

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 11th February 2025

Time: 17:30 – 20:00

Venue: Sherwood Observatory, Coxmoor Road, Sutton-in-Ashfield, Nottinghamshire, NG17 5LF

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 12th November 2024 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3.1
		Minutes of the meeting of the Extra-Ordinary Council of Governors held on 17th January 2025 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3.2
4.	17:30	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Patient Story: Martha's Rule, the first patient to activate Martha's Rule <i>Kathleen Smiley, Matron ACCU and CCOT</i>	Assurance	Presentation
6.	17:55	Acting Chair's Report <i>Graham Ward, Acting Chair</i>	Assurance	Enclosure 6
7.	18:05	Acting Chief Executive's Report <i>Dave Selwyn, Acting Chief Executive</i>	Assurance	Enclosure 7
8.	18:20	Lead Governor Report <i>Liz Barrett, Lead Governor</i>	Assurance	Enclosure 8
9.	18:30	15 Steps Feedback <i>Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints</i>	Assurance	Enclosure 9
10.	18:40	Operational Plan 2025/2026 <i>Richard Mills, Chief Financial Officer</i>	Assurance	Enclosure 10
11.	18:50	External Audit Update <i>Richard Mills, Chief Financial Officer</i>	Assurance	Verbal
12.	19:00	Report from Board Sub-Committees <ul style="list-style-type: none"> Audit & Assurance Committee Manjeet Gill, Non-Executive Director Ian Holden, Governor Observer Neal Cooper, Governor Observer 	Assurance	Enclosure 12.1

	Time	Item	Status (Do not use NOTE)	Paper
		<ul style="list-style-type: none"> • Quality Committee Barbara Brady, Non-Executive Director Peter Gregory, Governor Observer Pam Kirby, Governor Observer • Finance Committee Graham Ward, Non-Executive Director Sam Musson, Governor Observer Kevin Stewart, Governor Observer • People Committee Steve Banks, Non-Executive Director Dean Wilson, Governor Observer • Partnerships and Communities Committee Barbara Brady, Non-Executive Director Tracy Burton, Governor Observer • Charitable Funds Committee Andrew Rose-Britton, Non-Executive Director Liz Barrett, Governor Observer Jane Stubbings, Governor Observer 	Assurance Assurance Assurance Assurance Assurance	Enclosure 12.2 Enclosure 12.3 Enclosure 12.4 Enclosure 12.5 Enclosure 12.6
13.	19:35	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> • Membership and Engagement Group <i>Liz Barrett, Lead Governor</i> • Report of the Remuneration Committee <ul style="list-style-type: none"> ○ Re-appointment of Andrew Rose-Britton as a Non-Executive Director <i>Sally Brook Shanahan, Director of Corporate Affairs</i> ○ Extension of the appointment of Graham Ward as a Non-Executive Director and appointment as substantive Chair <i>Sally Brook Shanahan, Director of Corporate Affairs</i> 	Assurance Approve Approve	Enclosure 13.1 Enclosure 13.2 Enclosure 13.3
14.	19:45	Outstanding Service: Community Diagnostic Centre, Site Heritage	Assurance	Presentation
15.	19:50	Questions from Members of Public <i>Graham Ward, Acting Chair</i>	Consider	Verbal
16.	19:50	Escalations to the Board of Directors <i>Graham Ward, Acting Chair</i>	Agree	Verbal
17.	19:55	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		

	Time	Item	Status (Do not use NOTE)	Paper
18.		Date & Time of Next Meeting Date: Tuesday 13 th May 2025 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King's Mill Hospital		
	20:00	<u>Planetarium Show</u>		

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
24/064	12/11/2024	Feedback to be provided in relation to what support is in place for patients who receive a terminal diagnosis who may be leaving someone behind who has learning difficulties.	Council of Governors	None	11/02/2025	D Selwyn		11/02/2025 - DS confirmed that feedback had been provided to PG including detailed information from the LEDER team.	Amber

Council of Governors - Cover Sheet

Subject:	Acting Chair's Report		Date:	11 February 2025	
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Graham Ward, Acting Chair				
Presented By:	Graham Ward, Acting Chair				
Purpose					
An update regarding some of the most noteworthy events and items the past three months from the Acting Chair's perspective.				Approval	
				Assurance	
				Update	Y
				Consider	Y
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
None					
Acronyms					
ATTFE = Academy Transformation Trust Further Education NTU = Nottingham Trent University STEM = Science, technology, engineering and maths					
Executive Summary					
An update regarding some of the most noteworthy events and items the past three months from the Acting Chair's perspective.					

Passing of Trust Governor John Wood

Everyone at Sherwood was saddened to learn of the recent passing of one of the Trust's public governors, John Wood.

John, who lived in Mansfield all his life and had four grown-up children, had served on the Trust's Council of Governors since 2016 where he had been a key part of the Trust's work to engage the Trust's thousands of public members in helping to shape the services of their local hospitals. Over the years, John had also served as a school governor locally, as well as being involved in a number of local charities, committees and fundraising activities.

John passed away on Tuesday 31 December 2024 surrounded by his family.

Everyone at the Trust who knew John has such fond memories of him as someone who was always a great source of knowledge and advice in how he represented our Trust members over the years and I personally especially enjoyed our conversations during 15 steps visits to different areas across the Trust.

He will be dearly missed by all who knew him and our thoughts remain with his friends, family and colleagues at this difficult time. I am sure that I speak on behalf of everyone at Sherwood in passing my condolences to John's family and friends.

Council of Governors election update

Efforts have been ongoing behind-the-scenes to prepare for the Trust's latest Council of Governor election, which is required to take place before the end of April 2025.

As a NHS Foundation Trust, governors will know that Sherwood Forest Hospitals is required to hold Council of Governor elections to elect the governors who will ensure accountability, hold Non-Executive Directors to account and help ensure that the voices of the local communities we serve are considered in the running of our services.

This latest election will seek to appoint to 10 vacancies on the Trust's Council of Governors across the Trust constituency boundaries that were reconfigured when our Trust Constitution was last reviewed in 2024.

This election will seek to appoint to 10 vacancies in the following constituencies:

- Five vacancies in our 'Mansfield, Ashfield & surrounding wards' public constituency
- Two in our 'Newark & Sherwood & surrounding wards' public constituency
- One in our 'Rest of England' public constituency; and
- Two vacancies for Trust colleagues to serve as 'Staff' governors

The proposed timeline for that election is below:

TASK	DATE
Publication of Notice of Election	Thursday 27 February 2025
Sherwood to submit the membership data to UK Engage	Monday 17 March 2025
Deadline for Receipt of Nominations	Monday 17 March 2025, 12noon
Publication of Statement of Nominations	Tuesday 18 March 2025
Deadline for Candidate Withdrawals	Thursday 20 March 2025, 11.59pm
Notice of Poll / Issue of Ballot Packs	Tuesday 1 April 2025
Close of poll	Monday 28 April 2025, 5pm
Declaration of result	Tuesday 29 April 2025

A period of intensive communications, marketing and membership engagement activity is planned to align to the above timeline to ensure that our Council of Governors will continue to attract the best possible candidates, as well as to encourage as many members as possible to cast their vote in this year's election.

New Non-Executive Directors and Associate Non-Executive Director take up their posts

Sherwood Forest Hospitals has announced a number of changes to its Board of Directors, following appointments to Non-Executive and Associate Non-Executive Director roles at the Trust.

Lisa Maclean and Richard Cotton appointed to Non-Executive Director roles

Lisa Maclean joins Sherwood Forest Hospitals having previously served as a Director of Nursing in a number of NHS and independent sector roles, as well as having worked as a nurse in acute, psychiatric and forensic psychiatric settings.

Ms Maclean was also a director of a military charity and a hospice. She will serve on the Trust's Quality and Finance Committees.

Richard Cotton has also been appointed to bring further strategic financial leadership experience to the Trust, having spent much of his career in the private sector in a range of industries, including with pharmaceutical and medical technology companies.

Mr Cotton has previously worked in several public company Chief Financial Officer roles and now carries out a number of Non-Executive Director (NED) roles in the pharmaceutical and medical technology sectors. He will join the Trust's Finance and Partnerships & Communities Committees.

The pair will both be working with the rest of the Trust's Board of Directors to strengthen its assurance, governance and forward planning processes.

Professor Sir Jonathan Van-Tam appointed as Trust's Associate Non-Executive Director

Professor Sir Jonathan Van-Tam (JVT) has been appointed as an Associate Non-Executive Director on the Trust's Board of Directors, with a specific focus on research and innovation.

'JVT' will be familiar to many from his time helping to lead the country's response to the COVID-19 pandemic where he became a familiar face as the government's Deputy Chief Medical Officer, leading on health protection between October 2017 to March 2022.

His significant clinical experience in emergency medicine, anaesthesia, general medicine, infectious diseases and the pharmaceutical industry, along with over 30 years as a leading medical researcher in Nottingham, will support Sherwood Forest Hospital's ambition to further its research and innovation efforts.

Recognising the difference made by our Trust Charity and Trust volunteers

The past three months was another period for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

In January alone, 380 Trust volunteers generously gave over 4,550 hours of their time to help make great patient care happen across the 30 services they have supported during the month.

During the month, four volunteers were presented with Long Service Awards, recognising their long service and dedication over five to 25 years.

Other notable developments from the Sherwood Forest Hospitals Charity and our Community Involvement team:

- Patients and staff at Newark Hospital are benefiting from the purchase of innovative new equipment thanks to generous donations from The Magnus Foundation.

The Foundation donated £44,301 to Sherwood Forest Hospitals Charity over two years, which has been used to buy two waste management systems for the operating theatres at Newark Hospital.

The Neptune Rover 3 waste management system collects, transports, and disposes of surgical waste fluid and will bring benefits to both patients and staff.



An average of 19 minutes per procedure will be saved thanks to the new equipment, with the faster operating times leading to a better patient experience. The time saved will enable more operations to be performed in the department, which is great news for patients waiting to have their surgery at Newark Hospital.

The introduction of the equipment also improves safety to staff by reducing their exposure to potentially infectious liquids and limiting the risk of manual handling injuries. It will also be safer for patients as it means that staff can monitor their fluid levels more effectively during a procedure.

- Profits from the Daffodil Cafe and fundraising stall have funded 19 projects to the value of £47,000 during the last three months. A couple of recently completed projects include supplying bespoke oak leaf badges for new Healthcare Assistants following a suggestion from the Shared Governance Council.

Another project saw 24 sets of weighing scales purchased for the Diabetes Dietetics Team to support education of portion control for newly-diagnosed paediatric patients.

- During the month, we were also delighted to welcome students from Quarrydale Academy in Sutton-in-Ashfield, who visited the Breast Unit to donate mastectomy bags (which are worn over the shoulder to carry surgical drains following an operation) and heart-shaped cushions to make patients more comfortable, which they made during their textiles class.



Students from Quarrydale Academy present their donations

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

College, university and hospitals show the power of partnership

The Trust's pioneering partnerships with local education providers continue to go from strength-to-strength – a fact we saw first-hand on a visit to West Nottinghamshire College alongside our Acting Chief Executive and Nottingham Trent University (NTU) colleagues in October.

We joined leaders at West Nottinghamshire College's Derby Road and Chesterfield Road campuses to see the state-of-the-art facilities that equip students to work in the health and care sectors.

Starting at Derby Road, we saw the college's recently upgraded Robin Hood Ward – a simulated clinical environment where T-Level Health students undertake practical learning in a realistic setting. The ward boasts the latest equipment including robotic patients with artificial intelligence to help learners practice their skills, and an interactive digital dissection table that teaches them about body and skeletal systems in 3D.

This was followed by a visit to NTU's Centre for Health and Allied Professions, located on the site, to see its own hi-tech virtual hospital wards where undergraduates are training to become the healthcare professionals of tomorrow.

