

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 11th November 2025

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 12th August 2025 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Patient Story – A Patient's ICU battle with flu - Why the jab matters Phaedra Kay, Department Lead in Adult Critical Care Unit	Assurance	Presentation
6.	17:55	Chair's Report Graham Ward, Chair	Assurance	Enclosure 6
7.	18:05	Chief Executive's Report Jon Melbourne, Chief Executive	Assurance	Enclosure 7
8.	18:20	Lead Governor Report Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:25	15 Steps Feedback Grace Radford, Patient Experience Manager	Assurance	Enclosure 9
10.	18:35	Winter Plan Mark Bolton, Associate Director of Operational Performance	Assurance	Enclosure 10
11.	18:50	Improvement Faculty Update Jim Millns, Associate Director of Transformation, Rebecca Egan, Senior Programme Manager, and Dr Andrew Jacklin, Clinical Transformation Lead	Assurance	Enclosure 11
12.	19:10	Report from Board Sub-Committees Audit & Assurance Committee Manjeet Gill, Non-Executive Director Peter Gregory, Governor Observer Neal Cooper, Governor Observer	Assurance	Enclosure 12.1

	Time	Item	Status (Do not use NOTE)	Paper
		Quality Committee Lisa Maclean, Non-Executive Director Julie Kirkby, Governor Observer Pam Kirby, Governor Observer Finance Committee Richard Cotton, Non-Executive Director Sam Musson, Governor Observer Iain Peel, Governor Observer People Committee Steve Banks, Non-Executive Director Dean Wilson, Governor Observer John Dove, Governor Observer	Assurance	Enclosure 12.2
			Assurance	Enclosure 12.3
			Assurance	Enclosure 12.4
13.	19:30	Council of Governors Matters/Statutory Duties Membership and Engagement Group Liz Barrett, Lead Governor Report of the Remuneration Committee Chair Recruitment Process Sally Brook Shanahan, Director of Corporate Affairs, and Liz Barrett, Lead Governor Governor Remuneration & Nomination Committee Terms of Reference Sally Brook Shanahan, Director of Corporate Affairs	Assurance	Enclosure 13.1
			Approval	Enclosure 13.2
			Approval	Enclosure 13.3
14.	19:45	Spotlight on – The Parkinson’s group at Mansfield Community Hospital (MCH)	Assurance	Presentation
15.	19:50	Questions from Members of Public Graham Ward, Chair	Consider	Verbal
16.	19:50	Escalations to the Board of Directors Graham Ward, Chair	Agree	Verbal
17.	19:55	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i> “Chorus for Compassion” Charity Event Nabeel Khan, Public Governor	Update	Verbal
18.		Date & Time of Next Meeting Date: Tuesday 10 th February 2026 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King’s Mill Hospital		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 12th August 2025 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Graham Ward	Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Ann Gray	Public Governor	AG
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Iain Peel	Public Governor	IP
	John Doddy	Appointed Governor	JDod
	John Dove	Public Governor	JDov
	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
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
In Attendance:	Phil Bolton	Chief Nurse	PB
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Richard Kemp	Divisional Director of Nursing	RK
	Grace Radford	Patient Experience Manager	GR
	Richard Mills	Chief Financial Officer	RM
	Richard Walton	KPMG	RW
	Bob Truswell	Strategic Head of Procurement	BT
	Sue Bradshaw	Minutes	
Apologies:	Jane Stubbings	Public Governor	JS
	Tracy Burton	Public Governor	TB
	David Selwyn	Acting Chief Executive	DS
	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
	Lisa Maclean	Non-Executive Director	LM
	Richard Cotton	Non-Executive Director	RC
Absent:	Nikki Slack	Appointed Governor	NS

Item No.	Item	Action	Date
25/055	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
2 mins	The meeting being quorate GW declared the meeting open at 17:30. It was CONFIRMED that apologies for absence had been received from: Jane Stubbings, Public Governor Tracy Burton, Public Governor David Selwyn, Acting Chief Executive Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director Steve Banks, Non-Executive Director Neil McDonald, Non-Executive Director Lisa Maclean, Non-Executive Director Richard Cotton, Non-Executive Director It was noted Phil Bolton was attending the meeting in place of David Selwyn. GW expressed disappointment at the number of absentees, particularly from committee chairs. This issue will be addressed. It was noted the timing of the meeting, during holiday season, may have contributed to the low attendance. However, GW reiterated that committee chairs are expected to attend or arrange cover if unavailable. Action Consideration to be given to the timing of Full Council of Governors meetings in future years to possibly avoid a meeting in August.	SBS / GW	11/11/25
25/056	DECLARATIONS OF INTEREST		
1 min	BB declared an interest in agenda item 25/068.3 and 25/068.4.		
25/057	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 13th May 2025, the Council APPROVED the minutes as a true and accurate record. Following a review of the minutes of the extraordinary meeting held on 11th June 2025, the Council APPROVED the minutes as a true and accurate record. Following a review of the minutes of the extraordinary meeting held on 18th July 2025, the Council APPROVED the minutes as a true and accurate record.		
25/058	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
6 mins	The Council AGREED that actions 25/020.1, 25/020.2, 25/036, 25/037, 25/038.1, 25/038.2 and 25/040 were complete and could be removed from the action tracker.		

	<i>Action 25/032.2</i> – The Council noted this action was complete as the issue had been raised at the liaison group meeting with Skanska and Medirest. However, KS advised while the original group of staff are no longer using the main reception area as a rest area, he has observed other uniformed staff members sitting in the area. PB advised he would visit the area at different times to assess the situation and address with the relevant staff groups. Action Usage of the main reception area by uniformed staff as a rest area to be monitored and addressed as appropriate. <i>Action 25/011</i> – PB advised the brief of the video is in development with the Trust communications and nursing teams. The broadcast date at the Board of Directors meeting held in Public is to be confirmed, subject to the brief being approved and finalised. The Council AGREED this action was complete and could be removed from the action tracker. <i>Action 25/024</i> – PG advised Rich Brown, Head of Communications, has contacted the Patient Participation Group. The Trust is also looking at promoting capacity at Newark Hospital, particularly within the elective hub, so will consider the participation group as part of that project. The Council AGREED this action was complete and could be removed from the action tracker	PB / GW	11/11/25
25/059	PATIENT STORY - SUPPORTING PATIENT FLOW: FIT2SIT		
21 mins	RK joined the meeting. RK introduced the Patient Story, which highlighted the Fit2Sit area, which supports patient flow through ED. It was noted funding to establish this area was received via the Trust Charity's 'Dragons' Den' initiative and was the result of staff putting forward an idea for improving patient flow. JDov queried how Fit2Sit is aligned with Same Day Emergency Care (SDEC). RK outlined the clinical differences, noting that Fit2Sit is for patients who could be discharged directly from ED, while patients in SDEC require specialty input. JDov noted there is facility within the Fit2Sit area to undertake blood tests, but this is not available in SDEC. RK advised staff were being upskilled across services to address this. PK queried how the decision is made about which patients are fit to sit. RK advised this is clinical judgement and is done in consultation with the patient. PK expressed concern in relation to potential pressure damage from prolonged sitting. RK advised tissue viability assessments are front-loaded within ED and monitored via a task management system. AG queried if patients feedback is sought about their experience of the Fit2Sit area. RK advised Friends and Family Test data is used, although specific analysis of Fit2Sit has not yet been conducted.		

	JDod noted the initiative has been funded via 'Dragons' Den' and queried what the scop of this funding is. RK advised the funding from Dragons' Den was used to cover environmental changes only, with staffing managed cost-neutrally. JDod queried how often 'Dragon's Den' runs and if there are some ideas put forward which are not dealt with due to time constraints. PB advised Dragons' Den is held annually, with the next round planned for January 2026. There is a maximum bid of £5,000 per project, which has to demonstrate a benefit for patients. The bids are considered by a small panel. SBS advised there are plans to have a 'Dragons' Den' to specifically consider bids for Newark Hospital. JDov queried what the average wait time is to see a consultant within ED. RK advised this is variable depending on the stream which needs to be accessed. However, consultant availability has been extended to improve access. RK left the meeting.		
25/060	CHAIR'S REPORT		
8 mins	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 Chief Executive Officer (CEO) recruitment, Acting CEO, David Selwyn's, decision to leave the Trust, recruitment of Simon Illingworth into the role of Chief Operating Officer (COO), appointment of Steve Banks, Non-Executive Director (NED) into the role of Vice-Chair, Annual General Meeting (AGM), work of the Trust's volunteers, launch of the Trust's Charity Lottery and 15 Steps visit. The Council was ASSURED by the report.		
25/061	ACTING CHIEF EXECUTIVE'S REPORT		
19 mins	PB 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 launch of the government's 10-Year Health Plan for England, regulatory and structural changes, industrial action by resident doctors, operational performance, the Trust's position in the Quarter 4 segmentation of the NHS Oversight Framework 2024/2025, Mutually Agreed Resignation Scheme (MARS), Electronic Patient Record (EPR) provider, opening of a new Macmillan Cancer Information and Support Centre in Newark, improvements to the Trust website, launch of the Dementia Strategy and the Celebrating Excellence event. MS queried if the Integrated Care System (ICS) merger would benefit patients, particularly in border areas like Shirebrook, which is in Derbyshire. PB advised the function of the ICS will change which could help with commissioning services across counties, but progress is likely to be slow. DWa sought clarification on the terminology and structure of the ICS and Integrated Care Board (ICB).		

	GW explained the clustering process and its financial motivations, noting legislation will be required for a full merger. He also described changes in responsibilities, with performance management moving to regional level. DWi noted the MARS programme was hoping to achieve a reduction of 300 whole time equivalent (WTE) but only 50 WTE resignations have been approved and queried what are the next steps to bridge this gap. PB advised the 300 figure includes multiple categories, such as agency and bank reductions, and further work is required to meet targets. DWi noted the comment in relation to 48 patients in ED waiting for beds and queried how they are accommodated within the department. PB acknowledged patients are staying in ED longer than is ideal and the department is expanding into other areas to manage the risk. He emphasised the importance of developing alternative pathways to reduce pressure. IP noted the 84% workforce loss at the Trust during the recent industrial action by resident doctors and queried how this compared to national figures. PB advised 84% was higher than the regional average but was in line with the national average. The timing of the industrial action, which coincided with the resident doctor changeover period, may have influenced participation. The Council was ASSURED by the report.		
25/062	LEAD GOVERNOR REPORT		
3 mins	LB presented the report, highlighting governor involvement in the CEO recruitment process, continued high levels of attendance at governor meetings and the recent 'Power of Love' fundraising concert. LB requested governors be kept informed in relation to the development of digital systems across the Trust and the ongoing financial challenges, and solutions to manage these. The Council was ASSURED by the report.		
25/063	15 STEPS FEEDBACK		
7 mins	GR joined the meeting. GR presented the report, highlighting number of visits, themes, issues identified and follow up actions. PK raised concerns about the radiology reception area, noting similar comments had been made during a visit the previous year, but were not reflected in the report. PK described the area as dark, oppressive and outdated. GR advised while every comment was not included in the report, all feedback was shared with the department. PB advised the appearance was due to poor lighting and ageing infrastructure. The issue is linked to retained estate work, which is part of a five-year plan requiring settlement of the PFI before improvements can commence.		

	The importance of ensuring governors are involved in the production of visit reports was noted and GR committed to improving the process to ensure feedback was captured and shared. PG queried how the visit rota is scheduled, noting the scheduling of repeat visits to the same ward within a short timeframe. GR advised the rota is aimed to rotate visits, while allowing teams to return to areas to assess if changes have been implemented. She acknowledged the timing might have been too close in some cases and agreed to review the schedule to ensure broader coverage. SO expressed thanks for the scheduling of visits through to December 2025 and requested the planning of visits for January 2026 onwards commences as soon as possible as this supports governors with other commitments. The Council was ASSURED by the report. GR left the meeting.		
25/064	ANNUAL REPORT AND ACCOUNTS 2024/2025		
22 mins	RM and RW joined the meeting. Annual Report SBS presented the report, advising the 2024/2025 Annual Report has been prepared in accordance with the NHS Foundation Trust Annual Reporting manual for 2024/2025. The Annual Report has been laid before Parliament, is available to view on the Trust website and will be presented to the Annual General Meeting (AGM) in September 2025. Annual Accounts RM presented the Annual Accounts, advising there are four main statements, namely the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows, and provided an explanation regarding each of these. The outturn against the financial plan was £0.01m surplus for the year on a control total basis. RM confirmed the Board of Directors adopted the accounts on 19th June 2025. KPMG (external auditors) have provided an Unqualified Opinion on the accounts, i.e. the accounts give a true and fair view of the financial performance and position of the Trust. RM advised there were two unadjusted differences noted in the audit report and there were no recommendations made in the 2024/2025 Auditors report. AJ noted the increase of cash holding at year end 2024/2025, compared to 2023/2024, and queried if interest is earned on cash which is held in the bank. RM advised the cash holding of £26.53m at year end is cash and cash equivalent, rather than cash in the bank. The Trust is unable to invest cash for the longer term as there are day to day needs for it.		

	DWi sought further clarification as to what is driving the increase in cash holding. RM advised this is partly due to timing differences in payments and receipts, such as monthly payments from the ICB and weekly agency bills. The cash balance is a snapshot and varies daily. RM acknowledged the challenge of meeting prompt payment targets while operating close to deficit. JDod queried what the Trust's underlying deficit position would be if considering medium-term financial planning, given the uncertainty of continued deficit support funding, and what proportion of the overall ICS deficit position is attributable to the Trust. RM advised, across Nottinghamshire a combined deficit plan was set at £100m and NHS England (NHSE) committed £100m of support, with SFHFT's share being £9.8m for the current financial year. However, support funding is not guaranteed, either this year or for next year, and the Trust is preparing to operate without it. It is not known what the longer term settlement will 'look like', but it is likely medium and long-term financial models will be reintroduced to support strategic planning. KS queried if the liability for the revised pay banding was included in the accounts for 2024/2025. RM advised while the exact value was uncertain, the liability had been provisioned in the 2024/2025 accounts, with some payments already made and others pending. The Council was ASSURED by the report.		
25/065	ANNUAL AUDIT LETTER		
23 mins	RW presented the report, outlining KPMG's responsibilities as auditors and their findings, including risks identified. RW confirmed an unqualified opinion was issued. JW left the meeting. AJ noted there is currently a lot of concern among the general public about public services 'wasting' money. Noting the level of scrutiny the Trust's accounts have been subject to, and how assuring that scrutiny is, AJ felt this needs to be communicated to the public in a way which is easy to understand. RW advised the report presented to the meeting is the public version of the Auditors' report and there is more detail in the report which has been published on the Trust's website. The report will be presented to the AGM. RW advised he must remain independent and could not publicly endorse the Trust, but emphasised that the clean audit outcome was not automatic and many trusts faced challenges in these areas. KS queried if the audit considered how well the Trust managed financial pressures earlier in the year. RW advised the audit focused on arrangements rather than outcomes and the Finance Team's proactive cash flow monitoring and supplier communication were viewed positively. RM added the Trust has started to report the cash position to the Risk Committee on a monthly basis. JDov queried what fee is payable to KPMG for carrying out the audit and if KPMG have to submit a tender on an annual basis. RW advised the fee was £190,000 and tenders typically occur every three to five		

	years. RW explained the benefits of continuity in auditing and the constraints of the audit market. It was noted audit partners must rotate after seven years to maintain independence, with a mandatory change at ten years. The Council was ASSURED by the report. RW left the meeting.		
25/066	FIT AND PROPER PERSON (FPP) UPDATE		
7 mins	SBS presented the report, which highlighted the actions taken in response to the requirements of the FPP framework. It was noted that beyond the scope of the new framework, the Trust has extended the coverage of FPP testing to designated deputies. It was noted three members of the Board of Directors 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 in the event the Trust is called upon to provide a reference. Future leavers will have references prepared in the same timely way. JDov queried if governors are subject to similar FPP tests. SBS advised FPP does not formally apply to governors. However, certain checks, such as DBS, are conducted. In addition, governors are required to complete an annual self-declaration and this will be issued in the near future. The Council was ASSURED by the report.		
25/067	REPORT FROM BOARD SUB-COMMITTEES		
14 mins	Audit and Assurance Committee (AAC) BT joined the meeting. As Manjeet Gill, Chair of the Committee, was not present at the meeting, the report was taken as read. NC queried if the situation in relation to single tender waivers was improving. BT advised all non-competitive purchases are reported. The first quarter of the year typically shows higher activity due to licence renewals. The Trust is working to increase use of compliant frameworks and to test the market more consistently. A clinical procurement engagement group has been established to challenge clinical preferences and ensure value for money. The Trust is transparent in its reporting. Quality Committee BB presented the report to the Council, highlighting concerns in relation to cancer metrics, never event and work in relation to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).		

