

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 8th November 2022

Time: 17:30 – 20:00

Venue: MS Teams

No	Time	Item	Presenter	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Chair	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>	Chair	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 9th August 2022 To be agreed as an accurate record	Chair	Agree	Enc 3
4.	17:30	Matters Arising/Action Log	Chair	Approve	Enc 4
5.	17:35	Staff Story - The Story of Little Millers Rebeca Freeman, Head of Medical Workforce and Deborah Hall, Day Nursery Manager	Day Nursery Manager	Assurance	Presentation
6.	17:55	Chair's Report	Chair	Assurance	Enc 6
7.	18:05	Chief Executive's Report	Chief Executive	Assurance	Enc 7
8.	18:20	Lead Governor Report	Lead Governor	Assurance	Enc 8
9.	18:25	15 Steps Feedback Sally Whittlestone, 15 Steps Co-ordinator	15 Steps Co-ordinator	Assurance	Enc 9
10.	18:40	Winter Plan	Chief Executive	Assurance	Enc 10
11.	19:00	Assurance from Sub Committees <ul style="list-style-type: none"> Audit and Assurance Committee Quality Committee Finance Committee People, Culture and Improvement Committee Charitable Funds Committee 	Committee Chair Committee Chair Committee Chair Committee Chair Committee Chair	Assurance Assurance Assurance Assurance Assurance	Enc 11.1 Enc 11.2 Enc 11.3 Enc 11.4 Enc 11.5

No	Time	Item	Presenter	Status (Do not use NOTE)	Paper
12.	19:25	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> • Membership and Engagement Group • Report of the Remuneration Committee <ul style="list-style-type: none"> ○ Re-appointment of NED • Governor Elections 	Lead Governor Director of Corporate Affairs Director of Corporate Affairs	Assurance Approval Approval	Enc 12.1 Enc 12.2 Enc 12.3
13.	19:35	Outstanding Service – The Digital Midwife		Assurance	Presentation
14.	19:45	Questions from Members of the Public	Chair	Consider	Verbal
15.	19:45	Escalations to the Board of Directors	Chair	Agree	Verbal
16.	19:50	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>	All	Discussion	Verbal
17.		Date of Next meeting Date: February 2023 Time: 17:30-20:00 Venue: TBC			

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the public meeting held on 9th August 2022 at 17:30
Via video conference

Present:	Claire Ward	Chair	CW
	Councillor Craig Whitby	Appointed Governor	CrW
	Councillor David Walters	Appointed Governor	DW
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Doddy	Appointed Governor	JD
	John Wood	Public Governor	JoW
	Justin Wyatt	Staff Governor	JuW
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Michael Longdon	Public Governor	ML
	Nadia Whitworth	Appointed Governor	NW
	Neal Cooper	Public Governor	NC
	Ruth Scott	Public Governor	RS
	Sue Holmes	Public Governor	SuH
In Attendance:	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	June Morley	Lung Cancer Nurse Specialist	JM
	Sue Glover	Lung Cancer Nurse Specialist	SG
	Jennifer Leah	Deputy Chief Financial Officer	JL
	Kate Wright	Associate Chief AHP	KW
	Tony Felthouse	KPMG	TF
	Sue Bradshaw	Minutes	
Apologies:	Nikki Slack	Appointed Governor	NS
	Vikram Desai	Staff Governor	VD
Absent:	Ann Mackie	Public Governor	AM
	Maxine Huskinson	Public Governor	MH

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

Item No.	Item	Action	Date
22/410	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Nikki Slack, Appointed Governor Vikram Desai, Staff Governor</p>		
22/411	DECLARATIONS OF INTEREST		
1 min	GW, ARB, BB, MG, SB and AR declared an interest in item 22/421.2		
22/412	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 10 th May 2022, the Council APPROVED the minutes as a true and accurate record.		
22/413	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 min	<p>The Council AGREED that action 22/372, 22/403.1, 22/403.2 and 22/404 were COMPLETE and could be removed from the Action Tracker.</p> <p>Action 22/408 – SH advised a training session in relation to the Integrated Care System (ICS) and system working has been added to the schedule of topics for a future Governors' Workshop. The Council AGREED this action was now COMPLETE and could be removed from the Action Tracker.</p>		
22/414	PATIENT STORY – TARGETED LUNG HEALTH		
31 mins	<p>JM and SG joined the meeting</p> <p>JM presented the Patient Story which highlighted the Targeted Lung Health Check programme.</p> <p>CW thanked JM and SG for sharing the powerful and moving story, noting it provided an indication of the impact of the work for patients and the broader community.</p> <p>JuW noted incidental issues could be picked up through the lung health checks, for example lung nodules, and queried what impact this has on the service in terms of workload. JM advised when a patient is suspected of having early lung cancer they are referred directly to the Lung Cancer Team. Any incidental findings are referred back to the GP. Therefore, there is no impact on the service of the Lung Cancer Team, but there is an impact on GPs and lung disease clinics. There is a need to consider how this is managed.</p>		

	<p>JuW queried how the team engage with people who might not engage with healthcare services, for example, people in deprived areas, people who struggle to get out of the house, etc. JM advised the Lung Cancer Team do not carry out the assessments as these are undertaken by the targeted health team. However, JM advised she is aware the scanners go to areas which are very easily accessible, such as town centres, and also deprived areas.</p> <p>SuH and DW advised they had been invited for a scan, with the results being clear. They expressed thanks to the team for a very professional and efficient service.</p> <p>JD felt this service is how medicine should be, out in the community, reaching into the heart of the most challenged group of people, noting the best results come from targeting the worst affected areas. The ICS has a statutory responsibility to tackle health inequalities, one of the biggest causes of which is smoking. JD queried if smoking cessation services are aligned with the programme of targeted lung health checks in terms of offering advice to people attending for scans.</p> <p>JM advised people are offered a referral to the smoking cessation service when attending for a scan. In addition, consultants and lung cancer nurses proactively encourage people to stop smoking if they are referred to the Lung Cancer Team. Consultants will provide nicotine replacement therapy if a patient is in a smoking cessation programme.</p> <p>JD queried if there is any smoking cessation therapy provision for Trust staff. JM advised she would need to clarify this, but advised the smoking cessation service are very proactive. All current smokers who are admitted to hospital as a patient are offered a referral to smoking cessation.</p> <p>JuW advised pre-Covid there was a push for smoking cessation for patients but felt this may have taken a 'back seat' through Covid. JM advised referral rates are increasing. The nurses and consultants on the Lung Cancer Team are very proactive in making referrals.</p> <p>CW advised any information regarding smoking cessation support for staff would be forwarded to the governors.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to smoking cessation support for staff to be sent to governors <p>RS expressed thanks to the team for their work, noting previously lung cancer resulted in a very poor prognosis. However, early detection improves this. RS advised she was involved in the bowel cancer screening programme when it started and noted the impact on GPs and resources as it grew. RS sought assurance the Trust has support in terms of planning for growth and the next steps in the lung health programme, advising of the need to recruit GPs into the process to understand the impact on primary care.</p>	SH	08/11/22
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	<p>JM advised there is national support for the programme. It is being rolled out in different areas, having started with small pilot sites. The benefit of the programme is clear. JM felt it unlikely there will be a huge rollout of the programme, due to the impact on services, noting the rollout needs to be in a very controlled way to allow services to adapt and manage. GPs are on board with the programme as the information on patients referred for a scan is derived from GP records.</p> <p>RS queried if patients who do not attend for their scans are contacted to encourage attendance and if any further communication is required to help people understand why they have been invited for a scan. JM advised the team contact people who do not attend to try to establish the reason for non-attendance. If a patient is referred to the Lung Cancer Team at SFHFT with an abnormal result, the consultant will vet referrals and contact the patient. The team will ring patients to explain why they have been referred and ask them to attend for an appointment. This helps reduce the DNA (Did Not Attend) rate.</p> <p>JM and SG left the meeting</p>		
22/415	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting executive appointments.</p> <p>The Council was ASSURED by the report.</p>		
22/416	CHIEF EXECUTIVE'S REPORT		
4 min	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective. Highlighting the creation of the Integrated Care Board (ICB) with effect from 1st July 2022, operational pressures and Little Millers Nursery. PR advised the Trust's Freedom to Speak Up team have been shortlisted for a Health Service Journal (HSJ) Award.</p> <p>The Council was ASSURED by the report</p>		
22/417	LEAD GOVERNOR REPORT		
3 min	<p>SuH presented the report, highlighting the links being forged with the Lead Governor at Nottinghamshire Healthcare.</p> <p>CW advised it has been agreed Meet Your Governor sessions and 15 Steps are able to resume.</p> <p>SH advised she has been in contact with her counterpart at Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust, who are now part of the same ICS as SFHFT. It has been agreed a meeting will be arranged between the lead governors for SFHFT, DBTH and Nottinghamshire Healthcare to explore ways of working together.</p> <p>The Council was ASSURED by the report</p>		

22/418	ANNUAL REPORT AND ACCOUNTS 2021/2022		
6 mins	<p>Annual Report</p> <p>JL and KW joined the meeting</p> <p>SH presented the report, advising the 2021/2022 Annual Report has been composed aligned with the NHS Foundation Trust Annual Reporting manual for 2021/2022. There were a number of changes in the guidance for 2021/2022 and these are detailed in the report. The 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 2022.</p> <p>IH noted the national target is for 99% of all diagnostic tests relating to physiology, radiology and endoscopy to be completed within six weeks of referral and the aim for the Trust is to return to pre-pandemic levels as soon as possible, and certainly in line with the national NHS planning guidance of 99% of diagnostic tests within six weeks by 2025. IH sought clarification regarding the reason for this timescale, noting other targets have a shorter timescale for achievement. SH advised she would need to confirm the details and would respond outside of the meeting.</p> <p>Action</p> <ul style="list-style-type: none"> Information relating to the timescale for returning diagnostic tests to pre-pandemic levels to be provided to governors <p>IH noted the reference to four improvement campaigns in relation to the Quality Strategy. While welcoming the campaigns, IH advised he was not previously aware of these. IH queried if the different improvement campaigns and quality campaigns could be simplified. SH advised the campaigns form part of the Quality Account, which the governors are consulted on in terms of an area to report on specifically in the Quality Account and for the auditors to review. PR advised there is a renewed Quality Strategy which is going through the stages of consultation and approval.</p> <p>IH expressed concern only 38% of clinical audits have been completed. SH advised this work was stood down as part of the Trust's response to Covid. BB confirmed staff undertaking clinical audit work were redeployed to deal with essential services at the height of Covid as it was necessary to prioritise direct clinical care. It is anticipated the clinical audit programme will gather momentum this year. IH felt it would be useful to explore ways of bringing clinical audit and improvement processes closer together to reduce duplication of workload.</p> <p>SuH queried if extracts of the Annual Report are shared with the press, particularly highlighting the large increase in the number of outpatients appointments and ED attendances. SH advised a summary of the Annual Report is produced and will be presented to the AGM, which the press are invited to.</p>	SH	04/11/22

