

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 10th February 2026

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 11th November 2025 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Patient Story – The launch of new spirometry tests at Mansfield Community Hospital, as part of the Community Diagnostics Centre project Aimee Allsop, Senior Respiratory & Sleep Assistant / Emma Crookes, Respiratory and Sleep Science Service Manager	Assurance	Presentation
6.	17:55	Chair's Report Graham Ward, Chair	Assurance	Enclosure 6
7.	18:05	Chief Executive's Report Jon Melbourne, Chief Executive	Assurance	Enclosure 7
8.	18:20	Lead Governor Report Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:25	15 Steps Feedback Grace Radford, Patient Experience Manager	Assurance	Enclosure 9
10.	18:30	Operational Plan 2026/2027 Richard Mills, Chief Financial Officer	Assurance	Enclosure 10
11.	18:45	External Auditors Update Jess Townsend, KPMG	Assurance	Enclosure 11
12.	18:55	Report from Board Sub-Committees <ul style="list-style-type: none"> Audit & Assurance Committee Manjeet Gill, Non-Executive Director Peter Gregory, Governor Observer Neal Cooper, Governor Observer 	Assurance	Enclosure 12.1

	Time	Item	Status (Do not use NOTE)	Paper
		<ul style="list-style-type: none"> • Quality Committee Lisa MacLean, Non-Executive Director Julie Kirkby, Governor Observer Pam Kirby, Governor Observer • Finance Committee Richard Cotton, Non-Executive Director Sam Musson, Governor Observer Iain Peel, Governor Observer • People Committee Steve Banks, Non-Executive Director Dean Wilson, Governor Observer John Dove, Governor Observer • Partnerships and Communities Committee Barbara Brady, Non-Executive Director Nabeel Khan, Governor Observer Ann Gray, Governor Observer • Charitable Funds Committee Andrew Rose-Britton, Non-Executive Director Liz Barrett, Governor Observer Mitchel Speed, Governor Observer 	Assurance	Enclosure 12.2
			Assurance	Enclosure 12.3
			Assurance	Enclosure 12.4
			Assurance	Enclosure 12.5
			Assurance	Enclosure 12.6
13.	19:25	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> • Membership and Engagement Group Liz Barrett, Lead Governor • Governor Election Update Sally Brook Shanahan, Director of Corporate Affairs • Report of the Remuneration Committee <ul style="list-style-type: none"> ○ NED re-appointment Sally Brook Shanahan, Director of Corporate Affairs, and Liz Barrett, Lead Governor ○ Chair Recruitment Update Sally Brook Shanahan, Director of Corporate Affairs 	Assurance	Enclosure 13.1
			Assurance	Enclosure 13.2
			Approval	Enclosure 13.3
			Assurance	Enclosure 13.4
14.	19:40	Spotlight on – Healthy Welcome: The fruit and veg stall at King’s Mill Hospital	Assurance	Presentation
15.	19:50	Questions from Members of Public Graham Ward, Chair	Consider	Verbal
16.	19:50	Escalations to the Board of Directors Graham Ward, Chair	Agree	Verbal

	Time	Item	Status (Do not use NOTE)	Paper
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>		
18.		Date & Time of Next Meeting Date: Tuesday 19 th May 2026 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King's Mill Hospital		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 11th November 2025 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Graham Ward	Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Iain Peel	Public Governor	IP
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JDov
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Mitchel Speed	Staff Governor	MS
	Nabeel Khan	Public Governor	NK
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Sam Musson	Staff Governor	SM
	Tracy Burton	Public Governor	TB

In Attendance:	Jon Melbourne	Chief Executive	JM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Neil McDonald	Non-Executive Director	NM
	Richard Cotton	Non-Executive Director	RC
	Emma Mutimer-Hallgarth	Head of Patient Experience	EM
	Mark Bolton	Associate Director of Operational Performance	MB
	Jim Millns	Associate Director of Transformation	JMi
	Rebecca Egan	Senior Programme Manager	RE
	Andrew Jacklin	Clinical Transformation Lead	AJa
	Sue Bradshaw	Minutes	

Apologies:	Ann Gray	Public Governor	AG
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Julie Kirkby	Public Governor	JK
	Justin Wyatt	Staff Governor	JW
	Shane O'Neill	Public Governor	SO
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Lisa Maclean	Non-Executive Director	LM

Absent:	John Doddy	Appointed Governor	JDod
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Item No.	Item	Action	Date
25/074	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>GW welcomed Jon Melbourne, Chief Executive, to his first meeting of the Council of Governors, after he took up post on 27th October 2025.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Ann Gray, Public Governor David Walters, Appointed Governor Dean Wilson, Public Governor Julie Kirkby, Public Governor Justin Wyatt, Staff Governor Shane O'Neill, Public Governor Barbara Brady, Non-Executive Director Andrew Rose-Britton, Non-Executive Director Lisa Maclean, Non-Executive Director</p>		
25/075	DECLARATIONS OF INTEREST		
1 min	GW declared an interest in agenda item 25/086.2.		
25/076	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 12 th August 2025, the Council APPROVED the minutes as a true and accurate record.		
25/077	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
11 mins	<p>The Council AGREED that actions 25/032.1, 25/058, 25/068 and 25/069 were complete and could be removed from the action tracker.</p> <p><i>Action 25/055</i> – After discussion, the Council AGREED the August Full Council of Governors meeting would be moved to the same day as the Board of Directors meeting in August, with the agenda to be kept as short as possible. The Council AGREED this action was now complete and could be removed from the action tracker.</p> <p><i>Action 25/058</i> – The Council noted the actions taken to address the issue of uniformed staff using the main reception area as a rest area, but KS reported this is still an issue and complaints have been received by the Trust volunteers who work in that area. The Council requested this action be reopened to ensure continued monitoring.</p> <p>Action</p> <ul style="list-style-type: none"> Usage of the main reception area by uniformed staff as a rest area to be monitored and addressed as appropriate as this remains an issue. 	RM	10/02/26

	<p><i>Action 25/068</i> – The Council noted while several governors had expressed an interest in being part of a working group to oversee the procurement process for external auditors, a group has not yet been established. This is to be followed up.</p> <p>Action</p> <ul style="list-style-type: none"> Progress in establishing a working group to oversee the procurement process for external auditors to be followed up. <p>LD raised an issue in relation to the Fit2Sit area, which was discussed at the previous meeting, and sought clarification regarding staffing arrangements and opening hours, noting it is not open overnight. GW advised the area is staffed from existing resource and, therefore, is only open when staffing levels allow.</p> <p>JM advised staffing and financial challenges affected the operation of the Fit2Sit area, and there are tactical reasons for closing it overnight. The aim is to empty the area each evening to allow for patient flow in the morning. JM acknowledged there are scenarios where keeping the area open overnight would be beneficial, but current pressures make this difficult.</p> <p>GW acknowledged the Trust's performance in relation to the ED 4 hour wait target is off track and suggested a session looking at the challenges surrounding patient flow, ED waiting times, etc., be a topic for a future governor workshop.</p> <p>Action</p> <ul style="list-style-type: none"> The challenges surrounding patient flow, ED waiting times, etc., to be a topic for a future governor workshop. <p>LD queried what the root cause of the current unprecedented levels of demand is. GW advised there isn't a single route cause, but is due to a number of factors, including Primary Care and demographic growth. In addition, as the Trust has a good reputation for ambulance turnaround times, crews attending calls on the Trust's borders will often convey to King's Mill Hospital as a preference.</p> <p>JM acknowledged the reasons for the current levels of demand are multi-factorial and there is a need to identify a different solution for each aspect. How the Trust works with community partners and primary care is fundamental.</p> <p>TB advised it is important not to lose sight of the quality of care provided, even at times of pressure.</p>	SBS	10/02/26
25/078	PATIENT STORY - A PATIENT'S ICU BATTLE WITH FLU - WHY THE JAB MATTERS		
10 mins	A short video was played, which highlighted a patient's battle with flu and why the flu vaccination is important.		

	<p>GW noted the timing of the flu vaccination campaign, with reference to expert advice that October and November are the optimal months for flu vaccination, given the peak period for flu runs until the end of February. It was noted the current year's flu strain appears to be more severe and is earlier than in previous years, reinforcing the urgency of vaccination efforts.</p> <p>TB felt the video was excellent and queried if it could be shared wider. GW confirmed the patient featured in the story had given their permission to share the video wider.</p>		
25/079	CHAIR'S REPORT		
10 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting the recent Annual General Meeting (AGM), Staff Excellence Awards, work of the Trust's volunteers, visits to wards, visit to Bassetlaw Hospital and opening of Clinical Research Facility</p> <p>GW advised Dave Selwyn, former Acting Chief Executive, has now left the Trust. GW expressed thanks to DS for his significant contributions over the 6½ years he worked at the Trust.</p> <p>The Council was ASSURED by the report.</p>		
25/080	CHIEF EXECUTIVE'S REPORT		
15 mins	<p>JM introduced himself to the Council and paid tribute to Dave Selwyn, outgoing Acting Chief Executive, and Paul Robinson, former Chief Executive. JM expressed thanks to everyone within the organisation for their warm welcome, describing the culture at SFHFT as outstanding and emphasising that maintaining this culture would remain the top priority. JM outlined three areas of focus for his first 100 days at the Trust, namely listening to colleagues, delivering the Trust's plan and setting an ambitious future for SFHFT and its communities.</p> <p>JM presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting the Trust's ranking in the NHS England (NHSE) National Oversight Framework, operational performance, industrial action, remembrance events, Clinical Research Facility and expansion of the Community Diagnostic Centre (CDC).</p> <p>KS referenced recent press coverage about cancer treatment performance, noting the Trust's low ranking compared to peers. KS expressed concern about the risks for patients and the Trust, and queried if a plan was in place to improve and whether improvement is achievable. JM acknowledged the issue, explaining improvements had been made in areas such as dermatology and that efforts are ongoing to reduce the backlog and improve performance. There is a need to manage increasing demand and explore new diagnostic pathways.</p> <p>PK expressed concern about waiting times for blood tests, noting she had been made aware of a patient waiting in the department for three hours. As patients do not have appointments, they do not get feedback</p>		

	<p>or updates on how long their wait will be. JM thanked PK for sharing the feedback and advised he has not yet visited the Phlebotomy Department, but committed to visiting the department to understand the situation and speak to the team. JM expressed concern about the patient experience and offered to write personally to the affected individual if details were provided.</p> <p>IP advised, from a recent 15 Steps visit, he is aware of an issue with the ticketing machine in the Phlebotomy Department being out of order and queried if this had impacted on waiting times. In addition, there is a wider issue within the community with patients having to queue to get an appointment at the GP surgery for blood tests finding it more convenient to use the electronic booking service available at the Trust. JM acknowledged the wider issue and agreed that accelerating the move to community care was necessary.</p> <p>KS advised the area for blood tests at Newark Hospital was far from ideal as it offers very little privacy.</p> <p>MS advised the issues relating to phlebotomy are being looked at as part of a project looking at establishment reviews.</p> <p>The Council was ASSURED by the report.</p>		
25/081	LEAD GOVERNOR REPORT		
4 mins	<p>LB presented the report, highlighting recent concerns raised by the governors and expressing thanks to the Non-Executive Directors (NEDs) for their time in attending an additional meeting to discuss these concerns. Other areas highlighted were the recent Celebrating Excellence Event and governors' fundraising efforts for the Trust's charity. LB expressed thanks to Dave Selwyn for his work during a challenging time for the Trust.</p> <p>NK highlighted the Chorus for Compassion concert, featuring the Dementia Choir, which will be taking place on 15th November 2025.</p> <p>The Council was ASSURED by the report.</p>		
25/082	15 STEPS FEEDBACK		
4 mins	<p>EM joined the meeting.</p> <p>EM presented the report, highlighting number of visits, themes, issues identified and follow up actions.</p> <p>KS advised he does not receive a copy of the completed feedback forms following the 15 Steps visits he undertakes and requested for this to be followed up. EM advised she would contact the team leaders and remind them to share feedback with governors.</p> <p>Action</p> <ul style="list-style-type: none"> 15 Steps team leaders to be reminded of the requirement to share visit feedback forms with governors. 	SBS	10/02/26