	Finance Committee As Richard Cotton, Chair of the Committee, was not present at the meeting, the report was taken as read. People Committee As Steve Banks, Chair of the Committee, was not present at the meeting, the report was taken as read. JDov advised it was a well-run meeting and was chaired effectively. Partnerships and Communities Committee BB presented the report to the Council, highlighting capacity to develop the partnership agenda on behalf of the Trust, ongoing concern regarding the visibility of sharing Quality Impact Assessments (QIAs) undertaken by partners within the system which may impact on the Trust either directly, or indirectly and the ability of SFHFT to engage with and shape discussions with Primary Care regarding the future of neighbourhood services. KS suggested the Meet Your Governor sub-group might support external engagement efforts. Charitable Funds Committee As Andrew Rose-Britton, Chair of the Committee, was not present at the meeting, the report was taken as read. MS reported it was his first meeting as Governor Observer and described it as complex but informative. Topics included the charity lottery, abseil fundraising event and recent equipment purchases. Feedback was given during the meeting that some presentations were too long and the Committee agreed to make future sessions more concise. The Council was ASSURED by all Board Sub Committees' reports.		
25/068	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
15 mins	External Auditors Procurement Process BT presented the report, providing a detailed overview of the Trust's audit history and market conditions. BT described previous tendering rounds. The contract for the current external Auditors, KPMG, is due to end in 2026. The recommendation was to proceed with a tender process and establish a small task-and-finish group, comprising of governors, BT and MG, as Chair of AAC, to set the criteria for the tender and evaluate bids. A discussion followed about the balance between cost and quality in the evaluation criteria. BT confirmed the Trust can set its own weighting and quality questions could include experience, credentials and meeting		

	attendance, etc. RM acknowledged the benefits of continuity, but public accountability requires market testing. A vote was held and the majority of Governors approved proceeding with a tender process. BT advised a request for expressions of interest for joining the working group would be circulated to governors. Action Expressions of interest in joining a working group to oversee the procurement process for external auditors to be sought from governors. The Council APPROVED the proposal to go out to market for external audit services. BT, RM, IP and AJ left the meeting.		
4 mins	Membership and Engagement Group LD provided an update on the redesigned Meet Your Governor (MYG) initiative. Rich Brown, Head of Communications, and Paula Longdon, Associate Director of Strategy and Partnerships, have joined the working group to align efforts with Trust values and service improvement. LD shared plans to engage with the Newark Urgent Treatment Centre and gather insights on patient pathways. The next working group meeting will prioritise feedback themes and plan future activities. LB noted governors are becoming self-sufficient in relation to MYG, following the departure of the staff member who previously provided support. The Council was ASSURED by the report.	SBS	11/11/25
6 mins	NED's Appraisal Outcome and Objectives BB left the meeting. GW presented the report, advising all NED appraisals have been undertaken. GW expressed thanks to all NEDs for their work advising the Trust is fortunate to have the level of expertise demonstrated by the NEDs. PG expressed disappointment at the lack of NED attendance at the meeting. GW advised he had contacted all NEDs to remind them of their responsibilities. The Council APPROVED the NEDs' appraisals and objectives as recommended.		
1 min	NEDs' re-appointment GW presented the report, advising Barbara Brady (BB) comes to the end of her tenure on 30th September 2025, having served 7 years as a NED, and Manjeet Gill (MG) comes to the end of her tenure on 31st		

	October 2025, having also served 7 years as a NED. In line with the Trust's constitution, both BB and MG are eligible for reappointment. The Council APPROVED the reappointment of Barbara Brady for 1 year to 30th September 2026 and the reappointment of Manjeet Gill for 1 year to 31st October 2026.		
25/069	SPOTLIGHT ON – SHOWCASING THE ESSENTIAL WORK OF THE ORTHOTICS TEAM		
1 min	Due to the meeting running over time, it was agreed the video would be circulated to governors. Action • Spotlight On video, Showcasing the essential work of the Orthotics Team, to be circulated to governors.		
25/070	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
25/071	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	The Council AGREED the following escalation to the Board of Directors meeting: • Approval of the proposal to go out to market for external audit services. • Approval or NEDs appraisals and objectives. • Approval of the re-appointment of BB and MG for a period of 12 months.		
25/072	ANY OTHER BUSINESS		
	No other business was raised.		
25/073	DATE AND TIME OF NEXT MEETING		
	Date: Tuesday 11th November 2025 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital There being no further business the Chair declared the meeting closed at 20:25.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Graham Ward Chair Date		



Note: These minutes were prepared with the assistance of Copilot.

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	P			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	P	P			1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P			3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P			3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A			3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P			4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P			3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P			3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P			3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	P	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	P	P			3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P			3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	P	P			3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	P	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	P	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	P			3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	A	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 Doddy	Nottinghamshire County Council	Appointed			4	11/07/25	31/05/29
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
25/032.1	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		Update 22/08/2025 On agenda for Governor Conference Complete	Green
25/055	12/08/2025	Consideration to be given to the timing of Full Council of Governors meetings in future years to possibly avoid a meeting in August.	Council of Governors	None	11/11/2025	S Brook Shanahan / G Ward		Update 06/11/2025 It is not possible for CoG to be moved to July due to the governor elctions and reporting timeframes. It is proposed, with the approval of CoG, to move the August CoG to the slot arranged for the Governor Conference on 8th September 2026 and the Conference to be held on 11th August 2026.	Amber
25/058	12/08/2025	Usage of the main reception area by uniformed staff as a rest area to be monitored and addressed as appropriate	Council of Governors	None	11/11/2025	P Bolton / G Ward		Update 22/08/2025 PB has met with Julie Dennis from Medirest, senior lead for the staff groups identified as using this area. They are doing daily surveillance and have messaged all staff reinforcing alternative available staff break areas. Update 28/10/2025 In addition to the above, Phil has raised the issue with Mark Jackson, Director of Estates and Facilities, and Rich Mills, Chief Financial Officer, noting it is Medirest staff using the area. Complete	Green
25/068	12/08/2025	Expressions of interest in joining a working group to oversee the procurement process for external auditors to be sought from governors.	Council of Governors	None	11/11/2025	S Brook Shanahan	B Truswell	Update 22/08/2025 E-mail circulated to all governors on 19/08/2025 requesting expressions of interest Complete	Green
25/069	12/08/2025	Spotlight On video, Showcasing the essential work of the Orthotics Team, to be circulated to governors.	Council of Governors	None	15/08/2025	S Brook Shanahan		13/08/2025 Link to video e-mailed to all governors Complete	Green

Council of Governors - Cover Sheet

Subject:	Chair's report				Date:	11 th Nov 2025
Prepared By:	Rich Brown, Head of Communications					
Approved By:	Graham Ward, Chair					
Presented By:	Graham Ward, Chair					
Purpose						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective.					Approval	
					Assurance	Y
					Update	Y
					Consider	Y
Strategic Objectives						
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	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
AGM = Annual General Meeting AMM = Annual Members' Meeting CARE = Compassion, Accountability, Respect, Excellence NHS = National Health Service NUH = Nottingham University Hospitals PR = Principal Risk SFH = Sherwood Forest Hospitals UHL = University Hospitals of Leicester						
Executive Summary						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective.						

Thanking our former Acting Chief Executive, Dr David Selwyn

I will start this month's report by paying tribute to the Trust's former Acting Chief Executive, Dr David Selwyn, who departed the Trust on Thursday 6th November 2025 [after previously announcing his plans to leave the Trust to explore new opportunities beyond the NHS at our public meeting of the Trust's Board in August.](#)

I have worked with Dr Selwyn for just over six of his 40-plus years in the NHS and would like to place on record my thanks to Dave for his exemplary leadership during that time.

During his most recent years with the Trust, he has helped to lead us through some of the most challenging periods in its recent history, including the Covid pandemic, unprecedented periods of industrial action and leading the organisation following the untimely passing of our former Chief Executive, Paul Robinson, earlier this year.

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.

We thank him for his dedication throughout his time here at Sherwood and within the wider NHS.

Welcoming our new Chief Executive, Jon Melbourne, to Sherwood Forest Hospitals

We are delighted to welcome Jon Melbourne to his first meeting of the Trust's Council of Governors, after he took-up his post as the Trust's new Chief Executive on Monday 27th October 2025.

Prior to joining Sherwood, Jon had served as the Deputy Chief Executive and Chief Operating Officer at University Hospitals of Leicester NHS Trust, where he had worked since January 2022.

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, UHL 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.

Jon brings extensive experience in operational, financial and strategic leadership to Sherwood, with his previous experience including a number of senior roles across the country's NHS.

Prior to his time at University Hospitals of Leicester, Jon had worked at University College London Hospitals NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, and Imperial College Healthcare NHS Trust.

We welcome Jon to Sherwood and look forward to working with him.

Trust hosts Annual General Meeting (AGM) and Annual Members' Meeting (AMM)

The Trust's Annual General Meeting and Annual Members' Meeting was held on Tuesday 16th September 2025 in the Education Centre at King's Mill Hospital.

The meeting welcomed dozens of Trust partners, governors, public members of the Trust, and members of the public to learn more about the Trust's achievements, performance and challenges from over the 2024/25 financial year gone by.

The AGM was preceded by a public *Improving Lives* event where attendees learned more about the Trust's services and future plans, as well as giving feedback to help shape Trust services.

Thank you to everyone who attended this year's Trust Annual General Meeting and Annual Members' Meeting.

Councillor John Doddy appointed for third term as Trust governor

We have been delighted to welcome Councillor John Doddy back to Sherwood Forest Hospitals over recent months, as he returned for a third term on the Trust's Council of Governors as an appointed governor from Nottinghamshire County Council.

We look forward to working with Councillor Doddy once again over the coming months.

Celebrating our Trust colleagues

Celebrating the efforts of colleagues at our annual *Excellence Awards*

A recently-retired midwife who helped more than 300 families to quit smoking during pregnancy won the prestigious Lifetime Achievement Award at our annual Trust *Excellence Awards* in September.

Claire Allison, who has dedicated her working life to nursing and midwifery, retired from her role as Tobacco Dependency Maternity Lead for the Phoenix Team in May.

She had established the team which supports parents-to-be to stop smoking in 2021 and succeeded in making it the gold standard of services for the country. Her work has been published in the British Journal of Midwifery, the European Journal of Marketing, and it features in the NHS Saving Babies Lives Care Bundle - national guidance to make maternity care safer and more personal.

Described by her colleagues as someone who acts with the greatest humility and kindness, Claire put her heart and soul into her work at SFH and leaves behind a powerful legacy of leadership, compassion, innovation and excellence in care.

Elsewhere, the award voted for by members of the public, *The People's Award*, was presented to the Trust's Day Case Unit.

The team received exceptional feedback and was described as providing 'not just care, but love', after going above and beyond to ensure that a couple (who had not spent a night apart in 52 years) could stay together on New Year's Eve whilst one of them was in hospital. The team was commended for their unwavering compassion and dedication towards their patients.

It was also my absolute privilege to award our Trust Chaplain, Reverend Rodney Warden, with my Chair's Award to recognise his place as a treasured member of the SFH family. It was great to see the standing ovation he rightly received on the night.

Rodney was chosen for providing compassionate spiritual and pastoral care to patients, families, and staff. He was described as a true embodiment of the Trust's CARE values and known for his calm, steady presence and close work with bereavement midwives and Early Pregnancy Unit.

Families often ask for Rodney by name, finding comfort and strength during unimaginable loss, while colleagues feel supported the moment they arrive on the ward. His impact is lasting and deeply felt by all.

The Paul Robinson CARE Award, a new award named in memory of former Trust Chief Executive Paul Robinson, who sadly passed away earlier this year, was also awarded to a colleague who has demonstrated their dedication to the Trust's CARE values.

Jade Harrison, Cancer Support Worker, was chosen for her unwavering commitment to patient care and excellence in healthcare, with her name regularly appearing in feedback from patients. Jade goes above and beyond daily and a recent example of this was the comfort, stability and strength she offered to a patient during a deeply distressing time. Jade's compassionate presence and clear, honest communication was noted from the very first consultation, and she was specifically named by the patient, who explained that Jade's empathy and professionalism helped them to navigate such a sensitive journey.

Other notable winners include the Daffodil Café Volunteers who won the Volunteer of the Year Award, and the Amazon Breast Cancer Support Group, who have raised £300,000 to support breast cancer care at King's Mill Hospital over many years, took home the Community Hero Award.

The Excellence Awards are our way of saying thank you to the many colleagues who work selflessly throughout the year. Whether a winner or a nominee, these are the colleagues who ensure that our patients are looked after with the utmost care, respect, and dignity.

We look forward to the Excellence Awards each year, as they never fail to bring forward stories filled with emotion and dedication and it is always a deeply humbling experience to be part of those moments and celebrate the incredible contributions of our colleagues.

The awards evening took place at the One Call Stadium in Mansfield, home of Mansfield Town Football Club. It was funded entirely by donations and support from the Sherwood Forest Hospitals Charity, corporate sponsors Managed Healthcare, Datix, the Radford Foundation, and Mills & Reeve.

The full list of winners are listed and below – and we thank them once again for their brilliant work!

- Multidisciplinary Team of the Year – Lower GI Improvement Team 'Bottoms up' project
- Most Improved Team – Orthogeriatric Liaison Team
- The Chris McFarlane Award – Sidra Kalsoom, Biomedical Scientist in Histopathology
- Rising Star Award – Irvine Makani, Lead Nurse, Emergency Department
- Non-Clinical Team of the Year – Emergency Department Reception
- Non-Clinical Individual of the Year – Holly Baxter, Paralegal, Legal Services Team
- Nursing, Midwifery & AHP Team – Neurological Outpatients and Sherwood Rehabilitation Team
- Nursing, Midwifery & AHP Individual – Jade Smithson, Pneumonia Service Nurse, Respiratory

- Doctor and Consultant Team – Gastroenterology Consultant and Lead Nurse Endoscopists, Emergency Department and Urgent Treatment Centre
- Doctor and Consultant Individual – Dr Ahmed Bakeer, Consultant, Emergency Department
- Specialist Healthcare Team – Sexual Health Services
- Specialist Healthcare Individual – David Cunningham, Assistant Practitioner, Radiology
- Outstanding contributions to Equality, Diversity and Inclusion - Keela Darby Ward Sister, Surgical Assessment Unit and Surgical Same Day Emergency Care Unit
- Exceptional Contributions to Sustainability – Urgent and Emergency Care Green Initiatives Scheme
- Volunteer of the Year – Daffodil Café Volunteers
- Lifetime Achievement Award – Claire Allison, Tobacco Dependency Maternity Lead for the Phoenix Team
- Community Hero – Amazon Breast Cancer Support Group
- Community Partner of the Year – OPUS Music
- The Paul Robinson CARE Award – Jade Harrison, Cancer Support Worker
- The Chair Award – Rodney Warden, Chaplain
- The People's Award – Day Case Unit

Recognising the difference made by our Trust Charity and Trust volunteers

August, September and October were another busy period 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.

Through the months of August, September and October, 377 volunteers gave 11,140 hours of their time to support 28 services across the Trust's King's Mill, Newark and Mansfield Community Hospital sites.

Some highlights of the past three months include:

£50,000 commitment from our Trust volunteers

Our fantastic team of volunteer fundraisers have pledged £50,000 of support for several small-scale service improvements to enhance patient experience at King's Mill Hospital.

The donation from profits raised in the Daffodil Café and fundraising stall, will support a number of projects including a treatment couch for Surgical Same Day Emergency Care, artwork for consultation rooms in clinic 10, slippers for falls risk patients, a patient information whiteboard in clinic 8, bags for pre-op patient information packs, self-soothe boxes for mental health patients, traction



equipment for orthopaedics, “I’ve been brave” stickers for the orthoptics clinic as well as ongoing funding for our patient clothing store, emergency food discharge packs and refreshments for patient engagement groups.

We are incredibly grateful to our volunteers who work tirelessly in the Daffodil Café and on the fundraising stall to raise funds which help to make the difference for our patients and visitors at King’s Mill Hospital.

Thank you to all our customers whose contribution turns buying a cup of coffee or a small gift into real, lasting impact.

Celebrating 30 years of support from the Amazon Breast Cancer Support Group

The Amazon Breast Cancer Support Group recently marked 30 years of supporting the community and patients here at Sherwood Forest Hospitals.

The Amazon Breast Care Group are an independent charity who exemplify dedication and commitment to support breast care services at King’s Mill Hospital.

They have raised over £300,000, directly benefiting breast services and patients in the community.



Their fundraising efforts, including charity events and donations, enabled the creation of a new breast cancer support unit with state-of-the-art facilities.

Beyond financial support, they provide emotional care and solidarity, offering hope and compassion to patients and families during treatment. Their tireless work makes them an indispensable partner and a true community hero, enhancing care and support far beyond traditional healthcare settings.

The group welcomes people at all stages of their journey and holds meetings on the second Tuesday of each month (except in August) from 5pm until 6.30pm in the Amazon Lounge in Clinic 14 at King’s Mill Hospital.

We were delighted to see their contributions recognised at our Trust *Excellence Awards*, as they took home the Community Hero Award. Thank you to the Amazons for your brilliant fundraising and the priceless support you offer.

Celebrating the dedication of two of our long-serving volunteers

We have been proud to celebrate the commitment of two of our amazing volunteers for their incredible long service.

Jill Smallwood (pictured opposite) is a dedicated hub volunteer who chairs our Volunteer Fundraising Committee, helping to make a real difference for patients and staff. We are proud to have celebrated 25 years of Jill volunteering with the Trust.

Jean Allsop volunteers at the Daffodil Café, creating a welcoming space for patients, visitors and staff. She has reached her own milestone of volunteering for 20 years with the Trust.

We thank them both for their dedication and long service.



Other notable developments from our brilliant Community Involvement team and our team of volunteers during the past two months include:

- **Patient information bags**

Patients due to have a planned operation at King's Mill or Newark Hospital can now be better prepared for their procedure, thanks to the generosity of the Friends of Newark Hospital and the King's Mill Hospital fundraising volunteers.

They have provided funding for patient information bags to be handed to patients before their operation, which include items such as paperwork relating to their procedure, anti-microbial body wash and mini sharps bins.