6 mins	<p>Annual Accounts</p> <p>JL 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.</p> <p>The outturn against the financial plan was £13.2m deficit for the year. JL confirmed the Board of Directors adopted the accounts on 17th June 2022.</p> <p>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.</p>		
4 mins	<p>Quality Account</p> <p>KW presented the report, outlining the process for producing the Quality Account for 2021/2022. KW confirmed the Quality Account has been published on the Trust's website.</p> <p>IH noted the increase in attendances at ED from 120,144 in 2020/2021 to 167,382 in 2021/2022, acknowledging the huge amount of work this entails. PR reminded the Council there were restrictions and lockdowns due to Covid for part of 2020/2021. Therefore, this is not a true comparison. However, typically there is a 7%-8% year on year increase in attendances at the 'front door'.</p> <p>The Council was ASSURED by the reports</p> <p>KW left the meeting</p>		
22/419	EXTERNAL AUDITORS – ANNUAL AUDIT LETTER		
5 mins	<p>TF joined the meeting</p> <p>TF presented the report, outlining KPMG's responsibilities as auditors and their findings. TF confirmed an unqualified opinion was issued.</p> <p>The Council was ASSURED by the report</p> <p>TF and JL left the meeting</p>		
22/420	REPORT FROM BOARD SUB COMMITTEES		
21 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, highlighting the year end audit process, implementation of internal audit recommendations, internal audit limited assurance report in relation to contract management, clinical policies, counter fraud, procurement and the development of a Divisional Governance Toolkit by 360 Assurance.</p>		

IH advised he felt the work of the Committee is rigorous and thorough. IH noted the payment made to one of the Private Finance Initiative (PFI) partners is linked to inflation. Therefore, the payments are likely to increase substantially. IH requested an update on the relationship with PFI partners.

PR confirmed the monies paid to the PFI provider are linked to the Retail Price Index (RPI). However, SFHFT, together with other trusts who have an RPI linked PFI contract, have received some central funding in recognition of this. In addition, trusts which can demonstrate a significant increase in energy bills have received funding. In terms of the relationship with PFI partners, the Trust is currently in a contractual standstill position while work is ongoing to improve performance and recognise historic poor performance. The aim is to renegotiate the terms on which the contract moves forward, in order to obtain improved performance. It was noted progress is slow. However, relationships at an operational level remain good and, therefore, there is no impact on patient care.

CrW left the meeting

Quality Committee

BB presented the report to the Council, highlighting challenges in relation to clinical capacity, resulting in poor attendance and limited contribution to key forums, relocation of services, results of the Sentinel Stroke National Audit and review of how SFHFT's Quality Committee relates to the ICS quality forum.

Finance Committee

ARB presented the report to the Council, highlighting the review of the Board Assurance Framework (BAF) Principal Risk 4, Quarter 1 position and progress made in relation to the Trust's self-assessment against the Healthcare Financial Management Association (HFMA) Financial Sustainability Audit.

PR advised the HFMA Financial Sustainability Audit is a national requirement to ensure NHS finances are returning to pre-Covid 'grip and control'.

People, Culture and Improvement Committee

MG presented the report to the Council, highlighting the People, Culture and Improvement Strategy, Equality Diversity and Inclusion agenda and workforce planning analysis.

IH noted 5% of the Trust's staff are described as senior managers and queried if the structure is correct and if the Trust would be open to challenge in terms of having too many layers of management. MG noted the recent political pronouncements and advised they are not always black and white. MG felt there are arguments for layers of management, such as career progression. More detail is always required. CW advised the Trust's structure is based on the nationally agreed structure.

	The Council was ASSURED by all Board Sub Committees' reports		
22/421	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
8 mins	<p>Membership and Engagement Group</p> <p>SuH presented the report, highlighting engagement with the local community. SuH encouraged governors to assist in running a stall at local events to help increase membership and raise awareness of the governor role. SuH advised it is important to engage with the local community, particularly in Newark.</p> <p>LD advised she had some ideas about encouraging people to become governors in the Newark area and advised she would speak to SuH outside of the meeting.</p> <p>The Council was ASSURED by the report</p>		
2 mins	<p>Non-Executive Directors (NEDs) Appraisal Outcome and Objectives</p> <p>CW presented the report, advising the Trust is fortunate to have the level of expertise demonstrated by the NEDs. Appraisals have been undertaken for Barbara Brady, Manjeet Gill and Graham Ward. Objectives have been set for the coming year for all NEDs, including those who were appointed at the beginning of 2022, namely Aly Rashid, Steve Banks and Andrew Rose-Britton. CW advised she is satisfied with the performance of the NEDs.</p> <p>The Council APPROVED the NEDs' appraisals and objectives as recommended.</p>		
6 mins	<p>Revised Constitution</p> <p>SH presented the report, advising a review of the Trust's constitution has taken place. SH highlighted the changes to the constitution, as noted in the report. Legal advice regarding the proposed changes has been sought. The lawyers have advised some further revision is required to ensure the constitution aligns with the latest legislation.</p> <p>IH sought clarification regarding the composition of the Newark Hospital Constituency, particularly in relation to the Wards of Bingham East, Bingham West, Cranmer and Thoroton from Rushcliffe District Council, feeling these should be removed. SH advised if these Wards are removed, this would reduce the number of members and, therefore, potential new governors for the Newark area.</p> <p>The Council AGREED these Wards should remain part of the Newark Hospital Constituency.</p> <p>The Council APPROVED the revised Trust Constitution and AGREED a full audit of the Constitution should be undertaken later in the year.</p> <p>SH advised the revised Constitution will be presented to the Trust's AGM in September for final approval.</p>		

5 mins	<p>Governor Elections</p> <p>SH presented the report, advising it is proposed to hold Governor elections in the Autumn of 2022 to align to the revised constituencies. SH encouraged the governors to take any opportunities presented to increase membership and potential interest in becoming a governor.</p> <p>SuH sought clarification on the voting system to be used for the elections. SH advised elections will be held on a 'first past the post' basis, noting this is in line with the Model Election Rules. This is stated in the revised constitution.</p> <p>RS advised people have reported to her they have found it difficult to sign up as a member on the Trust website. RS advised she has previously raised this with the Communications Team and queried if this has been updated. SH advised she would follow this up and advised hard copy membership forms can still be used.</p> <p>Action</p> <ul style="list-style-type: none"> Clarify if the method for people signing up as a member via the Trust website has been updated, following concerns raised people have found this difficult to navigate <p>The Council APPROVED the proposal to hold governor elections in the Autumn of 2022</p>	SH	08/11/22
22/422	OUTSTANDING SERVICE – CELEBRATING THE WORK OF OUR FREEDOM TO SPEAK UP (FTSU) GUARDIANS		
7 mins	A short video was played highlighting the work of the FTSU Guardian and FTSU Champions.		
22/423	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised		
22/424	ESCALATIONS TO THE BOARD OF DIRECTORS		
3 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> Approval of revised Trust constitution and the decision to hold governor elections in the Autumn Further audit of the constitution to take place later in 2022 Governors to increase engagement activity with a focus on increasing active membership Public not able to register on website to become members 		
22/425	ANY OTHER BUSINESS		
5 min	<p>Covid 19 Inquiry Process</p> <p>SH presented the report, advising the terms of reference for the national inquiry have been agreed and the inquiry has been launched. SH outlined the actions taken by the Trust to date.</p>		

	<p>The inquiry is broken down into modules, with the third module focussing on healthcare systems. Timings for this module are not yet known, but it is expected this will be late 2023. The inquiry is unlikely to involve the Trust until the third module. The working group will continue to meet as necessary.</p> <p>JD felt whatever the findings of the enquiry are, the hard work and dedication of front line care workers in the face of the challenges brought by Covid should never be forgotten.</p> <p>The Council was ASSURED by the report</p>		
22/426	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 8th November 2022 Time: 17:30 Venue: MS Teams (TBC)</p> <p>There being no further business the Chair declared the meeting closed at 19:35</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward Chair</p> <p>Date</p>		

Attendance at Full COG (scheduled meetings)

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

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			04/04/2022			
Ann Mackie	Newark & Sherwood	Public	X	3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed	A	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	A	1	23/04/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed	A	1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed	A	N/A	20/02/20	N/A
Gerald Smith	Mansfield	Public	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	A	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	P	N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public	A	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	A	3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
22/414	09/08/2022	Information in relation to smoking cessation support for staff to be sent to governors	Council Of Governors	None	08/11/2022	S Higginbotham		Verbal update to be provided in the meeting	Green
22/418	09/08/2022	Information relating to the timescale for returning diagnostic tests to pre-pandemic levels to be provided to governors	Council Of Governors	None	08/11/2022	S Higginbotham		Verbal update to be provided in the meeting	Green
22/421	09/08/2022	Clarify if the method for people signing up as a member via the Trust website has been updated, following concerns raised people have found this difficult to navigate	Council Of Governors	None	08/11/2022	S Higginbotham		Verbal update to be provided in the meeting	Green

Council of Governors - Cover Sheet

Subject:	Chair's Report		Date: 8 November 2022	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
To update on key events and information from the Chair's perspective since the previous Council of Governors meeting.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	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	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				
Not applicable				
Executive Summary				
<p>To update on key events and information from the Chair's perspective since the previous Council of Governors meeting, including:</p> <ul style="list-style-type: none"> Starting work to refresh the Trust's five-year strategy Celebrating the best of Sherwood Forest Hospitals at our annual Excellence Awards Annual General Meeting (AGM) and Annual Members Meeting of Sherwood Forest Hospitals October is Freedom to Speak Up month Continuing our 'Meet Your Governor sessions' across our hospitals Other engagements and visits over recent months <p>Full details included in Appendix One below.</p>				

APPENDIX ONE: DETAILS OF CHAIR'S REPORT

Starting work to refresh the Trust's five-year strategy

The Board set aside time together over the past month to prioritise planning for the future strategy of the Trust – an important piece of work that will set the direction of the organisation as we look to the future with a new-look Executive Team and working with our Integrated Care System partners.

Together, we considered the views of several partners, ranging from neighbouring NHS organisations to the wider public sector – including colleagues from the education sector.

Giving consideration to the way we plan and deliver services (as well as how we respond to the changing system architecture) was also at the heart of those conversations. We also recognised that getting closer to the communities we serve and positively impacting upon the challenges people face in their lives will be a critical success factor for that work.