Next was a visit to the college's computer science department to learn about the technology at students' disposal and the chance for them to move into IT roles within the health service. We were then shown the college's simulated nursery, where education and early years students experience a real-life environment.

At the Chesterfield Road campus, we saw construction work on the Future Tech Skills and Knowledge Exchange. Due to open in summer 2025, the £8.8million hub will prepare students for jobs in emerging industries, with a strong focus on innovation and science, technology, engineering and maths (STEM) subjects.

Our visit ended with a tour of the sixth-form college on Chesterfield Road South and its suite of science laboratories for students on A-Level and diploma courses.

Joint working between the three organisations is already providing ever-increasing opportunities for people to train for rewarding occupations in the health and care sectors through further and higher education courses, apprenticeships and work placements.

Together, we have also run a series of Step into the NHS events aimed at promoting the various job roles available in the area's hospitals and the educational routes towards them, with the latest of those events due to take place later this week.

In addition, college students with additional needs have the chance to undertake a year-long supported internship programme at King's Mill Hospital to gain confidence and employability skills so they are ready for the workplace.

Meanwhile, students on its T-Level in Health course are undertaking long-term industrial placements at the hospital, under the supervision of a nurse jointly employed by both partners, while the apprenticeship pathways also continue to grow.

Our visit was aimed at building upon our longstanding relationship with West Notts College and seeing the work we've been doing together to develop the T-Level training programme and the investment the college has made, along with its strong partnership with Nottingham Trent University.

We were very impressed by the developments that have taken place and the phenomenal difference that investment can make for the students of today and the workforce of tomorrow.

We are looking forward to continuing to develop this further to ensure that students have a seamless journey to a meaningful career.

Other notable engagements over the past three months:

- I attended the regular update calls with NHS England's Midlands Regional Director, Dale Bywater, in both December and January.
- I met with Nottinghamshire Healthwatch with the Trust's Acting Chief Executive, Dave Selwyn, to demonstrate our commitment to working together moving forwards – something we will be keen to explore over the months.
- Chairs and elected members from our NHS and local authorities across Nottingham and Nottinghamshire met on 19 December
- On 6 January 2025, I joined the Trust's Acting Chief Executive, Dave Selwyn, in a meeting with the Academy Transformation Trust Further Education (ATTFE) to explore how the Trust can look to work more closely with the college as another vital partner in our local education sector.
- I attended the NHS England (Midlands) operating model engagement event with Chairs and Chief Executives from across the region to consider the role that our Trust will play in the development and delivery of the new NHS 10-year plan.
- I joined the NHS Nottingham and Nottinghamshire Non-Executive Directors network meeting on 23 January
- I joined our quarterly meetings with colleagues from Ashfield District Council, Mansfield District Council, and Newark and Sherwood District Council to discuss our continued partnership working.
- I have held regular catch-up meetings with our Trust's Lead Governor, Liz Barrett.
- I attended a planning guidance webinar with the NHS Chief Executive and the Secretary of State.
- I met with the Trust's former Chief Executive, Jeff Worrall, to welcome him into his new role as Chair of East Midlands Ambulance Service.
- I held my quarterly Chairs' meeting with Nick Carver from Nottingham University Hospitals and Paul Devlin from Nottinghamshire Healthcare, which we agreed to extend to include Jeff Worrall from East Midlands Ambulance Service in the future.

- We took part in one of our regular Chairs' and Chief Executives' catch-up meetings with Dr Kathy McLean and Amanda Sullivan from the Nottingham and Nottinghamshire Integrated Care Board.
- We held a full Board of Directors workshop, focusing on the progress made and future direction of the Trust's five-year Improving Lives Strategy.

Council of Governors - Cover Sheet

Subject:	Acting Chief Executive's report		Date:	11 th February 2025	
Prepared By:	Rich Brown, Head of Communication,				
Approved By:	Dave Selwyn, Acting Chief Executive				
Presented By:	Dave Selwyn, Acting Chief Executive				
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				Update	Y
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Y	Y	Y	Y	Y	Y
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
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PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
ATTFE = Academy Transformation Trust Further Education ED = Emergency Department EMAS = East Midlands Ambulance Service NHS Trust ICB = Integrated Care Board ICS = Integrated Care System ITV = Independent Television MRI = Magnetic resonance imaging NHS = National Health Service			NUH = Nottingham University Hospitals NHS Trust RSV = Respiratory Syncytial Virus RTT = Referral to Treatment SEND = Special educational needs and disability SFH = Sherwood Forest Hospitals SSDEC = Surgical Same Day Emergency Care UTC = Urgent Treatment Centre		
Executive Summary					
An update regarding some of the most noteworthy events and items the past three months from the Acting Chief Executive's perspective.					

Operational updates

Overview of operational activity

We have continued to experience very significant demand and pressure on our urgent and emergency care pathways over the winter period, like much of the NHS.

At SFH, the urgent and emergency care demand growth continues to exceed regional and national positions, and we continue to work with our system partners to understand and mitigate for this. Our colleagues continue to work relentlessly in caring for our patients in as timely and dignified manner as possible in very challenging circumstances.

Many of the challenges have been publicised in the media as we have worked hard to convey a clear message to our local population that our services are under pressure and to attend ED appropriately, recognising several other available options.

Local system partners continue to work well together to maintain relatively low levels of patients within our hospitals who no longer require our specialist care (referred to as patients that are medically safe for transfer). This helps us to turn around our acute beds as quickly as possible, however, despite our efforts we are still seeing patients waiting 12 hours for admission within our ED.

In terms of planned care, we have continued to reduce the number of long wait patients, increased our performance against the (returning to prominence) incomplete 18-week RTT metric which is a constitutional standard to ensure patients receive non-emergency consultant-led treatment within 18-weeks of referral. We have also made significant progress improving our diagnostic waiting time (DM01) performance to now be above our operational plan position. Our cancer performance remains strong for the 28-day faster diagnostic standard with our main area of focus being on the 62-day treatment standard which we were just below the interim standard of 70% in November 2024 (latest reported position).

Our Integrated Performance Report provides more detail on areas of strong and challenged performance together with the key actions we are taking to improve the timeliness of care we offer to patients.

In December, King's Mill Hospital featured in a national ITV news report about a surge in flu patients in intensive care after NHS figures showed the number of people in hospital with flu had jumped by 41% in a week – this was four times higher than at the same point last year. Health leaders warned the situation could get "worse before it gets better" as Christmas and festive gatherings took place. ITV spoke to the partner of a previously fit and healthy 42-year-old father who had been placed on a breathing machine on our critical care unit, as a result of flu.

The Sky News team visited us at the start of January to speak with patients and colleagues about the challenges of winter pressures and also this year's flu season. They interviewed one of our patients who recently recovered from flu, sharing her personal experience, as well as Respiratory Consultant Dr Mark Roberts, who highlighted the gravity of flu, ways to stay protected, and how our hospital is managing cases this winter.

Chief Nurse Phil Bolton also discussed discharges and the relationship between health and social care. This piece was broadcast just days before East Midlands Ambulance Service NHS Trust (EMAS) declared a critical incident for the first time as a result of significant patient demand, pressure within local hospitals, and flooding across the East Midlands.

Later in January we warned our local community that flu still posed a risk despite a drop in the number of patients hospitalised with the virus. Our hospitals continued to experience pressure from a range of respiratory viruses including flu, Covid-19 and Respiratory Syncytial Virus (RSV), as well as norovirus.

During December, the Trust treated 402 flu-positive patients – more than eight times the 47 people it treated in November. There were 50 patients with flu in King's Mill Hospital on 30 December, but by 15 January this figure had dropped to 14.

You can read more on our website at www.sfh-tr.nhs.uk/news/2025/january/flu-warning-despite-drop-in-hospital-cases.

Hospital unit helps to speed up patients' treatment this winter

The Surgical Same Day Emergency Care (SSDEC) Unit at King's Mill Hospital, which helps to reduce waiting times and overnight hospital admissions, assessed more than 1,300 patients in its first six months.

The unit enables patients with urgent or emergency surgical conditions to be assessed, have a treatment plan in place and be discharged the same day, without the need for a hospital admission.

Common conditions assessed and treated on the unit are skin abscesses, symptomatic gallstones, wound-related problems, and most cases of acute abdominal pain.

Before the unit opened, on average around 70% of patients with surgical conditions spent more than four hours in the Emergency Department (ED), and now, this number is averaging at less than an hour.

The addition of the unit means that patients are seen in the right place as quickly as possible, and it also helps to free up space in the hospital's busy ED.

MRI updates

We are delighted to announce two updates that will bolster our MRI capacity at the Trust. The first saw Christmas come early when our new MRI Hybrid Unit was delivered to King's Mill Hospital in December.

This new machine will have a very positive effect on the service we can provide for patients by increasing MRI capacity onsite, allowing us to image selected inpatients as well as outpatients in a more timely and efficient manner, aiding quicker diagnosis and increasing the number of patients that can be accommodated treated and discharged.

The second piece of good news came following a decision by Ashfield District Council at their recent Planning Committee, we are pleased to announce that planning approval has been granted for a new purpose-designed, Magnetic Resonance Imaging (MRI) building at King's Mill Hospital, which is pictured opposite.



Enabling works will now be carried out at the site with work due to start immediately on this crucial project, which is being funded by NHS England. The new build, designed by international architects CPMG, is expected to be fully operational in early 2026.

The Radiology team at Sherwood Forest Hospitals have been involved in the design process from the very beginning.

The new build at King's Mill Hospital will have accommodation on the ground floor for three scanners. A second storey will incorporate the plant, IT and electrical service rooms. It will adjoin the main hospital, providing easy access for both patients and staff.

Demand for scans has reached the stage where patient-need now exceeds capacity and the current mobile scanners are regularly in operation over 12 hours per day, 7-days a week. The existing static scanner at King's Mill Hospital is more than 12 years old, has exceeded its life-expectancy and become increasingly unreliable.

This innovative scheme will provide state-of-the-art scanners guaranteeing more efficient and increased capacity for in-patients as well as complex elective cases; specifically those patients on an urgent suspected cancer pathway; meaning patients will be seen quicker and receive their diagnosis sooner.

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

Longer opening hours to go live at Newark UTC

New extended opening hours at Newark Urgent Treatment Centre (UTC) went live during the month, going live on Monday 11 November.

The new opening hours were introduced by Nottingham and Nottinghamshire Integrated Care Board (ICB) following feedback from residents, stakeholders, and clinical input from healthcare experts.

From that date, the UTC began opening between 8am and 10.30pm, with the last patient being admitted at 9.30pm – seven days a week. The new opening hours offer an extended window for patients to access essential healthcare services.

The change also means that the UTC now opens an hour earlier and remains open half-an-hour longer after the last patient is admitted than previously. The extended hours have been introduced in time to help meet the expected increase in demand over the winter months.

The opening hours have been introduced without issue, largely thanks to the contributions of Trust staff who have helped to make the new operating model a success through their engagement in the planning for this important change.

The Trust will continue to work with colleagues from the ICB to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure it continues to provide a responsive service to local people.

The effectiveness of the new opening hours are due to be discussed by the county's Health and Scrutiny Committee on Wednesday 12 February.

New single point-of-contact sexual health service sees enquiries almost double

Orders for home-testing kits have almost doubled in some places across Nottinghamshire after sexual health services in the city and county were brought together under one umbrella.

Calls to the new dedicated phonenumber for Sexual Health Services Nottingham and Nottinghamshire (SHSNN) – 0300 131 7010 – have also almost doubled since its launch on 1 October, from 7,000 to 11,000.

Nottingham University Hospitals NHS Trust (NUH) is delivering the service in partnership with Sherwood, with both Trusts being supported by an online sexual health provider, Preventx. The aim is to deliver a more streamlined, consistent, and easily accessible service.