The bags, which can be used to keep a variety of preadmission information and essentials, will help patients to be better prepared. They help to maintain confidentiality and privacy and are also useful to those with mobility issues who may use walking aids. This is because it is safer to have all their essential items in one place rather than expecting them to carry the items individually, which could result in the patient struggling to use their walking aid and potentially dropping their items.



- Thanks to the kind donations made by members of the public, the Sherwood Forest Hospitals Charity has funded equipment which will offer improved comfort and dignity for patients requiring management of symptoms. The charity has purchased a fleet of medication syringe driver pumps for £44,500.

A syringe driver is a small, portable, battery-powered pump which delivers a steady flow of medicine without interruption over 24 hours. The pump helps to manage symptoms for people who can't take oral medications, such as patients receiving end of life care.



Recently, the Trust found out that their current stock of pumps was soon to become obsolete and needed replacing with a new model. The new pumps, with a much longer battery life, mean the Trust can make sure patients are receiving symptom management treatment which is right for them and that they can live in comfort and dignity.

- **'Birthing boxes' introduced to improve the birthing experience**

The Trust's Maternity Department used feedback from the Local Maternity Voices Partnership, the Birth Afterthoughts Service, Friends and Family tests and other sources to request funds from the Sherwood Forest Hospitals Charity to use to improve the birthing and induction rooms and invest further in the quality of care provided.

Some of these improvements include safe and approved ambient lighting, a Bluetooth speaker for patient use, birthing aids and future plans for wall décor.

The new equipment will be provided to families in the Induction of Labour Suite and Birthing Unit that wish to use it via a 'birthing box'. The 'birthing box' will create an environment that feels nurturing and enhances experience regardless of mode of birth, ensuring expectant parents feel well cared for.

- **Non-Executive Director Andrew Rose-Britton's sponsored walk**

We also owe a 'thank you' to one of the Trust's Non-Executive Directors, Andrew Rose-Britton, who has raised an incredible £345 for the Sherwood Forest Hospitals Charity by taking part in a 190-mile sponsored walk.

Andrew walked the legendary Coast to Coast route from St Bees in Cumbria to the east coast of North Yorkshire with the intended finish line being Robin Hood's Bay. However, a moorland fire and some exploding World War II bombs meant a diversion to Whitby. Andrew is a keen walker and previously walked the Camino Way in Spain in aid of the charity.

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 enjoyed the latest of my regular catch-ups with the Trust's Lead Governor, Liz Barrett OBE DL. This followed our latest *Governors' Conference* which provided positive discussions around how we can further that commitment.
- I undertook walkarounds of the Trust's People Services function and our Adult Critical Care Unit alongside the Trust's staff-side lead, Roz Norman.
- I undertook 15 steps visit to Chatsworth Ward and Ward 31.
- Jon Melbourne and I went on a walkaround the Trust's Urgent & Emergency Care areas.
- I joined the latest of our monthly catch-up meetings with the Regional Director of NHS England (Midlands), Dale Bywater and the Midlands Chairs & Chief Executives event in Leicester.
- I joined our latest meeting of our local NHS providers' chairs meeting, alongside my counterparts from Nottingham University Hospitals (NUH) and East Midlands Ambulance Service (EMAS).
- I joined both the NHS Providers and NHS Confed Chairs Forums on Teams
- We held the latest Committee in Common with colleagues from Nottingham University Hospitals (NUH) to continue our commitment to working together to better provide services to the communities we serve.
- I visited Bassetlaw Hospital, where I met with their new Acting Chair together with Simon Illingworth (COO) to explore opportunities to work more closely together.
- I very much enjoyed attending the opening of the Trust's new Clinical Research Facility, an asset that will help make a huge difference to our research capabilities going forward, for the benefit of our patients.
- I was privileged to be able to attend the Trust's Celebrating Excellence Event and hearing about the tremendous projects that our nursing staff have been involved in over the last 12 months and the beneficial impact that they have had on our patients.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report				Date:	11 th November 2025
Prepared By:	Rich Brown, Head of Communications					
Approved By:	Jon Melbourne, Chief Executive					
Presented By:	Jon Melbourne, Chief Executive					
Purpose						
An update regarding some of the most noteworthy events and items the past three months from the Chief Executive's perspective.					Approval	
					Assurance	Y
					Update	Y
					Consider	Y
Strategic Objectives						
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	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
A&E = Accident and Emergency BAF = Board Assurance Framework BMA = British Medical Association CDC = Community Diagnostic Centre CEO = Chief Executive Officer COPD = Chronic Obstructive Pulmonary Disease CRF = Clinical Research Facility ED = Emergency Department FY1 = First Year			MOU = Memorandum of Understanding NHS = National Health Service NOF = National Oversight Framework NTU = Nottingham Trent University OPEL = Operational Pressures Escalation Level PCNs = Primary Care Networks PIFU = Patient Initiated Follow Up PTL = Patient Tracking List RTT = Referral to Treatment			
Executive Summary						
An update regarding some of the most noteworthy events and items the past three months from the Chief Executive's perspective.						

Thank you for welcoming me to Sherwood Forest Hospitals

Firstly, thank you for the welcome to Sherwood Forest Hospitals. I am proud to start in post as the Chief Executive Officer (CEO) at Sherwood and I am excited about what we can achieve together.

On my first day in post, I wrote to colleagues across the Trust to set-out three priorities for my first 100 days and I write my update today through the lens of those priorities:

Listen

I want to hear from colleagues, patients and partners about their experiences, challenges, opportunities and everything else.

I have already visited services across our sites. I have met groups including our medical, nursing and operational leaders. I have been contacted by many colleagues both welcoming me and inviting me to a discussion – and I will get around to all of them.

What I have experienced so far is a culture committed to doing things in the right way and to putting patients at the centre of our services, aims and ambitions. I have also heard about a challenging operational environment, with our financial challenges and urgent and emergency pressures in particular putting a strain on our services and colleagues.

I am committed to continuing to listening and we must also take action to lead improvement for our patients and colleagues.

Deliver our plan in 25/26

As described above, the challenges the NHS is facing at the moment are significant: we must continue to improve access, safety and quality whilst delivering our financial plan – and balancing all of those priorities during what will be a difficult winter is difficult.

We are seeing demand increasing and winter pressures are already impacting us, with the volumes of patients urgent and emergency care services leading to pressures across our sites and services.

There are areas we need to improve, including in our four- and 12-hour performance in our Emergency Department, in bringing our waiting list down and our financial delivery.

Yet there are areas where we are showing strong performance, including our ambulance handover position. Our flu vaccine uptake has been good so far at 33.2% of all colleagues and 36.1% of colleagues have completed their *NHS National Staff Survey*.

I have seen a drive and commitment from colleagues in balancing our priorities, delivering our plan, and continuing to put patients first.

Plan for the future

While focusing on the day-to-day, we must ensure that we plan for the future. There is so much to be proud of at Sherwood Forest Hospitals and, of course, there is much to improve too. We must build upon the platform which we have at Sherwood Forest to rise to the challenges and opportunities in the NHS, including in digital development, transformation, the hospital to community shift and more.

I have written to partners across Nottingham and Nottinghamshire to introduce myself and will be meeting with them in coming weeks to discuss how we can best work together to drive improvement for our patients and communities.

I look forward to working with you all to ensure that Sherwood Forest Hospitals is a great place to work and a great place to receive care – and I am excited about what we can achieve together.

Operational update

Sherwood ranked East Midlands' second-highest acute trust in NHS England National Oversight Framework (NOF)

In September, NHS England published its new National Oversight Framework (NOF) which ranks every trust in England against a number of standards – from their performance in urgent and emergency care departments to how quickly they can progress elective operations, their cancer performance, and even the experiences that patients share each year in the *NHS National Staff Survey*.

That framework has been published with the aim of improving information available to the public, driving-up standards and tackling variations in care across the country.

The framework places trusts into four performance segments, with the first – segment one – representing the best-performing trusts and the fourth segment showing the most challenged. Separate league tables are published for acute, non-acute and ambulance trusts.

For us here at Sherwood, the league tables see us ranked 48th place out of 134 acute trusts in the country and the second-highest ranking trust of our kind anywhere in the East Midlands.

That framework also places us into the third of the four segments, recognising that any trust working in financial deficit cannot climb any higher than segment three.

Significant and sustained effort has continued to drive improvements in financial and operational performance over recent weeks, as the Trust works towards its commitments of saving £45.8million this financial year.

The publication of the second National Oversight Framework is expected in November.

Overview of operational performance

We have had a challenging August, September and October across several areas of the Trust.

We have seen discharge delays increase significantly over the summer period reaching levels not seen since early 2024. This largely relates to increased numbers of pathway one discharge patients waiting to leave hospital, which concerns patients being discharged with a package of care from our hospitals.

The challenge of discharging patients in a timely manner drove increased patient length of stay and flow issues into and through our hospitals. The delays in admitting patients due to a lack of beds, resulted in our Emergency Department frequently being overcrowded, leading to increased waiting times which can increase the risk of delay-related harm.

Our headline A&E (Accident and Emergency) four-hour performance metric deteriorated to 68.0% in September, falling well below our operational plan and much lower than the 73.6% we saw last year.

This performance challenge was also apparent in our Emergency Department (ED) 12-hour length of stay performance and in our 30-minute ambulance handover performance.

Operational Pressures Escalation Level (OPEL) four actions, together with the deployment of our Full Capacity Protocol, were implemented throughout this unprecedented period of challenging flow over the summer.

Operating in escalation places pressure on our people and heightens financial pressures, as well as risking the quality, safety and timeliness of care we provide to our patients.

In terms of planned care, we have continued to reduce the proportion of long wait patients. Our 52-week wait backlog was at 0.9% of the total patient tracking list (PTL) and therefore below the 1% operational planning guidance target to be achieved by the end of 2025/26.

However, 18-week referral to treatment (RTT) performance deteriorated to 61.9% in September. While the Trust continues to benchmark well nationally, we have fallen further from our plan to deliver a mandated 5% improvement on November 2024 performance. 18-week first appointment performance has also deteriorated and our total PTL size is growing.

Actions have been developed, particularly on the non-admitted pathway, to recover performance back to plan in 2025/26.

We continue with strong performance providing patient initiated follow up (PIFU) delivering performance consistently better than the standard.

Our diagnostic DM01 performance has been relatively stable since October 2024, aside from two very strong months in February and March 2025. This is reflected in our benchmarking position which is now consistently above the national average. Previously released insourcing capacity has been reinstated for Echocardiography as we look to improve performance to meet our plan by December 2025.

Our cancer performance for the 28-day faster diagnosis standard and the 62-day treatment standard remain favourable to plan. Cancer 31-day treatment performance (first treatment) has been moving within standard variation since mid-2024. For 31-day and 62-day treatment standards, we benchmark in the lower quartiles nationally. The cancer 62-day backlog has increased in recent weeks, though recovery plans are in place across several tumour sites.

Our Integrated Performance Report, which is considered bi-monthly by the Trust's Board of Directors, will provide more detail on areas of strong and challenged performance together, along with key actions we are taking to improve the timeliness of care we offer to patients.

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

Reflecting on the impact of recent industrial action

July saw the return of national industrial action, as resident doctors chose to take strike action as part of their ongoing dispute with the government over pay and conditions.

Resident doctors (formerly known as junior 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 25th July 2025 and 7am on Wednesday 30th July 2025.

During July's industrial action, the Trust managed to protect a significant amount of activity and will strive to do the same again during future periods of industrial action.

In addition to the impact on our patients, this latest period of industrial action cost the Trust £0.4million through the cost of covering shifts and loss of income. This cost will be incurred as a cost pressure to the Trust.

A second period of industrial action from resident doctors is due to take place from 7am Friday 14th November 2025 and 7am on Wednesday 19th November 2025, with planning to mitigate the impact of that industrial action continuing at the time of writing.

Partnership updates

Securing funding for an integrated neighbourhood respiratory health service

As part of a wider Mid-Nottinghamshire collaborative, we have been successful in securing £215k for the development of an integrated neighbourhood respiratory health service. The Trust led on the proposal, which is a joint plan with Nottinghamshire Healthcare Trust, our six Primary Care Networks (PCNs), and the Integrated Care Board.

Respiratory disease is a leading cause of premature death and avoidable admissions in Nottinghamshire, with COPD and asthma prevalence exceeding the national average. The programme's aim is to create a scalable, community-based approach that meets our population's health needs and tackles health inequalities.

The programme will start in two PCNs increasing access to early and accurate diagnosis of COPD and asthma and moving specialist care closer to communities. The new ways of working will be embedded within the new integrated neighbourhood teams, allowing closer working and support from community and voluntary sector partners and public health teams.

Trust signs landmark Memorandum of Understanding with Nottingham Trent University

Sherwood Forest Hospitals has signed a Memorandum of Understanding (MoU) with Nottingham Trent University (NTU) to formalise the two organisations' strategic partnership aimed at enhancing healthcare education, research, and innovation across Nottinghamshire and the wider region.

The MoU sets out a shared commitment to collaborate across key areas including clinical and non-clinical placements, workforce development and digital transformation. The partnership will focus on improving the health and wellbeing of local communities while supporting the recruitment, education, and retention of high-quality healthcare professionals.

Initial areas of focus include expanding placement opportunities for NTU students, developing joint research initiatives, and creating pathways for employment and education in both clinical and non-clinical roles.

As a Trust, we are committed to improving lives across the communities we serve and this partnership with Nottingham Trent University is another brilliant example of how we work with other local organisations to do just that.

This exciting partnership will help our local hospitals to explore research and innovation opportunities with our local education providers, helping our local NHS to access the cutting-edge facilities and thinking that our universities have to offer.

Crucially, this commitment will also create more opportunities for local people to step into the NHS to learn and work locally – helping to meet the needs of our local communities, both now and for many years to come.

The shared commitment also builds upon both institutions' individual partnerships with West Nottinghamshire College.

The partnership will also extend to the University, College and Trust working together to design university healthcare courses that will prepare local people for working in the local health and care sector.

Supporting our local Armed Forces

On Saturday 1st November 2025, we were honoured to host the Ashfield Festival of Remembrance here at Sherwood Forest Hospitals.

The Festival is a shared collaboration between Together in Ashfield CIC, ATTFE College, and this year, Sherwood Forest Hospitals NHS Foundation Trust.



The day began with a service at St Mary's Cenotaph in Sutton-in-Ashfield, before guests joined us at King's Mill Hospital for a series of inspiring presentations and refreshments that were kindly provided by volunteers from ATTFE College.

We were proud to welcome Ed Attenborough, High Sheriff of Nottinghamshire; Lieutenant Colonel Keith Spiers; and Nora Senior, Vice Lord-Lieutenant of Nottinghamshire, who joined us alongside colleagues from across our Trust — including members of our Veterans Network, Lead Governor Liz Barrett, and the Principal of ATTFE College, together with learners, volunteers, and members of our local community.

This year's theme focused on remembering and acknowledging the local people who supported the war efforts from a medical perspective. A truly fitting reflection of our NHS heritage.

Across our site, you'll see 'Tommies' on display, created and donated by ATTFE College staff, learners, and volunteers. These intergenerational creations provide a real time for reflection on life in modern Britain for all involved. Thank you to everyone who took part, contributed, and joined us in remembrance.

County-wide NHS partnership wins forces Health and Wellbeing Award

We are incredibly proud to announce that at the recent Boots and Beret ceremony, Sherwood won the Health and Wellbeing award jointly with Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust.

Winning this award brings pride and joy and represents the dedication, commitment, and perseverance that made it possible from our Armed Forces Network.

The awards, run by Nottinghamshire County Council, honour the dedication, commitment, and support for our Armed Forces community in Nottinghamshire.

Other Trust updates

Successful launch of New Clinical Research Facility marks major milestone for local healthcare

In October, Sherwood opened its new, purpose-built Clinical Research Facility (CRF) at King's Mill Hospital, as Sherwood Forest Hospitals continues its work to advance clinical research and improve patient care across the local community.



A specially arranged opening event showcased the CRF's potential to support and deliver pioneering clinical studies. Attendees toured the state-of-the-art facility, met members of the Research and Innovation team, and heard from key speakers about the CRF's role in shaping the future of healthcare innovation and discovery.

Located at the King's Mill Hospital site, the new CRF is designed to enable high-quality, cutting-edge research. It has modern facilities that will attract many industry partners and multi-centre national and international studies. Most importantly, it provides local people with new opportunities to take part in clinical trials that were previously unavailable in the Mid-Nottinghamshire area.

We are incredibly grateful to everyone who attended and contributed to the success of the launch. Special thanks also go to our early supporters and sponsors, including The International Accrediting Organisation for Clinical Research (IAOCR), whose contributions helped make this important milestone possible.

The launch of this new Clinical Research Facility marks a pivotal moment for Sherwood Forest Hospitals and the wider region. It brings world-class research opportunities closer to home for patients, while helping to embed research as a core part of everyday clinical care. This is how we turn innovation into better outcomes for patients.

We're proud to officially open a dedicated space where research can thrive. The new facility reflects our long-term commitment to advancing healthcare through innovation and collaboration and ensures that local people have access to the very latest in clinical trials and treatments.

As the Clinical Research Facility begins to welcome more participants and partners, Sherwood Forest Hospitals reaffirms its commitment to delivering research that makes a meaningful difference to patients now and in the future.

Mansfield Community Diagnostic Centre begins offering additional lung tests

The Mansfield Community Diagnostic Centre has begun offering additional respiratory lung health tests for asthma, COPD and similar conditions, adding around 60 appointments a month ahead of its full opening.

Since starting in October 2023, the CDC has delivered over 86,000 diagnostic tests – including a range of blood tests, X-rays, MRI and ultrasound scans – across our Mansfield Community and

Newark Hospital sites. Further tests have been offered from a mobile unit at the Nottingham Road Clinic.

