next meeting in September.

***Note: this report does not require a cover sheet due to sufficient information provided.***

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

|                      |  |             |   |
|----------------------|--|-------------|---|
| <b>Subject:</b>      | Quality Committee  | <b>Date</b> | <b>Monday 12<sup>th</sup> August 2025</b> |
| <b>Prepared By:</b>  | Esther Smith, PA to Deputy Chief Nurse & Director of Nursing Quality & Governance        |             |   |
| <b>Approved By:</b>  | Barbara Brady, Non-Executive Director/Committee Chair                                    |             |   |
| <b>Presented By:</b> | Lisa Maclean, Non-Executive Director   |             |   |
| <b>Purpose:</b>      | Assurance report to the Trust Board of Directors following the Quality Committee Meeting |             |   |

| Matters of Concern or Key Risks Escalated for Noting / Action  |  | Major Actions Commissioned / Work Underway   |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>- <b>Concerns noted around cancer metrics within the IPR for Timely Care, specifically around Histopathology delays and breast capacity issues. Recovery plans and new equipment and funding is in place and improvements will take time.</b></li> <li>- <b>Limited assurance taken from the update for MCA and DoLS noting this has been a persistent issue. A Working Group has been established, and regular updates will continue to be provided alongside the Safeguarding Committee Report.</b></li> <li>- <b>A Patient Safety Incident Investigation (PSII) was commissioned and is in progress relating to the 'Never Event', attributed to issues with positive patient identification. The Committee will receive the learning from this on completion of the investigation.</b></li> </ul> |  | <ul style="list-style-type: none"> <li>- Following the introduction of the Quality Strategy, a set of Key Performance Indicators (KPI's) are being agreed with links to other Trust Strategies. Progress against these will be reported to QC per the workplan.</li> <li>- An external peer review has been commissioned for IPC, including table top and on-site reviews with focus on antimicrobial prescribing and environmental cleaning.</li> </ul> |  |
| Positive Assurances to Provide   |  | Decisions Made <i>(include BAF review outcomes)</i>  |  |
| <ul style="list-style-type: none"> <li>- Progress noted with the Quality Dashboard with aim to have 30% of requested metrics by the end of August. Further progress and the link to the Dashboard will be shared with the Quality Committee quarterly.</li> <li>- Positive assurance taken from the Patient Experience Committee highlight report with the Annual Report expected in September.</li> </ul>   |  | <ul style="list-style-type: none"> <li>- The Committee APPROVED the Quality Committee Terms of Reference.</li> <li>- The Committee APPROVED the Quality Committee annual workplan pending addition of Quality Dashboard Updates and Patient Experience Annual Report, in addition to title change for Chief Medical Officer.</li> </ul>  |  |

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Positive assurance against the IPR reports for Timely &amp; Quality Care.</li> <li>- Positive assurance taken from the Patient Safety Committee Report.</li> <li>- Positive assurance taken from the Cancer Services Annual Report. Future annual reports will explicitly link back to previous years recommendations and progress.</li> <li>- Positive assurance and feedback noted against the final NMAHP Strategy.</li> </ul> | <ul style="list-style-type: none"> <li>- The Committee APPROVED the Board Assurance Framework with no changes to risk score for Principal Risks 1,2 and 5.</li> </ul> |
|--|---|

#### Comments on effectiveness of the meeting

The new monthly meeting frequency was supported with several members stating it allows for timely follow up's and is appropriate with the current pressures being faced. This will be kept under review going forward. No concerns were raised, and it was felt the meeting was completed efficiently with good pace and focussed discussion.

#### Items recommended for consideration by other Committees

NA

#### Progress with Actions

Number of actions considered at the meeting - 4  
 Number of actions closed at the meeting – 4  
 Number of actions carried forward - 2  
 Any concerns with progress of actions – No  
 If Yes, please describe –

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

|                      |   |              |                              |
|----------------------|---|--------------|------------------------------|
| <b>Subject:</b>      | Finance Committee Meeting (Core Meeting and Deep Dive)  | <b>Date:</b> | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Richard Cotton, Finance Committee Chair   |              |                              |
| <b>Approved By:</b>  | Rich Mills, Chief Financial Officer   |              |                              |
| <b>Presented By:</b> | Richard Cotton, Finance Committee Chair   |              |                              |
| <b>Purpose:</b>      | To provide an overview of the key discussion items from the Finance Committee (Core Meeting & Deep Dive) meeting of 24 <sup>th</sup> June 2025. |              |                              |

