

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 13th February 2024

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 14th November 2023 <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 - Paul's Story – Recognising the symptoms of a heart attack Richard Clarkson, Divisional Director of Nursing for Urgent and Emergency Care	Assurance	Presentation
6.	17:55	Chair's Report Claire Ward, Chair	Assurance	Enclosure 6
7.	18:00	Chief Executive's Report Paul Robinson, Chief Executive	Assurance	Enclosure 7
8.	18:15	Lead Governor Report Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:20	15 Steps Feedback Sally Whittlestone, Corporate Matron	Assurance	Enclosure 9
10.	18:30	Launch of 2024-2029 Trust Strategy David Ainsworth, Director of Strategy and Partnerships	Assurance	Verbal
11.	18:45	Operational Plan 2024/2025 Kevin Gallacher, Associate Director – Business Planning and Partnerships	Assurance	Enclosure 11
12.	19:00	External Audit Plan Jess Townsend, KPMG	Assurance	Enclosure 12
13.	19:10	Access to Information Sally Brook Shanahan, Director of Corporate Affairs	Update	Verbal

	Time	Item	Status <small>(Do not use NOTE)</small>	Paper
14.	19:15	Report from Board Sub-Committees <ul style="list-style-type: none"> • Audit & Assurance Committee Manjeet Gill, Non-Executive Director Ian Holden, Governor Observer Neal Cooper, Governor Observer • Quality Committee Aly Rashid, Non-Executive Director Peter Gregory, Governor Observer Pam Kirby, Governor Observer • Finance Committee Graham Ward, Non-Executive Director Sam Musson, Governor Observer Kevin Stewart, Governor Observer • People Committee Steve Banks, Non-Executive Director John Wood, Governor Observer Dean Wilson, Governor Observer • Partnerships and Communities Committee Barbara Brady, Non-Executive Director Tracy Burton, Governor Observer John Dove, Governor Observer • Charitable Funds Committee Andrew Rose-Britton, Non-Executive Director Jane Stubbings, Governor Observer Liz Barrett, Governor Observer 	Assurance Assurance Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3 Enclosure 14.4 Enclosure 14.5 Enclosure 14.6
15.	19:40	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> • Membership and Engagement Group Liz Barrett, Lead Governor 	Assurance	Enclosure 15.1
16.	19:50	Outstanding Service – Sherwood Forest Hospitals CARE values – Together we CARE	Assurance	Presentation
17.	19:55	Questions from Members of Public Claire Ward, Chair	Consider	Verbal
18.	19:55	Escalations to the Board of Directors Claire Ward, Chair	Agree	Verbal
19.	20:00	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
20.		Date & Time of Next Meeting Date: Tuesday 14 th May 2024 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 14th November 2023 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Angie Jackson	Appointed Governor	AJ
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JWo
	Justin Wyatt	Staff Governor	JWy
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Pam Kirby	Public Governor	PK
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Tracy Burton	Public Governor	TB
In Attendance:	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Debbie Kearsley	Deputy Director of People	DK
	Jacqueline Read	HR Business Partner	JR
	Roz Norman	Staff Side Chair	RN
	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
	Ben Widdowson	Associate Director of Estates and Facilities	BW
	Sue Bradshaw	Minutes	
Apologies:	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	John Dove	Public Governor	JDov
	Kevin Stewart	Appointed Governor	KS
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Vikram Desai	Staff Governor	VD
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
Absent:	John Doddy	Appointed Governor	JDod
	Steven Hunkin	Public Governor	SH

Item No.	Item	Action	Date
23/058	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>David Walters, Appointed Governor Dean Wilson, Public Governor John Dove, Public Governor Kevin Stewart, Appointed Governor Nikki Slack, Appointed Governor Peter Gregory, Public Governor Ruth Scott, Public Governor Vikram Desai, Staff Governor Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
23/059	DECLARATIONS OF INTEREST		
1 min	GW declared an interest in item 23/072.2.		
23/060	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 31 st July 2023, the Council APPROVED the minutes as a true and accurate record.		
23/061	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
3 mins	<p>The Council AGREED that actions 23/031 and 23/048 were complete and could be removed from the action tracker.</p> <p><i>Action 23/042</i> – PR advised feedback from Meet Your Governor (MYG) sessions is not compatible with Friends and Family reporting. However, MYG feedback will feed into the Patient Experience Committee to ensure triangulation with other aspects of feedback.</p> <p>IH advised he and LB are due to meet with Healthwatch to discuss how patient feedback can feed into the Integrated Care System (ICS).</p> <p><i>Action 23/045</i> – PR advised during periods of industrial action the Trust implemented escalated rates for consultant and specialist doctors, noting this was consistent with other partner organisations across Nottinghamshire and was consistent with the British Medical Association (BMA) rates. Tight controls were in place and the escalated rates were only paid when additional cover was provided. The rates paid were typically approximately 50% more than the usual bank rates.</p>		

23/062	STAFF STORY – EMPOWERING OUR PEOPLE TO BE THE BEST THEY CAN BE		
25 mins	<p>DK, JR and RN joined the meeting.</p> <p>DK, JR and RN presented the Patient Story, which highlighted the relaunch of the Trust's CARE Values, implementation of the Just and Restorative Culture and how Strategic Objective 3, Empower and support our people to be the best they can be, is being brought to life.</p> <p>IH sought clarification how the professional bodies which represent staff interface with the Trust in terms of cases referred to them. DK advised a just and restorative approach is taken, regardless of the circumstances of any referrals to professional bodies. The Trust supports individuals going through a process by putting a personalised wellbeing support package in place. Professional bodies, such as the General Medical Council (GMC), etc. are also starting to take a more just and restorative and person centred approach.</p> <p>SM advised the CARE Values have empowered her as a leader as they provide a framework, which is very useful. The relaunch of the CARE Values is good for people who are newer to the organisation, advising she takes it for granted everyone knows what the CARE Values are. In terms of the Just and Restorative Culture, this is recognised and the Trust does live that value.</p> <p>TB felt it is a refreshing approach. Noting the support provided to staff who are going through a process, TB sought clarification what support is provided if there is a bullying or harassment element to an allegation. DK advised the Just and Restorative Culture means there is no judgement. If someone alleges harassment, support is provided to both the person making the allegation and the person the allegation is made against.</p> <p>JWY noted it is a difficult balance between supporting staff through processes while ensuring incidents such as the Lucy Letby case do not happen. DK advised people are still held to account for their actions, but it is important to understand the full circumstances surrounding what has happened before making any judgment in terms of next steps.</p> <p>SO sought clarification regarding agency staff and queried if good practice is shared. DK advised the Trust works closely with agencies and shares good practice in terms of values. If an incident occurs with agency staff, support is offered at the time and the Trust will liaise with the agency in terms of aftercare and ensure appropriate support is being provided.</p> <p>IH sought clarification about the approach taken with Skanska and Medirest staff. DK advised the Trust works closely with Medirest HR and managers to implement Just and Restorative Culture. Training is provided to both Skanska and Medirest.</p> <p>DK, JR and RN left the meeting.</p>		

23/063	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting her intention to run for election to become the first East Midlands Mayor. CW expressed thanks to Sue Holmes for her tenure as Lead Governor, and welcomed Liz Barrett to the role.</p> <p>The Council was ASSURED by the report.</p>		
23/064	CHIEF EXECUTIVE'S REPORT		
4 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting demand for Trust services, industrial action, vaccination programmes, Newark Elective Hub, Integrated Care Board (ICB's) engagement in relation to the overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital, work to create additional parking at Newark Hospital, work to implement activity associated with the Community Diagnostics Centre (CDC) and relaunch of the Trust's CARE Values.</p> <p>IH noted there have been reports in relation to patients who are on multiple pathways appearing as multiple entries on waiting lists and queried if this affects the Trust. In addition, IH noted the recent announcement that the Treasury will not provide funding to cover strike action and queried how additional costs linked to any future industrial action will be funded.</p> <p>PR advised this is a national initiative and organisations are not being asked to source the funding locally. There will be distributions within the NHS from central budgets which will need to be internally generated as funding will not be provided by the Treasury. It is likely some national initiatives will be paused to allow funds to be distributed throughout the NHS. Thresholds to receive additional payments through elective activity will be reduced.</p> <p>The Council was ASSURED by the report.</p>		
23/065	LEAD GOVERNOR REPORT		
1 min	<p>LB presented the report, acknowledging the work of Sue Holmes, Former Lead Governor.</p> <p>The Council was ASSURED by the report.</p>		
23/066	15 STEPS FEEDBACK		
1 min	<p>CW advised that due to staff sickness no-one was available to attend the meeting to present the report. However, any comments would be fed back to Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints.</p>		

	<p>LB advised she gets a lot out of undertaking the 15 Steps visits and it is a great opportunity for governors.</p> <p>The Council was ASSURED by the report.</p>		
23/067	UPDATE ON THE DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY		
32 mins	<p>CH joined the meeting.</p> <p>CH gave a presentation outlining the development of the Trust's Strategy for 2024-2029, highlighting the Trust's vision, future milestones, supporting and technical strategies, development process, strategic objectives, feedback from engagement with colleagues, patients and members of the public and plans for further engagement.</p> <p>IH queried whether all Trust members were included in the consultation earlier in the year. PR advised the consultation took place at the same time as the governor elections, with information being included in the same mailing as the election materials.</p> <p>IH queried which governors had been involved in discussions relating to the development of the strategy, advising he had asked about progress but had not had any engagement. CH advised the strategy presentation has been presented to previous meetings of the Council of Governors in light format in terms of timescales and milestones, noting at that point the messages for governors to help shape and take forward were not available as the feedback from members was being sought and collated.</p> <p>IH observed the governors' job is to take the Trust's proposals to their constituents, obtain feedback and feed that back to the Trust. CH advised the vision and the ambition has been developed and is now ready to be shared more widely. PR advised developing a strategy is a journey, noting the first step was to take stock of members' views obtained during the initial consultation. There is now a proposal for further consultation.</p> <p>IH noted the statutory duty on the Trust to have regard to the views of the Council of Governors. PR agreed and observed that the proposal in the papers provides the opportunity for governors to respond to it.</p> <p>CW advised it would be difficult to ask all governors to set out the strategic objectives from scratch. The early consultation asked Trust members about their experiences, what they want, etc. From this feedback the strategic objectives were created and there is now a document for further engagement.</p> <p>IH confirmed that is not what he was asking, advising what he sought was to ask the public what they want from the Trust.</p> <p>LB felt it is a very strong proposal and there is now a good opportunity for some synergy to get maximum impact for the longevity of the proposal.</p>		

