

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 9th May 2023

Time: 17:30 – 20:00

Venue: Lecture Theatre 2, King's Mill Hospital

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 21st February 2023 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:35	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Patient Story – Street Health Outreach Changed my Life Laura Davison, Specialist Nurse - Street Health and Roxanne Godfrey, Specialist Nurse - Street Health	Assurance	Presentation
6.	17:55	Chair's Report Claire Ward, Chair	Assurance	Enclosure 6
		• Board of Directors Quadrant Report Claire Ward, Chair	Assurance	Enclosure 6.1
7.	18:00	Chief Executive's Report Paul Robinson, Chief Executive	Assurance	Enclosure 7
		• Staff Survey Paul Robinson, Chief Executive	Assurance	Enclosure 7.1
8.	18:20	Lead Governor Report Sue Holmes, Lead Governor	Assurance	Enclosure 8
9.	18:25	15 Steps Feedback Sally Whittlestone, Corporate Matron	Assurance	Enclosure 9
10.	18:35	Quality Priorities Kate Wright, Associate Chief AHP and Carl Miller, Director of AHPs	Assurance	Enclosure 10
11.	18:45	Estates Update Ben Widdowson, Associate Director of Estates and Facilities	Assurance	Enclosure 11

	Time	Item	Status (Do not use NOTE)	Paper
12.	18:55	Improvement Faculty Jim Millns, Associate Director of Transformation	Assurance	Enclosure 12
13.	19:10	Fit and Proper Person Annual Report Shirley Higginbotham, Director of Corporate Affairs	Assurance	Enclosure 13
14.	19:20	Report from Board Sub-Committees <ul style="list-style-type: none"> Audit & Assurance Committee Graham Ward – Non-Executive Director Ian Holden – Governor Observer (Present) Michael Longdon – Governor Observer (DNA) Quality Committee Barbara Brady – Non-Executive Director Justin Wyatt – Governor Observer (Apologies) Ruth Scott – Governor Observer (Apologies) Finance Committee Andrew Rose-Britton – Non-Executive Director John Wood – Governor Observer (DNA) People, Culture and Improvement Committee Manjeet Gill – Non-Executive Director Sue Holmes – Governor Observer (Present) Charitable Funds Committee Stave Banks – Non-Executive Director Ann Mackie – Governor Observer (DNA) Liz Barrett – Governor Observer (Present) 	Assurance Assurance Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3 Enclosure 14.4 Enclosure 14.5
15.	19:45	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> Membership and Engagement Group Sue Holmes – Lead Governor Report of the Remuneration Committee Sue Holmes – Lead Governor <ul style="list-style-type: none"> Chair’s Appraisal Barbara Brady - NED and Senior Independent Director and Sue Holmes – Lead Governor 	Assurance Approve	Enclosure 15.1 Enclosure 15.2
16.	19:55	Questions from Members of Public Claire Ward – Chair	Consider	Verbal
17.	19:55	Escalations to the Board of Directors Claire Ward – Chair	Agree	Verbal
18.	20:00	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
19.		Date & Time of Next Meeting		

	Time	Item	Status (Do not use NOTE)	Paper
		Date: Tuesday 8 th August 2023 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King's Mill Hospital		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 21st February 2023 at 17:30
Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Ann Mackie	Public Governor	AM
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Wood	Public Governor	JoW
	Justin Wyatt	Staff Governor	JuW
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Maxine Huskinson	Public Governor	MH
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Ruth Scott	Public Governor	RS
	Sue Holmes	Public Governor	SuH
In Attendance:	Paul Robinson	Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Alison Steel	Head of Research and Innovation	AS
	Terri-Ann Sewell	Research Nurse	TS
	Grace Radford	Patient Experience Manager	GR
	David Ainsworth	Director of Strategy and Partnerships	DA
	Richard Walton	KPMG	RW
	Sue Bradshaw	Minutes	
Apologies:	Councillor Craig Whitby	Appointed Governor	CrW
	Michael Longdon	Public Governor	ML
	Vikram Desai	Staff Governor	VD
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
Absent:	Councillor David Walters	Appointed Governor	DW
	Councillor John Doddy	Appointed Governor	JD

Item No.	Item	Action	Date
23/001	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Councillor Craig Whitby, Appointed Governor Michael Longdon, Public Governor Vikram Desai, Staff Governor Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
23/002	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/003	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 8 th November 2022, the Council APPROVED the minutes as a true and accurate record.		
23/004	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 min	The Council AGREED that actions 22/432 and 22/438 were complete and could be removed from the action tracker.		
23/005	PATIENT STORY - RESEARCH THROUGH THE EYES OF A PANDEMIC		
10 mins	<p>AS and TS joined the meeting</p> <p>AS and TS presented the Patient Story, which highlighted the importance of research through the Covid pandemic.</p> <p>JuW advised he was a respiratory ward leader at the height of the pandemic and knew little about research at the time. There was an initial concern in relation to whether the trial would impact on staff who were already under pressure. However, this proved to have the opposite effect. The Research Team were friendly, courteous and mindful of how busy the ward staff were. The team took on some of the workload and it was good for patients who were unable to have visitors and were receiving only minimal input from ward staff due to how busy people were.</p> <p>AS advised the experience was good for the Research Team as well, noting often studies are undertaken in isolation. The team felt part of the ward team and delivery of the studies was a partnership. The team undertook some of the basic care for patients to free up ward staff, who in turn helped to identify patients for the studies.</p> <p>AS and TS left the meeting</p>		

23/006	CHAIR'S REPORT		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting the pressures faced by the Trust and the 'Step into the NHS' recruitment event hosted by the Trust in partnership with West Notts College.</p> <p>The Council was ASSURED by the report.</p> <p>Board of Directors Quadrant Report</p> <p>CW presented the report, highlighting the financial challenges faced by the Trust and the system.</p> <p>The Council was ASSURED by the report.</p>		
23/007	CHIEF EXECUTIVE'S REPORT		
9 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting pressures faced by the Trust, preparations for potential industrial action, plans for a Community Diagnostic Centre (CDC) at Mansfield Community Hospital and expansion of theatres at Newark Hospital. PR advised publication of a Care Quality Commission (CQC) report of the Trust's maternity services is expected during week ending 24th February 2023.</p> <p>IH queried if other unions are likely to cross the picket line if junior doctors take industrial action. PR advised no intelligence is available as yet. The Trust is in the early stages of gaining an understanding of the potential impact. The local representatives do not yet have this knowledge.</p> <p>IH sought further information regarding the impact of the recent pressures on the Trust's financial situation, particularly as Covid funding has ceased. PR advised the opening of additional capacity at pace incurred costs which were not included in the forecast. However, the Trust has been able to maintain the forecast outturn position as a result of other work and scrutiny, which was in place with divisions, in order to achieve the financial outturn agreed with NHS England (NHSE).</p> <p>RS queried if there are plans in place for the public to be involved in redesigning pathways to make the CDC more efficient. PR advised the CDC is for new services, designed around the needs of the community.</p> <p>RS queried if the whole system will be accessing the CDC. PR advised the CDC is part of a national rollout of community diagnostic centres. The full rollout will include two centres in Nottinghamshire, the other being in Nottingham on the Queen's Medical Centre site.</p> <p>IH felt information flow is vital and queried if the information support systems are being designed to enable a seamless flow of information across the system and into other trusts.</p>		

	<p>PR advised the information systems will be based on current platforms. However, the Trust will be moving to a new electronic patient record system in the next 2-3 years, noting there is national funding and support to take this forward.</p> <p>The Council was ASSURED by the report</p>		
23/008	LEAD GOVERNOR REPORT		
7 mins	<p>SuH presented the report, highlighting meetings with other lead governors across the system and the recent Integrated Care System (ICS) Governor Conference.</p> <p>IH felt there is a need to consider how the governors' role is presented when seeking to attract people to stand for election, bearing in mind the wider role of the governors across the system.</p> <p>CW advised there was a discussion during the pre-meet session in relation to the role of governors in the ICS. The principle of the governors' role remains the same, but with some additional layers as there is a need to look across a wider area.</p> <p>SH advised the Trust took the lead in regards to governors within the ICS starting to work together over a year ago. Governors can only hold the Non-Executive Directors (NEDs) to account if it is known what constituents, members and the public are feeling. Prospective governors will have favoured areas for what they wish to be involved in. For some this will be accountability and for others it will be engagement work. There is a need for both.</p> <p>The Council was ASSURED by the report</p>		
23/009	15 STEPS FEEDBACK		
2 mins	<p>GR joined the meeting</p> <p>GR presented the report, highlighting visits undertaken, issues identified and themes and trends.</p> <p>SuH advised she enjoys being involved in the 15 Steps visits, has learnt a lot from them and finds the experience rewarding.</p> <p>The Council was ASSURED by the report</p> <p>GR left the meeting</p>		
23/010	OPERATIONAL PLAN 2023/2024		
18 mins	<p>DA joined the meeting</p> <p>DA gave a presentation outlining the planning process for 2023/2024, highlighting timescales and the national core priorities for 2023/2024.</p> <p>IH noted the reference to primary, secondary and tertiary prevention and sought clarification what each of those means.</p>		