| Matters of Concern or Key Risks Escalated for Noting / Action   |  | Major Actions Commissioned / Work Underway  |  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>Although the reported Month 2 position is aligned to plan (£1.6m deficit) there are risks associated, including £1.9m recognition of income ahead of plan.</li> <li>Progress and risks relating to the Financial Efficiency Programme, noting in Month 2 there is a £1.5m shortfall.</li> </ul>  |  | <ul style="list-style-type: none"> <li>Timeline for workforce trajectories and associated pay costs to be presented to the Board of Directors on 3<sup>rd</sup> July.</li> <li>Independent review of PFI accounting treatment commissioned, to be undertaken over the summer.</li> <li>Capital and Revenue Business Case process currently being updated in line with recommendations from the Capital Schemes Internal Audit. Paper to be shared at July Finance Committee for approval.</li> </ul>  |  |
| Positive Assurances to Provide  |  | Decisions Made <i>(include BAF review outcomes)</i>   |  |
| <ul style="list-style-type: none"> <li>The Committee received a detailed presentation on Productivity metrics and how these will be applied nationally and by the Trust going forward.</li> <li>The Committee received a presentation on the new contracting arrangements and welcomed the establishment of a Contract Executive Board with the Nottinghamshire ICB.</li> <li>The financial risk relating to the MRI programme has reduced from £1.0m to £0.3m (compared to the original business case).</li> <li>A presentation received at the national NHSE CFOs Forum was shared with the Committee.</li> </ul> |  | <ul style="list-style-type: none"> <li>Ensure that the market testing relating to the Soft FM Contract is underway. Update to be provided to the next Committee in line with the Workplan.</li> <li>Highlight report from CDC Steering Group to be shared with the Committee for information.</li> <li>The Committee APPROVED for recommendation to the Board of Directors a five-year contract for supplies to support the Respiratory Physiology service, taking into account the cost mitigations and risks.</li> <li>Approval to pay the annual CQC subscription.</li> <li>The BAF was reviewed and it was agreed to maintain the risk</li> </ul> |  |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• The Committee welcomed the revised Contract Forward View reporting.</li> <li>• An update on the conclusion of the external audit of the 2024/25 financial accounts was received.</li> </ul>  | <p>scores for PR4 (Finance) at 20 and for PR8 (Sustainability) at 12.</p> |
| <b>Comments on effectiveness of the meeting</b>   |   |
|   |   |
| <b>Items recommended for consideration by other Committees</b>  |   |
| <ul style="list-style-type: none"> <li>• Timeline for workforce consultation process to be considered by the People Committee following conclusion of MARS.</li> <li>• Actions taken in response to recommendations from Capital Scheme Internal Audit to be shared with Audit and Assurance Committee.</li> </ul>                                |   |
| <b>Progress with Actions</b>  |   |
| <p><i>Please answer the following regarding progress on actions:</i></p> <p>Number of actions considered at the meeting – 6 (all other actions not yet due)</p> <p>Number of actions closed at the meeting – 4</p> <p>Number of actions carried forward - 2</p> <p>Any concerns with progress of actions –No</p> <p>If Yes, please describe –</p> |   |

***Note: this report does not require a cover sheet due to sufficient information provided.***



## People Committee Chair's Highlight Report to the Council of Governors

|                      |  |              |                              |
|----------------------|--|--------------|------------------------------|
| <b>Subject:</b>      | Chair’s Report                             | <b>Date:</b> | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Steve Banks Non-Executive Director         |              |                              |
| <b>Approved By:</b>  | Steve Banks Non-Executive Director         |              |                              |
| <b>Presented By:</b> | Andrew Rose-Britton Non-Executive Director |              |                              |
| <b>Purpose:</b>      |  |              |                              |
| For Assurance        |  |              |                              |

| Matters of Concern or Key Risks Escalated for Noting / Action   | Major Actions Commissioned / Work Underway  |
|---|---|
| <ul style="list-style-type: none"> <li>Impact of financial challenges for 25/26 on staff and patient care, compounded by Industrial action.</li> <li>Risk of missing WTE targets, particularly due to Agency spend.</li> </ul>  | <ul style="list-style-type: none"> <li>Workforce transformation detailed tracking and planning</li> <li>Review of bands 4-9 Nursing and Midwifery National profiles</li> </ul>  |
| Positive Assurances to Provide  | Decisions Made <i>(include BAF review outcomes)</i>   |
| <p>There was much positive assurance provided including:</p> <ul style="list-style-type: none"> <li>Trust approach to Violence Prevention showcased at NHS Confederation EXPO</li> <li>Medical Job planning approach and annual medical workforce staffing report</li> <li>WRES and WDES reports</li> <li>Occupational Health Annual report</li> <li>Health and Safety update</li> <li>Freedom to Speak Up Guardian update, including noting completion of Well Led review actions</li> </ul> | <ul style="list-style-type: none"> <li>BAF discussed; actions up to date and risks and assurance levels remain as is, but assurances and mitigations updated</li> <li>Updated People Committee Workplan approved</li> </ul> |

### Comments on effectiveness of the meeting

Good to welcome a new Governor observer.

Hot topics section working well and committee encouraged to request items for discussion; papers were of good quality, as was the debate; presenters summaries are more concise leading us to the right debates and having more time for debate.

### Items recommended for consideration by other Committees

Finance Committee: Workforce numbers and the risk of national re-banding referenced above inflating costs.