	<p>JS queried if the Care Quality Commission (CQC) will have sight of the strategy. CH advised sight of the strategy will form part of a CQC inspection. PR advised part of how the Trust provides outstanding care in the best place at the right time will be cognisant of the CQC's expectations. CH confirmed the CQC's expectations are well publicised.</p> <p>LD sought clarification for the process of partner engagement and roadshows. CH advised this would be between now and February 2024.</p> <p>IH stated that he could see few, if any, SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) objectives in the Trust level strategy which will hold together the lower level strategies and stop them becoming silos. IH sought the Non-Executive Directors' (NEDs') views in relation to this.</p> <p>AR advised feedback has been provided that SMART objectives should be included. GW advised this will be discussed further at the Board of Directors Time Out session on 15th and 16th November 2023. There is a need to consider what the SMART objectives will be and how they will be achieved.</p> <p>SB advised his expectation is the supporting strategies will flow from the Trust strategy, which provides the opportunity to ensure SMART objectives are in place. BB advised the strategy needs to have evidence of impact, in terms of the difference it will make, rather than a narrative about the activity which is happening within the Trust.</p> <p>SM advised she likes the fact the overall strategy links to the supporting strategies, noting staff need to embody and understand the strategy.</p> <p>IH noted the reading age of the strategy document is 17-18 years, highlighting the average reading age of the public is 12 years. CH advised a process is in place to check this before the strategy is finalised.</p> <p>TB advised she welcomed the strategy and felt the high level strategic objectives detailed are what needs to be in place at this time, noting the layers underneath will be filled over time. There is impact which will be monitored and checked, noting impact is more than a figure as this will include the quality element. TB felt the strategy will meet CQC requirements. The next phase is to consider how the governors can help gather information to add benefit.</p> <p>PR advised conversations with patients are a way of testing out the impact of the strategy. The strategy is a high level document, with the detail being included in the supporting strategies. The strategy will reflect the ambitions of impact and improvement and there is a need to start to engage with patients to test if they are feeling the impact.</p>		
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	<p>IH felt the strategy does not have the required level of granularity, noting patients want to know the detail and not the high level information. CW advised some of that level of granularity will not be in the Trust strategy, noting the strategy will show the ambition with the granularity in relation to what needs to be done to achieve those results being in the supporting strategies.</p> <p>SO queried if patient surveys and future staff surveys will be used as a way of measuring success. PR advised where the Trust engages with patients and is able to craft the questions, this will happen. In terms of the Staff Survey, this is an annual national survey and the Trust is given the questions to ask as they need to be comparable for all NHS organisations. However, there is some limited flexibility in terms of how questions are framed and a few questions can be added.</p> <p>SO queried if there were any other surveys for staff between the annual Staff Survey. PR advised a Pulse Survey is issued to staff in the three quarters between annual Staff Surveys.</p> <p>The Council NOTED the update.</p>		
23/068	IMPROVEMENT FACULTY UPDATE		
15 mins	<p>CH presented the report, highlighting delivery of large improvement programmes, including the Targeted Investment Fund (TIF) theatres at Newark Hospital and additional capacity at the Community Diagnostics Centre (CDC) at Mansfield Community Hospital, requests for support, clinical leadership roles within the Faculty, Improvement Ambassador Award, Improvement Advisory Group, visit from the National Improvement Director and outcomes of the NHS Impact self-assessment exercise.</p> <p>LD expressed surprise the Trust did not have an improvement faculty previously as she felt there used to be a service improvement team. CH advised there used to be several separate teams within the Trust, i.e. Project Management Office (PMO), Service Improvement Team, Clinical Audit and Library Services, and the Faculty has brought those teams together in one place.</p> <p>PR advised there were a number of teams within the Trust with 'improvement' in their job titles, but they did not work together and share good practice. Therefore, the decision was taken to bring those teams together to achieve a consistent, coherent approach to improvement. The Trust is working within the NHS Impact framework, which will allow the Trust to share good practice internally and with other organisations across the NHS.</p> <p>IH felt the first principle 'Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework)' is two principles, the first of which should be patient safety with evidence based being second.</p>		

	<p>IH felt there is no mention of systems in terms of teaching people to understand what system working is and queried if this is an oversight or if this is embedded using different language. CH advised systems thinking will be a topic for discussion at the Board of Directors Time Out session on 15th and 16th November 2023. A member of the Improvement Faculty Team is undertaking a systems thinking course and will bring that expertise into the organisation. This is a growing piece of work.</p> <p>CH advised the Faculty is involved in supporting the operational efforts in relation to improving discharge processes, including modelling demand and capacity and looking at the staffing model for the Discharge Lounge. The support is focussed on two main areas, transport and pharmacy.</p> <p>LD felt the focus should be on preparing for discharge, including booking transport and arranging medications the day before discharge is due. LD queried how this can be embedded. CH acknowledged this is work in progress. The sustainability of processes is being monitored. Data in relation to pharmacy processes has been automated. There is work to do in terms of educating staff. The benefit of the faculty approach is service improvement is taken to completion and beyond.</p> <p>The Council was ASSURED by the report.</p> <p>CH left the meeting.</p>		
23/069	ESTATES UPDATE		
14 mins	<p>BW joined the meeting.</p> <p>BW presented the report, highlighting the Private Finance Initiative (PFI) settlement, car parking, space management, capital works, strategic priorities for 2023/2024, Green Plan and the Fire Team.</p> <p>JS queried if the PFI settlement benefits the Trust. BW advised the investment of £15m is a positive for the Trust. GW advised it has taken some time to get to this point and the settlement is a good outcome. Relationships at a senior level are working better now than they have for some time. The next steps relate to contract management aspects and there is more work to do in this regard, noting one issue is developing the strength of relationships at the senior level, down to the next level.</p> <p>IH queried what type of Automatic Number Plate Recognition (ANPR) system the Trust is planning to install. BW advised the system will be both card / cash payments and can be accessed via a mobile app.</p> <p>JW advised he has seen a lot of delivery vehicles parking in the drop-off area at the front of King's Mill Hospital. BW advised there has been a collapse in the floor in a corridor at the back of the hospital, and diversion routes have had to be put in place. As a result, delivery drivers may be using the front entrance as opposed to coming to the goods receipt point. BW advised he would follow this up.</p>		

	<p>SO advised he and IH had recently visited Newark Hospital and received feedback from a member of staff that the sexual health clinic was quiet and is 'dead space', but the women's section is constantly busy and is cramped. SO queried if there is any option to look into this in terms of space utilisation. BW advised the Team are aware of this and it will be considered.</p> <p>The Council was ASSURED by the report.</p> <p>BW left the meeting.</p>		
23/070	WINTER PLAN		
11 mins	<p>PR presented the report, highlighting the key principles for Winter planning, the approach to Winter planning, mitigations, current bed occupancy and staff wellbeing support.</p> <p>LD referenced a presentation to a previous meeting in relation to the Service Improvement Team looking at effective discharge processes and queried if this work has made a difference. PR advised a set of actions are being deployed which are anticipated will make a difference to the number of patients who are medically fit for discharge. This reduction in demand will allow the Trust to return to 92% bed occupancy and allow for flow in an effective and safe manner.</p> <p>LD felt it would be good to embed better discharge processes, rather than it just being a response to Winter.</p> <p>JD queried when the Discharge Lounge is due to open. PR confirmed this will be February 2024.</p> <p>AJ queried if there is support from local authorities in terms of discharging patients when they are medically fit to go home and if this is working well. PR advised over the last two months some targeted work has been undertaken with an independent consultant, which has looked at the process across the whole of Nottinghamshire. This has enabled changes to be identified in terms of how teams can work together more effectively. There is still more work to do but through collaborative working the first change can be made and momentum built for teams to work more collaboratively into the future.</p> <p>TB noted the current bed occupancy rate is 96% and queried if this was due to acute demand, length of stay or complexity. PR advised all of these factors are affecting the occupancy rate. The step change will be the ability to discharge patients when it is medically safe to do so.</p> <p>JWY advised opening a Winter ward brings huge challenges. However, he advised it feels different this year as areas are already open and substantively staffed, meaning the Trust is less reliant on agency and locum staff. While it is a difficult time, the Trust is in a strong position going into Winter.</p>		

	<p>PR advised one of the key principles in the Winter Plan is minimising the impact on planned care, noting during the Winter of 2022/2023, the Trust tried to maintain planned care, but unfortunately it was necessary to stand down some elective procedures during January and February 2023. This meant there was a need to change wards from surgical to medical at short notice, which caused a level of disruption. However, for this Winter, plans are in place to enable surgical wards to be changed to medical wards should the need arise.</p> <p>SO queried if the Trust has planned for worst case scenario in the event of further industrial action. PR advised potential industrial action has not been built into the plans, noting it does not affect demand and, in previous periods of action, the Trust has been able to staff beds. Therefore, potential industrial action has not been built into the demand and capacity plans. No dates for further industrial action have been announced, but in the event of this the Trust will review its ability to deploy the plan.</p> <p>The Council was ASSURED by the report.</p>		
23/071	REPORT FROM BOARD SUB-COMMITTEES		
28 mins	<p>Audit and Assurance Committee (AAC)</p> <p>SB presented the report to the Council, highlighting governance arrangements for MSK (Musculoskeletal) services and Healthcare Financial Management Association (HFMA) audit.</p> <p>IH acknowledged the change of Chair of the Committee and advised the Committee has been very well chaired by GW over the years. IH noted there is a constant challenge to complete audits on time, but felt the Committee is effective.</p> <p>Quality Committee</p> <p>AR presented the report to the Council, highlighting the increase in mortality rates, impact of continued industrial action, reduction in the number of complaints and a review of the Board Assurance Framework (BAF) risks.</p> <p>JWy advised the Committee has good, robust discussions and it was good to receive an update in relation to the ongoing work to establish the root cause for the increase in mortality rates.</p> <p>TB noted every patient who comes to harm on the cancer pathway is reviewed and queried if there is a risk stratification process and if this is linked to mortality in terms of triangulation. AR confirmed this is the case and is discussed by the Committee.</p> <p>Finance Committee</p> <p>GW presented the report to the Council, highlighting the Trust's financial position at the end of Month 6, Financial Recovery Plan, ICB's financial position at the end of Month 6, PFI governance and review of BAF risks.</p>		