I look forward to proposing a revised five-year strategy to the Trust's Public Board meeting and the Council of Governors in the New Year.

Celebrating the best of Sherwood Forest Hospitals at our annual *Excellence Awards*

[On Friday 7 October, the Trust hosted its annual *Excellence Awards* to celebrate our Trust colleagues and partners who have gone above-and-beyond the call of duty for patients and the communities we serve over the past year.](#)

I was delighted to be able to join colleagues from the Trust's Executive Team to announce the winners of this year's awards across 18 categories – including a special Chair's Award, which I was delighted to award to colleagues from our Sherwood Community Unit.

The Unit has been a hugely important part of our Trust plans to help free-up hospital beds for those patients that need them most this year, which has seen the Trust look creatively to extend the walls of its hospitals to transform an old care home into a temporary ward. The Unit plays an important role of providing transitional support for patients who no longer require hospital treatment but are waiting for confirmation of their discharge packages before they can be discharged to their home, care home or another community setting.

Lindsey Chapman, the Unit's Head of Nursing, has been an exceptional and inspirational leader throughout the first six months of the Unit opening, ensuring that the Unit provided safe and effective care while always demonstrating and setting the standards expected. She has been well supported by Mandy Toplis, her deputy, and Claire Haywood, who agreed to step-up to take the role of sister and lead nurse for the unit.

The team have been widely supported by colleagues from across the Trust including in Skanska, Medirest and IPC who were all pivotal in helping to set up run and manage the unit.

I look forward to getting out to meet the team to present their award to them in person, as well as sharing more details about the Unit's work publicly over the coming weeks.

Annual General Meeting (AGM) and Annual Members Meeting of Sherwood Forest Hospitals

[The Annual General Meeting \(AGM\) and Annual Members Meeting of Sherwood Forest Hospitals NHS Foundation Trust was held virtually on Thursday 29 September](#), giving our members, the public we serve and the partners we work with the opportunity to learn more about how the organisation performed over the 2021/22 financial year.

Despite demand for services remaining exceptionally high over the past few years, there remains so much for us to be proud of as a Trust and those meetings are a real opportunity for the Trust to reflect upon its activities, challenges and achievements over the past financial year.

Items discussed at this year's meeting included the presentation of the Annual Report and Accounts and the External Auditor's Annual Report. As a result of the discussion on proposed revisions to the Trust constitution that were put forward at last month's public board meeting, considerations are also now being made about arrangements for the next members election.

October is Freedom to Speak Up month

The Trust has been supporting Freedom to Speak Up (FTSU) month throughout October as a month-long celebration to raise awareness and celebrate the difference that Freedom to Speak Up is making – including within the Trust.

The Trust's FTSU Champions have been out-and-about across the Trust's hospitals during the month, visiting each site to promote the work of the Champions so that colleagues know they will be supported when they do speak up. It is also vital that we all understand that speaking-up is an important part of improvement, learning and providing outstanding care.

We are really proud that 70.9% of our Trust colleagues told us in the 2021 NHS National Staff Survey that they would feel safe to speak up about anything that concerns them about the organisation, with 61.5% also saying they would be confident the organisation would act upon those concerns when raised. While there is always room for improvement, those scores place us well above the national averages in both categories and reflects the emphasis we have placed on this important area of work.

Our FTSU champions and guardian play an important part in making our hardworking NHS colleagues feel safe and supported in their work. I am grateful to them all for their continued contributions.

Continuing our 'Meet your governor sessions' across our hospitals

A programme of the Trust's *Meet Your Governor* events have been continuing throughout the past three months, with the latest series having taken place during the week commencing 31 October.

The events are a fantastic opportunity for our Trust governors to get out-and-about in our hospitals and the wider community to talk to patients and members about their experiences of accessing our services. The outcomes of those discussions will be fed back to the Trust to consider how it can improve its services in future, with similar sessions also planned for November and December.

Thank you to everyone who has helped to facilitate those sessions, as well as to all those who have offered feedback or have registered to become members of the Trust at those sessions.

Other engagements and visits over recent months

We know it takes a whole Trust to run our hospitals and, over the past month, I have had the privilege of visiting members of our extended #TeamSFH family from Medirest to learn more about how they support our NHS colleagues.

That visit – which included visiting staff on the switchboard and HR colleagues within Medirest – was incredibly useful in being able to understand how we work with our partners and how we can get them more involved in helping us to deliver the best possible care to our patients.

Council of Governors - Cover Sheet

Subject:	Chief Executive's Report		Date: 8 November 2022	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
To update on key events and information from the Chief Executive's perspective since the previous Council of Governors meeting.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	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	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				
Not applicable				
Executive Summary				
<p>To update on key events and information from the Chief Executive's perspective since the previous Council of Governors meeting, including:</p> <ul style="list-style-type: none"> • Responding to sustained pressure across our hospitals • Preparing for winter and potential industrial action • Celebrating the best of Sherwood Forest Hospitals at our annual <i>Excellence Awards</i> • The Trust's 24-hour homebirth service returns • Welcoming our first cohort of Trainee Nursing Associates (TNAs) to #TeamSFH • Little Millers Day Nursery rated 'Good' following latest Ofsted inspection • Freedom to Speak Up initiative receives national HSJ Awards nomination <p>Full details included in Appendix One below.</p>				

APPENDIX ONE: DETAILS OF CHIEF EXECUTIVE'S REPORT

Responding to sustained pressure across our hospitals

The past three months have seen the continuation of pressures across our services.

In late September, a county-wide 'critical incident' was declared due to the high levels of demand we faced in hospital Emergency Departments across the county and the challenges that NHS services continue to face in discharging medically fit patients from our hospitals in a timely way.

A critical incident is an escalation response to increased system pressures and disruption to services that are having or will have a detrimental impact on NHS organisations' ability to deliver safe patient care. In this case, the critical incident was declared on a system-wide level in response to the pressures being felt across the whole of Nottingham and Nottinghamshire. Declaring a critical incident is an important step as it ensures we can whatever steps necessarily to enable us to prioritise and restore safe patient care as quickly as possible – as well as uniting system partners behind that shared objective for the benefit of the patients we collectively serve.

We are in a much better position than we were at the beginning of October, thanks to the skill and dedication of our hardworking NHS colleagues across the county.

However, it is important to recognise that we remain under significant pressure and we still face huge challenges as winter approaches. Our services remain very busy and we anticipate that there will be some difficult weeks ahead.

We understand how challenging it is for our NHS colleagues to work under such pressure for a sustained period and I want to assure our colleagues and the Council of Governors that we will continue to do everything possible to work with system partners to ensure these pressures don't become 'business as usual,' as they have over recent months.

Managing those pressures continue to require a whole trust response and I am grateful to all our NHS colleagues for the part they have played in ensuring we can manage the pressures and ensure that patients can access the care they need this winter.

We are also asking the communities we serve to help their local NHS to help them this winter – including by choosing the most appropriate NHS service for their needs.

Hospital Emergency Departments aren't always the best place to access the healthcare they need, so we are encouraging the public to think 'NHS 111 first' before attending our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark Hospital. NHS111 professionals can direct people to the most appropriate place to help you get the support they need – including by directing people to appointments with their local GPs, pharmacies and other NHS services locally, even out-of-hours.

Preparing for winter

As well as managing day-to-day pressures, we are also focused on ensuring that we are properly supporting our colleagues as winter approaches to ensure they and that we can continue to be there for patients over the winter months.

Our winter plan has already been updated to ensure we have appropriate bed capacity as winter approaches and we are already in the process of enacting those plans with winter very much upon us.

Winter is always a busy period for the NHS and this is the first winter where we are likely to see combined pressures from COVID and flu at a time when, in truth, the pressures of last winter never went away. In fact, on an average day in July this year, the Emergency Department at King's Mill Hospital saw 14% more patients come through its doors than on an average day between October and February last winter.

In September and October, we have also begun to deliver COVID and flu vaccines to our Trust colleagues and other eligible patient cohorts and we are grateful to everyone who have come forward to receive their vaccines so far. Those efforts will continue throughout the winter months ahead.

Preparing for potential industrial action

As a Trust, we are watching with interest at the potential for planned industrial action from employee groups nationally over the months ahead.

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

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

Celebrating the best of Sherwood Forest Hospitals at our annual *Excellence Awards*

I was delighted to host [our Trust *Excellence Awards* in October to celebrate the amazing work our colleagues do here across our hospitals – and to recognise individual examples where our colleagues have consistently gone 'above and beyond' in their roles.](#)

We were delighted to welcome hundreds of nominees, nominators, colleagues and members of the public to join this year's celebration – albeit virtually due to the continued threat of COVID to our workforce. The event was [broadcast live on the Trust Facebook page.](#)

This year, we received over 250 nominations and the judging process was hard, so I'd also like to thank everyone who made a nomination for this year's event to ensure that their colleagues can get the recognition they deserve.

I'd also like to thank everyone who helped to make this year's awards possible, including our sponsors from the Trust's charity and for the support from our local media partners from *The Chad* and the *Newark Advertiser*. We are grateful for their support for our hardworking colleagues.

I would like to thank each and every one of our Trust colleagues for delivering outstanding services for our patients and for making Sherwood Forest Hospitals such a great place to work.

Since the awards, I – alongside colleagues from across our Executive Team – have been getting out-and-about to meet our winners in-person to find out more about their work and to present their trophies to them.

I look forward to being able to share the stories of their achievements across our public and staff communications platforms over the coming weeks to continue those celebrations and to reflect just how proud and grateful we are for the work they do.

The Trust's 24-hour homebirth service returns

I am proud to confirm that our full, round-the-clock homebirth service restarted on Monday 19th September 2022.

For the past year the service has been running Mondays to Fridays between 9am and 5pm, due to staffing challenges caused by the pandemic. As a result of successful recruitment to the community midwifery service, the 24-hour service has been able to restart safely.

Reinstating the full 24-hour service as soon as it was safe for us to do so has been a priority for us because we know how important it is for families to have the option to birth at home.

During the past year, our on-call staff have gone above and beyond to support as many women as possible. We're really pleased that we're now in a position to offer a personalised choice to even more families and I thank all our teams who have helped to make the return to the 24-hour service possible.

Welcoming our first cohort of Trainee Nursing Associates (TNAs) to #TeamSFH

In October, [Sherwood Forest Hospitals' welcomed its first cohort of Trainee Nursing Associates \(TNAs\) after they finished their two-year course at Nottingham Trent University's Mansfield Hub.](#)

The group of 16 started their Foundation Degree Apprenticeship for Nursing Associates in October 2020 while employed by the Trust as Healthcare Support Workers (HCSWs). They studied on day-release from their regular role and completed 20 weeks of placements across adult, children's, mental health and learning disability areas in community, hospital, primary and social care settings to obtain as much experience as possible.