Quality Committee: Quality Impact Assessments of staffing changes and the potential impact of the change in NHSE approach to provision of service during strikes presenting a patient safety risk.

### Progress with Actions

Number of actions considered at the meeting - 1

Number of actions closed at the meeting – 1

Number of actions carried forward - 0

Any concerns with progress of actions – No

If Yes, please describe –

***Note: this report does not require a cover sheet due to sufficient information provided.***

## Partnership and Communities Chair's Highlight Report to the Council of Governors

|   |   |              |                              |
|---|---|--------------|------------------------------|
| <b>Subject:</b>   | Partnership and Communities Committee                   | <b>Date:</b> | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>   | Barbara Brady, Non-Executive Director/Chair             |              |                              |
| <b>Approved By:</b>   | Barbara Brady, Non-Executive Director/Chair             |              |                              |
| <b>Presented By:</b>  | Richard Cotton, Non-Executive Director/Committee member |              |                              |
| <b>Purpose:</b>   |   |              |                              |
| To provide a brief overview of the key discussions from the committee meeting on the 21 <sup>st</sup> July 2025 |   |              |                              |

| Matters of Concern or Key Risks Escalated for Noting / Action   | Major Actions Commissioned / Work Underway   |
|---|--|
| <ul style="list-style-type: none"> <li>Capacity to develop the partnership agenda on behalf of SFHT</li> <li>Ability of SFHT to engage with and shape discussions with Primary care regarding the future of neighbourhood services</li> <li>Ongoing concern regarding the visibility of QIAs undertaken by partners with the system where a direct or indirect impact on SFHT might occur</li> </ul>  | <ul style="list-style-type: none"> <li>Review of the sub groups which support this committee</li> <li>As a result of the changing footprint of the ICB for our area (now to include Lincs.), there is a need to develop working relationships with new partners</li> </ul> |
| Positive Assurances to Provide  | Decisions Made <i>(include BAF review outcomes)</i>  |
| <ul style="list-style-type: none"> <li>Good alignment between new 10-year plan and SFHT strategy. Although this will need to be reviewed as and when further detail regarding implementation emerges.</li> <li>Application underway to join pilot 'National Neighbourhood Health Improvement Program'. The footprint of this is yet to be agreed locally, at a minimum it will include Mid Nottinghamshire with a possibility that Bassetlaw is involved also. If successful this will require a dedicated project manager.</li> <li>Good progress against partnership and Anchor plans for 2025/26</li> <li>Memorandum of Understanding signed with Nottingham Trent University to cover 5 workstreams.</li> </ul> | <ul style="list-style-type: none"> <li>BAF minor changes approved with overall scores remaining unchanged</li> </ul>   |

**Comments on effectiveness of the meeting**

Good meeting enabled by good quality papers and effective engagement by committee members

**Items recommended for consideration by other Committees****Progress with Actions**

Number of actions considered at the meeting 3

Number of actions closed at the meeting – 2

Number of actions carried forward - 1

Any concerns with progress of actions –No

If Yes, please describe –

***Note: this report does not require a cover sheet due to sufficient information provided.***

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

|                      |  |              |                              |
|----------------------|--|--------------|------------------------------|
| <b>Subject:</b>      | Charitable Funds Committee update  | <b>Date:</b> | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Andrew Rose-Britton  |              |                              |
| <b>Approved By:</b>  | Andrew Rose-Britton  |              |                              |
| <b>Presented By:</b> | Andrew Rose-Britton  |              |                              |
| <b>Purpose:</b>      | To provide an overview of the key discussion items from the Charitable Funds Committee on 22 <sup>nd</sup> July 2025 |              |                              |

| Matters of Concern or Key Risks Escalated for Noting / Action   | Major Actions Commissioned / Work Underway   |
|---|--|
| Charity Lottery Long Term Plan Proposals.<br>Concerns were raised as to whether or not we were maximising the opportunities within the Trust for the application of grants.   | Report as to the Options and Financial implications to be presented to the next meeting of the Board of Trustees.<br>Work to start next month on the remaining 14 EOL rooms.<br>Charity Abseil progressing, event to be held on 3 <sup>rd</sup> & 4 <sup>th</sup> October 2025.<br>Allocation of the place to run in the London marathon to be progressed.<br>£150K legacy spend, projects being identified.<br>Investments Advisors training to be held at the October meeting.<br>Privacy notice in regard to the Lottery to be revisited. |
| Positive Assurances to Provide  | Decisions Made <i>(include BAF review outcomes)</i>  |
| Operational Group highlight report.<br>Community Involvement headline report.<br>Fundraising and Project update, £50K donated by the Daffodil Café.<br>Charity Lottery Long Term Plan Proposals.<br>Finance update.<br>Investment update. | Two requests for grants were agreed by the Committee:<br>Ultrasound equipment for Newark Medical Day Care £30K.<br>Belmont Feeding Tube Placement £15K.<br>Two were recommended by the Committee and approved by the CFO:<br>Paxman Scalp Cooling System (£48K)<br>Criticool System (£21k, part funded by the Emily Harris Foundation)   |
| Comments on effectiveness of the meeting  |  |
| Good debate but perhaps too much reading of the reports by the authors unnecessarily lengthening the meeting.   |  |
| Items recommended for consideration by other Committees   |  |
| Board of Trustees Charity Long Term Plan Proposals  |  |
| Progress with Actions   |  |