	<p>People and Culture Committee</p> <p>SB presented the report to the Council, highlighting the Health and Wellbeing campaign, preparation for the Staff Survey, response to Equality, Diversity and Inclusivity (EDI), ongoing industrial action and review of BAF risks.</p> <p>Charitable Funds Committee (CFC)</p> <p>SB presented the report to the Council, highlighting delays with progress to create 16 enhanced end of life rooms, review of Charitable Funds investments and the External Fundraising on Hospital Site Policy.</p> <p>LB advised it is a very well run and interesting committee.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p> <p>Governor Observers</p> <p>CW advised that following a request for expressions of interest in the governor observer role, the following roles were NOTED:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – Ian Holden • Finance Committee – Sam Musson and Kevin Stewart • Quality Committee – Peter Gregory and Pam Kirby • People and Culture Committee – Dean Wilson and John Wood • Partnerships and Communities Committee – Tracy Burton and John Dove • Charitable Funds Committee – Jane Stubbings and Liz Barrett <p>The Council AGREED to ask Kevin Stewart, Appointed Governor, to observe the Finance Committee on behalf of the governors, noting his previous experience as a public governor and acknowledging this does not set a precedent for appointed governors to act as governor observers in the future, as this is a role for elected governors (public or staff).</p> <p><i>Post-meeting update</i> – after the meeting had concluded, Neal Cooper advised he would observe the Audit and Assurance Committee. Therefore, there are two observers on each committee.</p>		
23/072	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
5 mins	<p>Membership and Engagement Group</p> <p>LB presented the report, advising it was a good meeting of the Group in October.</p> <p>IH felt there is a need to put together a better package for members to increase active engagement and for governors to regularly engage with members about issues of concern.</p> <p>PK felt it is important to provide feedback to members so they know they have been heard.</p>		

<p>2 mins</p>	<p>IH felt there needs to be a separation between the Communication Team and governors.</p> <p>LB advised this is the starting point. There is a need to think about how membership can be increased and how members contribute in a meaningful way.</p> <p>IH felt one area to consider is engaging with young people as they may have innovative ideas about how the Trust communicates.</p> <p>The Council was ASSURED by the report</p> <p>Report of the Remuneration Committee - re-appointment of a Non-Executive Director</p> <p>GW left the meeting</p> <p>SBS presented the report, advising Graham Ward (GW) comes to the end of his tenure on 30th November 2023, having served 8 years as a Non-Executive Director (NED). Graham is eligible for reappointment for a further year. It was proposed to re-appoint GW for a period of 1 year to 30th November 2024</p> <p>The Council APPROVED the reappointment of Graham Ward for a period of 1 year.</p> <p>GW re-joined the meeting</p>		
<p>3 mins</p>	<p>Report of the Remuneration Committee - appointment of a Non-Executive Director</p> <p>SBS presented the report, highlighting the recruitment process for the vacant Non-Executive Director (NED) post and advising a total of 26 applications were received. Unfortunately, two applicants lived outside the Trust's constituency and, therefore, were not applicable for appointment. Eight candidates were shortlisted and invited for interview, which took place on 25th October 2023.</p> <p>Following the interviews, it is recommended the Council of Governors support the appointment of Neil McDonald for an initial three-year term.</p> <p>IH advised candidates from a range of different backgrounds were considered and Neil was the best candidate by some margin.</p> <p>The Council APPROVED the appointment of Neil McDonald as a Non-Executive Director for an initial three-year term.</p>		

2 mins	Remuneration Committee Membership CW advised that following a request for expressions of interest in serving on the Remunerations Committee, the following Governors will form the Remuneration Committee: <ul style="list-style-type: none"> • Liz Barrett – Lead Governor • Dean Wilson – Public Governor • Neal Cooper – Public Governor • Tracy Burton – Public Governor • Vikram Desai – Staff Governor • Kevin Stewart or Nikki Slack – Appointed Governor 		
23/073	OUTSTANDING SERVICE – A VOLUNTEER'S JOURNEY THROUGH SHERWOOD FOREST HOSPITALS		
5 mins	A short video was played highlighting the work of the Trust's volunteers.		
23/074	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
23/075	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	The Council AGREED the following escalations to the Board of Directors meeting: <ul style="list-style-type: none"> • Development of the Trust's strategy for 2024-2029 • Governor Observers of sub-committees agreed • Approval of appointment of Neil McDonald as new Non-Executive Director • Approval of extension to tenure of Graham Ward, Non-Executive Director for a further year • Membership and Engagement 		
23/076	ANY OTHER BUSINESS		
1 min	No other business was raised.		
23/077	DATE AND TIME OF NEXT MEETING		
	Date: Tuesday 13 th February 2024 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital There being no further business the Chair declared the meeting closed at 20:10.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. <div> <div>Claire Ward Chair</div> <div>Date</div> </div>		

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			09/05/2023	31/07/2023	14/11/2023	13/02/2024			
Angie Jackson	Mansfield District Council	Appointed		P	P		4	23/05/23	31/05/27
Ann Mackie	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Craig Whitby	Mansfield District Council	Appointed	X				4	21/05/19	31/05/23
David Walters	Ashfield District Council	Appointed	A	A	A		1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A	A		3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P		3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P	X		4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P	A		3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A	P		3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	P	P		3	01/05/22	30/04/25
Karen Nadin	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Kevin Stewart	Volunteers	Appointed	P	P	A		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P		1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P	P	P		3	01/05/22	30/04/25
Michael Longdon	Rest of East Midlands	Public	X				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P		3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P	A		N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P	P		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P	A		3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P	A		3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P	P		3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P	P		3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P	X		3	07/07/23	06/07/26
Sue Holmes	Rest of East Midlands	Public	P	P			3	01/11/20	31/10/23
Tracy Burton	Rest of East Midlands	Public		P	P		3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X	A		3	01/05/22	30/04/25

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
			Council of Governors	None					Amber

Council of Governors - Cover Sheet

Subject:	Chair's report		Date: 13 th February 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Claire Ward, Chair				
Presented By:	Claire Ward, Chair				
Purpose					
An update regarding some of the most noteworthy events and items from November 2023, December 2023 and January 2024 from the Chair's perspective.			Approval		
			Assurance		
			Update	Y	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	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 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
DVT = Deep Vein Thrombosis LED = Light Emitting Diode NICU = Neonatal Intensive Care Unit SDEC = Same Day Emergency Care SFH = Sherwood Forest Hospitals					
Executive Summary					
An update regarding some of the most noteworthy events and items from November 2023, December 2023 and January 2024 from the Chair's perspective.					

Recognising the difference made by our Trust Charity and Trust volunteers



Staff and players from Mansfield Town Football Club on their visit to King's Mill Hospital

The period has been another busy one for our brilliant Community Involvement team and our army of Trust volunteers.

In November, 391 Trust volunteers generously gave over 4,200 hours of their time to help make great patient care happen across the 34 services they have supported during the month.

During December, 386 Trust volunteers gave over 3,900 hours across 33 services while, in January, 392 Trust volunteers gave over 4,220 hours across 35 services during the month.

Other notable developments from our brilliant Community Involvement team and our team of volunteers over recent months have included:

- The King's Mill Hospital Volunteers are delighted to have funded the refurbishment of the Clinic 7 children's area from cafe and fundraising stall profits, with the results of their efforts pictured below. Colourful artwork and wall-mounted toys provide a welcome distraction for children waiting in clinic.
- A team of response volunteers have been deployed to support the Pathology Team throughout the period of the spine corridor closure, including by supporting frontline colleagues by accepting samples and manning a temporary reception desk.
- Debra from Ward 24 popped to the Community Involvement Hub to pay in the £100 takings from the ward Christmas raffle to the Medicine Division Charitable Fund.

- SFH Hospitals Charity were delighted to provide three feeding dolls to NICU. The dolls will enhance training and provide feeding support to patients, including by helping to demonstrate positioning and attachment.
- Breast Care Nurses, Yvonne and Charlotte, were delighted to meet local fundraiser Daisy Stevenson who has raised £50 to support breast care patients at King's Mill Hospital. The funds have been used to purchase pens for the patient information packs.
- Welcoming members of staff from the Frasers Group, who have kindly donated £1,394 to the Sherwood Forest Hospitals Charity to be spent on toys for Ward 25 – the Children's Ward at King's Mill Hospital.
After deciding they wanted to raise money for charity, members of the Warehouse team at the Frasers Group held a virtual bike ride, where they rode – virtually – from their base in Shirebrook to Krakow (Poland), to Bucharest (Romania) and back to Shirebrook. With 500 members of the team taking part from 6am until midnight over three days, the team managed to cycle a total of 2,884 miles with 1,000 of those over their target.
- Staff from Children's Services and Care of the Elderly wards at King's Mill Hospital were overwhelmed by the generous donation of advent calendars and selection boxes from White Meadow Furniture, Sutton in Ashfield.
- Welcomed a wealth of donations of food items for the Charity's annual food bank appeal.
- Supported the King's Mill Hospital Christmas raffle which has raised a fantastic £1,955 for the Trust Charity Dementia Fund.
- Welcomed the donation of a fantastic £3,046.50 from The Friends of Newark Hospital, which has been raised in their Christmas raffle, tombola and craft stall.
- Gratefully received donations from the League of Friends (Mansfield and Sutton) and the Friends of Newark Hospital, who funded a gift for every Trust inpatient to open on Christmas Day.
- Our volunteer fundraisers support our wards with funding for patients spending their birthday or other special occasion in hospital – including sourcing a celebratory cake and balloon at short notice for a patient spending their 91st birthday on Ward 31.
- We have presented a number of long service awards to our dedicated volunteers who are celebrating milestones with the Trust.
- The Christmas raffle was launched at King's Mill Hospital, in aid of the Sherwood Forest Hospitals' Charity Dementia Care Fund.
- LED lighting with a view of the treetops & sky has been funded and installed, offering a welcome distraction for patients having eye injections in Clinic 8 at King's Mill Hospital. The improvements have been made possible thanks to the KMH volunteers who funded this Dragons' Den project from fundraising and cafe profits

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



King's Mill Hospital patients to benefit from new ultrasound machine, thanks to legacy donation to Sherwood Forest Hospitals Charity

Some patients who receive care at King's Mill Hospital's Same Day Emergency Care (SDEC) Unit are to receive quicker tests and diagnoses, thanks to a new ultrasound machine that has been purchased by our Sherwood Forest Hospitals Charity.

Patients with suspected Deep Vein Thrombosis (DVT) will be among those who will benefit from the £41,500 machine that has been purchased, thanks to a legacy donation made to the Charity.

The Trust's purpose-built 'SDEC' unit reduces hospital admissions by providing high-quality diagnostic tests, treatment and care without the need for an overnight stay in a hospital bed. Until now, patients in the unit who needed an ultrasound scan had to wait for availability in the x-ray department or while equipment was sourced from other areas of the hospital.

The machine will result in faster tests and diagnoses, increasing flow through the department and reducing the number of patients who receive unnecessary medication, for example to prevent blood clotting. It will also improve access to scans for inpatients because fewer SDEC patients will need to visit the x-ray department.

We are very grateful to Sherwood Forest Hospitals Charity for providing this ultrasound machine, which will enable timely scans to be carried out by the medical team in SDEC, resulting in improved patient care and experience.