	<p>DA advised primary prevention is an intervention before the health effects occur, i.e., encouraging people to take exercise, not to smoke, etc. Secondary prevention is screening to identify disease and tertiary prevention is the management of disease once it is diagnosed.</p> <p>SuH sought clarification regarding how areas of deprivation are identified. DA advised the Trust is well supported by Nottinghamshire County Council and the Public Health Team, who undertake a joint needs assessment on a regular basis which informs their Health and Wellbeing Strategy. In addition, a consultant is currently working with the Trust to support a piece of work to identify what prevention 'looks like' in the strategy for the future and they will provide that level of detail. In the planning of future services, there is a need to ensure the Trust is cognisant of people's needs to ensure it remains inclusive and responsive to the needs of the community it serves.</p> <p>RS referenced a recent Healthwatch study which shows 10% of people will not be putting credit on their mobile phone and 11% will not have a broadband package. Health equalities across the board will change moving forward, particularly as many of the improvements being made are digitally focussed. There is a need to ensure people have the necessary skills and the hardware. RS queried how this cohort of people will be supported.</p> <p>DA acknowledged there is more work to do in relation to this. It is known the cost of transport makes it expensive for people to come on site for appointments. Therefore, virtual follow ups by phone is the right thing to do for some patients, but there is a need to be sensitive to local need. 27% of the community in Ashfield does not have access to the internet and of those who do have access, 30% only access it through a smart phone, rather than tablet or computer. By having an in depth knowledge of who is living in the community and what their needs are, the Trust can tailor the service offer to meet those needs.</p> <p>DA advised there is a need to consider what social value the Trust adds as an anchor organisation in the future. There is a need to move away from, for example, counting the number of hip operations performed to thinking about how many people are pain free.</p> <p>PR advised the Trust is working in partnership with the county council and district councils to align the deliver mechanisms to deliver the Health and Wellbeing Strategy.</p> <p>The Council was ASSURED by the report</p>		
23/011	DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY		
17 mins	<p>DA gave a presentation outlining the process for developing the Trust's Strategy for 2024-2029.</p> <p>IH felt the governors need to be provided with sufficient information about the development of the strategy at the earliest opportunity to enable them to have meaningful conversations with their constituents and members of the public to gather information to feed back into the process.</p>		

	<p>RS felt the information needs to be appropriate for the areas governors are visiting and should be in both electronic and hard copy format. There needs to be an easy way of providing feedback. Governors need to know where information is coming from and where it is going to.</p> <p>SuH advised it is important to remember the Trust's membership and felt consideration should be given to doing an electronic survey for members.</p> <p>CW felt questions for governors to ask should be provided as soon as possible, even if these are general and give a broad theme. From discussions at the Board of Directors, there is an indication of the direction of travel. Some of those themes could be replicated into six key strategic questions to ask the public, community groups, etc. This will give the quality of return to help shape the strategy.</p> <p>SuH felt having questions to ask will assist governors when visiting groups, etc. as it will give an area of focus. RS suggested having a QR code on a poster or leaflet which links to the questions.</p> <p>IH requested an update in relation to virtual wards. JuW advised they are up and running but on a small scale currently while the process is being developed. PR advised they form part of the Operational Plan for 2023/2024.</p> <p>CW advised the capacity of the public to understand how services can be delivered in the future is an important part of what people are asked. For example, there is a need to establish the appetite for using technology. There are some things which are already known in terms of digital exclusion, but further information can be fed back to help enrich that knowledge.</p> <p>JS felt there is a need for governors to be kept informed of developments in timely way. Therefore, it would be useful for DA to provide a short presentation at each full Council of Governors meeting. SH advised there is a touchpoint with governors each month. Therefore, DA could link in as necessary.</p> <p>Action</p> <ul style="list-style-type: none"> • Governors to be provided with key questions to ask members of the public, etc. to help gain feedback in relation to the development of the Trust's Strategy for 2024-2029 • Update on the development of the Trust's Strategy for 2024-2029 to be provided to each full Council of Governors meeting <p>The Council was ASSURED by the report</p> <p>DA left the meeting</p>	<p>DA</p> <p>DA</p>	<p>09/05/23</p> <p>09/05/23</p>
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23/012	EXTERNAL AUDIT PLAN		
17 mins	<p>RW joined the meeting</p> <p>RW gave a presentation outlining the external audit process for 2022/2023, highlighting audit risks and value for money arrangements.</p> <p>IH sought GW's, Chair of the Audit and Assurance Committee (AAC), view of the plan. GW advised the AAC have gone through the plan. GW advised last year (2021/2022) was the cleanest audit report he had seen from an NHS organisation, which is a compliment to KMPG and the Trust's Finance Team. This is reflected for this year in terms of materiality being slightly higher. GW advised overall he is very happy, noting the good working relationship between KPMG as external auditors and the Finance Team.</p> <p>RS noted there are a lot of financial markers and sought clarification if the audit is purely finance or if it is an all round audit. RW advised the external audit report is made public as a section of the Trust's Annual Report and Accounts and is published on the Trust's website. While this mainly references finances, within the NHS and other sections of the public sector, the audit also references the value for money conclusion. There is a very specific role for external auditors for certain types of public bodies. There is a requirement to follow the guidance set by the National Audit Office (NAO) to consider many different aspects and to review the arrangements which are in place to assess if there are any significant weaknesses in the arrangements in certain aspects. Auditors are required to look at three main areas, financial sustainability, economy, efficiency and effectiveness and financial resilience. As auditors we look at lots of different aspects of how the Trust organises itself and ensures controls are in place.</p> <p>Action</p> <ul style="list-style-type: none"> • Send governors the link to the 2021/2022 External Auditors report <p>IH queried if the benchmarking document referred to at the last meeting of the AAC was available as this helps to identify the Trust's position against other organisations. RW apologised for not circulating the Q2 report, advising there were issues with the formatting. All the Q3 submissions have been received and the report will be issued shortly.</p> <p>PR noted a huge element of the audit looks at the figures in the accounts and KPMG give a view on whether they are accurate. The value for money opinion looks at the mechanisms by which the Trust made the decisions to spend money and provides an opinion on the Trust's stewardship of the public finances.</p> <p>PR advised materiality is 2%-3% which while not a huge percentage, it results in a monetary figure of £11.5m, which appears to be a big margin of error. However, there is a reporting threshold of £300k at which KPMG will report to the AAC and governors if they discover something they feel is an error, but the Trust decides not to change the accounts as a result.</p>	SH	28/02/23

	<p>GW advised it is important to note that figure as anything over that amount will be reported publicly. While it is not an issue to have one or two items over and above the threshold, there is a need to understand why the Trust is not adjusting the accounts and if that is the right action to take.</p> <p>The Council was ASSURED by the report</p>		
23/013	REPORT FROM BOARD SUB COMMITTEES		
32 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, highlighting implementation of internal audit recommendations, register of interests, non-clinical policies, procurement and actions resulting from the Committee's maturity matrix.</p> <p>IH advised he was very happy with the way the Committee works, noting it is rigorous. Noting how busy staff are, IH felt there is a need to ensure there is no duplication in work staff are being asked to undertake in terms of quality improvement work, improving patient safety and implementing audit recommendations.</p> <p>Quality Committee</p> <p>BB presented the report to the Council, highlighting the Maternity Incentive scheme submission, deep dive into 3rd and 4th degree tears, water quality and cancer services annual report.</p> <p>JW noted the high level of assurance provided to the Committee regarding maternity services, the actions being taken to address water quality and how the Trust benchmarks regionally and nationally for cancer services.</p> <p>RS noted the challenge from the Committee in terms of accommodation for cancer services, particularly the lack of privacy after receiving bad news. BB advised the issue in relation to accommodations for cancer services was escalated to the Board of Directors.</p> <p>Referring to IH's earlier comment about lack of staff time, BB advised there is a programme called Getting it Right First Time (GIRFT) and feedback has been received there is not enough capacity to support taking forward all the recommendations from that programme. There is a need to have honest conversations about where and how resources are used.</p> <p>IH queried if any progress had been made in terms of understanding the reason for the raised Hospital Standardised Mortality Ratio (HSMR). BB advised this is ongoing. The Committee have received a deep dive into this issue, which established palliative care coding is part of the issue. The Trust does not have specialist palliative care onsite. It does undertake lots of end of life care, but this is not necessarily palliative care, leading to an issue with the coding.</p> <p>CW advised HSMR is on the agenda for the Governor Workshop on 21st March 2023.</p>		

	<p>Finance Committee</p> <p>GW presented the report to the Council, highlighting the fact the Committee is now meeting monthly, review of Board Assurance Framework (BAF) Principal Risk 4 (PR4) - failure to achieve Trust's financial strategy and PR8 - failure to deliver sustainable reductions in the Trust's impact on climate change, planning for 2023/2024, approval of business cases for capital schemes, review of Committee Terms of Reference and annual report, Committee effectiveness report and self-assessment.</p> <p>SuH advised she speaks to patients during Meet Your Governor (MYG) sessions who live outside of the area 'traditionally' served by the Trust and queried if additional money is paid to the Trust for treating these patients. PR advised contracts are in place with the Nottinghamshire Integrated Care Board (ICB) and its equivalent across borders. In addition, there is a mechanism in place across England to recover income from patients from other areas who receive treatment.</p> <p>LB noted there is a lot of challenge relating to finances and queried what are the immediate strategies to try to tackle some of those challenges. GW advised the Trust is looking at the overall financial strategy going forward to highlight the areas which need to be looked at more closely, noting some of these will be internal and others will be system related.</p> <p>People, Culture and Improvement Committee</p> <p>SB presented the report to the Council, highlighting Freedom to Speak Up (FTSU), Equality Diversity and Inclusion (EDI), actions to support colleagues' wellbeing, preparations for possible industrial action, employee relations cases and workforce plans.</p> <p>SuH noted the Trust's planning for possible industrial action is not limited to NHS staff, but the possible effects of industrial action by teachers, Fire Service, etc. is also being planned for. There was a lot of assurance in relation to how the Trust's workforce is cared for.</p> <p>IH advised he had seen a recent article in the Health Service Journal (HSJ) in relation to the running down of the equality unit at NHSE and queried if there was any push back at Trust level. CW advised the Board of Directors are scheduled to receive a presentation on the EDI networks within the Trust. This will provide information to the Board of Directors, governors and public about work which is ongoing to support staff.</p> <p>SB advised the culture at SFHFT is such that EDI will continually be high on the radar and will form an important part of the new 5-year strategy.</p> <p>Charitable Funds Committee (CFC)</p> <p>SB presented the report to the Council, highlighting the effectiveness of the Operational Group, Community Involvement report, interim fundraising appeal and an increased communications focus on CFC to promote understanding and access to funds.</p>		
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	<p>LB advised it was an interesting meeting and welcomed the decision to align future fundraising to the Trust's 5-year strategy.</p> <p>The Council was ASSURED by all Board Sub Committees' reports</p>		
23/014	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
6 mins	<p>Membership and Engagement Group</p> <p>SuH presented the report, highlighting visits to schools, the 'Step into the NHS' event at West Notts College, attendance at Meet Your Governor sessions and the Mansfield Community and Voluntary Service (CVS) breakfast meeting. SuH encouraged governors to seek out links into community groups. SuH advised she had received an invitation to attend the launch of the Mansfield VCS Forum and encouraged other governors to attend.</p> <p>Action</p> <ul style="list-style-type: none"> Details of Mansfield VCS Forum launch to be circulated to governors <p>JuW advised he has recently visited Brierley Park Medical Centre. He initially spoke to the GPs to gain feedback on the Trust's services, which was positive. He subsequently attended the Patient Participation Group (PPG) meeting to seek feedback. This was overwhelmingly positive, with a few areas for improvement. The group appreciated the Trust seeking feedback. JuW advised he hopes to arrange further visits to other practices.</p> <p>The Council was ASSURED by the report</p>	SuH	28/02/23
2 mins	<p>Governor Elections</p> <p>SH presented the report, advising initially the plan was to go out for elections to conclude in April 2023 for the five current vacancies. It was noted two governors are due for election in October 2023. UK Engage advised it would be too far in advance of the start date to include these two vacancies. Therefore, a revised timeline has been developed for publication of the election on 10th May 2023, with the process to conclude on 2nd July 2023. This process would include election to the two posts which will become vacant in October 2023. The timeline will commence after the King's Coronation and local elections, meaning there are no Purdah implications for the Trust.</p> <p>The Council APPROVED the proposed revised timeline for governor elections, as outlined in the report</p>		
6 mins	<p>Appointment of External Auditors - Process</p> <p>RW left the meeting</p> <p>GW presented the report, advising at the conclusion of the audit for 2022/2023, KPMG will come to the end of their 3-year term as the Trust's external auditors.</p>		