The free and confidential service – funded and commissioned by Nottingham City and Nottinghamshire County Council's Public Health services – has a single, dedicated contact centre telephone number and website, with a link to order discreet home-testing kits.

Home-testing kits are sent to people's homes in discreet packaging. If a test is negative, the individual is informed by text message. If positive, they will be notified of the result and offered options for obtaining treatment.

We are delighted that the new sexual health service successfully launched as planned.

People are accessing sexual health care at a site of their choice and taking up options that suit them. We are particularly excited about the uptake of online testing, which brings sexual health care directly to local people.

The next phase of improvements to the shared service include developing the sexual health website with engaging, user-friendly information, health promotion, and online appointment bookings.

Partnership updates

Leaders from health, social care, education and the third sector came together for an ICS event Lifting Our Gaze on 28 November. SFH was represented by Dr Helena Clements, Consultant Paediatrician, and Paula Longden, from the Strategy and Partnerships Team.

The event included learning from local successes in special educational needs and disability (SEND), integrated neighbourhood teams and collaborating with faith organisations. It highlighted key leadership messages about the benefits of achieving genuine coproduction, the importance of authenticity and passion, practical examples of how to build community connections and learning and sharing about what works in our local neighbourhoods.

It also provided all attendees with a vital networking, connecting and relationship-building opportunity that will support the continued development of the system during 2025 and beyond.

On 27 January, the Trust joined ATTFE, a community and educational partner, at its #InThisTogether stakeholder event to celebrate its successes from 2024 and learn more about its strategy for 2025 and beyond.

SFH Strategy and Partnership Team presented at the event, highlighting the benefits of collaborative working to both organisations which, in 2024, included promoting and celebrating volunteering within Sherwood and local community groups and providing opportunities for ATTFE learners to develop skills.

Read the latest ICS Newsletter at <https://healthandcarenotts.co.uk/ics-newsletter-january-2025>.

Celebrating our people

DAISY award winner

A huge well done to Demi Lee, Deputy Sister on Ward 23, who was presented with a DAISY award after being nominated by multiple colleagues.

Colleagues witnessed Demi grow from a newly-qualified nurse to her present role and consistently demonstrating the Trust's CARE values in everything she does.

Demi was described as going above and beyond to ensure patients are cared for physically and emotionally. They explained that she 'has a massive impact on the ward' and that Demi's 'kindness, compassion and leadership is exceptional' she is a 'good listener, hearing not only the words but also what lies behind the words'.

If you have received outstanding care yourself, or witnessed one of your colleagues delivering outstanding care and want to share your thanks, you can nominate a Nurse or Midwife by visiting the DAISY award page on our website at www.sfh-tr.nhs.uk/work-for-us/staff-recognition/daisy-awards/.

Sisters celebrate TULIP awards

Another huge 'well done' goes to our two latest TULIP award winners, sisters Georgia and Hayley!

Both are Health Care Assistants on Ward 12 at King's Mill Hospital and were presented with TULIP awards after receiving heart-warming nominations from a colleague and patient's relative.

Hayley joined SFH in 2020 and Georgia made a career change to join the team in 2022 when Hayley recommended the Trust as a great place to work.

Georgia received a touching nomination from a patient's family member who said: "Georgia was so kind and gentle with my mum, making sure she was not in pain, asking if she was feeling comfortable and explaining what she was going to do and why."

The family member explained that the care received made the patient feel "secure and safe in a stressful environment" and that Georgia "made a huge difference and helped [the patient's] recovery."

Hayley's nomination came from a colleague who described Hayley as "an absolute ray of sunshine" who goes "above and beyond every day for our patients."

Hayley gives her all to her role, even when not in work, including going to another hospital to visit a close relative and coming away with ideas on how to make improvements on the ward demonstrating "the lengths she will go to for the benefit of our patients. She is truly remarkable."

A massive thank you to you both for your excellent care and commitment to your role, colleagues and patients. You're a real credit to the Trust.

TULIP stands for Touching Unique Lives in Practice and is used to recognise the amazing work and care that our colleagues provide in and out of the hospital daily. Anyone can submit a recognition - colleagues, patients, and members of the public – via our website: www.sfh-tr.nhs.uk/work-for-us/staff-recognition/tulip-awards.

Specialist Anaesthetist receives two awards

Congratulations to Dr Rob Fleming, Specialist Anaesthetist at the Trust, who has been awarded with the Anniversary Medal and Kathleen Ferguson Award for Inclusivity by the Association of Anaesthetists.

The Kathleen Ferguson Award is awarded to those promoting diversity, equity and inclusion, while the Anniversary Medal is awarded to those who have held office or made significant contributions to the Association.

Dr Fleming has been acknowledged for being an advocate for Specialist, Associate Specialist and Specialty (SAS) doctors and for holding the Association Board's first dedicated SAS seat.

Specialist, Associate Specialist, and Speciality (SAS) doctors include doctors in permanent posts with at least four years' experience as a doctor, two of those in their relevant specialty.

The common route for a doctor is to continue in a formal training programme, working towards becoming a consultant or GP, which requires them to work across multiple organisations.

SAS doctors develop their career within one organisation, with many focusing more on direct patient care rather than clinical and non-clinical responsibilities required of a consultant. Others are involved in teaching, service development, research, or management and leadership.

SAS doctors work in all hospital specialties and include doctors working at every level. Specialists, like Rob, are senior and experienced doctors who work independently alongside consultants. Rob has spent many years working as a national representative for SAS doctors, an often-overlooked group which contains a high number of international medical graduates working in the NHS.

After completing an initial period of training in Anaesthesia, Dr Fleming decided to continue his career as an anaesthetist outside of the more common training route. He became a Specialty Doctor in 2012 in Nottingham, moving to Sherwood Forest Hospitals in 2022 and progressed to become a Specialist Anaesthetist in 2023.

He is currently the interim lead for obstetric anaesthesia at the trust alongside other leadership and educational roles.

Other Trust updates

Promoting the NHS App

Drop-in sessions have been taking place regularly at our three hospital sites to promote the NHS App and Patients Know Best to our own colleagues, patients and visitors. You can find out more about our digital services on our website at www.sfh-tr.nhs.uk/for-patients-visitors/nhs-app/.

Children to benefit from Mansfield 103.2 FM's annual toy appeal

Thank you to local businesses and individuals who supported Mansfield 103.2's annual King's Mill Toy appeal. The appeal, which is in its 13th year, resulted in a huge number of toys being donated and more than £3,000 being raised for Children's Services.

Sexual Safety Charter

As signatories to the NHS Sexual Safety Charter, we are continuing to reaffirm our zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours in the workplace. This commitment ensures staff feel safe, respected, and valued, creating an environment where everyone can thrive.

By prioritising safety and inclusivity, we're not only fostering a positive workplace culture but also making Sherwood Forest Hospital a great place to work.

Our current job vacancies are on our website at www.sfh-tr.nhs.uk/work-for-us/our-vacancies.

CQC Maternity Survey results 2023

The CQC Maternity Survey 2023 results identified several areas to improve on, and colleagues on the unit have been working hard to make changes and ensure a positive experience for all who stay on the maternity unit.

Changes include:

- Mandatory training for maternity staff on listening to women and supporting choice
- Introducing a Lead Midwife for induction of labour who has led multiple improvements to the service
- Increasing the number of drug trolleys available so birthing people are not waiting for pain relief
- Making our Lime Green infant feeding team available in the mornings to provide support on the wards
- Starting a Birth Afterthoughts Clinic

The results of the 2024 CQC Maternity Survey were released at the end of 2024, and we're pleased to say they have revealed extremely positive results for our maternity services.

We'll be sharing details internally and externally shortly. Well done to all colleagues involved in contributing to these scores.

Phoenix team celebrates third anniversary

The Trust's Maternity Tobacco Dependency Treatment Service, the Phoenix team recently celebrated its three-year service milestone.

Since the Phoenix team was established, it has contributed to a reduction in smoking at the time of birth from 18.3% to just less than 10%.

To celebrate this fantastic achievement, a group of smoke-free babies who have benefitted from this service were invited to King's Mill Hospital's Faith Centre on Tuesday 26 November along with members of the Maternity and Neonatal Voices Partnership (MNVP) and the senior leadership team.

The families shared some anecdotes from their smoke-free journeys and gave some very positive feedback about the Phoenix team with one mum telling us "the team were so lovely, they motivated me to cut down and eventually quit all without any judgement."

A future action for the team will be to set up a peer support group, this has been based upon the families' suggestions for service improvement.

Expect Respect, Not Abuse

Patients and visitors were reminded that hospital staff deserve respect and not abuse, as winter pressures began to intensify at Sherwood Forest Hospitals Emergency Department.

As the Trust faced increasing demand as winter approaches, we urged patients and visitors to treat hospital staff with respect, emphasising that abuse - whether verbal or physical - will not be tolerated.

We're encouraging Trust colleagues to report any incidents of physical or verbal abuse so that appropriate action can be taken, including refusing treatment or pursuing legal steps. Staff who report incidents will also be offered the support they deserve.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report				Date:	11 th February 2025
Prepared By:	Liz Barrett, Lead Governor					
Approved By:	Liz Barrett, Lead Governor					
Presented By:	Liz Barrett, Lead Governor					
Purpose						
To share an overview as to the activities that Governors are engaging in and the impact of this work					Approval	
					Assurance	X
					Update	X
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
	X	X	X			
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Insufficient financial resources available to support the delivery of services					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					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						
Acronyms						
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor) NED (Non Executive Director) ICB (Integrated Care Board)						
Executive Summary						
An overview as to how Governors have been spending their time this quarter and the impact of this.						

I would like to start this report by acknowledging the recent passing of a valued Sherwood Forest Hospital Foundation Trust Governor, John Wood. For the past nine years, John had been a very active Governor for SFHFT contributing many hours to support the Trust, staff, patients, carers and the community. His attention to detail, care, support and wisdom really modelled what great governance is all about. John's funeral was a lovely tribute to a great man. He will be greatly missed in many ways including his presence within our Governing Body.

The Governing Body for SFHFT have continued to commit volunteer time to support Sherwood Forest Hospital Trust again this quarter through a variety of different ways.

Governors engagement with 15 Steps continues to be strong on a monthly basis. A 15 Steps visit that I personally undertook again last week really did highlight to me again the challenges that staff face during their daily working lives and the resilience in which they deploy to deal with this. Once again, I noted a calm and clean ward which I also find reassuring.

Attendance at Governor meetings remains high with Governors actively contributing strong discussion points to the debates. Individually and collectively we are keen to ensure we continue to support the quality improvements taking place within SFHFT. As a group of Governors, we have continued to ask questions around finance and are grateful to Graham Ward and Andrew Graham for attending a recent meeting to share the current finance landscape which was incredibly helpful.

Several Governors were involved in NED interviews at the end of 2024. There was a strong field of candidates and it felt like the appointments we made will really compliment the existing NED team and bring additional knowledge/skills to the team.

A few Governors recently held a meeting with REACH and the SFHFT disability team. This was organised by Governor Peter Gregory and was an incredibly useful meeting. Together we learnt that whilst there are a lot of good policies and procedures in place for people with disabilities who come i to SFHFT, in practice there are gaps. The meeting was constructive in terms of next steps with staff from SFHFT very keen to take forward. Post meeting, work on actions discussed took place immediately to start closing these gaps. This will be a watching brief by the Governors to ensure that we are as inclusive as possible to the communities and patients that we serve.

There have been further ICB meetings which have explored wider local issues. It does feel as though the ICB are now listening to Governors and are keen to support the proposed suggestion of an in-person Governor Conference.

Governors have recently received a further presentation on Discharge with SFHFT. It was incredibly helpful to have this update and compare the progress made since the Spring presentation on this subject.