They have all secured Nursing Associate roles with Sherwood Forest Hospitals, where they will support wards and departments. The Nursing Associate role, which is registered with the Nursing and Midwifery Council, will see the group manage their own group of patients and support Registered Nurses. They will also mentor and support developing HCSWs and TNAs.

Several of the newly-qualified Nursing Associates have already expressed an interest in further study to become Registered Nurses.

This initiative is a fantastic example of how the Trust is committed to investing in our colleagues and supporting their career development. A second group of 14 Trainee Nursing Associates have just started the final year of their course at the NTU Mansfield hub, while a further 18 were also due to start their training in October.

Congratulations to all of our new recruits – and I look forward to working alongside them in their new roles.

Little Millers Day Nursery rated 'Good' following latest Ofsted inspection

In August, [we were delighted to finally be able to share the news that our Little Millers Day Nursery has been rated 'Good' following its latest visit from Ofsted inspectors on Wednesday 13 July.](#)

The report highlighted a number of areas that the Little Millers team can be especially proud of, including noting that parents were positive about the care their children receive, feel their children are developing their communication skills, making good progress and are ready for school.

The improved rating represents a quick turnaround for the nursery after a previous report rated the nursery as 'inadequate'. The latest report confirmed that arrangements for safeguarding are effective and that staff have a robust understanding of the possible signs that may indicate a child is at risk of harm.

Ofsted also specifically praised the positive approach the Little Millers team has taken to the last inspection in the report, after a robust action plan was drawn-up between the Trust and nursery staff to address the points raised ahead of July's reinspection.

Work has now begun within the nursery to help restore the nursery's previous 'outstanding' status in-time for its next planned reinspection over the next six years, in-line with Ofsted reinspection schedules.

Thank you to everyone within the Little Millers team who has helped make this turnaround possible. I thank them all for their commitment to helping the facility to return to a rating that we feel more fairly reflects the quality of care we know they provide families there.

Freedom to Speak Up initiative receives national HSJ Awards nomination

In August, [we were proud to share the news that our 'Growing Our Freedom to Speak Up Culture at #TeamSFH' project has been shortlisted for a prestigious Health Service Journal \(HSJ\) award for encouraging staff to speak-up to improve services for patients.](#)

The submission centres around the Trust's successful project to rejuvenate, further embed and grow its Freedom to Speak Up (FTSU) network, which has helped colleagues to understand that speaking up is an important part of improvement, learning, providing outstanding care, and creating a good working environment.

The Trust has a full-time FTSU Guardian, Kerry Bosworth, and 20 trained champions across the organisation, including a medical champion for the first time.

The national winners will be announced during the awards ceremony in November. Well done to all those involved in making this important work happen.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report	Date: 8 th November 2022
Prepared By:	Sue Holmes , Lead Governor	
Approved By:	Sue Holmes , Lead Governor	
Presented By:	Sue Holmes , Lead Governor	
Purpose		
To provide assurance to the Council of Governors from the perspective of the Lead Governor		Approval
		Assurance
		Update
		Consider
Strategic Objectives		
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce
To continuously learn and improve	To achieve better value	
x	x	x
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	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		
N/A		
Executive Summary		
<p>Slowly we are beginning to resume some of our activities such as Meet your Governor, 15 steps and some of us took part in the PLACE inspections but our meetings are still on-line. I look forward to having face to face meetings again when the new governors can get to know each other and feel that they are part of a team.</p> <p>Since the last Council of Governors meeting, we held the AGM when changes to the constitution were approved. There are now 2 public constituencies, Newark and the East Midlands with a total of 14 public governors and the staff constituency with 3 staff governors who are not site specific, and the Volunteer and other appointed governors.</p> <p>We now have 2 governor vacancies for Newark, 2 for the East Midlands and 1 staff governor. It was agreed not to hold elections until early in 2023 when hopefully we will be able to get up to strength.</p> <p>I have been involved in meeting with Jim Aleander (Notts Healthcare) and Lynne Schuller (Bassetlaw and Doncaster FT) with a view to working jointly on a project. We have had further meetings with more to come and are beginning to work on the 'what', 'how' and 'when'. I will let you have more information as soon as I can.</p> <p>I was also involved in a Lead Governor and Chairs meeting with the Chair of the ICS when it was decided to hold a Teams meeting/Conference with all of the governors from SFHFT, Notts Healthcare and Bassetlaw. Date to be arranged.</p>		

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update		Date: 8 th November 2022	
Prepared By:	Sally Whittlestone, Corporate Matron			
Approved By:	Phil Bolton, Chief Nurse			
Presented By:	Sally Whittlestone, Corporate Matron			
Purpose				
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from July-September			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X			X	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
N/A				
Executive Summary				
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from July to September 2022. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>It is important to acknowledge that the 15 Steps Challenge was paused during July and August, which meant that a planned twenty-two visits were put on hold due to the Covid pandemic outbreaks, prior to the date paused one visit had occurred on the 1st of July, with feedback received. The trust then encountered a critical incident due to increasing operational pressures, all of which would have had an impact on the team's ability to complete 15 Steps.</p> <p>During September 2022, four visits were performed out of a possible planned eleven visits and four feedback forms have been received.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15 Step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>				

Introduction

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

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

The 15 Steps Challenge was paused during July and August, prior to the date of pausing one visit had occurred in July, and during September four visits were completed out of a possible eleven planned visits.

During this period, it is important to acknowledge that 15 Steps was paused during July and August due to covid outbreaks resulting in no visits taking place, operational pressures were also noted to be high, and a critical incident was declared, all of which impacted on the 15 Steps being completed.

Positive engagement from the visiting teams continues, with a continued high level of support from the Governors.

Visit Areas:

During July only one visit took place and that was to RSU/Ward 21.

In September visits included:

- Ward 31.
- The Mortuary and Bereavement Centre.
- Clinic 6
- The Sexual Health Clinic.

Themes and Trends:

Welcoming:

- Each team noted that they received a warm positive welcome when presenting to each area.
- Many teams describe that the areas felt calm, warm, and welcoming.
- Staff were seen as friendly and willing to engage and support the visiting teams.
- Clinical areas were clean and tidy, and the majority were uncluttered.
- Staff shared positive experiences when working in what can at times be a challenging area.
- Uniforms and staff identification could be clearly seen and in line with the uniform policy.

Caring and Involving:

- When speaking directly to patients, carers, and their families they spoke well of the area that they were in.
- Patients reported positive outcomes within their care and understood at what point they were at in their journey.
- When discussing patients with staff it was clear that care and compassion were evident.
- All conversations felt very directly linked to the patient and their carers/family. This came through all staff whatever job role they fulfilled.
- In one team it was noted to be the governor's first 15 steps and he remarked on the positive experience and the outstanding level of care and compassion demonstrated by the team
- Staff discussed how they felt well cared for, safe, and listened to.
- When speaking to patients, all felt their care was good, and observed a patient with a tracheostomy, utilising a 'needs board' to communicate, which we found very positive also.
- Identification bracelets were on patients
- A good understanding of governance engagement with the pathway to excellence is visible. Comments around the visit were 'wow', a fabulous team who should be very proud.

Safe:

- Many environments were clean with infection prevention and control practices demonstrated.
- Staff were easily identifiable and wore Trust identification badges.
- Staff were able to discuss how they debrief after difficult days, they felt safe and cared for.
- Fire exits were clear and uncluttered.
- Resus equipment was noted to have had daily checks and had been signed for.
- One area noted that no call bells could be heard, and the area felt calm.
- A Discussion was held with other members of staff about recent incidents that happened on the ward, and they could articulate what hadn't gone so well and what the ward was doing to learn going forward, which we found very positive

Well organised and calm:

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

Issues identified during the visits:

- One area highlighted that they were struggling to get a room converted, this has been escalated to the Estates team on the day of the visit by a visiting team member.
- It was noted in one area that two fire glasses were displaying bare wires, which the ward has previously highlighted. This was escalated to the estates and facilities team; the work has now been completed.
- It was witnessed that a staff member was attempting to write a TTO and was disturbed, a reminder was provided to all staff around these disruptions.
- In one area a conversation was witnessed in a public area, that sounded like a disagreement, and action was taken immediately by the visiting teams, providing a reminder that it isn't in line with our Trust care values.
- In one area the team identified a chair in the reception area not fit for purpose and not in line with infection control, the chair in question has been removed and a new one has been put in place.
- There was a note storeroom with a coded lock on, but the door was unlocked, and not in line with the Information Governance process, Nurse in Charge was informed of this at the time of the visit.
- Medical patients who out lie on the ward were discussed as a concern. Staff Understand the need for this some patients were experiencing long stays due to discharge, and this was discussed with the operational team by a member of the visiting team.

Patient feedback:

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

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



Visiting team's feedback:

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

Words used to describe the patients and staff experience by the visiting teams:



Conclusion:

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

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

Next Steps:

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

Council of Governors Meeting - Cover Sheet

All reports **MUST** have a cover sheet

Subject:	Winter Plan		Date: 6 October 2022	
Prepared By:	Rachel Eddie, Chief Operating Officer			
Approved By:	Rachel Eddie, Chief Operating Officer			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
To share detail of Winter Plan presented and agreed at Board in October, including demand and capacity modelling and agreed mitigations to deliver a safe and productive Winter.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X		
Indicate which strategic objective(s) the report support				
Identify which principal risk this report relates to:				
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			
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			X
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				
Board – 6 October 2022 TMT – 21 September 2022				
Executive Summary				
<p>Sherwood Forest has a core bed position of 536 core beds and 111 escalation beds, across 3 sites – Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital. Detailed demand and capacity modelling shows an all year round bed deficit based on previous years demand levels, in part driven by the number of patients on the acute sites no longer requiring acute care. This bed deficit increases in a scenario where demand is above normal levels due to the risk of Flu and Covid surges in Winter 22/23.</p> <p>A bed deficit leads to higher occupancy and poor flow across the sites, which in turn can impact on quality, safety and patient experience, and health and wellbeing of staff.</p> <p>The winter plan is designed on the following principles:</p> <ul style="list-style-type: none"> • Minimise the risk of overcrowding in the Emergency Department • Allow sufficient bed capacity for the elective recovery program • Ensure sufficient capacity to allow a rolling deep clean programme • Maintain the health and wellbeing of all staff • Be sufficiently agile to respond to fluctuations in demand • Be mindful of the uncertain financial landscape 				

Mitigations have been considered to address this gap as follows:

- All current core and escalation capacity remains open
- Sherwood Care Unit and Ashmere Care Home contracts continue until the end of April.
- Two wards at Mansfield Community Hospital wards re-open on completion of estates works
- Virtual wards (system led) are operationalised in line with the national programme
- ICB approved Discharge to Assess business case is implemented as per the agreed trajectory
- Provider collaborative working to expand the current homecare workforce support from SFH to Notts Healthcare
- Internal LOS efficiencies driven by the Optimising Patient Journey Improvement Programme

These mitigations will address the bed deficit in a normal demand scenario from November, although do not fully address the deficit in a 'worse case' flu and Covid scenario.