Newark Hospital's longest-serving colleague celebrates 50 years' service

Newark Hospital's longest-serving colleague has been recognised for achieving a remarkable 50 years of service. Margaret Michie, who is a clinic receptionist mainly in Eastwood Centre at Newark Hospital, had requested that no fuss be made of her special milestone, but we couldn't let the occasion pass without marking it in some small way.

Members of our Executive Team and the Newark Hospital leadership team presented her with a framed certificate and a letter to show their thanks and appreciation.

As a Trust, we award our colleagues pin badges for reaching certain milestones but a 50-year badge had to be specially ordered because Margaret is believed to be the first colleague at the Trust to reach five decades.

Margaret has worked in various departments since starting work as a radiology secretary in 1973. She has worked in Medical Records and on Minster Ward, roles that have given her a wealth of knowledge.

Margaret is a valued member of the clinic reception team, looking after her consultants, the staff around her and, ultimately, the patients. She takes great pride in her work and is a very conscientious person who has a vast knowledge of medical terminology.

It is truly amazing that Margaret has given 50 years of service to the Trust and to Newark Hospital. I thank her for her incredible service.



Margaret Michie receives her certificate of long service

Other notable engagements:

- I was delighted to meet with our partners at Newark and Sherwood District Council to continue our discussions on how we can support greater health and wellbeing across the community. Since becoming Chair, I have championed the partnerships with our local councils and others as a key way to deliver better outcomes and better value for our patients and public.
- I continue to take part in regular visits to different parts of our Trust. In my role as Non-Executive Maternity Safety Champion, this has included a monthly visit around our birthing unit, maternity services and our Neonatal Intensive Care Unit (NICU). It is always a pleasure to meet our colleagues, parents and our smallest of patients. These visits allow us to continually review our services and consider how we can improve.

Council of Governors - Cover Sheet

Subject:	Chief Executive's report		Date: 13 th February 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items from November 2023, December 2023 and January 2024 from the Chief Executive's perspective.		Approval			
		Assurance			
		Update	Y		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	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 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
BSIP = Bus Service Improvement Plan CDC = Community Diagnostics Centre GP = General Practice HSC = Health Scrutiny Committee ICB = Integrated Care Board ICS = Integrated Care System JFP = Joint Forward Plan MNPBP = Mid Nottinghamshire Place-Based Partnership MRI = Magnetic Resonance Imaging UNICEF = United Nations Children's Fund UTC = Urgent Treatment Centre					
Executive Summary					
An update regarding some of the most noteworthy events and items from November 2023, December 2023 and January 2024 from the Chief Executive's perspective.					

Operational updates

Facemasks re-introduced in clinical areas of our hospitals following rise in respiratory infections

Facemasks were reintroduced in all clinical areas of our King's Mill Hospital, Newark Hospital and Mansfield Community Hospital sites in January. The decision follows an increase in respiratory conditions – including COVID-19 and flu – among Trust patients and colleagues.

Patients, visitors and employees at the Trust's hospitals are now asked to wear masks at all times in clinical areas and waiting areas to protect themselves and others.

Masks are available free-of-charge from mask stations throughout our hospitals, with those areas requiring people to wear a mask clearly signposted.

People who are preparing to visit are urged not to do so if they have any signs of illness, particularly if they have any cold, flu or Covid-like symptoms, diarrhoea and/or vomiting in the past three days, or if they have been in contact with anyone who has had these types of illness.

It is vital that we take decisive action to protect our most vulnerable patients, visitors and colleagues to ensure we can keep vital services running for all those that need them over the coming weeks.

Rates of infection are kept under constant review and studies indicate that re-introducing the wearing of masks is one of the ways to prevent the spread of infection.

Colleagues, patients and visitors are also encouraged to wash their hands frequently with soap and water and use the alcohol gel provided, in addition to wearing facemasks to help reduce the spread of infections.

The Trust will continue to keep its facemask requirements under regular review.

Industrial action updates

The most recent periods of industrial action in December 2023 and January 2024 brought with them further disruption.

Two periods of industrial action took place during December and January – first from Wednesday 20th to Saturday 23rd December 2023 and then from Wednesday 3rd to Tuesday 9th January 2024.

During the December and January strikes, we were required to postpone over 1,400 outpatient, day case and inpatient appointments, in order to prioritise safe urgent and emergency care during those two periods of industrial action.

Despite that disruption, Trust colleagues still managed to go ahead with over 10,000 similar appointments as planned during that same period, thanks to the commitment and forward planning of our teams across the Trust.

Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 8,326 appointments, procedures and operations.

In addition to the operational impact that industrial action has on our services, the financial cost of this year's industrial action up to and including an estimation of January's impact totals £7.7million. This includes the spend to cover lost shifts, lost income opportunities and missed efficiency saving opportunities. To date, the Trust has received £3.4million of national funding to mitigate the impact of this.

Another significant impact that ongoing industrial action continues to have on our Trust colleagues, who we are continuing to support through an enhanced wellbeing package during each period of industrial action. We remain so grateful to our Trust colleagues for their continued hard work, skill, commitment and forward planning in helping to manage these extraordinary pressures.

Although we are yet to learn of any announcements of further industrial action, we remain disappointed about the continuing lack of progress over the negotiations that are happening to help bring this continuing industrial action to a close.

We continue to hope for a resolution to be found to this national issue that continues that cause real pain locally for our Trust colleagues and patients alike.

Partnership updates

Friends of Vision West Notts College

The Trust was represented at the launch of this new network during January.

During the launch, the College paid tribute to the support of partners over the last two years, explaining that the organisation had moved in positive ways as a result of inputs from those in the room, who included councils, voluntary organisations and Sherwood Forest Hospitals.

Our work to inspire young people and to provide career opportunities for people living locally were recognised by the college as significant steps to make a difference in our area.

Review of the Integrated Care Strategy for Nottingham and Nottinghamshire (2023-2027)

The Trust has been asked for feedback on proposals to review the JFP (Joint Forward Plan), as part of the role we play in the wider Nottingham and Nottinghamshire Integrated Care System (ICS).

That plan sets out how the Integrated Care Strategy will be delivered through the NHS Joint Forward Plan and the Joint Local Health and Wellbeing Strategies. It was proposed that a simple review of the Integrated Care Strategy is conducted at the end of the financial year.

The Trust's feedback will be considered by the Trust's Partnerships and Communities Committee and fed back to the Nottingham and Nottinghamshire ICB, as per their request.

Partnership updates

Meetings with Newark and Sherwood District Council

Newark and Sherwood District Council visited King's Mill Hospital during December as part of our quarterly partnership meetings.

During the meeting, it was agreed to bring together the three local authorities into the Trust in February to explore solutions to the problems we face as an organisation, such as housing and health challenges that delay the timely discharge of patients to home.

Meetings with Ashfield District Council

The Trust's Chief Executive, Chair and Director of Strategy and Partnerships, David Ainsworth, met with representatives from Ashfield District Council during December to introduce the Council's new Executive Director for Place.

A 'memorandum of understanding' is being developed with the Council that will include some annual priorities for the two organisations to sign up. Board will be appraised on the progress.

Mid Nottinghamshire Place-Based Partnerships (MNPBP) update

The Mid Nottinghamshire Place-Based Partnerships Executive met during December to review place plans and the group's progress.

Progress was reported against all workstreams and the group recognised that longer-term initiatives around prevention will become increasingly challenging as financial constraints begin to be felt in the short-term.

Updates from Newark Hospital

Update on the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB) review of the overnight opening hours of Newark Hospital's Urgent Treatment Centre (UTC)

In 2023, the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) led a number of public engagement events to discuss the best permanent opening hours for the UTC, enabling local people to feedback via an online survey that was available on the ICB website and promoted at a number of public engagement events.

The UTC, which is run by Sherwood Forest Hospitals NHS Foundation Trust, provides urgent care and non-life-threatening treatment for injuries or conditions, such as cuts, simple broken bones, wounds, minor burns and minor head, eye and back injuries.

The UTC is currently open for 13 hours a day between 9am to 10pm, slightly exceeding the national minimum standard of 12 hours per day. Those opening hours were put in place in March 2020 as a temporary measure to address ongoing staffing issues made worse by the COVID-19 pandemic.

Prior to the pandemic, the UTC was often closed overnight at short notice due to lack of staff availability. Typically, when the UTC was open overnight, it would treat, on average, one patient per hour, in contrast to between 4-6 patients per hour during the daytime.

As a Trust, we remain committed to working alongside our Integrated Care Board colleagues to provide a safe, sustainable urgent treatment centre at Newark Hospital, operating at least 12 hours per day, in line with the specification for urgent treatment centres across England.

As part of that engagement period, we worked alongside ICB and NHS England colleagues to host a 'clinical senate' to give credibility to these discussions around the longer-term opening hours of the facility. The senate saw a collective set of independent clinical advisors receive a presentation about the proposals, as well as allowing the independent experts to visit and talk to several Newark Hospital colleagues about their experiences.

The outcomes of the listening exercise and Clinical Senate review – along with the process followed by the Options Appraisal Panel – were considered by the Nottinghamshire County Council Health Scrutiny Committee (HSC) at its meeting on Tuesday 12th December 2023.

Options for the future opening hours of the Centre are now being worked up and will be discussed by the Nottingham and Nottinghamshire Integrated Care Board (ICB) through relevant governance routes in due course at a date still to be confirmed.

The ICB has indicated that it expects a permanent decision to be made on the site's overnight opening hours in spring 2024.

Additional health tests introduced at Newark Hospital, as 'accelerated' Community Diagnostics Centre activity is rolled-out

It is our pleasure to bring you exciting news of the latest developments in our efforts to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to our area, with the benefits of those tests now boasting a physical presence at Newark Hospital.

Community Diagnostics Centres are being developed across the country to create 'one-stop shops' for patients to access the health tests and investigations they need in a single visit. The Centres will also help to reduce waiting times for these vital tests, in-turn helping patients to receive an 'all clear' or diagnosis sooner.

The new Centre will be built alongside Mansfield Community Hospital in Stockwell Gate, Mansfield. Once open, it is expected to benefit tens of thousands of patients each year to help them get the answers they need to their health concerns sooner.

That work is continuing at pace and, rather than waiting for the full Centre to open in spring 2025, we are delighted to confirm that hundreds of additional health checks and scans are already being made available across mid-Nottinghamshire.

And while these essential health checks and scans are available to every patient in the Mid Nottinghamshire area and beyond, that accelerated activity had previously been delivered from the Mansfield area until recently.

In November, we began offering up to 275 additional blood tests at Newark Hospital each week as part of a new drop-in service that makes it even more convenient for patients to access the vital tests they need – all without the need to book.

The tests are available at the Eastwood Centre at Newark Hospital every weekday between 11.30am and 3.30pm and we have been reaching-out to local General Practice teams to encourage them to refer in as many of their patients into the clinic as possible.

