

# MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 13<sup>th</sup> May 2025

Time: 17:30 – 19:45

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	<b>Apologies for Absence</b> <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	<b>Declarations of Interest</b> 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 &amp; Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	<b>Minutes of the meeting held on 11<sup>th</sup> February 2025</b> <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	<b>Matters Arising/Action Log</b>	Approve	Enclosure 4
5.	17:35	<b>Patient Story – Brian's Brain</b> Georgina Goulding, Admiral Nurse, Dementia Nurse Specialist	Assurance	Presentation
6.	18:00	<b>Chair's Report</b> Graham Ward, Chair	Assurance	Enclosure 6
7.	18:05	<b>Acting Chief Executive's Report</b> Dave Selwyn, Acting Chief Executive	Assurance	Enclosure 7
8.	18:20	<b>Lead Governor Report</b> Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:30	<b>15 Steps Feedback</b> Grace Radford, Patient Experience Manager	Assurance	Enclosure 9
10.	18:40	<b>Improvement Faculty Update</b> Jim Millns, Associate Director of Transformation	Assurance	Enclosure 10
11.	19:00	<b>Report from Board Sub-Committees</b> <ul style="list-style-type: none"> <li><b>Audit &amp; Assurance Committee</b> Manjeet Gill, Non-Executive Director Neal Cooper, Governor Observer</li> <li><b>Quality Committee</b> Barbara Brady, Non-Executive Director Peter Gregory, Governor Observer Pam Kirby, Governor Observer</li> <li><b>Finance Committee</b> Graham Ward, Non-Executive Director Sam Musson, Governor Observer Kevin Stewart, Governor Observer</li> </ul>	Assurance   Assurance   Assurance	Enclosure 11.1   Enclosure 11.2   Enclosure 11.3

	Time	Item	Status (Do not use NOTE)	Paper
		<ul style="list-style-type: none"> <li><b>People Committee</b> Steve Banks, Non-Executive Director Dean Wilson, Governor Observer</li> </ul>	Assurance	Enclosure 11.4
12.	19:20	<b>Council of Governors Matters/Statutory Duties</b> <ul style="list-style-type: none"> <li><b>Membership and Engagement Group</b> Liz Barrett, Lead Governor</li> </ul>	Assurance	Enclosure 12.1
13.	19:25	<b>Spotlight on – The new Teledermatology Clinic</b>	Assurance	Presentation
14.	19:35	<b>Questions from Members of Public</b> Graham Ward, Chair	Consider	Verbal
15.	19:35	<b>Escalations to the Board of Directors</b> Graham Ward, Chair	Agree	Verbal
16.	19:40	<b>Any Other Business</b> <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
17.		<b>Date &amp; Time of Next Meeting</b> <b>Date:</b> Tuesday 12 <sup>th</sup> August 2025 <b>Time:</b> 5:30pm – 8:00pm <b>Venue:</b> Lecture Theatre 2, King's Mill Hospital		

# COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 11<sup>th</sup> February 2025 at 17:45  
at the Sherwood Observatory, Sutton-in-Ashfield

<b>Present:</b>	Graham Ward	Acting Chair	GW
	Bethan Eddy	Appointed Governor	BE
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JD
	Justin Wyatt	Staff Governor	JW
	Kevin Stewart	Appointed Governor	KS
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Vikram Desai	Staff Governor	VD
<b>In Attendance:</b>	David Selwyn	Acting Chief Executive	DS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Neil McDonald	Non-Executive Director	NM
	Kathleen Smiley	Matron	KSm
	Sally Whittlestone	Associate Director of Nursing, Patient Experience and Complaints	SW
	Richard Mills	Chief Financial Officer	RM
	Amanda Barrett	Diagnostic Improvement Programme Manager (Mansfield CDC Project Manager)	AB
	Carl Miller	Operational Deployment Lead for Mid-Notts CDC	CM
	Clare Jones	Minutes	
<b>Apologies:</b>	Angie Jackson	Appointed Governor	AJ
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Linda Dales	Appointed Governor	LD
	Tracy Burton	Public Governor	TB
<b>Absent:</b>	Ruth Scott	Public Governor	RS
<b>Observer:</b>	Rich Brown	Head of Communications	
	Caroline Kirk	Communications Specialist	

Item No.	Item	Action	Date
<b>25/008</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
2 mins	<p>The meeting being quorate GW declared the meeting open at 17:45.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor David Walters, Appointed Governor Dean Wilson, Public Governor Linda Dales, Appointed Governor Tracy Burton, Public Governor</p> <p>GW acknowledged this meeting is the last Full Council of Governors meeting which Ian Holden (IH) will attend as his tenure ends on 30<sup>th</sup> April 2025. As IH has served nine years as a governor, he is not eligible for re-election. GW thanked IH for his contributions during his time as a governor for the Trust.</p>		
<b>25/009</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	ARB declared an interest in item 25/020.2 and GW declared an interest in item 25/020.3.		
<b>25/010</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	<p>Following a review of the minutes of the meeting held on 12<sup>th</sup> November 2024, the Council APPROVED the minutes as a true and accurate record.</p> <p>Following a review of the minutes of the extraordinary meeting held on 17<sup>th</sup> January 2025, the Council APPROVED the minutes as a true and accurate record.</p>		
<b>25/011</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
2 mins	<p><i>Action 24/064</i> – PG advised a meeting has taken place with representatives of Reach, the local learning disabilities charity, and the Trust. Some gaps in the care provided to people with a learning disability were identified, but work is already underway at the Trust to address this. Reach have requested if a patient story highlighting their work and links with the Trust could be developed for a future Board of Directors meeting.</p> <p>The Council AGREED this action was complete and could be removed from the action tracker.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Patient Story to be developed highlighting the work of Reach (local learning disability charity) and their links with the Trust.</b></li> </ul>	<b>PB</b>	<b>12/08/25</b>

<b>25/012</b>	<b>PATIENT STORY - MARTHA'S RULE, THE FIRST PATIENT TO ACTIVATE MARTHA'S RULE</b>		
16 mins	<p>KSm joined the meeting.</p> <p>KSm introduced the Patient Story, which highlighted the Trust's work in piloting the implementation of Martha's Rule.</p> <p>JS queried if Martha's Rule can be activated if a patient is not deteriorating, but they feel they are not being listened to. KSm advised the focus of Martha's Rule is the deteriorating patient. However, the calls received by the Team relate to complexities or the family having a concern. All of these calls have been facilitated but as the pilot is drawing to a close, the Team have been signposting queries to other teams as appropriate. The Team follows up all calls they receive to ensure the concern has been resolved.</p> <p>JS queried if all the concerns raised were 'legitimate'. KSm advised it can be difficult to define what is 'legitimate' as there are always two sides to the story. However, the majority were legitimate concerns.</p> <p>KSm left the meeting.</p>		
<b>25/013</b>	<b>ACTING CHAIR'S REPORT</b>		
10 mins	<p>GW acknowledged the recent passing of John Wood, Public Governor, and expressed condolences to his family and friends.</p> <p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chair's perspective, highlighting the forthcoming governor elections, Non-Executive Director (NED) and Associate NED appointments, the work of the Trust Charity and volunteers and the November Board of Directors workshop, which focused on the progress made and future direction of the Trust's five-year Strategy.</p> <p>IH queried if the Trust's plans are aligned to the forthcoming NHS 10-year plan. GW advised this will not be known until full details of the national 10-year plan are released.</p> <p>The Council was ASSURED by the report.</p>		
<b>25/014</b>	<b>ACTING CHIEF EXECUTIVE'S REPORT</b>		
23 mins	<p>DS acknowledged the recent death in service of three staff members at the Trust, noting the need to recognise the impact this has had on colleagues.</p> <p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting operational activity, pressures and associated risks, improvements in diagnostic waiting times, Surgical Same Day Emergency Care (SSDEC), MRI capacity, increased opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital, joint sexual health services, partnership update, awards to staff, NHS Sexual Safety Charter and results of the Care Quality Commission (CQC) Maternity Survey 2023.</p>		

	<p>DS advised Paul Robinson's (PR's), Chief Executive, recovery continues. However, he has required further treatment which has delayed his return to work. It is currently anticipated he will begin a phased return after Easter, noting this is to be confirmed. As the acting roles cannot be extended indefinitely, the decision has been taken to substantivize some of these roles. DS advised he will continue to be the Acting Chief Executive, pending PR's return, but has relinquished his previous role of Medical Director to become the substantive Deputy Chief Executive. This has allowed the post of Medical Director to be recruited to. Simon Roe, who is currently the Acting Medical Director, was successful at interview, and will take up the role of Chief Medical Officer for the Trust, noting this is the terminology which is being used nationally.</p> <p>It was noted Rachel Eddie, Chief Operating Officer, has handed in her notice. This post has been advertised, with interviews being held on 10<sup>th</sup> February 2025. This role has been appointed to and the name of the successful applicant will be communicated in due course.</p> <p>These appointments provide a stable Executive Team and, together with the recent NED appointments, provides the Trust with a substantive Board of Directors.</p> <p>KS advised he has witnessed how busy ED is and sought assurance staff were being supported. DS advised a report on ED was presented to the Risk Committee on 11<sup>th</sup> February 2025, noting this report highlighted support for staff to ensure their wellbeing.</p> <p>JS queried how the Trust is performing in terms of ambulance handover times. DS advised since October 2024, the mean handover time is 14.2 minutes. SFHFT is the best performing Trust in the East Midlands and is placed seventh nationally.</p> <p>VD queried if planning for Winter could be started and communicated earlier to ensure clinicians on the 'front line' are aware of the plans as early as possible, acknowledging the plan will need to evolve. DS advised planning for Winter commenced in May 2024 and planning for Winter 2025/2026 has already started. Clinical teams are involved in Winter planning, but DS acknowledged more can be done. There is a need to consider how the Trust can work with partners and the estate to improve the situation as far as possible for staff and patients.</p> <p>The Council was ASSURED by the report.</p>		
<b>25/015</b>	<b>LEAD GOVERNOR REPORT</b>		
5 mins	<p>LB presented the report, highlighting the work of governors, 15 Steps visits, NED interviews, meeting between Reach and the Trust's disability team, Integrated Care Board (ICB) meetings, presentation on the discharge process and governor elections. Noting this is Ian Holden's last Full Council of Governors meeting, LB expressed thanks to IH for his input during his tenure as a public governor for the Trust.</p> <p>The Council was ASSURED by the report.</p>		



<b>25/016</b>	<b>15 STEPS FEEDBACK</b>		
4 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits, areas visited, themes identified and issues identified during visits. SW advised she is aware over the last quarter some visits had been cancelled or changed with very little notice. To address this, SW proposed the teams are changed to avoid NEDs and governors being in the same team and sought the council's view in relation to this.</p> <p>KS felt the teams do not need to be restructured, but communication about any changes to times needs to be improved. GW expressed the view teams should continue to include both NEDs and governors. Once visits are arranged, the time should not be changed, unless in exceptional circumstances.</p> <p>GW advised 15 Steps visits are valuable, but acknowledged processes need to be improved in terms of communication and providing copies of the reports to all members of the team before they are submitted.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		
<b>25/017</b>	<b>OPERATIONAL PLAN 2025/2026</b>		
12 mins	<p>RM joined the meeting.</p> <p>RM presented the report, highlighting the government's strategic aims, national priorities, financial framework, operational targets and submission deadlines.</p> <p>IH advised he had read there is an expectation management posts will be reduced, with the spend being transferred into front line clinical work and queried if this is a formal requirement. RM advised there is a requirement to reduce support function costs to April 2022 levels. The specific details are not yet clear.</p> <p>KS advised he attended the recent Integrated Care System (ICS) public information day and noted one of the presentations related to avoidable deaths, with Mansfield having a high rate due to the level of deprivation in the area. KS queried if addressing this will be built into planning and strategy. RM advised this has been factored into the Trust's five-year strategy, which was launched in 2024.</p> <p>NC sought clarification regarding the reduction in bank staff. RM advised bank staff are on the Trust's payroll but are only called on to fill gaps in rotas which cannot be covered by permanent members of staff. DS advised sometimes permanent staff will also work bank shifts in addition to their usual hours.</p> <p>IH queried if the way the Trust was being directed from national level was radically changing. RM advised the messaging is changing but the structure of the NHS remains the same.</p>		