The new site, once built, will allow patients to access thousands of tests each week, improving access and convenience especially for those who currently face long travel or difficulty accessing larger hospital sites.

Sherwood Forest Hospitals re-awarded the Carer Friendly Employer Quality Mark

For the fourth consecutive year, Sherwood Forest Hospitals has been awarded the Carer Friendly Employer Quality Mark by Nottinghamshire Carers Association. This recognition reflects our ongoing commitment to supporting colleagues who have caring responsibilities outside of work.

Trust neonatal team receives Bliss Baby Charter accreditation

The Neonatal team at Sherwood Forest Hospitals Trust has recently received their Neonatal Bliss silver award accreditation from the Bliss Baby Charter.

The charter provides support and guidance for neonatal teams to help them develop good relationships with parents. While working toward the accreditation, members of the unit have developed several initiatives and tools to aid families during their journey in the unit.



These include developing a virtual tour to make a visit to the unit less daunting for families, a counsellor for the unit, a playroom for siblings and a mandatory study day for staff on the unit, among other things.

The charter supports Neonatal teams to build the foundations of Family-integrated care on the unit, which means ensuring that parents are actively involved in their baby's care alongside healthcare professionals.

This partnership between parents and the healthcare team empowers parents to become confident and knowledgeable when giving care to their children, who quite often have additional needs.

The Baby Bliss Charter consists of seven simple principles that sum-up the care, respect and support that vulnerable babies should receive and cover.

These principles are social, developmental and emotional needs, decision making, specialist services and staff, benchmarking, unit information and support for families, feeding and discharge. The Emily Harris Foundation continuously supports the neonatal unit to enhance the experience of patients and families. The Foundation has provided families with access to a counsellor service and aided the playroom in addition to the day-to-day support they already provide.

Council of Governors - Cover Sheet

Subject:	Council of Governors				Date:	11 th November 2025
Prepared By:	Liz Barrett, Lead Governor					
Approved By:						
Presented By:	Liz Barrett, Lead Governor					
Purpose						
To share an overview as to the activities that Governors are engaging in and the impact of this work					Approval	
					Assurance	X
					Update	X
					Consider	
Strategic Objectives						
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			
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
Council of Governors						
Acronyms						
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)						
Executive Summary						
An overview as to how Governors have been spending their time this quarter and the impact of this.						

The Governing Body continues to work effectively and cohesively as a team. The current range of skills within the group complements our shared responsibilities exceptionally well. We benefit greatly from the organisational knowledge and professional experience of our staff governors, whose insights provide valuable context to our discussions. Additionally, this is enhanced by the perspectives of governors who visit SFHFT sites, allowing for a balanced triangulation of information and understanding.

From my perspective as Lead Governor, a further strength of the Governing Body lies in its open and supportive culture. Governors are able to raise concerns safely and constructively, enabling us to explore and address these matters collectively. The care, commitment, and shared sense of purpose among members are evident. Together, we remain mindful of our volunteer remit while contributing energy, time, and thoughtful engagement to support Team SFHFT in their ongoing quality improvement and operational initiatives.

As a team, we are acutely aware of the financial challenges currently facing SFHFT and remain committed to supporting the necessary savings and efficiencies to the best of our individual and collective abilities. The recent presentation by the Non-Executive Directors (NEDs) on the organisation's financial direction and strategy was particularly valuable, providing deeper insight into the challenges ahead and reassurance that the Executive Team and NEDs are working collaboratively to explore all possible solutions. The Governing Body fully recognises the scale of these financial pressures and stands ready to assist and support in navigating them.

A range of different governor activities have been engaged in and completed since the August Council of Governors meeting. These include 15 Steps which enables us to have first-hand insight into what is happening in different areas / spaces within Sherwood Forest Hospital Foundation Trust. As governors we highly value being able to engage in this activity as its experiential approach provides us with a platform to then triangulate from.

Several Governors attended the Community Diagnostic Centre opening and were really impressed with the space, facilities and all that it offers. The #Team SFH Excellence awards night ran back in September 2025 and it was heartwarming to hear the nominations and to celebrate all that is contributed to SFHFT daily.

The Autumn has seen the return of the Place based quality assurance visits. Many governors have actively been involved in these activities, and it has been helpful to hear them feedback to the wider team of Governors and exploring emerging themes.

At our recent governors forum, governors shared emerging concerns that have been emerging. It was helpful to have a transparent discussion and to group the concerns into themes. These fell under:

1.Concerns about staff moral was raised by all three staff governors (in a very measured way) and by other governors who are having feedback on this through different ways.

2. Inconsistencies with the delivery of the meal service

3. Concerns about the strategic direction especially linked to finances and needing to make the savings before 1st April 2026

It was also noted in the meeting the consistent pressures that ED are faced with.

A subsequent meeting was held with Governors and NEDs to discuss the above points. The meeting was challenging, robust and supportive. What shone through was the commitment that all involved have to supporting team SFHFT and the quality improvement processes.

Governors who attended the 'Celebrating Excellence' event in October 2025 talked about how inspirational it was and how good it felt to see and feel the quality and impact of all that is being achieved by Team SFHFT.

Governors continue to show a commitment to fundraising for the SFHFT charitable trust funds. A Chorus for Compassion concert featuring the Dementia Choir has been arranged by Governor Nabeel to take place on 15th November 2025. Kevin Stewart is also seeking to arrange a concert in the Spring with funds going to the same place.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update.		Date:	11 th November 2025	
Prepared By:	Grace Radford, Patient Experience Manager				
Approved By:	Candice Smith, Director of Nursing Quality & Governance				
Presented By:	Grace Radford, Patient Experience Manager				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from July to September 2025.			Approval		
			Assurance		
			Update	X	
			Consider		
Strategic Objectives					
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		
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
Executive Summary					
This paper provides an update to the Council of Governors on the 15 Steps Challenge visits conducted between July and September 2025. It outlines the clinical areas visited, the feedback collected by the visiting teams, and the key themes that have emerged. The 15 Steps Challenge continues to be a valuable tool for gathering qualitative insights into healthcare environments, viewed through the eyes of patients and their families. It offers a meaningful opportunity to align the experiences of patients and staff, promote a culture of compassion, and inspire local service improvements. Between July and September 2025, a total of 42 visits were carried out. The findings remain consistently positive, highlighting a strong culture of person-centred and compassionate care. Teams observed widespread pride, positivity, and a clear embodiment of the organisation's CARE values across the clinical areas visited.					

The programme continues to enhance the visibility and engagement of the Senior Leadership Team, while also strengthening the role of Governors. Governors bring a unique perspective to the process, capturing real-time, candid feedback from patients and helping to ensure that their voices remain central to service development.

Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits conducted between July and September 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 essential to recognise 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, 18 areas were visited, with corresponding reports submitted and reviewed. This represents a slight increase from the previous quarter, which saw 12 visits completed. The areas visited during this period, with completed reports returned, are as follows:

July	August	September
Ward 33/SAU/SDEC	Clinic 6 and 7	Ward 44
Ward 22	ED	Ward 34
Ward 23	EAU	ED / SDEC / CDU
Ward 43	Mortuary & Bereavement Centre	Ward 32
Linen Room	Ward 11	Ward 21
Ward 34		
Ward 24		
Clinic 11		
Total areas 8	Total areas 5	Total areas 5

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:

Clinics 6 & 7 were described as clean and tidy, bright and colourful.

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.

Staff were welcoming, friendly, and appeared genuinely happy in their work on Ward 32. They engaged in conversation with the visit team and showed an interest in the purpose of the visit.

Staff were friendly and engaged in conversation. Bank staff nurse on duty commented that she felt welcomed and part of the team. Senior sister visible and supporting with patients.

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.

On Ward 32 patients appeared comfortable with dignity maintained. Staff were observed to be interacting positively with patients.

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.

Doctors were open in sharing feedback about their work environment and challenges. Despite concerns, they expressed professionalism and ongoing commitment to their roles.

Safe:

Relevant and informative leaflets and posters were available in clinic 6.

All patient information in the Emergency Department was carefully managed and remained securely attended at all times.

Safety information displayed, Staff reported to be wearing ID and appropriate uniform.

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

Well-organised and calm:

Trainee doctors on Ward 23 reported the ward felt well organised and they were respectful of the nurses' knowledge and skills.

Ward was clutter free and calm with appropriate signage, hand gel available on entrance to the ward.

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

ED appeared well organised and maintained.

The department was very busy, however the areas visited were professional and clean.

Issues identified during the visits:

The majority of 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.

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. The actions completed following the previous report are also included for reference.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
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. Awaiting response as of time of completing report.
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. No update to provide.
Ward 22	Oxygen cylinders left on the floor at resus trolley.	NIC	✓	Completed	Confirmed cylinders are stored in correct holders and only two on the ward at any one time. Staff reminded to return trolley to clinical room. Job raised re doors between Wards 21 and 22.
Ward 21	Oxygen cylinders observed on the floor next to an oxygen cradle, despite clear signage above and gaps in the cradle.	NIC	✓	Completed	Escalated with Ward Sister at the time who moved equipment to appropriate place. Escalated to Matron.
EAU	Trustwide issue regarding patients accessing a call bell and oxygen		✓		Raised and trust aware at senior level
Ward 24	Patient documents noted to be filed incorrectly	NIC	✓	Completed	Raised at the time of visit and resolved immediately

Next Steps:

Visits are scheduled for the next 12 months. 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.

Council of Governors - Cover Sheet

Subject:	Winter Plan				Date:	11 th November 2025
Prepared By:	Mark Bolton, Associate Director of Operational Performance					
Approved By:	Jon Melbourne, Chief Executive					
Presented By:	Jon Melbourne, Chief Executive					
Purpose						
The Council of Governors are asked to note and take assurance from our 2025/26 Winter Plan.					Approval	
					Assurance	✓
					Update	
					Consider	
Strategic Objectives						
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	
✓	✓	✓	✓	✓	✓	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					✓
PR3	Critical shortage of workforce capacity and capability					
PR4	Insufficient financial resources available to support the delivery of services					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Our Winter Plan was approved by Trust Board in October 2025. The document was developed by our Winter Planning Group.						
Acronyms						
EMAS: East Midlands Ambulance Service GP: General Practitioner NEMS: Nottingham Emergency Medical Services (provider)						
All other acronyms are defined within the paper.						
Executive Summary						
The attached presentation provides a summary of our 2025/26 Winter Plan which was considered and approved in full in the October 2025 public Trust Board meeting.						
Our plan is based on the Integrated Emergency Management approach structured under the four headings:						
1. Anticipate and assess 2. Prevent 3. Prepare 4. Respond and recover.						

Our Winter Plan was developed with engagement across corporate and divisional teams via our Winter Planning Group and with system partners via the Integrated Care System Winter Delivery Group. We have learnt from previous years and incorporated learnings into our plan. Outputs of our annual bed modelling exercise are presented together with proposed mitigations. The proposed schemes represent our 'best offer' available that fit within the funding cap. The schemes together with some exceptional actions (such as running bed occupancy at 96%) leave us with a residual peak bed gap of 20 beds in Jan-26 against our nominal state. This level of gap should be able to be mitigated by allowing bed occupancy to exceed 96% and through the deployment of escalation actions. Successful delivery of the plan would allow elective operating to continue over Winter and patient outlying would be reduced.

Summary information is also presented around how we are supporting Team SFH over winter, areas of system focus, key risks and escalation and contingency plans.

It should be noted that our Winter Plan may continue to evolve, and it forms part of a wider process across the Integrated Care System (ICS).

The Council of Governors is asked to note and take assurance from our 2025/26 Winter Plan.

Winter Plan 2025/26

This document provides a summary of the SFH winter plan for 2025/26.

Council of Governors: 11 November 2025



Key Principles for Winter Planning

- Health and care partners will work together to offer **appropriate services to our population**
- **Patient safety** is optimised, and **quality of care** is maintained
- The **health and wellbeing of staff** is maintained
- We **minimise any adverse impact on elective activity** and associated patient experience, income and performance.

Approach to Winter Planning

The full winter plan approved by Trust Board in the public session in October 2025 included sections on:

1. Anticipate and assess issues in maintaining resilient services:

- Key winter pressure drivers identified – likely epidemiology of winter 2025/26
- Lessons learned from 2024/25
- Demand modelled
- Risks identified

2. Prevent the likelihood of occurrence and effects of any such issues:

- Prevent and manage infection including vaccination and patient/staff testing
- Effective population, patient and staff communications (system approach)

3. Prepare by having appropriate mitigating actions, plans and management structures in place:

- Mitigating actions and flow priorities inc. staff and support service plans; staff well-being
- Extent to which elective activity is protected, and patient outlying is reduced
- Specific plans for Christmas and New Year period

4. Respond and recover by enacting plans and contingencies as required:

- Escalation triggers and actions
- Contingency plans.

Supporting Team SFH over Winter

Psychologically safe teams

- Encourage good, meaningful conversations to show support to colleagues and enable teams to develop strong working relationships
- Ensure colleagues have access to free Wellbeing Conversations training to help them navigate difficult times
- Encourage an empathetic approach to colleagues during challenging events

Rest, Refuel, Rehydrate

- Lead by example by taking breaks, planning breaks and supporting colleagues to rest, refuel and rehydrate
- Promote all aspects of health and wellbeing related training and specifically coping under pressure
- Ensure areas are supported in the lead up to winter to have access or knowledge of available rest areas and ensure essentials are available in all areas

Burnout and Stress

- Target promotion and support areas with high anxiety, stress depression sickness absence and high burnout score in Staff Survey
- Promotion of financial wellbeing resources and support to reduce and address money worries
- Raise awareness of VIVUP and other support services for staff to access throughout and following difficult times

"Boost" Vaccinations

- Continue to encourage all staff to access a free Flu vaccine from the Occupational Health and Peer Vaccinator teams
- Ensure colleagues are aware of how to access a Covid-19 vaccine through the National Booking System or on site offers as eligibility dictates.

Elective Activity over Winter

- Our ambition is that any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient-risk basis
- It is recognised that in 2023/24 and 2024/25 it was necessary to reconfigure the surgical bed base and transfer elective orthopaedic beds to Medicine in the peak of winter (from Christmas to end of January). This was enacted in a planned manner
- Our intention in 2025/26 remains to provide sufficient mitigation against anticipated demand pressures to enable elective operating to continue year-round
- Our ambition is to significantly reduce patient outlying from medicine into surgery, which will be supported by bed reconfigurations.

Key Winter Schemes for 2025/26 (1/2)

- There are limited options and insufficient space within our adult bed base to mitigate the forecast winter bed deficits without reconfiguration/changes
- Our 2025/26 capacity plan for our adult bed base includes:
 - Reconfiguration of areas of our adult bed base creating an Acute Frailty Service and a Transitional Care Unit; and transferring a ward between our Surgery and Medicine divisions. The reconfiguration will be achieved in our existing footprint, consolidating services and making better use of our medical day case facility
 - Creating additional bed spaces by improving privacy and dignity of temporary escalation spaces across our medical bed base by installing curtains, services and equipment for an additional bed space per bay.
 - Enhancing overnight use of the discharge lounge
 - Investing in schemes to reduce length of stay (demand avoidance)
- There is sufficient flexibility within our paediatric bed base to flex the number of beds to match anticipated demand. In winter 2025/26 we have two paediatric high dependency unit beds (better offer than previous years).

Key Winter Schemes for 2025/26 (2/2)

The following schemes will support patient flow over the winter period and reduce length of stay:

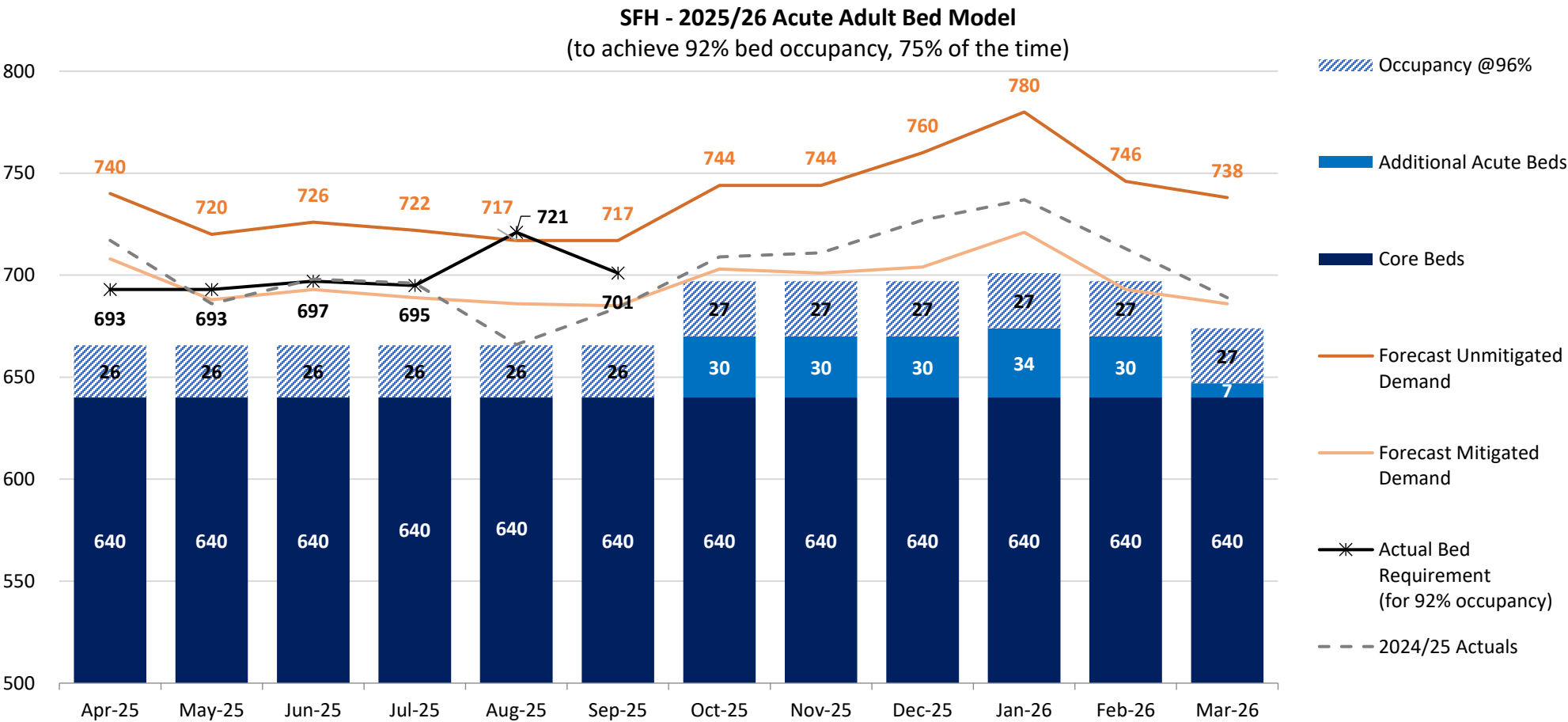
1. Deliver an Acute Frailty service with our existing footprint by cohorting patients and delivering enhanced early interventions to reduce length of stay as evidenced from the trial in winter 2024/25
2. Double respiratory Physicians at weekends*
3. Increase the opening hours of the Children's Assessment Unit*
4. Enhance our Virtual Ward offer. This links to the national Urgent and Emergency Care priorities
5. Provide bridging capacity for Pathway 1 discharges recognising the seasonal pressure we face over the Christmas and New Year period

We have secured circa £233k of external funding via the Health Innovation Network to develop an Integrated Neighbourhood Respiratory Health Service in mid-Nottinghamshire over the Winter period to support early and accurate diagnosis and risk stratification and optimisation.