Number of actions considered at the meeting- 4  
Number of actions closed at meeting - 1  
Number carried over – 1 (not yet due) 2 in progress  
Any concerns of actions - 0

***Note: this report does not require a cover sheet due to sufficient information provided.***

**Council of Governors- Cover Sheet**

|  |   |   |                                |  |   |
|--|---|---|--------------------------------|--|---|
| <b>Subject:</b>  | External Auditor Re-Procurement   |   | <b>Date:</b>                   | 12 <sup>th</sup> August 2025             |   |
| <b>Prepared By:</b>  | Bob Truswell, Strategic Head of Procurement   |   |                                |  |   |
| <b>Approved By:</b>  | Richard Mills, Chief Finance Officer  |   |                                |  |   |
| <b>Presented By:</b>   | Bob Truswell, Strategic Head of Procurement   |   |                                |  |   |
| <b>Purpose</b>   |   |   |                                |  |   |
| An update on the re-procurement of an External Auditor for the Trust as the contract for the current provider comes to an end  |   |   |                                | <b>Approval</b>                          |   |
|  |   |   |                                | <b>Assurance</b>                         |   |
|  |   |   |                                | <b>Update</b>                            | <b>X</b>  |
|  |   |   |                                | <b>Consider</b>                          |   |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |
|  |   |   |                                | <b>X</b>                                 |   |
| <b>Identify which Principal Risk this report relates to:</b>   |   |   |                                |  |   |
| <b>PR1</b>   | Significant deterioration in standards of safety and care   |   |                                |  |   |
| <b>PR2</b>   | Demand that overwhelms capacity   |   |                                |  |   |
| <b>PR3</b>   | Critical shortage of workforce capacity and capability  |   |                                |  |   |
| <b>PR4</b>   | Insufficient financial resources available to support the delivery of services                        |   |                                |  | <b>X</b>  |
| <b>PR5</b>   | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   |
| <b>PR6</b>   | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   |
| <b>PR7</b>   | Major disruptive incident   |   |                                |  |   |
| <b>PR8</b>   | Failure to deliver sustainable reductions in the Trust's impact on climate change                     |   |                                |  |   |
| <b>Committees/groups where this item has been presented before</b>   |   |   |                                |  |   |
| None   |   |   |                                |  |   |
| <b>Acronyms</b>  |   |   |                                |  |   |
| None   |   |   |                                |  |   |
| <b>Executive Summary</b>   |   |   |                                |  |   |
| A brief recap of the history of external audit services over the last decade at the Trust along with an outline of some key commercial issues and problems in the external audit market. |   |   |                                |  |   |
| A proposal to go out to test the market for the next contract period for services commencing with the 2026/27 financial year.  |   |   |                                |  |   |

## **1. Purpose of Report**

- 1.1 To provide an update on the final year of the existing contract with the Trust External Auditor (KPMG) and to update on the proposals for a re-procurement of an External Auditor.

## **2. Background**

- 2.1 The appointment of the Trust External Auditor is the responsibility of the Council of Governors. We tend to appoint External Auditors on three year contracts and this means that they cover the review of three accounting years. KPMG are nearing the end of their current three year contract and the final accounting year that they will review will be 2025/26.
- 2.2 Governors may recall that appointment of an External Auditor can be a challenging process. Legislation against conflicts of interest specifies that a company that provides audit services to a Trust cannot provide any other form of management consultancy to the same Trust during the period of the audit relationship. This requirement could therefore deter large multi-service organisations like the Big Four accountancy firms and many have moved away from the provision of public sector audit services so they can focus on other aspects of management consultancy.
- 2.3 It is proposed that a tender is undertaken immediately for services to commence with the 2026/27 financial year. We currently have the time and capacity to run a tender and also to stimulate the market. This timetable also gives us time to work on a positive Plan B in the event that no bids are received.

## **3. Recommendation**

- 3.1 The Council of Governors receives the update and approves the proposal to go out to market for external audit services.