	<p>It was noted the market for external auditors is challenging, due to new rules which prohibit audit contractors from undertaking any other consultancy work for a trust. This has led to a significant reduction in potential bidders. Therefore, it is recommended the Trust initially engages with KPMG to attempt to negotiate for an additional 3-year term.</p> <p>RS noted the previous difficulties in appointing external auditors and sought clarification on the procurement rules which enable trusts to make a direct appointment. GW advised a framework agreement has been established at Department of Health level. All companies wishing to undertake external audit work for the NHS were required to submit a bid, with the successful companies going onto the framework arrangement. Trusts can select companies from the framework to run either a mini competition with two or three of them, approach all of them or go to one directly. All companies on the framework have been through a competition to get onto the list. GW advised the transition to new auditors can be complicated. However, the transition to KPMG was reasonably smooth. GW advised any audit partner has a maximum of a 9-year term.</p> <p>IH queried if KPMG may increase their fees. GW advised this would be part of the negotiation.</p> <p>JoW queried if KPMG have indicated they wish to continue working with the Trust. GW advised they have not been approached as yet.</p> <p>The Council APPROVED the recommendation to engages with KPMG to attempt to negotiate an additional 3-year term</p> <p>RW re-joined the meeting</p>		
23/015	OUTSTANDING SERVICE – CELEBRATING OUR VOLUNTEERS		
5 mins	A short video was played highlighting the work of the Trust's volunteers.		
23/016	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised		
23/017	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Governor elections • External auditors 		
23/018	ANY OTHER BUSINESS		
2 mins	SuH queried how any information gathered by governors which relates to other organisations will be fed back.		

	<p>CW advised the Executive Team are working across the system and provider collaborative. As executives develop collaborative arrangements with their opposite numbers in other organisations, this will provide a feedback mechanism. Governors should feed back to the Director of Corporate Affairs.</p> <p>SH advised there is the opportunity to provide feedback through the Lead Governor network.</p>		
23/019	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 9th May 2023 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 19:50</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward Chair</p> <p>Date</p>		

Attendance at Full COG (scheduled meetings)

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

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

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

P = Present
A = Apologies
X = Absent

Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/011.1	21/02/2023	Governors to be provided with key questions to ask members of the public, etc. to help gain feedback in relation to the development of the Trust's Strategy for 2024-2029	Council Of Governors	None	08/08/2023	D Ainsworth			Grey
23/011.2	21/02/2023	Update on the development of the Trust's Strategy for 2024-2029 to be provided to each full Council of Governors meeting	Council Of Governors	None	08/08/2023	D Ainsworth			Grey
23/012	21/02/2023	Send governors the link to the 2021/2022 External Auditors report	Council Of Governors	None	28/02/2023	S Higginbotham	S Bradshaw	Link e-mailed to governors 27/02/2023 Complete	Green
23/014	21/02/2023	Details of Mansfield VCS Forum launch to be circulated to governors	Council Of Governors	None	28/02/2023	S Holmes	S Bradshaw	Details e-mailed to governors 22/02/2023 Complete	Green

Council of Governors - Cover Sheet

Subject:	Chair's report		Date: 9 th May 2023	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
To update governors on key events and information from the past three months from the Chair's perspective, covering the period February to May 2023.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Not applicable				
Acronyms				
CQC = Care Quality Commission EDI = Equality, Diversity and Inclusion ICS = Integrated Care System NICU = Neonatal Intensive Care Unit SFH = Sherwood Forest Hospitals				
Executive Summary				
To update governors on key events and information from the past three months from the Chair's perspective, covering the period February to May 2023.				

Reminder: Online information events announced to step-up Trust efforts to elect new Trust governors

Elections to find six new governors at Sherwood Forest Hospitals are due to take place over the coming weeks, with potential governors being invited to put their names forward before Friday 26th May 2023 to represent our Trust's King's Mill, Mansfield Community and Newark Hospital sites.

As you Governors have a key role to play in helping the Trust achieve its ambitions of providing healthier communities and outstanding care to all. The role will involve listening to feedback from the Trust's 14,000 members and the wider public, in-turn relaying these views to the Board of Directors. The role is central to representing the interests of local communities in the planning of services.

Elections will commence with the opening of nominations in early May and those who wish to become a governor must first become a member of the Trust. They can do this by signing up online at www.sfh-tr.nhs.uk/get-involved or emailing sfh-tr.membership@nhs.net

In May, we are due to host two online events where prospective governors can learn more about the role and find out what they need to do to stand for election.

The first information event will take place on Tuesday 2nd May between 4pm and 5pm, with the second due to take place on Thursday 18th May between 6pm and 7pm.

Anyone interested in joining the online information event to find out more about becoming a governor can [register online here](#). Please share these joining details with anyone who you think may be interested in becoming a governor.

A great place to work: Celebrating our colleagues' dedication and outstanding achievements at our annual *Excellence Awards*



Throughout April, we have been welcoming nominations across 19 categories for this year's #TeamSFH *Excellence Awards*, as we prepare to host our Trust's single greatest opportunity to say 'thank you' to our hard-working staff for their outstanding efforts over the past year.

The *Excellence Awards* celebrate colleagues, teams and volunteers who go above and beyond and who have made a positive impact on our services, patients, visitors, and colleagues. We all know someone special that contributes so much and the teams that just really make coming to work a pleasure. This is our biggest chance to recognise them as a Trust.

For the first time since 2019, we are looking forward to being able to celebrate in style and in-person to properly recognise the amazing work our colleagues do.

The annual *Excellence Awards* ceremony, which is funded entirely thanks to contributions from generous sponsors and charitable donations, celebrates individual colleagues, teams and volunteers who work hard to make a positive impact across our services.

The event will take place on Wednesday 5th July and will form part of the Trust's celebrations of the NHS's 75th birthday.

Nominations for this year's *Excellence Awards* closed at midnight on Sunday 30th April and I am delighted to say that we have received hundreds of nominations from our colleagues and from members of the public for this year's awards.

We look forward to being able to share some of those examples of outstanding service from across our Trust over the months ahead.

Maternity services at King's Mill Hospital continue to be rated as 'good' following latest CQC inspection

One of the main updates to share from the month gone by has been the publication of the Care Quality Commission's (CQC) report, following the CQC's most recent inspection of the Trust's Maternity services.

As the Trust's Chair and Non Executive Director Maternity Safety Champion, I am proud to share that Maternity services at King's Mill Hospital have been rated 'good' and that – as a result – King's Mill Hospital as a whole remains 'outstanding'.

The overall rating of Sherwood Forest Hospitals Trust remains 'good'.

The inspection, which took place in November 2022 as part of the CQC's national review of maternity services, looked at two of the five areas the CQC uses to evaluate NHS trusts – well-led and safe.

The CQC did not look at the other three key areas, meaning caring remains 'outstanding', while effective and responsive remain 'good' from the previous inspection in 2018. Maternity services at Newark Hospital were not considered as part of the CQC's latest inspection.

As a Trust, we are really proud of many of the positive observations that inspectors noted following their inspection, including that:

- The service had enough maternity and medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- Infection risk was well-controlled. Equipment and premises were visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Records of women's care and treatment were detailed, clear, up to date, stored securely and easily available to all staff.
- The service managed safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.
- Leaders had the skills and abilities to run the service, were approachable for women and staff, and supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued, and were focused on the needs of women receiving care. The service promoted equality and diversity and provided opportunities for career development. The service had an open culture where women, families and staff could raise concerns without fear.

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.

Several areas for improvement, which the Trust proactively identified to the CQC, were also confirmed during the inspection. This resulted in the safe aspect being rated as 'requires improvement'.

In order to improve our rating of 'requires improvement' under the safe domain, the Trust must:

- Ensure staff complete mandatory, safeguarding and maternity specific training in line with the Trust's own target
- Implement a robust system in maternity triage to include escalation process, monitoring and documentation.

The CQC also issued a number of points of advice to the Trust, including to:

- Ensure all medicines are stored safely and appropriately in line with Trust policy.
- Continue to implement the new electronic maternity notes system (known as BadgerNotes) that is already being rolled-out across our Maternity services
- Where audits identify issues, the Trust should undertake further audits to demonstrate if improvements and changes in practice have improved patient outcomes and improved practice.
- Leaders should continue to implement improvements to how they effectively communicate any changes in service provision with staff.

We share the CQC's ambition to provide the best possible Maternity services to our local communities and we welcome their feedback on how we can make our already 'good' Maternity services even better.

I know that work is already underway to address each of those points, with our colleagues already receiving training ahead of the launch of a new maternity triage system. Staff training levels have increased significantly since the inspection, thanks to their dedication.