Adult Bed Model: 2025/26 Mitigated Chart

The proposed schemes together with exceptional actions (96% bed occupancy) leave us with a peak bed gap over winter of 20 beds (Jan-26).

Full Capacity Protocol actions could provide a bridged position if bed occupancy was also raised beyond 96%. This assumes no non-elective demand growth (as seen to month five).



Bed Gaps @92% occupancy	-68	-48	-53	-49	-46	-45	-33	-31	-34	-47	-23	-39
Bed Gaps @ 96% occupancy	-42	-22	-27	-23	-20	-19	-6	-4	-7	-20	4	-12

Key Areas of System Focus

Key features of system partner plans that could support SFH are:

- Increase Urgent Care Coordination Hub (UCCH) activity in system by 72 calls per day by Mar-26 with refined exclusion criteria for category three calls manually passed between EMAS and UCCH and use of code automation pathway to reduce errors and standardise processes. Expansion of direct access pathways to UCCH to all care homes
- Improve catheter and 'long lie' patient pathway with refinements to referral process to District Nurses for UCCH
- Increase use of SFH 'call before convey' advice line by EMAS, NEMS and GPs to increase overall 'call before convey' activity and reduce referrals to the Emergency Department (ED) for 'non-emergency' patients
- Targeted education programme to GP practices with high referrals to ED
- Increase percentage of appropriate patients on end of life register with Respect with EMAS able to view via Notts Care Record.

Winter Risks

IF

- Physical space is insufficient to meet demand
- Unable to provide sufficient medical, nursing or support services staff to meet demand
- Unable to maintain a resilient workforce
- Insufficient equipment to meet demand
- Insufficient system capacity to maintain system flow and the timely transfer of medically safe patients (including impact of any decommissioning discussions)
- Experience an influenza pandemic or significant norovirus or CRE outbreak (or any other infectious disease)
- Experience any significant issues with the fabric of our buildings or other infrastructure e.g. ICT

THEN

May not deliver
resilient services over
winter

RESULTING IN

- Adverse impact on patient safety
- Inability to deliver appropriate services to our patients (particularly on elective pathways)
- Adversely impact on our reputation causing undesirable media coverage and a loss in confidence from the population we serve
- Reduced staff morale, resilience and retention
- Lack of compliance with national performance standards or local planning commitments causing undesirable regulatory action

Existing dashboards, systems and process exist to identify when the risk items are triggering a live issue. Issues will be managed operationally through five-times daily Capacity and Flow meetings. Quality Impact Assessments (QIAs) will be complete for all approved winter schemes and supplement existing QIAs that exist around capacity and flow.

Escalation Plans and Contingencies

- Full Capacity Protocol (FCP) and Operational Pressures Escalation Levels (OPEL) action cards in place
- SFH command centre six times daily email status updates shared seven days a week and viewable 24/7 by SFH colleagues in SQL Server Reporting Services (SSRS). The command centre provides real-time monitoring and reporting of pressures
- System control centre in place; OPEL escalation status of system partners visible
- On call structure in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team
- The SFH named Executive accountable for the winter period is Simon Illingworth, Chief Operating Officer
- Industrial action planning takes place to deal with any notified instances of action throughout the year; this will sit alongside our winter plan for any instances over the winter period.

Council of Governors Meeting - Cover Sheet

Subject:	Improvement Faculty Update		Date:	11 th Nov 2025	
Prepared By:	Jim Millns, Associate Director of Transformation				
Approved By:	Jim Millns, Associate Director of Transformation				
Presented By:	Jim Millns, Associate Director of Transformation Rebecca Egan, Senior Programme Manager Dr Andrew Jacklin, Clinical Transformation Lead				
Purpose					
The purpose of this paper is twofold: - To provide the Council of Governors with an update on the work of the Improvement Faculty. - To seek the views of and ask the Council of Governors to consider options for how to embed Patient and Public involvement within Quality Improvement work undertaken across the Trust.				Approval	
				Assurance	
				Update	
				Consider	X
Strategic Objectives					
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		
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
None					
Acronyms					
NHS – National Health Service QI – Quality Improvement PDSA – Plan, Do, Study, Act CNO – Chief Nursing Officer CMO – Chief Medical Officer					
Executive Summary					
1. <u>Overview</u> 1.1 The purpose of this paper is twofold: To provide the Council of Governors with an update on the Improvement Faculty (see <i>attached report, Appendix A</i>).					

- b. To seek the views of and ask the Council of Governors to consider options for how to embed Patient and Public involvement within Quality Improvement work undertaken across the Trust (*see attached report, Appendix B*).

2. Improvement Faculty Update

- 2.1 *Appendix A* details a summary of what has been achieved/delivered over the last 6 months, plus an overview of the work plan for the year ahead. This is the latest of a series of 6-monthly updates, as requested by the Council of Governors.

3. Patient and Public Involvement in Quality Improvement

- 3.1 Whilst *Appendix B* provides an overview of the importance of patient and public involvement in quality improvement and the approaches that have been taken over the last few years; the main purpose is to seek the views of and ask the Council of Governors to consider options for how to '*sustainably embed*' Patient and Public involvement within Quality Improvement work undertaken across the Trust.

- 1.1 There is a huge wealth of evidence to suggest that effective and meaningful patient and public involvement in quality improvement and transformation will improve care processes, patient safety and outcomes, lead to more appropriate services and better alignment with what patients actually need and will contribute to cost improvement and efficiency.

2. Recommendations

- 2.1 The Council of Governors are asked to:

- a. Note the contents of both *Appendix A* and *Appendix B*.
- b. In terms of *Appendix B*, to consider and suggest options for how to embed Patient and Public involvement within Quality Improvement and Transformation work undertaken across the Trust.

Improvement Faculty Update

Council of Governors Meeting

11th November 2025



1. Improvement Faculty Update – Quick Look Back

- **We have remained committed to upholding the core principles of quality improvement and cultural development** (as detailed within the NHS IMPACT (Improving Patient Care Together) framework) (<https://www.england.nhs.uk/nhsimpact/>):
 - We continue to offer a full training programme, accessible by all colleagues across the Trust, which has included QSIR Fundamentals, QSIR Practitioner, Project Management training, Human Factors training, Clinical Audit training and Creativity in Improvement Sessions.
 - We are continuing to develop and coordinate ‘alumni activity’, primarily through the creation of QI networks and QI coaches embedded within every division.
 - We continue to support several significant qualitative projects and programmes (including the ongoing programme management of the Mansfield Community Diagnostic Centre (CDC) development, linked to a wider Diagnostics Stewardship programme).
 - We have provided expert coaching and support to every ward who are part of the ward accreditation process, in terms of their respective Improvement Projects. This includes all inpatient wards, the Emergency Department (ED) and maternity.
- We have developed and are rolling out our **Insights Improvement Tool**; an evaluative benchmarking tool which encompasses a variety of qualitative and quantitative metrics. The tool is accessible by all staff and provides granular service-specific comparative information, including HR, culture, operational and financial metrics.
- Our second **Improvement Week** took place last week; a series of events which were aimed at celebrating progress and shining a light on how improvement happens every day across our services. The week consisted of drop-in sessions, the launch of online bitesize training resources and a showcase event. We also encouraged senior leaders from across the Trust to share their reflections on improvement — what’s going well, where we can strengthen our culture, and what the next five years could look like. We are just in the process of collating and evaluating the responses.
- We now have three **Clinical Transformation Lead roles** within the Faculty, whose role is to provide senior clinical leadership, predominantly (although exclusively), focused on our transformation priorities.

2. Improvement Faculty Update – Looking Forward

- **Resetting our Workplan** – The Finance Team have now assumed the lead role (with the CFO assuming Executive accountability) for Financial Improvement. This has presented the Faculty with an opportunity to re-set the workplan, so that as well as continuing to focus on culture, capability and coaching/support, the delivery component of our work will be focused on transformative change priorities. The focus will be on Emergency Care, Planned Care (encompassing Outpatients, Cancer and Diagnostics) and the ongoing development and delivery of WAVE (rapid improvement model) (which is significant as it will allow us to commit dedicated resource to focus on and address the root-causes of comparative high-cost and fragility, ensuring longer-term sustainability).
- **Development of Rapid Improvement Approach** - As noted above, we are nearing the end of the first pilot of the WAVE rapid improvement model. WAVE is based on a collaborative approach to organisational and system sustainability, and is data driven and evidence-based. It will support services to enact sustainable changes. We are about to commence the second pilot.
- **Reinforcing Links Between PSIRF, Audit and Improvement** - As part of the 'resetting our workplan' exercise, as detailed above, we are also working to establish much closer links with patient safety investigations and clinical audit (both of which often indicate the existence of systemic problems). Our Clinical Transformation Leaders are helping with this process.

3. Improvement Faculty Update – Contact Details

Outstanding Care,
Compassionate People,
Healthier Communities



IMPROVEMENT FACULTY
THE SHERWOOD WAY



sfh-tr.sfhimprovementfaculty@nhs.net



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The Improvement Faculty, Office 061112
(within the Library previously Flexible Learning Room)
Level 1, King's Mill Hospital

Sherwood Forest Hospitals
NHS Foundation Trust



Patient and Public Involvement in Quality Improvement

Council of Governors Meeting
11th November 2025

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1. Definition

- ‘Patient and Public Involvement in Quality Improvement should involve patients (or public members) working **with** staff and being **partners**, not just consultees. Patient partners should have an equal voice with staff in questioning, discussing and drawing lessons from incidents to improve safety.’

The Kings Fund - ‘How to involve patients in quality improvement’ 2017 - [Click Here](#)

- ‘Our definition of patient and public Involvement: individual participation – people in control of their own care; public participation – communities with influence and control; insight and feedback – understanding people’s experiences.’

NHS England - ‘Patient & Public Involvement Strategy’ 2016 - [Click Here](#)

- ‘Involvement helps ensure services and improvement projects are person-centred, reflect the lived experiences of people using them, and are better tailored to need.’

The Health Foundation - ‘Person-centred care made simple’ 2016 - [Click Here](#)

2. Why is it Important (1)

a. It will Improve Care Processes, Patient Safety and Outcomes (1)

- Co-design or partnership can lead to 'structural' or 'process' improvements. For example, when redesigning the way a service is delivered, engagement with patients can inform better policies and delivery models.

b. It will Deliver Better Experience, Satisfaction, and Sense of Dignity

- When patients feel their feedback is heard and acted upon, there is greater satisfaction and a better experience of care. Patient experience is a strong predictor of whether people feel safe, respected or involved.

c. It will Lead to More Appropriate Services and Better Alignment with what Patients Actually Need (2)

- Engaged patients help ensure services reflect their needs and preferences, which leads to more relevant, usable and impactful interventions.

(1) NHS England - 'How co-production is used to improve the quality of services and people's experience of care: A literature review' 2023 - [Click Here](#)

(2) The Health Foundation - 'Person-centred care made simple' 2016 - [Click Here](#)

2. Why is it Important (2)

d. It will Improve Staff Engagement, Morale, and Organisational Culture

- There is an association between patient engagement and staff engagement. Organisations that actively include patient voices tend to also involve staff more, share responsibility, and this tends to reduce errors and improve morale.

e. It will Contribute to Cost Improvement and Efficiency ⁽³⁾

- Effective patient and public engagement can reduce costs by avoiding duplication, unnecessary appointments or through more effective hospital-to-home transitions. Better alignment of services to patients needs may also reduce waste.

f. It will Improve Governance, Accountability and Transparency

- Engaging patients in governance can lead to better organisational performance and better satisfaction. Feedback systems (complaints, patient experience surveys), when used properly, can highlight systemic issues and provide invaluable insight.

(3) National Institutes of Health - '*Engaging patients in decision-making and behaviour change to promote prevention*' 2017 - [Click Here](#)

(4) NHS England - '*Patient experience improvement framework*' 2018 - [Click Here](#)

3. What Have We Tried Before (And Why Didn't It Work)

a. Community Improvement Partners

- In 2020 we engaged several Community Improvement Partners (CIPs). These were voluntary roles, the aim of which was to ensure expertise-by-experience was embedded into every programme area (based on preference). Whilst initially the role was impactful, the fact that the roles were voluntary meant not everyone was able to get to every meeting. In addition, we did very little preparatory work internally. This resulted in varying degrees of engagement with the CIPs.

b. Engaging with Regional Patient and Public Forum

- In 2022 we were invited by Health Innovation East Midlands (who at the time were called East Midlands Academic Health Science Network) to utilise their Patient and Public Engagement Forum, but way of 'testing' new ideas. We quickly found that we didn't just need expertise by experience, but we needed **local** expertise. Consequently, we never had a requirement to use the forum.

c. Community Engagement Lead

- In 2024 we engaged with an individual who was seeking voluntary work with the Trust and who had a clinical and community engagement background. The individual agreed to act as our Community Engagement Lead. Whilst we enjoyed the benefit of being kept up-to-date on community initiatives (which would potentially impact on our own projects), we struggled to get traction with regards widespread engagement. The role was voluntary and was one person, plus the individual had lots of other interests outside of this role. Eventually the individual decided that they wanted to limit their voluntary commitments and therefore stepped down from the role.

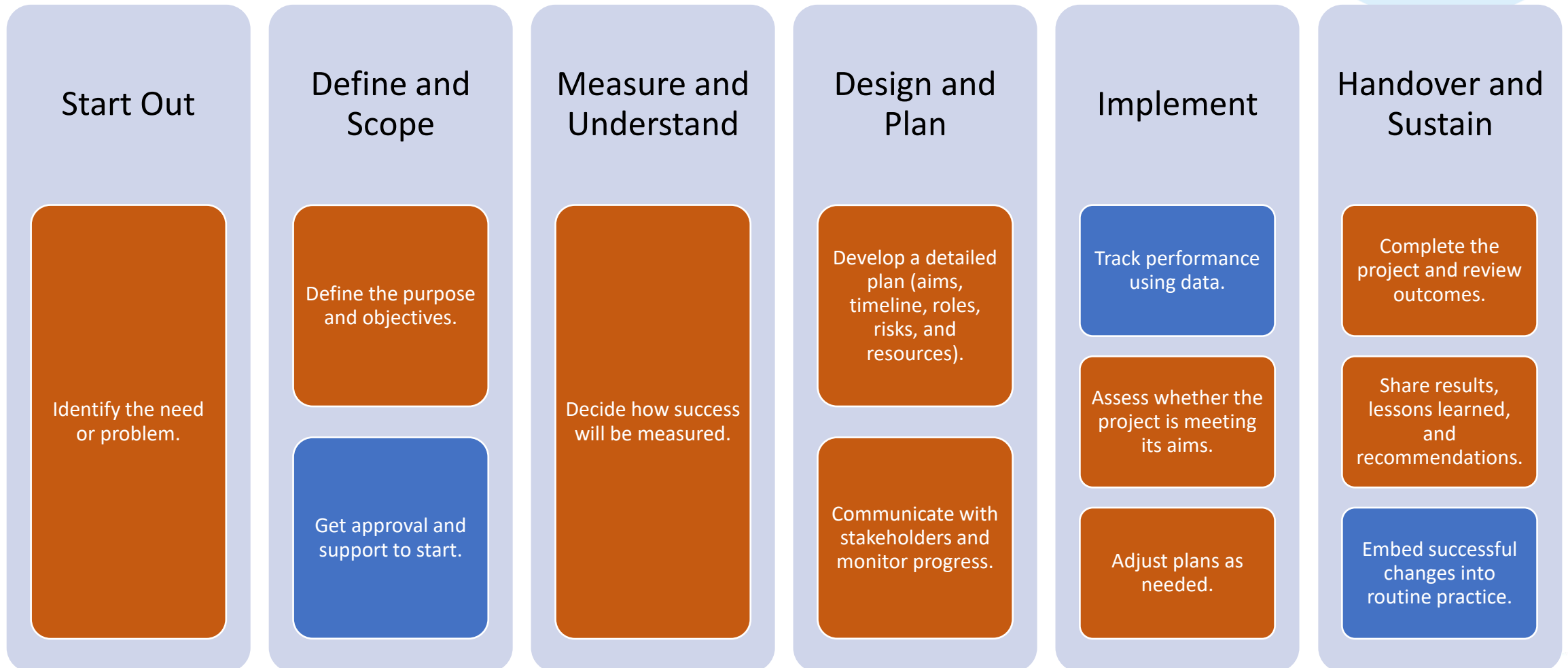
4. What Did We Learn?