Additional actions will be implemented alongside the increased beds including support from corporate departments, and supporting services within Clinical Divisions, to support improved flow across the hospital with increasing occupancy and to support the health and wellbeing of staff working under operational pressures.

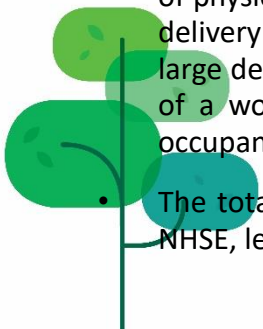
Winter Plan

Rachel Eddie
Chief Operating Officer



1. Executive Summary

- This paper provides the full winter plan, taking into account all divisional, corporate support and system plans. The winter plan sets out the trust and system position with regards to demand and capacity forecasts for the adult bed base, describes the internal and wider system mitigations proposed and their impact both operationally and financially and sets out the main risks to the plan. The SFH process for demand and capacity planning aligns to the wider system winter planning process led by the ICB
- The current bed position at SFH includes 536 core acute and community beds plus 111 escalation beds, some of which were opened as part of the 2021/22 winter plan and some of which have been opened since due to sustained pressures
- Bed pressures are primarily driven by a sustained increase in MSFT which demonstrated an average of 96 >24hrs in July 2022 (from 53 in July 2021). This is driven by a lack of community and home care capacity for pathway 1-3 discharges in the Nottingham and Nottinghamshire system
- The requirement for additional beds is not driven by significant increases in acute demand. In fact, although attendances have increased in 2022/23, strong performance on admission avoidance and Same Day Emergency Care (SDEC) are driving a gradual reduction in inpatient admissions.
- We go into this winter with uncertainty around future Covid and Flu waves and start our planning in August with the system already under considerable pressure compared to previous years
- The approach taken has been to understand the potential demand scenarios and model for the 'art of the possible' in terms of physical capacity, inclusive of internal mitigation schemes. System mitigations have also been included in line with agreed delivery trajectories. These show an all year round bed deficit based on current bed base, however, this can be mitigated to a large degree based on a consistent level of demand to last winter. The mitigations proposed so not fully mitigate the impact of a worse than predicted winter from a flu and Covid perspective, which introduces a risk of increased days of high occupancy leading to more incidences of OPEL 4 escalation and associated service pressures.
- The total cost of winter 2022/23 is £13,243m of which £6,723m is offset by budgeted spend and additional funding from NHSE, leaving a total additional spend to ensure the safety of patients and staff over the winter of £6,520m



2. Current Position

The trust and Integrated Care System have experienced increasing pressure throughout the emergency pathway in 2022, with a system wide critical incident declared in July. When analysing the data from June to August 2021/22 and the same timeframe in 2022/23, there are some key indicator changes:

- 3.9% increase in attendances to the Emergency Department
- Average medically safe for transfer patients increased significantly from 49 to 96 patients in July 2021 to July 2022
- Average length of stay increased from 5.64 days to 7.58 days for non-elective inpatients
- Percentage of patients delayed in hospital over 21 days length of stay from 4.6% to 9%
- Specialties that traditionally experience more patients with complex discharge needs have seen the biggest length of stay changes (Cardiology, Acute Internal Medicine, Respiratory and Geriatric Medicine)

These changes have been mitigated in part by reduced admissions for inpatient care, with the number of non-elective admissions reducing by 15.2%. This is due to the excellent use of Same Day Emergency Care and front door streaming to alternative pathways.



3. Principles

The plan is built on the key principles that we will aim to provide sufficient acute capacity to meet the anticipated level of demand in a timely manner and optimise patient safety. Specifically, the plan should:

- Minimise the risk of overcrowding in the Emergency Department, the harm associated with delayed access to an acute bed and the associated detriment to staff of working under sustained operational pressures for extended periods
- Allow sufficient bed capacity for the elective recovery program to continue unimpeded, to minimise the impact on patient experience and outcomes of extended elective waits and the poor patient experience of short notice cancellations due to bed availability
- Ensure sufficient capacity to allow a rolling deep clean programme to commence to reduce the clinical risk to patients of Healthcare Associated Infections (HCAI)
- Maintain the health and wellbeing of all staff
- Be sufficiently agile to respond to fluctuations in demand as a result of the pandemic, or other unexpected surges, e.g. flu
- Be mindful of the uncertain financial landscape

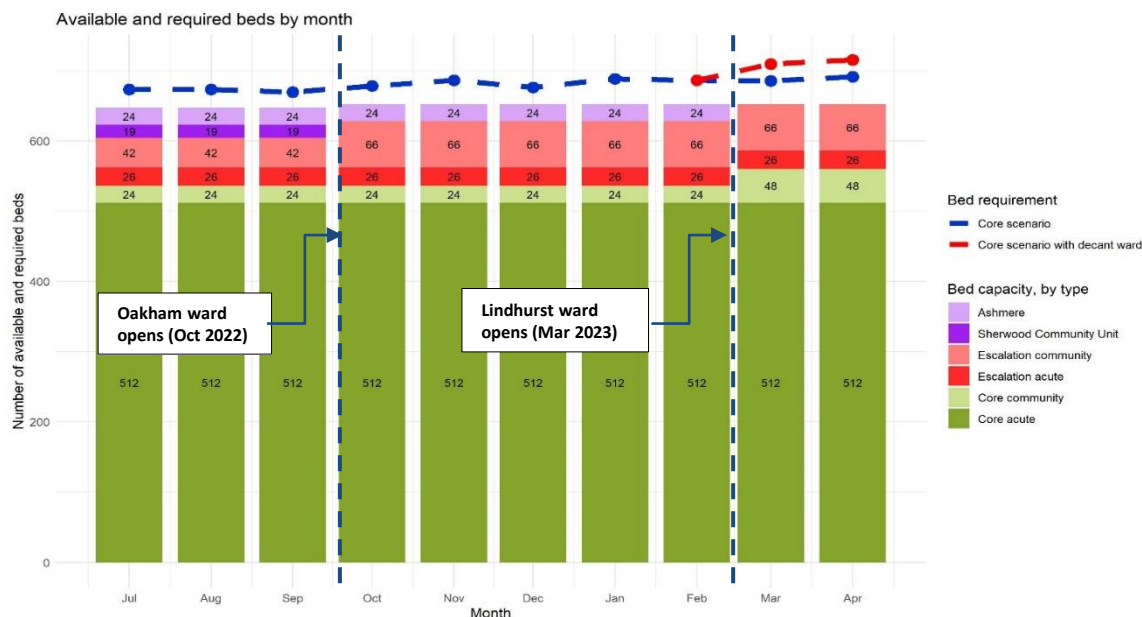


4. Assumptions

Area	Assumption	Notes
Target occupancy	The modelling is based on the beds required to hit 92% occupancy	
Level of risk in demand	92% occupancy is reached at the 75th percentile of demand, based on hourly fluctuations in occupancy	
Patient volumes	Patient volumes are based on the 21/22 level of activity . No growth in either elective or non-elective demand is included	
MSFT	The modelling is based on a fixed volume of 96 MSFT patients (including <24 hour patients) throughout winter. This holds constant the level in July 2022	
Length of stay	Length of stay is increased to reflect July 2022 actuals, on top of the MSFT adjustment.	Average 1+ day length of stay in July 2022 was 6.6 days, relative to 5.6 days in July 2021
Demand mitigations	Demand mitigations of up to 2 beds from Virtual Wards and 18 beds from D2A, gradually growing from November. Note that relative to previous modelling, the D2A impact is delayed and the Virtual Ward impact more moderate.	
Capacity scope and changes	The modelling covers 647 adult beds which are currently open.	
Covid/flu	In the core scenario, demand is assumed to mirror 21/22 and therefore a Covid/flu season in line with 21/22 is assumed. A sensitivity test of a challenging winter, with bed demand increasing by up to 35 beds, is also run.	
Decant ward	One scenario is run with demand for an additional 24 bed decant ward , running from August onwards but excluding December, January and February.	



5. Underlying bed modelling



	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Gap without decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
75 th perc utilisation	96%	96%	95%	96%	97%	96%	97%	97%	97%	98%
Gap with decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-57	-63

Assumptions

- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Mansfield Community Hospital wards (Oakham and Lindhurst) reopen in October and March, following fire safety works.
- The Sherwood Community Unit and Ashmere Care Home beds close as the Mansfield Wards re-open.
- No net change in bed base throughout winter.

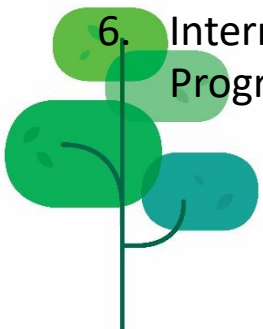
Outcomes

- A projected bed deficit of between **26** and **39 beds** from October to April
- Additional pressure of 24 beds if decant ward operationalised towards end of Winter.
- Demand peaks in November and January, with a further peak in April, reflecting (in part) the wave of Covid admissions seen during April as well as ongoing length of stay pressures.
- Without any additional capacity or mitigation, utilisation at the 75th percentile of demand would drive an occupancy of 95-98%, well above the 92% target – resulting in regular OPEL 4 escalation.