Each month, I take part in a walk around the maternity ward including NICU to talk to staff and patients. These visits allow myself and executives to understand the challenges but also to ensure that staff and patients have an opportunity to raise any matters with us. I want to thank our staff who work hard to provide excellent, safe and compassionate care to our expectant and new parents and their babies.

A message of thanks for the community's support of our services

It has been another period where the support of our local community has played an important role in supporting the services provide across our hospitals.

One notable contribution over recent months has been how funding from the Friends of Newark Hospital has helped to fund equipment that will enable patients to receive treatment for chronic pain at Newark Hospital.

The £30,000 IonicRF™ Generator delivers non-surgical treatment for the management of pain in the nervous system. It uses heat to target specific nerves and block pain signals from reaching the brain. Radio-frequency denervation is a procedure that aims to change the way pain is transmitted by the nerve to the brain. The nerve is interrupted by heating (cauterising) it with an electrical current from the radio-frequency generator machine.

We are grateful to our supporters at the Friends of Newark Hospital for their invaluable support.

Community Involvement: Emily Harris Foundation raises quarter of a million pounds for King's Mill Hospital's Neonatal Unit



I wanted to place on record my thanks to everyone involved in the Emily Harris Foundation, after they celebrated raising a quarter of a million pounds for the Trust.

The Emily Harris Foundation is a charity that supports the families of babies born too soon or needing medical treatment.

The Foundation was founded by Clare Harris, pictured above, of Clipstone Village, on 5 September 2008 on what would have been her daughter Emily's second birthday. It raises money for the neonatal intensive care unit at King's Mill Hospital.

Emily, born six weeks prematurely with a serious heart condition, spent ten weeks in the Trust's neonatal intensive care unit but sadly died in 2007 at just five months old.

After seeing first-hand how the unit benefits the parents of new-born babies needing extra care, Clare and her husband Neil agreed that they wanted to do something more for the unit. This led to their decision to start the Emily Harris Foundation. Initially, the charity provided essential items such as nappies to new parents, but over the years donations, which come from a mixture of family, friends and supporters, have grown tremendously.

We are truly thankful at SFH to have the support from Clare, Neil and everyone involved within the Emily Harris Foundation.

The charity regularly donates items to support families and staff, as well as making bigger one-off donations when needed. All families on the unit receive a Welcome Pack which includes essential items such as nappies and bibs. Over 2,500 of these have been given out over the years.

The Foundation also funds a counsellor to visit the unit and covers the annual fee for an app, which enables staff to send parents secure videos and photographs of their baby when they can't be with them.

All staff working on the unit benefit from a copy of the book Pocket Neonatology, a subscription to a Neonatal Journal and funding to attend various annual conferences, as well as additional training when required.

Over the years, the charity has also made significant one-off contributions, and these include nursing chairs, breast pumps, a digital camera for staff to take photos of babies for their families, cool bags and ice blocks for expressing mums to transport milk, and a trial of donor breast milk in 2013.

This trial led to the hospital becoming a hub for donor milk in December 2021, which means they store and provide much-needed milk to other hospitals in the local area.

The donations don't just stop there, with Clare visiting the unit once a week for her 'Cake and Chat' sessions, where she provides a listening ear to parents of babies on the unit.

Fundraising for the charity is done purely through the goodwill of friends, family as well as significant donations from businesses. Activities that have taken place to date include an annual curry night and race night, the London Marathon, Scotland Coast to Coast and the Great North Run.

The amount of support given to the unit by the Emily Harris Foundation over the years is truly amazing and we are so thankful for everything that Clare and Neil do.

The money they raise really does make a difference to parents, neonates and staff and we are all incredibly grateful for all that they do for the Trust and the families we serve.

Notable engagements: Visiting Little Millers Day Nursery

In April, I was thrilled to visit Little Millers Day Nursery at King's Mill Hospital to see first-hand the latest developments there as part of our ongoing improvements that continue to be made at the site.

The latest developments there have seen the perimeter fencing improved to bolster security at the site, as part of our ongoing programme of improvements to maximise the quality of service provided there.

The nursery is a key part of how we are providing high quality childcare on-site and is just one element of our essential efforts to ensure we are appropriately supporting our hard-working colleagues.

Notable engagements: Supporting Trust partners with their recruitment efforts

In April, I have been delighted to support colleagues at Nottingham University Hospitals (NUH) with their efforts to recruit new associate non-executive directors to their Board of Directors.

Recruiting Non-Executive Directors with a wealth of experience from different walks of life is an essential part of trusts' invaluable efforts to hold their executive team to account and ensure they are providing the best possible care to the communities we serve.

Those efforts also strengthen the vital relationships we are continuing to build with our system colleagues, as we continue our commitment to improving the quality of health and care services across Nottingham and Nottinghamshire.

Other engagements and visits over the past three months include:

- Regular meetings with our governors and Lead Governor – including to understand the issues raised through Meet The Governor sessions with patients and the public
- 15 Steps visit around maternity
- Visit to Newark to meet with staff
- Walkaround with Chief Executive of Nottinghamshire County Council
- Discussions with Non Executive Directors to consider the work taking place in committees
- Meeting with Mayor and Chief Executive of Mansfield District Council
- Attending the Robotic Surgery showcase organised by our consultant William Dudill and his team to promote this advanced piece of kit and show how this might help our patients and staff.
- Taking part in recruitment panels
- Meeting with colleagues in the ICS
- Discussions with staff and our EDI network leaders.
- I have met with colleagues across the Nottingham and Nottinghamshire system
- Taken part in discussions with local authority colleagues about how we may work more closely together
- Attended governor events and meetings
- Continued my regular visits around Maternity services and other parts of our Trust

Council of Governors - Cover Sheet

Subject:	Chief Executive's report		Date: 9 th May 2023	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
To update governors on key events and information from the past three months covering the period February to April 2023.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before				
Not applicable				
Acronyms				
MNPBP = Mid Nottinghamshire Place Based Partnership				
Executive Summary				
To update governors on key events and information from the past three months covering the period February to April 2023.				

Pressures in our hospitals: General pressures and industrial action update from the past three months

I will start this month's update by reflecting on the impact that March and April's industrial action from the British Medical Association (BMA) had on our colleagues, patients and the running of our services.

I will begin by focusing on the impact that the strikes have had on our hard-working colleagues – both personally and professionally. That impact cannot be overstated, both in managing day-to-day pressures and in the extensive planning that helped to prepare us in the best possible way for that industrial action.

It is thanks to their hard work and professionalism that we were able to maintain safe urgent and emergency care services for our communities throughout that extraordinarily difficult time. We are so grateful for their incredible efforts.

Ultimately, we know that maintaining the safety of those essential services came at the cost of hundreds of planned appointments, procedures and operations. That cost will be felt by our patients for many months to come, both for those who were immediately affected during the week and for the tens of thousands of patients who will come into contact with our services over the months ahead as we continue our work to drive-down the elective backlogs that we saw build-up during the pandemic.

We know there is a patient behind each and every one of those rearranged appointments and we are grateful to all those whose planned treatments, operations and appointments were affected by those strikes. Their patience, understanding and kindness to our staff really is appreciated, particularly as our colleagues continue to work hard to provide the best possible care in really challenging circumstances as pressures remain high across our services.

While these strikes have been held over nationally-decided issues that are beyond the control of Sherwood Forest Hospitals, we have taken every opportunity to stress the impact that this ongoing industrial action is having on our colleagues, patients and communities alike.

As a Trust, we are committed to properly supporting everyone at #TeamSFH throughout this period. Whether that support comes by providing clarity on the areas we need our staff to focus on during periods of industrial action or by stepping-up our wellbeing offer to colleagues, I am keen to make clear that we have the backs of our colleagues.

During the course of those two periods of industrial action, we saw so many outstanding examples of the Trust's CARE' values being brought to life as colleagues from all professional disciplines pulled together to provide the best possible care for our patients who need us.

I am sure I speak for us all in saying that I hope a solution can be found to this national dispute as quickly as possible.

As well as the unique pressures we managed during that first period of industrial action, high demand for our services has remained throughout February, March and April.

The cause of those pressures are multiple and complex, but the following themes have persisted over the past year of sustained pressures across our hospitals:

1. The high numbers of patients we continue to treat in our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark Hospital
2. The challenges we continue to experience with discharging patients as soon as they are medically fit to leave hospital.

Statistically, 22,772 patients were treated in the Emergency Department at King's Mill Hospital since the beginning of 2023. A further 76,905 patients were also seen in outpatient clinics, while 5,056 people attended the Urgent Treatment Centre at Newark Hospital.

Treatments for cancer at the Trust have also increased, with 253 treatments beginning during this same period.

Pressures in our hospitals: We have significantly reduced waiting lists for elective care

Despite those pressures, I am delighted to confirm that we have risen to the national challenge of reducing our waiting lists for those who have been waiting the longest to access the treatment they need and deserve here at Sherwood.

The progress means that very few patients at our King's Mill and Newark Hospital sites are waiting more than 78 weeks for treatment, as figures released recently by NHS England show that waiting times have continued to be significantly reduced by hardworking NHS staff.

The latest data also shows that, at the beginning of the year, some patients were still waiting over 18 months for their elective procedures. By the target date only a small number of these patients remained: those who had either chosen to delay their treatment or where we were helping other hospitals to clear backlogs.

As a Trust, we have worked hard to reduce our waiting list during January and February 2023 and, at the same time, have supported other hospitals to treat their patients earlier.

Managing to substantially reduce the numbers of patients who have been waiting 78-weeks (or 18 months) for elective care is a significant achievement and one that we should be rightly proud of as we continue to deal with the ongoing effects of the pandemic – all while continuing to deal with the intense pressures of today.

This has been achieved even despite the significant impact of the recent industrial action, which saw the Trust postpone hundreds of less urgent appointments and procedures in order to prioritise emergency care services, to keep patients safe.

I am grateful to all our colleagues for the part they have played in making that happen.

A great place to work: Sherwood remains best Trust to work for in the Midlands, according to latest NHS National Staff Survey results

Sherwood Forest Hospitals remains the best Trust of its kind to receive care and to work for anywhere in the East and West Midlands, according to results of the most recent *NHS National Staff Survey* that were released in March.