	The Council was ASSURED by the report.		
<b>25/018</b>	<b>EXTERNAL AUDIT UPDATE</b>		
2 mins	<p>RM advised KPMG will be presenting the External Audit Plan to the meeting of the Audit and Assurance Committee on 20<sup>th</sup> March 2025 and an update will be provided to the May meeting of the Council of Governors.</p> <p>The Council ACKNOWLEDGED the update.</p> <p>RM left the meeting.</p>		
<b>25/019</b>	<b>REPORT FROM BOARD SUB-COMMITTEES</b>		
33 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>MG presented the report to the Council, highlighting the review of governance in terms of SFHFT's role in the ICS and system working, positive assurance in relation to pharmacy waste, a limited assurance audit report in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), committee maturity assessment and committee effectiveness self-assessment.</p> <p><b>Quality Committee</b></p> <p>BB presented the report to the Council, highlighting Mental Capacity Act and DoLS, impact of Winter pressures and the ongoing challenge of how to avoid normalising the actions taken to cope with the demand, deep dive into Cardiology and the ongoing issue of how Quality Impact Assessments (QIAs) are undertaken and reported at a system level.</p> <p><b>Finance Committee</b></p> <p>GW presented the report to the Council, highlighting the costs involved with the Agenda for Change (AfC) Band 2 to Band 3 workforce review, the potential for further financial material changes which may arise from a review of AfC Bands 4-9, deep dives into the divisional financial position and improvements to patient Did Not Attend (DNA) rates.</p> <p>KS expressed the view the deep dive into divisional finances was a good piece of work. KS advised he was assured the Committee are undertaking the appropriate checks and balances.</p> <p>SM advised as she works in the division which was presenting to the last meeting, she could provide assurance that what was discussed in the meeting was followed up with action within the division.</p> <p>JW noted the Band 2 to Band 3 uplift and advised he is aware there are a number of Band 3 staff in the organisation who are paid at Band 3 level due to having additional skills. As work on the uplift progresses, JW queried how these additional skills will be recognised. DS advised the Trust has tried to keep job descriptions up to date and will be taking a person centred and open approach.</p>		



	<p><b>People Committee</b></p> <p>SB presented the report to the Council, highlighting lessons learned from the coronial case in maternity and action plan to support staff and reduce sickness levels.</p> <p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report to the Council, highlighting the need for transformational change at a system level, the need for increased understanding of how decisions will be made relating to services which are delivered collaboratively, in the context of system impacts, for example, musculoskeletal (MSK) services, and ongoing concerns regarding the Trust's ability to resource partnership work effectively.</p> <p>IH noted the pressures faced by Nottingham University Hospitals (NUH), in terms of the court case relating to maternity services, and queried if they have enough focus on transformation work and if this is an issue for the system. BB acknowledged the pressures faced by NUH but advised there is currently no evidence of transformation work being discussed as a system.</p> <p>GW noted the need to consider how collaborations can be made to work going forward, noting relations at the working relationship level are very good. However, there is a need to move this forward to a transformational level.</p> <p>DS advised he does not have any serious concerns relating to the engagement of NUH or Nottinghamshire Healthcare, but both are currently 'inward' focussed. This provides SFHFT the opportunity to be more outward focussed across the system. NUH and Nottinghamshire Healthcare are facing the same challenges as SFHFT in terms of finances and activity. Transformation can be defined in different ways. DS expressed the view this should be major pathway change, rather than the minor changes which are currently happening.</p> <p><b>Charitable Funds Committee</b></p> <p>ARB presented the report to the Council, highlighting work to set up the Charity Lottery, end-of-life rooms, purchase of pain drivers for patients on end-of-life care and fund-raising activities.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
25/020	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
4 mins	<p><b>Membership and Engagement Group</b></p> <p>LB presented the report, highlighting Meet Your Governor (MYG) activity and postcode mapping work, noting this will need to be repeated following the governor elections to identify any potential gaps.</p> <p>The Council noted the time slot for MYG had been reduced to an hour and the number of available time slots had reduced. This issue needs to be followed up with the Communication Team.</p>		

<div>5 mins</div> <div>10 mins</div>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Membership and governor postcode mapping work to be repeated following the governor elections.</b></li> <li>• <b>Reasons for the reduction in the number of time slots and the length of time slots for MYG to be queried with the Communication Team.</b></li> </ul> <p>PG provided an update regarding the potential choir concert to raise funds for the Trust's Charity.</p> <p>The Council was ASSURED by the report.</p> <p><b><u>Report of the Remuneration Committee</u></b></p> <p><b>Non-Executive Director (NED's) re-appointment</b></p> <p>ARB left the meeting.</p> <p>SBS presented the report, advising Andrew Rose-Britton comes to the end of his tenure on 30<sup>th</sup> April 2025, having served three years as a NED. A preliminary discussion about Andrew's potential re-appointment was held at the Remuneration and Nomination Committee's meeting in October 2024, and at the Committee's meeting on 6<sup>th</sup> February 2025, assurance was received that Andrew's contribution to the Board of Directors was such that it could recommend his reappointment.</p> <p>The Council APPROVED the reappointment of Andrew Rose-Britton for one year to 30<sup>th</sup> April 2026, noting at the end of that term it would be open to governors to consider a further extension of up to two years.</p> <p>ARB re-joined the meeting.</p> <p><b>Extension of the appointment of Graham Ward as a Non-Executive Director and appointment as substantive Chair</b></p> <p>GW left the meeting. BB assumed the chair.</p> <p>SBS presented the report, highlighting the reasons for seeking an extension to Graham Ward's extension as a NED and to appoint him as substantive Chair of the Trust to 25<sup>th</sup> May 2026 and the process to date, as outlined in the report. SBS confirmed NHS England (NHSE) has given its approval to the extension of Graham's term of office.</p> <p>LB advised from her perspective as Lead Governor, this decision is based on a desire to create security and stability for the Trust, noting the challenges which the organisation is currently facing.</p> <p>PG noted the previous discussion in relation to awaiting the return to work of Paul Robinson (PR), Chief Executive, before undertaking a recruitment process to the role of Chair on a substantive basis and queried if this recruitment process will commence if PR's return to work is further delayed.</p>	<div>SBS</div> <div>SBS</div>	<div>12/08/25</div> <div>13/05/25</div>
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	<p>BB advised the recruitment process for a substantive Chair would need to go ahead as Graham's tenure will end in May 2026.</p> <p>The Council APPROVED a one-year extension to Graham Ward's current term of office as a Non-Executive Director to 25<sup>th</sup> May 2026 and to his appointment as substantive Chair for the same period.</p> <p>GW rejoined the meeting and re-assumed the Chair.</p>		
<b>25/021</b>	<b>OUTSTANDING SERVICE – COMMUNITY DIAGNOSTIC CENTRE, SITE HERITAGE</b>		
14 mins	<p>AB and CM joined the meeting</p> <p>A short video was played highlighting the heritage of the site where the Community Diagnostic Centre (CDC) is being built and progress with the build.</p> <p>KS queried if the CDC will be able to deliver all that is planned, given the financial position of the Trust. CM advised the CDC is under the same level of scrutiny as the rest of the NHS, with CDCs across the country being challenged in the way in which care will be delivered. Finances are being closely looked at to ensure best use is made of the available resources to deliver good patient care.</p> <p>AB advised that from a workforce perspective, the Trust is employing trainee staff who will be qualified when the CDC opens. This will reduce reliance on agency and bank staff.</p> <p>JS queried if the building works are on schedule. CM advised as the works progress, unexpected issues will arise, which will need to be worked through.</p> <p>JD left the meeting.</p> <p>AB and CM left the meeting.</p>		
<b>25/022</b>	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No questions were raised.		
<b>25/023</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 min	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• Appointment of Graham Ward as substantive Chair to May 2026.</li> <li>• Re-appointment of Andrew Rose-Britton as NED to April 2026.</li> </ul>		
<b>25/024</b>	<b>ANY OTHER BUSINESS</b>		
3 mins	<p><b>Trust's relationship with Nottinghamshire Police</b></p> <p>GW advised KS had raised a query regarding the Trust's relationship with the local Police Force. DS advised relations with the Police have significantly improved over the past 6 months and Mark Stone,</p>		

	<p>Emergency Planning and Business Continuity Officer, has described current relationships as good. There are good personal relationships between officers and members of the Trust's security team.</p> <p><b>GP Patient Participation Group</b></p> <p>PG queried if it was possible for someone from the Trust to speak to his local GP Patient Participation Group in relation to services provided at Newark Hospital.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Representative from the Trust to make contact with the Patient Participation Group at Newark GP surgery to talk about the services on offer at Newark Hospital. Peter Gregory to provide details.</b></li> </ul>	<b>DS</b>	<b>13/05/25</b>
<b>25/025</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 13<sup>th</sup> May 2025 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 20:15.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b> <b>Acting Chair</b></p> <p><b>Date</b></p>		

**Attendance at Full COG (scheduled meetings)**

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			14/05/2024	13/08/2024	12/11/2024	11/02/2025			
Angie Jackson	Mansfield District Council	Appointed	A	P	P	A	4	23/05/23	31/05/27
Bethan Eddy	Nottinghamshire County Council	Appointed		P	P	P	1	01/07/24	31/05/25
David Walters	Ashfield District Council	Appointed	P	P	P	A	1	23/04/20	31/05/25
Dean Wilson	Rest of East Midlands	Public	P	P	P	A	3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P				4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public	P	P	P	P	3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	P	A		3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	P	P	P	P	3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	P	A	P	P	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P	P	3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P	X	P	P	N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public	P	P	A	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	A	P	P	3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	P	P	P	X	3	01/05/22	30/04/25
Sam Musson	Staff	Staff	P	P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	P	A	P	P	3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public	X				3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	P	P	A	A	3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	P	A	P	3	01/05/22	30/04/25

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

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

P = Present  
A = Apologies  
X = Absent



## Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
25/011	11/02/2025	Patient Story to be developed highlighting the work of Reach (local learning disability charity) and their links with the Trust.	Council of Governors	Public Board	12/08/2025	P Bolton	S Whittlestone / R Brown	<b>Update 03/03/2025</b> Trust Communications and Patient Experience Teams to work with Peter Gregory to scope story and agree most suitable forum to present to. Date for presentation TBC	Grey
25/020.1	11/02/2025	Membership and governor postcode mapping work to be repeated following the governor elections	Council of Governors	Membership & Engagement Group	12/08/2025	S Brook Shanahan	R Brown		Grey
25/020.2	11/02/2025	Reasons for the reduction in the number of time slots and the length of time slots for MYG to be queried with the Communication Team	Council of Governors	Membership & Engagement Group	13/05/2025 12/08/2025	S Brook Shanahan	R Brown	<b>Update 07/05/2025</b> Additional slots offered in February and March. Topic discussed at April CoG M&E meeting, recognising disestablishment of dedicated Communications and Membership Officer role and inability to recruit to now vacant role. Communications Team to work with governors on establishment a self-service model for Meet Your Governor sessions to allow governors to hold MYG sessions at any site, at any time with minimal administrative overheads. For discussion and confirmation at July CoG M&E Forum meeting.	Grey
25/024	11/02/2025	Representative from the Trust to make contact with Patient Participation Group at Newark GP surgery to talk about the services on offer at Newark Hospital. Peter Gregory to provide details.	Council of Governors	None	13/05/2025	D Selwyn	R Brown	<b>Update 07/05/2025</b> Rich Brown emailed Peter Gregory for contact information; awaiting response.	Amber

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Chair's report				<b>Date:</b>	13 <sup>th</sup> May 2025
<b>Prepared By:</b>	Rich Brown, Head of Communications					
<b>Approved By:</b>	Graham Ward, Chair					
<b>Presented By:</b>	Graham Ward, Chair					
<b>Purpose</b>						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective.					<b>Approval</b>	
					<b>Assurance</b>	Y
					<b>Update</b>	Y
					<b>Consider</b>	Y
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
Not applicable						
<b>Acronyms</b>						
CT = Computed Tomography ICB = Integrated Care Board ICU = Intensive Care Unit MSK = Muscular Skeletal NUH = Nottingham University Hospitals						
<b>Executive Summary</b>						
An update regarding some of the most noteworthy events and items the past three months from the Chair's perspective.						