	<p>JDov queried if areas visited were given prior notice of the visit. EM advised the visits are unannounced to ensure an authentic view of the environment.</p> <p>The Council was ASSURED by the report.</p> <p>EM left the meeting.</p>		
25/083	WINTER PLAN		
23 mins	<p>MB joined the meeting.</p> <p>MB presented the report, highlighting the planning process, key principles for Winter planning, approach to Winter planning, support for staff, elective activity over Winter, key Winter schemes, bed modelling, mitigations, areas of system focus, risks and escalation plans and contingencies.</p> <p>IP sought clarification regarding the bed modelling, specifically what would happen if the Trust went over the mitigated demand according to the model. JM acknowledged the strength of the plan but stated if demand exceeded the mitigated capacity, there will be patients who wait too long for care and do not receive the ideal quality of service.</p> <p>KS asked about the involvement of primary care and community partners in managing Winter pressures, specifically the promotion of care outside the hospital and whether there were system-wide plans to support patients in the community rather than relying solely on hospital-based services. MB advised the Trust is part of a system-wide planning group, with all providers contributing to a collective Winter plan. Actions include additional appointments offered by GPs over Winter and initiatives to encourage ambulance crews and community partners to use advice lines before bringing patients to ED. MB also noted the particular challenge posed by the ageing population in the local area, which will require ongoing collaborative efforts across health and care providers.</p> <p>SM noted the plans to create additional bed spaces by installing curtain tracks and privacy screens and queried if these would be permanent and whether staffing is flexible enough to cover those additional beds. MB advised the additional spaces are not intended to be permanent and would be mobilised only as needed, in line with the Trust's full capacity protocol and escalation action cards. These beds are not factored into core capacity and are classified as temporary measures to mitigate mismatches in demand. The intention is not to use these spaces day-to-day, but acknowledged that, as pressures grow, the Trust might be pushed further in that direction. Staffing for these beds would be managed flexibly according to escalation protocols.</p> <p>SM queried if longer term plans are to grow internal capacity or to focus on improving community care and patient flow. JM advised the long-term plan is not to expand internal capacity. The focus is on reducing length of stay, improving diagnostic periods and controlling demand to facilitate smoother patient transitions.</p>		

	<p>The Council was ASSURED by the report.</p> <p>MB left the meeting.</p>		
25/084	IMPROVEMENT FACULTY UPDATE		
19 mins	<p>JMi, RE and AJa joined the meeting.</p> <p>JMi presented the report, highlighting the importance of genuine patient and public involvement, referencing the King's Fund definition that improvement should be done 'with' patients and the public, not just 'for' or 'to' them. JMi reflected on previous attempts at patient and public involvement, noting the lessons learned. JMi outlined the areas where help was required.</p> <p>AJa stressed that patients are experts in their own experience and their input is essential for effective change.</p> <p>A general discussion followed, with the following points being raised:</p> <ul style="list-style-type: none"> • Governors receive regular feedback from members of the public about their hospital experiences and suggested a formal feedback mechanism to relay this information. • There are limitations of the current Meet Your Governor (MYG) forms and there is a need for more flexible feedback approaches, given the eclectic mix of feedback which does not fit into categories. • There is a need for a real-time feedback approach. • There is a working group looking at the approach to MYG. • There are many opportunities to gain patient feedback, but resource is required to receive that feedback and use it in a meaningful way. • It is important to close the feedback loop ('you said, we did'). • Simple ideas can often make a big difference. • There is a need for meaningful, actionable feedback. • There is a need to go out into the community to gain feedback, rather than expecting people to come to the Trust. • Good link with developing MYG arrangements. • Staff and patients need to see things are progressing. • The sustainability of improvement initiatives and embedding change in organisational culture are ongoing challenges. <p>JMi welcomed the idea of closer collaboration between the Improvement Faculty and governors. The timing was considered ideal for reshaping governor engagement and strengthening the link between patient feedback and service improvement.</p> <p>PK left the meeting.</p> <p>The Council was ASSURED by the report.</p> <p>JMi, RE and AJa left the meeting.</p>		

25/085	REPORT FROM BOARD SUB COMMITTEES		
27 mins	<p>Audit and Assurance Committee (AAC)</p> <p>MG presented the report, highlighting operational pressures, risk ratings for Principal Risk 1 (PR1), significant deterioration in standards of safety and care, and PR2, demand that overwhelms capacity, assurance gap and resourcing decision for the Electronic Patient Record (EPR) programme, Internal Audit reports, significant assurance in relation to tissue viability and e-rostering, first time implementation rate for internal audit actions and conflicts of interests non-compliance rate.</p> <p>PG advised the Committee is chaired well and there is good challenge, providing assurance to the governors.</p> <p>KS sought clarification of the issues related to EPR. MG advised the main concern is staffing for implementation and the associated financial constraints. The Risk Committee has requested more information on the implementation risks. GW advised there is a lot of risk attached to the EPR programme, as well as a lot of benefits.</p> <p>JM advised EPR is an important change programme for the Trust and suggested the EPR Team be invited to present to the Council of Governors. NM advised he sits on the EPR Board and consideration is being given to bringing in experienced teams from other NHS organisations to deliver EPR, thereby minimising risk and avoiding an increase in substantive headcount. This approach is seen as a way to leverage external expertise while managing internal resource pressures.</p> <p>Action</p> <ul style="list-style-type: none"> Electronic Patient Record (EPR) Team to provide an update to the Council of Governors. <p>Quality Committee</p> <p>MG presented the report, highlighting frequency of meetings, deep dive into patients who are medically fit for transfer, resourcing for EPR, deep dive into infection control, review of PR1 and PR2, safeguarding and third and fourth degree tears.</p> <p>KS highlighted inconsistencies in meal service delivery across wards and queried what actions are being put in place to review and improve the meals service, as well as measures to demonstrate improvement. MS advised he and JW will be attending the Ward Sisters' meeting to share some of the concerns raised.</p> <p>Action</p> <ul style="list-style-type: none"> Feedback on actions taken to review and improve meal service delivery to be discussed by Quality Committee and feedback to be provided to governors. 	<p>SBS</p> <p>PB</p>	<p>10/02/26</p> <p>10/02/26</p>

	<p>MS sought more information in relation to the lack of CT scans and angiograms overnight. JM advised some of the Trust's diagnostic tests are not available 24/7. If an urgent test is required out of hours, the patient would need to be transferred.</p> <p>Finance Committee</p> <p>RC presented the report, highlighting the financial position at Month 6.</p> <p>SM noted the shift in messaging over the last two months, advising staff are hearing the tough messages.</p> <p>KS noted the increased costs relating to the CDC build and queried if there are any other financial risks linked to the CDC. GW advised there is always a risk linked to running costs, but it is an area of continued focus. SB advised an update in relation to staffing arrangements for the CDC is due to be presented to the People Committee and Quality Committee in November.</p> <p>People Committee</p> <p>SB presented the report, highlighting the potential impact of financial challenges on staff and patient care, industrial action, ability to deliver Whole Time Equivalent (WTE) target, People Strategy in year progress and the No Hate Here Campaign.</p> <p>JM advised he has written to the Interim Chief Constable for Nottinghamshire, with a view to progressing the senior level partnership working between the Police and the Trust.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p> <p>LB acknowledged there had been occasions when governor observers had been unable to attend sub committee meetings and queried, if this situation was to arise again, if it would be acceptable for another governor to attend the meeting as a 'reserve'. SBS advised this would be acceptable.</p>		
25/086	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
3 mins	<p>Membership and Engagement Group</p> <p>LD provided an update on the Meet Your Governor (MYG) process review.</p> <p>The Council was ASSURED by the report.</p>		
14 mins	<p>Chair Recruitment Process</p> <p>GW left the meeting and SB assumed the chair.</p> <p>SBS presented the report, outlining the process for recruiting a new Chair for the Trust and highlighting the job description, person specification, remuneration and timeline.</p>		

2 mins	<p>SBS sought approval for an application to be made to NHSE for an extension to GW's term of office to September 2026 to allow him to chair the Trust's Annual Public Meeting and enable a good handover period and continuity.</p> <p>IP noted the Trust is engaging Gatenby Sanderson, recruitment consultants, to assist in the Chair recruitment process and sought clarification on their terms. SBS advised Gatenby Sanderson will be paid a flat fee for their work, which is the search activity. Shortlisting and interviews will be conducted by the Trust, with the Governors leading on the interview process.</p> <p>The Council APPROVED the following:</p> <ul style="list-style-type: none"> • Job description and person specification for the role of Chair. • Timeline for recruitment of a new Chair • Application to be made to NHSE seeking an extension to Graham Ward's term of office to September 2026 <p>GW rejoined the meeting and reassumed the chair.</p> <p>LD left the meeting.</p> <p>Governor Remuneration and Nomination Committee Terms of Reference</p> <p>SBS presented the report, highlighting the proposed changes to the terms of reference for the Governor Remuneration and Nomination Committee.</p> <p>The Council APPROVED the updated terms of reference for the Governor Remuneration and Nomination Committee.</p> <p>IP and AJ left the meeting.</p>		
25/087	SPOTLIGHT ON – THE PARKINSON'S GROUP AT MANSFIELD COMMUNITY HOSPITAL (MCH)		
7 mins	A short video was played highlighting the Parkinson's group at Mansfield Community Hospital (MCH) for patients newly diagnosed with Parkinson's.		
25/088	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
25/089	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Chair recruitment process. 		
25/090	ANY OTHER BUSINESS		
	No other business was raised.		

25/091	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 10th February 2026. 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 20:05.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward Chair</p> <p>Date</p>		



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

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			13/05/2025	12/08/2025	11/11/2025	02/2026			
Angie Jackson	Mansfield District Council	Appointed	A	P	P		4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A		3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	P	P	A		1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P	A		3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P	P		3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A	P		3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P	X		4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P	P		3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P	A		3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	A		3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	P	P	P		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	P		1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P		3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	P	P	P		3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P	P		3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	P	P	P		3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	P	X	P		N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	P		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	P	P		3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	P		3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	P	A		3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	A	A	P		3	07/07/23	06/07/26

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG		TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/06/2025	18/7/2025			
Angie Jackson	Mansfield District Council	Appointed	P	A	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	A	P	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	P	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	A	P	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	P	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed			4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	A	X	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	A	3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	A	P	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	A	P	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	A	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	A	P	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	A	X	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	A	P	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	X	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	X	A	3	07/07/23	06/07/26

P = Present
A = Apologies
X = Absent

Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
25/077.1	11/11/2025	Usage of the main reception area by uniformed staff as a rest area to be monitored and addressed as appropriate as this remains an issue	Council of Governors	None	10/02/2026	R Mills		Update 03/02/2026 There are senior walkrounds which take place, which include Execs and Medirest, to regularly monitor this area. Additional chairs have also been purchased by the charity to support this area. Complete	Green
25/077.2	11/11/2025	Progress in establishing a working group to oversee the procurement process for external auditors to be followed up.	Council of Governors	None	10/02/2026	S Brook Shanahan		Update 07/01/2026 Working group now established Complete	Green
25/077.3	11/11/2025	The challenges surrounding patient flow, ED waiting times, etc., to be a topic for a future governor workshop.	Council of Governors	None	10/02/2026	S Brook Shanahan	S Illingworth	Update 19/11/2025 Scheduled for Governor Workshop on 16th December 2025 Update 17/12/2025 Presented to governor workshop on 16/12/2025 Complete	Green
25/082	11/11/2025	15 Steps team leaders to be reminded of the requirement to share visit feedback forms with governors	Council of Governors	None	10/02/2026	S Brook Shanahan	S Whittlestone / G Radford	Update 12/11/2025 E-mail sent by Sally Whittlestone to all 15 Steps team leaders. Complete	Green
25/085.1	11/11/2025	Electronic Patient Record (EPR) Team to provide an update to the Council of Governors	Council of Governors	None	10/02/2026	S Brook Shanahan		Update 12/01/2026 Scheduled for Governor Workshop on 24/03/2026 Complete	Green
25/085.2	11/11/2025	Feedback on actions taken to review and improve meal service delivery to be discussed by Quality Committee and feedback to be provided to governors.	Council of Governors	Quality Committee	10/02/2026	P Bolton		Update 19/11/2025 Meeting held between Corporate Director of Nursing and Governors Justin Wyatt and Mitchell Speed. Meal process, actions and audits discussed. Invited to ward sister meeting to share feedback. PB has also met with Lisa Maclean, as Chair of Quality Committee to discuss and provide further assurance. Complete	Green

Council of Governors Meeting - Cover Sheet

Subject:	Chair's report				Date:	10 th February 2026
Prepared By:	Rich Brown, Head of Communications and Graham Ward, Trust Chair					
Approved By:	Graham Ward, Trust Chair					
Presented By:	Graham Ward, Trust Chair					
Purpose						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective, covering the period 7 th November 2025 to 3 rd February 2026.					Approval	
					Assurance	
					Update	Y
					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	
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 DEXA = Dual-Energy X-ray Absorptiometry KTC = King's Treatment Centre			MRI = Magnetic Resonance Imaging NICU = Neonatal Intensive Care Unit NHS = National Health Service SFH = Sherwood Forest Hospitals			
Executive Summary						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective, covering the period 7 th November 2025 to 3 rd February 2026.						