- **People who undertake voluntary roles, have other commitments!** They can't commit the same amount of time as a paid employee. This needs reflecting in terms of expectations and anticipated benefits. We need to work around their availability. We want experts-by-experience to be sat shoulder-to-shoulder with project, finance, operational experts (etc.), but on their terms, not ours.
- Whilst we need to get better at consistently undertaking engagement and coproduction, we don't have to do this in the same way every time. A one size doesn't fit all.
- We have fallen into the trap of trying to 'invent' something that possibly already exists, and which others are also trying to establish.
- We need to set clear expectations internally and undertake much more preparatory work. Simply introducing an expert-by-experience to a programme lead is woefully short of being good enough!

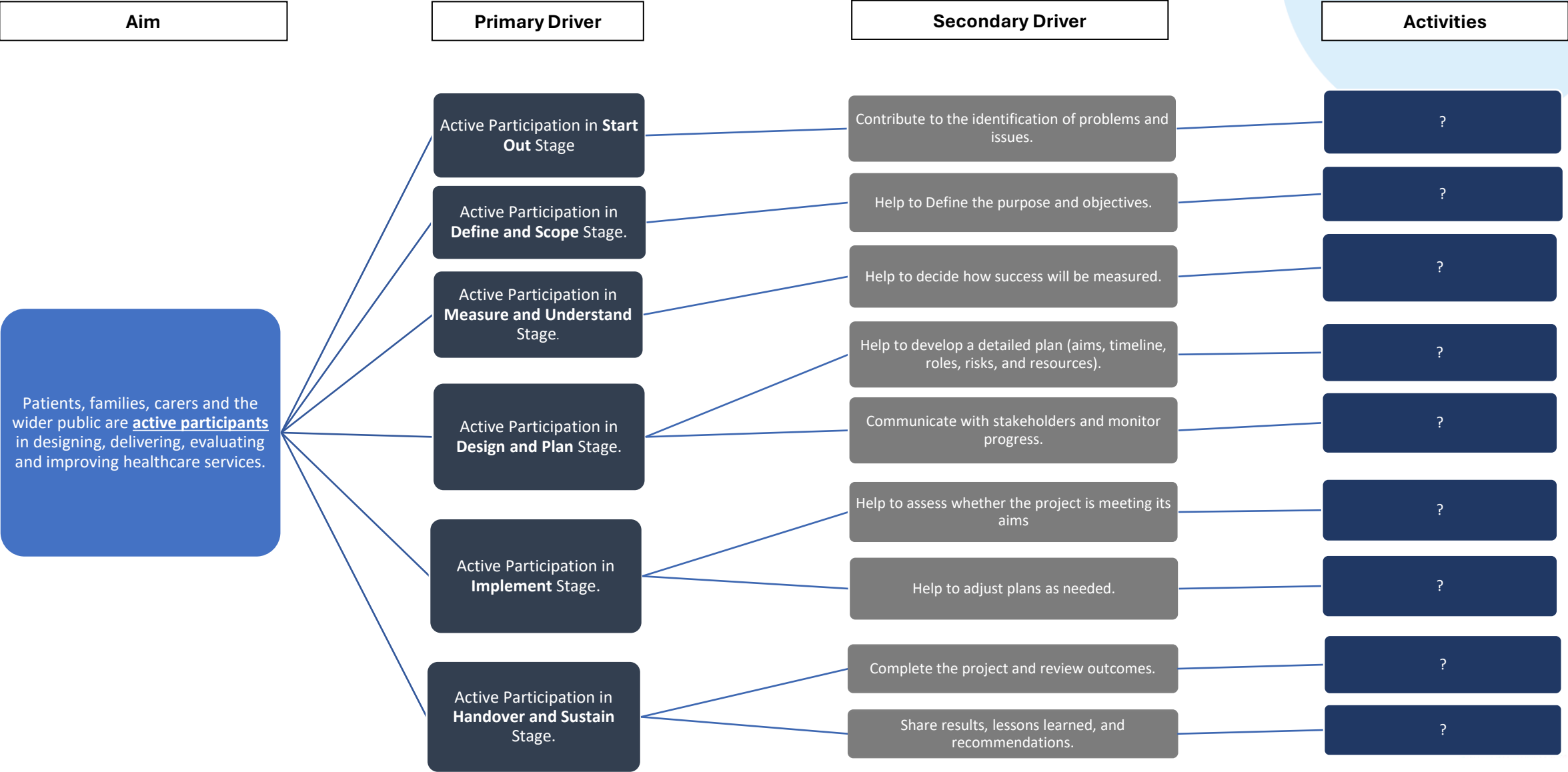
5. Where Next?

- Given the need for meaningful engagement and coproduction has not changed, we are keen to try a different approach.
- Based on the 'not reinventing the wheel' theory, we have realised (albeit it has taken us 4 years!), that we should seek the expert advice of those individuals whose role it is to represent the views of our local population and staff groups.
- The purpose of this paper therefore is to explore how this could and therefore should work, be manageable, be fulfilling and therefore achieve symbiotic benefits. **Is the Council of Governors part of the answer?**

5. Where Do We Need Help? (1)



Appendix A – Driver Diagram



Appendix B - Some Initial Thoughts and Examples of Best Practice

(Note: Identified through a literature and internet search)

Strengthening the Link Between Quality Improvement (QI) and Governors

- Delivery of regular QI briefings for Council of Governors.
- Ensure briefings are supported by a QI dashboard.
- Hold regular Governor 'Quality Improvement Spotlight' sessions - short learning sessions where QI projects are presented and outcomes discussed.
- Create a '*Quality Improvement Champion*' governor role to liaise with the Improvement Faculty.
- Deliver 'bitesize' QI training or workshops (e.g., Model for Improvement, PDSA cycles, Human Factors) for Governors.

Connect Governors Directly with QI Work

- Invite governors to join project groups either as observers, 'critical friends' or experts by experience.
- Create a separate Governor Lead role for all services and specialties, a main point of contact for all QI work undertaken within that area.

Use Governors to Strengthen the Patient Voice in QI

- Ask governors to review whether patient experience feedback (e.g., Friends & Family Test) is informing QI projects.
- Ask Governors to be Advocates for a Quality Improvement Culture.
- Encourage governors to champion staff-led innovation by highlighting good practice in newsletters and public meetings.
- Encourage sharing success stories from QI teams in governor communications.
- Promote QI achievements at the Annual Members' Meeting to celebrate improvement culture.

Governors in Quality Improvement and Safety Structures

- Establish a Governor Quality Improvement Reference Group that meets quarterly (possibly with CNO and CMO).
- Develop annual 'Governor Impact on Quality' reports, highlighting where feedback or governor involvement has influenced change.
- Collect case studies of projects improved by patient/governor insight.
- Share impact stories through Trust newsletters and public Board.

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

Subject:	Audit and Assurance Committee Chair's Highlight Report	Date:	02/10/25
Prepared By:	Laura Webster, Corporate Secretariat Team Leader (via Copilot production)		
Approved By:	Manjeet Gill, Committee Chair / Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Manjeet Gill, Committee Chair		
Purpose:	To provide the Governors with a clear, concise summary of key issues, assurances, risks, decisions, and actions arising from the Audit & Assurance Committee meeting held on 29 th September 2025		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
The Committee escalated for action the assurance gap and resourcing decision for the Electronic Patient Record (EPR) programme; this has been escalated to the Board, with Risk Committee consideration deferred to October and a verbal update expected. The Committee also noted rising operational pressures across emergency care and maternity, compounded by workforce caps and financial constraints; principal risk PR1 was increased to a significant risk (score 20), with PR2 remaining significant. Medical staffing (agency/locum) received a limited assurance internal audit rating with four high-risk actions; the Committee commissioned further scrutiny (see actions) and agreed referral to other committees. Healthcare Support Worker vacancies (circa 120) were noted as causing unsafe staffing; the Committee requested ongoing oversight via the People Committee and triangulation with Quality Committee where appropriate.	The Committee agreed that Internal Audit's limited assurance report on medical staffing (agency/locum) will return to Audit & Assurance in December with the Chief Medical Officer present; in parallel it should be considered by the People Committee (and triangulated with Quality Committee) to ensure comprehensive oversight of controls and mitigations. The EPR programme risk will be taken verbally to the October Risk Committee; the Audit & Assurance Committee requested a progress reminder and update at its next meeting. On financial systems, management will bring the SBS financial ledger implementation and migration plan (target go-live 1st April 2026) to the Committee following discussion at the forthcoming Board (private) session, to provide detailed assurance on controls and governance during transition. On procurement and single tender waivers (STWs), management will submit in November a combined report covering (i) all contracts >£250k (including insourcing/outsourcing and Channel 3 consultancy spend linked to EPR) and (ii) an overarching

	due-diligence and contract-management assurance report. The Clinical Procurement Engagement Group will review the Hologic contract in good time before renewal. Future STW reports will separately identify NHS contracts. For outstanding audit actions on fire safety, revised due dates will be set; while delays relate to documentation alignment, this is not assessed as a significant safety or regulatory risk and remains under active Risk Committee oversight. External Audit has commenced planning; KPMG's NHS update paper was circulated on the day and will be tabled for discussion at the next Committee. Early dialogue was requested on managed equipment service accounting to avoid adverse impacts on metrics. Conflicts of Interest compliance continues to be actively managed: non-compliant declarations reduced materially since July; personal statements will be sought from persistent non-compliers. The Corporate Secretariat team is overseeing the bespoke system that triggers automated emails to colleagues who remain non-compliant with Conflicts of Interest requirements.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
Internal Audit reported significant assurance for both e-rostering and tissue viability (pressure ulcers); e-rostering included one medium and three low-risk actions, and ward manager feedback was largely positive. The first-time implementation rate for internal audit actions improved to 78% (from 68% in 2024/25), meeting the Head of Internal Audit threshold (>75%) and evidencing strengthened follow-up. On conflicts of interest, non-compliant staff reduced from 606 in July to 106 at the time of reporting (six on long-term absence), reflecting sustained effort and targeted follow-up.	The Committee noted and supported the increase of PR1 to significant risk (score 20), with PR2 remaining significant; PR4 and PR8 remained unchanged. It agreed to; (i) receive the SBS ledger migration implementation plan for assurance; (ii) route the medical staffing limited assurance report to People Committee as well as back to Audit & Assurance in December (and triangulate with Quality Committee work on e-rostering and workforce pressures); and



Note: This report was prepared with the assistance of Copilot.

Document control: V1

Losses and special payments were scrutinised with clear rationale: total £57,822 for July–August 2025 (principally one redundancy just under £30k and overseas patient write-offs of £19k across nine cases), with evidence of appropriate controls and cost-effectiveness tests. STWs reduced to three for the period; rationales were evidenced (e.g., warranty-linked OEM maintenance; VAT consultancy continuity; and a direct award for Orion yielding >£2k discount versus framework pricing), with further system-level collaboration opportunities being explored.	(iii) receive in December the combined contracts-over-£250k and due-diligence/contract-management assurance reports.
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Comments on effectiveness of the meeting

Members considered the meeting effective, supported by high-quality pre-reads, comprehensive management presentations, and efficient chairing. The Committee concluded that Audit & Assurance continues to function as a central forum for directing deeper scrutiny to sub-committees on cross-cutting risks (workforce, quality, finance) while maintaining appropriate focus on assurance and internal control.

Items recommended for consideration by other Committees

The Committee requested the People Committee to oversee (i) the medical staffing limited assurance actions and (ii) the wider workforce position, including Healthcare Support Worker vacancies and the balance between financial constraints (including bank/agency controls) and safe staffing, with updates back to Audit & Assurance. Quality Committee triangulation was endorsed where clinical risk is engaged. The Risk Committee will take a verbal update on the EPR programme risk in October and maintain oversight of fire safety actions.

Progress with Actions

The Committee reviewed its action tracker. Several items were carried forward to December, including circulation of the stock-take policy implementation update, the combined >£250k/due-diligence procurement reports, and the update on the external audit procurement process (noting governors' involvement).

Number of actions considered at the meeting – 7
Number of actions closed at the meeting – 1
Number of actions carried forward – 5
Any concerns with progress of actions – No

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



Note: This report was prepared with the assistance of Copilot.

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Quality Chair's Highlight Report to the Council of Governors

Subject:	Quality Committee	Date	Monday 29 th September 2025
Prepared By:	Esther Smith, PA to Deputy Chief Nurse & Director of Nursing Quality & Governance		
Approved By:	Lisa Maclean, Non-Executive Director/Committee Chair		
Presented By:	Lisa Maclean, Non-Executive Director		
Purpose:	Assurance report to the Council of Governors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
- Increase in medically fit patients remaining in hospital mainly due to delays in packages of care creating issues with flow and capacity. - Discussion held regarding persistent delays in accessing mental health support & MASH referrals affecting timely discharges and contributing to inappropriate stays in A&E. - Concerns raised regarding the establishment of an EPR Delivery Team due to financial climate restricting increase of headcount and risking the deployment of the EPR. A proposal is being put together for Executive consideration. - Infection Prevention & Control issues identified following a peer review, further highlighting the issues due to lack of a decant ward. - Lack of CT Scan and Angiogram overnight.	- Continued and sustained focus on quality and safety during challenges times. - Presentation to be compiled providing details against capacity and demand trends over the past 6-12 months broken down by pathway and including system and partnership influences. - Infection Prevention and Control Deep Dive to be provided to the Quality Committee for the 27th October 2025. - A standing monthly agenda item has been agreed for PSC relating to VTE following lack of assurance received.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
- Standing agenda item now included to allow triangulation and meaningful discussion against flow, capacity, and operational pressures. - Positive assurance and discussion in relation to the ED Recovery Plan, noting the plan to explore alternatives to ED such as direct admission areas in an aim to reduce congestion etc.	- The Committee APPROVED the IPR report for Timely Care ahead of the BOD meeting on 2nd October 2025. - The Committee APPROVED the IPR report for Quality of Care ahead of the BOD Meeting on 2nd October 2025. - The Committee APPROVED the increase of the risk score for PR1 to 20 on the BAF.

- | | |
|---|---|
| <ul style="list-style-type: none"> - Positive assurance in response to the Q1 Safeguarding and Vulnerability Report. - Positive discussion relating IPR Timely Care and the ongoing work to reduce cancer pathway backlogs. - Positive assurance taken from the IPR for Quality of Care and noted focus on Infection Prevention and Control. - Significant assurance provided for a 360 Assurance review into Tissue Viability- report to be provided. - Positive assurance relating to the Patient Safety Committee report. - Positive assurance taken from the PSIRF Oversight Group report and plans developed at Divisional Levels. 360 Assurance report into PSIRF delivered significant assurance. - Positive assurance in relation to the 3rd and 4th degree tears in Maternity and changes to reporting. The Trust are currently not an outlier. The newly recruited Consultant Midwife is due to start at the beginning of November 2025. | <ul style="list-style-type: none"> - The Committee APPROVED PR2 of the BAF with no changes to the risk score of 20. - The Committee APPROVED PR5 of the BAF with no changes to the recommended scoring. |
|---|---|

Comments on effectiveness of the meeting

High quality of papers prompting positive discussions and challenges. Significant work underway in the Trust under extreme pressures has been acknowledged. the frequency of the Quality Committee meetings monthly remains a priority to ensure positive discussions and escalations.

Items recommended for consideration by other Committees

N/A

Progress with Actions

Number of actions considered at the meeting - 1
 Number of actions closed at the meeting – 4
 Number of actions carried forward - 0
 Any concerns with progress of actions – **No**
 If Yes, please describe –

Finance Committee Chair's Highlight Report to Council of Governors

Subject:	Finance Committee ("FC") Meeting (Deep Dive)	Date:	24 th September 2025
Prepared By:	Richard Cotton, Finance Committee Chair		
Approved By:	Richard Mills, Chief Financial Officer		
Presented By:	Richard Cotton, Finance Committee Chair		
Purpose:	To provide an overview of the key discussion items from the Finance Committee (Deep Dive and Core) meeting of 24 th September 2025		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
- The position at Month 5 is a surplus of £0.02m, £0.57m worse than the budgeted planned surplus of £0.59m. The YTD deficit of £1.66m is also £0.98m worse than the budgeted £0.68m planned deficit. - The YTD position reflects adverse revenue and net cost effects of Industrial Action during Month 4. It also reflects a £4.14m shortfall in the financial efficiency program, and a £0.5m shortfall in planned revenue. - Whilst the FY forecast anticipates achievement of Budget, the YTD shortfall position adds further risk to challenges already embedded in the Budget, partly offset by new mitigation actions. - At M5, Cash at bank was £13.50m, due to capital and working capital timing – this positive balance is expected to unwind between now and 31 December to almost nil. - The FC noted the potential risk of removal of Deficit Support Funding as a sanction against the whole of the Nottinghamshire ICS, due to the adverse variance to plan reported for the system overall.	- Management (especially Operations, Finance, HR) are modelling workforce WTE trajectory and pay cost scenarios to target a break-even run rate at the end of March 2026, without the need for deficit support funding in 2026/27. This was developed at M4 and updated to M5. The executive team are in the process of developing organisational structures and manning to achieve this. - The Finance Committee applauded and encouraged the Executive team to keep advancing this initiative apace, and 'to put more flesh on the skeleton' of how this could be achieved operationally and financially. The core principle was reinforced of needing to design services which align with the Trust's financial constraints, as opposed to the other way around. - The Committee reinforced the need for thorough implementation planning and process mapping with regard to the transition to a new ledger, and asked for a proposal from management of key milestones to come back to the Committee for further project advancement approval.