The results rank Sherwood as the acute trust that staff would most recommend as a place to work anywhere in the Midlands for an incredible fifth year in a row.

More than 3,390 (61%) Trust colleagues responded to the 2022 survey – well above the national average response rate of 46%.

Highlights of this year's results revealed that:

- 81% of staff agreed that the care of patients is the organisation's top priority (placing us first in the Midlands for this score)
- 78% of staff would be happy with the standard of care provided if a friend or family member needed treatment (first in Midlands)
- 72% recommend the Trust as a place to work, placing us first in the Midlands and third in the country.
- 90% feel trusted to do their job and feel that their role makes a difference to patients and service users.

While there are several areas that need improvement, some scores were our best in five years. For example, colleagues continue to report that they are able to show initiative in their roles, are involved in changes that affect them and are able to make improvements in their areas of work.

It is great to see that, despite the many national challenges across the NHS, colleagues' overall experience of working at SFH ranks among the very best in the country.

Our people are what makes the Trust one of the best and I want to say a massive thank you to everyone for continuing to deliver quality, safe and compassionate care, particularly during challenging times.

The fact that some of our scores are the best they've been in five years shows we are making real progress on our journey to foster a culture of continuous improvement and that there remains so much to be proud of here at Sherwood.

Despite so many positives that we will proudly celebrate, we also recognise that many of our colleagues are feeling the strain mentally, physically and financially right now.

The results also highlight some areas where we know we need to go further, as while harassment and bullying among Trust staff is at its lowest for five years, there have been more experiences of bullying, harassment, discrimination, violence and aggression from patients and members of the public towards staff than ever before.

We will be working through the results in more detail in the coming weeks and using the insights from these survey results to drive forward further improvement.

From a partnerships perspective looking across the Mid Nottinghamshire Place, it is clear that the majority of these experiences are being targeted at hard-working staff by members of the public rather than their colleagues – and are not exclusive to NHS staff.

With this in mind, we took a discussion piece to the Mid Nottinghamshire Place Based Partnership (MNPBP) Executive Group where all partners agreed to support the Trust with a shared approach to tackling this across the mid-Nottinghamshire area, as it is clear that these experiences are not being experienced by NHS staff alone. The local crime and safety partnerships will open an invitation to explore opportunities for joint solutions.

As part of this, Nottinghamshire County Council introduced the concept of Trauma Informed Practice, which is training to ensure people who are severely disadvantaged (such as the homeless community) receive the same levels of care, irrespective of the risk for exclusion caused by violence and aggression.

We will keep you updated about this important work as it progresses.

A great place to work: Hundreds attend second 'Step into the NHS' recruitment event with West Notts College



On Tuesday (25 April), I was delighted to join colleagues from across the Trust as we returned to West Notts College in Mansfield for the second of our incredibly successful *Step into the NHS* careers showcase event.

We held the first event of its kind in January, which attracted almost 700 prospective new recruits who came along to learn how they can start their own NHS careers. It was great to see that our second event earlier this week, which focused on non-clinical roles across the Trust, attracted a similar level of interest.

The event was another outstanding example of how we are bringing our partnership with West Notts College to life, as the College generously hosted the event to showcase the range of careers available across our King's Mill, Newark and Mansfield Community Hospital sites and the wider NHS.

While there are more than 350 different roles in the NHS, many people's first thoughts of NHS careers are of doctors, nurses, midwives, paramedics and other frontline roles. However, there are a host of rewarding non-clinical roles where people can make a real difference by working as everything from clinical coders and finance officers to facilities workers, admin support, procurement and human resources – and so much more!

We know it takes a whole Trust to run our hospitals and we are proud of the way our colleagues work brilliantly together across their clinical and non-clinical roles to make great things happen across our hospitals.

Following the success of these events, we also plan to host a similar event focusing on clinical roles on Tuesday 20 June. That event will be hosted at King's Mill Hospital for the first time and I look forward to being able to share the details of that event with you all over the coming weeks.

I would like to place on record my thanks to our partners and #TeamSFH staff who came together to help make this fantastic event possible. The event was the first what looks like to be a series of successful events of its kind – so please watch this space for details of future events.

Nottinghamshire's first Community Diagnostics Centre (CDC) receives vital planning approval



Our ambition to create a 'one-stop shop' for patients to access NHS tests and investigations received a vital boost in April, as our plans to bring Nottinghamshire's first Community Diagnostics Centre to Mansfield were rubber-stamped.

[We previously announced we had submitted plans to Mansfield District Council in January](#) to build the purpose-built 'Community Diagnostics Centre' alongside our Mansfield Community Hospital in Stockwell Gate.

The multimillion-pound plans went on to receive national funding in February, prior to them being considered by Mansfield District Council's decision to approve the plans at its Planning Committee earlier this week (Monday 24 April 2023).

The approval was the vital go-ahead we needed to allow work to begin on the new facility this summer. The Centre will be built where a derelict building that is awaiting demolition currently stands on the Mansfield Community Hospital site.

Once built, the Centre will become a 'one-stop shop' for patients from across Nottinghamshire to access the tests and investigations they need in a single visit.

The Centre will also reduce the time it takes for patients to be referred for vital tests, which will in-turn help patients to receive an 'all clear' or diagnosis sooner.

A range of clinical and non-clinical roles will also be recruited to work at the Centre, with details of those roles to be publicised over the weeks and months ahead.

Anyone interested in learning more about the plans and the range of job opportunities on offer at the Centre can [find out more via the Sherwood Forest Hospitals website](http://www.sfh-tr.nhs.uk/cdc) online at www.sfh-tr.nhs.uk/cdc

I look forward to update you on the project's progress over the coming months.

Boosting car parking capacity at Newark Hospital

In planning news elsewhere, Newark and Sherwood District Council's Planning Committee has also approved the Council's planning application to create 80 additional car parking spaces for patients and staff at Newark Hospital.

The 80 new spaces will include 59 standard spaces, 16 electric vehicle charging points and five accessible bays on a site on Bowbridge Road next to Newark Hospital.

This is really good news as it will bring to an end long-standing parking issues for patients, staff and visitors. The development is also a welcome boost for everyone who comes into contact with Newark Hospital at a time when we are doing all we can to bring Newark Hospital back to its full potential.

Work is expected to start on the car park in July. We will keep you posted on the progress of the project.

Maternity services at King's Mill Hospital rated 'good' following CQC inspection

I am proud to share the news that Maternity services at King's Mill Hospital have been rated 'good' following our latest Care Quality Commission (CQC) inspection.

In the report that was published in February following their most recent inspection, King's Mill Hospital has maintained its rating as 'outstanding', while the Trust's overall rating remains 'good'.

We share the CQC's ambition to provide the best possible Maternity service to our local communities and I am grateful to the CQC for highlighting the areas that we can be rightly proud of – as well as those areas that we need to improve.

Partnerships update: Mid Nottingham Place Based Partnership

Following a reset for the partnership with renewed leadership from Adam Hill, Chief Executive Officer of Mansfield District Council, the partnership has worked together to refresh the focus for 2023/24.

The vision and ambitions have been revised to match the County's Health and Wellbeing Strategy, with the following priorities having been proposed:

- Best start – local coordination of the best start strategy; mental health in children and young people
- Living Well – Primary prevention and Cost of Living
- Ageing Well – Frail older people and loneliness
- Health Inequalities – Core20Puls5 – severe mental disorder and targeted communities relevant to place.
- Partnership Development – integrated neighbourhood teams and consistent communication across partners

The next stage will be to assign resource, programme structure and develop key metrics.

Partnerships update: Quarterly meeting with Ashfield District Council

The Trust Chair, Chief Executive and Director of Strategy and Partnerships met the Chief Executive Officer of Ashfield District Council during April, in the latest of their quarterly meetings with each of the district councils.

The meeting was a positive exploration of value-adding partnership activities and it is clear we have aspects of our work where we can work together positively, including around employment opportunities, skills, digital improvement, violence and aggression, and the direct support we will provide into the recruitment of a key strategic role of the Council's senior team. The Council is also supporting with raising awareness of governor nominations.

Further partnership working will continue as a result of those meetings and the positive relationships we continue to build together.

Partnerships update: Supporting a county-wide Declaration on Tobacco Control

As part of my role as a partner member on the Nottingham and Nottinghamshire Integrated Care Board (ICB), I was proud to support a refreshing of our commitment of a county-wide Declaration on Tobacco Control.

Smoking kills around 1,513 people in Nottinghamshire County and Nottingham City every year. It is also the biggest contributor to health inequalities, with 50% of the difference in life expectancy between the most affluent and the most deprived areas attributed to tobacco.

At its March meeting, the ICB was asked to reaffirm its commitment under the Declaration which sets out principles that commit us all to reducing smoking in our communities and includes a commitment to developing and implementing an organisational action plan.

Under the Declaration, the county's health and social care providers were asked to ensure timely and accessible communications and information about local stop smoking services were provided, as well as to offer our support to annual events like National No Smoking Day and ensuring that commissioned services adopt smoke-free workplaces.

The commitment is one that I was delighted to support, as we know the impact that smoking has on the lives and health outcomes of our patients, local communities and our own staff here at Sherwood.

A fond farewell to our outgoing Director of Corporate Affairs, Shirley Higginbotham

I will wrap-up my update for this month by placing on-record my thanks to our outgoing Director of Corporate Affairs, Shirley Higginbotham, as Thursday's meeting will be her final Public Board meeting with the Trust.

Shirley has been a valued member of the Trust since joining in April 2013 and has played a vital role in helping to oversee the Trust's journey from special measures to now being rated as 'Good' and King's Mill Hospital as 'Outstanding' by the CQC.

On a personal note, I have worked with Shirley throughout my time here at SFH and she has played an incredible part in the journey we have all been on together, particularly in building trust and confidence among the communities we serve that their local hospitals are in safe hands.

I am grateful for all that Shirley has done for this Trust and our patients and we wish her a long, happy and healthy retirement.