Preparing for this year's Council of Governor elections

As governor colleagues were updated at their recent Council of Governors Membership and Engagement Forum, preparations have begun to hold this year's Trust Council of Governor elections, which are due to take place before July 2026.

The election will consider eight positions on the Trust's Council of Governors, as a number of serving governors reach the end of their three-year term.

I look forward to updating you with more detailed timelines of the election as they are confirmed over the coming months – including at the next Council of Governors meeting.

Thanking volunteer governor Kevin Stewart for his service

February's meeting of the Council of Governors will be the last for one of our governors, as we prepare to say a fond farewell to our appointed volunteer governor, Kevin Stewart, who is reaching the end of his maximum term as a Trust Governor.

Kevin has now served the maximum nine years as Trust governor over three spells over a 12-year period.

Kevin has served as a public governor over two separate spells from 2014 to 2017 and from 2019 to 2022, in addition to a further three years he has served as an appointed volunteer governor since 2023. Astonishingly, he has balanced his commitments as a Trust governor with giving time back to the Trust as a volunteer.

We thank Kevin for his service as a Trust governor – and we are delighted to learn that he has plans to continue as a Trust volunteer, once his time as governor comes to an end.

We also know that Kevin is planning his swansong, as he has organised a concert to raise money for a hospital charity as a 'last hurrah', recognising a little-known fact about Kevin that he has been playing trombone with the Ravenshead Swing Band for the past 20 years.

Kevin is organising a 'Swing and Sing concert that is due to take place at 8pm on Friday 27th February 2026 in the newly-opened Cornerstone Theatre in Sutton-in Ashfield.

The evening promises to be an entertaining night of live 'Big Band' music, featuring performances from both the Ravenshead Swing Band and the Mansfield Male Voice Choir. Both bands have donated their time free of charge for the evening, while the Cornerstone Theatre has been made available free of charge for the evening.

Tickets are on sale for £13.50 each and can be purchased via Ticketsource. All funds raised from the evening will go directly to the Sherwood Forest Hospitals Charity.

Recognising the difference made by our Trust Charity, volunteers and fundraising partners

December and January were busy months for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

In December and January alone, 375 Trust volunteers generously gave over 9,000 hours of their time to help make great patient care happen across the 28 services they have supported during the month.

Notable developments from our brilliant Community Involvement team and our team of volunteers during the month include:

Making Christmas in hospital a brighter experience for our patients

A large quantity of Christmas gifts, chocolates and toys were received for our children's and health care of the elderly wards over the Christmas period. We are extremely grateful to the many individuals, community groups, fundraisers and local businesses who have supported so generously.

Many donors chose items from one of our five Amazon Wish Lists, which were setup to support generous donors to purchase useful items that can be used by the Paediatrics, Care of the Elderly, Maternity and NICU, Learning Disabilities and End of Life Care Teams.



Lee Ogden from Skanska is thanked for creating a Christmas garden at Newark Hospital

Around 600 schoolchildren attended for our Schools Carols Programme to entertain and lift the spirits of patients, visitors and staff in the main entrances of our hospitals. A fantastic £1,285 was raised from collection buckets for the charity.

Our fundraising partners, the Friends of Newark Hospital and League of Friends (Mansfield & Sutton) once again provided funding to provide a gift for all inpatients to open on Christmas Day. The Christmas food bank appeal was generously supported by Trust colleagues and volunteers. Local foodbanks, who collected from each of our Trust sites, expressed their gratitude for the volume and quality of the items donated.

Christmas raffles were also well-supported, with the King's Mill volunteer raffle raising £1,300 and the Friends of Newark Hospital raffle £3,530.

Grateful thanks to ATTFE College who brightened up outdoor space in the KTC courtyard with Christmas decorations. These were kindly put up by Selcon Construction Consultants as part of their community volunteering offer.

Meanwhile, Skanska engineer Lee Ogden (pictured above) has created a festive garden at Newark Hospital for 20 years with funding from the Friends of Newark Hospital. He was thanked by Newark Hospital staff and presented with a small gift as a show of their appreciation.

Celebrating the long service and dedication of our Trust volunteers

Over recent months, we have celebrated the long service and dedication of a number of our Trust volunteers, including:

- Dot Hallam, who has celebrated 20 years at Newark Hospital. She's had roles in various departments over the years, including the coffee shop, helpdesk and MRI.
- Jacqui Cox, who volunteered initially in Pre-operative Assessment and in recent years on Main Reception at Newark Hospital, received her 15-year award.
- Angela Laverack, who volunteers at Newark Hospital first as a Chaplaincy volunteer and more recently in Podiatry, was presented with her 10-year award.
- Royston Worstencroft, a volunteer at Millside Radio, is received his 15-year award from Peter Wilson-Neasom, Station Manager.
- King's Mill Hospital café volunteers Heather Marriott, Christine Sutton and Janice Malbon have received their five-year awards.
- Mary Hopewell, pictured with Chief Finance Officer Richard Mills and the Christmas elves, has celebrated 10 years in the Daffodil Café.
- Val Caunt volunteers in the pre-operative department, Val has been a volunteer for 20 years at King's Mill Hospital.
- Dyfrig Rees currently volunteers in our Same Day Emergency Department. He has been a volunteer for 10 years.
- Jean Shorthouse has been a volunteer for the main reception at Newark Hospital. Jean was presented with her long-service award from Jo Thornley, Community Involvement Manager.
- Christine Keeton received her 15-year award from Radiology Clerical Officer Julie Dobbins. Christine supports the Newark Radiology Team with escorting patients to the mobile scanner and also volunteers on main reception.



Thank you to everyone for the contribution you make to patients, their families and colleagues across our hospitals. You really do make a difference day in and day out, and it is greatly appreciated.

Charity abseil raises over £35,000 for Trust Charity

On Friday 21st and Saturday 22nd November 2025, the Sherwood Forest Hospitals Charity teamed-up with Big Bang Experiences to give thrill-seekers the opportunity to take a leap of faith and abseil down six storeys of King's Mill Hospital.

In total, 135 people abseiled down the side of the hospital, raising over £35,000 in net profits for the Sherwood Forest Hospitals Charity. Thank you to everyone who helped to organise the event and support the Charity in this way.

Chorus for Compassion charity concert

Held in November 2025, the 'Chorus for Compassion' charity concert was a chance to celebrate those living with dementia while raising vital funds for the dementia services at Sherwood Forest Hospitals.

The evening was organised by one of our trust governors, Nabeel Khan, and included a concert from Vicky McClure's Dementia Choir, before ending with a performance by local dance company Sidds Studio. There was also a talk by the Sherwood Forest Hospitals Research and Innovation team about how the Trust is supporting research into dementia.

The event, including a raffle, raised around £1,500 for the Sherwood Forest Hospitals Charity Dementia Fund. Thank you to everyone involved for their incredible support!

Two lucky supporters each win £1,000 in Sherwood Forest Hospitals Charity Lottery

The lottery, which was launched in July 2025, gives people the chance to support the charity on an ongoing basis for the small amount of £5 per month, whilst also being in with the chance to win weekly cash prizes of up to £25,000.

71-year-old Carol Livesly lives in Derbyshire but receives treatment at King's Mill Hospital. She joined the lottery in the summer and returned from a trip to London to find a letter telling her she'd won £1,000, which she says she will be putting towards a trip away for her husband's 70th birthday later this year.

Another lucky winner is Sharon from Kirkby-in-Ashfield. She signed up to the lottery after attending an appointment at the hospital with her dad, saying that she thought it was a nice way to give back to the hospital.

Since it launched in July 2025, the lottery has brought-in nearly £48,000 to the Charity.

Donating to the Sherwood Forest Hospitals Charity is a brilliant way to give something back and helps to fund equipment to provide an even better experience for our patients.

With the current financial situation at the NHS, making every penny count is more important than ever and the Trust charity is a huge part of this. Thank you to everyone who has taken the time to sign up to the lottery – your support really is appreciated.

Amazon Breast Cancer Support Group continues incredible support for Trust

The Amazon Breast Cancer Support Group marked 30 years of supporting breast cancer patients at King's Mill Hospital, raising approximately £250,000 for cancer services at King's Mill Hospital since they began.

In a special presentation at the hospital, the group celebrated their commitment to fund two significant projects.

- The Welcome Treatment Centre were gifted a Paxman cold cap system at a cost of £40,000. This is an innovative piece of equipment which is designed to help reduce hair loss during chemotherapy. The cap will help patients to preserve their sense of normalcy and control during treatment, improve their self-esteem, and reduce the need for wigs or head coverings.



The Paxman Cold Cap system is presented to Welcome Treatment Centre colleagues

- The group have also committed to provide £43,000 of funding for breast services at King's Mill Hospital to purchase a small metallic seed called Magseed, for use in tumour surgery. Magseed can be implanted and accurately placed in a tumour before a surgery takes place. It means less delays compared to the traditional hook and wire technique and will ease stress for patients on the day of surgery. It will also reduce the need for re-operation and enable more surgeries to take place due to the quicker operation time.

Other gratefully-received donations to the Trust

- The League of Friends (Mansfield & Sutton) have kindly funded a Sit Assist pro-positioning device which supports patients with mobility issues to access the DEXA scanner at Mansfield Community Hospital.

The device allows a more dignified transfer for the patient and reduces the risk of staff developing manual handling injuries.

- The Sherwood Forest Hospitals Charity has provided funding for BlazePod to be purchased to support the Physiotherapy team.

The charity utilised donations that were specifically made to the therapy fund in recognition of great care. BlazePods are portable, interactive training lights used to improve motor skills, coordination, balance and cognitive engagement and are increasingly being used in a clinical setting to support a variety of patients undergoing physical rehabilitation.

Other notable engagements

- My latest regular catch-up with the Trust's Lead Governor, Liz Barrett OBE DL, also acted as an introduction session for the Trust's new Chief Executive, Jon Melbourne. The meeting also gave us the opportunity to discuss all aspects of the Trust.
- We held the latest Committee in Common meeting with colleagues from Nottingham University Hospitals.
- I undertook a '15 Steps' visit to Ward 22.
- I attended the latest NHS Confederation Chairs' Group Meeting.

- I joined our monthly catch-up meetings with the Regional Director of NHS England (Midlands), Dale Bywater, which have now been extended to include all chief executives, as well as chairs.
- I had my first monthly catch-up with Dr Kathy McLean OBE in her extended role as Chair of the ICB Cluster for Derbyshire, Nottinghamshire and Lincolnshire.
- We have continued discussions on the partnering front, attending meetings with Newark & Sherwood District Council, Doncaster & Bassetlaw Hospitals, and Healthwatch.

Council of Governors Meeting - Cover Sheet

Subject:	Chief Executive's report				Date:	10 th February 2026
Prepared By:	Rich Brown, Head of Communications and Jon Melbourne, Chief Executive Officer					
Approved By:	Jon Melbourne, Chief Executive Officer					
Presented By:	Jon Melbourne, Chief Executive Officer					
Purpose						
An update regarding some of the most noteworthy events and items the past three months from the Chief Executive's perspective, covering the period 7 th November 2025 to 3 rd February 2026.					Approval	
					Assurance	
					Update	Y
					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	
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						
BMA = British Medical Association CEO = Chief Executive Officer DM01 = Diagnostic Waiting Times and Activity (NHS Diagnostic Test Standard) ED = Emergency Department NHS = National Health Service			NOF = National Oversight Framework PIFU = Patient Initiated Follow-Up PTL = Patient Tracking List RTT = Referral to Treatment UEC = Urgent and Emergency Care			
Executive Summary						
An update regarding some of the most noteworthy events and items the past three months from the Chief Executive's perspective, covering the period 7 th November 2025 to 3 rd February 2026.						

Chief Executive's update

This is my second meeting of the Trust's Council of Governors since I joined Sherwood Forest Hospitals and I remain so grateful to our colleagues and partners for the warm welcome they have offered me.

I shared my priorities for my first 100 days in post in my first report to the Council of Governors in November, which were to:

- **Listen**
- **Deliver our plan for 2025/2026; and**
- **Plan for the future**

Since I joined Sherwood Forest Hospitals, it has been my pleasure to have visited many teams and speak to many colleagues and patients across the Trust to learn more about their work, to hear about their successes, to understand our challenges and opportunities – and discuss how we can improve together.

Beyond the walls of our hospitals, I have met partners across Nottingham and Nottinghamshire and the Midlands region to build-on our commitment to working in partnership.

Through this report, you will see the progress we are making to deliver our plans for the current financial year, as well as the work we are doing to plan for the future.

As I wrote in November, the challenges facing the NHS are significant. We must own our challenges and opportunities, and approach them with view them with realism, drive and ambition.

A key part of this ambition is presented in the Trust's *Improving Lives* strategy. Approaching its midpoint is an important milestone in our planning for the future and we are taking this opportunity to refresh our strategic plan with input from colleagues and partners, recognising the fast-changing world we live in and the continued rollout of the Government's *10 Year Health Plan for England* that was announced last year.