We are proud of the work that is going on to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to Mansfield and we look forward to bringing you the latest developments about this exciting work over the coming months.

Praise for audiology services at Newark Hospital



Newark resident Lynn Roulstone has praised the Audiology department at Newark Hospital after being fitted with Bluetooth hearing aids which she felt gave her a new 'lease of life'.

Lynn, 70, has struggled with her hearing since contracting a nasty bout of measles as a child. Her hearing worsened as she got older and she began to wear hearing aids in her forties.

She moved to Newark from Kingston in 2021 at a time when she was struggling with hearing aids she'd had fitted at a previous hospital and, as a result, she was struggling to hear and communicate with people.

By the time Lynn booked an appointment to see the audiologist at Newark Hospital, she had stopped going out and become very withdrawn due to her inability to participate in conversations. Upon learning her situation, the audiology team booked her in for an emergency appointment where they immediately offered to fit her with Bluetooth hearing aids.

Bluetooth hearing aids come with a range of features and can be connected to a mobile phone so users can adjust the volume, connect to a hearing loop system and even select a restaurant setting which drowns out external noise, allowing them to focus on the conversation in front of them.

The hearing aids were introduced to the department in 2021 and the team have received really good feedback from patients about the Bluetooth hearing aids.

The state-of-the-art audiology facility at Newark Hospital became operational early in 2022 and was introduced as part of our Trust's continuing programme of works to expand and improve the range of services available at Newark Hospital.

The facility provides a service Monday to Friday between 8.30am and 5.30pm, offering appointments for hearing assessments, hearing aid fittings and follow-ups, tinnitus management, paediatric assessment and hearing rehabilitation. New patients will need a referral from their GP to access the service.

Patients are encouraged to 'Ask for Newark' and speak to their GP when being referred for any hospital treatment to see if they can benefit from the ever-increasing range of outpatient appointments, procedures and operations available at Newark Hospital.

Other Trust updates

Open for business: Thousands access extra health checks provided at new Community Diagnostics Centre

More than 8,000 patients have now accessed a range of additional health checks that have been introduced across Mansfield and Newark, as part of work that has seen us bring Nottinghamshire's first Community Diagnostics Centre to our area.

Since the additional tests began being offered at the beginning of October, the Trust has now delivered over 8,000 blood tests, heart scans (echo), MRI and ultrasound scans since our first Community Diagnostics Centre services opened their doors to the public.

That programme is now proudly offering hundreds more health checks to patients each week – with many, many more tests to be introduced as the project continues to grow towards the full range of services being made available.

A programme of blood tests are also being offered on Saturdays during February and March to utilise as many tests as possible during that time.

While the full Community Diagnostics Centre is not expected to open its doors in its new home until March 2025, Sherwood Forest Hospitals has been proactive in making many of the vital health checks it will offer sooner – long before the ‘bricks and mortar’ of the full Centre are in place.

Those tests and checks are now being offered from a number of locations across the area, including Mansfield Community Hospital, Newark Hospital and the Nottingham Road Clinic in Mansfield.

A number of Saturday sessions are now also being offered as part of this programme of tests, making it more convenient than ever for our local communities to access the tests and health checks that they need.

A new building will eventually be built to house the new services alongside Mansfield Community Hospital in Stockwell Gate, with work due to begin at the site in spring 2024 ahead of opening its doors in its new home in 2025.

For more information about the Trust’s work to bring Nottinghamshire’s first CDC to our area, please visit our dedicated CDC webpage at www.sfh-tr.nhs.uk/cdc

A ‘thank you’ to our Vaccination Centre team

After opening its doors on the first day of the nation’s vaccination programme in December 2020, December saw the final COVID vaccine delivered at the Trust’s Vaccination Hub at King’s Mill Hospital.

An incredible 1.6million+ individual doses of the lifesaving COVID-19 vaccination were delivered at King’s Mill Hospital by Sherwood Forest Hospitals since the programme began – accounting for half of all vaccines delivered in Nottingham and Nottinghamshire during that time.

As the country’s vaccine programme has slowed, the time has now come for the Centre to close its doors. As it does so, we have passed on a message of thanks to each and every member of the vaccination team for their incredible efforts during that time.

Their professionalism, teamwork and innovation shone through every step of the way, with everyone from frontline healthcare workers administering vaccines, the operational and pharmacy teams coordinating distribution, the administrative staff keeping the programme on track and the volunteers providing support all having a vital role to play.

Everyone in the country’s NHS is immensely proud of what they have achieved together and the positive impact they continue to make on the health and wellbeing of our local communities.

We are privileged to have had such an outstanding team and we wish them all well as this proud chapter of our Trust’s history comes to a close.

Submission of Thirlwall Inquiry response

I have previously updated the Board of Directors that NHS England had made a request to Sherwood Forest Hospitals to provide evidence to support the national Thirlwall Inquiry. [The full terms of reference for the inquiry are available to view on the gov.uk website.](#)

The Inquiry was announced following the trial of Lucy Letby, who was sentenced to life imprisonment and a whole life order on each of seven counts of murder and seven counts of attempted murder. That trial, which concluded on 21 August 2023, considered offences that took place at the Countess of Chester Hospital – part of the Countess of Chester Hospital NHS Foundation Trust.

I can confirm the Trust has responded to the request for evidence, which took the form of a questionnaire that was sent to Trusts across the country, and the Inquiry Team have confirmed receipt of that evidence.

As a Trust, we are now awaiting further correspondence from the Inquiry Team in case any further information or clarification is required. I will commit to keep the Board and Council of Governors updated about this important work.

Green partnership improves public transport for hospital users



During December, I was pleased to join representatives from Nottinghamshire County Council and Stagecoach to celebrate the introduction of two new bus stops to the grounds of King's Mill Hospital that will allow patients, visitors and staff to be dropped off closer to the main entrance of the hospital.

The introduction of the bus stops is thanks to a partnership between Sherwood Forest Hospitals NHS Foundation Trust, Nottinghamshire County Council and Stagecoach East Midlands.

Stagecoach East Midlands has operated the high frequency number 1 bus service along Sutton Road and past King's Mill Hospital for many years.

Previously, passengers would have to board and get off on Sutton Road outside the hospital grounds then walk the 200metres to the hospital main entrance. Now, bus users attending hospital for work, appointments or to visit friends and relatives will be dropped off on hospital grounds close to the main entrance.

Thanks to funding from the Bus Service Improvement Plan (BSIP), Nottinghamshire County Council has upgraded the traffic light signals at the two entry and exit points at King's Mill Hospital to give local bus services priority.

Buses communicate their position and punctuality of service to the urban traffic control centre, which will then trigger specific traffic lights to green to reduce delays and keep buses running on time.

Nottinghamshire County Council has provided two high quality bus shelters with lighting and integrated real time information displays, which provide live next bus information along with disruption and general travel information. The bus stops are also fully accessible with seating for up to six passengers plus space for wheelchair users.

The bus stops have been made possible thanks to a combination of funds from Sherwood Forest Hospitals Trust and the County Council's Green Investment Fund.

To complement the zero carbon ambitions of the Trust, the Council ensured that the displays are 100% solar powered with battery storage and are powered 24/7 all year round.

The Trust's green plan sets out its plans for sustainable development and long-term carbon dioxide emission reductions, with the overall aim to reach net zero carbon emissions by 2040.

We are delighted that we can offer this service to give bus users' easier access to our hospital. It will really benefit those who are less able to walk and take away anxiety around missing appointments.

It's also great news for colleagues at the Trust and means that they can finish their shift without the added stress of having to run to make their bus home.

I would like to formally extend my thanks to both Stagecoach East Midlands and Nottinghamshire County Council, who have been instrumental in making this change happen.

I am pleased that the new facilities meet our plans to become a net zero Trust.

The number 1 service has been running for nearly 30 years and it takes customers from Huthwaite to Mansfield Woodhouse every ten minutes, seven days a week.

Stagecoach East Midlands have seen a 50% increase in passengers using the number 1 service to travel to hospital since the new bus stops were introduced.

England's Chief Nursing Officer and Chief Midwifery Officer visit Sherwood Forest Hospitals



The work of Sherwood Forest Hospitals NHS Foundation Trust's maternity team was in the spotlight during November when England's Chief Nursing Officer and Chief Midwifery Officer visited King's Mill Hospital on Thursday 23rd November 2023.

Dame Ruth May, Chief Nursing Officer for England, and Kate Brintworth, Chief Midwifery Officer for England, spoke to midwives, nurses and maternity support workers who showcased various aspects of their work.

The pair were given a tour of the Sherwood Birthing Unit, the Maternity Ward, and Neonatal Unit at King's Mill, where maternity services were rated 'good' in the Care Quality Commission's (CQC) latest report.

This is the first time that England's Chief Nursing Officer has visited the Trust since it achieved Pathway to Excellence accreditation almost exactly a year ago.

During their visit, the pair also heard from the Trust's Recruitment and Retention Midwife, Sharon Parker, who explained how the Trust has created a safe, nurturing environment for newly qualified midwives. Since taking up post in 2022, Sharon has successfully recruited into all vacant posts for newly-qualified midwives and all these midwives still work for the Trust – something that is recognised as a huge success given the challenge nationally.

The Trust also shared news of its Neonatal team achieving Stage 2 Baby Friendly accreditation from the United Nations Children's Fund (UNICEF). The programme enables services to support families with feeding and help parents build a close and loving relationship with their baby.

Claire Allison, Tobacco Dependence Maternity Lead for the Trust's maternity tobacco treatment service, also showcased how the Trust supports pregnant families to quit smoking. The specialist Phoenix team recognises that smoking in pregnancy is the result of addiction to nicotine, which requires treatment, so they provide free, friendly support that is tailored to each individual - without judgement or pressure. More than 200 babies have been born 'smoke-free' as a result of the team's support.



During their visit, the Chief Nursing Officer and Chief Midwifery Officer also presented the Pastoral Care Award to the Trust (pictured above) in recognition of the support the Trust provides to its internationally educated Nurses and Midwives from the moment the recruitment process begins and throughout their employment.

The Trust has been recruiting international colleagues for more than four years and currently has more than 200 international Nurses and two international Midwives.

We are immensely proud of our teams and the care and dedication they provide to our patients here at Sherwood. We were really pleased to be able to showcase just some of the great things going on here across our hospitals to two of the county's most senior leaders.

Congratulations to our nurses who successfully completed their preceptorship programme and first year with us here at Sherwood Forest Hospitals



The one-year preceptorship is an in-depth programme of learning and competency-based training, including an introduction to leadership and becoming proficient in relevant clinical skills, that all newly qualified nurses are required to undertake.

The preceptorship programme allows newly qualified nurses a structured start and enables them to integrate into their new team and place of work. It helps them to use their knowledge in everyday practice and grow personally as well as professionally.