**Bob Truswell**  
**Strategic Head of Procurement**

## Council of Governors - Cover Sheet

|  |   |   |                                |  |   |                              |
|--|---|---|--------------------------------|--|---|------------------------------|
| <b>Subject:</b>  | Membership and Engagement                                 |   |                                |  | <b>Date:</b>  | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Liz Barrett   |   |                                |  |   |                              |
| <b>Approved By:</b>  |   |   |                                |  |   |                              |
| <b>Presented By:</b>   | Liz Barrett   |   |                                |  |   |                              |
| <b>Purpose</b>   |   |   |                                |  |   |                              |
| To share an overview of the activity being discussed and debated in the Membership and Engagement committee  |   |   |                                |  | <b>Approval</b>                                     |                              |
|  |   |   |                                |  | <b>Assurance</b>                                    | X                            |
|  |   |   |                                |  | <b>Update</b>                                       | X                            |
|  |   |   |                                |  | <b>Consider</b>                                     |                              |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |                              |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |                              |
|  | X   | X   | X                              |  |   |                              |
| <b>Principal Risk</b>  |   |   |                                |  |   |                              |
| <b>PR1</b> Significant deterioration in standards of safety and care   |   |   |                                |  |   |                              |
| <b>PR2</b> Demand that overwhelms capacity   |   |   |                                |  |   |                              |
| <b>PR3</b> Critical shortage of workforce capacity and capability  |   |   |                                |  |   |                              |
| <b>PR4</b> Insufficient financial resources available to support the delivery of services  |   |   |                                |  |   |                              |
| <b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation   |   |   |                                |  |   |                              |
| <b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits   |   |   |                                |  |   |                              |
| <b>PR7</b> Major disruptive incident   |   |   |                                |  |   |                              |
| <b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change   |   |   |                                |  |   |                              |
| <b>Committees/groups where this item has been presented before</b>   |   |   |                                |  |   |                              |
| Membership and Engagement Committee  |   |   |                                |  |   |                              |
| <b>Acronyms</b>  |   |   |                                |  |   |                              |
| SFHFT (Sherwood Forest Hospital Foundation Trust)<br>MYG (Meet Your Governor)  |   |   |                                |  |   |                              |
| <b>Executive Summary</b>   |   |   |                                |  |   |                              |
| <p>An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.</p> <p>An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.</p> |   |   |                                |  |   |                              |

## **Membership and Engagement**

Sherwood Forest Hospital Trust Governors have continued to have a real focus upon Membership and Engagement and in particular the redesigning of 'Meet Your Governor' [MYG]. Historically, MYG had been arranged through a paid member of SFHFT staff. This role arranged monthly MYG sessions on all of the different SFHFT campuses and then received, collated and presented all of the MYG findings to the Exec team. This paid member of staff has since left SFHFT and has not been replaced due to supporting the financial saving quest which is ongoing within the Trust.

As a group of Governors, we feel that we can co-create a MYG approach which enables us to be self-sufficient in how and when we mobilise with MYG and manage without paid support to support financial savings at SFHFT.

A working group led by Linda Dales has taken this thought forward. The working group has ensured that they have worked with Richard Brown and Paula Longdon to ensure that any work undertaken on MYG aligns naturally with work being done within SFHFT by the Exec team and wider staff team.

Significant work has been done to date on this and we hope to pilot the revised MYG very soon. It is our intention to then share all collated data back to the Exec team and NEDS on a monthly basis. It will be interesting to ascertain if emerging themes collated through MYG align with themes that SFHFT are naturally working on too. This approach will enable community voice to be woven in to existing patient / carer feedback and actioned accordingly to strengthen all quality assurance processes already in place at SFHFT. Naturally we will update on MYG progress and impact at the next COG meeting.

In our July Membership and Engagement meeting we had a presentation from Richard Brown as to where we are now at with our membership and potential direction of travel with this. It is critical for all that members are active and engaged in what we do. The change to a digital election processes has reduced our membership numbers and there is work to do to ensure members that remain do become more active. This is very much 'work in progress'.