Our strategy as a Trust – and the plan to deliver that strategy – must ensure that we address the challenges and opportunities we have today, as well as those in the future. We must also build upon what makes Sherwood Forest Hospitals special – including our culture.

That review is ongoing, as we have begun reaching-out to our colleagues, our patients and our partners to reflect on the progress we have made to date – and understand what it will take to go further, together.

During my time in-post to date, I have seen so much achieved to manage the pressures we are facing right now, as well as the work that is ongoing to outline what it will take to improve and transform the care we provide our patients in future, including through digital developments, transformation, the hospital to community shift and more.

I look forward to sharing more of those achievements and ambitions with you over the coming months. Summarised below are other key updates from across the Trust:

Operational updates

Overview of operational performance

Winter has been exceptionally challenging time across the NHS and we have seen those pressures present in our hospitals. I would like to thank colleagues for their tireless work to care for patients and to look after one another. Colleagues should be proud of what they have done and are doing in challenging conditions.

I acknowledge there have been delays to care on our urgent and emergency pathways due to the increasing demand we have seen and I am sorry for anyone impacted by these delays.

Improvement in our urgent and emergency care access is a key priority for us and our improvement plans cross access to our services, flow through our hospitals and discharge home or to an onward place of care.

The challenges we have seen this winter saw us take the decision to declare a critical incident on Tuesday 13th January 2026 to help us to overcome those challenges in high Emergency Department demand and the challenges we experienced in discharging patients from our hospitals in a timely way. While those pressures remain, we were able to stand-down that incident three days later on Friday 16th January 2026, thanks to the hard work of our Trust colleagues and partners.

A summary of performance headlines from over recent months include:

- Despite obvious challenges throughout winter, four-hour performance – whilst not where we want it to be – was at a higher level in December 2025 than the equivalent period in the last three years.
- Our 52-week wait backlog was at 0.96% of the total Patient Tracking List (PTL) in December 2025, below the 1% operational planning guidance target to be achieved by the end of 2025/26.
- Our PTL size also decreased in December, however 18-week Referral to Treatment (RTT) performance deteriorated to 59.3% during the month.
- We continue with strong performance providing Patient Initiated Follow Up (PIFU), delivering performance consistently better than the standard.
- Our diagnostic DM01 performance continues to improve, closing at 92% in December 2025. This is reflected in our benchmarking position which is consistently above the national average.
- Our cancer performance for the 28-day faster diagnosis standard and the 62-day treatment standard remains favourable to plan, with 62-day cancer performance levels especially strong in November 2025.

Thank you again to all Trust colleagues who have been working hard to provide the best and most timely care possible over recent months – and thank you to patients and our communities for your support.

Reflecting on the impact of recent industrial action

The pressures we have seen across our services have been compounded by the continuation of national industrial action, which has impacted us here at Sherwood as resident doctors chose to take industrial action as part of their ongoing dispute with the government over pay and conditions.

The latest industrial action took place between 7am on Wednesday 17th December 2025 to 6.59am on Monday 22nd December 2025.

While industrial action did affect a small proportion of our elective activity as we rearranged some non-urgent elective and outpatient procedures to allow us to focus on delivering safe urgent and emergency care services, proactive planning meant that the amount of activity that needed to be rearranged was kept to a minimum.

We recognise the vital role our resident doctors play in delivering excellent patient care here at Sherwood, which is why their absence was so deeply felt.

Our Trust's industrial action management team met regularly throughout the industrial action to ensure swift escalation of issues and to highlight any patient safety concerns. Work has continued during the past two months to ensure that activity postponed due to industrial action could be rescheduled at the earliest opportunity.

A huge thank you to everyone who helped ensure our patients remained safe and well cared for throughout this latest period of industrial action.

The Trust notes the announcement from the British Medical Association (BMA) this week, which indicates their members' support for further industrial action over the six months. While no further industrial action has been confirmed at the time of writing, we will continue to monitor that situation closely and prepare the Trust for the possibility of further industrial action from resident doctors.

Trust's National Oversight Framework (NOF) position updated

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

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

The framework places trusts into four performance segments, with the first – segment one – representing the best-performing trusts and the fourth segment showing the most challenged.

For us here at Sherwood, the league tables see us ranked 56th place in the country, placing us in the third of the four segments, recognising that any trust working in financial deficit cannot climb any higher than segment three.

Partnership updates

Medical Education Team joins University of Nottingham showcase event

In late November 2025, the Trust's Medical Education Team joined colleagues at the University of Nottingham for an event to share good practice across NHS trusts in the region.

The Team heard good practice examples on undergraduate medical education developments and will be exploring how they can learn more to achieve continuous improvement in Sherwood Forest Hospitals.

As a Trust, we also shared good practice of our own, as the Trust's Undergraduate Manager, Sam Edwards, presented on the use of 'Eolas' as an app for students (and soon resident doctors in the Trust) to access information at any time, but particularly at the point of learning. Sam also talked about the team's continued commitment to move their work forward digitally.

Other Trust updates

Children and families benefit from new paediatric Emergency Department opening hours

We are proud to share that children and families visiting the Emergency Department at King's Mill Hospital can now rely on a dedicated, child-friendly environment around the clock, ensuring they receive the right care in the right setting whenever they need it.

The paediatric Emergency Department now operates 24 hours a day, seven days a week, meaning children no longer need to be seen in adult areas after 2am. This ensures that every child — from newborns to teenagers — has access to a calm, age-appropriate space designed to reduce anxiety and support their wellbeing.



Families with children will still need to book in at the main Emergency Department desk. From there, they will be directed to the paediatric area.

Each year, tens of thousands of children and young people come through the doors of King's Mill Hospital's Emergency Department. The move to continuous paediatric care means families can feel confident that, no matter what time they arrive, their child will be looked after by a specialist team in an environment tailored to their needs.

The dedicated children's area offers a bright, engaging space filled with activities and distractions that help put young patients at ease. An open plan waiting area allows staff to keep a close eye on children, while newly refurbished cubicles provide privacy and comfort during treatment. Families

also benefit from dedicated breastfeeding areas and mental health rooms that offer a safe, supportive space for those who need it.

This enhanced service has also improved the experience for adult patients. With additional paediatric staff supporting the department, teams can work more efficiently to reduce waiting times and ensure that both adults and children receive timely care.

Colleagues across the Emergency Department have welcomed the extended paediatric provision, noting smoother handovers, better continuity of care, and a more reassuring experience for families.

Patient experience continues through popular 'Coffee and Connect' sessions

Our Trust 'Coffee and Connect' patient engagement sessions continue to be a popular addition to the Trust's patient experience efforts, with the next session due to have taken place on Tuesday 3rd February 2026. The session was due to focus on climate health and what we can do about it.

Coffee and Connect sessions take place on the first Tuesday of each month via Microsoft Teams, giving patients the chance to join the discussion on how to improve services at the Trust across a selection of different topics each month.

February's session was due to explore how a changing climate impacts our health and wellbeing and explore what we can do to make a difference, in discussion with special guest Helena Clements, the Trust's Clinical Lead for Climate Action.

Sherwood enters the top five of the country's most accessible NHS websites

In January 2026, the Trust was proud to learn that the public-facing website it relaunched in May 2025 has now entered the top five of the most accessible NHS websites anywhere in the country.

To achieve this, the website reached its highest-ever level of compliance with EU web accessibility standards that the Trust legally has to meet as an organisation.

The improvements made to the Trust's website over the past two years ensure that all our patients – including those with disabilities and impairments – can access and understand the information we provide to patients online.

This forms a vital part of our efforts to reduce health inequalities and improve health literacy within the communities we serve.

Council of Governors - Cover Sheet

Subject:	Council of Governors				Date:	10 th February 2026
Prepared By:	Liz Barrett, Lead Governor					
Approved By:						
Presented By:	Liz Barrett, Lead Governor					
Purpose						
To share an overview as to the activities that Governors are engaging in and the impact of this work					Approval	
					Assurance	X
					Update	X
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
	X	X	X			
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)						
Executive Summary						
An overview as to how Governors have been spending their time this quarter and the impact of this.						

The past few months have been incredibly challenging for Team Sherwood. The governing body acknowledges this and expresses thanks to all who have dug deep and continued to put patients first. In addition, it is important to acknowledge that we appreciate the level of communication that keeps us fully briefed in cases such as the critical incident which was declared a few weeks ago. This enables us to have current knowledge and supports us when working in our volunteer roles as governors.

Governors continue to engage in the 15 Steps programme, which is highly valuable in enabling us all to have a real insight in to what is happening at Sherwood. There are some humbling moments seen and shared during these visits. Again, our thanks go out to all staff at Team Sherwood who go the extra mile on a day-to-day basis.

Attendance at Governor meetings remains high, with governors actively contributing strong discussion points to the debates. Outside of our planned meetings there has been ongoing email work, phone calls and discussions to move forward with 'Meet Your Governor'. Thank you to Linda Dales for her sterling work on this and for the other governors actively engaged in this.

All governors have been invited to be involved in the upcoming Chair interview process. We recognise that this is a significant appointment for Sherwood and are keen to ensure that we have the strongest Chair possible to help lead the Trust forward.

Governor, Kevin Stewart, is coming to the end of his governor time with us. Kevin has given very many hours over the years and years that he has been a governor at Sherwood. This significant contribution is deeply appreciated by everyone. Kevin will be leaving on a real high note as he is leading a 'Swing Band concert' at Cornerstone Theatre on 27th February 2026. Kevin has kindly organised this event to raise valuable funds for the SFHFT charity. THANK YOU, Kevin, for this and for all that you have given and had impact with during your time as a governor.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update.		Date:	10 th February 2026	
Prepared By:	Grace Radford, Patient Experience Manager				
Approved By:	Sally Whittlestone, Deputy Director of Nursing Quality & Governance				
Presented By:	Grace Radford, Patient Experience Manager				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from October to December 2025.				Approval	
				Assurance	
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X			X		
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
Executive Summary					
<p>This paper provides an update to the Council of Governors on the 15 Steps Challenge visits conducted between October and December 2025. It outlines the clinical areas visited, the feedback collected by the visiting teams, and the key themes that have emerged.</p> <p>The 15 Steps Challenge continues to be a valuable tool for gathering qualitative insights into healthcare environments, viewed through the eyes of patients and their families. It offers a meaningful opportunity to align the experiences of patients and staff, promote a culture of compassion, and inspire local service improvements.</p> <p>Between October and December 2025, a total of 19 visits were completed. The findings remain positive, continuing to demonstrate compassionate care. The programme continues to enhance the visibility and engagement of the Senior Leadership Team, while strengthening the role of Governors who bring a unique perspective to the process.</p>					

Introduction

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

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

During the reporting period, 19 areas were visited, with corresponding reports submitted and reviewed. This represents a slight increase from the previous quarter, which saw 12 visits completed. The areas visited during this period, with completed reports returned, are as follows:

October	November	December
WTC	Sherwood Birthing Unit	Ward 22
Ward 44	ED	Sexual Health
Research	Biomedical Science	Ward 33
Clinic 6 Dermatology	Canteen	Transition Care Hub
Therapies and Orthotics	NICU	Ward 43
Ward 25	Ward 52	SDEC
		Medical Daycase
Total areas 6	Total areas 6	Total areas 7

Upon reviewing all the reports received, key findings and notable positive themes have been identified and analysed. While this summary highlights some of the main trends observed across the visits, it does not encompass every detail from the reports. The analysis reveals that the Trust CARE Values and behaviours are consistently demonstrated in the areas visited, with staff showing pride, leadership, and active engagement in their interactions with both the 15 Steps teams and the patients. Examples of the feedback received are provided below.

Welcoming:

Nurses were welcoming and answered the questions in a professional manner. Both were very positive and enthusiastic around their different areas.

Ward 22 noted to have relevant and clear notice boards with appropriate Christmas decorations to welcome patients and visitors to the ward.

Staff on Ward 33 were observed to be welcoming, professional and appropriately attired in uniform with no jewellery or nails observed.

Reception area of Biomedical science had a number of displays showing care values and staff information.

Caring and Involving:

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

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

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

It was noted that the documents included within the memory trolley on Ward 22 were in use and positive feedback was noted surrounding this.

Safe:

The departments were busy, but the areas visited all gave a professional look of cleanliness and clinical settings.

All equipment on Ward 33 was ready for use, appropriately labelled with clean, green, in date signage.

Areas within the Sherwood Birthing Unit were well managed with clear planning for the days work and evidence of good MDT teamworking was evident.

Infection Prevention Control precautions were in place where appropriate on Ward 33. Corridors were clear of clutter and were decorated with good, clear signage.

Concerns were raised regarding strong smells and toxic materials in use in Biomedical Science and the team were given an in-depth breakdown of materials used and relevant risks evidencing that staff safety was paramount.