# Board of Directors and Council of Governors election update

## Welcome to our newly-elected Trust governors

I will be delighted to welcome the latest additions to the Trust's Council of Governors, following the conclusion of April's Council of Governor elections that had filled all vacancies on the Trust's Council of Governors, prior to the subsequent resignation of one of our newly-appointed Trust governors.

Hundreds of Trust members voted in this year's Trust Council of Governor elections before the ballots closed at 5pm on Monday 28<sup>th</sup> April 2025. The results for each constituency are summarised below:

- **Rest of England**

One of our serving Trust governors, Dean Wilson, has taken-up the governor vacancy in our 'Rest of England' constituency, following a change in the Trust's constituency boundaries. He takes up that position with immediate effect.

- **Mansfield, Ashfield and surrounding wards**

Three more of the Trust's serving governors - Liz Barrett, Neal Cooper and Jane Stubbings - have all been re-elected for another term, alongside newly-elected governors Nabeel Khan and Julie Kirkby. [Full election results for the Mansfield, Ashfield and surrounding wards constituency are available here.](#)

A sixth candidate from this year's election, Iain Peel, has taken-up a vacancy in this constituency that was created following Dean Wilson's move to the Trust's 'Rest of England' constituency.

- **Newark, Sherwood and surrounding wards**

New governors Michael Creamer and Ann Gray have been appointed to two vacancies in this constituency. This seat was uncontested as only two candidates applied to stand for two vacancies in this constituency. [Election results for the Newark, Sherwood and surrounding wards are available online here.](#)

Unfortunately, Michael Creamer decided to resign his position after the election results were announced. This position will remain vacant for the time being, with a plan to be communicated with Trust governors as soon as possible.

- **Staff governors**

- In addition to the seven public governors listed above, this year's election also elected two staff governors.

Mitchel Speed from the Trust's Improvement Faculty has become our latest staff governor. He will join senior nurse Justin Wyatt, who was elected for another term in April's election, and the Trust's Head of Therapy Services, Samantha Musson, in completing our new-look line-up of staff governors. [This year's staff governor election results are available in full here.](#)

A comprehensive review of the most recent Council of Governor election will be reported to the Council of Governors next Membership and Engagement Group in July 2025, including to highlight strengths of the most recent campaign and to consider lessons learned.

I look forward to working with our new-look Council of Governors and would also like to pay tribute to the Trust's outgoing governors, Ian Holden, Ruth Scott and Vikram Desai, for their contributions to the Trust during their time as governors.

### **Executive Team recruitment update**

During the past three months, the Trust has been delighted to confirm two appointments to its Board of Directors, following a nationwide recruitment drive.

Dr Simon Roe has accepted the Trust's offer to become its Chief Medical Officer, the Trust's highest ranking medical role. Dr Roe originally joined Sherwood Forest Hospitals as its Deputy Medical Director from Nottingham University Hospitals NHS Trust in November 2023, before he stepped-up to become its Acting Medical Director in May 2024. He had previously worked clinically for a number of years at Sherwood, as well as having previously served as the Trust's clinical lead for its medicine division in a previous spell at Sherwood.

The role of Medical Director has also been renamed 'Chief Medical Officer' to better align the role to similar roles across the country's NHS. Dr Roe takes up the role with immediate effect, having completed the pre-employment checks required of all new appointments to NHS boards of directors.

The Trust has also appointed Simon Illingworth as its Chief Operating Officer, a role that oversees the day-to-day running of the Trust's hospitals. Simon's appointment follows the news of his predecessor, Rachel Eddie, announcing her plans to leave the Trust this summer after three years in the role. He will join the Trust on Monday 14<sup>th</sup> July 2025 from The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, where he has been serving as its Chief Operating Officer since August 2023.

The appointments follow the extension of Dr David Selwyn's tenure as the Trust's Acting Chief Executive up to the end of March 2026, following the passing of the Trust's Chief Executive, Paul Robinson, earlier this year.

Elsewhere, the Trust's Acting Executive Director of Strategy and Partnerships, Claire Hinchley, has returned to her substantive role in the Trust after acting into an executive role over the past year. We thank Claire for the difference she made during her time in this important role.

The roles of Chief Operating Officer and Chief Medical Officer are both vital roles in supporting the thousands of Trust colleagues working to provide the best possible care across our hospitals.

I am delighted with these appointments, which I am sure will further strengthen and stabilise the Trust's leadership for the future. I cannot wait for them to get started.

## Here's your new-look Board of Directors and Council of Governors:

The following poster and associated Trust communications will be updated once photos of our new governors are available:



### Board of Directors



**David Selwyn**  
Acting Chief Executive



**Graham Ward**  
Chair



**Phil Bolton**  
Chief Nurse



**Sally Brook Shanahan**  
Director of Corporate Affairs



**Rachel Eddie**  
Chief Operating Officer



**Steve Banks**  
Non-Executive Director



**Barbara Brady**  
Non-Executive Director



**Richard Cotton**  
Non-Executive Director



**Manjeet Gill**  
Non-Executive Director



**Richard Mills**  
Chief Financial Officer



**Dr Simon Roe**  
Chief Medical Officer



**Robert Simcox**  
Chief People Officer



**Lisa Maclean**  
Non-Executive Director



**Neil McDonald**  
Non-Executive Director



**Andrew Rose-Britton**  
Non-Executive Director



**Professor Sir Jonathon Van-Tam**  
Associate Non-Executive Director  
(Research and Innovation)

### Council of Governors

#### Mansfield, Ashfield and surrounding wards



**Liz Barrett OBE**  
Lead Governor



**Tracy Burton**



**Neal Cooper**



**John Dove**



**Nabeel Khan**

#### Staff governors



**Samantha Musson**



**Mitchel Speed**



**Justin Wyatt**



**Pam Kirby**



**Julie Kirkby**



**Iain Peel**



**Jane Stubbings**

#### Newark, Sherwood and surrounding wards



**Position vacant**



**Ann Gray**



**Peter Gregory**



**Shane O'Neill**



**Dean Wilson**

#### Rest of England



**Nikki Slack**  
West Notts College



**Cllr Linda Dales**  
Newark and Sherwood  
District Council



**Cllr Angie Jackson**  
Mansfield District  
Council



**Kevin Stewart**  
Appointed Governor -  
Volunteers



**Cllr David Walters**  
Ashfield District  
Council



**Position vacant**  
Nottinghamshire  
County Council



## Recognising the difference made by our Trust Charity and Trust volunteers

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

Notable developments from the Sherwood Forest Hospitals Charity and our Community Involvement team from the past three months include:

- A handheld ultrasound machine for the Muscular Skeletal (MSK) team that enables the team to provide a real-time diagnosis in one-stop clinics at the 'MSK Hubs' at Ashfield Health Village and Mansfield Community Hospital. Pictured right.

It is also used to improve the accuracy of needle placement during guided injections.

- 'Glow and tell machines' for main, day case and maternity theatres to support hand hygiene training and scrub technique simulation. These will promote the importance of infection control procedures and have a positive impact on patient safety.



**Colleagues celebrate the purchase of new hand-held ultrasound machine funded by volunteers at King's Mill**

- A SENSE micro-wellbeing suite and ultra-portable interactive projection unit for the Stroke Ward. This projector, set within an engaging and interactive system, has many benefits for our stroke patients, simulating physical and mental activity through motion-activated projections that respond to any movement on the table or floor. The programmes support intergenerational activities by appealing to all ages and abilities with a huge range of interactive content.
- Resources including leaflet carousels to support a monthly dementia drop-in clinic which enables people to ask the dementia specialist team questions, receive signposting to services and information and receive emotional support.
- Creating a quiet room on Ward 44 following a service improvement idea from the Ward Shared Governance Council. New flooring, decor and furnishings have been funded to create a tranquil space for relatives and for sensitive conversations.

During the past three months, the Community Involvement Team were also delighted to welcome fundraisers into the hub to accept generous donations including:

- A donation of £1,574.21 for breast services from Early Years students at Vision West Nottinghamshire College who raised this at various fundraising events at the college, including a Christmas raffle and tombola. The students presented their donation to members of the breast care team and visited the unit to see examples of how charitable donations are utilised.



- Regular fundraisers Neil and Sonia Eminson kindly donated £3,775 to be split between urology and dementia from several fundraising events held throughout the year. We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

I think all those who have made donations and who have given their time to support our hospitals over the past three months.

## Other notable engagements from over the past three months:

- I joined the Chief Executive in holding our quarterly meetings with partners from Ashfield District Council to strengthen our relationships with local authority colleagues.
- I took part in the Nottingham and Nottinghamshire elected members meetings, which included NHS chairs and elected representatives from local authorities.
- I joined my regular one-to-one meetings with the Chair of the Nottingham and Nottinghamshire Integrated Care Board (ICB), Dr Kathy Mclean OBE.
- I took part in one of our regular catch-up meetings with chairs from local NHS provider organisations. These were also attended by Nick Carver from Nottingham University Hospitals (NUH) and Paul Devlin from Nottinghamshire Healthcare.
- On Monday 24<sup>th</sup> February 2025, we welcomed the Chair, Dr Kathy Mclean, and the Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB), Amanda Sullivan, to the Trust. Their visit to Mansfield Community Hospital included an update on the work to bring Nottinghamshire's first Community Diagnostic Centre to Mansfield.

The pair also visited King's Mill Hospital for an update on the work the Trust has been undertaking to bring the new Computed Tomography (CT) scanner and hybrid MRI (Magnetic Resonance Imaging) scanners to the site. Their visit was also an opportunity to talk to our challenges with the Trust's existing estate.

- I took part in our monthly Chairs catch-up meetings with the regional director for NHS England (Midlands), Dale Bywater.
- I took part in a '15 Steps' visit to the Trust's Intensive Care Unit (ICU) at King's Mill Hospital where the ward matron, Kathy Smiley, shared a recent success for the team after taking part in their latest East Midlands Critical Care Peer Review.

That comprehensive review saw the service ranked the best anywhere in the region, based on 120 criteria considered as part of the review.