**Council of Governors - Cover Sheet**

|  |   |   |                                |  |   |                              |
|--|---|---|--------------------------------|--|---|------------------------------|
| <b>Subject:</b>  | Non-Executive Directors Appraisal outcome 2024/2025 and objectives 2025/2026                          |   |                                |  | <b>Date:</b>  | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Sally Brook Shanahan, Director of Corporate Affairs   |   |                                |  |   |                              |
| <b>Approved By:</b>  | Graham Ward, Acting Chair   |   |                                |  |   |                              |
| <b>Presented By:</b>   | Graham Ward, Acting Chair   |   |                                |  |   |                              |
| <b>Purpose</b>   |   |   |                                |  |   |                              |
| To approve the recommendation of the Chair in respect of the appraisals for the Non-Executive Directors.   |   |   |                                |  | <b>Approval</b>                                     |                              |
|  |   |   |                                |  | <b>Assurance</b>                                    | <b>X</b>                     |
|  |   |   |                                |  | <b>Update</b>                                       |                              |
|  |   |   |                                |  | <b>Consider</b>                                     |                              |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |                              |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |                              |
| <b>X</b>   | <b>X</b>  | <b>X</b>  | <b>X</b>                       |  |   |                              |
| <b>Principal Risk</b>  |   |   |                                |  |   |                              |
| <b>PR1</b>   | Significant deterioration in standards of safety and care   |   |                                |  |   |                              |
| <b>PR2</b>   | Demand that overwhelms capacity   |   |                                |  |   |                              |
| <b>PR3</b>   | Critical shortage of workforce capacity and capability  |   |                                |  |   |                              |
| <b>PR4</b>   | Failure to achieve the Trust's financial strategy   |   |                                |  |   |                              |
| <b>PR5</b>   | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   |                              |
| <b>PR6</b>   | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   |                              |
| <b>PR7</b>   | Major disruptive incident   |   |                                |  |   |                              |
| <b>PR8</b>   | 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>Acronyms</b>  |   |   |                                |  |   |                              |
| NED – Non-Executive Director   |   |   |                                |  |   |                              |
| <b>Executive Summary</b>   |   |   |                                |  |   |                              |
| <p>Appraisals with all NEDs have been conducted by the Trust Chair, Graham Ward, for the period 2024-25 and feedback given to the appraisees. With the benefit of multi source feedback Graham concluded he believed the Trust has a highly experienced and motivated NED team, members of which engage above and beyond their expected contractual responsibilities.</p> <p>In the reporting year there was a focus on:</p> <ul style="list-style-type: none"> <li>members' participation and contributions to the Board,</li> <li>holding the Executives to account through constructive challenge and seeking evidence to triangulate the views of the Executives and information presented to Board,</li> <li>supporting the Board and key executives as the new Executives and NEDs embed into the team.</li> <li>Participating in discussions and formulation of the 'Improving Future Lives' strategy development and helping shape SFH to meet that strategy,</li> </ul> |   |   |                                |  |   |                              |



- taking part in regular visits on all our sites and across SFHT services,
- remaining up to date and engaged in developments around the ICS and the wider NHS, and
- working with Governors through attendance at Council of Governors Meetings

During the review year Graham continued his regular dialogue with individual Committee Chairs after each meeting to enable developing themes to be taken forward to Board, as appropriate.

In the year 2025/26 Graham envisaged a priority for NEDs would continue to be how the Trust will respond to and meet the challenges facing the NHS particularly in relation to finance and funding as well as continuing to formulate strategy development and ensure that the Trust's role as an anchor organisation is at the heart of its partnership work.

### Overview of NED Objectives for 2025/26

General corporate objectives were agreed with each NED as follows:

1. Participate and fully contribute to the Board
2. Hold the Executives to account through constructively challenging and seeking evidence to triangulate the views of the Executives and information presented to Board.
3. Support the Board and key executives as the new Executives and NEDs embed into the team.
4. Participate in discussions and formulation of the 'Improving Future Lives' strategy development and help shape SFH to meet that strategy.
5. To take part in regular visits on all our sites and across SFH services.
6. Remain up to date and engaged in developments around the ICS and the wider NHS.
7. Work with Governors through attendance at Council Meetings

In addition, the following individual objectives were agreed:

| Name          | NED Specific Objectives  |
|---------------|--|
| Barbara Brady | <ol style="list-style-type: none"> <li>1. To Chair Partnerships and Communities Committee and to: <ol style="list-style-type: none"> <li>a. Support the development of this committee as it evolves further</li> <li>b. Ensure triangulation with other committees and the Board.</li> </ol> </li> <li>2. To Chair Quality Committee and to: <ol style="list-style-type: none"> <li>a. Ensure triangulation with People and Finance Committees with respect to the FIP programme (especially on QIAs)</li> <li>b. Drive ongoing quality, safety and timely delivery of our services</li> <li>c. Ensure a focus on clinical innovation</li> <li>d. Support the development of Lisa Maclean with a view to handing over the Chair role during the forthcoming year.</li> </ol> </li> <li>3. To continue as a member of Charitable Funds Committee and to Chair Remuneration Committee</li> <li>4. To continue as SID.</li> </ol> |
| Manjeet Gill  | <ol style="list-style-type: none"> <li>1. To continue to Chair the Audit Committee.</li> <li>2. To continue as a member of Quality and Partnerships &amp; Communities Committees, including: <ol style="list-style-type: none"> <li>a. Helping to ensure triangulation across our committees.</li> </ol> </li> </ol>   |