Well-organised and calm:

Sexual health Clinic was noted to be well-organised with dedicated, well supported and happy staff.

Entrance area of Sherwood Birthing Unit was noted to be clean and tidy.

Christmas decorations up on Ward 33 and felt very festive with soft lighting and felt very calm and homely.

The Transitional Care Hub was noted to be very busy, however they had an air of calm and order.

Issues identified during the visits:

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

Any new and outstanding actions are listed below, with a number of actions ongoing. The completed actions from the previous report have now been removed.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
ED	Within majors, the patient information board was a wipe board with laminated notes stuck on. This potentially could cause an IG breach or lost information. The notes drop onto the floor if knocked and this was a very crowded office.	DGM		Ongoing	NM was going to speak to the DGM and enquire if this was being reviewed.
SBU	Hot Drinks were being made on the unit, which were carried into the anaesthetic room without a lid. This was one of the midwifery team. The drink was also made by a staff member wearing surgical scrubs in the patient kitchen.	Matron / NiC	✓	Completed	For the Matron and Sister of the area to speak to the teams and ensure they are aware that scrubs shouldn't be worn when in the patients kitchen, that staff drinks are not made in the patient kitchen and if hot drinks are taken within the area due to how busy the unit is then these are in suitable cups with lids on.
SBU	The Elective theatre list started late due to a mix up with the obstetrician rota			Ongoing	For the team to review the processes of rostering/job planning to ensure the team can commence on time
Transitional Care Hub	Hot meals have been problematic within TCH, currently this has resolved, and 1 hot meal is allocated per patient, but to monitor particularly if the patients of this area have a prolonged LOS.	UEC Division to monitor/Medirect to facilitate.	✓	Completed	
Biomedical Science	The decontamination shower in the working area was dirty looked condemned and had boxes in the way of use. We were told they have another shower but would	Staff on Shift	✓	Completed	The decontamination shower to be clean and ready for purpose.

	have to leave the room to use it and with some chemicals they would need to be decontaminated in the same area. A worry the staff would not be able to use the shower available and the chemicals could be transferred out of the area.				
Ward 22	Sharp boxes were noted to have open lids and out of date senior leadership poster on display.	NiC		Completed 22/12/2025	Update from Ward Sister confirming photo has been removed and staff have been reminded the importance of closing sharps boxes. Sister performed random check and confirmed all lids closed at this time.
Canteen	Canteen was closing for the day – arrived at 14:55 and closes at 15:00	15 Steps			Recommended that the 15-step review be rebooked and undertaken during a time when the service is fully operational and customers are present, to allow for a more comprehensive assessment of catering activities. GR emailed RG to understand if further visit has been planned to update rotas.

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:

Council of Governors - Cover Sheet

Subject:	2026/27 to 2028/29 planning		Date:	10/02/2026	
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 NHSE operational planning guidance objectives.				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					
<ul style="list-style-type: none"> 10YHP – 'Fit for the Future: 10 Year Health Plan for England' IDP – Integrated Delivery Plan NHSE – National Health Service England SFH – Sherwood Forest Hospitals NHSFT 					
Executive Summary					
<p>In October NHS England (NHSE) published the <i>'Medium Term Planning Framework – delivering change together 2026/27 to 2028/29'</i>, with supporting guidance published over the following months and confirmation of a requirement that final plan submissions are made on the 12th February 2026.</p> <p>The planning submission is different from previous years to reflect the 10 YHP expectation that all organisations shift focus away from annual planning towards a rolling 5-year planning horizon. It is also different from previous years by moving away from a system plan submission to NHS organisations being required to submit their plans individually.</p> <p>The 10 Year Health Plan states: <i>'The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model - or we can take a new course and reimagine the NHS through transformational change that will guarantee its sustainability for generations to come.'</i></p>					

Similar to previous years the planning submission will include detailed one-year operational plan numerical returns setting out our performance and activity, workforce, and financial plans with the addition of a higher-level year 2 and 3 numerical submissions and a narrative 5-year integrated delivery plan (IDP).

The framework also sets out the roles, responsibilities and accountabilities of the new operating model with:

- a smaller centre focused on setting strategy, establishing clear priorities and mandating fewer targets, and equipping local leaders to improve outcomes.
- integrated care boards (ICBs) as strategic commissioners, with a core focus on improving the population's health, reducing health inequalities, and improving access to consistently high-quality services.
- providers focused on excellent delivery on waiting times, access, quality of care, productivity and financial management, as well as working partnership to improve health outcomes

The Council of Governors are asked to:

Note the update.

SFH Plan 2026/27 to 2028/29

'Planning is a continuous cycle that is linked to strategy, delivery and performance management.' [NHSE Planning Framework]

This document describes the key objectives set out in the NHSE medium term planning framework

Richard Mills CFO

Council of Governors
10th February 2026



Key NHS Objectives

Quality of Care:

- Use the National Quality Board (NQB) quality strategy to improve the quality of care.
- Implement modern service frameworks (MSFs). The first three will be focused on CVD, serious mental illness and sepsis, with further MSFs on dementia and frailty to follow.
- Implement the New Care Delivery Standards (which are due for publication in March 2026).
- Plan for the introduction of the Single National Formulary in the next two years, prioritising the following efficiency savings in 2026/27: use of best value Direct Acting Oral Anticoagulants, SGLT-2 medicines and adoptions of the wet AMD Medical Retinal Treatment Pathway.
- Review local processes and workflows to make sure digital systems are used and paper-based processes removed.
- Implement the Paediatric Early Warning System (PEWS) by April 2027, with a view to complete the transition by April 2028

Key NHS Objectives

Elective Care, Cancer and Diagnostics:

NHS performance improvement targets for elective, cancer and diagnostic waiting times propose gradual annual improvements with an ambition to return to delivering constitutional standards in full by 2028/29.

- In 2026/27: deliver a minimum of a 7% improvement in 18-week performance or deliver care to 65% of patients within 18 weeks, whichever is greater, to meet the national performance target of 70%.
- In 2028/29: achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment.
- Maintain performance against the 28-day Faster Diagnosis Standard (FDS) at 80%. Improve against cancer constitutional standards – 31-day performance to 94% and 62-day performance to 85% by March 2027 and maintain performance against the 31-day standard at 96% and 62-day standard at 85% by 2028/29.
- Improve performance against the DM01 diagnostics 6-week waiting standard in 2026/27 to deliver a minimum 3% improvement or performance of 20% or better, whichever is greater, and by 2028/29 to achieve a rate of 1% for waits over 6 weeks.

Key NHS Objectives

Urgent and Emergency Care:

- 4-hour A&E performance: every trust to maintain or improve to 82% by March 2027, up from 78%. National target of 85% set for 2028/29.
- 12-hour A&E performance: improve performance on the percentage of patients admitted, discharged and transferred to ED year on year.
- Continued collaboration between acute trusts and ambulance services to reduce handover times towards the 15-minute standard.
- Improve emergency department paediatric performance
- Improve in-hospital discharge processes, making best use of community beds, and increasing home-based intermediate care capacity.

Workforce:

- Annual limits on bank and agency spend will be set individually for trusts, based on the national target of 30% reduction in agency use in 2026/27 and 10% year on year reduction in spend on bank staffing, working towards zero spend on agency by August 2029.
- Ambition to reduce sickness absence rates to the lowest recorded national average level (approximately 4.1%).

Financial Priorities

All trusts will be expected to deliver the following in all years of the planning period:

- A break-even or surplus financial position without deficit support funding.
- Deliver a minimum of 2% year-on-year improvement to productivity. Two key areas of focus:
 - Getting the basics right – reducing inpatient length of stay, improving theatre productivity and returning to pre-pandemic levels of activity per whole-time equivalent (WTE).
 - Seize the opportunities offered by technology, service transformation and cost variation – accelerating the shift to digital-by-default and embedding more efficient models of care.

2026/27 to 2028/29 Operational Planning

Useful Links

- Fit for the Future: 10 Year Health Plan for England is available at the following link: [NHS England » Fit for the Future: 10 Year Health Plan for England](#)
- The Medium-Term Planning Framework – delivering change together 2026/27 to 2028/29 is available at the following link: [NHS England » Medium Term Planning Framework – delivering change together 2026/27 to 2028/29](#)
- The NHS Confederation has produced a helpful summary of the planning framework at the following link: [Medium Term Planning Framework: what you need to know | NHS Confederation](#)

Council of Governors - Cover Sheet

Subject:	External Audit Plan				Date:	10 February 2026
Prepared By:	Jess Townsend (KPMG, Manager)					
Approved By:	Richard Walton (KPMG, Director)					
Presented By:	Jess Townsend (KPMG, Manager)					
Purpose						
Assurance over the External Audit Plan for the year ending 31 March 2026					Approval	
					Assurance	X
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
Audit and Assurance Committee						
Acronyms						
Executive Summary						
The report provides an overview of our risk assessment and planned audit approach for the external audit for the year ending 31 March 2026.						



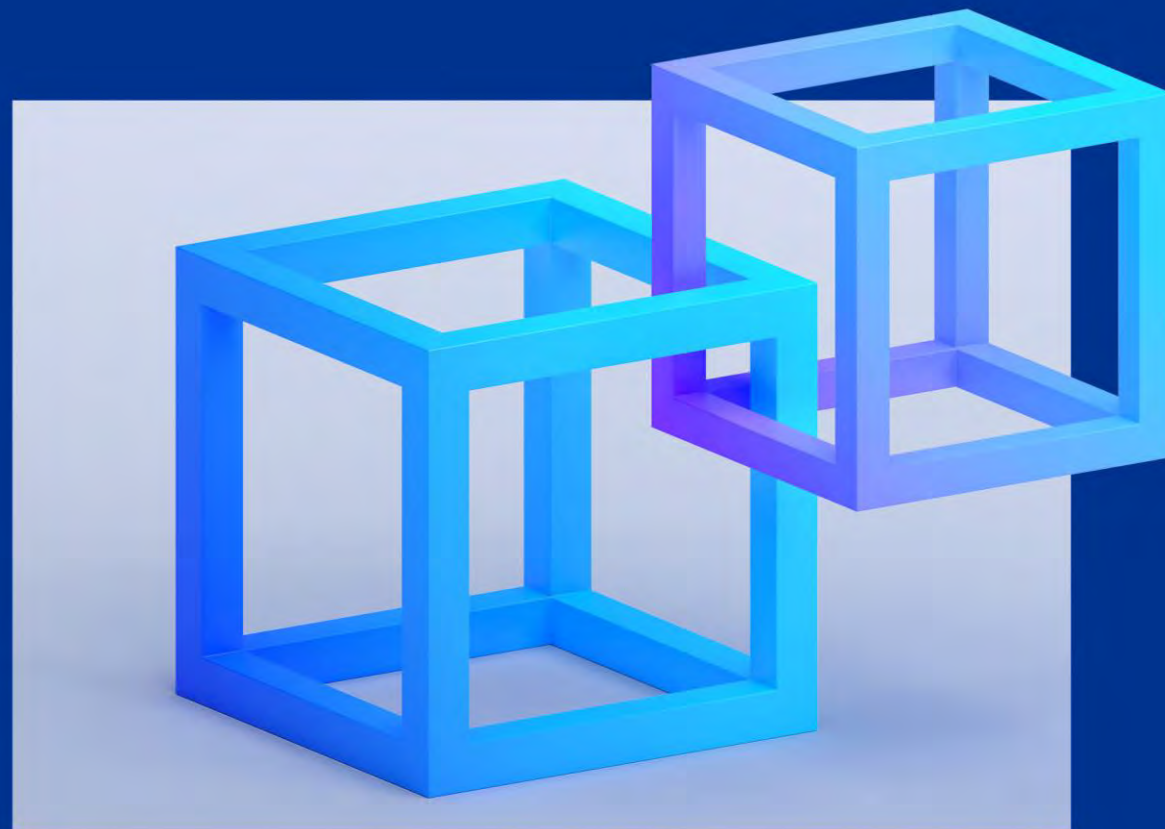
Sherwood Forest Hospitals NHS Foundation Trust

Report to the Council of Governors

Draft audit plan and strategy for the year ending 31 March
2026

—

10 February 2026



Audit team members



Supporting team from the Public Sector Audit Department



**Richard Walton,
Director**

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



**Jess Townsend,
Manager**

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



**Qasim Saleem,
Incharge**

"I am the onsite lead during our audit and work closely with your finance team to ensure that we deliver an efficient audit."