A small group of Governors have formed a Governor fund raising group to support SFHFT charitable funds. We are seeking to host a concert in the summer with ticket sales going towards the charity.

Governor elections are due to take place in the Spring. There is a need to elect to 10 positions on the Trust's Council of Governors (eight Public Governor elections and two for Staff Governors). Voting will be done electronically this time so discussions are being had as to how we can support patients, carers, the community who may struggle with this to vote.

My thanks to all Governors for their continued commitment, time and energy again this quarter.

You all add value.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update.		Date:	11 th February 2025	
Prepared By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
Approved By:	Candice Smith, Director of Nursing Quality & Governance				
Presented By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from October to December 2024.			Approval		
			Assurance		
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X			X		
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Acronyms					
Executive Summary					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that took place between October and December 2024. This report will outline the clinical areas visited, the feedback gathered by the visiting teams, and any emerging themes.</p> <p>The 15 Steps Challenge serves as a valuable source of qualitative data, offering insights into various healthcare settings from the perspectives of patients and relatives. It also provides an opportunity to align patient and staff experiences, fostering a positive experience for all and encouraging staff to recognise and implement local service improvements.</p> <p>During the reporting period from October to December 2024, a total of 22 visits were completed, with corresponding reports returned.</p> <p>The outcomes of these visits remain positive, with numerous examples of person-centred, compassionate care, pride, positivity, and a strong demonstration of CARE values throughout the organisation</p>					

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

Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits conducted between October and December 2024. This report outlines the clinical and non-clinical areas visited, the feedback gathered by the visiting teams, and any key themes or trends that emerged.

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

During the reporting period, 22 visits were completed, with corresponding reports submitted and reviewed. This represents a slight decrease from the previous quarter, which saw 24 visits completed. The areas visited during this period are as follows:

October	November	December
Patient Experience Department	Governance Support Unit	Emergency Department
Newark Mortuary	Discharge Lounge	Surgical Day Case
Newark Case Notes	Pharmacy	Ward 25
Lindhurst Ward	Ward 12	UEC/SDEC
Ward 43	Ward 44	Sexual Health
Clinic 12	Ward 42	Sherwood Birthing Unit
Clinic 14	Clinic 6	Ward 41
	Clinic 7	
Total 7	Total 8	Total 7

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

Welcoming:

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

Caring and Involving:

Staff were observed interacting with parents in a considerate and compassionate manner, noting that patients' dignity and privacy were consistently upheld.

Professional interactions between staff members were evident throughout, for example: when a staff member escorted a patient to the bathroom, reassuring comments were heard, ensuring the patient's comfort.

Visitor chairs were available, and there was ample space in the rooms and bays.

The wards maintained a calm and well-organized atmosphere. One Ward Sister mentioned successful recruitment efforts and a positive response to bank shifts, which helped accommodate additional beds.

During the visit to the breast clinic, it was busy, limiting staff availability for conversation, several patients shared highly positive feedback regarding their care and overall experience.

Safe:

During the visit to the Pharmacy, the team were introduced to the new robot, which they all found fascinating. The team spoke with staff who expressed that they enjoyed working in the department and felt well-supported by both their peers and management. They also mentioned that the senior management team was visible and approachable.

The uniform policy was followed consistently, and in the majority of areas staff were noted to be wearing visible ID badges.

On Ward 25, the Ward Sister demonstrated strong knowledge of safeguarding and fire safety procedures. Additionally, the Deputy and Registered Nurse explained staffing levels and the escalation protocols clearly.

Environments was clean and well-maintained, with relevant information displayed and excellent adherence to all IPC guidelines.

On Ward 12, the nurse in charge shared that a relative of a patient was the first in the trust to use Martha's Rule. She reported that the entire experience was very positive.

Well-organised and calm:

The staff were positive, highly focused, and worked well together as a team in all areas.

The medical staff spoke highly of one ward, emphasizing the strong working relationships among the team and describing it as one of the friendliest places they had ever worked.

It was noted that the Patient Experience Team (PET) clearly puts in a lot of effort despite being a relatively small group. It was evident from discussions that the PET plays a crucial role, providing essential support to patients and relatives who often have many unanswered questions after receiving care from the organisation.

Issues identified during the visits:

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

Several issues were resolved shortly after the visits, and any outstanding actions that have not yet been confirmed as completed— including those from the previous quarter— are listed below, with some actions still ongoing.

Occasionally, transport issues arise with patients being transferred from the emergency department, which has been fed back to the Division.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
Ward 41 There were some posters on the walls dating back to 2022 and some in the foyer that needed updating	Review and remove older and unneeded signage.	NIC	✓	31/11/24	Update required
Clinic 12 is numbered, not named, which makes it potentially more difficult for patients to find	Consideration is given to whether the clinics could be named rather than numbered	NIC	✓	Ongoing	Update required
Pre-operative Assessment Unit Newark	Not well signed from the main entrance.	Corporate Head of Nursing	✓	6mth March 2025	Discuss with the division, but in general all signs need reviewing.
There were several small Velcro patches on walls and doors in the breast clinic that were noted during the visit.	Clarity is to be sought regarding whether these are used or could be removed.	NIC	✓	31/11/24	Completed These should not be removed from walls.
In the breast clinic, there was a collection for breast cancer charity	Consideration is to be given as to whether we should be collecting for the SFH charity.	NIC	✓	Ongoing	Update required.

Patient and team feedback:

When cross-referencing this with the Friends and Family Test feedback and compliments, some of the positive terms used to describe the Trust, staff, and the care provided by patients, families, and visiting teams are highlighted below.

Approachable
Outstanding
Understanding
Great
Care
Compassion
Lovely
Welcoming
Brilliant
Heartfelt
Amazing
Enjoyable
Consideration
Professionalism
Wonderful
Incredible
Transformed
Support
Exceptional
Praise
Kindness
Reassured
Positive
Attention
Thanks

The Trust CARE values and behaviours were consistently reflected in the language used across all reports, showing alignment with patient feedback.

Visiting teams shared feedback with area owners, enabling them to address any identified issues, make improvements where necessary, and communicate the positive findings.

Conclusion:

The 15 Steps Challenge provides valuable qualitative insights that align both patient and staff experiences, helping to foster a positive experience for all and empowering staff to drive local service improvements. It should not be relied upon as the sole method of quality measurement; rather, the 15 Steps Challenge works alongside various clinical audits to offer a comprehensive approach to assessing the delivery of quality care.

The ongoing programme of visits continues to highlight the engagement and visibility of the Senior Leadership Team and Governor representation. Governor involvement is a key aspect of the 15 Steps process, offering a unique opportunity to gather genuine, real-time patient feedback. The outcomes of the visits remain largely positive, showcasing numerous examples of person-centered, compassionate care, pride, and positivity, with the Trust's CARE values strongly reflected across the organization.

Next Steps:

Visits are scheduled from November 2024 to April 2025. Results will be analysed on a monthly basis, ensuring that area owners are informed of any issues, allowing for timely improvements or the sharing of positive findings.

Council of Governors - Cover Sheet

Subject:	Operational Plan 2025/2026		Date:	11 th February 2025	
Prepared By:	Kevin Gallacher, Associate Director Planning & Partnerships				
Approved By:	Richard Mills, Chief Financial Officer				
Presented By:	Richard Mills Chief Financial Officer				
Purpose					
To update the Council of Governors on the recent publication of the 2025/26 priorities and operational planning guidance.				Approval	
				Assurance	
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Insufficient financial resources available to support the delivery of services				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
Committees/groups where this item has been presented before					
n/a					
Acronyms					
NHSE – National Health Service England ICS – Integrated Care System					
Executive Summary					
<p>The enclosed presentation summarises the NHSE 2025/26 priorities and operational planning guidance published on the 30th January 2025.</p> <p>The Nottingham and Nottinghamshire Integrated Care System (ICS) is required to submit headline plans by Thursday 27th February and final plans by Thursday 27th March to NHSE.</p> <p>The SFH Planning Group is working through the supporting detailed planning and technical guidance and the 'other requirements' that accompany the 18 headline targets and has a process in place to feed the SFH activity & performance, workforce and financial information into the ICS plan submission and will work between headline plan and final plan to ensure any areas of non-compliance are fully understood.</p> <p>A briefing on the SFH information provided to the ICS for the final plan submission and the final ICS plan submission will be provided for the May Council of Governors.</p> <p>The Council of Governors are asked to:</p> <p>Note the update.</p>					

2025/26 Operational Planning

Council of Governors 11th February 2025

Richard Mills | 11. 02. 2025

2025/26 Operational Planning

30 January 2025, NHS England published its operational planning guidance for 2025/26, outlining the priority areas and objectives for the service.

Three Strategic Shifts



- Population Health Management
- 'Home First' Approach
- Standardising Community Health services
- Urgent neighbourhood services
- Neighbourhood Multi-Disciplinary Teams
- The Modern GP



- Improve blood pressure and cholesterol with GP's targeting lipid and blood pressure levels
- ICB's to agree plans for:
 - Vaccinations and screening
 - Core20PLUS5
 - Leading Causes of Morbidity



- 70% of Planned Care appointments in NHS App by March 2026
- GP's enable all core NHS App capabilities
- Complete Electronic Patient Record(EPR) procurements
- Providers deploy e-prescribing

2025/26 Operational Planning – National Priorities

- Reduce the time people wait for planned elective care
- Improve A&E waiting times and ambulance response times
- Improve access to general practice and urgent dental care
- Improve mental health and learning disability care
- Live within the budget allocated, reducing waste and improving productivity
- Maintain our collective focus on the overall quality and safety of our services
- Address inequalities and shift towards prevention

2025/26 Operational Planning – Financial Framework

- Nationally NHS organisations will need to reduce their cost base by at least 1% and achieve 4% improvement in productivity before new local pressures are accounted for
- This is almost double last year's 2.2 percent national target and more than four times the NHS's historical rate of productivity growth at 0.9 per cent.
- Base growth set at 4.4% reflecting 2% efficiency requirement - Additional funding must cover final pay settlements for 2025/26, increased employer national insurance contributions, faster improvement on the elective waiting list, and new treatments mandated by NICE
- Agency spending must be reduced by a minimum of 30% and Bank spending by 10% while support function spend must be reduced to April 2022 levels.
- If systems don't submit / deliver breakeven plans their capital allocations will be reduced
- The guidance states that Systems will have to make tough and unpopular decisions over service provision, closing some relatively lower value services to balance the books.