We are also delighted to share the news that Sally Brook Shanahan will be joining the Trust as our new Director of Corporate Affairs in May, allowing for a short handover period between Shirley and herself.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report	Date: 9 th May 2023
Prepared By:	Sue Holmes , Lead Governor	
Approved By:	Sue Holmes , Lead Governor	
Presented By:	Sue Holmes , Lead Governor	
Purpose		
To provide assurance to the Council of Governors from the perspective of the Lead Governor		Approval
		Assurance
		Update
		Consider
Strategic Objectives		
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce
Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	
Committees/groups where this item has been presented before		
N/A		
Acronyms		
ICS – Integrated Care System		
Executive Summary		
<p>A major event for us and a first was an on-line conference for governors from the three foundation trusts – Doncaster and Bassetlaw, Notts Healthcare and us. The Lead Governors had been very involved in the planning and indeed altering of the agenda. One of the concerns was from the Hewitt report – governors engaging across the ICS and not only being concerned with their own Trust. Little was forthcoming from the ICS about how this could be done.</p> <p>Follow up meetings with the other lead governors have taken place and we believe that we are ahead of the game.</p> <p>I have had meetings with Jane Laughton from Healthwatch and we have discussed this. Any feedback about other organisations within the NHS could be fed back to them and they would action them and feed back to us. This is a suggestion and now, if acceptable, the mechanics will need to be worked out.</p> <p>Jane, Ian and myself supported the second 'Step into the NHS' for non-clinical jobs at West Notts College. Once again it was a very successful event, well attended and we were able to sign up new members and encourage people to think about standing for election as a governor. Nikki Slack and the staff who attended should be thanked for a tremendous event.</p> <p>I have been involved in the appraisal of the Chair.</p>		

15 Steps is now in full swing and the governors who take part are all finding it both enjoyable and interesting.

Much time this quarter has been spent on the elections for 6 governors. Many governors including myself have been interviewed and photographed for social media and I had a short television interview on Notts TV. Hopefully, by the next Council of Governors meeting we will have a full complement of governors – all eager to become involved.

Finally, Kevin Stewart has been appointed as the Volunteer governor. Kevin is no stranger to the Council of Governors and it will be nice to welcome him back.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update		Date: May 2023	
Prepared By:	Sally Whittlestone Corporate Matron			
Approved By:	Phil Bolton Chief Nurse			
Presented By:	Sally Whittlestone Corporate Matron			
Purpose				
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from January to March 2023.			Approval	
			Assurance	
			Update	x
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x			x	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			x
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Acronyms				
Executive Summary				
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from January to March 2023. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>During the reporting period from January to March 2023, there were a total of 22 visits confirmed as undertaken, with reports completed and returned.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15 Step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centered, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>				

Introduction

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

There was a total of 22 visits confirmed, with completed reports returned.

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

Visit Areas:

January visits:

- Newark Theatres
- Case notes
- ITU
- Ward 21

February Visits:

- Emergency Department
- Urgent Care Centre Newark
- Ward 31
- Ward 32
- Clinic 6
- Clinic 7
- Chatsworth
- Ward 41
- Stroke unit.
- Mortuary and Bereavement Centre
- Pathology

March Visits:

- Sexual Health
- Maternity
- SDEC
- Ward 51
- Clinic 1
- Clinic 3
- Little Millers Nursery

Themes and Trends:

Welcoming:

- Ward staff was noted to be welcoming in all areas, staff were polite and greeted teams on arrival.
- Clinical areas were clean and tidy and uncluttered, and good IPC practices were noted.
- One area described how they were welcomed to the ward by the Matron, Ward Leader, and Nurses, describing the area as excellent.

Caring and Involving:

- Patients reported being well looked after and understood the plan in relation to their care and what the next steps were.
- Patient feedback was positive, and all patients appeared comfortable.
- One team witnessed a supportive interaction between a patient and their relatives.
- Patients were noted to be treated with respect and addressed respectfully, maintaining privacy and dignity.
- Staff felt there was a real shift in a positive direction and are making plans to change their model of working to further improve.
- The staff was attentive, and the care received was positive, the patient had the choice of City or here but chose here.

Safe:

- Environments were clean with good infection prevention and control practices demonstrated.
- The ward environment was well maintained.
- Signage and displays all relevant and up to date, described as being innovative in one area.
- Staff were noted to be wearing ID badges.
- All patients were witnessed wearing wristbands.
- Daily staffing/ harms board noted to be up to date.
- New notes trollies have also made a difference in the safe moving and handling of notes and efficient working

- Staff members highlighted that they were having high and low-level wall bumpers installed to protect the walls and keep future decorating costs to a minimum protecting the walls from both trolleys and chairs
- Fire exits were clear and uncluttered.

Well organised and calm:

- Areas felt calm and controlled, despite being busy.
- There was a strong sense of ownership and leadership demonstrated by the staff.
- Clinics had systems in place and were well organised in relation to the specialties that were attending
- The Trust CARE values were demonstrated and upheld by staff.

Issues identified during the visits:

No one at the reception desk to greet people entering the area. Staff in A bay didn't approach us but were accommodating once approached, and immediate action was taken, Staff was to be vigilant as to who is entering the ward in the absence of the ward receptionist.

Sets of patient notes in clinic room unlocked and unattended, immediate action taken, The team informed a member of staff who will action immediately and raise with staff to ensure it doesn't happen again.

High-level damp dusting in Clinic 6 is required, [top of 1 filing cupboard]. Immediate action was taken, and informed member of staff who rectified this.

Provision of new storage facilities due for completion in April. Follow up visit is required to see progress and identify any support required; an update is required.

The overall decor is very good however some high-use areas such as door frames require redecorating including some unfinished repair work. To ask Skanska to repaint doorframes – An update is required as to if the work has yet been completed.

The staff information board is up to date however some of them are of a non-wipeable nature, Update 21/21/23 - Small works jobs have been requested so awaiting Skanska to remove boards. All documents are down from boards.

A Department had not been used for a few weeks over Christmas, high-level damp dusting has not been completed. Ward leader to meet with cleaning staff to clarify roles and a new system was setup to ensure clear ownership and frequency of cleaning schedule.

It was noted an area had a Shortage of basic stationary supplies e.g., Patient labels. There was no process for checking stock levels and ordering was ad hoc and few people knew the process. The processes have been reviewed and a new one has been put in place in order that stock does not run out. The photocopier room in the same area needs shelving for the boxes of new paper, which at the moment are stored on the floor and are at risk of falling onto people's feet.

The Sexual Health service is provided via a tender process which is due for renewal this autumn and the team will be nervous about the process and uncertain future, to be discussed by the Deputy Chief Nurse. The service is often in a position where team members uncover domestic violence, sexual exploitation in both adults and children. This can be very distressing for staff as they support victims and families in managing this process. They feel they have good internal processes, but we wondered if we should be considering this as an organisation specifically, discussion with the well-being lead.

Discharge Hub, Discussion around how the referral service works. Equipment needs to be in place before a patient can be listed as ready for discharge, which can cause some delays and is frustrating, an update is required.

Patient feedback:

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



Visiting team's feedback:

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

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



Conclusion:

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

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

Next Steps:

Moving forward visits are planned through May, June, July, August, September, and October results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues, themes, and trends that are identified throughout the 15 Steps Challenge visits, triangulated with the Friends and Family Test, concerns, compliments, and complaints, giving support to focus on improvement's and sharing positive feedback

Council of Governors meeting 9th May 2023 - Cover Sheet

Subject:	Presentation of Quality Priorities for 2023/2024 for inclusion in the 2022/2023 Quality accounts.		Date: 9 th May 2023	
Prepared By:	Kate Wright Associate Chief AHP			
Approved By:	Phil Bolton Chief Nurse			
Presented By:	Carl Miller Director of AHPs and Deputy to the Chief Nurse Kate Wright Associate Chief AHP			
Purpose				
To update the Council of Governors on the agreed 3 quality priorities for improvement for 2023/2024 that will be detailed in the 2022/2023 Quality accounts			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Execs meeting, Trust board workshop				
Acronyms				
Executive Summary				
<p>A Quality Account is a requirement of the Health Act, 2009, and is set out in NHS (QA) regulations 2010. It assures service users they are receiving the best quality of care.</p> <p>It supports NHS Trusts to improve public accountability for the care they provide, receiving independent scrutiny and statements from the Integrated Care board, Healthwatch and Overview and Scrutiny committee.</p> <p>The Quality Account must contain:</p> <p>Part 1. Statement on quality from the CEO</p> <p>Part 2: Three priorities for improvement for 2023/2024, CQUIN performance, CQC position and statements of assurance from the board, summarising the Trust wide approach to quality improvement</p> <p>Part 3: Information on the quality of services based on performance in 2022/2023 against Patient safety, Clinical effectiveness and Patient experience, (three indicators for each).</p>				

In selecting the Priorities for Improvement, the priorities are selected in conjunction with the campaigns set out in the Quality Strategy (2022-2025) and triangulated with the strategic priorities for improvement agreed at SFHT Trust board. Information on how these priorities will be measured, monitored and reported are also included.

During 2022, the mandated process for the production of a Quality account has been under national consultation. Based on the consultation findings, the Quality account is expected to take a different format, however, this is now anticipated to come into effect, later than planned, in 2024. As a result of the consultation review, the mandate published for Quality Accounts was published later than usual this year.

In previous years, the Council of Governors has been consulted in advance of the selection of quality priorities. Unfortunately, due to the timeline for completion of the accounts this year, this has not been feasible. The Quality priorities are presented below for information and assurance.

The COG are requested to note and confirm the Quality account priorities and the process undertaken this year in the development of the quality priorities.

1. ***Focus on Maternity services ensuring babies have the best possible start in life,*** aligns with Quality strategy campaign 1 (Create a positive practice environment to support the safest most effective care)
2. ***Ensure all patients nutrition and hydration needs are met,*** aligns with Quality strategy campaign 2 (Excellent patient experience for users and the wider community)
3. ***Strengthen and sustain a learning culture of continuous improvement,*** aligns with Quality strategy campaign 3 (Strengthen and sustain a learning culture of continuous improvement)

Technical Note

Project title	King's Mill Hospital Drop Off Area
Job number	286131-00
File reference	4-05
cc	
Prepared by	Neil Scott
Date	28 September 2022
Subject	Drop Off Improvement Options

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1. Introduction

Ove Arup and Partners were commissioned by Sherwood Forest Hospitals NHS Trust, to investigate existing operational issues at the drop off facility outside the main hospital entrance, and consider options for improvement. In addition, potential issues with building protection were reviewed in the vicinity of the Emergency Department frontage, and at the main hospital entrance drop off facility.