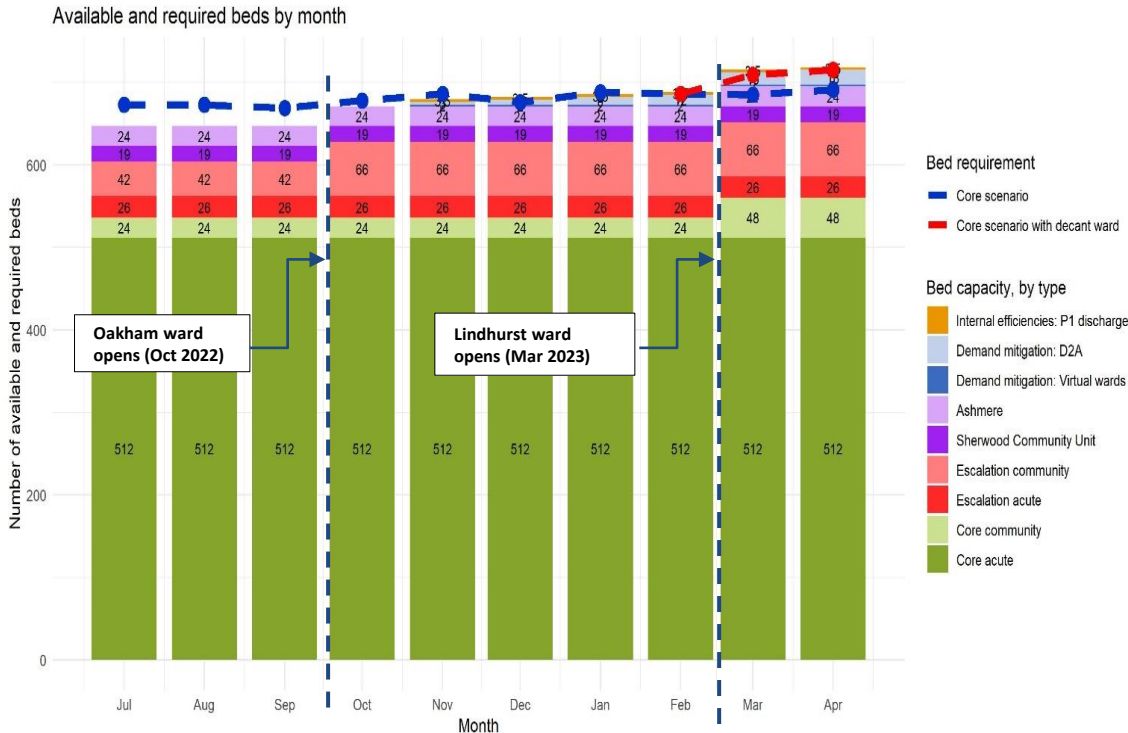
6. Potential Mitigations

A number of mitigations are proposed both within SFH and across the wider system. These are shown on the following 2 slides (vs different demand assumptions) and include:

1. All current core and escalation capacity remains open
2. Sherwood Care Unit and Ashmere Care Home contracts continue until the end of April. The beds were originally opened to mitigate the loss of the Mansfield Community Hospital wards and were expected to close when this capacity reopened.
3. Virtual wards (system led) are operational in line with the national programme
4. ICB approved Discharge to Assess business case is implemented as per the agreed trajectory
5. Provider collaborative work to expand the current homecare workforce support from SFH to Notts Healthcare is fully operational from November onwards
6. Internal LOS efficiencies driven by the Optimising Patient Journey Improvement Programme



7. Bed modelling including mitigations and baseline demand



	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Capacity gap: total beds without mitigation	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
Capacity gap: total beds + all mitigations	-26	-26	-22	-7	-7	+7	-3	+3	+31	+28
Capacity gap: including decant ward	-26	-26	-22	-7	-7	+7	-3	+3	+7	+4

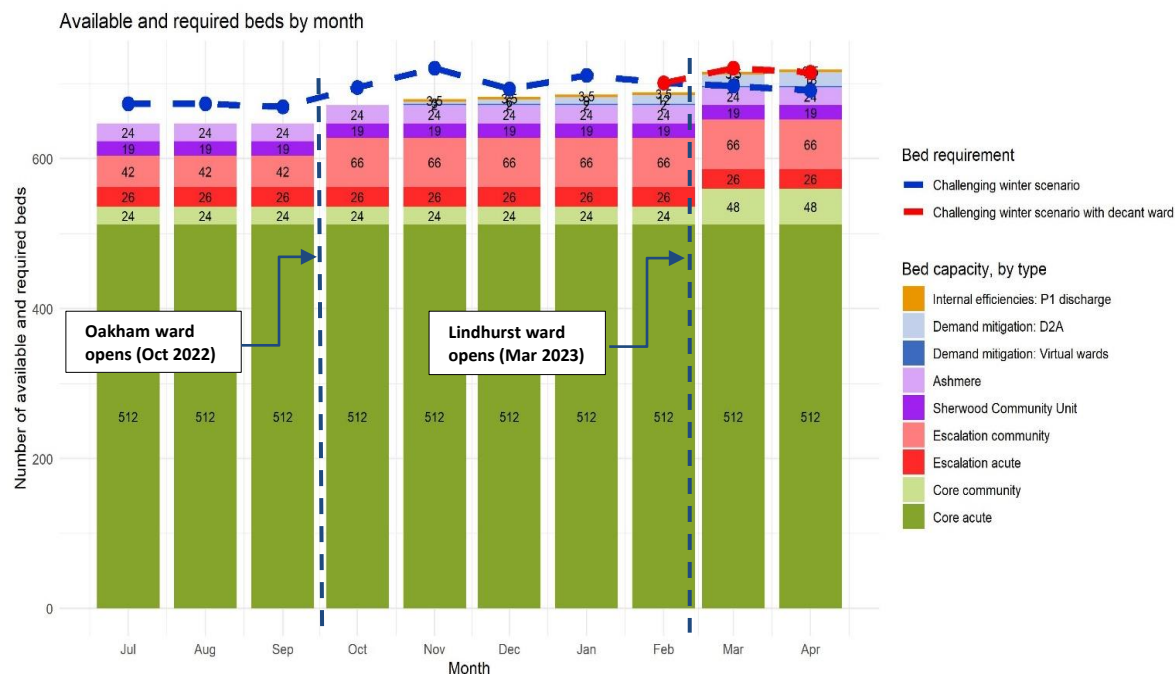
Assumptions

- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Sherwood Care Unit and Ashmere Care Home beds remain open when the Mansfield Community Hospital wards are reopened
- All internal and external mitigations are included and deliver as expected

Results

- Based on 2021/22 covid and flu baseline there is demand for up to **39 additional beds**, peaking in April 2023
- With all mitigations in place a positive bed position is illustrated from December to April, with a slight negative capacity position in January 2023
- By March and April, the impact of Covid and flu has subsided, whilst demand mitigations have grown. As a result, a bed surplus returns if all wards remain open
- This surplus could then be used to provide a decant ward from March.

8. Bed modelling including mitigations and worst case demand (impact of exceptional Covid and Flu)



Assumptions

- Baseline of 2021/22 activity
- COVID and Flu are modelled as a worst case scenario based on systemwide modelling of the impact of a challenging winter.
- All internal and external mitigations are in place and delivering as expected
- All core and escalation capacity remains open

Results

- Demand for up to **35 additional beds**, peaking in November
- A bed shortfall in November of up to **42 beds** with all mitigations in place.
- By March and April, the impact of Covid and flu has subsided and a bed surplus returns if all capacity remains open
- A decant ward is feasible from April onwards

	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Additional Winter pressure	0	0	0	17	35	17	23	15	12	0
Capacity gap (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	+19	+28
Capacity gap: including decant ward (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	-6	+4

9. Financial Impact

- The total cost of winter 2022/23 is **£13,243m**
- There is a supporting budget and additional support from NHSE of **£6,723m**
- The additional spend required to maintain safe services for winter 2022/23 as described in the previous is **£6,520m**

	Winter Plan	Mitigation Cost	Funding/Budget (incl NHSE)	Total
Already in place and included in financial forecast	Bed Capacity	8,428	(6,723)	1,705
	Improving flow	1,990		1,990
Not yet in place, additional spend	Bed Capacity (Sherwood Care Home and Ashmere)	2,282		2,282
	Improving flow	501		501
	Winter Infrastructure (mortuary)	42		42
	Total	13,243	(6,723)	6,520

- Bed Capacity – Additional beds to mitigate increased demand and all supporting costs (staff, pharmacy, cleaning, etc)
- Improving Flow – Mitigating plans which aid the flow of patients through the hospital, mainly focussed but not exclusively at the front door (Frailty In Reach, Duty Nurse Manager, Integrated Discharge, etc)
- Winter Infrastructure – Essential service expansion due to increased activity (mortuary capacity)

Winter mitigation schemes were prioritised by clinical, nursing and operational leaders for both operational impact, value for money and deliverability – further refinement is required for some of these schemes.



10. Workforce

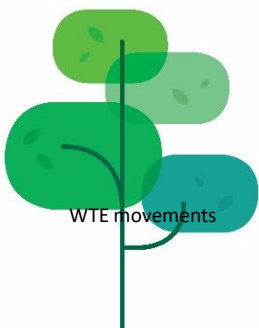
The table below expresses the planned workforce movement associated with the winter plan, this is expected to be filled with a mixture fixed term recruitment and agency fill, although where low risk, substantive appointments may be offered to increase recruitment potential. There is a total projected growth of 40.0 wte.

The plans are to recruit fixed term staff from Oct/Nov until March 2023, and to continue to further reduce the Trust vacancy levels to support staff availability for winter. Some of the funding plans in place are to move the budget from agency into the run rate.

To support these plans we have set up recruitment fairs and will target these staff groups to reduce the risks around some of the recruitment plans as there are recruitment lag times of approx. 8-10 weeks.

There are posts that will be hard to recruit to due to local and national recruitment issues, such as pharmacy technicians (Band 3) and Therapy roles (Bands 5 and 6).

Division	Staff Group	Agency	Fixed Term	Grand Total
<input checked="" type="checkbox"/> D&O	AHP		4.0	4.0
	ST&T	5.0	6.0	11.0
D&O Total		5.0	10.0	15.0
<input checked="" type="checkbox"/> Medicine	Medical	5.5		5.5
	Nurse		12.0	12.0
Medicine Total		5.5	12.0	17.5
<input checked="" type="checkbox"/> Surgery	Nurse		3.0	3.0
Surgery Total			3.0	3.0
<input checked="" type="checkbox"/> UEC	Medical	0.5		0.5
	Nurse		4.0	4.0
UEC Total		0.5	4.0	4.5
Grand Total		11.0	29.0	40.0



11. Risks

Key Risk

If the winter 2022/23 plan is not fully supported our ability to provide safe and timely care will be compromised as there will be a greater number of days when the hospital is operating at an occupancy level that will drive overcrowding in the emergency department and ambulance handover delays, significantly increasing the risk to patients attending the trust and also those awaiting an ambulance in the community.