2025/26 Operational Planning – ‘Headline’ Milestone Targets

Planned Care

- Work towards 92% of patients waiting no longer than 18 weeks for Planned Care elective treatment by 2029
- Nationally 65% of Elective patients seen in 18 weeks by March 2026. All Trusts to make a 5% improvement in 18 week wait times compared to 2024/25.
- All Trusts to improve cancer 62 Day standard to 75%, and 28 Day Faster Diagnosis Standard (FDS) to 80% by March 2026
- ICB's to inform all patients & Carers of 'right to choose, by September 2025
- All Trust to ensure they have Patient Initiated Follow Up Pathways (PIFU's) in place for all appropriate services by March 2026

Urgent and Emergency Care

- A&E Target of 78% of patients seen in 4 hours
- Working towards ambulance hospital handovers within 15 minutes and none more than 45 minutes
- Further reductions in Length of Stay (LoS)

2025/26 Operational Planning

Useful Links

- NHSE Operational and Joint Forward Planning guidance is available at the following link: [NHS England » NHS operational planning and contracting guidance](#)
- **The NHS Confederation has produced a helpful summary of the 2025/26 planning guidance at the following link: [2025/26 NHS priorities and operational planning guidance: what you need to know | NHS Confederation](#)**

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 12th November 2024 at 17:45
in Lecture Theatre 1, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Bethan Eddy	Appointed Governor	BE
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JD
	Justin Wyatt	Staff Governor	JWY
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO

In Attendance:	David Selwyn	Acting Chief Executive	DS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Neil McDonald	Non-Executive Director	NM
	Laura Fuller	Registered Nurse	LF
	Sally Whittlestone	Associate Director of Nursing, Patient Experience and Complaints	SW
	Jim Millns	Associate Director of Transformation	JM
	Paula Longden	Associate Director of Strategy and Partnerships	PL
	Sue Bradshaw	Minutes	

Apologies:	John Wood	Public Governor	JWo
	Pam Kirby	Public Governor	PK
	Tracy Burton	Public Governor	TB
	Vikram Desai	Staff Governor	VD

Absent:	Aly Rashid	Non-Executive Director	AR
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Item No.	Item	Action	Date
24/061	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate GW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>John Wood, Public Governor Pam Kirby, Public Governor Tracy Burton, Public Governor Vikram Desai, Staff Governor</p>		
24/062	DECLARATIONS OF INTEREST		
1 min	SB declared an interest in item 24/074.2.		
24/063	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 13 th August 2024, the Council APPROVED the minutes as a true and accurate record.		
24/064	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
2 mins	<p>The Council AGREED that actions 24/033 and 24/052 were complete and could be removed from the action tracker.</p> <p>PG noted the action in relation to the provision of end of life training for nursing staff was complete. PG queried what consideration is given for patients who have a terminal diagnosis who may be leaving someone behind who has learning difficulties, noting the added stress and worry this would cause for the individual.</p> <p>GW noted the need to look at building a stronger relationship with Reach in Mansfield. DS advised he would need to check the details and provide further information, but his assumption would be the Learning Disabilities Team would be involved and would be aware of the situation.</p> <p>Action</p> <ul style="list-style-type: none"> Feedback to be provided in relation to what support is in place for patients who receive a terminal diagnosis who may be leaving someone behind who has learning difficulties. 	DS	11/02/25
24/065	PATIENT STORY - THE IMPACTS OF PAIN AND THE DISCHARGE PROCESS		
25 mins	<p>LF joined the meeting</p> <p>LF presented the patient story, which highlighted the impacts of pain, the discharge process and some failings in the care received by a patient.</p>		

	<p>IH queried what went wrong on the day of the patient's attendance at ED. LF advised the patient was assessed by the orthopaedic team and the medical team. At the time, the Trust had a reduced number of beds and was taking steps to avoid admitting patients where possible. The patient's condition, spinal cord compression, was not diagnosed until four days after their original attendance when they had altered bowel movement. They did not require emergency surgery. There are more aspects to the story which cannot be shared due to confidentiality. This story needs to be used as learning and it has been presented to the Board of Directors, Nursing and Midwifery Committee and nursing Grand Round. In addition, the divisions have used this story as learning for doctors. LF acknowledged the Trust is not perfect in every case, but it is important to learn from any cases which could have been handled better than they were.</p> <p>DS advised the standout point for him in this story, which needs to be shared with teams, is the need for constant curiosity, i.e. when a patient is not behaving in the way which is expected, there is the need to continue to probe to establish what the issue is. DS acknowledged the difficulty, when the department is busy, is the mindset can be more focussed on getting through the workload.</p> <p>JS queried what staff have learned from this story to ensure a similar situation does not arise again. LF advised she would like staff to remember the need to explain why things need to happen and to assist patients and family as far as possible, for example, fetching a wheelchair.</p> <p>LD queried if clinical staff, who have been shown this video, have been shocked by it or not surprised. LF advised it has been a mixed response. The patient presented complaining of hip pain, rather than back pain, and their hip was manipulated when taking the x-rays, hence the reason for them going home in increased pain. Sometimes the level of patients being admitted changes, dependent on the number of beds available. This should not be the case, but sometimes the Trust tries to admission avoid as much as possible when there is limited capacity.</p> <p>IH queried if this case is an anomaly or if there are other cases like this. LF advised she answers a lot of complaints in ED and this case is a one-off. DS advised the two key learning points from this case is the need for curiosity and the need to show compassion.</p> <p>NC expressed concern the desire to get patients out of the hospital is sometimes greater than the desire to really care for them. DS expressed disagreement, advising the case in the video happened on one occasion. LF advised the patient was seen by all the same doctors they would have been seen by if they had gone to a bed on the Emergency Assessment Unit (EAU) or the orthopaedic ward. The amount of assessment by specialists would not have changed.</p> <p>RS queried how staff are provided with the headspace to reflect on cases, such as the one highlighted, and to be 'curious'. LF advised it is difficult. Grand Rounds are held bi-monthly, where learning opportunities are shared. Nurses are offered the opportunity to reflect at the end of their shift, but often they just want to get home.</p>		
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	<p>IH queried if this incident happened before the introduction of Martha's Rule at the Trust. LF advised the incident happened in August 2023, which is before Martha's Rule was introduced.</p> <p>DWa queried if there is an issue with MRI capacity, noting the patient had to wait for scan, rather than being offered it immediately. DS advised emergency MRI scans are available for diagnosis of two conditions. The patient would not have received an MRI scan any sooner had they been admitted. MRI capacity is available when required.</p> <p>AJ acknowledged the bed pressures faced by the Trust and sought assurance staff are able to advocate on behalf of patients when a bed is required. LF advised nursing staff do advocate for patients.</p> <p>DS advised a change which has been made to the complaints process is once the complaint is concluded, patients / family are offered the opportunity to tell their story.</p> <p>LF left the meeting.</p>		
24/066	ACTING CHAIR'S REPORT		
13 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chair's perspective, highlighting progress to recruit two Non-Executive Directors (NEDs) and an Associate NED, recruitment of a Director of Improvement and Change, visit to West Notts College, work of the Trust's Charity, contribution of the Trust's volunteers and a productive Board-to-Board meeting with Nottingham University Hospitals (NUH).</p> <p>RS noted GP trainees attend the Trust for training and queried if this opportunity to build relationships is utilised. DS advised there is a need to look at how trainee doctors (now known as resident doctors) who train at the Trust for any length of time, can be attracted to work at SFHFT once they complete their training. It was noted trainees do not always feel part of the organisation and this needs to be addressed as relationships are forged during training which last forever.</p> <p>The Council was ASSURED by the report.</p>		
24/067	ACTING CHIEF EXECUTIVE'S REPORT		
15 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting operational activity, industrial action, change in terminology from Junior Doctor to Resident Doctor, Community Diagnostic Centre (CDC) public information event, Newark Urgent Treatment Centre (UTC) update, partnership update, events to mark Armistice Day, new one-stop clinic for cataract patients, rollout of Respiratory Syncytial Virus (RSV) vaccinations, introduction of Automatic Number Plate Recognition (ANPR) in the Trust's car parks and the Celebrating Excellence event.</p>		

	<p>DS advised Paul Robinson's (PR's) recovery continues. It had originally been anticipated PR would return to work in November / December 2024. However, he will not be returning until the end of January 2025 at the earliest. It was noted the acting up roles have been extended accordingly.</p> <p>JS sought an update in relation to the current position with waiting lists. DS advised there are no 78-week waiters. The Trust is currently on trajectory to eradicate 65-week waiters in December 2024.</p> <p>JS queried what the average waiting time is for an appointment from referral by a GP. DS advised this is dependent on speciality. The Trust is performing well in terms of patients who are referred on a 2-week wait pathway. Good progress has been made in terms of the 62-day cancer waits. However, performance dipped in August 2024, which related to holidays, but performance is now back on track.</p> <p>IH queried what procedures are required by patients waiting 65 weeks. DS advised the majority of 65-week waiters are orthopaedic patients and patients with non-life-threatening conditions.</p> <p>IH queried if theatre capacity at Newark Hospital was being fully utilised. DS advised theatre utilisation at Newark Hospital is improving. Theatre provision at Newark Hospital will be used more through Winter in order to support the Trust's elective work. DS acknowledged there is more work to do in relation to what services are offered at Newark Hospital.</p> <p>The Council was ASSURED by the report.</p>		
24/068	LEAD GOVERNOR REPORT		
5 mins	<p>LB presented the report, highlighting the recent Integrated Care Board (ICB) event, risk register presentation and Patient Led Assessments of the Care Environment (PLACE) audits.</p> <p>IH advised the PLACE audits are very thorough and challenging, but staff are very open. IH advised undertaking the audit made him realise how good the basics are at the Trust.</p> <p>The Council was ASSURED by the report.</p>		
24/069	15 STEPS FEEDBACK		
3 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits undertaken and positive themes and trends.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		

24/070	IMPROVEMENT FACULTY UPDATE		
20 mins	<p>JM joined the meeting.</p> <p>JM presented the report, highlighting activity over the last six months, work to support the Financial Improvement Programme (FIP), quality improvement work, patient safety and system collaboration.</p> <p>IH noted previously staff were required to attend a lot of different meetings and queried if, by rationalising various departments, staff are now working in a more consolidated way. JM advised the situation is improving, but there is still work to do. As teams are now co-located in one office, only one person now attends a meeting and provides feedback to the wider team, whereas previously this would have been three people.</p> <p>RS noted the target of £38.5m for the FIP and queried how this can be achieved. JM advised historically the Trust has managed to save significant amounts, for example circa £30m was saved in 2023/2024. One of the ways this is achieved relates to vacancies, noting the salary savings in the gap between one person leaving post and their replacement taking up post.</p> <p>RS queried what element of savings are recurrent and what are non-recurrent. JM advised currently approximately threequarters of the savings are non-recurrent and only a quarter are recurrent savings, but this is not ideal and the Trust is exploring ways of making savings recurrent wherever possible. JM advised nothing is transacted financially until a Quality Impact Assessment (QIA) has been completed and signed off.</p> <p>The Council was ASSURED by the report.</p> <p>JM left the meeting.</p>		
24/071	STRATEGY UPDATE		
9 mins	<p>PL joined the meeting.</p> <p>PL presented the report, highlighting delivery to date and next steps.</p> <p>GW advised the Board of Directors has requested that the next review of the strategy, which is scheduled for 6 months' time, includes information on what metrics can be used to measure effectiveness.</p> <p>IH noted the model which was presented included underpinning strategies, building towards supporting the overall strategy. IH advised he is not aware of how those strategies come together to underpin the overall strategy going forward. PL advised each of the strategic objectives has been mapped to the main supporting strategy. Each of the strategic objectives sits with a sub-committee of the Board of Directors.</p> <p>The Council was ASSURED by the report.</p> <p>PL left the meeting.</p>		

24/072	WINTER PLAN		
13 mins	<p>DS presented the report, highlighting financial constraints, bed base, admission avoidance, support for colleagues, key Winter schemes, bed modelling and mitigations. DS advised the Winter plan is still developing and evolving.</p> <p>KS noted an ongoing issue has been the Trust's ability to discharge patients who are medically safe for transfer, but there has been a lot of work undertaken to address this. KS queried what the current situation is. DS advised there are currently high levels of activity across the Trust. However, during the week ending 8th November 2024, the number of patients who were medically safe for discharge was the lowest it has been for four years. There has been a significant increase in utilisation of the Discharge Lounge.</p> <p>DWi queried if there is an issue with patients being readmitted. DS advised this is monitored and there is a steady rate of readmissions, rather than a huge variance. As the population gets older and with more co-morbidities, the natural progress is for more admissions, noting establishing if they are readmissions, or part of the disease progress, is difficult.</p> <p>RS queried if there is a process to keep patients, who are waiting in ED, informed when there is pressure for beds. DS advised the Trust has invested in ED and staffing to ensure teams are in place to provide basic care to patients, i.e. ensuring they have food, drug rounds, observations, etc. If patients are likely to be waiting to be admitted for a long period of time, they are put onto a bed, rather than a trolley, as this helps to reduce the number of pressure ulcers.</p> <p>The Council was ASSURED by the report.</p>		
24/073	REPORT FROM BOARD SUB-COMMITTEES		
15 mins	<p>Audit and Assurance Committee (AAC)</p> <p>MG presented the report to the Council, highlighting response times to implementing internal audit recommendations, Risk Committee Quadrant report and Outpatients, Appointments and Remote Consultations Audit.</p> <p>Quality Committee</p> <p>AR was not present at the meeting. Therefore, the report was taken as read.</p> <p>Finance Committee</p> <p>GW presented the report to the Council, highlighting FIP requirements, financial position at the end of Month 6 and planning for 2025/2026.</p> <p>KS advised he was satisfied the appropriate checks and balances are being made and he is assured the Trust is doing everything possible to manage the financial position.</p>		