The report showed the unit has continued to be the highest scoring unit within the region, with strong evidence of effective and sustained change that is supported by a clear patient care ethos and a drive to continuously improve. I congratulate them on their continued success.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Acting Chief Executive's report		<b>Date:</b>	13 <sup>th</sup> May 2025	
<b>Prepared By:</b>	Rich Brown, Head of Communications				
<b>Approved By:</b>	Dave Selwyn, Acting Chief Executive				
<b>Presented By:</b>	Dave Selwyn, Acting Chief Executive				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items the past three months from the Acting Chief Executive's perspective.				<b>Approval</b>	
				<b>Assurance</b>	Y
				<b>Update</b>	Y
				<b>Consider</b>	Y
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
CDC = Community Diagnostic Centre ED = Emergency Department FCP = Full Capacity Protocol MCISS = Macmillan Cancer Information and Support Service MNPBP = Mid-Nottinghamshire Place-Based Partnership			MRI = Magnetic Resonance Imaging MSFT = Medically Safe for Transfer NTU = Nottingham Trent University PIFU = Patient Initiated Follow-Up RTT = Referral to Treatment UEC = Urgent and Emergency Care WNC = West Nottinghamshire College		
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items the past three months from the Acting Chief Executive's perspective.					

## In loving memory of Paul Robinson

This is the first Council of Governors meeting since the heartbreaking news that our Chief Executive, Paul Robinson, had passed away following a year-long battle with severe illness.

We recognise the very significant impact that this news has had across Sherwood Forest Hospitals and our #TeamSFH family and we ensured that we highlighted information on emotional support available to staff who have been affected by this news.

The Trust has had books of condolence open across its three sites since Paul's passing. The organisation also hosted a celebration event for Paul's life in March to give colleagues an opportunity to celebrate what Paul meant to us all.



Here are the words I shared with colleagues in a blog shortly after Paul's passing:

*Quite simply, this week has been one of the most difficult in my career as we were heartbroken to learn of the devastating news that our Trust Chief Executive, Paul Robinson, had passed away following a year-long battle with severe illness.*

*Paul had worked in the NHS for more than 30 years and had been a well-loved member of #TeamSFH since the moment he joined the Trust in May 2015. From there, he became a significant force behind helping Sherwood to exit special measures to making the enormous progress we have made together since.*

*As a Chief Executive, he was an outstandingly compassionate man, someone who always had time for colleagues, was a great listener and truly put patients at the centre of all of his thinking.*

*Paul's leadership has helped to cement the Trust's standing as one of the best NHS organisations in the country to work for, with the Trust also retaining its crown as the Midlands' best to work at for an incredible sixth year – something he was incredibly proud of.*

*But Paul was far more than a Chief Executive, a colleague and a boss to us all. He was also a husband to Clare, a father to his sons, and a mentor to countless others who he had offered advice, guidance and inspiration to over the years.*

*When I first met Paul, I was taken aback by how he approached his role as Finance Director. Instead of solely honing-in on the financial details of a business case, he prioritised what was best for patients and viewed finance as a tool to facilitate that goal. For me, it was a breath of fresh air at the time and a truly enlightening perspective.*

*Over time, we developed a close professional and personal bond, which has only deepened during the past nine months or so, as I've been his main point of contact with the organisation during his illness.*

*He will be missed immensely by all who knew him and he leaves a strong SFH legacy and memory. I will miss him.*

*Since the sad news was announced, we have received hundreds of messages of condolence across our Trust Facebook, X and LinkedIn pages and I have also been contacted by countless colleagues from across our country's NHS and beyond to express their sadness for our loss.*

*Thank you to all of you who have taken the time to leave a comment on social media, email me or reach-out to the colleagues who knew and loved Paul.*

*It has been of great comfort to me – just as I know it has to Paul's family, who are understandably devastated by their loss.*

*We are now working with Paul's family to agree how the Trust will recognise and celebrate Paul's life and legacy, which will include opening books of condolences for colleagues to record their thoughts across all our three sites.*

*We are also planning a celebration service over the coming weeks, with more details to be announced in Trust communications as soon as we have finalised the finer details.*

*If you would like a very practicable way to honour Paul's memory this week, Paul's sons are running the Sheffield Half Marathon on Sunday 23<sup>rd</sup> March 2025 in loving memory of Paul and to raise money for the Weston Park Hospital Charity.*

*You can sponsor their efforts via this link <https://sheffield-half-marathon-2025.raiselysite.com/t/teamrlxconstruction>.*

*Losing Paul is hard enough in itself, but there is also a cruel 'second wave' of grief that hits many of us as it reminds us of others we have lost – including those in our home lives and colleagues we have lost from our work families like 'Dee' Kelsey, Katy Flint and Jill Rawlings.*

*This sad event is unfortunately not the only passing of a close colleague in recent weeks, which has also made us consider how we honour other Sherwood colleagues we have lost.*

*I would welcome colleagues' thoughts on how we can best capture their memories. If you have any ideas, please let me know by emailing [david.selwyn@nhs.net](mailto:david.selwyn@nhs.net)*



**'Dee' Kelsey**



**Katy Flint**



**Jill Rawlings**

*If you have been affected by the passing of 'Dee', Katy, Jill, Paul or anyone else, we are proud to offer a wealth of emotional support to our Trust colleagues to call upon in times like these.*



*I have given and received many 'Sherwood hugs' over this past week, as well as shedding many tears. I have found talking to people to be an immense comfort this week and I would encourage anyone who feels they would benefit from more structured support to reach-out.*

*You can access a wealth of information on the Bereavement and Loss pages of our Trust website at [www.sfh-tr.nhs.uk/for-health-professionals/looking-after-your-wellbeing/bereavement-and-loss](http://www.sfh-tr.nhs.uk/for-health-professionals/looking-after-your-wellbeing/bereavement-and-loss), with further support also available – 24 hours a day, seven days a week – by calling our VIVUP confidential support line on freephone 0330 380 0658.*

*Thank you for your support over this incredibly difficult week – I hope you all manage to spend some time with your loved ones over the coming days.*

*Thank you.*

## Operational updates

### Overview of operational activity

The past three months have seen operational pressures continue, resulting in the Trust's Full Capacity Protocol (FCP) being enacted on a number of occasions to help manage the challenges we have been experiencing.

Constraints in matching high demand with our hospital bed base has meant that we have not always been able to admit patients in a timely way, extending the time patients spend in our Emergency Department (ED) and contributing to overcrowding.

At their peak after the Easter Bank Holiday weekend, our Emergency Department was treating almost twice as many patients as it was designed to at any one time, with 152 patients waiting to be seen in the department at one point.

Over winter, we also took the extraordinary step to go 'two-over' on our wards this winter to balance risk across the organisation. We recognise the consequences that this has had on our base wards and we have provided feedback of any quality impact via Quality Committee.

Patient demand has remained high in terms of the daily average number of Urgent and Emergency Care (UEC) attendances (particularly at Newark) and non-elective admissions. Whilst these demand metrics were closer to planned levels, the increased pressure of the number of patients accessing our services is evident across our frontline services. This is putting pressure on our clinical workforce and we have been struggling to fill additional clinical shifts to cope with the level of patient demand.

While performance across our Urgent and Emergency Care (UEC) pathway is not where we would like it to be, our staff continue to work relentlessly to care for patients in as timely and dignified a manner as possible in very challenging circumstances. Our local system partners have worked together well to maintain relatively low levels of Medically Safe for Transfer (MSFT) patients in our hospitals over the winter period. Low MSFT patient numbers together with focus on our 'Getting the Basics Right' improvement programme have contributed to reduced length of stay which has been essential to maintain hospital patient flow.

In quarter four to-date, we have continued to reduce the incomplete Referral to Treatment (RTT) waiting list and the number of 52-week waits.

In outpatients, first attendance activity levels have shown a reduction versus plan in quarter four to date. This is driven by an increase in the number of one-stop clinics where patients are having a procedure during their first appointment (we have seen an over-delivery versus plan for outpatient procedures). This change is better for patients.

We consistently exceed the 5% Patient Initiated Follow Up (PIFU) target and benchmark well. Advice and guidance performance remains well above target and stable over a long period of time.

### **Sherwood becomes first in the East Midlands to offer revolutionary CT scanning for cardiac patients**

Sherwood Forest Hospitals has become the first NHS trust in the East Midlands to install the GE HealthCare Revolution™ Apex Elite Cardiac CT Scanner which was unveiled by three-time Paralympic gold medallist Charlotte Henshaw MBE at a launch event at King's Mill recently.

Patient care will be considerably improved by the introduction of this advanced Cardiac CT scanner which will allow cardiac scans to be offered to patients without the requirement slow the patient's heart first.

It is a hugely advantageous development that will significantly transform CT services in our Radiology department, increasing our capacity to offer this vital test and reducing our waiting lists considerably.

A CT scan is a diagnostic imaging procedure that combines X-rays and computer technology to produce images of the inside of the body and can show detailed images of the body including bones, muscles and organs. They are more detailed than a standard X-ray and the beam used moves in a circle around the body. They are used to diagnose tumours, investigate internal bleeding or check for other internal damage.

Patients need to keep completely still during a scan. This makes scanning the heart a more complicated procedure and the heart usually has to be slowed down for images to be successfully captured.

The new GE HealthCare Revolution Apex Elite Cardiac CT scanner can scan the patient's heart in one revolution and in less than a second, fast enough to capture images without blurring, while keeping the heart still beating normally.

This CT scanner produces very clear images while using lower radiation levels, enabling more patients to be scanned safely and efficiently without compromising the quality of results. Additionally, as technology continues the scanner will be automatically updated with the latest software and advancements, so that patients at Sherwood Forest Hospitals always benefit from cutting-edge imaging technology for the best possible care.

The one-beat cardiac CT, which is already operational, will mean that the most delicate and often challenging procedures can now be done quicker and with greater ease and comfort for the patient.

Funding for the new CT Scanner was received from NHS England.



## Work starts on new MRI scanner building at Sherwood Forest Hospitals



Work has started on a project that will transform care for patients needing MRI scans in the Nottinghamshire area.

Members of the project team joined contractors at an event to mark the 'first spade in the ground' for a new Magnetic Resonance Imaging (MRI) building at King's Mill Hospital.

The project, which is being funded by NHS England and has been in the pipeline for several years, will house two state-of-the-art MRI scanners. It will replace the hospital's existing one that is more than 12 years old and nearing the end of its working life, as well as another permanent scanner to replace a temporary mobile.

The Trust's current scanners are regularly in operation for more than 12 hours per day, seven days a week and the building will have space for a third scanner to accommodate future demand and growth for this vital diagnostic procedure.

This vital development will significantly improve efficiency and resilience, strengthening capacity both for inpatients and outpatients; the project will ensure patients are seen more quickly and receive their diagnosis sooner.

Rapid diagnosis of conditions such as cancer means patients can access the treatment they need more quickly, which is key to improving outcomes and quality of life for those suffering from chronic diseases.



Bringing all the Trust's MRI scanners under one roof in a purpose-built space will improve patient experience by providing a more comfortable environment for both patients and staff.

The building will have a separate covered entrance, while still being connected to the existing hospital through a new link corridor, providing better access for patients and staff.

With all patient facilities located on the ground floor, it will be easily accessible for patients and will have dementia-friendly signage.

The new build, designed by international architects CPMG, will be built by Kier Construction, and is expected to open in 2026.

## Updates from the Mansfield Community Diagnostic Centre

### Final steel beam marks major milestone in Mansfield Community Diagnostic Centre build



We have been celebrating another major milestone in the development of the new Community Diagnostic Centre (CDC) at Mansfield Community Hospital, as construction reaches its “topping out” stage.

Following the demolition of the former Victoria Hospital last summer, construction has progressed and the project has now reached a key moment, the completion of the building’s steel frame.

This milestone was marked with a traditional topping out ceremony on site, where colleagues, contractors and partners came together to sign the final beam and tighten the last bolt in celebration of the progress made so far.

With 760 individual steel pieces weighing a combined 160 tonnes - the equivalent of around 32 ambulances - the structure is now fully in place and the project is officially “out of the ground”.

The next phase of construction will see work begin on the building’s exterior to make the site weather-tight, paving the way for internal trades to begin fitting out the state-of-the-art facility.