- FC noted the £562k YTD adverse variance to plan in Women and Children Division in a presentation from the Divisional Leadership Team, and initial views on mitigation actions.

- Cash flow forecast risks and sensitivities were requested for review at the October FC meeting.
- FC encouraged Management to maintain a high level of exposure of Trust remediation planning / Deficit Support avoidance actions within the ICB, Region and NHSE.

Positive Assurances to Provide

- FC received encouraging presentations on Finance and Workforce Planning (see above – ‘commissioned’) and on PA Consulting CIP support. On the latter, FC acknowledged the support and Operations / management engagement around PA’s work in some challenging workshops and modelling exercises.
- FC recognised and welcomed the recently introduced additional Grip and Control measures.
- FC welcomed the embryonic planning framework changes from NHSE, moving to a multi-year exercise, potentially enabling longer range planning than currently.
- Surgery DGM presented initial updates on Theatres Utilisation assessment, and the FC noted the poor historic performance, recent improvement and opportunity for further major improvements in this area, as well as current initiatives to realise these.
- HR presented a paper on Band 4-9 Nursing Profiles review, and whilst welcoming the approach and potential greater alignment of banding / skills recognition for staff, FC also cautioned against opening a door for widespread salary cost creep / financial impacts on the Trust.
- Recent senior Executive briefings and messaging to staff and Leadership engagement on Financial constraints vs Service delivery were positively acknowledged.

Decisions Made *(include BAF review outcomes)*

- Proposals on Radiology Insourcing and Radiology Maintenance Renewal were presented and approved.
- An extension to the Pathology Managed Service contract was reviewed and approved.
- The BAF was reviewed in light of the current performance and PR4 (Finance) was left unchanged at 20 (target 8) reflecting the continuing heightened state of risk in the Trust’s financial operations. PR8 (Sustainability) was left unchanged at 12 (target 9), noting that a deeper review of sustainability should be made at the October or November meetings in conjunction with a future Estates update, once more immediate financial remediation planning had been addressed.

Comments on effectiveness of the meeting

- Papers were of a high quality, though unusually circulated in a somewhat rolling timeframe, partly due to staff holidays, sickness and staff changes. Papers were well presented, and there was a good quality of debate and scrutiny.
- The agenda was very full (as ever), and FC Chair and CFO will work together even more closely to ensure that FC reviews sufficient depth as well as breadth of the Trust's Financial Operations, particularly given current financial performance challenges.

Items recommended for consideration by other Committees

- Workforce modelling considerations to be closely monitored by People Committee in addition to Finance Committee.
- Audit Committee to note / be kept abreast of SBS Ledgers migration plan and risk to Accounting.
- Audit Committee to note the move to regular 'Day 1' reporting, and the associated increase in the use of estimates / increased need for year-end true-up of Management Accounts to Financial Accounts.

Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 1

Number of actions carried forward – 3

Post meeting note: one action has since been closed.

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

People Committee Chair's Highlight Report to Council of Governors

Subject:	Chair’s Report	Date:	30 th September, 2025
Prepared By:	Steve Banks Non-Executive Director		
Approved By:	Steve Banks Non-Executive Director		
Presented By:	Steve Banks Non-Executive Director		
Purpose:			
For Assurance			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
- Continuing potential impact of financial challenges for 25/26 on staff and patient care, compounded by potential Industrial action. - Assurance on plans for Flu Campaign, but starting from a low base in 2024; Board championship requested - Ability to deliver WTE target with current activity levels and potential Industrial Action	- Engagement in National Staff Survey to maximise response from our people - No Hate Here Campaign to recognise and respond to the breadth of hate experienced by staff. Police support at a local level is waning, can we approach at a senior level to re-invigorate partnership working
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
There was much positive assurance provided including: - Approach to Employment rights bill - Engaging staff in the National Staff Survey - Actions to support Improving Resident Doctor's Working Lives - People strategy in year progress, and alignment with National 10 Year Health Plan - Some improvement in people segment of IPR - Annual Safe Staffing for Nursing, Midwifery and AHPs and the Guardian of Safe Working reports - Bi-annual Employee Relations Assurance Report	BAF reviewed and new mitigating actions considered; risks and assurance levels remain as is.

Comments on effectiveness of the meeting

As before hot topics section working well, 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. Overall, a positive meeting with structured discussion with appropriate challenge.

Items recommended for consideration by other Committees

Finance Committee and Quality Committee with regard to continued triangulation of financial imperative, quality delivery and staff morale.

Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 4

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.

Council of Governors - Cover Sheet

Subject:	Membership and Engagement		Date:	11 th Nov 2025	
Prepared By:	Liz Barrett, Lead Governor				
Approved By:					
Presented By:	Liz Barrett, Lead Governor				
Purpose					
To share an overview of the activity being discussed and debated in the Membership and Engagement committee				Approval	
				Assurance	X
				Update	X
				Consider	
Strategic Objectives					
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		
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Membership and Engagement Committee					
Acronyms					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
Executive Summary					
An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.					
An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.					

Membership and Engagement

Meet Your Governor (MYG) Process Review

A dedicated working group, led by **Linda Dales**, has undertaken a comprehensive review of the *Meet Your Governor* (MYG) process to ensure it is more self-contained, agile, and effective in its approach. The aim is to extend MYG activity beyond Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) sites and into the wider community and neighbourhoods that we serve. By engaging more broadly, we seek to capture a richer and more representative range of views, thereby strengthening the insight and intelligence that underpin the work of SFHFT.

The working group has collaborated closely with **Richard Brown** and **Paula Longdon** to ensure that the revised MYG process maintains clear governance lines and alignment with existing SFHFT initiatives led by the Executive Team and wider staff body. It remains essential that the volunteer time committed to MYG activity adds tangible value to the Trust's ongoing work and priorities.

Significant progress has been made, and the group is now preparing to pilot the revised MYG model. It is intended that all data and insights gathered through MYG will be collated and shared with the Executive Team and Non-Executive Directors (NEDs) on a monthly basis. This will enable analysis of whether themes emerging from MYG engagement align with those already being identified within SFHFT.

By integrating community feedback into existing patient and carer experience data, this approach will further strengthen the Trust's quality assurance and improvement processes. An update on the progress and impact of the MYG pilot will be provided at the next Council of Governors (CoG) meeting.

Council of Governors

Subject:	Chair recruitment process		Date:	11 th November 2025	
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	Jon Melbourne, Chief Executive				
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
To seek approval from the Council of Governors on the recommendation of its Remuneration and Nomination Committee to recruit a substantive Chair together with the associated Job Description, Person Specification, salary and proposed timeline.			Approval	X	
			Assurance		
			Update		
			Consider		
Strategic Objectives					
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
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				X
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
Committees/groups where this item has been presented before					
Governor Remuneration and Nomination Committee on 4 th November 2025					
Acronyms					
NHSE – National Health Service England/NHS England					
Executive Summary					
The appointment of the Chair is a statutory duty of the Council of Governors as set out in paragraphs 7.14.2.1 (a) and 8.5.1.1 of the Trust's Constitution (see the extracts at the foot of this paper). This paper sets out the proposed arrangements for the recruitment of a substantive Chair to succeed Graham Ward whose term of office expires on 25th May 2026. The Trust has used recruitment consultants, Gatenby Sanderson, to assist with its recent Chief Executive recruitment and the Governor Remuneration and Nomination Committee supported the plans to engage the same firm to support the "Search" element of the Chair recruitment in order to widen the field of potential candidates. Positive feedback on the firm's efficiency was received from governors and pricing efficiencies have been negotiated due to the synergies and timing of this further assignment.					

Job Description and Person Specification

In preparation for the recruitment process to secure the commencement of a new Chair ahead of the expiry of Graham Ward's term of office, the Committee is asked to consider and approve the Job Description and Person Specification that form part of the draft Job pack attached at Appendix 1. This includes reference to the Chair's leadership of the Council of Governors in the section on the role of the NHS Board and Chair and, at the request of the Remuneration and Nomination Committee, included in the Role Description. The Committee also acknowledged that in the event the Recruitment Consultancy recommends any updates to the detailed wording of the pack these can be agreed.

Since the recruitment of the current and immediate past Chairs, NHSE has introduced a new Board Competency framework. The job description has therefore been reworked from the last version used in the 2021 Chair recruitment in order to align it with this Framework against which the appraisal of the Chair (and the non-executive directors) must now be conducted.

Remuneration

The revised structure to align the remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts has not been updated since it was issued in September 2019. The aim of the revised structure remains to reduce disparities between remuneration of chairs and non-executive directors of NHS trusts and NHS foundation trusts.

The structure in place acknowledges that within foundation trusts it is for the Council of Governors to determine the remuneration of the Chair, and they retain the prerogative to operate outside the framework on a 'comply or explain' basis. However, the implementation process of the structure also states that in the interests of promoting and maintaining consistency and fairness across the provider sector, it is reasonable to expect foundation trusts will work within the ranges.

The current Chair's remuneration is £50,000 per annum and was set at a time when the Trust was in Group 2 and set at the upper quartile. No changes have been made to the Chair's remuneration during his period of tenure.

However, since the most recent appointment, the Trust's turnover has increased in size to c.£582m (gross, as reported in the 2024/25 published accounts) meaning it is now an "Extra Large" trust and designated as being in Group 4.

Trust Size	Annual Turnover (£pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m – 400m	Group 2	44,100	47,100	50,000
Large	401m – 500m	Group 3	45,000	49,500	51,400
Extra large	501m – 750m	Group 4	50,500	55,000	58,500
Supra large	>750m	Group 5	55,500	60,000	63,300

The Remuneration and Nominations Committee discussed the appropriate point and concluded that its recommendation to the Council of Governors is that the salary level should be advertised at up to £55,000 (Median quartile), subject to final advice from the recruitment consultants, in order to attract experienced Chairs.

Proposed Recruitment Timeline

- The Remuneration and Nomination Committee to review the Job Description, Person Specification, remuneration and this proposed timeline and recommend approval to the Council of Governors at its meeting on 11th November 2025.

With the benefit of the discussion and agreement reached at the Remuneration and Nomination Committee meeting the following timescales are recommended to the Council of Governors:

- Advertising to go-live to be deferred until early in the new year. When advertised the principal medium will be the NHS public appointments website where there is a designated place for Non-Executive member and chair opportunities. The recruitment consultancy will commence its search following the Council of Governors' approval to proceed with these activities commencing prior to the launch of the advertisement.
- Remuneration and Nomination Committee members to shortlist candidates in March 2026
- Candidates interviews to take place in April 2026 by a panel comprising a sub-set of the membership of the Remuneration and Nomination Committee, led by the Lead Governor at which the NHSE Midlands Regional Director has indicated he will be in attendance.
- Remuneration and Nomination Committee recommend the appointment of its preferred candidate to an Extraordinary meeting of the Council of Governors in April 2026 noting that the approval is required to be by a majority of the governors attending the meeting.
- Detailed timings will be agreed in consultation with the Lead Governor and Remuneration and Nomination Committee members.
- This timescale will avoid the process being interrupted by the Christmas period and allow time for an appointment to be made ahead of the date on which the Chair's term of office ends on 25th May 2026.
- Timescales may be subject to variation pending other discussions information about which the Chief Executive will share with the Council of Governors at the meeting.

Recommendations

That the Council of Governors agrees as follows:

- To approve the Job Description and Person Specification for the role of Chair and give delegated authority to the Chief Executive and Director of Corporate Affairs to make any changes on the advice of the recruitment consultancy
- To approve remuneration of up to £55,000 for the role of Chair, subject to final advice from the recruitment consultancy
- To agree the indicative timeline for the Chair recruitment.

For information

Extracts from the Trust's Constitution in connection with the appointment of the Chair.

7.14.2 The roles and responsibilities of the Governors (in addition to any roles and responsibilities set out elsewhere in this Constitution) are:

7.14.2.1 at a General Meeting:

(a) to appoint or remove the Chair and the other Non-Executive

Directors as further set out in the Standing Orders for the Council of Governors. The removal of the Chair or a Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

8.1 Appointment and removal of Non-Executive Directors and Executive Directors.

8.1.1 Appointment and removal of Non-Executive Directors.

8.5.1.1 The Council of Governors, at a general meeting of the Council of Governors, shall appoint and remove the Chair and other Non-Executive Directors;

Trust Chair

Candidate Brief
November 2025

DRAFT

Welcome to our Trust

Thank you for your interest in becoming Chair of Sherwood Forest Hospitals
NHS Foundation Trust.



Sherwood Forest Hospitals is proud to serve the communities of Mid-Nottinghamshire, providing acute and community services from King's Mill Hospital, Newark Hospital, and Mansfield Community Hospital. Our five-year Improving Lives (2024–2029) strategy sets our vision: Outstanding care, provided by compassionate people, enabling healthier communities. We are proud of our people and our progress, and we are ambitious about the difference we can continue to make with our partners across Nottingham and Nottinghamshire.

As we look to the future, we are seeking a Chair who will lead our Board and Council of Governors with integrity, vision, and a deep commitment to public service. This is a pivotal opportunity to help shape the future of our Trust, working alongside our dedicated staff, volunteers, and system partners to deliver outstanding care and improve the health and wellbeing of our population.

Our Council of Governors plays a vital role in representing the interests of our members, staff, and local communities. We work closely with the Board to help shape the Trust's strategy and ensure that the voices of those we serve are heard at every level. The Chair will be instrumental in fostering a culture of openness, learning, and continuous improvement, and in strengthening relationships across our local health and care system.

As Lead Governor, I am proud to represent our Council of Governors and the communities we serve across Mid-Nottinghamshire. I have lived in Ashfield all my life and am passionate about raising aspirations, improving wellbeing, and creating opportunities for our local population. As Principal of ATTFE College, I see firsthand the importance of lifelong learning and community empowerment. I feel privileged to serve as Lead Governor and look forward to working with a Chair who brings energy, integrity, and a genuine commitment to making a difference.



Thank you for considering this opportunity to join Sherwood Forest Hospitals NHS Foundation Trust and help us deliver our vision for outstanding care and healthier communities.

Liz Barrett OBE DL

Lead Governor

Sherwood Forest Hospitals NHS Foundation Trust

MSc, BSc, NPQEL

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DRAFT

About the Trust

Sherwood Forest Hospitals NHS Foundation Trust provides acute and community services across Mid-Nottinghamshire, serving a diverse and growing population. Our main sites are King's Mill Hospital, Newark Hospital, and Mansfield Community Hospital. We are proud of our CARE values—Communicating and working together; Aspiring and improving; Respectful, inclusive and caring; Efficient and safe—which are embedded in everything we do.

Sherwood Forest Hospitals NHS Foundation Trust serves a population that faces significant health inequalities and deprivation. Our catchment area is among the top third most deprived of all English hospital trusts. Over 28% of our GP-registered patients live in the most deprived quintile nationally, with only 11.6% in the least deprived. This deprivation is reflected in poorer health outcomes: people in our most deprived communities experience higher rates of smoking (2.6x), alcohol-related admissions (1.9x), and premature deaths from all causes (2.2x) compared to the least deprived. The prevalence of long-term conditions, mental health issues, and households claiming Universal Credit is also markedly higher. Addressing these inequalities is central to our strategy and partnership work, as we strive to improve healthy life expectancy and ensure equitable access to outstanding care for all.

Our five-year strategy, Improving Lives (2024–2029), sets out our vision and six strategic objectives, focusing on outstanding care, empowered people, prevention and population health, continuous improvement, sustainable resources and estate, and collaborative working. We are committed to working in partnership with our staff, patients, and system partners to deliver the best possible outcomes for our communities.

Key Challenges

Like all NHS organisations, we face ongoing challenges, including financial pressures, increasing demand for our services and workforce shortages. We are actively addressing these through robust risk management, innovative recruitment and retention strategies, and close collaboration with system partners to optimise resources and pathways. Our focus remains on delivering safe, high-quality care while driving forward our transformation agenda and supporting the wellbeing of our staff and patients.

The Opportunity

Sherwood Forest Hospitals NHS Foundation Trust is at a pivotal point in its journey. As Chair, you will have the unique opportunity to lead a high-performing, ambitious organisation that is committed to delivering outstanding care and improving the health and wellbeing of our communities. You will work closely with our Chief Executive, Board, and Council of Governors to shape the Trust's future strategy, strengthen our system leadership role, and ensure we continue to deliver high-quality, safe, and equitable care.

This is a chance to make a real difference—supporting our staff, empowering our patients, and working in partnership with local authorities, voluntary sector organisations, and the Nottingham and Nottinghamshire Integrated Care System [update with cluster information]. You will play a key role in driving

innovation, championing our values, and ensuring that Sherwood Forest Hospitals remains a trusted anchor institution for Mid-Nottinghamshire.