	<p>People Committee</p> <p>SB presented the report to the Council, highlighting Staff Survey and review of Board Assurance Framework (BAF) Principal Risk 3 (PR3) - Critical shortage of workforce capacity and capability.</p> <p>JS left the meeting.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report to the Council, highlighting ongoing concerns regarding capacity to engage and support partnership work and the ongoing development and maturity of the Primary/secondary care interface work.</p> <p>KS advised he previously raised issues in relation to discharge and a local care home which provides complex care, noting a relationship with the provider has now been forged by Shantell Miles, Director of Nursing. KS advised he has been informed GPs are struggling to handle complex patients in that environment and, therefore, patients are attending hospital who could be cared for in the community. KS queried if this could be raised with GPs. DS advised relationships with Primary Care partners has improved, which will allow for discussions to take place.</p> <p>Charitable Funds Committee</p> <p>ARB presented the report to the Council, highlighting approval of a proposal to launch a Charity Lottery, decision to not proceed with the Breast Services Appeal and approval of Charity's annual accounts.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
24/074	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
8 mins	<p>Membership and Engagement Group</p> <p>LB presented the report, highlighting membership mapping exercise, changes to the Meet Your Governor (MYG) model and plans for wider engagement.</p> <p>KS felt the new approach to MYG has been useful. The first 'hot topic' is discharge and staff involved in this process have been keen for feedback to be shared with them. There is still work to do, but there appears to be a resource issue in the Communications Team to take this work forward.</p> <p>PG suggested engaging with Reach, which is a community group working with people with severe learning difficulties, and considering fundraising ideas, noting these areas need to be explored further.</p> <p>The Council was ASSURED by the report.</p>		

<p>2 mins</p> <p>2 mins</p>	<p><u>Report of the Remuneration Committee</u></p> <p>Non-Executive Director (NED's) re-appointment</p> <p>SB left the meeting.</p> <p>SBS presented the report, advising Steve Banks (SB) comes to the end of his tenure on 30th November 2024, having served three years as a NED. In line with the Trust's constitution, SB is eligible for reappointment.</p> <p>The Council APPROVED the reappointment of Steve Banks for 3 years to 30th November 2027.</p> <p>SB re-joined the meeting.</p> <p>Appointment of NED</p> <p>SBS presented the report, advising Aly Rashid (AR) has decided not to seek re-appointment when his three-year tenure comes to an end on 9th January 2025. Therefore, the Committee approved the recruitment of a NED with clinical expertise to replace AR.</p> <p>The Council RATIFIED the decision of the Committee to recruit a NED with clinical expertise.</p>		
<p>24/075</p>	<p>OUTSTANDING SERVICE – ORGAN DONATION - CHANGING AND SAVING LIVES</p>		
<p>7 mins</p>	<p>A short video was played highlighting the work of the Organ Donation Team.</p>		
<p>24/076</p>	<p>QUESTIONS FROM MEMBERS OF PUBLIC</p>		
	<p>No questions were raised.</p>		
<p>24/077</p>	<p>ESCALATIONS TO THE BOARD OF DIRECTORS</p>		
<p>1 min</p>	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Potential contact with Reach. • Approval of the re-appointment of Steve Banks as a Non-Executive Director. 		
<p>24/078</p>	<p>ANY OTHER BUSINESS</p>		
<p>1 min</p>	<p>DS advised the Trust's Electronic Patient Records (EPR) has now received Cabinet approval and is out to Invitation to Tender.</p>		
<p>24/079</p>	<p>DATE AND TIME OF NEXT MEETING</p>		
	<p>Date: Tuesday 11th February 2025 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p>		

	There being no further business the Chair declared the meeting closed at 20:10.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward Acting 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
			14/05/2024	13/08/2024	12/11/2024	11/02/2025			
Angie Jackson	Mansfield District Council	Appointed	A	P	P		4	23/05/23	31/05/27
Bethan Eddy	Nottinghamshire County Council	Appointed		P	P		1	01/07/24	31/05/25
David Walters	Ashfield District Council	Appointed	P	P	P		1	23/04/20	31/05/25
Dean Wilson	Rest of East Midlands	Public	P	P	P		3	06/07/23	31/10/26
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John Dove	Rest of East Midlands	Public	P	P	P		3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	P	A		3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	P	P	P		3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	P	A	P		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P		1	15/07/21	31/05/25
Liz Barrett	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P		3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P	X	P		N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public	P	P	A		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	A	P		3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
Sam Musson	Staff	Staff	P	P	P		3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	P	A	P		3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public	X				3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	P	P	A		3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	P	A		3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 17th January 2025 at 16:00
Via video conference

Present:	Graham Ward	Acting Chair	GW
	Bethan Eddy	Appointed Governor	BE
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	Justin Wyatt	Staff Governor	JW
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Pam Kirby	Public Governor	PK
In Attendance:	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	David Selwyn	Acting Chief Executive Officer	DS
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Clare Jones	Minutes	
Apologies:	Angie Jackson	Appointed Governor	AJ
	Sam Musson	Staff Governor	SM
	Neil McDonald	Non-Executive Director	NM
Absent:	John Dove	Public Governor	JD
	Ruth Scott	Public Governor	RS
	Shane O'Neill	Public Governor	SO
	Tracy Burton	Public Governor	TB
	Vikram Desai	Staff Governor	VD

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

Item No.	Item	Action	Date
25/001	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate GW declared the meeting open at 16:00.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor Sam Musson, Staff Governor Neil McDonald, Non-Executive Director</p>		
25/002	DECLARATIONS OF INTEREST		
1 min	GW declared an interest in item 25/004.		
25/003	APPOINTMENT OF TWO NON-EXECUTIVE DIRECTORS AND ONE ASSOCIATE NON-EXECUTIVE DIRECTOR		
4 mins	<p>SBS presented the recommendation to approve the appointment of Richard Cotton and Lisa Maclean as Non-Executive Directors and Professor Sir Jonathan Van Tam as an Associate Non-Executive Director, subject to the completion of Fit and Proper Person tests and outstanding references, with a start date of 1st February 2025.</p> <p>PG enquired in terms of Trust finances, whether the appointment of Professor Sir Jonathan Van Tam will be cost effective. GW responded the enhancement of reputation, research capability and opportunities for commercial research the appointment creates will generate an immeasurable difference.</p> <p>The Council APPROVED the appointments of Richard Cotton and Lisa Maclean as Non-Executive Directors and Professor Sir Jonathan Van Tam as an Associate Non-Executive Director.</p> <p>GW left the meeting. DW joined the meeting.</p>		
25/004	ACTING CHAIR – EXTENSION FOR A FURTHER YEAR AND CONVERSION TO A SUBSTANTIVE APPOINTMENT		
20 mins	<p>SBS presented the report requesting the agreement of governors to support an application to NHS England for the extension of the term of office for GW as a Non-Executive Director and for his appointment as substantive Chair. SBS acknowledged the irregularity in extending a term beyond 9 years, however the application would be made in order to provide continuity as a result of Paul Robinson's - Chief Executive Officer - absence due to a serious health diagnosis alongside the current unprecedented operational and financial pressures.</p> <p>SBS proposed an application to extend the term for 1 year, with GW's current term due to expire on 25th May 2025. SBS stated the Integrated Care System (ICS) support the proposal. DS confirmed the support from the ICS.</p>		

	<p>LB raised the importance of continuity, endorsing the proposal.</p> <p>DW recognised that whilst continuity is important, raised misgivings in terms of the extension as the appointment does not stand up to the full scrutiny enshrined within the Trust Constitution and voiced reservations that the exceptional circumstances outlined within the paper do not warrant an extension. The financial pressures faced by the Trust have not suddenly come to light and renegotiating Hard and Soft Facilities Management (FM) contractual arrangements are not exceptional either. DW stated it feels this is being put through 'on the nod' by the Trust and feels this is worth raising as a Governor. DW added the Trust's Financial Department and Financial Director could carry out the duties outlined in the supporting documentation.</p> <p>LD compounded the importance of continuity within the NHS, especially in respect of new strategies, service improvement and cost savings, endorsing the proposal.</p> <p>DS responded to DW that he feels continuity is very important, particularly in the current financial climate within the NHS. DW then highlighted GW's extensive skill set in terms of organisational experience and financial matters, stating he will be an ally to the new finance Non-Executive Director. DW stated GW's contribution is also key in terms of the Private Finance Initiative (PFI).</p> <p>BB reiterated the decision is whether to apply to NHS England to request the extension, not to appoint GW.</p> <p>IH thanked BB for clarifying, stating agreement with DW's concerns. IH endorsed the proposal in terms of the application.</p> <p>KS referenced assurance from the recent Finance Committee, confirming endorsement of the proposal. KS enquired in terms of a prospective return date for Paul Robinson, to mitigate 'Acting' posts. DS responded that Paul does expect to return full time, however this has been delayed due to further treatment. DS does not expect him to return before the summer recess.</p> <p>PG noted the Council of Governors has been asked to support the application to NHS England. If it declines to support, the decision in terms of GW's re-appointment is made. If they agree to support the application this will provide continuity for the Trust and that is important. BB confirmed upon approval by NHS England, the proposal would be considered further at the Governor Remuneration and Nomination Committee. SBS confirmed she would submit the application to NHSE if it is supported by the Governors.</p> <p>The Council of Governors APPROVED the recommendation to apply to NHS England for its agreement to the extension of the term of office for GW as a Non-Executive Director for one year from 25th May 2025 and for his appointment as substantive Chair.</p> <p>GW rejoined the meeting.</p>		
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25/005	EXECUTIVE DIRECTOR UPDATE		
9 mins	<p>GW presented the update, referencing the process of minimising 'Acting' roles by summarising the current situation in terms of Paul Robinson's absence. DS reiterated the expectation of his return during summer 2025.</p> <p>GW stated DS will commence the Deputy Chief Executive Officer (DCEO) role substantively, and separating from the Medical Director role. The Medical Director substantive role has been advertised and renamed Chief Medical Officer. GW referenced the demands of the strategic changes and Digital agenda over the next few years being within the DCEO portfolio, allowing DS in that role to also strongly support Paul upon his return.</p> <p>GW stated Rachel Eddie will be leaving her role as Chief Operating Officer due to personal reasons approximately the end of June 2025; this role has also been advertised.</p> <p>GW stated the role of Director of Improvement and Change has not been appointed; whilst there was a high level of response, the decision was taken not to appoint as the remit wasn't easily met. Further plans will be put in place to cover the workstreams, ensuring effective delivery. DS welcomed the opportunity to do things differently, stating the Digital agenda will remain under his management as Deputy Chief Executive and the tendering process in terms of Electronic Patient Records (EPR) continues. DS reported medical input into the Improvement agenda has taken place and is being embedded within organisational culture.</p> <p>GW anticipated the positive perception the securing of substantive roles within the Trust Board of Directors would have.</p> <p>JS joined the meeting.</p>		
25/006	ANY OTHER BUSINESS		
0 mins	No other business was raised.		
25/007	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 11th February 2025 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 16:36.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward Acting Chair</p> <p style="text-align: right;">Date</p>		