Designed with both community benefit and sustainability at its heart, the project has already achieved impressive green credentials. It has scored 43 out of 45 on the Considerate Constructors Scheme, earned an A-rating for its environmental performance, and has successfully diverted 95% of its waste from landfill.

The average distance travelled by supply chain partners to site is just 28 miles, supporting local employment and reducing environmental impact. The project has also been 12 months accident-free and recently received an annual safety award for the Nottingham region

Once complete, Mansfield CDC will be Nottinghamshire’s first dedicated Community Diagnostic Centre, providing a one-stop location for patients to access the tests and investigations they need, helping to speed up diagnoses and improve health outcomes. The centre will also create hundreds of new jobs, further supporting the local community.

### **Providing young people with opportunities**

Two West Nottinghamshire College students are putting their knowledge into practice thanks to industry placements working on Mansfield Community Diagnostic Centre (CDC).

Niall Clapperton, 17, from Sutton-in-Ashfield, and Liam Armstrong, also 17, from Ollerton, are both enjoying a placement as part of the project. Both students bring enthusiasm and a keen interest in building a career in the construction industry.

Thanks to a partnership with building contractor Kier, project management company Pulse Management, and West Nottinghamshire College, these students are gaining hands-on experience in construction and project management within one of the most significant healthcare projects for the local community.



The CDC, which is Nottinghamshire’s first, will provide tens of thousands of health checks. We were pleased to share an update and future plans with the CEO and Chair of NHS Nottingham and Nottinghamshire ICB during a recent visit to SFH.

## **Partnership updates**

### **New chair for Mid Nottinghamshire Place-Based Partnership**

Mid-Nottinghamshire Place-Based Partnership (MNPBP) recently announced the appointment of Theresa Hodgkinson, Chief Executive of Ashfield District Council, as its new Chair.

The Mid Notts Partnership brings together over 15 health and care organisations including local authority, community services, GPs and hospitals, as well as wider partners such as the community, voluntary and social enterprise sector.

Working in partnership with people within our communities, the organisations collaborate to deliver the MNPBP's shared ambition, which is: "Working Together to enable everyone across Ashfield, Mansfield, Newark and Sherwood to live healthier and happier lives, to prosper in their communities and remain independent throughout life."

Theresa's appointment comes after previous Chair Adam Hill, former Chief Executive at Mansfield District Council, announced his departure from the MNPBP to take on a new role at Rushcliffe Borough Council.

I am also delighted to share that I have also been confirmed as the Partnership's Deputy Chair, recognising the vital role that Sherwood has to play in the success of the Partnership as an anchor organisation.

## **English Devolution White Paper**

I want to make the Council of Governors aware of the English Devolution White Paper which was published before Christmas, as it will affect all of us – both in our daily work and in our personal lives.

The White Paper sets out the government's plans to widen and deepen devolution across England, providing mayors with unprecedented powers and funding, and outlines how the government will rebuild and reform local government.

The leaders of all nine councils across Nottinghamshire and Nottingham have agreed to work together on a response to the Government's invitation for local government reorganisation. Council leaders agreed that all options should be 'on the table' with only those proposals that deliver quality services for local people and create sustainable councils to be taken forward. Detailed work will be undertaken by a joint team from across all councils to develop and test initial options, with initial responses submitted in March.

Following the recent Nottinghamshire County Council elections, further work -including appropriate consultation - will be carried out on preferred options before members consider proposals for reorganisation to submit to Government in the Autumn.

We look forward to seeing how this progresses. You can read the White Paper at [www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth](https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth).

## **Universities for Nottingham Programme Management Board**

Sherwood was represented at the recent Universities for Nottingham Programme Management Board by the Strategy and Partnership and Research & Innovation teams.

This was a good opportunity to learn about the achievements of the partnership in particular the expansion of the Climate Ambassadors Scheme and further developments of the Co(l)aboratory Programme.

Co(l)aboratory brings together researchers, community organisations and local people to deliver meaningful change for the people of Nottingham and Nottinghamshire through research. From this discussion, the Trust's Head of Research and Innovation will explore expanding Notts Voice in Research to central and north Nottinghamshire.

The Board also discussed the opportunities and risks arising from the evolving regional landscape and implications for the partnership.



## **Vision West Nottinghamshire College strategy review day**

On 18<sup>th</sup> March 2025, Vision West Notts College held its strategy review day and, as a key partner, Sherwood was well represented.

The event was an opportunity to influence the strategic direction of the college and share partner strategic objectives. The Strategy and Partnership Team attended the morning strategy sessions and the People Directorate and Corporate Nursing the afternoon.

The sessions were interactive and informative: the morning strategy session highlighted opportunities for maximising community connections and amplifying Sherwood's role as an anchor organisation through its partnerships.

The afternoon sessions focused on hearing from partners regarding how current relationships could be enhanced and embedded further. The relationship between Sherwood and the College was used as a best practice example where tangible benefits could be evidenced.

## **Other Trust updates**

### **Sherwood named best place to work for in the East Midlands by its own staff**

Sherwood Forest Hospitals has been recognised as the best acute NHS Trust to work for in the East Midlands for the seventh year in a row, according to its own staff.

The 2024 National Staff Survey results show that 71% of colleagues recommended the Trust as a great place to work, which is 11.88% higher than the national average.

The Trust also came top in the East Midlands for:

- A place to receive care – 73.4% of staff would be happy with the standard of care provided here if a friend or relative needed treatment.
- Engagement (7.13 out of 10), which is 2nd highest in the Midlands and 12th nationally.
- Staff morale (6.31 out of 10).

The results, which were published on 13<sup>th</sup> March 2025, show that Sherwood Forest remains a high-performing Trust across the whole of the Midlands.

Some of the achievements the Trust is most proud of are:

- 90.7% of colleagues feel trusted to do their job.
- 89.1% of colleagues feel their role makes a difference to patients/service users.
- 68% of colleagues say they have access to the right learning and development opportunities when needed. This is top in the Midlands and 4th nationally.
- 63.5% of colleagues believe the Trust is taking positive action on Health and Wellbeing.

This year, 3,855 colleagues shared their voices in the survey, giving a 63.1% response rate - the highest in the Trust's history.

The results show an overall positive picture of the working environment at Sherwood, highlighting the impact of ongoing efforts to improve patient and staff experience. Despite continued challenges facing the NHS, colleagues have demonstrated resilience and dedication to providing outstanding care.

While these results provide something to celebrate, they also highlight the key areas where the Trust needs to make further improvements. The focus over the next 12 months will include retention, celebration and recognition, and ensuring colleagues have adequate materials and supplies to do their jobs.

It is great to see so many of our colleagues take part in the National Staff Survey. Their voices are invaluable in helping us to understand how staff truly feel and where we can continue to improve.

I am extremely proud of these results, which reaffirm that Sherwood is not just a great place to work but also somewhere our colleagues would be happy to receive care themselves. These scores are a testament to the dedication of our teams, and it's particularly encouraging to see improvements in key areas, such as fewer colleagues reporting experiences of bullying, violence, or harassment from patients or the public.

While these results are encouraging, we recognise that there is still more to do, and we are already taking action to address areas of improvement. Our focus will be on working closely with colleagues to ensure SFH is an even better organisation to be part of.

### **Hundreds explore career opportunities at 'Step into the NHS' showcase event**

Hundreds of job seekers and people looking for a new career path explored a variety of NHS roles at the latest 'Step into the NHS' careers event hosted by the Trust in partnership with Nottingham Trent University (NTU) and West Nottinghamshire College (WNC).

The event, which took place on Tuesday 4<sup>th</sup> March 2025 at Mansfield and Ashfield Sixth Form College, gave attendees the chance to engage with professionals and learn about the wide range of non-clinical roles available within the NHS, including finance, HR, facilities management, project management, and clinical illustration.

Feedback from several teams who participated in the event revealed that many attendees were unaware of the wide range of non-clinical roles available within the NHS.

It's always fantastic to see so many people interested in joining our Trust and exploring the rewarding careers available within the NHS.

Events like these provide a valuable platform for people at all stages of their career journey, whether they are students, job seekers, or those considering a career change.

It is especially great to see growing awareness of the many vital non-clinical roles that help support our clinical colleagues and make great patient care happen across our hospitals. We look forward to welcoming new talent to our workforce.



## New staff wellbeing spaces open at King's Mill Hospital



During the month, the Trust celebrated the opening of its new staff wellbeing spaces at King's Mill Hospital.

Located behind the clinics in the King's Treatment Centre, the new spaces will replace the Delimarche on Level 6 of the hospital for any colleague to take a break away from their work area, with that space to be converted into doctor's mess.

The three new spaces will be known as Whispering Willows, Peaceful Pines and Mighty Oaks. The peaceful Pines area will act as a quieter space for colleagues who want downtime and place to rest away from their work area.

Each space also showcases artwork designed by talented art students from West Notts College. Funding for seating in the new wellbeing spaces has also been funded by the Sherwood Forest Hospitals Charity.

To mark the opening, colleagues from across the Trust were joined by some of the students involved in creating the artwork, West Nottinghamshire College Principal Andrew Cropley and some of the tutors from the college to cut the ribbon and have a look around the new area for themselves.

The works will also enable works to develop a more substantial doctor's mess to be developed elsewhere at King's Mill Hospital.



## **Trust awarded funding for new Bone Density (DEXA) scanner at Newark Hospital**

A new bone density or 'DEXA' scanner that uses x-ray to assess the risk of thin bones and to diagnose osteoporosis, is due to be installed at Newark Hospital, after Sherwood Forest Hospitals was awarded funding in excess of £240,000, from NHS England.

The number of new referrals into the DEXA service has increased, with an average of 100 per week being received, reflecting our aging population.

Between April 2023 and November 2024, Sherwood Forest Hospitals received a total of 7,910 referrals for DEXA scans. This is increasing by approximately 8% year on year.

Sherwood Forest Hospitals covers a large geographical area with many patients as far afield as Lincolnshire and Leicestershire opting to choose Sherwood Forest Hospitals as their preferred healthcare provider.

It was recommended by the Royal Osteoporosis Society (January 2024) that there should be one DEXA scanner per 100,000 population. Sherwood serves a population of over 350,000 and, prior to the successful funding bid, only had one scanner located at Mansfield Community Hospital.

The new scanner at Newark Hospital, which should be operational by September 2025, will significantly enhance the service we can provide to our patients, allowing them to receive their diagnostic scan at a location closer to home, reducing the need for patients to travel, as well as reducing the costs they incur.



Currently, all patients – many of whom have limited mobility – have to travel to Mansfield Community Hospital. From September, patients will be able to receive their appointment in Newark and Mansfield, whichever is nearer for them.

This project reinforces our commitment to deliver outstanding healthcare for our patients and communities and helps us to continue improving local health and care services. Osteoporosis affects over two million adults in the UK.

This new scanner will increase the capacity we can offer, allowing for an additional 360 scans per month which will help to reduce the time patients have to wait to access their diagnostic tests, increasing the speed and efficiency of the care that we provide for our patients.

### **New cancer information and support centre opens in Newark**

A Macmillan Cancer Information and Support Centre for people affected by cancer has opened in Newark, with support from the Trust.

The Macmillan Cancer Information and Support Service (MCISS) at the YMCA Community and Activity Village on Lord Hawke Way has started welcoming service users.

The Trust is working in partnership with Macmillan Cancer Support to provide the vital service in response to feedback from patients.



The development, which is an extension of the existing service at King's Mill Hospital, is the first of its kind nationally and is likely to attract interest and help shape the future delivery of Macmillan Cancer Information and Support Services.

A Macmillan information library will remain at the Eastwood Centre in Newark Hospital and will signpost people to the MCISS at the YMCA Village, Newark.