The NHS Long Term Plan aims to create a "fit for the future" health service through three core shifts: moving care from hospitals to the community, transitioning from analogue to digital technology, and shifting the focus from treating sickness to preventing it. Our Trust Strategy "Improving Lives" 2024-2029 sets out how we intend to achieve this transformation.

Delivering on these priorities requires a broad and diverse range of skills of which the leadership from our Chair is fundamental. Working alongside fellow Board members and our system partners the Chair will play a pivotal role in helping transform our hospitals and services, reduce health inequalities and make a positive and lasting difference to the population we serve through driving the delivery of sustainable healthcare.

Role of the NHS Board and Chair

The NHS Board plays a central role in shaping the strategy, vision, and purpose of the Trust. The Board is collectively responsible for the performance of the organisation, holding it to account for the delivery of strategy and ensuring value for money. The Chair leads the Board in fostering a culture of learning, continuous improvement, and compassionate leadership, with a particular focus on quality, safety, access, and patient experience.

As Chair, you will also lead the Council of Governors, ensuring it works effectively with the Board to shape the Trust's future strategy and act as a key link between the Trust, its staff, and the communities we serve. You will be responsible for building confidence in the quality and safety of our services, ensuring resources are used efficiently, and that public money is spent fairly and effectively.

Person Specification

We are seeking a strategic and inclusive leader with a proven track record at Board level, ideally with experience from working in complex, regulated environments. You will bring a deep commitment to public service values, a strong understanding of governance, and the ability to build trusted relationships across diverse stakeholder groups.

We have the following essential requirements:

- A clear commitment to the NHS and the trust's values
- An appreciation of NHS constitutional and regulatory standards
- Meet the independence requirement set out in Section B, 2.6 of the Code of Governance for NHS provider trusts [add link]
- Meet the requirements of the Fit and Proper Person test
- A professional qualification or equivalent experience
- Be a highly effective influencer and confident networker, able to balance the Trust's priorities with those of the wider system.

- Experience in managing the resolution of conflict, finding compromise and building consensus across varied stakeholder groups
- Prior experience on an NHS board (executive, non-executive, or associate role) and/or senior experience in complex organisations outside the NHS i.e. private, voluntary or other public sector providers of a similar scale

Other desirable experience:

- Ability to demonstrate strong local knowledge and/or have good connections with the local areas served by the Trust.

Role Description

The Chair is responsible for the effective leadership of the Board, creating the conditions necessary for overall Board and individual director effectiveness. The Chair must cultivate an effective working relationship with the Chief Executive with whom many of the Chair's responsibilities will be discharged with in partnership. It is important that the Chair and Chief Executive are clear about their individual and shared roles and their respective responsibilities towards the unitary board. The Chair leads the Board with responsibility for the effectiveness of the non-executive directors, and the board as a whole whereas the Chief Executive leads the organisation and is responsible for managing the executive directors.

Together the Chair and Chief Executive set the tone for the whole Trust with the ultimate responsibility for ensuring the population served by the Trust and the wider system in which it sits receive the best possible care delivered in the most safe, efficient and sustainable way.

The Chair also leads the Council of Governors, ensuring it works effectively with the Board to shape the Trust's future strategy and act as a key link between the Trust, its staff, membership and the communities we serve.

Specifically, you will demonstrate the attributes as described in the NHS Leadership Competency Framework for Board members:

1. Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

Candidates will have:

- A demonstrable interest in health and a commitment to achieve the best, sustainable outcomes for patients through encouraging continuous improvement, clinical excellence and financial efficiency
- Strong understanding of financial management, with the ability to balance the competing objectives of quality, operational performance and finance
- An appreciation of NHS constitutional and regulatory standards

- The ability to lead an effective, unitary Board consistent with the Nolan Principles, NHS and Trust values

2. Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

Candidates will have:

- Experience of leading and delivering against long-term vision and strategy including external advocacy across the ICS, local authorities, and community partners
- Experience leading transformational change, managing complex organisations, budgets and people
- Experience to equip them to ensure the Trust's strategy and leadership are aligned with the ambitions and priorities set out in the NHS 10-Year Health Plan for England "Fit for the Future".
- A strong understanding of, and commitment to delivering, the priorities of the NHS Long term Plan and awareness of its implications for acute and community services, system working, and population health.

3. Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

Candidates will have:

- Commitment to the Trust's CARE values and to the promotion of equality, diversity, and inclusion.
- Significant experience of engaging with the diverse social, economic and cultural groups the Trust serves.

4. Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

Candidates will have:

- Prior board experience (any sector, executive or non-executive role)
- Evidence of successfully demonstrating the NHS Leadership competencies in other leadership roles
- An ability to identify and address issues, including underperformance, and to scrutinise and challenge information effectively for assurance
- The skills to chair the Council of Governors and ensure an effective partnership between Governors and the Board

5. Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

Candidates will have:

- A clear commitment to the NHS and the Trust's values and principles
- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top and championing diversity at, and across, all levels
- A background of championing a culture of openness, learning, and continuous improvement
- A strong focus on the experience of all patients and staff
- Experience managing conflict, finding compromise and building consensus across varied stakeholder groups with potentially conflicting priorities

6. Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

Candidates will have:

- A desire to engage with the local population and to collaborate with senior stakeholders across the health and care system
- Strong interpersonal, communication and leadership skills so as to be a highly effective influencer and confident networker, able to balance the Trust's priorities with those of the wider system.

- The ability to champion prevention, population health, reducing health inequalities, improving access and outcomes, and supporting innovation and transformation across the Trust and the wider system.

Appendices

Appendix 1: NHS Leadership Competency Framework

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisations, developing team culture and driving performance. NHS England has worked with a wide range of leaders across the NHS to develop the **NHS Leadership Competency Domains** to describe what we do when we operate at our best:

1. **Driving high-quality and sustainable outcomes:** Leaders are expected to deliver safe, effective care and lasting improvements, balancing quality, operational performance, and financial sustainability.
2. **Setting strategy and delivering long-term transformation:** Leaders shape the Trust's vision and strategy, ensuring alignment with system priorities and using data and intelligence to inform decision-making.
3. **Promoting equality, inclusion, and reducing inequalities:** We are committed to narrowing health and workforce inequalities, promoting inclusion, and engaging with the diverse communities we serve.
4. **Providing robust governance and assurance:** Leaders uphold strong governance, accountability, and assurance, ensuring that risks are managed and decisions are evidence-based.
5. **Creating a compassionate, just, and positive culture:** We champion a culture of kindness, respect, and continuous improvement, listening to staff and patients and challenging inappropriate behaviours.
6. **Building trusted relationships with partners and communities:** Leaders work collaboratively with colleagues, system partners, and the public, building trust and co-producing solutions to shared challenges.

Sherwood Forest Hospitals NHS Foundation Trust is committed to upholding the highest standards of leadership, professionalism, and public service. Our approach is shaped by the NHS Leadership Competency Framework, the Nolan Principles of Public Life, and our own CARE values, which together underpin everything we do.

Our CARE Values:

- **Communicating and working together:** We foster open, honest, and respectful communication, encouraging collaboration across teams, departments, and with our partners in the wider health and care system.

- **Aspiring and improving:** We are ambitious for our patients, staff, and communities, always seeking ways to learn, innovate, and improve the quality of our services.
- **Respectful, inclusive and caring:** We treat everyone with dignity and compassion, celebrate diversity, and strive to create an environment where everyone feels valued and included.
- **Efficient and safe:** We use our resources wisely, prioritise safety, and ensure that our services are delivered to the highest standards.

Our People Promise:

- We are compassionate and inclusive.
- We are recognised and rewarded.
- We each have a voice that counts.
- We are safe and healthy.
- We are always learning.
- We work flexibly.
- We are a team.

Principles of Public Life (Nolan Principles):

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

Together, these values and competencies guide our leadership, shape our culture, and ensure that Sherwood Forest Hospitals NHS Foundation Trust continues to deliver outstanding care for our communities.

Appendix 2: Terms of Appointment (TBC)

The Chair of Sherwood Forest Hospitals NHS Foundation Trust will be appointed on terms designed to reflect the significance and responsibility of the role.

- **Time Commitment:** The role requires an average of 3–4 days per week, including attendance at Board, committee, and Council of Governors meetings, stakeholder engagement, preparation time, and some evening events. The Trust supports flexible working arrangements to enable the Chair to fulfil their responsibilities effectively.
- **Remuneration:** A salary of up to £55,000 to be agreed, aligned with national guidance and Trust policy, reflecting the scale and complexity of the Trust.

- **Location:** The Chair will be primarily based at King's Mill Hospital and will travel routinely to Newark Hospital and Mansfield Community Hospital. System working will require presence across the Nottingham & Nottinghamshire ICS and its four Place-Based Partnerships (Mid Nottinghamshire, South Nottinghamshire, Nottingham City, Bassetlaw). In line with the new East Midlands ICB cluster arrangements, the Chair will also engage with partners across Derby & Derbyshire and Lincolnshire on regional priorities.
- **Eligibility:** Candidates must meet the requirements of the Fit and Proper Persons Test and will be subject to background checks in accordance with NHS England standards. Preference will be given to candidates with strong local knowledge or connections to the communities served by the Trust.
- **Continuous Professional Development:** The Trust encourages ongoing learning and development, and the Chair will have access to relevant training and support to enhance their effectiveness in the role.

Appendix 3: More Information

For further information about Sherwood Forest Hospitals NHS Foundation Trust, including our strategy, annual reports, and details of our services, please visit:

- **Trust website:** <https://www.sfh-tr.nhs.uk/>
- **Annual Reports and Accounts:** [Publications and Reports](#)
- **Trust Strategy (2024–2029):** [Improving Lives Strategy](#)
- **Care Quality Commission (CQC) Reports:** [CQC Profile and Latest Report](#)
- **Our CQC Rating (Trust summary):** [CQC Rating Summary](#)
- **Nottingham and Nottinghamshire Integrated Care System (ICS):** [ICS Website](#) (UPDATE WITH CLUSTER INFO)
- **ICS Board (ICB):** [Nottingham and Nottinghamshire ICB](#)

Appendix 4: Further reading

- **Fit for the Future: 10 Year Health Plan for England**
<https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>

For general enquiries or to arrange an informal and confidential discussion with the Chief Executive or Board members, please contact the Corporate Secretariat at sfh-tr.trusthq.secretariat@nhs.net or via 01623 622515 x3509.

Appendix 5: Making an Application

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal responsibility and achievement have been demonstrated in previous/other roles to satisfy the experience being sought.

The most effective boards are those that reflect the workforce and communities they serve. We particularly welcome applications from women, people from local black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in these important roles.

Applications for the role of Chair should be submitted via Gatenby Sanderson, the Trust's recruitment partner **(Add Emma Pickup's contact details)**

You will be asked to provide:

- **Curriculum Vitae (CV):** Including your address and contact details, and highlighting any gaps in your employment history.
- **Supporting Statement:** Outlining your motivation for applying, your understanding of the NHS and the role, and mapping your experience to the person specification and NHS Leadership Competency Framework.
- **References:** The names, positions, organisations, and contact details for three referees. Referees should be individuals in a line management capacity and cover your most recent employer, any regulated health or social care activity, or roles involving children or vulnerable adults. References may be taken prior to interview and shared with the selection panel, in accordance with NHS England's Fit and Proper Persons Test framework.
- **Monitoring Information:** Please complete all sections of the application form, including equal opportunities monitoring.

For queries or support with your application, please contact the Corporate Secretariat at sfh-tr.trusthq.secretariat@nhs.net or via 01623 622515 x3509.

Appendix 5: Key Dates

- **Closing date for applications:** 12th January 2026 at 09.00 [or 11th May 2026]
- **Preliminary interviews:** Long-listed candidates will be invited for a preliminary interview with the Trust's recruitment partner [TBC] during [insert week].
- **Stakeholder event and final panel interview:** Shortlisted candidates will be invited to meet key stakeholders and attend the final panel

interview during the week commencing 26th January 2026 [18th May 2026].

- **Proposed start date:** The successful candidate will commence their role as Chair-Designate on [insert date], with the substantive Chair appointment from 26th May 2026 [22nd September 2026].

Add an offer to contact the Chair about the role

DRAFT

Council of Governors

Subject:	Governor Remuneration & Nomination Committee Terms of Reference	Date:	11 th November 2025		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
To seek approval from the Council of Governors to an amendment to the Terms of Reference of the Governor Remuneration & Nomination Committee to clarify that the Chair can participate in discussion about succession to the role.		Approval	X		
		Assurance			
		Update			
		Consider			
Strategic Objectives					
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		
Principal Risk					
PR1 Significant deterioration in standards of safety and care					X
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					X
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Governor Remuneration and Nomination Committee on 4 th November 2025					
Acronyms					
Executive Summary					
At the Governor Remuneration and Nomination Committee on 4th November 2025 the Chair's input was included in the discussion about his successor. This was, however, inconsistent with the Committee's terms of reference. For an immediate solution, the Senior Independent Director deputised as chair of the meeting, but the Committee agreed to recommend an amendment to Committee's terms of reference to clarify that the Chair can participate in discussion about succession to the role. This is shown in tracked changes in the Appendix to this paper. The change does not alter the position that the Chair shall not participate in discussions concerning their performance or possible re-appointment.					

Recommendation
To approve the update to the Governor Remuneration and Nomination Committee's Terms of Reference as shown in tracked changes at Appendix 1.

TERMS OF REFERENCE

Name of Committee	Council of Governors Remuneration and Nominations Committee
Constitution	The Council of Governors hereby resolves to establish a committee of the Council of Governors to be known as the Council of Governors Remuneration and Nominations Committee
Membership	• Chair (except when conflicted, or absent when the senior independent director (SID) will chair the meeting) • Senior Independent Director • Lead governor • 3 public governors • 1 staff governor • 1 appointed governor The Chair of the foundation trust shall not chair the committee <u>but may participate in the discussion</u> when it is dealing with the matter of succession to the Chair, and shall not participate in discussions concerning their performance or possible re-appointment.
Attendance at Meetings	Only members of the committee have the right to attend committee meetings. Other individuals such as the Chief Executive, Director of Corporate Affairs and external advisers may be invited by the Committee chair to attend for all, or part of, any meeting, as and when appropriate.
Role	The objectives of the Committee are: It is for the council of governors to decide the remuneration, allowances, and terms of service of the non-executive directors at a general meeting. To assist the council of governors in this responsibility the committee shall determine and agree with the council of governors, in liaison with the board of directors, the framework or broad policy for the remuneration and terms of service of the foundation trust's non-executive directors. In determining such policy, the committee shall consider all factors which it deems necessary.
Duties	Specific Duties include: Before any appointment is made by the council of governors, evaluate the balance of skills, knowledge, and experience on the board of directors, and, in the light of this evaluation prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the committee shall: use open advertising or the services of external advisers to facilitate the search

Name of Committee	Council of Governors Remuneration and Nominations Committee
	consider candidates from a wide range of backgrounds consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position and take into account the views of the board of directors as to the skills, experience and attributes required for each position In consultation with the chair and/or chief executive as appropriate determine the total individual remuneration package of each non-executive director. Review the job descriptions of the non-executive director role and that of the chair. Ensure there are a majority of governors on the interview panel when recruiting a new chair. Establish the selection criteria, appoint and set the terms of reference for any remuneration consultants who advise the committee. Ensure that on appointment to the board of directors, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board meetings, and that all non-executive directors have confirmed that they have the time to serve. Terms and conditions of appointment should be made available for public inspection. Ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory. Be responsible for identifying and recommending, for the approval of the council of governors at a general meeting, candidates to fill non-executive director vacancies, including the chair, as and when they arise. Ensure that contractual terms on termination, and any payments made, are fair to the individual, and the trust, aligned with the interests of the patients, that failure is not rewarded and that the duty to mitigate loss is fully recognised. Keep under review the leadership needs of the organisation, with a view to ensuring the continued ability of the organisation to deliver services effectively Keep up to date and fully informed about strategic issues and commercial changes affecting the foundation trust and the environment in which it operates The committee, having consulted the Senior Independent Director, will make recommendations to the Council of Governors on the appropriate process for evaluating the chair The committee shall make recommendations as follows:

Name of Committee	Council of Governors Remuneration and Nominations Committee
	- To the council of governors concerning formulating plans for succession for non-executive directors and for the key role of chair. - To the council of governors concerning the re-appointment of any non-executive director at the conclusion of their term of office having given due regard to their performance and ability to continue to contribute to the board of directors in the light of the knowledge, skills and experience required. - To the council of governors concerning any matters relating to the continuation in office of any non-executive director at any time including the suspension or termination of service. - To the council of governors pertaining to the removal of any non-executive director, including the chair of the board of directors, shall be subject to a $\frac{3}{4}$ vote in favour by all governors at a general meeting. - The committee shall ensure that the foundation trust's annual report provides sufficient information about its role and duties and the process by which it fulfilled those duties.
Serviced By	Corporate Secretariat - Agreement of the agenda with the Chair - Ensuring minutes and collation/distribution of papers are undertaken - Ensuring papers are distributed prior to the meeting
Frequency of Meetings	The committee shall meet at such other times as the chair of the committee shall require
Required Attendance	Members should attend the majority of meetings
Quorum	The quorum necessary for the transaction of committee business shall be the chair (or SID or other Non-Executive Director acting as chair), and 3 Governors, provided that the number of public governors present exceeds the number of staff or appointed governors
Reporting Procedures	The Committee Chair shall draw to the attention of the Council of Governors any issues that require disclosure or escalation.
Minutes Circulated To	Minutes of committee meetings shall be circulated promptly to all members of the committee.
Date Approved	XXX