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P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			17/01/2025			
Angie Jackson	Mansfield District Council	Appointed	A	4	23/05/23	31/05/27
Bethan Eddy	Nottinghamshire County Council	Appointed	P	1	01/07/24	31/05/25
David Walters	Ashfield District Council	Appointed	P		23/04/20	31/05/25
Dean Wilson	Rest of East Midlands	Public	P	3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	3	01/05/22	30/04/25
John Dove	Rest of East Midlands	Public	X	3	07/07/23	06/07/26
Justin Wyatt	Staff	Staff	A	3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	A	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	1	15/07/21	31/05/25
Liz Barrett	Rest of East Midlands	Public	A	3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	A	3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public	A	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	A	3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	3	01/05/22	30/04/25
Sam Musson	Staff	Staff	A	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	X	3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	X	3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	X	3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent

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

Subject:	Audit and Assurance Committee	Date:	16 th January 2025
Prepared By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Approved By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Presented By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Purpose:			
		Assurance	Substantial Assurance

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
Positive Assurance by management on the proposed actions for the Mental Capacity Act and Deprivation of Liberty Safeguards (Limited Assurance Audit Report). However, the Committee questioned the level of ongoing and visible assurance to Board considering the ongoing risks to patients and Trust.	<p>Claire Page of 360 Internal Audit, reviewing governance in terms of our role in the ICS and system working.</p> <p>Further system wide audits, including Quality Impact Assessments. Clarity to be sought on whether the system-wide Quality Impact Assessment Group will report into SFH Quality Committee.</p> <p>Planning for 2025/26 Internal Audit underway with draft programme to be presented to March 2025 Committee for approval.</p> <p>Fire Safety Audit progressing and report by end of January.</p> <p>Review of Committee's Annual Workplan to enhance the reporting around losses and special payments to include focus on specific losses on a rolling basis such as pharmacy, workforce and bad debt write-off.</p>

Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Substantial Assurance for:</p> <ul style="list-style-type: none"> - The Internal Audit Progress report, 3 reviews in progress. - Register of Interests with a request to be made to those non-compliant to explain reason; - Progress with outstanding Internal Audit Actions (70% compliance on first follow-up); - Timely reviews of Non-Clinical Policies; - Single Tender Waivers (including positive results and impact of the No Purchase Order No Pay process); - Losses and Special Payment reports. <p>Positive Assurance on:</p> <ul style="list-style-type: none"> - Pharmacy waste and actions taken. - External audit progress report and note of change in system manager. - Annual Reports (including AGS), together with the Annual Accounts timetable and plan. - Risk Committee quadrant report. - No issues of internal controls were shared from the Board Sub-Committees. 	<p>Escalate the MCA and DOLS assurance concerns to Board and to consider whether reporting and tracking should be via the Safeguarding Report to Quality Committee.</p> <p>Approved the Committee Maturity Assessment Action Plan</p> <p>Approved the Committee Effectiveness Self-Assessment</p> <p>Agreed that regular reports on pharmacy waste and other specific items be presented as part of the regular losses report on a rolling basis.</p>
Comments on effectiveness of the meeting	
Items recommended for consideration by other Committees	
Progress with Actions	
<p>Number of actions considered at the meeting - 9</p> <p>Number of actions closed at the meeting – 5</p> <p>Number of actions carried forward – 4 (3 not yet due)</p> <p>Any concerns with progress of actions – No</p>	

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

Quality Chair's Highlight Report to the Council of Governors

Subject:	Quality Committee	Date	Monday 27th January 2025
Prepared By:	Barbara Brady, Non-Executive Director/Chair		
Approved By:	Barbara Brady, Non-Executive Director/Chair		
Presented By:	Barbara Brady, Non-Executive Director/Chair		
Purpose:	Assurance report to the Trust Board of Directors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> - Cardiology Deep Dive, good progress with some outstanding concerns remaining: Outpatient Follow-ups, Anaesthetic Support for Cardioversions and Right Sizing of Workforce. Actions are underway. - Requirement for formal visibility of progress on improvement plan relating to Mental Capacity and Deprivation of Liberty - Discussion regarding the ongoing challenge of how to avoid normalisation of actions taken over winter to respond effectively to unprecedented demand. - Ongoing issue of how QIA on changes are undertaken and reported at a system level. (Process for QIA at individual organisation level is not the issue 	<ul style="list-style-type: none"> - Cardiology- Further discussions re Clinical Nurse Specialist Workforce and Job Planning to ensure maximum nursing and medical engagement. - Escalation of MCA/DoLS limited assurance report to the ICB System Quality Committee for further review and discussion to be included within the quarterly report to the Quality Committee. - Further work commissioned to include visibility of System Quality Terms of Reference, Methodology and Meeting Minutes so this can feed into QC on a regular basis. - Reporting on the process and outputs from system wide QIA to feed into workplan of Quality committee - Further discussion to take place at Partnerships Committee regarding reporting on Health Inequalities in order to ensure quality of care aspects are considered at QC and partnership aspects at Partnership committee
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> - All outstanding actions for QC 2024 were closed. - Assurance gained from the Cardiology Deep Dive and action underway. - Positive assurance gained from the Radiation Safety Committee Annual Report 2023/24 and notable changes to reporting structure. 	<ul style="list-style-type: none"> - Quarterly Safeguarding Committee update to come to the QC to allow more visibility of MCS/DoLS. - Approval of the Quality Committee Annual Report ahead of presentation to the Board of Directors.

- Further discussion to be held regarding applicability to the People Committee and assurance provision going forward.
- Assurance gained against actions underway for the Limited Assurance Report into MCA/DoLS.
 - Positive Assurance gained from the Integrated Performance Reports for Timely and Quality care.
 - Positive assurance in relation to the update on waiting times & impact of inequalities.
 - Positive Assurance gained from the PSC, NMAHP, Quality Strategy and PAC report to include the NHSR MIS Yr6 Position.
 - Positive Assurance in relation to the CQC update and NICE report.
 - Positive discussion held in relation to maintaining focus and oversight on quality of care & experience in pressurised services. Report to also be provided to the Board of Directors.
 - Updated noted on progress of actions relating to challenged/fragile services.

- Approval of the BAF Principal Risks; 1, 2 and 5 with no changes proposed to the current risk scores. Specific threat regarding maternity services a component of PR2 has been removed.
- SAIU to be requested for BOD Development Session to deliver presentation relating to Demand Analysis.

Comments on effectiveness of the meeting

Really good meeting excellent level of reports provided, and healthy discussion held with valued input from the ICB.

Items recommended for consideration by other Committees

Partnerships and Community Committee- Frequency of Reporting Health Inequalities to Quality Committee to be agreed.

Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 3

Number of actions carried forward - No actions were carried forward

Any concerns with progress of actions – No

If Yes, please describe –

Finance Committee Chair's Highlight Report to Council of Governors

Subject:	Finance Committee (FC) Report	Date:	6 February 2025
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the Finance Committee meetings of 17 December 2024 and 28 January 2025.			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>Workforce</u> (to NOTE) – The Band 2 to 3 Review is likely to have an initial cost of £2.2M (which is being provided for) and an ongoing impact of up to £750K per annum. <u>Workforce</u> (for ACTION) – There is potential for further material changes financially which may arise from a review of Bands 4 to 9. This is being pushed for local resolution, but the recommendation is for Board to escalate and request national intervention. <u>Month 9 Financial Position</u> (to NOTE) – At the end of Month 9 the Trust has a deficit of £7.3M (an adverse variance to plan of £1.9M). The forecast outturn for the year has a risk range from a deficit £2.2M at best to a worst-case position of £14.7M. It is important all grip and control effort continues and this is carried into 2025/26. <u>Cash</u> (to NOTE) – Cash continues to be a major issue with all recent NHSE support requests having been turned down. <u>Financial Planning</u> (to NOTE) – due to the low current recurrent savings the starting point prior to the 2025/26 FIP programme is for a deficit of in excess of £60M (11% of costs). 	<ul style="list-style-type: none"> <u>Financial Strategy</u> – Further update to be presented to the Committee in February, with final version to be presented to Board at its March meeting. <u>Surgery Division</u> – Support to be given on strategic options development. <u>Procurement</u> – Further work to be undertaken on reviewing equipment maintenance contracts to identify potential for consolidation and VFM improvements.

Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> • <u>Surgery Division</u> – Noted deep dive presentation in December and concern over Anaesthetic Consultant vacancies (35%), plus forecast overspend of £2.1M for 2024/25. • <u>Clinical Support Therapies & Outpatients Division</u> – Noted deep dive presentation in January and excellent performance on their FIP programme together with the reductions in DNA rates down to 6% (from a peak of 8.1% in Oct 2023) and planned at 5% by March 2025. • <u>NHIS Performance</u> – Noted that forecast expenditure and income had been reduced to support savings requirements at all customers. Request to review opportunity for making some of the reductions recurrent. • <u>Digital Landscape</u> – Received a helpful paper outlining the current cost of the Trust's digital infrastructure (hardware and software), together with a predicted position in 5 years incorporating known changes. Agreed that this would act as a good base position to work from for any future business cases. • <u>Procurement Forward View</u> – Received and noted. 	<ul style="list-style-type: none"> • <u>Aseptic Dispensing Unit</u> – Business case approved at December meeting • <u>ICB IT Equipment Purchase</u> – Business case agreed to be recommended to Board for approval subject to confirmation of funding from the ICB. • <u>BAF</u> – Agreed at December meeting to increase PR4 (Insufficient Financial Resources) risk rating from 16 to 20, this was endorsed in January's meeting. No change was proposed for PR8 (Sustainability) at a current risk rating of 12.
Comments on effectiveness of the meeting	
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	
Items recommended for consideration by other Committees	
<ul style="list-style-type: none"> • None identified 	
Progress with Actions	
Number of actions considered at the meeting – 13 (December) 14 (January) Number of actions closed at the meeting – 6 (December) 9 (January) Number of actions carried forward – 7 of which 4 are not yet due (December) 5 all of which are not yet due(January) Any concerns with progress of actions – No	

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

People Committee Chair's Highlight Report to Council of Governors

Subject:	Chair’s Report	Date:	28 th January, 2025
Prepared By:	Steve Banks Non-Executive Director		
Approved By:	Steve Banks Non-Executive Director		
Presented By:	Steve Banks Non-Executive Director		
Purpose:			
For Assurance			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> The Bi-Annual safe staffing report for Nursing, Midwifery and AHP's report contains concerns particularly in relation to Midwifery and AHP establishments. Re-banding of Clinical Support Workers and National Job Matching Profiles for Nursing and Midwifery staff both carry significant financial and employee satisfaction risks 	<ul style="list-style-type: none"> People Strategy for 2025 – 2029 is on track for Board approval in April Staff survey outcomes awaited Action plan agreed to support staff and bring sickness levels back to target approved with a further update on actions at the March Committee Improvements to Governance of FSTU agenda underway
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>There was much positive assurance provided including:</p> <ul style="list-style-type: none"> Maternity case ER lessons learned Understanding of and action to clarify medical staff annual leave FTSU governance improvements and report Medical Workforce Bi-annual report. 	<p>The following decisions were made:</p> <ul style="list-style-type: none"> FTSU Cabinet TORs approved to tighten governance BAF thoroughly discussed and agreed no change, however action to consider what circumstances would reduce the Principal Risk 3 from 20 to 16

Comments on effectiveness of the meeting

No observer present, but papers were of good quality, as was the debate

Items recommended for consideration by other Committees

Finance Committee have already seen papers on re-banding and job matching profiles