This note summarises the observed issues, presents various options for improvement and makes recommendations.

Section 2 of this note covers the building protection issues and section 3 discusses the operation of the drop off facility.

2. Building Protection- Hostile Vehicle Mitigation

2.1 Observed Issues

Following two incidents where loss of vehicle control and building strikes occurred, Sherwood Forest Hospitals NHS Trust undertook a site audit and assessment to highlight areas which were felt to be vulnerable to further incidents. As part of this study, Arup have been asked to assess whether additional measures are required at two locations - the main hospital entrance drop off and the Emergency Department frontage. The measures would be short term to retrofit the existing layouts.

The main hospital entrance was identified as a vulnerable location following an incident where a vehicle lost control when exiting the visitor car park, passing between existing bollards and crossing the pedestrian area, before striking the hospital building. No incidents have occurred at the Emergency Department, however the long, straight road on the approach to the building means that concerns have been raised regarding a lack of building protection and Hostile Vehicle Mitigation (HVM).

This section of the report proposes short term improvements which could be provided at both locations to mitigate the potential risks.

Job number 286131-00
Date 28 September 2022

2.1.1 Main Hospital Drop Off

The existing drop off comprises a loop road that provides access to and egress from the visitor car park, and also connects with an internal hospital perimeter road. The drop off itself is located on the north side of the loop road, with a dedicated bay running alongside the pedestrian plaza. A line of bollards runs alongside the length of the drop off and these appear to be spaced at distances varying from c.1.8m to more than 3.0m.

Traffic Advisory Leaflet (TAL) 2/13 produced by the Department for Transport, concentrates on bollards and pedestrian movements in context to the provision of HVM. The document suggests that bollards should be spaced to provide a maximum air gap (between bollards) of 1.2m.

In terms of loss of control incidents, the following locations where a vehicle could cross the pedestrian area and hit a building are considered most vulnerable:

1. The route from the visitor car park exit, as occurred in the incident;
2. On the western perimeter road, south-west of the drop off where an errant vehicle could leave the perimeter road with a small change of direction and access the pedestrian area/building behind the bollards; and
3. Locations along the drop off bay where the existing spacing of bollards is 3m or more, increasing the chances of an errant vehicle overshooting the drop off bays and going between the bollards.

To address the loss of control issues, Figure 1 shows an area of bollards spaced at 1.2m opposite the exit from the visitor car park, and to the southwest of the drop off. In addition, those locations where bollards are spaced at more than 3m should be infilled to have a clear space between bollards of c.1.2m where practicable. This would not however provide full protection from an errant vehicle as there would be areas where the bollard spacing remains wider than 1.2m. The infilling of bollards is not shown on Figure 1 and this approach assumes that the existing bollards are of a standard that offers vehicle protection.

In the context of HVM, it would be necessary to review the bollard provision along the entire drop off frontage. Given that a hostile vehicle on the road through the drop off could turn and drive between the existing bollards, this makes the whole frontage vulnerable. The only way to protect against this, would be to provide vehicle protection bollards at a 1.2m spacing throughout the area. This is indicated on Figure 1 to show the full coverage.

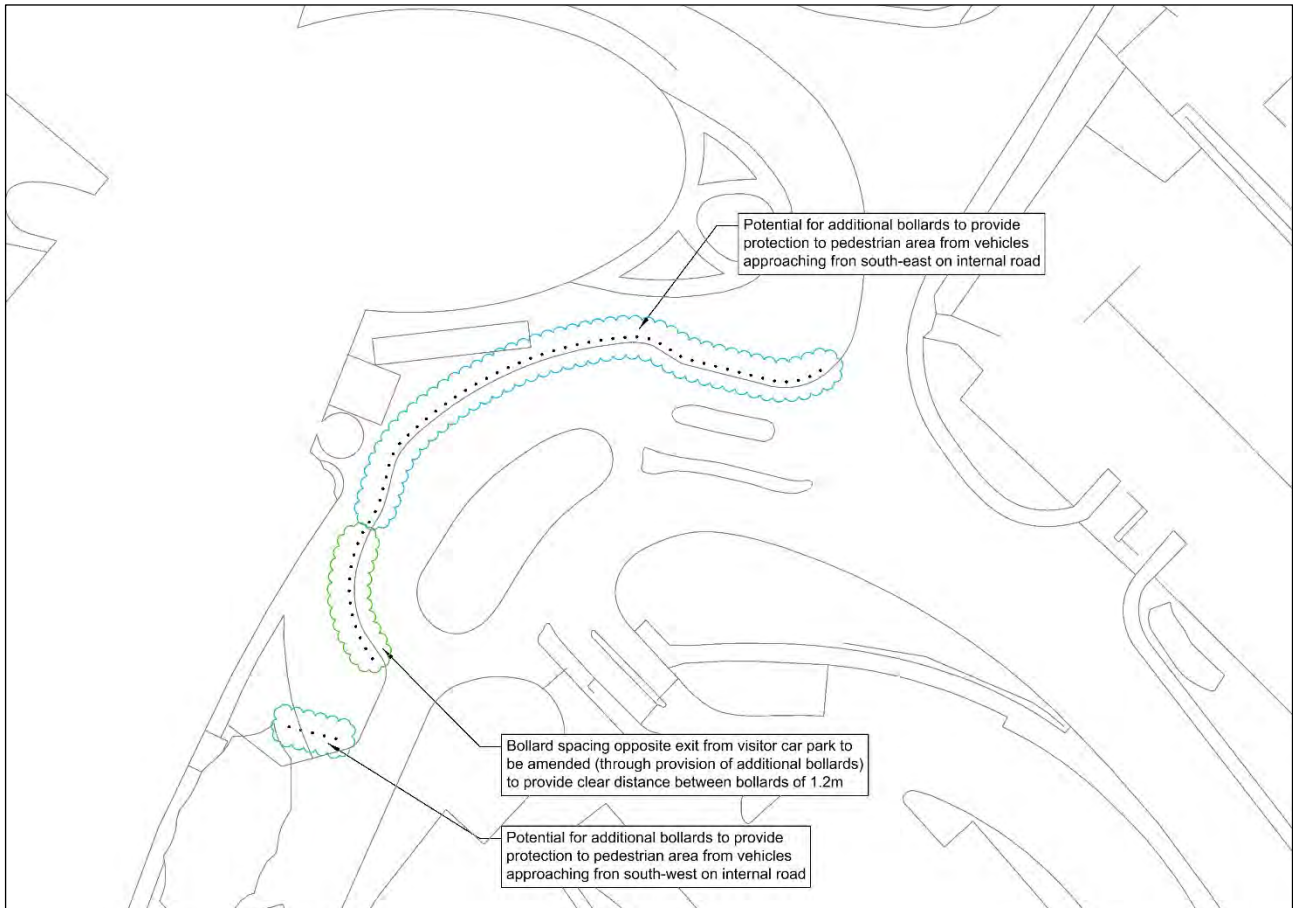
It is worth noting that a hostile vehicle could mount the pavement from the northeast (from Wilmore Way direction) and travel behind the bollards at the drop off. The existing bollard locations do not protect from this route. The Trust may want to consider whether they want to protect against this risk.

Job number

286131-00

Date

28 September 2022

Figure 1- Main Hospital Drop Off Vehicle Protection

2.1.2 Emergency Department Frontage

The location of the Emergency Department (ED) is at the end of a long, straight approach road, and following an incident at another hospital, is considered vulnerable to either loss of control incidents or hostile attack.

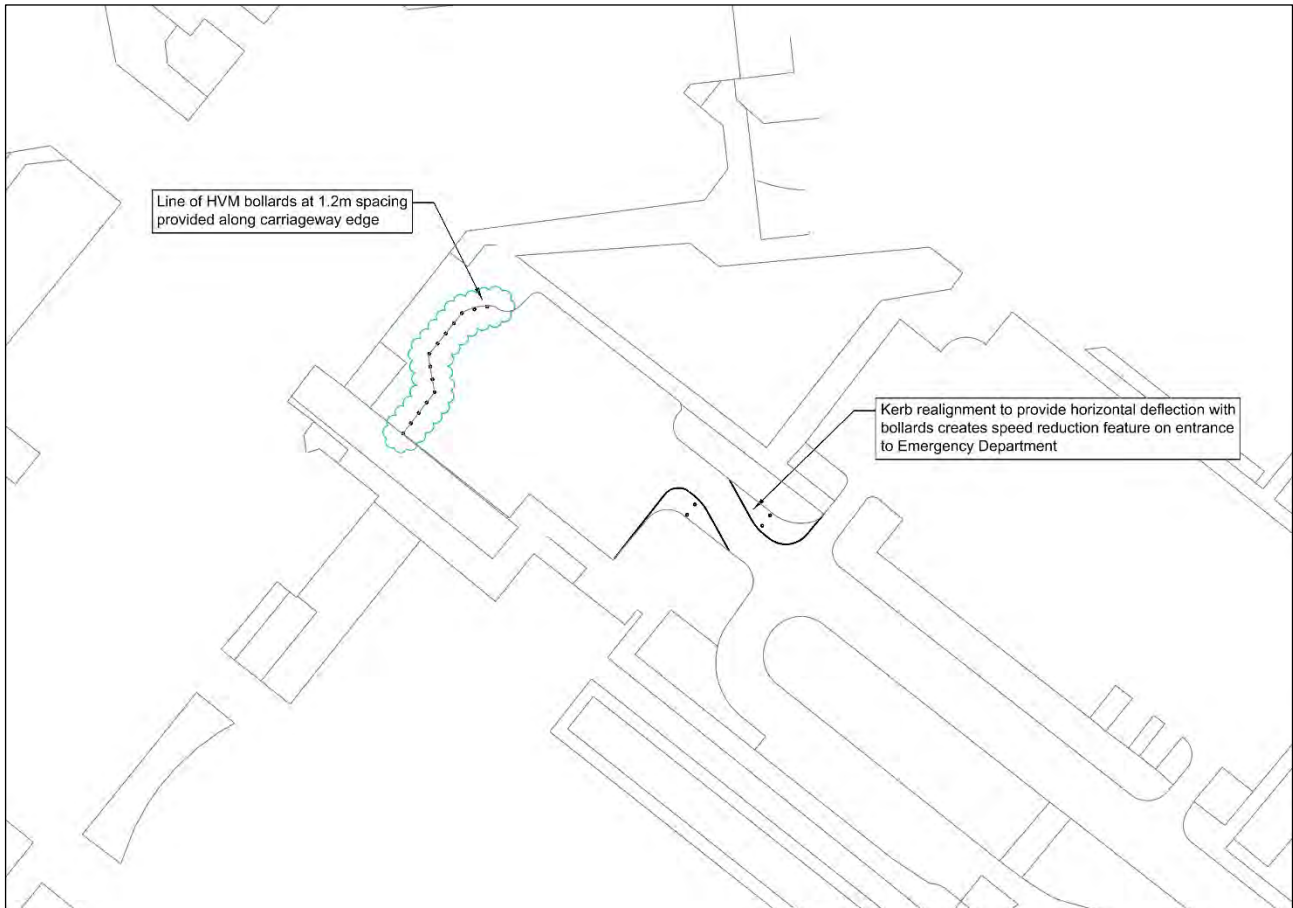
Figure 2 shows two potential measures to improve vehicle protection to the ED.