The scheme also helps the Trust in understanding the challenges our newly qualified nurses face.

This latest cohort of newly qualified nurses were the first to complete the year-long programme since its extension from 22 weeks to a year in September 2022.

Sherwood Forest Hospitals gains 'Veterans Aware' accreditation

During Remembrance Week in early November, we were delighted to receive the news that Sherwood Forest Hospitals has been accredited to the highest standard available from the Veterans Covenant Healthcare Alliance in recognition of the support we provide for armed forces serving personnel and veterans.

Over the last 12 months, we have worked to strengthen the support provided to the area's armed forces community by working towards achieving a gold standard of the independently assessed Veterans Covenant Healthcare Alliance accreditation.

As a Trust, we originally signed the Armed Forces Covenant in 2016 as a commitment to ensuring that those who serve or have served in the armed forces and their families are treated fairly whenever they need the Trust's services. This commitment also covers all members of staff and volunteers across the Trust.

The VCHA's aim is to make sure that patients from the Armed Forces Community, including families, are paid due regard, and are not disadvantaged in terms of access to and outcomes of healthcare, as a result of their military life in line with the principles of the Armed Forces Covenant.

Achieving the gold standard accreditation shows the strength of our commitment to supporting our armed forces veterans and serving personnel across Nottinghamshire.



Mobile clinical research van visits King's Mill

Members of the local community have been invited to find out more about clinical research by visiting a mobile research unit at King's Mill Hospital, when the Nottinghamshire Mobile Research Unit visited King's Mill Hospital between Monday 20th November and Friday 1st December 2023.

The unit, which has a fully-equipped research clinic, aims to make it easier for members of the public to access research opportunities and take part in clinical trials.

Sherwood Forest Hospitals already carries out research in its dedicated facilities at King's Mill Hospital alongside local GP practices.

During its stay at King's Mill, patients and members of the public had the opportunity to talk to clinical research colleagues between 10am and 3pm every weekday where they were able to learn about how the Trust's Research and Innovation team carries out cutting-edge research. This includes screening for undiagnosed liver disease and treatment for high cholesterol.

The Trust currently has more than 4,000 patients taking part in research trials in more than 25 areas, including Respiratory, Oncology and Rheumatology. As a Trust, we are planning to build on this work by expanding studies into areas not previously involved in research.

Having the unit outside the hospital is showcasing how we can make research more visible and accessible to the local community in the hope that more people have the opportunity to participate in clinical research studies and provide them with access to new treatments and interventions.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report	Date: 13 th February 2024
Prepared By:	Liz Barrett, Lead Governor	
Approved By:	Liz Barrett, Lead Governor	
Presented By:	Liz Barrett, Lead Governor	
Purpose		
To provide assurance to the Council of Governors from the perspective of the Lead Governor		Approval
		Assurance
		Update
		Consider
Strategic Objectives		
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be
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	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	
Committees/groups where this item has been presented before		
N/A		
Acronyms		
CoG - Council of Governors SFHT - Sherwood Forest Hospitals Trust MYG – Meet Your Governor		
Executive Summary		
<p>Much time this quarter has been spent working together as a relatively new team of governors. Sue Holmes left us as Lead Governor at the end of October 2023 after exceptional governor service within Sherwood Forest Hospital Trust. I started my role of Lead Governor on 1st November 2023. In addition, we welcomed to the Governing Body ten new governors in summer 2023.</p> <p>As a relatively new team of governors we are getting to know each other's strengths, specialisms and priorities. Together we are taking time to identify how we can deploy these to support SFHT to the best of our ability and add optimum value.</p> <p>A governor conference is being planned for April 2024 to enable us to revisit the role of a governor within SFHT and the expectations around what is required. The governor conference will also provide time to discuss key immediate focuses and how we can address these through themed and focused 'MYG' sessions and a revised governor feedback session. This approach will help us to take the approach of 'you said, we did' in a very measurable and impactful way.</p>		

The governor conference will also provide a forum to discuss a new governor action log which we hope to design and introduce. This will provide governors with a tool to log queries / questions / concerns in an open and transparent way that will then enable all governors to track the progress of work undertaken to address these issues in future governor meetings.

Meetings have continued with Healthwatch and the Lead Governors from Notts. Healthcare and Doncaster and Bassetlaw Foundation Trust working towards formally agreeing a partnership which will be put to CoG at a later date for approval. An immediate priority is to create a memorandum of understanding as a shared group that represents governors and all that they can contribute at the Integrated Care Board. It feels important to highlight the governors as an asset who have individual and collective specialisms to bring to the table along with valuable volunteer time and capacity.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update		Date: 13 th February 2024		
Prepared By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
Approved By:	Candice Smith, Director of Nursing Quality & Governance				
Presented By:	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints.				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from October to December 2023.			Approval		
			Assurance		
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
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	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Acronyms					
Executive Summary					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from October to December 2023. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>During the reporting period from October to December 2023, there were a total of 24 visits confirmed as undertaken, with reports completed and returned.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15-step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>					

Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between October and December 2023. This paper details the clinical and non-clinical areas visited, the feedback identified by the visiting teams, and any themes or trends noted.

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

During the reporting period, there was a total of 24 visits completed, with reports returned, visit areas were as follows:

October	November	December
Welcome Treatment Centre (WTC)	Case Notes	Ward 51
Maternity Unit	Ward 31	Clinic 11 (Paediatrics)
Ward 12	Ward 11	Endoscopy
Ward 22	Day Case Unit	Clinics 3a and 3b
Hydrotherapy & Orthotics	Ward 52	Ward 23
Short Stay	Ward 44	
Discharge Lounge	MEMD	
	Ward 33	
	Same Day Emergency Care, (SDEC)	
	Emergency Assessment Unit, (EAU)	
	Urgent Treatment Centre (UTC)	

It should be noted it was not possible to complete a number of the planned visits over the quarter, due to Industrial Action and Critical Incidents occurring throughout this time.

When analysing the qualitative data, themes, and trends can clearly be seen throughout all visits and are of a positive nature, below are examples of the feedback received.

In conjunction with the 15 Steps Challenge a significant number of peer views have been undertaken covering all divisions, over all three sites. High level feedback has been provided to the Divisional Directors, and Executives, highlighting areas for improvement and the sharing of positive findings, this has been triangulated with patient experience, seeing the teams gather feedback from patients during the peer review visits, collating and reviewing alongside the 15 Steps Challenge.

Welcoming:

- All areas noted to be welcoming and happy to engage with the teams.
- The staff were ready for the day ahead and were happy to explain their processes.
- Staff were polite and professional.
- Clear signage and facilities to support patients of all abilities were demonstrated.
- Welcoming department with staff passionate about their role and service.

Caring and Involving:

- Discussions with staff demonstrated a clear focus on improving patients.
- Bank staff advised they regularly choose shifts for this area as the team were friendly and inclusive.
- Ward Sister was a true example of the Trust values and behaviours, demonstrating strong leadership.

Safe:

- Staff responded well to an emergency buzzer.
- Staff described a patient-centred service that is supported by a workshop providing a support service that is faster and more effective than those from significantly larger hospitals.
- Ward Sister recognised the importance of staff wellbeing.
- Fire exits clear from clutter and hand gel noted at all points of care.

Well organised and calm:

- Staff described a timely service provision for patients.
- The ward felt very calm, clean, and tidy. Staff remained calm during an emergency that occurred during the visit.
- All patients looked well cared for and comfortable, most were resting in rooms or behind curtains maintaining privacy and dignity.
- Patients all stated they received outstanding care from the staff and appreciated reviews from the same staff members throughout their treatment.

Issues identified during the visits:

The majority of actions identified during the visits were addressed at the point of contact, seeing immediate action being taken, where appropriate, with assurance given that where required communication would be shared with the wider team, to prevent similar occurrences. A number of issues were resolved shortly following the visits. These included:

- Concerns were raised regarding tape on a broken desk corner, Ward Sister confirmed following the visit Skanska had attended and the issue was now resolved.
- The hand gel at the entrance to the department was empty, this was immediately replenished once highlighted to the team.
- Outdated posters were immediately removed.
- It was noted clinic 3b was a very cluttered, small department. Further to the Project Initiation Documents the Department Sister confirmed efforts will be made to ensure bins

are collected/moved outside of usual working hours to reduce disruption to staff in the department.

Below is an indication of actions that require updates currently:

Deep scratch to the Phlebotomy room floor from a patient's wheelchair to be raised with Skanska.
Endoscopy to consider identifying gender neutral changing rooms.

Actions are followed up by the Patient Experience Team and to provide support where required.

Patient feedback:

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

When triangulating this with the Friends and Family Test feedback, concerns, and compliments you can see below some of the positive words used to describe the Trust, staff and the care received.



Visiting team's feedback:

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

Feedback was provided to area owners by the visiting teams if any issues were identified allowing them to act on this, improving as required, and sharing the positive findings.

Wellbeing Dignity
Privacy
Tidy Focus
Clean Improving
Leadership Calm
Comfortable
Outstanding
Patient-Centred

Conclusion:

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

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

Next Steps:

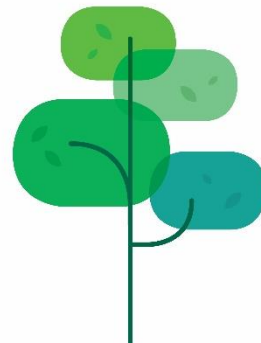
Moving forward visits will be planned through March, April, May, June, July, August, September and October 2024, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues allowing for improvements.

Council of Governors - Cover Sheet

Subject:	Operational Planning - Planning Guidance Update		Date: 13 th February 2024		
Prepared By:	Kevin Gallacher, Associate Director Planning & Partnerships				
Approved By:	Richard Mills, Chief Financial Officer				
Presented By:	Kevin Gallacher, Associate Director Planning & Partnerships				
Purpose					
To provide an update on the 2024/25 NHSE Operational Planning Guidance.		Approval			
		Assurance			
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X		X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				X
Committees/groups where this item has been presented before					
None					
Acronyms					
Executive Summary					
<p>The attached presentation provides a brief update on 2024/25 planning.</p> <p>The Nottingham and Nottinghamshire Integrated Care System (ICS) is required to submit operational plans potentially by the end of May 2024 with an initial submission at the end of March.</p> <p>SFH has a process in place to feed the SFH activity & performance, workforce and financial information into the ICS plan submission and will work between initial plan submission and any final submission plan to address any areas of non-compliance.</p> <p>The Finance Committee and ultimately the Trust Board are regularly briefed and approve the submission of the plan to the ICS with an understanding of any inherent risks and any agreed areas of non-compliance.</p> <p>An update will be provided for the May Council of Governors noting that, subject to planning guidance, the Trust and the ICS may not have submitted a final plan at this point.</p> <p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> Note the update. 					