Progress with Actions

Number of actions considered at the meeting - 3

Number of actions closed at the meeting – 3

Number of actions carried forward - 0

Any concerns with progress of actions – NO

If Yes, please describe –

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

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

Subject:	Partnership and Communities Highlight Report	Date:	21 st January 2025
Prepared By:	Barbara Brady, Non-Executive Director/Chair		
Approved By:	Barbara Brady, Non-Executive Director/Chair		
Presented By:	Barbara Brady, Non-Executive Director/Chair		
Purpose:	Assurance report to the Board of Directors		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p>At a system level some services which are bring delivered collaboratively are being subjected to a review process with little detail or understanding how decisions will be made in the context of system impacts e.g. MSK</p> <p>Transformational change in the system is currently not evident in plans, particularly concerning in the light of our need to achieve sustainability</p> <p>Continuing concerns regarding resources to support collaboration and governance arrangements e.g. Nottinghamshire Healthier Together</p>	<p>Plan of work for Health Inequalities agreed and scheduled for feedback at April's committee meeting</p> <p>Ongoing development of the Partnership canvas which is seeking to capture and understand all the partnerships the Trust is currently involved with. The next version will include explicit cross reference to the 10 yr plan</p> <p>Revision of terms of reference to ensure these capture how each of the strategic objectives are supported by collaboration/partnership work</p>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Partnership approach to sustainable Stroke services</p> <p>Clear priorities for Health inequalities work and support plan of action</p> <p>Partnership plan development</p> <p>Role of SFHT as Anchor organisation particularly with regard to workforce/people aspects</p>	<p>Approval of the BAF with no changes recommended to the score for PR6</p>

Comments on effectiveness of the meeting

Good discussion enabled by papers

Items recommended for consideration by other Committees

People/workforce aspects of Anchor work

Progress with Actions

Number of actions considered at the meeting - 3

Number of actions closed at the meeting – 3

Number of actions carried forward - 0

Any concerns with progress of actions – No

If Yes, please describe –

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

Charitable Funds Chair's Highlight Report to Council of Governors

Subject:	Charitable Funds Committee update	Date:	21 January 2025
Prepared By:	Andrew Rose-Britton		
Approved By:	Andrew Rose-Britton		
Presented By:	Andrew Rose-Britton		
Purpose:	To provide an overview of the key discussion items from the Charitable Funds Committee on the 21 January 2025.		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
Hospital Charity Lottery timeline and initial outlay.	End-of-life work for two wards being started. Hospital lottery progressing well, initial draw planned for May 2025. Payroll giving progressing.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
Community Involvement Headline report. Update on End-of-Life project. Charity development and future fund-raising activities. Financial position. Investment update.	The request for 36 Pain drivers at a cost of £44K was approved (to support end-of-life patients). To continue to report Charitable Funds continue to be reported in non-consolidated form in the Trust’s Annual Report and Accounts. To renew membership of “NHS Charities Together”. To invite Rathbones, investment advisors, to review the Charites investment strategy at the June 2025 Corporate Trustee meeting. CF Committee meeting in July 2025 to be held in person.
Comments on effectiveness of the meeting	
Good challenge and discussion around key items. Reports well researched and presented.	
Items recommended for consideration by other Committees	
Corporate Trustee meeting: To recommend the Trust continues to report Charitable Funds in non-consolidated form in the Trust’s Annual Report and Accounts.	

Progress with Actions

Number of actions considered at the meeting - 3

Number of actions closed at the meeting – 3

Number of actions carried forward - 0

Any concerns with progress of actions – No (actions progressing but not yet closed)

If Yes, please describe

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

Council of Governors - Cover Sheet

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

Membership and Engagement

As a team of Governors, we continue to have a focus upon Membership and Engagement for Sherwood Forest Hospital Foundation Trust. We have discussed, debated and agreed that whilst it is really important that we continue to explore focused Meet Your Governor sessions, it is also vital that as Governors we continue to listen to other issues that patients, staff, carers and stakeholders may wish to share with us. We will continue to share back what we hear to support the ongoing quality improvements. A range of MYG sessions across all four sites are being offered to Governors to actively get involved in.

Richard Brown presented at a recent Governor Membership and Engagement meeting and covered the current membership representation. Information discussed is shared below [Thank you Richard].

The current public membership total stands at 13,284, compared to the 13,322 reported at the last Membership and Engagement Forum in October 2024.

A brief analysis of the gender, age demographics, ethnicity, socioeconomic groupings and constituencies is provided below:

- Gender Males are still underrepresented among the Trust's membership, with a total of 4,656 male members across all constituencies. Males currently make-up just 35.58% of the Trust's membership.*
- Age group Just 69 (0.71%) of the Trust's membership are aged under 22, with young people remaining significantly underrepresented among the Trust's membership.*
- Ethnicity Of the Trust's 11,952 public members who have declared their ethnicity, just 2.7% identify as non-white British. This compares to 13.40% across the East Midlands area who are classed as non-White British, according to 2021 Census data. There remain no members who identify as gypsies, despite the area having a notable gypsy population.*
- By public constituency A breakdown of the Trust's membership by public constituency area is provided below: - 10,031: Rest of East Midlands - 3,108: Newark and Sherwood - 124: Rest of England - 19: Out of Trust area Once proposed changes to the Trust's constitution are implemented, the Trust's membership database will be updated to reflect the new constituency areas.*

A further piece of work was shared with analysed membership postcodes and if the current Governing Body were representing the communities that SFHFT serves and it was deemed to be the case.

The next few months will see significant activity linked to Governors as we move forward to the Trust Council of Governors elections. There are ten Governors whose term of office will come to an end this Spring. It is anticipated that current Governors will actively be engaged with sharing with potential new Governors what it is like to be a Governor at SFHFT and the time commitment sought. Past experience has taught us that we get a stronger retention of Governors through this realistic transparency.

Council of Governors

Subject:	Non-Executive Director Re-appointment	Date:	11 th February 2025			
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs					
Approved By:	Graham Ward, Trust Board Chair and Chair of the Council of Governors					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs					
Purpose						
To ask the Council of Governors to agree the recommendation from its Remuneration and Nomination Committee to the reappointment of Andrew Rose-Britton as a Non-Executive Director for a further year.		Approval	X			
		Assurance				
		Update				
		Consider				
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X	X	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					X
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					X
PR4	Insufficient financial resources available to support the delivery of services					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					X
PR7	Major disruptive incident					X
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					X
Committees/groups where this item has been presented before						
Council of Governors Remuneration and Nomination Committee – 10 th October 2024						
Acronyms						
NED – Non-Executive Director						
Executive Summary						
<p>The Trust's Non-Executive Directors are appointed and reappointed by its Council of Governors at a general meeting.</p> <p>On 30th April 2025, the first term of office of Andrew Rose-Britton will come to an end after 3 years' service as a Non-Executive Director. Andrew is eligible for reappointment and has confirmed his willingness to continue in office. Andrew currently chairs the Charitable Funds Committee and is a member and Vice Chair of the Finance, Audit and Assurance and People Committees. At his last appraisal Andrew's performance was rated by the outgoing Chair as Satisfactory (the mid rating of three). Members acknowledged Andrew's extensive NHS knowledge and financial skillsets.</p> <p>A preliminary discussion about Andrew Rose-Britton's potential re-appointment was held at the Remuneration and Nomination Committee's meeting in October 2024 at which some developmental actions that needed to be addressed were identified. Thereafter the Acting Chair had an open and honest dialogue with Andrew as a result of which it has become evident that his contributions to Board and Committee discussions are becoming both more effective and timelier.</p>						

At the Committee's next meeting on 6th February 2025 assurance was received from the Acting Chair that Andrew's contribution to the Board was continuing to improve. Likewise, Committee members who observe the Finance Committee acknowledged his improved contribution there.

With the benefit of this confirmation the Committee agreed to make a recommendation to the full Council of Governors that Andrew Rose-Britton should be reappointed for a further term of one year, noting that at the end of that term it would be open to governors to consider a further extension of up to two-years.

Recommendation

That the Council of Governors should exercise its discretion to re-appoint Andrew Rose-Britton as a Non-Executive Director for a period of one year to 30th April 2026.

For information

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

Terms of Office

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

Non-Executive Directors:

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

Council of Governors

Subject:	Extension of the term of office of Non-Executive Director, Graham Ward, currently the Acting Trust Chair, and his appointment as substantive Trust Chair				Date:	11 th February 2025
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs					
Approved By:	Liz Barrett, Lead Governor					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs					
Purpose						
To invite the full Council of Governors to follow the recommendation of its Remuneration and Nomination Committee to the extension of the term of office of Graham Ward as a Non-Executive Director for a further year and for his appointment as substantive Chair.					Approval	X
					Assurance	
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X	X	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						X
PR2 Demand that overwhelms capacity						X
PR3 Critical shortage of workforce capacity and capability						X
PR4 Insufficient financial resources available to support the delivery of services						X
PR5 Inability to initiate and implement evidence-based Improvement and innovation						X
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						X
PR7 Major disruptive incident						X
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						X
Committees/groups where this item has been presented before						
Council of Governors Extraordinary meeting – 17 th January 2025 Remuneration and Nomination Committee – 6 th February 2025						
Acronyms						
NED – Non-Executive Director ICS – Integrated Care System NHSE – NHS England						
Executive Summary						
The purpose of this paper is to invite the full Council of Governors to follow the recommendation of its Remuneration and Nomination Committee, made at its meeting on 6 th February 2025, to the extension of the term of office of Graham Ward as a Non-Executive Director for a further year and for his appointment as substantive Chair with immediate effect for a co-terminus period.						
Background						
Committee members are cognisant of the Trust's current situation in which its substantive Chair, Claire Ward, resigned in May 2024 and unexpectedly and co-incidentally the Chief Executive, Paul Robinson, received a serious health diagnosis necessitating his absence on long term sickness.						

In order to ensure continuity through what remains a very challenging period both operationally and financially, the Trust implemented a number of “Acting” roles in senior positions. They include the designation of Graham Ward as Acting Chair. Sustained pressure from the ICS that the Trust acts at pace to remove all Acting roles, the full Council of Governors was asked for its support to an application being made to NHS England for agreement to a one-year extension to Graham’s current term of office that expires on 25th May 2025 and to his appointment as substantive Trust Chair. This application was necessary due to Graham’s aggregated length of service exceeding the current threshold of a maximum 9 years.

At its extraordinary meeting held on 17th January 2025 the full Council of Governors had a full discussion about the proposal during which the Executives in attendance were challenged about the need for the re-appointment. A vote followed that resulted in unanimous agreement to support the submission an application to NHS England for its agreement to a proposal being made for a one-year extension to Graham Ward’s current term of office as a Non-Executive Director that would extend it to 25th May 2026 and to his appointment as substantive Trust Chair for the same period.

Since that meeting the submission was made to NHSE Midlands Region. In turn the Region has responded to confirm its agreement to the proposals and provided confirmation that Emily Lawson, NHSE Chief Operating Officer has given her approval for the proposed extension of the Chair’s term. The proposal to make the role substantive for the same period has the support of the ICB Chair as part of the planned replacement of the Trust’s “Acting” roles with substantive appointments and does not require NHSE approval.

The penultimate step in the process was for the Governor Remuneration and Nomination Committee to revisit the proposal that was discussed and supported unanimously by the full Council of Governors at its extraordinary meeting on 17th January 2025 with the benefit of the knowledge that NHSE, at national level, is in agreement. The Committee met on 6th February 2025 and agreed unanimously to make a recommendation to the full Council of Governors at its meeting on 11th February 2025 for a one-year extension to Graham Ward’s current term of office as a Non-Executive Director to 25th May 2026 and his appointment as substantive Trust Chair for the same period with immediate effect.

Recommendation

The Council of Governors is asked to **AGREE** to a one-year extension to Graham Ward’s current term of office as a Non-Executive director that would extend it to 25th May 2026 to and to his appointment as substantive Trust Chair with immediate effect for the same period.