|                     |   |  |
|---------------------|---|--|
|                     | <ul style="list-style-type: none"> <li>b. Helping to develop the Partnerships &amp; Communities Committee further.</li> <li>c. Ensuring that all FIP projects are fully QIA assessed.</li> </ul>  |  |
| Steve Banks         | <ul style="list-style-type: none"> <li>1. To Chair the People Committee and to:               <ul style="list-style-type: none"> <li>a. Constructively challenge the Director of People a little more;</li> <li>b. Push to achieving a workforce 'bridge' that will support the delivery of the necessary financial improvements, while maintain quality, safety and staff commitment.</li> <li>c. Look to ensure triangulation across Quality, Finance and People Committees.</li> </ul> </li> <li>2. To continue as a member of Audit, Nomination &amp; Remuneration and Charitable Funds Committees.</li> <li>3. To take on the role of Vice-Chair</li> <li>4. To become a member of the Committee in Common with NUH.</li> </ul>  |  |
| Neil McDonald       | <ul style="list-style-type: none"> <li>1. To continue as a member of the Finance Committee and to:               <ul style="list-style-type: none"> <li>a. Constructively support and challenge the executives to develop, implement and deliver the FIP for 2025/26.</li> <li>b. Help push to achieving a workforce 'bridge' that will support the delivery of the necessary financial improvements, while maintain quality, safety and staff commitment.</li> <li>c. Look to ensure triangulation across Finance and People Committees.</li> </ul> </li> <li>2. To move from Partnerships &amp; Communities Committee to People Committee, covering a, b, &amp; c as set out under Finance Committee.</li> <li>3. To continue to act as the Maternity Board Safety Champion.</li> </ul>   |  |
| Andrew Rose-Britton | <ul style="list-style-type: none"> <li>1. To Chair Charitable Funds Committee and to:               <ul style="list-style-type: none"> <li>a. Actively support and push the development of the Lottery</li> <li>b. Support the identification and realisation of other charitable funds income</li> </ul> </li> <li>2. To continue as a member of Audit, People and Finance Committees, including ensuring strong triangulation between Finance and People Committees and to:               <ul style="list-style-type: none"> <li>a. Constructively challenge the Director of People a little more;</li> <li>b. Push to achieving a workforce 'bridge' that will support the delivery of the necessary financial improvements, while maintain quality, safety and staff commitment.</li> </ul> </li> <li>3. To continue to increase contributions in Committee and Board.</li> <li>To continue to support appointment of consultants' interview panels.</li> </ul> |  |
| Lisa Maclean        | <ul style="list-style-type: none"> <li>1. To act as a member of Quality Committee with a view to taking on the Committee Chair role during the year; and to:               <ul style="list-style-type: none"> <li>a. Help ensure triangulation with People and Finance Committees with respect to the FIP programme (especially on QIAs)</li> <li>b. Drive ongoing quality, safety and timely delivery of our services</li> <li>c. Help to ensure a focus on clinical innovation</li> </ul> </li> <li>2. To act as a member of the People and Finance Committees and to:</li> </ul>   |  |

|                |   |
|----------------|---|
|                | Help to ensure triangulation between Quality, People and Finance Committees and the Board.  |
| Richard Cotton | <ol style="list-style-type: none"> <li>1. To act as a member of Finance Committee and to take on the Committee Chair role from June 2025; and to: <ol style="list-style-type: none"> <li>a. Constructively support and challenge the executives to develop, implement and deliver the FIP for 2025/26.</li> <li>b. Help push to achieving a workforce 'bridge' that will support the delivery of the necessary financial improvements, while maintain quality, safety and staff commitment.</li> <li>c. Ensure triangulation with other committees and the Board.</li> </ol> </li> <li>2. To act as a member of the Partnerships and Communities Committee and to: <ol style="list-style-type: none"> <li>a. Support the development of this committee as it evolves further, working closely with the Committee Chair</li> <li>b. Helping to ensure triangulation with other committees and the Board.</li> </ol> </li> </ol> <p>To continue as a member of the Remuneration Committee</p> |

### Recommendations:

1. That the Council of Governors acknowledges the completion of the annual Non-Executive Directors' appraisal process and its positive outcomes, and
2. Noting that there is no obligation on Foundation Trusts to share appraisals with NHS England (although Chairs are encouraged to do so to provide NHSE with an understanding of the wider support and development needed) and agree or not whether to do so.