2024-25 Operational Plan Guidance Update

Council of Governors 13th February
2024



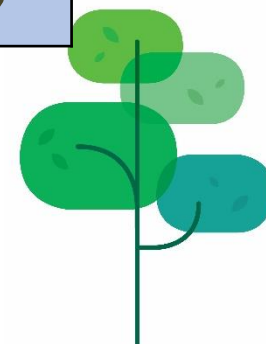


2024/25 Operational Planning

The priorities and objectives set out in the 2023/24 planning guidance are not expected to fundamentally change for 2024/25 planning.

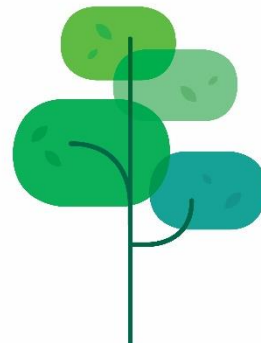
2023/24 Priorities and Objectives

1. Recovering our core services and improving productivity	2. Make progress in delivering the key NHS Long Term Plan ambitions	3. Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the “why” and “what”, not the “how”		



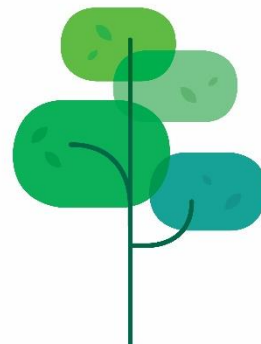
The 2024/25 Planning Challenge

- We know that for 2024-25 we will need to deliver more elective and diagnostics activity with an expectation that productivity gains will be a key contributor to this.
- It is likely that we'll also face, and have to mitigate, increased emergency demand.
- We will need to continue to target a reduction in the cost of temporary staffing
- We don't expect to see any significant changes in the resources available to us, or in terms of additional capacity opportunities.
- We will have a final 2024/25 plan submission to make in May 2024 (tbc)



Useful Links

- The NHSE update on planning letter is available at the following link: [NHS England » Update on planning for 2024/25](#)



Council of Governors - Cover Sheet

Subject:	External Audit Plan				Date: 13 February 2024
Prepared By:	Jess Townsend, KPMG				
Approved By:	Richard Walton, KPMG				
Presented By:	Jess Townsend, KPMG				
Purpose					
Assurance over the External Audit Plan for the year ending 31 March 2024				Approval	
				Assurance	X
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Principal Risk					
PR1	Significant deterioration in standards of safety and care				N/A
PR2	Demand that overwhelms capacity				N/A
PR3	Critical shortage of workforce capacity and capability				N/A
PR4	Failure to achieve the Trust's financial strategy				N/A
PR5	Inability to initiate and implement evidence-based Improvement and innovation				N/A
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				N/A
PR7	Major disruptive incident				N/A
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				N/A
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 2024.					

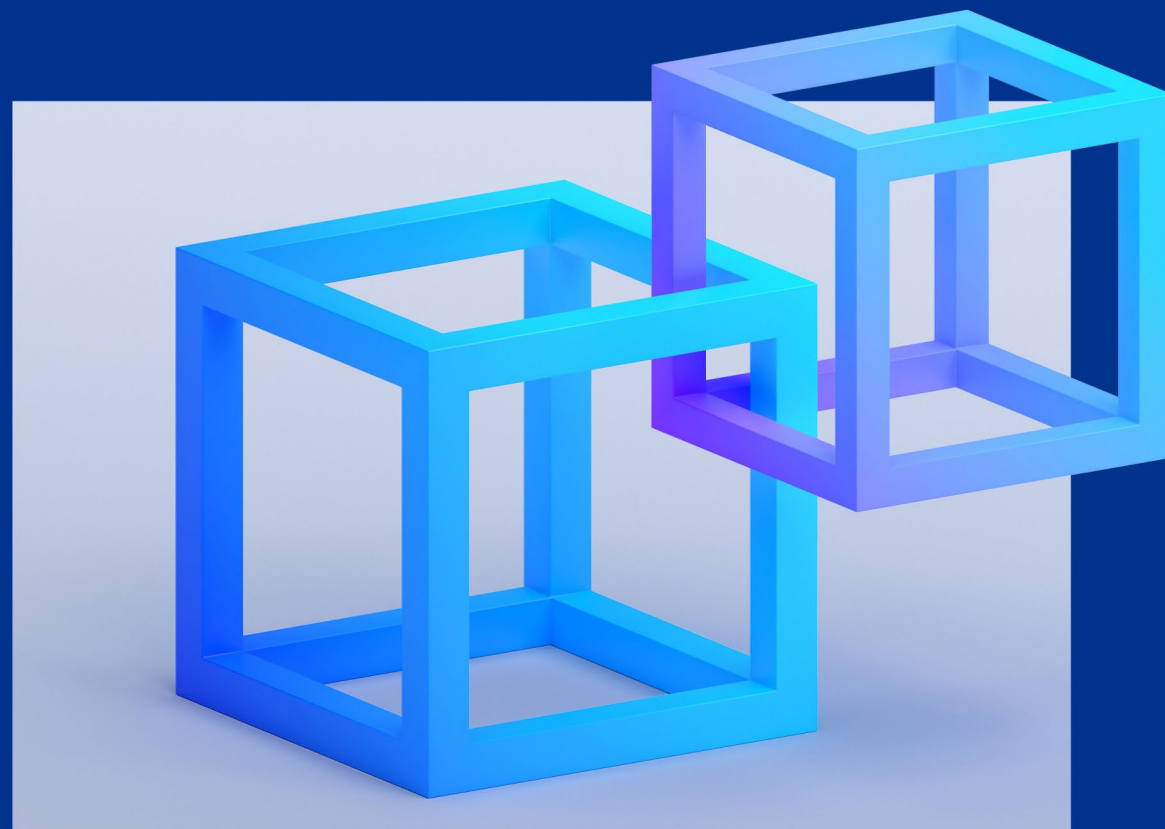


Sherwood Forest Hospitals NHS Foundation Trust

Governors' Presentation

Audit plan and strategy for the year ending 31 March 2024

13 February 2024



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."



**Bilal Ahsan,
Assistant Manager**

"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
Valuation of land and buildings	● Stable
Other areas of focus	
PFI Transition to IFRS 16	★ New risk
Value for money significant risks	
To be determined following risk assessment	

Materiality

	Trust
Materiality for the financial statements as a whole	£12.5m 2.5% of revenue (2022/23: £11.5m 2.5% of revenue)
Procedures designed to detect individuals errors at this level	£9.37m 75% of materiality (2022/23: £8.62m 75% of materiality)
Misstatements reported to the audit committee	£0.3m (2022/23: £0.3m)

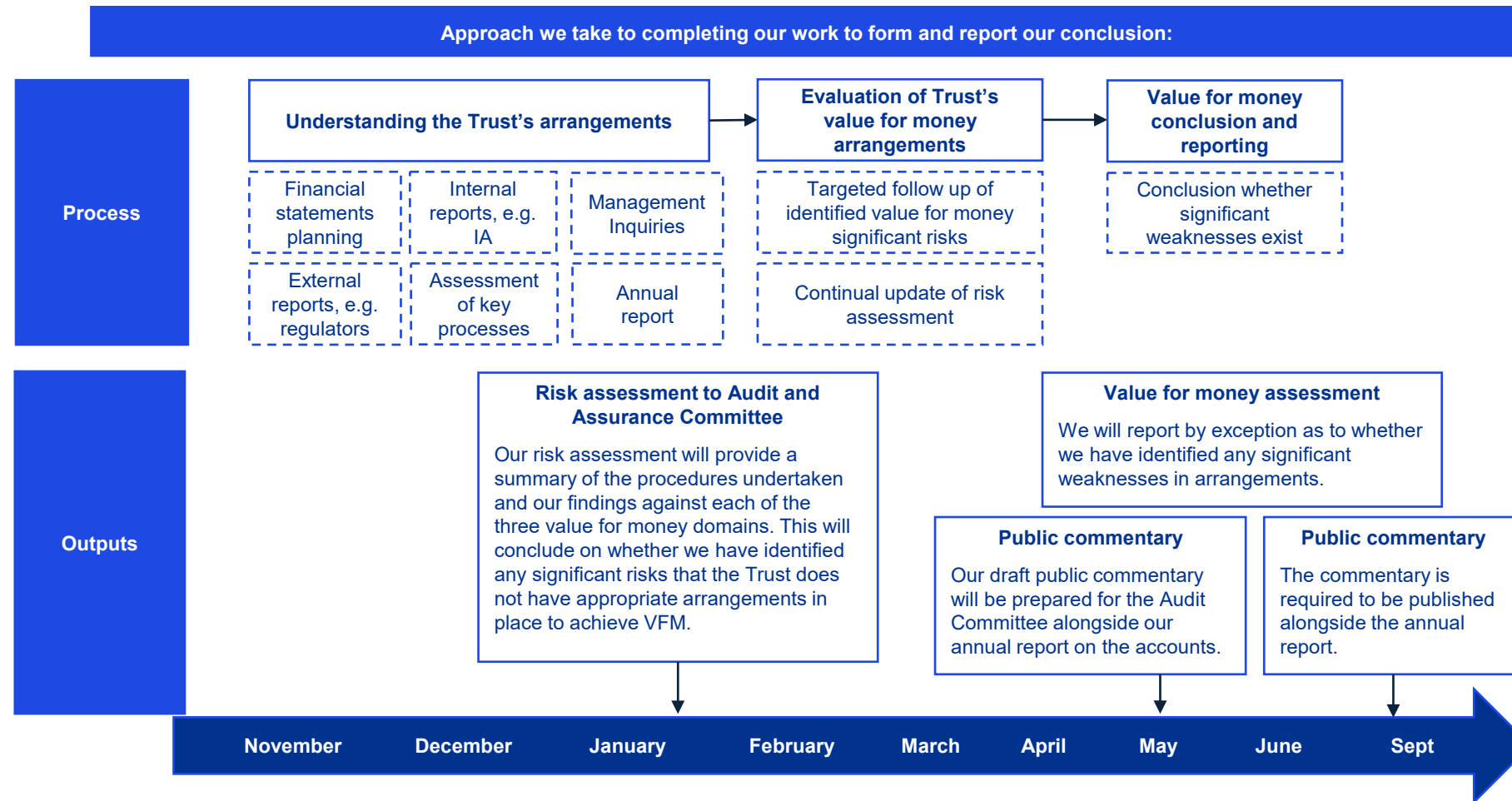
Value for money commentary

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.



Value for money



Any questions?