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

Our audit risks

Focusing our audit on your risks

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

Risk	Risk change
Financial statements	
Fraud risk – expenditure recognition	▲ Increased
Management override of controls	● Stable
Higher assessed risks	
Valuation of land and buildings	● Stable
Value for money significant risks	
Financial sustainability	▲ Increased

Value for money commentary

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

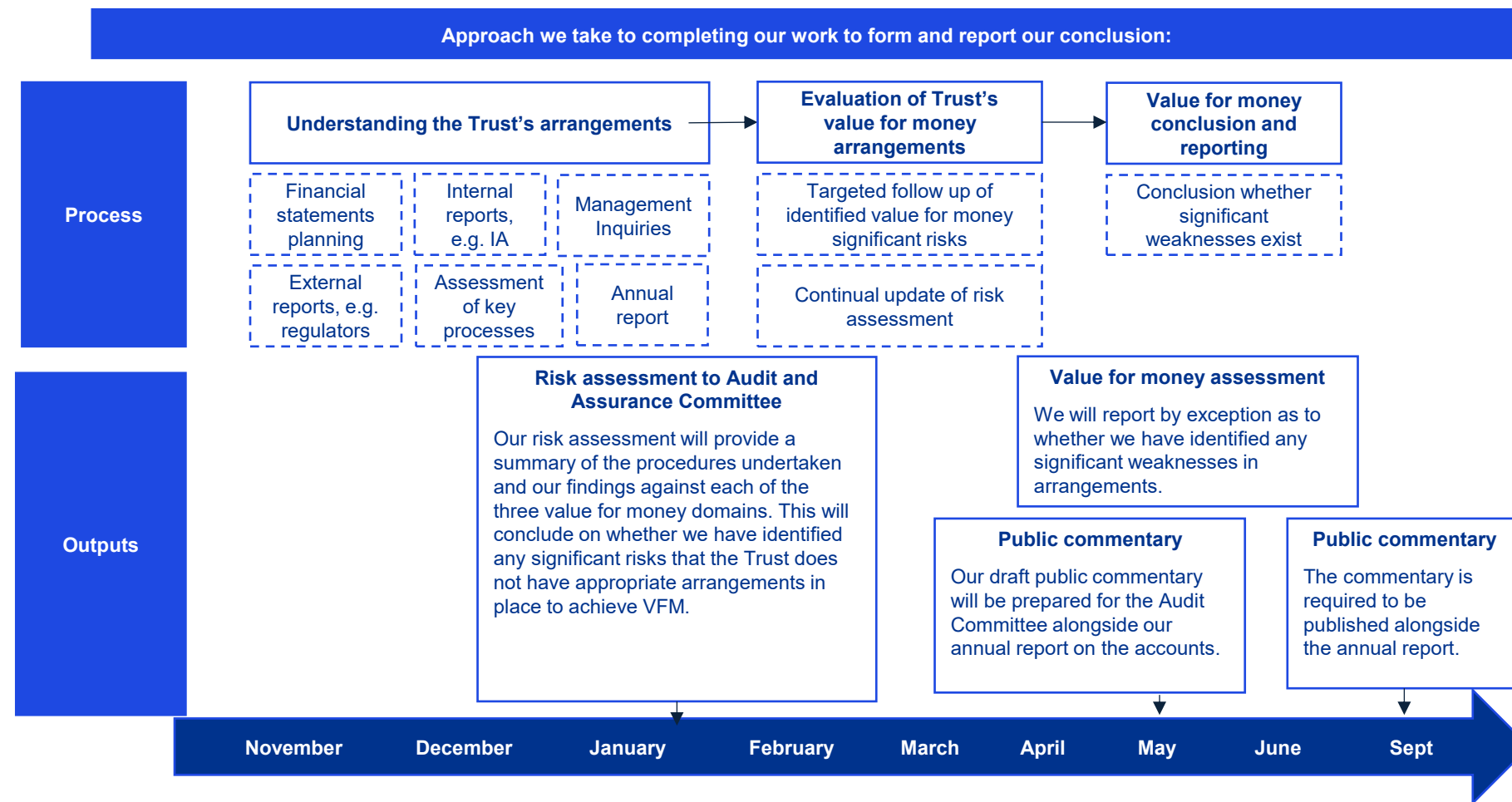
We have set out the methodology to be followed in undertaking our risk assessment procedures on the next page.

Materiality

	Trust
Materiality for the financial statements as a whole	£14m (2024/25: £13.5m 2.5% of revenue)
Procedures designed to detect individuals errors at this level	£10.5m (2024/25: £10.1m 75% of materiality)
Misstatements reported to the audit committee	£0.7m (2024/25: £0.3m)



Value for money



Value for money

Summary of risk assessment

As set out in our methodology we have evaluated the design of controls in place for a number of the Trust's systems, reviewed reports from external organisations and internal audit and performed inquiries of management.

Our risk assessment work is not yet complete. Based on these procedures performed to date, the table below summarises our assessment of whether there is a significant risk that appropriate arrangements are not in place to achieve value for money at the Trust for each of the relevant domains:

Domain	Significant risk identified?
Financial sustainability	Significant risk identified
Governance	No significant risks identified
Improving economy, efficiency and effectiveness	No significant risks identified

We have identified a significant risk associated with financial sustainability. We have not raised any recommendations as a result of our work.

Response to significant risk

The table below sets out the details of the risk that has been identified and the procedures we intend to perform in order to respond to the risk. We will report on our conclusion from these procedures as part of our year end report to the Audit and Assurance Committee:

Description of risk

Based on the risk assessment procedures performed we have identified a significant risk associated with financial sustainability. The underlying deficit and lower than planned achievement of efficiency targets means that there remains a significant risk to the Trust being able to maintain financial sustainability in the medium term.

Procedures to be performed

We will review the arrangements in place to finalise the 2026/27 financial plan for both the Trust and the ICS together with arrangements in place to establish the required efficiency programme central to achievement of the 2026/27 plan.



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Document Classification: KPMG Confidential

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

Subject:	Audit and Assurance Committee Chair's Highlight Report	Date:	5 th February 2026
Prepared By:	Manjeet Gill, Committee Chair		
Approved By:	Manjeet Gill, Committee Chair		
Presented By:	Manjeet Gill, Committee Chair		
Purpose:	To provide the Board with a clear, concise summary of key issues, assurances, risks, decisions, and actions arising from the Audit & Assurance Committee meeting held on 15 th January 2026		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p>Fire Safety – overdue high-risk internal audit actions. Internal Audit highlighted two long-standing high-risk actions from a prior fire safety review. A focussed meeting with the responsible leads (Mark Jackson and Gary Tibbs) has been arranged to determine realistic completion dates and/or risk-based sign-off. Escalated for ongoing oversight and timely resolution.</p> <p>Failure to Prevent Fraud (Economic Crime & Corporate Transparency Act 2023) – Trust response. A risk assessment and action plan are in train; a public statement (Chief Executive sign-off) is being prepared for issue before year-end. Committee sought confirmation of alert responses and asked for an update back to AAC. (Assurance improving; no formal escalation requested.)</p> <p>Learning from Deaths – Internal Audit limited assurance. Findings related chiefly to policy completeness, governance clarity and timeliness of Structured Judgement Reviews (SJRs). Mitigations include strengthened tracking via Datix IQ and the appointment of five consultant investigators to support coronial and patient-safety investigations. (Assurance substantially improved on discussion; see “Positive Assurances”).</p>	<p>The Committee noted and/or commissioned the following work:</p> <p>Failure to Prevent Fraud: implement risk assessment actions; prepare and bring back the Chief Executive's public statement/assurance to AAC (targeted for early April cycle). Team to confirm completion of January NHS fraud alerts and notify the CFO if any responses remain outstanding.</p> <p>Fire Safety actions: Internal Audit to convene with Estates leads to determine realistic completion or alternative risk-mitigating sign-off for the remaining high-risk actions. Progress to be updated through the usual follow-up reporting.</p> <p>Learning from Deaths: strengthen SJR timeliness tracking; prioritise coronial cases; embed new consultant investigator capacity (five appointments) to support investigations and learning dissemination.</p> <p>Efficiency Benchmarking: reference the KPMG national benchmarking observations (risk profile, pay/non-pay mix, income generation opportunities) to the Finance Committee for deeper analysis and any further assurance work.</p>

<p>Non-clinical policies – backlog. Seventeen policies were reported overdue, with seven scheduled for approval in February and a plan to reduce to ~10 overdue by February. Escalated for continued management attention until backlog is cleared.</p> <p>SBS Financial Ledger Migration. Finance Committee continues to oversee risks; no specific control issues were escalated to AAC at this meeting. Procurement reporting dependencies for PO compliance post-migration were noted and are being worked through with SBS.</p>	<p>Purchase Orders: maintain “No PO, No Pay” control; continue work on SLA backlogs to reduce retrospective POs; ensure reporting continuity through the SBS migration.</p>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Internal Audit Progress: three reports issued since last meeting—two Significant Assurance (Absence Management; Financial Ledger & Reporting), and one Limited Assurance (Learning from Deaths) which, after management’s mitigation update, the Committee considered to provide substantial assurance overall on the direction of travel. First follow-up implementation rate improved to 80% (from 78%).</p> <p>Counter-Fraud: comprehensive action plan established for the new “failure to prevent fraud” offence; Trust on course to complete preparatory actions by year-end; fraud alerts process responsive. The Committee commended a successful £16k fraud investigation outcome.</p> <p>External Audit: Draft plan received. Significant risks retained over management override and expenditure recognition; revenue recognition rebuttal under review due to evolving NHS income arrangements. Property valuations remain a higher-assessed risk; Value for Money focus on financial sustainability and SBS migration. The auditors confirmed no delays to the year-end timetable.</p> <p>Data Security & Protection Toolkit: interim assessment at Standards Met under the revised rolling-evidence approach;</p>	<p>Approved: Losses and Special Payments report for 1 Nov–31 Dec 2025 (including classification clarifications and approach to salary overpayments).</p> <p>Approved: Committee Effectiveness Self-Assessment (external attendees affirmed it reflects an effective balance between scrutiny and efficiency).</p> <p>Minutes: Prior minutes approved subject to minor amendments; a previous item on final salary overpayments to conclude with “assured.”</p> <p>BAF: BAF Process report received for assurance; further updates will flow from lead committees prior to Board consideration next month. (No explicit BAF score changes recorded at AAC.)</p>

continuing to align governance and evidence to maintain compliance through final submission.

Risk Committee/Operational Controls: learning from NUH on business continuity for ED go-live; strong water safety progress; EPRR compliance reported at 90–97% (c.90% improvement since 2026 baseline).

PO Compliance: c.99% of invoices paid against valid POs by value and volume over the last six months. Some retrospective PO creation persists (especially where SLAs are awaited), with divisional remedial actions in hand.

Declarations of Interest: significant improvement—non-compliant individuals reduced to 22 (two currently not in attendance—maternity/long-term sickness). Ongoing drive continues.

Comments on effectiveness of the meeting

The Committee operated effectively, focusing on material assurance issues and avoiding unnecessary detail. External auditors reflected positively on the Committee's balance of challenge and efficient use of time. The Chair emphasised the importance of recognising staff achievements alongside financial and governance scrutiny to support morale during sustained operational pressures.

Items recommended for consideration by other Committees

Finance Committee: deeper review of efficiency benchmarking insights (size of challenge vs. risk profile; high proportion of pay-related savings; scope for income generation), including any implications for deliverability and risk appetite.

People Committee (3 Feb): Freedom to Speak Up reporting—trial narrative separation of worker safety and wellbeing themes (statistics remain combined per National Guardian Office definitions).

Risk Committee: confirm current assurance on mortuary security in light of national context and prior Trust review, and revise any material risks accordingly.

Progress with Actions

Number of actions considered at the meeting – 10

Number of actions closed at the meeting – 5 (+ 2 not yet due)

Number of actions carried forward – 3

Any concerns with progress of actions – No

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

Quality Chair's Highlight Report to Council of Governors

Subject:	Quality Committee	Date	Monday 26th January 2026
Prepared By:	Esther Smith, PA to Deputy Chief Nurse & Director of Nursing Quality & Governance		
Approved By:	Lisa Maclean, Non-Executive Director/Committee Chair		
Presented By:	Lisa Maclean, Non-Executive Director		
Purpose:	Assurance report to the Trust Board of Directors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
Emergency Department crowding & 12 hour waits: Overcrowding is now linked to Patient Safety Incident Investigations (PSII's) of which three have recently been launched.	Awaiting the outcome of the GIRFT review requested looking into system and flow improvements. This is to inform a strengthened UEC recovery plan. Identified work streams included the frailty pathway, and acute medicine performance. Actions underway include improving pre-conveyance clinical conversations for care home residents, addressing delays for medically fit patients, and improving discharge pathway functioning with social care.
Heavy reliance on over 110 additional medical beds opened in response to the internal critical incident to manage extreme pressures. This is not yet reflected in the Trusts financial run rate.	
Increase in "no criteria to reside" bed days since July 2025. Delays attributed to transport issues, TTO delays, housing and social and community care pathways.	Completion of the C-Diff deep dive, including review of antibiotic usage specifically Tazocin and Cefuroxime prescribing patterns. Educational programmes for prescribers is also underway, while integrating C-Diff deep dive actions into the NHSE IPC action plan.
Mental Health Patients in ED with insufficient system support- up to 8 mental health patients in ED at times awaiting beds for significant periods of time.	Safeguarding – actions underway following 360 assurance audit include strengthening the mental health escalation pathways, especially for patients waiting in ED.
IPC- C-diff performance & antimicrobial stewardship risks- high antibiotic volume recorded (259 courses across 58 patients)	A Task & Finish Group has been established to commence VTE Assessment Improvement Actions.
Two antenatal still births in November and December 2025. No new actions following external review.	