**Council of Governors**

|  |   |   |                                |  |   |                              |
|--|---|---|--------------------------------|--|---|------------------------------|
| <b>Subject:</b>  | Re-appointment of Non-Executive Directors   |   |                                |  | <b>Date:</b>  | 12 <sup>th</sup> August 2025 |
| <b>Prepared By:</b>  | Sally Brook Shanahan, Director of Corporate Affairs   |   |                                |  |   |                              |
| <b>Approved By:</b>  | Graham Ward, Trust Chair  |   |                                |  |   |                              |
| <b>Presented By:</b>   | Sally Brook Shanahan, Director of Corporate Affairs   |   |                                |  |   |                              |
| <b>Purpose</b>   |   |   |                                |  |   |                              |
| For the Council of Governors to consider the recommendations from its Governor Remuneration and Nomination Committee for the reappointment of Barbara Brady and Manjeet Gill as Non-Executive Directors each for an additional term of one year.   |   |   |                                |  | <b>Approval</b>                                     | <b>X</b>                     |
|  |   |   |                                |  | <b>Assurance</b>                                    |                              |
|  |   |   |                                |  | <b>Update</b>                                       |                              |
|  |   |   |                                |  | <b>Consider</b>                                     |                              |
| <b>Strategic Objectives</b>  |   |   |                                |  |   |                              |
| Provide outstanding care in the best place at the right time   | Empower and support our people to be the best they can be   | Improve health and wellbeing within our communities | Continuously learn and improve | Sustainable use of resources and estates | Work collaboratively with partners in the community |                              |
| <b>X</b>   | <b>X</b>  | <b>X</b>  | <b>X</b>                       | <b>X</b>                                 | <b>X</b>  |                              |
| <b>Principal Risk</b>  |   |   |                                |  |   |                              |
| <b>PR1</b>   | Significant deterioration in standards of safety and care   |   |                                |  |   | <b>X</b>                     |
| <b>PR2</b>   | Demand that overwhelms capacity   |   |                                |  |   | <b>X</b>                     |
| <b>PR3</b>   | Critical shortage of workforce capacity and capability  |   |                                |  |   | <b>X</b>                     |
| <b>PR4</b>   | Failure to achieve the Trust's financial strategy   |   |                                |  |   | <b>X</b>                     |
| <b>PR5</b>   | Inability to initiate and implement evidence-based Improvement and innovation                         |   |                                |  |   | <b>X</b>                     |
| <b>PR6</b>   | Working more closely with local health and care partners does not fully deliver the required benefits |   |                                |  |   | <b>X</b>                     |
| <b>PR7</b>   | Major disruptive incident   |   |                                |  |   | <b>X</b>                     |
| <b>PR8</b>   | Failure to deliver sustainable reductions in the Trust's impact on climate change                     |   |                                |  |   | <b>X</b>                     |
| <b>Committees/groups where this item has been presented before</b>   |   |   |                                |  |   |                              |
| None   |   |   |                                |  |   |                              |
| <b>Acronyms</b>  |   |   |                                |  |   |                              |
| NED – Non-Executive Director<br>Governor Rem Com - Governor Remuneration and Nomination Committee  |   |   |                                |  |   |                              |
| <b>Executive Summary</b>   |   |   |                                |  |   |                              |
| Non-Executive Directors are appointed and reappointed by the Council of Governors at a general meeting on the recommendation of its Governor Remuneration and Nomination Committee, which in the case of the two NEDS who are the subject of this paper, met on 24 <sup>th</sup> July 2025.  |   |   |                                |  |   |                              |
| <u>Background</u>  |   |   |                                |  |   |                              |
| On 30 <sup>th</sup> September 2025, the tenure of Barbara Brady will come to an end after 7 years' service as a Non-Executive Director and Senior Independent Director. The Governor Rem Com considered the knowledge and experience Barbara brings to the Board and her particular contribution as Chair of the Partnerships and Communities Committee and the Remuneration Committee and also as the Board's Freedom to Speak Up Lead. |   |   |                                |  |   |                              |

On 31<sup>st</sup> October 2025, the tenure of Manjeet Gill will also come to an end after 7 years' service as a Non-Executive Director. The Governor Rem Com considered Manjeet's experience and knowledge, particularly in relation to system working, health inequalities and diversity and inclusion in addition to her contribution as Chair of the Audit and Assurance Committee.

With the benefit of the Governor Rem Com's discussion at its meeting held on 24<sup>th</sup> July 2025, that included consideration of both NED's appraisal outcomes and their willingness to continue to serve, agreement was reached for recommendation to be made to the Council of Governors for both Barbara and Manjeet to be re-appointed for a period of one year each. In Barbara's case this will be to 30<sup>th</sup> September 2026 and in Manjeet's to 31<sup>st</sup> October 2026.

The Governor Rem Com also carefully considered the fact that both Barbara and Manjeet have already served over six years each, which meant their reappointments are required to be considered on an annual basis in order to comply with section 8.6.3.4 of the Trust's Constitution (reproduced below). The Governor Rem was satisfied that the Trust is operating in exceptional circumstances and hence concluded that these re-appointments were appropriate to be made to the Council of Governors.

### **Recommendations**

That the Council of Governors exercises its discretion to re-appoint:

- Barbara Brady for a period of one year to 30<sup>th</sup> September 2026, and
- Manjeet Gill for a period of one year to 31<sup>st</sup> October 2026

### **For information**

Extract from the Trust's Constitution in connection with non-executive directors' Terms of Office.

#### **Terms of Office**

Subject to paragraph 8.6.3, the Chair and the other Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office (including as to remunerations and allowances, which shall be published in the Annual Report) decided by the Council of Governors in general meeting.

Non-Executive Directors:

- 8.6.3.1 shall be appointed for a period of up to 3 years;
- 8.6.3.2 are, subject to paragraphs 8.6.3.3 and 8.6.3.4, eligible for re-appointment at the end of the period referred to in paragraph 8.6.3.1;
- 8.6.3.3 shall not, except in exceptional circumstances, hold office for a period in excess of 6 years; and
- 8.6.3.4 where appointed for more than 6 years shall, at the discretion of the Council of Governors, be so appointed either on the basis of:
  - a) annual re-appointment; or
  - b) a competitive processup to a maximum 9 years.