YMCA Village is a welcoming space in Newark that already brings together people from all around the community. With an on-site café, a friendly, supportive atmosphere, and a range of health and wellbeing activities, it offers a sense of belonging.

Partnering with the Macmillan Cancer Information and Support Service, the Village provides a comfortable, accessible environment where people affected by cancer can easily access vital resources and services close to home.

According to information held by the Trust, around 250 people a year in the Newark (NG24 postcode) area are diagnosed with cancer and feedback shows that people welcome care and support closer to home.

The centre, which is open Monday to Friday 8.30am to 4pm, offers drop-in services and appointments for personalised support. Advice and signposting from a range of partners will be available to address worries and concerns that may stem from cancer - including physical, practical, emotional, social and financial issues.

The new service is designed to provide information and support in a friendly and welcoming community setting rather than a traditional hospital environment. It offers support to anyone affected by cancer – including patients, carers, family, friends, employers, and staff working with those affected by cancer.

This includes people who may be worried about cancer, waiting for or having tests, those who have recently been diagnosed, are living with cancer, receiving treatment including palliative or end-of-life care, cancer survivors and those who have finished treatment, as well as those dealing with the loss of someone to cancer.

The service is currently recruiting ambassadors who are interested in the centre and its activities. Ambassadors will help share information within their communities and contribute to the development of the new service. Anyone who is interested, should email [sfh-tr.cancer.info@nhs.net](mailto:sfh-tr.cancer.info@nhs.net) to sign up to receive a regular newsletter.

### **Sustainability improvements**

Key success in our estates include a recent grant for around £3million to deliver a rapid change to LED lights throughout the Trust and improved energy management systems. This will deliver projected savings of about £1million per year. Work has already been completed at Newark Hospital.

Work is starting this month to install sensors in our operating theatres which will power down ventilation and lights when not in use. This can save up to £200,000 per year.

NHIS are currently rolling out the power down of computers and laptops when they are not in use. This has been shown to deliver significant electricity saving with no impact on staff or patients.

Once completed at SFH, they plan to roll it out to other provider organisations, amplifying the financial and carbon savings across the system.

### **Success of walking aid reuse and recycle scheme**

Hundreds of unneeded walking aids have been returned to the Trust since we launched a reuse and recycling scheme at the start of February 2025.

Members of the public can return metal crutches, sticks and frames to any of our three hospitals regardless of when and where they got them. The equipment is safety checked, repaired, and reissued where appropriate, or recycled when not safe for reuse, reducing carbon emissions associated with manufacturing, and saving money.

### **Celebrating success**

Ros Roddy, a Matron at Mansfield Community Hospital, has been presented with a prestigious DAISY award by Rob Simcox, Director of People and Phil Bolton, Chief Nurse. Ros, who has worked for the Trust for 15 years in various roles describes her current role as 'a role I love, in a town where I feel at home.'

The nomination came from a colleague who had witnessed Ros provide outstanding care to a patient who had been in hospital for several months and consistently go above and beyond to ensure their needs were met.



They said, 'Ros created a person-centred approach to the care and wellbeing of the patient' and catered for not only their medical needs but also went the extra mile to ensure home comforts were made available.

The nomination explained that these gestures were not a one-off and Ros was regularly supporting patients in this way. Congratulations, Ros!

### **We celebrated National Apprenticeship Week in February**

The Trust currently has 148 people on apprenticeships, and we have successfully recruited 21 individuals from outside of the Trust into apprenticeship roles.

By working in partnership with West Nottinghamshire College, Nottingham Trent University and other education providers we are helping to create entry level routes in the NHS for the local community.

Apprenticeships are a brilliant opportunity to work and study at the same time and a fantastic way to learn on the job and gain practical and specific workplace experience.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Council of Governors		<b>Date:</b>	13 <sup>th</sup> May 2025	
<b>Prepared By:</b>	Liz Barrett, Lead Governor				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett, Lead Governor				
<b>Purpose</b>					
To share an overview as to the activities that Governors are engaging in and the impact of this work				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor) ICB (Integrated Care Board) PKB (Patient Knows Best)					
<b>Executive Summary</b>					
An overview as to how Governors have been spending their time this quarter and the impact of this.					



I would like to start this report by acknowledging that Governor Ian Holden has recently retired as a Sherwood Forest Hospital Trust Governor. Ian had a remarkable knowledge of the NHS and willingly shared this with fellow Governors and in Governor meetings. He was passionate about ensuring that as volunteer Governors we challenged and supported NEDs to ensure that together we were serving SFHT to the best of our ability. We are grateful to Ian for all of his time and energy.

Several other Governors, Ruth and Vikram, have recently finished their time as Governors. Again we are very grateful for their in-depth medical knowledge that they have shared, their NHS wisdom, their ability to challenge but also to support.

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

Engagement with 15 Steps continues for Governors with some really lovely feedback as to what has been experienced. It is fair to say that Governors particularly enjoy doing 15 Steps and are grateful for the unparalleled insights that it brings regarding how SFHT is operating.

Attendance at Governor meetings remains high with governors actively contributing strong discussion points to the debates. Individually and collectively we are keen to ensure we continue to support the quality improvements taking place within SFHFT. We have recently gone through Governor elections which has created a slight 'pause' in recent weeks upon ordinary Governor business. We are now in a position to pick up the pace in all aspects of our work and welcome our new Governors to the team.

Governors continue to keep a really watchful eye on how SFHFT responds and cares for people with disabilities. There is some really positive feedback now flowing back on this matter. My thanks to Peter and Justin who are leading this for Governors.

Attendance from Governors to the committees remains high which helps us as a team of Governors to triangulate information shared back. It is natural that the SFHFT Governors also have a high interest in the finances of SFHFT right now and the direction of travel.

There have been further ICB meetings which I have been involved in which have explored wider local issues. It does feel as though the ICB are now listening to governors and are keen to support the proposed suggestion of an in-person governor conference in July. Further details of this will be shared in coming weeks.

Governors have recently received a further presentation on Cyber and Digital with SFHFT. It was incredibly helpful to have this update and highly impressive to listen to the presenters who have expert knowledge on this subject and are passionate about keeping SFHFT as safe as possible. As a group of Governors we learnt the following:

### **Current SFH Specific Activities**

- About 60% of Nottinghamshire citizens have NHS App, 186k have PKB active.
- All Careflow Outpatient appointments visible in the NHS App and PKB (2.5million and counting).
- All Outpatient and Radiology appointment letters are sent to the NHS App instead of by post where registered.
- Clinical letters and leaflets across 21 services now in the NHS App.
- Support patients and families in Paediatric Epilepsy and Inflammatory Bowel Disease with asynchronous secure messaging, including video.

- Provide access to the Macmillan library.
- Support sign up and accessibility of Digital Services with Citizens & Staff

The small group of Governors that have formed the working group to support the July charitable fund-raising concert continue to move things forward. All Execs, NEDs and Governors are encouraged to actively attend and to sell tickets to support raising funds.

Last Friday, I visited Jackie Wix and Project Search. It was humbling to see the care that SFHFT staff (at all levels) and West Notts College were giving to the learners on this programme. It was inspiring to learn that several have secured jobs at SFHFT. On every level this brilliant initiative demonstrates what can be achieved when working together and the impact that this has on transforming local lives for the better.

My thanks to all governors for their continued commitment, time and energy again this quarter. You all add value.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	15 Steps Challenge Update.		<b>Date:</b>	13 <sup>th</sup> May 2025	
<b>Prepared By:</b>	Grace Radford, Patient Experience Manager				
<b>Approved By:</b>	Sally Whittlestone, Deputy Director of Nursing Quality & Governance				
<b>Presented By:</b>	Grace Radford, Patient Experience Manager				
<b>Purpose</b>					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from January to March 2025.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>			<b>X</b>		
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
<b>Acronyms</b>					
<b>Executive Summary</b>					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that took place between January and March 2025. This report will outline the clinical areas visited, the feedback gathered by the visiting teams, and any emerging themes.</p> <p>The 15 Steps Challenge serves as a valuable source of qualitative data, offering insights into various healthcare settings from the perspectives of patients and relatives. It also provides an opportunity to align patient and staff experiences, fostering a positive experience for all and encouraging staff to recognise and implement local service improvements.</p> <p>During the reporting period from January to March 2025, a total of 25 visits were completed, with corresponding reports returned.</p>					

The outcomes of these visits remain positive, with numerous examples of person-centred, compassionate care, pride, positivity, and a strong demonstration of CARE values throughout the organisation

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

## Introduction

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

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

During the reporting period, 25 visits areas were completed, with corresponding reports submitted and reviewed. This represents a slight increase from the previous quarter, which saw 22 visits completed. The areas visited during this period are as follows:

January	February	March
Ward 43	ITU	ED
Ward 24	Ward 34	Doctor's Mess & Old Gym
Ward 34	Faith Centre	Occupational Health
Ward 22	Head & Neck	Endoscopy
Ward 33	Max Fax	Mattress team
Clinic 11	ENT	Equipment Library
	Ward 14	Ward 23
	Main Theatres	Clinic 6 vascular
	Pre op/clinic 3	Clinic 6 dermatology
Total areas 6	Total areas 9	Total areas 10

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

### Welcoming:

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

A Thank-You Board was noted at the entrance to Ward 24 displaying messages of appreciation from patients.

A student nurse spoke positively regarding the staff and working relationships on the ward.

The visit to clinic 3 felt very welcoming on arrival. The team were escorted around the clinic by the nurse in charge and they were acknowledged by all staff who appeared content. The team reported plenty of useful information for patients and relatives.



Despite being extremely busy staff in the Emergency Department welcomed the team and were happy to make themselves available whenever possible.

### **Caring and Involving:**

Good interactions were noted with staff and patients

Staff reported that the Faith Centre caters for all faiths and welcomes all offering a space to reflect.

Staff were observed interacting with patients respectfully and maintaining privacy & dignity during the visit to Ward 14.

### **Safe:**

Staff were easily identifiable either by name badges or lanyards.

Ward 43 were noted to display really useful information relating to sepsis

Ward 34 was calm, clean, tidy and well controlled. The drug room was locked and staff were noted to be using red trays and jugs appropriately whilst assisting patients.

The Endoscopy Team had clear governance oversight and plans for all sites.

### **Well-organised and calm:**

The Ward was clean and tidy and felt very calm. The Foyer was also noted to be clean and well presented.

Patient feedback was very positive. One patient the team spoke to had just received some very difficult news, however he was still very complimentary of the ward team.

The Ward was very clean and organised despite staff being very busy.

Clinic 8 had clear signage throughout and appeared clean and tidy including all equipment reviewed during the walk round.

### **Issues identified during the visits:**

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

There were a number of issues generally relating to out of date signage and cluttered areas in a number of departments however these were actioned immediately or shortly following the visit.

Any outstanding actions that have not yet been confirmed as completed— including those from the previous quarter— are listed below, with some actions still ongoing.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
Ward 41 There were some posters on the walls dating back to 2022 and some in the foyer that needed updating	Review and remove older and unneeded signage.	NIC	✓	31/11/24	Completed
In the breast clinic, there was a collection for breast cancer charity	Consideration is to be given as to whether we should be collecting for the SFH charity.	NIC	✓	May 2025	Completed Fundraising (collection tins) by Amazon Breast Support Group authorised by Community Involvement Team as they are a fundraising partner raising money solely for Breast Services at King's Mill.
Ward 52	One recline chair is damaged, and already out for repair. Contacting charitable funds.	NIC	✓	May 2025	Confirmed completed February 2025
Ward 24 Ward Door still displayed strike information	Removed during visit	NIC	✓	9 <sup>th</sup> January 2025	Completed during the visit

### Patient and team feedback:

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

praise peaceful  
presented tidy  
pleasant included happy  
friendly calm controlled  
positive strong  
welcoming

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

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

### **Conclusion:**

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

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

### **Next Steps:**

Visits are scheduled from April 2025, following the Governor's elections these will be arranged for the next six months. Results will be analysed on a monthly basis, ensuring that area owners are informed of any issues, allowing for timely improvements or the sharing of positive findings.