	Review of Patient Safety across the Health and Care Landscape in England (Penny Dash Report)- gap analysis identified actions to include development of a sharper internal early warning system, design of improved dashboards, strengthening oversight of high-risk services and embedding progress reporting into the patient safety committee and up to Quality Committee for assurance.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
Positive assurance taken from the Safeguarding Annual Report and Quarterly update.	- APPROVED PR1 of the BAF with no changes suggested to the current risk scores.
Positive assurance taken from the NMAHP Strategy update for Objective 2. Q3 updates are due at an upcoming Committee in response to actions underway.	- APPROVED PR2 of the BAF with no changes suggested to the current risk scores.
Positive assurance taken from the Quality Impact Assessment Stage 2 update.	- APPROVED PR5 of the BAF with no changes suggested to the current risk scores.
Positive assurance taken from the update regarding the Clinical Services Strategy.	- The Committee APPROVED the IPR reports for Timely and Quality Care following discussion.
Positive assurance taken from the Patient Safety Committee highlight report.	- The Committee were informed of the decision to permanently close Newark Hospitals body storage facility due to security concerns. A paper has been approved and will be presented to the Board of Directors.
Comments on effectiveness of the meeting	
Members reflected that the meeting was effective, well-chaired and supported by high-quality papers. Despite significant operational pressures, contributors provided clear, thoughtful reports.	
Items recommended for consideration by other Committees	
None	

Progress with Actions

Number of actions considered at the meeting – 1

Number of actions closed at the meeting – 0

Number of actions carried forward - 0

Any concerns with progress of actions – No

If Yes, please describe –

Finance Committee Chair's Highlight Report to Council of Governors

Subject:	Finance Committee ("FC") Meeting	Date:	27 th January 2026
Prepared By:	Marie McAllister, Corporate PA		
Approved By:	Richard Mills, Chief Financial Officer		
Presented By:	Richard Cotton, Finance Committee Chair		
Purpose:	To provide an overview of the key discussion items from the Finance Committee (Core) meeting of 27 th January 2026.		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p>Financials: M9 (£2.65m) deficit (Plan (£0.31m) deficit). M9 YTD (£10.92m) deficit (Plan (£0.12m) deficit: major negative variances Industrial action (£1.0m), adverse CIP (£10.3m), deficit funding withdrawal (£2.4m), MARS payments (£0.8m). Cash c. £1.0m – M10 expected higher.</p> <p>Ledger Implementation – National Delay and Local Risk: Key testing "gateway" did not achieve required threshold, leading to an increased risk to the 1 April 2026 go-live, which is unlikely to be achievable. Programme SRO to meet with supplier on implications, mitigations and revised timescales.</p> <p>Risk to Procurement Efficiencies: Ledger delay may undermine planned procurement automation benefits and related workforce efficiencies; concern regarding potential refilling of procurement vacancies.</p> <p>Non-Compliant Financial Plan: Early planning shows a c.£34m pre-efficiency gap for 2026/27 with significant uncertainty on income, workforce and efficiency delivery.</p> <p>FY Forecast Outturn Risk: Expected 2025/26 deficit c. £15m (including £4.9m Deficit Support Funding); committee stressed need for challenging yet realistic full year forecast.</p> <p>GIRFT Findings vs Financial Trajectory: GIRFT review indicates acute bed/staffing gaps that conflict with required cost reductions.</p>	<p>Ledger Implementation: Schedule meeting to confirm revised go-live windows (1 July or 1 October 2026 to avoid y/e audit / peak leave/training) and provide a full risk/timeline assessment. Paper due to February FC. Procurement paper requested for February setting out benefits delivered to date, effect of delay, and proposal to hold selected vacancies.</p> <p>ControlUp renewal approved; NHIS to track savings from reduced service-desk demand and licence optimisation.</p> <p>Channel 3 EPR contract approved; monthly KPI-based performance management to be led by CDIO.</p> <p>Cardiology Echo insourcing paper to undergo approval at Extraordinary Finance Committee on Friday 30th January.</p> <p>Medicine Division implementing strengthened flow, board-round oversight, and pay-control processes.</p> <p>Hybrid mail contract work initiated, with further work to reduce postal volumes.</p> <p>PFI settlement deed nearing completion: preparatory work underway for 2027 soft FM market test.</p> <p>2026/27 FC Workplan: being refined to incorporate wider performance management role of Committee.</p> <p>Strengthen forward procurement contract governance including 12-month pipeline visibility for >£250k contracts.</p>

<p>Medicine Division Capacity and Flow Pressures: Despite improvement to a £4.9m deficit, pressures remain around demand, sickness, industrial action and follow-up ratios.</p> <p>System-Level Financial Risk: Nottinghamshire ICS remains one of the more challenged in the DLN cluster, heightening contract and funding risks.</p>	
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> • NHIS reporting small underspend and forecasting break-even; aged debt fully under control with no debt >90 days. FEP forecast of £584k (target £575k); £217k already delivered. • ControlUp delivering measurable benefits through reduced call volumes, £37k licence savings and £70k recurrent staffing savings. • Medicine Division's deficit reduced from ~£9m forecast to £4.9m with improved governance, reduced agency/bank spend and stronger DLT oversight. • Corporate expenditure remains within expected parameters, cost control generally strong. • PFI programme governance strengthened through new internal roles and structured preparation for market testing. • Good Internal Audit report on financial ledger and reporting. 	<ul style="list-style-type: none"> • Supported a cautious approach to ledger go-live and risks of being an early national adopter. • Approved contract renewal for NHIS technical tools for 3 years. • Approved 12-month, £495k contract for EPR programme support, with KPI-linked performance management. • Approved Trust participation in joint hybrid mail ICS contract. • Agreed principles for forecasting and planning: realistic 2025/26 deficit and a non-compliant but transparent 2026/27 plan with defined transformational schemes. • FC Governance health check: all items fully met. • Terms of Reference amended to include Performance Management role extension / CMO FC Committee membership.
Comments on effectiveness of the meeting	
<p>Meeting was well attended with robust and constructive challenge.</p> <p>Strong scrutiny of forecast realism, consultancy use, and transformation vs incremental savings.</p> <p>Members recognised improvements in Medicine Division and NHIS performance.</p> <p>Emphasis placed on clear internal messaging regarding overspend and the need for structural financial recovery.</p>	

Items recommended for consideration by other Committees

Board / FRC: Ledger delay implications; recovery trajectory; system level contract/funding risk.

Audit and Assurance: Contract pipeline governance; Financial Ledger and Reporting Internal Audit Report; Soft FM market-testing assurance.

Quality and People: GIRFT workforce and quality implications; community hospital medical cover.

Digital / EPR Board: NHIS technical tool benefits monitoring; EPR Programme Support performance oversight.

Progress with Actions

Number of actions considered at the meeting – 9

Number of actions closed at the meeting – 7

Number of actions carried forward – 2 actions not due until February 2026.

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:	3 rd February 2026
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	
Areas of Concern or Key Risks Escalated for Update: <ul style="list-style-type: none"> Continuing impact of financial challenges and demand pressures on staff morale and wellbeing, compounded by Industrial action. Further assurance needed regarding delivery plans and detail associated on 26/27 actions to achieve WTE and financial targets / balance Positive progress in several IPR metrics, however sickness absence remains a challenge at 5.9%. This is in line with other Trusts, and assurance received from Absence Management Internal Audit, but still well above target. 		Area of focus and update in advance of the March People Committee included: <ul style="list-style-type: none"> Diagnosis of staff survey, including triangulation with other data sources resulting in a defined action plan with refreshed corporate branding aligned to the Trust Improving Working Lives Strategy, once the embargo is lifted mid-March 2026. Finalisation of 2026/27 People Strategy Priorities, that are underpinned by the 4 delivery pillars 	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
There was much positive assurance provided including: <ul style="list-style-type: none"> Resourcing progress for CDC, noting roles where recruitment still not started and challenges in current vacancy control context 2025/25 People strategy Q3 Update include progress and areas of success 		Decisions made at the February People Committee included: <ul style="list-style-type: none"> BAF reviewed and new mitigating actions considered; risks and assurance levels remain as is The Committee decided that the outstanding actions from the Well-Led review could be signed off Committee Annual Report, Governance Health check and annual workplan approved 	

- Winter wellbeing offer, include a positive update on the annual flu vaccination progress
- Sexual Safety Charter update
- Detail information associated with WTE movements across the past 12 months
- FTSU Process assuring, but increasing use of confidential conversations
- Stabilisation of Pharmacy workforce with increased recruitment to vacancies and reduced turnover

- Professional Establishment Review recommended to the Board for approval
- Agreement of Annual People Committee Work Plan, included the introduction of Workforce Spot Light focusing on different staff groups from across the Trust.

Comments on effectiveness of the meeting

Good preparation and papers led to right debate and actions. Link governor attended the meeting offering feedback on the effectiveness of the meeting and right level of debate, noting the length of the agenda.

Items recommended for consideration by other Committees

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

Progress with Actions

Number of actions considered at the meeting - 2

Number of actions closed at the meeting – 2

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 & Communities Committee Chair's Highlight Report to Council of Governors

Subject:	Chair's Report	Date:	13 th January 2026
Prepared By:	Barbara Brady, Non-Executive Director		
Approved By:	Barbara Brady, Non-Executive Director		
Presented By:	Richard Cotton, Non-Executive Director		
Purpose:	To provide an overview of the key items from the committee meeting		

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway
Changing partnership context because of local and national developments in the NHS and Local Government reorganisation. This will have a number of implications, including Place Based partnership work and ICB priorities, the details of this still being unclear.		Revision to draft Terms of Reference for Partnership Oversight Group
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>
Progress on delivery of the Trust's Partnership Delivery Plan Progress on the development of the Trusts Health Inequalities action plan		Board assurance Framework: No changes to risk ratings, updates agreed. Terms of Reference agreed for the Anchor Steering group Committee effectiveness self-assessment agreed
Comments on effectiveness of the meeting		
The meeting was held at the time that a 'critical incident' was declared in the Trust. This had implications for quoracy as Execs were needed elsewhere, in turn this resulted in some agenda items being deferred until the next meeting.		
Items recommended for consideration by other Committees		
None		

Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 3

Number of actions carried forward - 1

Any concerns with progress of actions –No

If Yes, please describe –

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

Charitable Funds Committee Highlight Report to Council of Governors

Subject:	Charitable Funds Committee update	Date:	20 th January 2026
Prepared By:	Andrew Rose-Britton, Non-Executive Chair		
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 held on 20 th January 2026			

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
Capacity and resource levels needed to support and grow the charity.		Agreement to hold a further Abseil event in 2026. SFH participation in the London Marathon in 2026 to be publicised.	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
Operational group highlight report. Community Involvement headline report. Fund raising and project update. Finance update. Investment update. Report on the Lottery Fund. Improved performance of the Charity’s Investment funds managed by Rathbones.		Recommendation from the CFC to the Board of Trustees that the CFC accounts are not consolidated into the SFH NHS Trust accounts. Review and strengthen guidance on use of the Charities funds. To convene an informal meeting to review the capacity and resource levels needed to support and grow the charity.	
Comments on effectiveness of the meeting			
Good discussions made easier by excellent reporting of the issues.			
Items recommended for consideration by other Committees			
None			

Progress with Actions

Number of actions considered at the meeting-4

Number of actions closed at meeting-1

Number carried over-0

Any concerns of actions-0

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

Council of Governors - Cover Sheet

Subject:	Membership and Engagement				Date:	10 th February 2026
Prepared By:	Liz Barrett, Lead Governor					
Approved By:						
Presented By:	Liz Barrett, Lead Governor					
Purpose						
To share an overview of the activity being discussed and debated in the Membership and Engagement committee					Approval	
					Assurance	X
					Update	X
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
	X	X	X			
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
Membership and Engagement Committee						
Acronyms						
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)						
Executive Summary						
An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.						
An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.						