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

Subject:	Audit and Assurance Committee	Date 13 th February 2024	
Prepared By:	Manjeet Gill		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
This paper summarises the key highlights from the Audit and Assurance Committee Meeting held on 18 th January 2024		Assurance	Substantial Assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Due to pressures on capacity, an ongoing assurance matter is the effective and timely engagement in Internal audits and follow up actions.	Annual Governance Statement and annual accounts timetable agreed. Compliance rates for the Register of Interest. The development of the alignment between system level risk management and Trust risk management was positively received and noted as work in progress. An Internal Audit report for Governance of Statutory Regulatory Committees received Limited Assurance. Committee was assured on actions being taken on audit recommendations.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
Good Internal Audit progress report, including an increase to 80% of outstanding audit actions, against a target of 75%. External Audit update and key areas of risk presented. Policy Management Framework on track for all action. The Register of Interest report, assured on improvements from 222 to 88 individuals non-compliant. Medicine Supply Chain report addressed questions asked by Committee on key risks and controls. Risk Committee Quadrant report positive assurance.	Noted decisions on single tender waivers, with one area for further follow up. Assured on the BAF and how it is dynamic and addresses current risks. Approved Committee Effectiveness Assessment with positive assurance in the key lines of enquiry.

Comments on Effectiveness of the Meeting

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

Subject:	Quality Committee	Date: 13 th February 2024	
Prepared By:	Manjeet Gill		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
This paper summarises the key highlights from the Quality Committee Meeting held on 22 nd January 2024		Assurance	Substantial assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
An update on Industrial Action was provided with assurance on actions taken and planned.	Further assurance on the benefits and changes in terms of impact, harm and inequalities implications of the new cancer waiting times. Progress on the development of the Continuous Quality Improvement Strategy with further reports to Committee.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
Positive assurance was provided: For Cancer Waiting Time Standards. Compliance with updated standards compared to the old standards. From Patient Safety Committee, which included focus on incident referrals, learning and improvements. From Nursing Midwifery and AHP Committee. For Timely Care and integrated performance plan and the key metrics. Regarding ownership by this Committee on assurance for Clinical Audits	The review of the BAF, resulted after much discussion, assurance and triangulation from the reports presented to Committee with a decision on increasing the risk rating to a score of 20 and Significant. This was for both PR1 and PR2.
Comments on Effectiveness of the Meeting	
A good discussion to enable effective challenge, assurance and triangulation of subjects covered.	

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

Subject:	Finance Committee (FC) Report	Date: 13 th February 2024
Prepared By:	Graham Ward – FC Chair	
Approved By:		
Presented By:	Graham Ward – FC Chair	
Purpose:		
To provide an overview of the key discussion items from the Finance Committee meeting of 24 th January 2024.		Assurance Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>EPR Governance</u> – Board is asked to agree the governance model going forward for the EPR programme. <u>Month 9 Finance Report</u> – The deficit year to date is £11.4M (£0.4M adverse to plan). Key issues for escalation: <ul style="list-style-type: none"> Month 9 Performance – this shows a continued reduced run rate, but Board should note that there is some expected 'catch-up' expenditure that may increase run rate again for Month 10. 	<ul style="list-style-type: none"> <u>ICB and ICS Update</u> – Enquiries to be made on what the future clawback impact of the deficit for 2023/24 will be on the trust and the ICB. <u>Financial Strategy</u> – Agreed to receive more detailed report at the next meeting ahead of future presentation to Board.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>EPR Update</u> – Progress and timetable were noted and future governance discussed (see escalation above). Oversight by Quality Committee and well as Finance Committee important, plus potential NED observation at a programme level. <u>NHIS Quarterly Update</u> – Assurance gained on the continued performance of NHIS. <u>Agency Usage</u> – report summarising agency usage and highlighting increased control of this spend was noted, though risk of increase in Month 10 was also noted. <u>Month 9 Finance Report</u> – Noted that trust is on track to deliver agreed deficit of £8.5M for the year after allowance for extra £4.2M of 	<ul style="list-style-type: none"> <u>CT Scanner</u> – Noted that approval of the CT Scanner business case, funded by NHSE, had been supported by all Committee Members remotely. <u>Energy Contract</u> – agreed to recommend to Board the alignment of energy procurement to NHSE approach on expiry of existing contracts. <u>Finance Committee Annual Report</u> – Approved subject to addition of note that ToR now includes points for escalation to ICB. <u>BAF</u> – Agreement of recommendations to change the overall risk for PR4 (Financial Strategy) down to 16 and the Assurance Rating to Green. Agreed that PR8 (sustainability) retain a risk rating of 9 and

IA related costs. It was also brought to the Committees attention that the annual accounts would show a significantly increased deficit due to the impact of introducing IFRS16 (lease accounting). Agreed that this should be clearly explained and reconciled when annual financial statements prepared.

- Financial Recovery Update – progress highlighted in reports from the FRC quadrant reports was noted and agreement that this Cabinet was effective and should continue in some form into 2024/25.
- Procurement Forward View – assurance gained on the increased visibility and controls/strategic review being implemented on future procurements.
- National Cost Collection – Noted that the submission had been made on time.
- PFI Settlement Update – noted that progress continues and that the Water issue in particular had reached agreement in principle.
- Capital Resources Oversight Group – progress noted through the latest quadrant report.

the Assurance Rating to be set at Amber.

- Committee Effectiveness – Agreed that all questions in the Health Check had been fully met, but would look at further benchmarking opportunities to help ensure continued improvement and best practice.

Comments on Effectiveness of the Meeting

- All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.

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

Subject:	People and Culture Committee	Date: 13 th February 2024	
Prepared By:	Steve Banks, Non-Executive Director and Chair of Committee		
Approved By:	Steve Banks, Non-Executive Director and Chair of Committee		
Presented By:	Steve Banks, Non-Executive Director and Chair of Committee		
Purpose:			
To provide a summary overview from the People Committee’s meeting held on 30 th January 2024		Assurance	Substantial Assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p>Although assurance was received on actions to support the workforce, strike fatigue and its impact on people remains a major concern</p> <p>Risk of lengthy waiting times for access to psychological support in terms of high demand and options for clinical staff. Has the available support grown with the acuity and workforce increases?</p>	<ul style="list-style-type: none"> National apprenticeship plans for week commencing 5th-11th February Violence and aggression action plan due for implementation in March Deep dive to be presented at the next Committee regarding Employee Relations landscape. Next version of the Cultural Heat Map to be presented following the realise of the 2023 National Staff Survey results.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Substantial assurance was provided, including:</p> <ul style="list-style-type: none"> 360 audit into staff wellbeing, and action plan resulting, but see above Good response rate for staff survey ESR self-assessment Progress on strategic priorities Increasing engagement with FTSU Quarterly IPR received and actions resulting noted. 	<ul style="list-style-type: none"> The BAF was discussed, minor amendments to reflect Committee changes made, and risk ratings remain unchanged. Vice-chair appointed. Committee effectiveness self-assessment and annual report agreed

Comments on Effectiveness of the Meeting

Well written papers and a good level of support and challenge made for a positive and productive Committee. Governor observer noted same and congratulated Trust on high level of assurance in several of the reports.

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

Subject:	Partnership and Communities Committee	Date: 13 th February 2024	
Prepared By:	Manjeet Gill, Chair of Committee		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
To provide a summary overview from the Partnership and Communities Committee meeting held on 15 th January 2024		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<ul style="list-style-type: none"> Future work programme to include assurance on a delivery plan that would interconnect across sub-committees, effectively channelling actions in a meaningful manner. Assurance on the risks and mitigations for delivery of Partnership Strategy be presented to a future Committee.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> Details of how Partnership Strategy will be delivered and relate to Trust Strategy and other strategies. Positive Assurance on the next iteration of the Trust Strategy. 	<ul style="list-style-type: none"> Partnership report approved and recommended to Board for adoption. Board to consider how other Board Committees will address aspects of work recommended by this committee
Comments on Effectiveness of the Meeting	
<p>This is a new Committee, developing its role and how it will work across other Committees. The Committee discussed how this could be done, along with recognition that the role will develop over time. It has asked Board to also consider how other Board Committees will work with this Committee.</p>	

Charitable Funds Committee Highlight Report to the Council of Governors

Subject:	Charitable Funds Committee Update	Date: 13 th February 2024	
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Andrew Rose-Britton, Committee Chair		
Presented By:	Andrew Rose-Britton, Committee Chair		
Purpose			
To update the Council of Governors about key matters discussed at the Charitable Funds Committee held on 23 rd January 2024		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<ul style="list-style-type: none"> Consider having Divisional and HR (People) representation in the Committee's membership Plan a workshop for TMT to enable a greater understanding of the Charity and how its funds can be used Consideration of options for a major fundraising scheme aligned to the Trust Strategy Commence a deep dive into the volunteer workforce to support and maximise its development and utilisation Raise the options for changes to the Investment Strategy with the Corporate Trustee
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Community Involvement Headline Report Project and Fundraising Report A temporary stay on the creation of 16 enhanced End of life rooms whilst the number and specification is confirmed 	<ul style="list-style-type: none"> Appointment of Steve Banks as the Committee Vice Chair Approval given to the purchase of a Customer Relationship Management module to the Harlequin system To recommend to the Corporate Trustee that in the Trust's Accounts it continues to opt for non-consolidation of charitable funds based on materiality

Comments on Effectiveness of the Meeting

A full agenda with good discussion. Post-meeting feedback suggested it was leaning towards being too operational in places.

Council of Governors - Cover Sheet

Subject:	Membership and Engagement Committee		Date: 13 th February 2024		
Prepared By:	Liz Barrett , Lead Governor				
Approved By:	Liz Barrett , Lead Governor				
Presented By:	Liz Barrett , Lead Governor				
Purpose					
To provide an update to the Council of Governors regarding the work of the Membership and Engagement Committee		Approval			
		Assurance	X		
		Update			
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	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	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
MYG - Meet Your Governor SFHT - Sherwood Forest Hospitals Trust					
Executive Summary					
<p>MYG has continued in our hospitals. However, it is fair to state that as yet we do not have full governor attendance at these events each month. It is acknowledged that this arises through a variety of reasons from illness, time constraints etc.</p> <p>It is hoped that after the SFHT governor conference on 16th April 2024 that the proposed revision to MYG (which will have focused themes) will enable greater attendance capacity / impact with this valuable monthly governor activity.</p> <p>The Membership and Engagement meeting had excellent attendance. It was originally offered as an online or in person meeting however went to a fully online meeting to accommodate the vast majority of governors preference. I suspect that this approach played a role in enabling attendance to be strong as in many ways it created greater accessibility in the winter months.</p> <p>Once again, we have had a 'Showcase' at the Governwell training sessions. Feedback has been received verbally and via email from governors who attended.</p>					

As a team of governors we are in a time of transition regarding our governance and it is anticipated that the SFHT governor conference will provide greater clarity as to how we can support membership and engagement within the Trust further.