**Council of Governors Meeting - Cover Sheet**

<b>Subject:</b>	Improvement Faculty Update				<b>Date:</b>	13 <sup>th</sup> May 2025
<b>Prepared By:</b>	Jim Millns, Associate Director of Transformation					
<b>Approved By:</b>	Jim Millns, Associate Director of Transformation					
<b>Presented By:</b>	Jim Millns, Associate Director of Transformation					
<b>Purpose</b>						
The purpose of this paper is to provide the Council of Governors with an update on the Improvement Faculty.					<b>Approval</b>	
					<b>Assurance</b>	
					<b>Update</b>	x
					<b>Consider</b>	
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
			x			
<b>Identify which Principal Risk this report relates to:</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					x
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					x
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
None.						
<b>Acronyms</b>						
ICB – Integrated Care Board QSIR – Quality, Service Improvement, and Redesign QI – Quality Improvement NUH – Nottingham University Hospitals						
<b>Executive Summary</b>						
1. <u>Overview</u>						
The purpose of this paper is to provide the Council of Governors with an update on the Improvement Faculty ( <i>see attached report</i> ). The report includes a summary of what has been achieved/delivered over the last 12 months, plus an overview of the work plan for the year ahead. This is the latest of a series of 6-monthly updates, as requested by the Council of Governors.						
2. <u>Recommendations</u>						
The Council of Governors are asked to:						
a. Note the contents of the report.						
b. Agree to take receipt of future 6-monthly updates.						

# Improvement Faculty Update

Council of Governors Meeting

13<sup>th</sup> May 2025



## 1. Improvement Faculty Update – Quick Look Back (1)

### Financial Improvement

- Although the role and remit of the Improvement Faculty continues to be focused on:
  - Improving the quality of patient care and the experience of those who use our services;
  - Improving clinical outcomes;
  - Improving the working lives of our colleagues; and
  - Helping us to make best use of our resources.

**The financial efficiency challenge has dominated a large proportion of Improvement Faculty resource and time over the last 12 months.**

- The Improvement Faculty team have however helped to identify, scope and deliver **£38.52m** of financial efficiencies. The target was £38.44. **We have therefore overdelivered by £0.08m.** The Improvement Faculty team supported every aspect of the programme, working closely with clinical and operational teams and corporate support services (including finance).
- Whilst previously the delivery of the financial efficiency programme was formally reported monthly via the Finance Committee; the Improvement Faculty team have also provided:
  - A weekly update on all aspects of the programme to the Executive Director Team;
  - A weekly granular overview of all projects, which provides the basis of the financial efficiency meetings;
  - A weekly submission to the ICB as part of system oversight;
  - A monthly update to the Financial Recovery Cabinet (previously the Improvement Cabinet).

## 1. Improvement Faculty Update – Quick Look Back (2)

### Quality Improvement

- Despite the financial challenges that the Improvement Faculty have helped to support, **we have remained committed to upholding the core principles of quality improvement and cultural development** (as detailed within the NHS IMPACT (Improving Patient Care Together) framework) (<https://www.england.nhs.uk/nhsimpact/>):
  - We have delivered a full training programme, accessible by all colleagues across the Trust, which has included QSIR Fundamentals and QSIR Practitioner, Project Management training, Human Factors training, Clinical Audit training and Creativity in Improvement Sessions.
  - We are developing and coordinating ‘alumni activity’ including the development of local QI networks, the provision of refresher sessions, online sources of support and coaching/support sessions.
  - We have supported a number of significant qualitative projects and programmes, including the Surgical Same-Day-Emergency-Care (SDEC) Service, the Frailty Service, the Discharge Lounge, the development of Paediatric High Dependency Beds and the Mansfield Community Diagnostic Centre (CDC).
  - We have provided expert coaching and support to every ward who are part of the ward accreditation process, in terms of their respective Improvement Projects. This includes all inpatient wards, the Emergency Department (ED) and maternity.

## 1. Improvement Faculty Update – Quick Look Back (3)

### System Collaboration

- We have been working closely with colleagues at NUH for the last 12 months and are about to jointly deliver of a series of '*Working to Achieve Value and Excellence*' (WAVE) rapid improvement exercises. This is a well-established nationally recognised process which has been commended by the HFMA (<https://www.hfma.org.uk/articles/crest-wave>). This will help us to address and resolve systemic and clinically challenging service issues.

## 2. Improvement Faculty Update – Looking Forward – ‘Plan-on-a-Page’



### **Pillar 1** - Improving Capability, Engagement and Culture – Building ‘The Sherwood Way’



- Continue to develop and deliver structured training programme.
- Coordinate alumni activity.
- Provide refresher training.
- Introduce QI Coach Role.
- Develop and review online sources of help and support.
- Utilise social media and Trust communications to celebrate success.
- Coordinate post-Board show-case events.



### **Pillar 2** - Evaluating New Ideas and Providing Solutions



- Deliver drop-in sessions at Newark and MCH.
- Relaunch the Improvement Advisory Group (IAG).
- Offer expert improvement advice.
- Provide benchmarking information, comparative data and costing information as required.
- Develop WAVE capability.
- Ward Accreditation.



### **Pillar 3** - Programme and Project Delivery



- Deliver *Large-Scale* Transformation programme priorities.
- Deliver *Mid-Scale* Transformation and Improvement programme priorities.
- Explore collaborative opportunities.
- Bespoke Improvement offer.
- Identify new opportunities.



### **Pillar 4** - Programme Monitoring, Evaluation and Assurance



- Expert evaluation and analysis.
- Expert advice in assessing the quality impact of projects and programmes.
- Support the production of ‘Flash Reports’.
- Benefits realisation.
- Patient and public engagement.
- Project closure.

## 2. Improvement Faculty Update – Looking Forward – Aspirations

- The Improvement Faculty now sits in the Chief Medical Officers Directorate. **This is significant**, given the anticipated benefits:
  - It will change the emphasis of what the Improvement Faculty's core function is; rebalancing the level of financial and quality improvement work undertaken. **We need to transform our way to financial sustainability not rely on transactional savings.**
  - Being a clinically led function will encourage greater clinical participation in quality improvement work, particularly amongst the medical workforce (nursing and AHP engagement is already well established).
  - A greater focus on quality improvement will improve sustainability and increase the level of financial savings that are delivered recurrently. ***'Get the quality right and the savings will follow'***.
- Focusing much more on culture and capability (*pillars 1 and 2*) will create an organisational ethos centred around innovation and creativity. We want Improvement to be everybody's business. Increasing levels of capability will in part address this; however, we also want to create an embedded *culture of improvement*. **Focusing purely on finance will not change culture.**
- We are keen to exploit system opportunities, and we will continue to do this by working closely with system partners, sharing examples of good practice, exploring cross organisational opportunities, sharing resources (where appropriate) and by continuing to roll-out the use of WAVE.
- **We want our improvement and transformation workplan to tangibly contribute to the NHS three-point-plan** – therefore hospital to community, analogue to digital, and sickness to prevention. To do this we need to work across different organisational boundaries (north and south), we need to incorporate health inequality work into the way we scope new programmes and projects and work much more closely with our digital transformation colleagues.



### 3. Improvement Faculty Update – Contact Details

		<a href="mailto:sfh-tr.sfhimprovementfaculty@nhs.net">sfh-tr.sfhimprovementfaculty@nhs.net</a>
		@SFHImprovement
		The Improvement Faculty, Office 061039 (opposite the Boardroom), Level 1, Kings Mill Hospital

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

<b>Subject:</b>	Audit and Assurance Committee	<b>Date:</b>	20 <sup>th</sup> March 2025
<b>Prepared By:</b>	Andrew Rose–Britton, Chair of Audit and Assurance Committee		
<b>Approved By:</b>	Manjeet Gill		
<b>Presented By:</b>	Manjeet Gill		
<b>Purpose:</b>			

<b>Matters of Concern or Key Risks Escalated for Noting / Action</b>	<b>Major Actions Commissioned / Work Underway</b>
<p>In the context of a letter received from the CEO of the ICS describing the current uncertainty, including the potential risk of being unable to meet its statutory duties, the need for clarity on the roles of ICSs is required.</p> <p>External Audit Plan 2024/25 - one significant risk identified about sustainability. This potential weakness may be flagged but needs to be viewed in the current overall context of the NHS. KPMG is working through.</p> <p>Single Tender Waivers - three challenges were raised: one about the £800K value of STWs; the second about mitigating urgent requests and the third highlighting the challenges of both the ADU and print contracts, noting the opportunities being worked on to address them.</p>	<p>A System wide Internal Audit review of Governance is underway with the report to be circulated when complete.</p> <p>Finance committee members to be invited to the Extraordinary AAC meeting on 19<sup>th</sup> June 2025 (and annually thereafter) at which the ARAC will be considered.</p> <p>One Internal Control issue highlighted from the Finance Committee in relation to a PFI accounting of the transition from IAS 17 to UK GAAP and IFRS 16.</p> <p>Requirement to seek a new Counter Fraud Champion, ideally with a clinical background</p> <p>Include post-investment reviews in the scope of the Project/ Business case management review</p> <p>Losses and Special Payments – More information being sought about Newark Theatres drug write-offs.</p>
<b>Positive Assurances to Provide</b>	<b>Decisions Made (include BAF review outcomes)</b>
<p>Annual Counter Fraud Progress Report.</p> <p>Internal Audit Progress Report.</p> <p>Preparation of the Quality Account is on track.</p> <p>Two Internal Audit Reports had been submitted to Board Sub-Committees since the last meeting, both providing Substantial assurance.</p> <p>External Audit Plan 2024/25 received and approved.</p>	<p>Annual Counter Fraud Plan approved subject to inclusion of the CF Functional Standard.</p> <p>Approval of the Annual Internal Audit Plan 2025/26 (noting the Charter and compliance with Global IA standards).</p> <p>External Audit Plan 2024/2025.</p> <p>Stock Management Policy approved.</p> <p>Single Tender Waivers agreed.</p> <p>Losses and Special Payments approved.</p>

<p>Outstanding Internal Audit recommendations - current first follow up implementation rate of 72%.</p> <p>Risk Committee Highlight Report.</p> <p>Summary of stocktake process noted.</p> <p>Going Concern Assessment received along with confirmation there is a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future and so will continue to adopt the going concern basis in preparing the accounts.</p> <p>Register of Interests Report with only 14 declarations outstanding.</p> <p>Non-Clinical Policies Report noted.</p> <p>Drafting of the Trust Annual Report and AGS underway.</p>	<p>Standing Orders approved.</p> <p>Committee Maturity Assessment Action Plan agreed.</p> <p>Committee Terms of Reference approved following the annual review.</p> <p>Updates to the Committee Workplan approved following its annual review and the addition of ad hoc reports on losses and special payments.</p> <p>Committee Annual Report to Board of Directors approved subject to final sign off by the Committee Chair.</p>
<p><b>Comments on effectiveness of the meeting</b></p> <p>Some confusion at the start of the meeting. Thereafter a good discussion of agenda items. Reports of a high standard. A comfort break will be scheduled at future meetings.</p>	
<p><b>Items recommended for consideration by other Committees</b></p> <p>meeting of Audit Committee Finance Committee and in June 2025 to agree the end of year accounts can be recommended to the Board for approval .</p>	