Additional Risks

- Workforce absence associated with any flu/covid surges will have an impact on the number of beds that can safely be maintained over the winter months.
- MSFT numbers continue to rise beyond those modelled above.
- The Mansfield Community Hospital beds do not come online at the expected times.
- Flu and Covid above anticipated, even worst case, levels.
- Financial budgets for 2022/23 were based on expected operating conditions, with an expectation that 'winter' capacity would be stepped down over the summer period. The continued requirement for this capacity has created a cost pressure compared to the Trust's financial plan.
- Estates work that is essential to internal bed moves is either not funded or delayed due to conflicting priorities/staffing.
- There is a significant impact of other infections within the hospital (CDifficile, norovirus) that warrants the closure and isolation of beds/patients/staff.
- External mitigation schemes do not deliver as expected.

12. Whole Hospital Support

- The **Communications Team** will launch a campaign to deliver key messages to public and staff around vaccinations and service pressures. We are also looking at software to enable real time messaging to staff to update on changes in operational pressure (e.g. OPEL 4).
- **Estates** will provide services to support the additional capacity, patient movement and the short notice opening of surge areas in lien with the full capacity protocol.
- **Corporate Nursing** have identified nurses from band 6 to band 8a to carry out clinical shifts, supporting areas that suffer from staffing shortages/increased demand in times of pressure.
- **Quality Improvement** will assist in the delivery of internal efficiencies to support flow and discharge, through the Optimising Patient Journey programme.
- The **Vaccination** team will continue to promote and offer flu and Covid vaccines to our staff and the local community due minimise the potential for disruption due to outbreaks.
- The **People** team are putting a range of wellbeing initiatives in place to support staff, described in more detail on the next slide
- Additional staffing will be provided in **Therapies, Pharmacy and Diagnostics** to support flow on the wards and early discharge.



13. Wellbeing

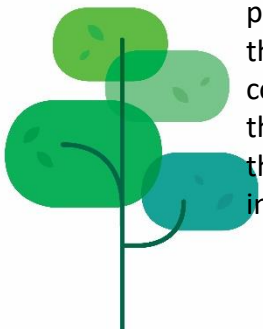
The Wellbeing programme will focus 3 key areas to support the winter plan

- **Mental Health** – World Mental Health day during October. Clinical Psychology focus at Wellbeing Wednesday. Focus on loneliness. Launch of bereavement guidance. Promotion of existing offers through Vivup, Thrive. Clinical Psychological support etc and link /promotion of ICS mental health training sessions.
- **Physical Health** – SFH Fitness challenges to continue. Stoptober focus. Possible relaunch of body mass analyser sessions and support. Continued promotion of vaccinations (flu and Autumn COVID booster).
- **Financial Wellbeing** – key focus will be developed throughout the next few months with a main focus on reducing the stigma around finances. Developed national offers will be promoted during this time. Exploring “Voucher in kind” with Medirest colleagues. Talk Money week focus during November with support from Citizen Advice. Ongoing monthly appointments on site with Citizen Advice for colleagues to access. Financial Wellbeing guide to be sent out to all colleagues. Financial Wellbeing, will be an ongoing focus and will continue to be developed as new initiatives are explored.

All programmes will be underpinned by wide ranging and accessible Wellbeing offers including:

- Schwartz rounds with focus on each of the areas above
- Revamp and roll out of our existing Managers toolkit aimed at managers being equipped to support with staff wellbeing over the next few months.
- Implementation of Wellbeing conversations across the Trust
- Manager coaching sessions with support from the People Partner team.

Benefits to colleagues will be providing compassionate support for our colleagues going through what we know is a pressured time of year within the workplace in addition to the challenges that will be experienced on a personal level in the 3 areas above particularly around financial wellbeing. The golden thread is around mental health support for all our colleagues. We know this is the highest reason for sickness absence and therefore impacts on all our colleagues across the Trust. This supportive programme will ensure we show care and compassion and support to our colleagues to enable them to bring their best self to work and result in a prevention of workforce loss relating to being unwell, improvements in morale across teams and ultimately continued high quality patient care.



14. Summary and Next Steps

- Proposed mitigations are able to largely bridge the bed deficit in a 'normal' demand scenario, with some risk around delivery of schemes.
- This proposal has an associated cost of £6.520m, once existing winter budgets and external funding have been accounted for.
- We do not have sufficient actions identified to fully mitigate a 'worst case' demand scenario which would then would result in the Trust being in escalation more frequently.
- Further work is required as follows:
 - Further understand the financial implications of the plan and how any financial risk can be mitigated
 - refine the Divisional 'flow' schemes to ensure maximum impact and value for money
 - quantify the bed day savings realisable from the Optimising Patient Journey programme
 - work with system partners to maximise the potential from existing system schemes (e.g. D2A and Virtual Wards) and further schemes whose impact is not yet quantified
 - Create an operational plan to ensure the additional capacity is deployed effectively and on time, including the decant ward.
- Board are asked to note the modelling, mitigations and supporting plans described, and support the requirement for additional capacity to ensure a safe and effective winter.



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

Subject:	Audit & Assurance Committee (AAC) Report		Date: 8 th November 2022
Prepared By:	Graham Ward – AAC Chair		
Approved By:	Richard Mills – Chief Financial Officer		
Presented By:	Graham Ward – AAC Chair		
Purpose			
This paper summarises the key discussions of the Audit and Assurance Committee meeting held on 22 nd September 2022.			Assurance Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ <u>Internal Audit</u> – Implementation of internal audit recommendations continues to be an issue – currently at 57% implemented by due date (needs to be >75% for Head of Internal Audit Opinion to be significant assurance) ▪ <u>Internal Audit</u> – Period of time taken to agree Terms of Reference should be no longer than 10 working days – to date this year only 2 out of 6 have achieved this target! 	<ul style="list-style-type: none"> ▪ <u>HFMA Sustainability Audit</u> – this consists of 72 self-assessed questions. 12 of these are subject to audit and therefore feedback and assurance on these will come from the internal auditors. For the remaining 60 a report summarising the self-assessment, together with actions to be implemented to increase any ratings below the full assured 5 will be presented to the Committee. ▪ <u>Overseas Patients</u> – Further analysis of processes (including looking at other trusts) to be made to reduce the bad debt percentage arising. ▪ <u>BAF</u> – Senior executives and committees to be asked to challenge the outcome of 'inconclusive' to either remove or explain. Also, Board in approving the BAF to ask each sub-committee chair that they are happy with the BAF elements for their areas.

Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Internal Audit – All internal audit reports will in future highlight what evidence will be required to enable a recommendation implementation to be signed off. External Audit – KPMG gave a verbal update on a change in audit process to include increased walk throughs of SFH's processes. This will increase their resource requirement but will give extra assurance on our financial processes and reduce the year end workload – more detail to be presented in November. Procurement – the Strategic Head of Procurement presented the single tender waivers with detailed explanations on each – the process is now mature and working well to give strong assurance that single tender waivers are used appropriately and value for money has been properly assessed. BAF – the BAF was presented and shown how the BAF approval process through committees to board continues to work well. Further improvement suggestions were made (see Major Actions Commissioned) 	<ul style="list-style-type: none"> HFMA Sustainability Audit – agreed to reallocate internal audit days to meet the requirement for this audit (20 days). This included agreement not to undertake the general ledger audit (10 days) and the budgeting and control work (15 days). This meets the requirement and adds 5 days to a contingency reserve, which already includes 15 days following the cancellation of the patient safety work agreed in the June AAC (due to a delay in the rollout of the Patient Safety Incident Response Framework). The use of this 20 days to be discussed at the next Committee Meeting. Internal Control Issues – agreed that other committees should have a specific agenda item of 'Internal Control Issues to Report to Audit and Assurance Committee' to ensure that any relevant points are captured.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> All papers were of a high quality and clear which helped the meeting run smoothly. 	

Quality Committee Chair's Highlight Report to Council of Governors

Subject:	Report from the Quality Committee	Date: 8 th November 2022
Prepared By:	Dr Aly Rashid, Non – Executive Director and member of the Quality Committee	
Approved By:	Dr Aly Rashid	
Presented By:	Dr Aly Rashid	
Purpose		
To provide Assurance to the Board regarding the activities of the Quality Committee.		Assurance
The Committee met on 12 September 2022; the meeting was quorate		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ Increase in 12 hour breaches noted. Picking up harm in some patients (ongoing vigilance). RCAs carried out and learning shared. ▪ Falls have been increasing over the last two years, patients staying longer and more complex elderly. Actions: increase early mobility and multifactorial falls risk assessment on all patients. ▪ Overdue investigations (divisional and local) being actively managed by identified trends and learning. 	<ul style="list-style-type: none"> ▪ Water safety training fully completed by Trust but upgrade to facilities to Skanska still outstanding to meet required standards.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ Excellent reports and plans for end of life/safeguarding/infection prevention and control (ICP policies all up to date) 	<ul style="list-style-type: none"> ▪ Approval of report on stroke, which explained why there was a decrease in performance (multifactorial contributors including physio/salt/stroke bed availability). Fragility of stroke services in Chesterfield resulted in divers being taken. Ongoing actions include virtual wards for stroke diagnostics and increase in beds.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> ▪ Good discussion, debate and healthy challenge. 	

Finance Chair's Highlight Report to Council of Governors

Subject:	Finance Committee meeting	Date: 8 th November 2022	
Prepared By:	Richard Mills - Chief Financial Officer		
Approved By:	Andrew Rose-Britton – Finance Committee Chair		
Presented By:	Andrew Rose-Britton – Finance Committee Chair		
Purpose			
The paper summaries the key highlights from the Finance Committee meeting held on 25 th October 2022		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> At Month 6 the Trust has reported an adverse variance to the financial plan and a number of risks remain in relation to the forecast outturn. Board Assurance Framework Principle Risk 4 remains at a score of 16 (Significant) in recognition of the financial risks facing the organisation. 	<ul style="list-style-type: none"> National Cost Collection update paper to be provided to December 2022 meeting, to provide analysis of outcomes and benchmarking. MRI business case to be amended ahead of an extraordinary meeting of the Finance Committee to consider approval.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ICS Financial update received and aligned to SFH reporting. The Trust's Planning Oversight Group has begun the process of planning for 2023/24. Assurance received on NHIS financial and operational performance. Strategic Priority 5.1 (in relation to Transformation & Efficiency) update discussed and assurance received. Procurement Forward View discussed, providing assurance on contract management and advanced notice of upcoming projects. PFI contract performance and governance reported and discussed. National Cost Collection return submitted in line with national timescales. 	<ul style="list-style-type: none"> Additional meeting of the Finance Committee to be scheduled in November 2022, to maintain focus on financial performance. Renewal of mobile phone contract approved in accordance with Scheme of Delegation. Agreed that updates on Strategic Priority 2.1 (in relation to the SFH Green Plan) would be provided to Finance Committee on a routine basis. Agreed that the tolerable level for Board Assurance Framework Principal Risk 4 should remain at a score of 12. Graham Ward appointed as Vice Chair of the Finance Committee. Amendment to workplan agreed. Annual meeting schedule, including Single Item Agenda meetings, approved.
Comments on Effectiveness of the Meeting	
All papers and verbal reports were of a high quality which enabled discussion and decisions to be made in an assured way.	