Membership and Engagement

Meet Your Governor (MYG) Process Review

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

The working group has previously collaborated closely with Richard Brown and Paula Longdon to ensure that the revised MYG process maintains clear governance lines and alignment with existing SFHFT initiatives led by the Executive Team and wider staff body. It remains essential that the volunteer time committed to MYG activity adds tangible value to the Trust's on-going work and priorities. In addition, Jim Millns and his work naturally lends itself to MYG and he is, therefore, now kindly working with the governors to support this initiative. The governors, in turn, support the valuable work that is done by Jim and his team.

Pilot work of MYG undertaken in the Autumn (thank you to governors who gave their time to do this) shared emerging themes / trends, which as a group of governors we feel needs to be explored further. Every governor has been asked to suggest a day / time that suits them this year to do a MYG session so that, as a collective group, we can all gain valuable feedback, which is then analysed and fed back to the Exec team and NEDs.

Jim Millns attended the recent Governor Forum with his colleague Vicki, and gave a strong presentation as to how governors can support the work they are doing. There was discussion and debate about clarifying roles, responsibility and accountability, and ensuring that we are crystal clear on what engagement means. However, it feels as though this will enhance the MYG work further and that governors can play an active and valuable role. This would entail helping to listen to patients, carers and our communities further, and then feeding this into the change-making work that is taking place to ensure a deeper impact.

It is fair to say that, as a group of governors, we do feel that we are now back on track with MYG and are making it meaningful. We are however mindful that governor roles within Foundation Trusts will not be continuing in the long term. This creates a concern around this work, which feels important to address as we collectively move forward.

Thank you to all governors who have been involved in this work. Your time, energy, care and commitment is both valued and appreciated.

Council of Governors

Subject:	2026 Governor election update		Date:	10 th February 2026	
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 update the Council of Governors on the working timeline for the Trust's 2026 Council of Governor elections.				Approval	
				Assurance	
				Update	Y
				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
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1 Significant deterioration in standards of safety and care					X
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					X
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Governor Membership and Engagement Committee – 13 th January 2026					
Acronyms					
NHSE = National Health Service England AFT = Advanced Foundation Trusts SFH FT = Sherwood Forest Hospitals NHS Foundation Trust					
Executive Summary					
<p>Governors have received an introductory briefing about the Government's plans to replace the current Foundation Trust and "regular" non-Foundation Trust model with a new type of trust to be known as an Advanced Foundation Trust with the aim that during the currency of the 10-year Plan for Health all trusts will become AFTs. It is now apparent that with the "Health Bill" that would include these provisions not yet published, the legislation will not be enacted before July 2026, by which time SFH FT is required to conduct its next Council of Governor election. The 6th July 2026 is the deadline by which time an election needs to have taken place and the results declared before six serving public governors and one staff governor reach the end of their terms of office.</p> <p>In addition, those elections will also include the election for one vacancy in the 'Newark, Sherwood and surrounding wards' constituency that was left vacant following the withdrawal of a successful candidate after the results of the 2025 Council of Governor election results were declared.</p>					

The table below provides the details of the eight positions on the Trust's Council of Governors, for election in the 2026 Council of Governor elections:

Constituency	Governor	Reason for vacancy
Mansfield, Ashfield & surrounding wards	Tracy Burton	Reaching end of first term; eligible to stand for re-election
	John Dove	Reaching end of first term; eligible to stand for re-election
	Pam Kirby	Reaching end of first term; eligible to stand for re-election
Newark & Sherwood & surrounding wards	Peter Gregory	Reaches end of first term; eligible to stand for re-election
	Shane O'Neill	Reaches end of first term; eligible to stand for re-election
	Vacancy	Vacancy following failure to elect at 2025 election
Rest of England	Dean Wilson	Reaching end of first term on 31 October 2026; eligible to stand for re-election. Position to be considered as part of spring 2026 election in anticipation.
Staff	Samantha Musson	Reaches end of first term; eligible to stand for re-election

In the context of the anticipated statutory changes, enquires were made of NHSE to see whether governors who agreed could have their terms of office extended rather than run a costly election. NHSE has confirmed but that will not be permissible until such time as the legislation has received Royal Assent, and then only to cover the gap from then until the provisions come into force.

It followed that at its meeting on 13th January 2026, the Governor Membership and Engagement Committee discussed how to make best use of limited financial resources in order to meet the requirement to hold an election at the lowest cost. The current governors who are eligible to re-stand have been asked if they are prepared to indicate voluntarily whether they intend to seek re-election. It is encouraging to report that two have already responded to confirm they are, as the Committee recognised the benefits to the Trust of having experienced governors in post as it navigates the changing FT landscape.

In terms of process, it was proposed that the opportunity to stand for election will be circulated to the Trust's membership and posted on the Trust website. In the event that the number of candidates equals or is below the number of vacancies then it will not be necessary to proceed to an election, which will deliver cost savings. In the event that one more candidate stands for election than there are seats available, the Committee noted the potential to re-allocate the Newark vacancy, to another Constituency, if necessary. This would require a change to be agreed by the Council of Governors to Annex 1 of the Trust's Constitution that describes the allocation of seats on the Council of Governors between the Public Constituencies of the Trust. Further, to make best use of resources, these same elections could also be used as an opportunity to elect a 'governor in waiting' in anticipation of Dean Wilson reaching the end of his initial three-year term of office on 31st October 2025. Dean will, of course, be eligible to stand for re-election. We will work with Dean to agree whether this is necessary and desirable depending on the content and timing of the Health Bill's progress through Parliament.

The anticipated timeline for the Trust's 2026 Council of Governor elections is as follows:

Procedural element	Time	Target date
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll.	22/04/2026
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll.	04/05/2026
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll.	05/05/2026
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll.	07/05/2026
Written update to Council of Governors on election process	-	19/05/2026
Notice of the poll (if necessary)	Not later than the fifteenth day before the day of the close of the poll.	17/05/2026
Close of the poll	By 5.00pm on the final day of the election.	01/06/2026

The good practice and lessons learned from the 2025 Council of Governor elections, particularly to ensure that all prospective candidates understand the commitment involved in being a governor, is being taken forward to into the 2026 Council of Governor elections process.

In the last three Trust Council of Governor elections, the Trust has commissioned *UK Engage* to act as its specialist adviser and Returning Officer.

To ensure continued best practice and continued value for money, quotes are being sought from alternative suppliers – as well as *UK Engage* – in good time before this year's election with soft market testing already underway by the Trust's Communications Team and supported by the Procurement Team.

Recommendations

The Council of Governors is asked to:

- note and **agree** the planned timeline for the Trust's 2026 Council of Governor elections
- note, comment and **agree** the dual aims of maximising the potential to retain the experience of the current public governors and staff governor whose terms of office come to an end in July (and in one case October) 2026 whilst running an efficient electoral process at minimum expense.

Council of Governors - Cover Sheet

Subject:	Non-Executive Director Re-appointment		Date:	10 th February 2026	
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					
The Council of Governors is invited to consider and approve, on the recommendation of its Remuneration and Nomination Committee, the reappointment of Andrew Rose-Britton as a Non-Executive Director for a further two years.			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 – 6 th February 2025 and 29 th January 2026					
Acronyms					
NED – Non-Executive Director					
Executive Summary					
<p>The Trust's Constitution provides that non-executive directors are to be appointed and re-appointed by its Council of Governors at a general meeting.</p> <p>At its meeting on 6th February 2025 the Committee agreed to the first re-appointment of Andrew Rose-Britton as a Non-Executive Director following the end of his initial 3-year term of office. The period of re-appointment recommended to the full Council of Governors, and approved by them, was one year, which term will come to an end on 31st March 2026. At the time the one-year extension was agreed, it was noted that it would be open to governors to consider up to a further two-year extension based on a positive assessment of Andrew's development and contribution to the Board.</p> <p>Andrew currently chairs the Charitable Funds Committee and is a member and Vice Chair of the Finance, Audit and Assurance and People Committees in addition to bringing his extensive NHS knowledge and a strong financial skillset to the Board and its Committees. Andrew also makes a</p>					

significant contribution to the Consultant recruitment process that requires a non-executive director to chair the interview panel.

The Chair has engaged with Andrew during the year and has reported consistent improvement in Andrew's contribution to the Board along with positive feedback on his engagement in Board Committees and wider Trust activities, evidence of which was documented in his most recent appraisal. With the benefit of open and full discussion between the Chair and Andrew, and with the knowledge that Andrew is willing and able continue to serve as a NED, the Chair reported his conclusion that an extension of his term is appropriate to the Governor Remuneration and Nomination Committee. With the benefit of the feedback from the Chair, the Committee unanimously agreed to recommend to the Council of Governors a two-year extension to Andrew Rose-Britton's term of office as a Non-Executive Director. As can be seen from the extract from the Trust's Constitution, below, an extension of two years will then take Andrew to end of the "standard" six-year term of office after which he could be considered for annual re-appointment for up to a maximum of three further years.

Recommendation

To approve, on the recommendation of the Governor Remuneration and Nomination Committee, the re-appointment of Andrew Rose-Britton as a Non-Executive Director for a period of two years to 31st March 2028.

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:	Chair recruitment update				Date:	10 th February 2026
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						
The purpose of this paper is to update the Committee on the timetable, arrangements and progress towards the recruitment of the Trust Chair to succeed Graham Ward.					Approval	
					Assurance	X
					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 – most recently 4 th November 2025 and 29 th January 2026						
Council of Governors meeting -11 th November 2025						
Acronyms						
NED – Non-Executive Director						
Executive Summary						
The Trust's Constitution provides that the Council of Governors, at a general meeting, shall appoint (and remove) the Chair (and other NEDs).						
At its meeting on 4 th November 2025, the Council of Governors Remuneration and Nomination Committee considered a paper about the proposed arrangements for the recruitment of a substantive Chair to succeed Graham Ward. This included the proposal to engage Gatenby Sanderson as recruitment consultancy support, the recruitment pack incorporating the job description, person specification and remuneration together with the proposed recruitment timeline. Following a comprehensive discussion the Committee made, a recommendation to the full Council of Governors at its meeting on 11 th November 2025 to agree the proposals, including the delegation of authority to the Director of Corporate Affairs to make any amendments to the recruitment pack on the recommendation of Gatenby Sanderson. The Council of Governors agreed its Committee's recommendations including the delegation of authority as described.						

Since the Council of Governors' meeting, and with input from the Chief Executive and the recruitment consultancy, the recruitment timetable has been revised in consultation with the Lead Governor as follows, and has been presented to the Governor Remuneration and Nomination Committee meeting on 29th January 2026:

Dates	Activity
w/c 2 nd February 2026	Post advertised and search commences
Monday 2 nd March 2026 at 09.00	Closing date for receipt of applications
Monday 2 nd March 2026	Sift of applications
Tuesday 3 rd March 2026 COP	Shortlisting pack shared with the panel
End of w/c 2 nd March or early w/c 9 th March 2026	Shortlist meeting
w/c 9 th & 16 th March 2026	Shortlisted candidates' informal meetings with key stakeholders; opportunity to gather additional information, not part of the recruitment process
Wednesday 25 th March 2026	Final selection process (comprising Stakeholder sessions and final interview)
TBC as soon as possible after the final interviews	Ratification by the Council of Governors

The recruitment panel will be led by the Lead Governor and comprise the Committee membership: Public governors Nabeel Khan, Dean Wilson and Ann Gray and Staff governor Samantha Musson together with the Committee member who will succeed Kevin Stewart as the Appointed Governor in February 2026. The other panellists will be Non-Executive and Senior Independent Director, Barbara Brady, NHSE Regional Director, Dale Bywater and the ICS Cluster Chair, Dr Kathy McLean.

The governors are all currently engaged in consultation about the arrangements for the stakeholder panels with up to a maximum of three proposed: Internal (Staff), External and a separate Governors only panel. In order to enable non-panellist governors to participate in the recruitment process all have been asked to express their preference either to join a separate Governor Stakeholder panel or join the External stakeholders' panel instead. Engagement in a stakeholder panel will enable Governors to engage with candidates on subjects of their choice including about the challenges of the local mid-Notts population and their local knowledge which have been highlighted as particular themes they would like to explore. The number of panels (2 or 3), their membership and timings, including whether the Governors' panel takes place the day prior to the interviews to ensure effective feedback from it to the interview panel, will all be decided in the week commencing 2nd February 2026 with a verbal update on the final arrangements being provided to the Council of Governors at its meeting on 10th February 2026.

The Interview panel will take a decision to recommend a candidate for appointment that will in turn require ratification by the full Council of Governors. It is planned that the extraordinary meeting of the Council of Governors to do this will take place on Thursday 26th March 2026 via Teams.

Recommendations

The Council of Governors is asked to:

- note the recruitment process and timetable,
- note the final arrangements in relation to the Stakeholder panel, about which verbal confirmation will have been given at the meeting, and
- note the requirement for the full Council to ratify the appointment of the recommended candidate as soon as possible after the interviews.