## Quality Chair's Highlight Report to Council of Governors

<b>Subject:</b>	Quality Committee	<b>Date</b>	<b>Monday 24<sup>th</sup> March 2025</b>
<b>Prepared By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Approved By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Presented By:</b>	Barbara Brady, Non-Executive Director/Chair		
<b>Purpose:</b>	Assurance report to the Trust Board of Directors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"> <li>- Issue noted regarding the development of the Quality Dashboard and availability of relevant data. Lack of Capacity in the Data Analysts Team has been recognised.</li> </ul>		<ul style="list-style-type: none"> <li>- The Improvement Faculty is to move under the Chief Medical Officer Portfolio and consideration of the overall structure is underway.</li> <li>- The Quality Strategy Priorities will be included in the Quality Account, which will be circulated to Committee members for Virtual Approval.</li> </ul>	
Positive Assurances to Provide		Decisions Made (include BAF review outcomes)	
<ul style="list-style-type: none"> <li>- Positive Assurance taken from the IPR updated for Timely and Quality Care.</li> <li>- Positive Assurance taken from the updates to the Clinical Services Strategy.</li> <li>- Positive update provided against the progress of the Electronic Patient Record. The Committee agreed to bi-annual updates going forward.</li> <li>- Positive Assurance taken from the reports provided for the Patient Experience Committee, PSIRF Oversight Group, NMAHP Committee and Perinatal Assurance Committee.</li> <li>- Positive Assurance provided against actions underway following the Mortuary Deep Dive.</li> <li>- Positive assurance from the 360 Staffing paper provided in the reading room and the audit opinion of 'Significant Assurance'.</li> </ul>		<ul style="list-style-type: none"> <li>- Approval of the BAF Principal Risks; 1, 2 and 5. With 'Gaps in Control' for PR1 amended to include narration around the frequency of the meetings for QC. Further discussion to also take place re PR5 due to pending recruitment requirements.</li> <li>- Approval of the Quality Committee Terms of Reference pending further discussion regarding the inclusion of Clinical Effectiveness portfolio i.e. clinical audits and GIRFT.</li> <li>- Approval of Annual Workplan pending minor amendments agreed to frequency of EPR reporting and Improvement Updates.</li> <li>- Approval of the Draft Quality Strategy pending introduction and acknowledgement of the current challenges being worked in and financial constraints, in addition to the 'triple shift' and Health Inequalities. A further draft will be shared for Virtual Approval in the coming weeks.</li> <li>- Approval of the IPC BAF.</li> <li>- Approved- Minutes of the QC Meeting from 21<sup>st</sup> January 2025</li> </ul>	

### **Comments on effectiveness of the meeting**

Positive level of assurance taken from items discussed today, with a high standard of papers provided, prompting a good level of discussion and challenge. Comments from observing parties agreed noting the meeting was very efficient and would allow a good level of feedback to services.

### **Items recommended for consideration by other Committees**

Following a Quality Committee action the 'Maintaining Focus and Oversight on Quality of Care and Experience in Pressurised Services' is provided as Appendix A to the BOD for information.

### **Progress with Actions**

Number of actions considered at the meeting -3

Number of actions closed at the meeting – 3

Number of actions carried forward - 2

Any concerns with progress of actions – No

If Yes, please describe –



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

<b>Subject:</b>	Finance Committee (FC) Report	<b>Date:</b>	3 April 2025
<b>Prepared By:</b>	Graham Ward – FC Chair		
<b>Approved By:</b>			
<b>Presented By:</b>	Graham Ward – FC Chair		
<b>Purpose:</b>			
To provide an overview of the key discussion items from the Finance Committee meetings of 25 March 2025.			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• <u>CDC Overspend</u> (to NOTE) – the cost of the CDC has escalated by £5M (25%) over the life of the project, largely due to issues discovered when works commenced. The resultant delay in construction will also have an impact on revenue costs.</li> <li>• <u>Month 11 Financial Position</u> (to NOTE) – Month 11 showed a continued improvement in the pay run rate, though non-pay remained static. The financial outturn for the year is being closely monitored to contain the deficit as close to the two additional costs of the Band 2 to 3 changes (forecast at £2.2M) and a PFI related accounting cost of £5.4M.</li> <li>• <u>Cash</u> (to NOTE) – The request for working capital support to NHSE was successful and £8.3M was received.</li> <li>• <u>Financial Planning</u> (to NOTE) – The Financial Improvement Programme (FIP) requirement to achieve break-even after the deficit support funding will be £45.8M (8% of operating costs).</li> <li>• <u>Committee Membership</u> (for ACTION) – Need to consider appropriate executive participation in committees to ensure triangulation.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>FIP Programme</u> – further work necessary on the FIP programme, including understanding of workforce, with regular reporting back to the Committee.</li> </ul>

Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> <li>• <u>Sustainability Funding Received</u> – Noted the £3M to be received after successful bids to implement sustainability improvements including LED lighting, Improved BMS and metering.</li> <li>• <u>Theatre Productivity and Newark Utilisation Report</u> – Noted work undertaken to date and that new processes were embedded. Impact to be further reviewed in 6 months.</li> <li>• <u>Financial Planning</u> – Noted amount of work that has gone into the financial planning for 2025/26, but also recognised the significant risks associated with its delivery.</li> <li>• <u>Procurement Forward View</u> – Noted the new presentation format and the increased amount of collaborative procurements planned to help target further VFM improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Contract Approvals</u> – Recommended for approval contract extensions for mobile diagnostics capacity (Endoscopy, CR and MRI), subject to funding confirmations</li> <li>• <u>ME2 East Midlands Pathology Network Contract</u> – Agreed to recommend this contract for approval by Board.</li> <li>• <u>Governance</u> – Approved the Committee Annual Report (subject to the addition of the post project review outcomes being included), Work Plan, Terms of Reference and the Maturity Assessment Action Plan for sign off by Board.</li> <li>• <u>BAF</u> – Agreed to hold risk scores for PR4 (Finance) and PR8 (sustainability) at 20 and 12 respectively.</li> </ul>
<b>Comments on effectiveness of the meeting</b>	
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	
<b>Items recommended for consideration by other Committees</b>	
<ul style="list-style-type: none"> <li>• Audit Committee to be asked to review the PFI accounting issue that has arisen.</li> <li>• To escalate to ICB concern over the £8.2M misalignment in income assumptions between the Trust and the ICB (primarily driven by unresolved 2024/25 issues)</li> </ul>	
<b>Progress with Actions</b>	
Number of actions considered at the meeting – 11 (1 not yet due) Number of actions closed at the meeting – 8 Number of actions carried forward – 3 Any concerns with progress of actions – No	

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

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

<b>Subject:</b>	Chair's Report	<b>Date:</b>	25 <sup>th</sup> March 2025
<b>Prepared By:</b>	Steve Banks Non-Executive Director		
<b>Approved By:</b>	Steve Banks Non-Executive Director		
<b>Presented By:</b>	Steve Banks Non-Executive Director		
<b>Purpose:</b>			
	For Assurance		

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"><li>The impact on staff of the financial challenges for 25/26 and the potential knock on to patient care</li></ul>		<ul style="list-style-type: none"><li>People Strategy for 2025 – 2029 agreed to go for Board approval in April</li><li>Staff survey action planning</li><li>New compact agreed with West Notts College, great example of local partnership working (see reading room)</li></ul>	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
<ul style="list-style-type: none"><li>There was much positive assurance provided including:</li><li>Progress on sexual safety and reducing violence and aggression</li><li>Working with Veterans and nomination for national award</li><li>Proposed People Strategy and progress in Q3 24/25</li><li>Actions re gender pay equality</li><li>Progress with FTSU actions</li></ul>		<ul style="list-style-type: none"><li>BAF discussed; agreed to reduce assurance level of strategic threat of significant loss of workforce from significant to moderate</li></ul>	
Comments on effectiveness of the meeting			
No observer present, but papers were of good quality, as was the debate			

### Items recommended for consideration by other Committees

Finance Committee with regard to workforce numbers, Quality Committee with regard to Quality Impact Assessments of staffing changes, Partnership Committee may wish to review the partnership working with West Notts College as an exemplar

### Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 4

Number of actions carried forward - 1

Any concerns with progress of actions – No

If Yes, please describe –

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

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Membership and Engagement		<b>Date:</b>	13 <sup>th</sup> May 2025	
<b>Prepared By:</b>	Liz Barrett, Lead Governor				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett, Lead Governor				
<b>Purpose</b>					
To share an overview of the activity being discussed and debated in the Membership and Engagement committee				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
<b>Executive Summary</b>					
<p>An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.</p> <p>An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.</p>					



## Membership and Engagement

Sherwood Forest Hospital Trust Governors have continued to meet to focus upon Membership and Engagement. Much of our work focused upon this since February has been directed towards the Governor Elections with a timetable for the Governor elections to enable the successful candidates to take up office with effect from 1<sup>st</sup> May 2025. This was communicated at the full Council of Governors meeting on 11<sup>th</sup> February 2025.

The election planning arrangements included the appointment of a Returning Officer to organise and run the ballot, return the outcome of the election and oversee the overall probity of the process.

Governors have been highly committed to ensuring that this process was as inclusive as possible of the communities that Sherwood Forest Hospital Trust serves.

During a meeting on 14<sup>th</sup> February 2025 with UK Engage, the company appointed to run the next governor election, a concern was expressed about the potential reputational risk to it and the Trust if it moves to an all e-voting election without the Constitution stating expressly that membership is conditional on Members being e-enabled.

Notwithstanding that the principle of holding e-voting only elections had already been agreed by the Council of Governors and Trust Board, UK Engage maintains it requires an unequivocal statement in the membership criteria to enshrine that intent.

To that the end, amendments (in bold) were proposed to the Constitution as follows:

### 6.2 Public Constituency

6.2.1 Subject to paragraph 6.5 an individual is eligible to become a member of a Public Constituency if they:

6.2.1.1 live in the area specified for that Public Constituency in the corresponding entry in column 2 of Annex 1.

6.2.1.2 are not a member of another Public Constituency.

6.2.1.3 are not eligible to become a member of the Staff Constituency.

6.2.1.4 are at least 16 years old at the time of their application to be a Member,

6.2.1.5 **provide a valid email address for communicating between themselves and the Trust including, but not limited to, for the purpose of voting in governor elections.**

For the avoidance of doubt, it is also proposed to include these same words, as an additional sub-paragraph (d) within paragraph 6.3.3, in relation to the qualifications necessary to be a member of the Staff Constituency in the unlikely event a member of staff does not have a Trust email account. UK Engage confirmed that with the amendment made to confirm that Trust membership is only open to those persons able to communicate electronically, they were able to conduct an electronic only ballot.

This approach enabled the total cost of the election to be kept below £4,000, compared with the last election in 2023 that cost £ £19,029.24, of which postage amounted to £11,078.76 and printed items - £4,076.89. In the context of the current financial challenges this demonstrates an 'in this together approach towards making financial savings.

Governors worked really hard to challenge the whole process and ensure that we had as many members e-mail addresses as possible to enable this to be a fair and inclusive voting Sherwood Forest Hospital Trust volunteers helped out in phoning members who only had postal information on their membership.

Details of the changes to the election were shared far and wide with Governors again playing a really vital role in supporting this. Rich Brown and his Team and Sally Brook Shanahan worked tirelessly to ensure that Governors were listened to and solutions found for the challenges raised.

During the voting period, Governors identified that some members hadn't received an e-mail enabling them to vote. This was rapidly explored by Rich Brown and the core of the problem identified. This was swiftly rectified with help from UK Engage giving members time to make their vote.

The outcome of the elections meant that all Public Governors who stood were elected. A very warm welcome to our new Sherwood Governors. **Together we will continue to make a difference.**