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

Subject:	People, Culture & Improvement Committee Highlight Report	Date: 8 th November 2022	
Prepared By:	Manjeet Gill, Non-Executive Director		
Approved By:	Rob Simcox, Director of People		
Presented By:	Manjeet Gill, Non-Executive Director		
Purpose			
		Assurance	X

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p>An update on appraisals and mandatory training gave detailed assurance of work underway.</p> <p>Following a review of PR3 and PR5 risks in the Board assurance framework, Committee decided to increase the risk level for PR3 due to threat of industrial action.</p> <p>The risk for PR5 were kept at the same level.</p> <p>Some of the gaps in assurance highlighted in the report were felt to have been addressed with the assurance received during the committee in areas such as mental health and cost of living part of the Winter Wellbeing Plan report</p> <p>Two areas of potential risks on the horizon are industrial action and impact of pensions and further assurance was provided on mitigation actions, which included an industrial action taskforce and collaboration at system level.</p> <p>A workshop on improvement looked at the key issues for improvement and more assurance was sought on the 3 or 4 key</p>	<p>The improvement strategy and work updated once further developments have taken place following the workshop discussion.</p> <p>The Equality Diversity and Inclusion strategy and work will receive regular updates to the committee.</p> <p>An update on the workforce plan implementation plans, especially a focus on the immediate critical areas and actions being taken to mitigate. This was referred to as 'fragile' services in both clinical and non-clinical areas.</p>

strategic areas of focus, outcomes, capacity and teams motivated and empowered to deliver improvement, a ongoing areas of work.	
Positive Assurances to Provide	Decisions Made
<p>Positive assurance was received in various areas such as wellbeing, Employee relations, freedom to speak up.</p> <p>The safe staffing report for nursing, gave a quarterly update with positive news that band 5 nurse vacancies fell below 100 in September.</p> <p>The quarter 2 report, for the People, Culture and Improvement Strategy highlighted the range of activity. Positive assurance in areas of leadership, culture, equalities, diversity and recruitment.</p> <p>A report on the system level work on people and workforce gave detailed assurance on the workstreams, governance structures and deliverables.</p>	<p>The Committees Annual Workplan was updated and approved for the forthcoming year</p> <p>Board to receive assurance on industrial action if this matter escalates into industrial action.</p> <p>The Committee appointed Steve Banks as Vice Chair to the Committee</p>
Comments on Effectiveness of the Meeting	
<p>The Committee's agenda has many important reports and items for assurance and the ongoing challenge is ensuring that enough time is given to a subject area as well doing this in an efficient and timely manner. Further thought also to how we triangulate beyond committee and board reports, including walkabouts or meetings with key colleagues and service areas.</p>	

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

Subject:	Charitable Funds Committee Feedback Report	Date: 8 th November 2022	
Prepared By:	Steve Banks – Non-Executive Director and Committee Chair		
Approved By:			
Presented By:	Steve Banks – Non-Executive Director		
Purpose			
To provide assurance to the Council of Governors		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
None, but please note new risk added to the register	<p>The provision of George Cross medals is commencing, and feedback is awaited.</p> <p>Although the Investment Policy was approved, including an updated ethical approach, a specific about investment in any funds containing alcohol companies has been raised for follow up. The absence of a major fundraising appeal, although the Committee will await the completion of the strategy process to ensure any major appeal launch is aligned.</p>
Positive Assurances to Provide	Decisions Made
Assurance was received for the following items: the effectiveness of the Operational group meeting, which had been attended by the Committee Chair; the Community Involvement Headline report; the project and fundraising update; the finance summary; Investment update; and legacy update	<p>The Committee agreed to recommend the approval of the accounts and letter of representation to the Corporate Trustees. The updated Investment Policy was approved.</p> <p>An additional risk "Retaining income funds rather than investing them may not comply with the duty to expend charity income funds within a reasonable time of receipt" was added to the risk register</p> <p>Barbara Brady was appointed Vice Chair of the Committee</p>

Comments on Effectiveness of the Meeting

- The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was a satisfactory level of discussion and challenge, and the work of the Operational Group supported the receipt of assurance and good debate where needed.

Council of Governors - Cover Sheet

Subject:	Membership and Engagement Group		Date: 8 th November 2022	
Prepared By:	Sue Holmes , Lead Governor			
Approved By:	Sue Holmes , Lead Governor			
Presented By:	Sue Holmes , Lead Governor			
Purpose				
To provide assurance to the Council of Governors regarding the activities of the Membership and Engagement Group. The report also incorporates feedback from the Governor Forum			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
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	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				
N/A				
Executive Summary				
<p>Quite a lot to report as August was our last Council of Governors.</p> <p>Although our meetings have all been on-line, we have been able to resume Meet your Governor sessions within our hospitals. We have also been able to get out and about and in August and September some of us attended the Ashfield Day and The Flintham show and Mansfield Woodhouse Party in the Park.</p> <p>The Ashfield Day elicited a lot of interest and 19 new members signed up. (I have since seen one who on recognising me said 'You told me to get involved and I did and I am loving it' That was at the ICS meeting!!) Encouragement for us all!</p> <p>The Flintham Show gave an introduction to the Newark Businessmen's Breakfast Club and hopefully this will start the recruitment of more active members for Newark who may be interested in standing for election.</p> <p>We had a lively Membership meeting with many governors willing to go into schools with 6th forms to recruit young members. Multiple reasons, they are our future workforce; we can inform them about careers within the NHS; give them volunteering opportunities, send them Trust Matters every month and not least to try to encourage membership with a view for standing for election.</p>				

This is slightly slow in getting off the ground because we need new membership forms as the ones we have offer discounts for various goods which are actually not available to members. As soon as we have these, we can start contacting schools. We now (thanks to Comms.) have a supply of little books covering many of the 350 careers within the NHS.

I accompanied Justin Wyatt to Bellamy Road Coffee morning on 5th October so that he could consult on Virtual Ward. He was warmly welcomed by both the CVS leaders and the residents and has an open invitation to join them anytime.

I still have the list of food clubs in the area and am hoping to start some visits before Christmas.

Finally, I would like to thank Comms for this month's Trust Matters. I hope that you will all agree that it was so much improved – bright, short articles, plenty of news items with photographs, a career for young members etc – just like a Sherwood magazine!

Council of Governors

Subject:	Re-appointment of Non-Executive Director	Date: 8 th November 2022		
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs			
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs			
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs			
Purpose				
The Council of Governors are invited to approve the recommendation from the Governor Remuneration and Nominations Committee the reappointment of Graham Ward as Non-Executive Director.		Approval		
		Assurance		
		Update	X	
		Consider		
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
		X	X	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Governor Remuneration and Nomination Committee 26 th October 2022				
Executive Summary				
<p>The non-executive directors are appointed and reappointed by the Council of Governors at a general meeting.</p> <p>On 30th November 2022, the tenure of Graham Ward will come to an end after 7 years serving as a Non-Executive Director. Graham has confirmed his willingness to continue for a fourth term of office. Graham is eligible for reappointment and has had a positive appraisal. He is a highly experienced and effective NED with significant knowledge about the Trust's history, performance, quality imperatives, governance requirements and strategic intent.</p> <p>It is proposed to re-appoint for a period of 1 year to 30th November 2023. In line with section 8.6.3.4 of the Trusts Constitution, noted below: 'At the discretion of the Council of Governors re-appointment is permitted up to a maximum of 9 years.'</p> <p>Outlined below for ease of reference, is an extract of the Trust's Constitution in connection with non-executive directors' Terms of Office.</p> <p>Terms of Office</p> <p>Subject to paragraph 8.6.3, the Chair and the other Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office (including as to remunerations and allowances, which</p>				

shall be published in the Annual Report) decided by the Council of Governors in general meeting.

Non-Executive Directors:

8.6.3.1 shall be appointed for a period of up to 3 years;

8.6.3.2 are, subject to paragraphs 8.6.3.3 and 8.6.3.4 eligible for re-election at the end of the period referred to in paragraph 8.6.3.1;

8.6.3.3 shall not, except in exceptional circumstances, hold office for a period in excess of 6 years; and

8.6.3.4 where appointed for more than 6 years shall, at the discretion of the Council of Governors, be so appointed either on the basis of:

a) annual re-appointment; or

b) a competitive process

up to a maximum 9 years.

Council of Governors - Cover Sheet

Subject:	Governor Elections 2023		Date: 8 th November 2022	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs			
Approved By:	Shirley A Higginbotham, Director of Corporate Affairs			
Presented By:	Shirley A Higginbotham, Director of Corporate Affairs			
Purpose				
To seek approval from the Council of Governors regarding the Governor Election timeline 2023.			Approval	x
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	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 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				
N/A				
Executive Summary				
<p>As Council is aware the Constitution of the Trust states the requirement for a Council of Governors, which consists of both elected and appointed members.</p> <p>Elected members are defined as Public Governors – representing the Public Constituency Classes as defined in annex 1 of the Constitution and Staff Governors representing the Staff Classes as defined in annex 2 of the Constitution</p> <p>The previous Governor elections held in 2022, did not fill all the seats available. The Governors have subsequently revised the Constitution to amend the constituencies for both public and staff governors. The revised Constitution was approved at the Annual Members and General Meeting on 29th September 2022.</p> <p>Five new Governors require election, the timeline for the election is noted below for approval</p>				

Council of Governor Elections -2023

Author: Shirley A Higginbotham, Director of Corporate Affairs

Date: 8th November 2022

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

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

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

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

The following Governors will require election:

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

The Governor election process is detailed in the model election rules which form part of the Trusts Constitution, this states that the Publication of Notice of Election shall be no later than the fortieth day before the day of the close of the poll, this excludes weekends, Christmas day, Good Friday or bank holidays. To ensure the Governors can undertake their role from May 2023 the Publication of Notice of Election will be 21st February 2023. See below the full timetable for the elections:

Provisional timetable Options

Action	Date
Last Day for Publication of Notice of Election	21/02/2023
Deadline for receipt of nominations	09/03/2023
Publication of Statement of Nominations	10/03/2023
Deadline for candidate withdrawals	14/03/2023
Notice of Poll/Issue of ballot packs	24/03/2023
Close of Poll 5.00pm	20/04/2023
Count and Declaration of Result	21/04/2023

The cost of elections for the five governors will be approximately £19,000 a significant increase on previous elections due to the number of postal votes required and the increase in postage costs.

Recommendations:

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