Job number

286131-00

Date

28 September 2022

Figure 2- Emergency Department Proposed HVM

The main intervention provided is the vehicle protection bollards at a spacing of 1.2m near the building frontage. The bollards would sit within the current area of carriageway to retain sufficient space for a pedestrian route to the rear of the bollards, however this is not anticipated to create issues with vehicle manoeuvres.

As a potential additional measure, kerb realignment is shown on the entrance to the ED frontage, to provide a speed reduction measure in the form of a one-way chicane incorporating HVM bollards. This would be a kerbed buildout and could either be constructed as an extension to the existing footway or as a landscaped area to help soften the ED entrance. The introduction of a chicane on the entrance to the ED area would also potentially allow a reduced specification of vehicle protection bollard fronting the ED building, as a result of reduced vehicle approach speeds.

Alternative options were considered, including the provision of a rising barrier / rising bollard at the entrance to the ED area, however potential issues with equipment failure and staffing requirements to operate the barrier / bollard intercom were felt to outweigh the potential benefits. Similarly, vertical deflections were not considered appropriate on a blue-light vehicle route, and were not felt to offer significant benefits.

Job number 286131-00
Date 28 September 2022

2.2 Building Protection- HVM Conclusions

To meet the DfT guidance on Hostile Vehicle Mitigation measures the bollard spacing should provide an air gap (between bollards) of 1.2m. Vehicle protection bollards should comply with BSI PAS 68 standard.

Three areas around the main entrance drop off are considered to be more vulnerable to loss of control vehicles. Two of the areas should have vehicle protection bollards at a spacing of 1.2m. In addition, those locations where bollards are spaced at more than 3m should be infilled to have a clear space between bollards of c.1.2m where practicable. This approach would not however provide full protection from an errant vehicle as there would be areas where the bollard spacing remains wider than 1.2m (potentially up to 3m).

In terms of HVM, this would require vehicle protection bollards at a 1.2m spacing throughout the drop off area.

Vehicle protection bollards should also be installed at the ED frontage to protect from hostile vehicles. Whilst not considered essential, the provision of a separate chicane feature on the approach to the ED parking area could also be considered, to help reduce vehicle approach speeds and potentially reduce the specification of the protective bollards along the ED building frontage.

3. Main Hospital Drop Off Operation

3.1 Existing Operation

A site visit was undertaken on 13th July 2022, during which time a number of issues were identified at the main hospital drop off. These can be summarised as follows:

- Use for pick-up which results in a longer duration of stay and less parking availability for drop off;
- Inconsiderate parking within the drop off - including double parked vehicles - which blocks the flow of traffic to and from the drop off, as well as the exit from the visitor car park and the northbound exit from the western perimeter road;
- Queues blocking back along the access road, as a result of inconsiderate parking and congestion within the drop off which blocks the entry to the visitor car park and the western perimeter road;
- Use for small deliveries where unloading takes time;
- Some confusion over which lane to be in to access the visitor car park; and
- The unused bus stop/dedicated bus lane has the potential to be confusing.

In addition, during the client inception meeting, issues with errant vehicles driving across the footway were noted, where bollards are too widely spaced along the edge of the footway, which has resulted in vehicles entering the pedestrian area and impacting the building. These comments were addressed as part of the first section of this report.

Job number 286131-00
Date 28 September 2022

3.2 Proposed Drop Off Options

It was not clear from the site visit, whether the drop off had sufficient capacity (drop off spaces) to meet demand, due to the misuse that was apparent. The following options do not therefore seek to increase the capacity of the drop off facility but are more focussed around improving the operation of the area. All options would require enforcement to prevent misuse of the drop off e.g. for pick up.

Six options have been considered which vary in scope of works from a minor reconfiguration to a full reconfiguration of the drop off and short stay car park accesses. In all options, bollards would be required along the line of the drop off at a maximum spacing of 1.2m, to prevent errant vehicles from entering the pedestrian area.

The proposed options are described below.

3.2.1 Option 1

Option 1 comprises a complete reconfiguration of the existing drop off. The entry point to the short stay car park is moved east to ease the entry manoeuvre, with an increased length of two-lane approach to minimise the potential for blocking the main access road at peak periods. This also reduces the likelihood of congestion at the drop off blocking entry to the visitor car park.

Realignment of the inbound drop off road also allows the provision of a segregated exit route from the short stay car park, which operates independently of the drop off lane. This helps to reduce the risk of vehicles exiting the car park from being held up by vehicles queuing for the drop off facility, which could make use of the visitor car park for pick up (as intended) more attractive.

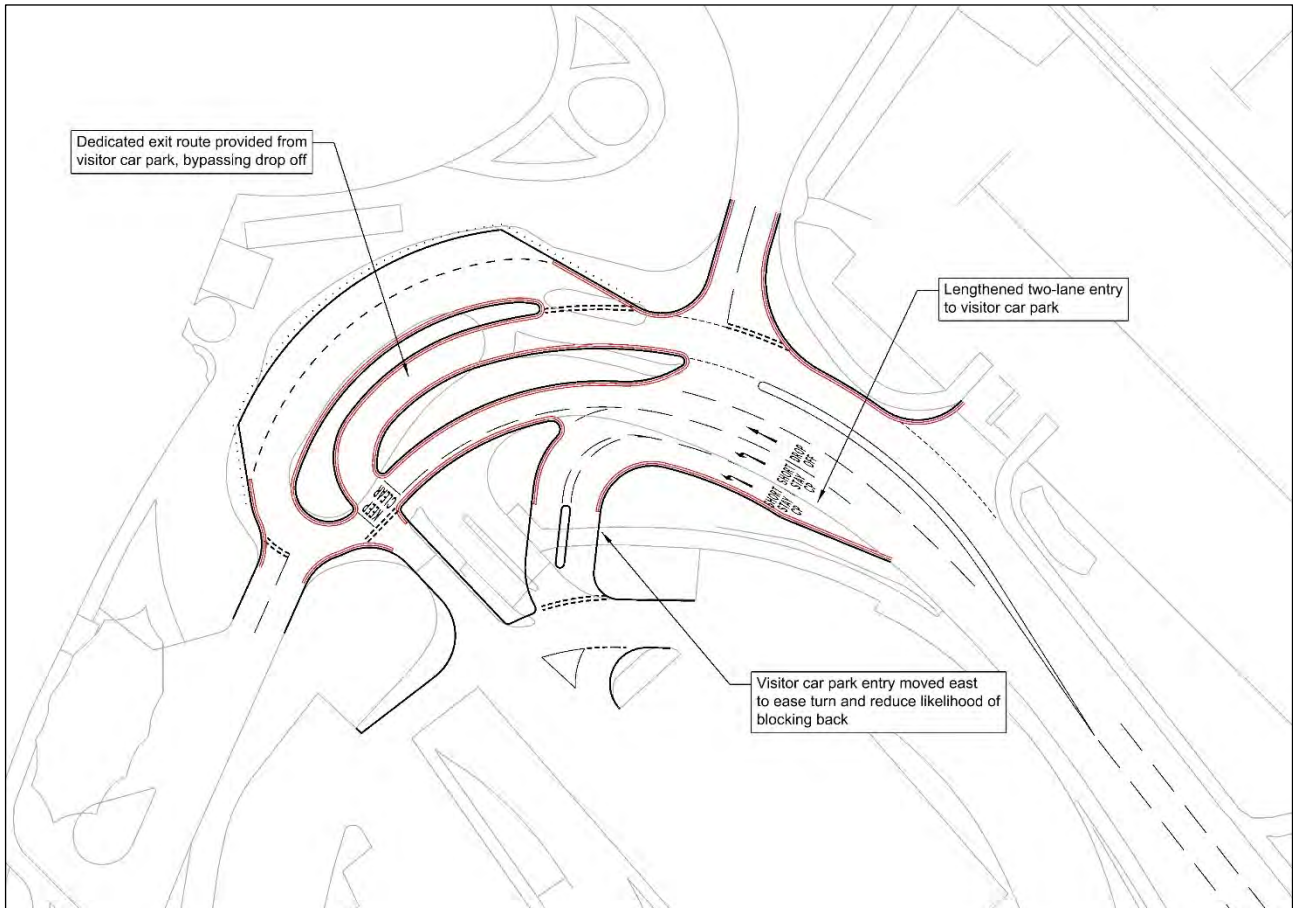
Job number

286131-00

Date

28 September 2022

Figure 3- Option 1 Layout



Advantages of this option are:

- The segregated visitor car park exit lane enables exit from the car park when the drop off is congested;
- Changes to the short stay car park entry increases capacity, and reduces the chance of vehicles blocking the main access;
- The bus lane and bus stop are removed, rationalising the area and removing clutter; and
- The drop off is moved slightly further from the building line, increasing the pedestrian area.

Disadvantages of this option are:

- There is no recirculation lane from the drop off to the visitor car park entry;
- Significant reconfiguration is required;

Job number

286131-00

Date

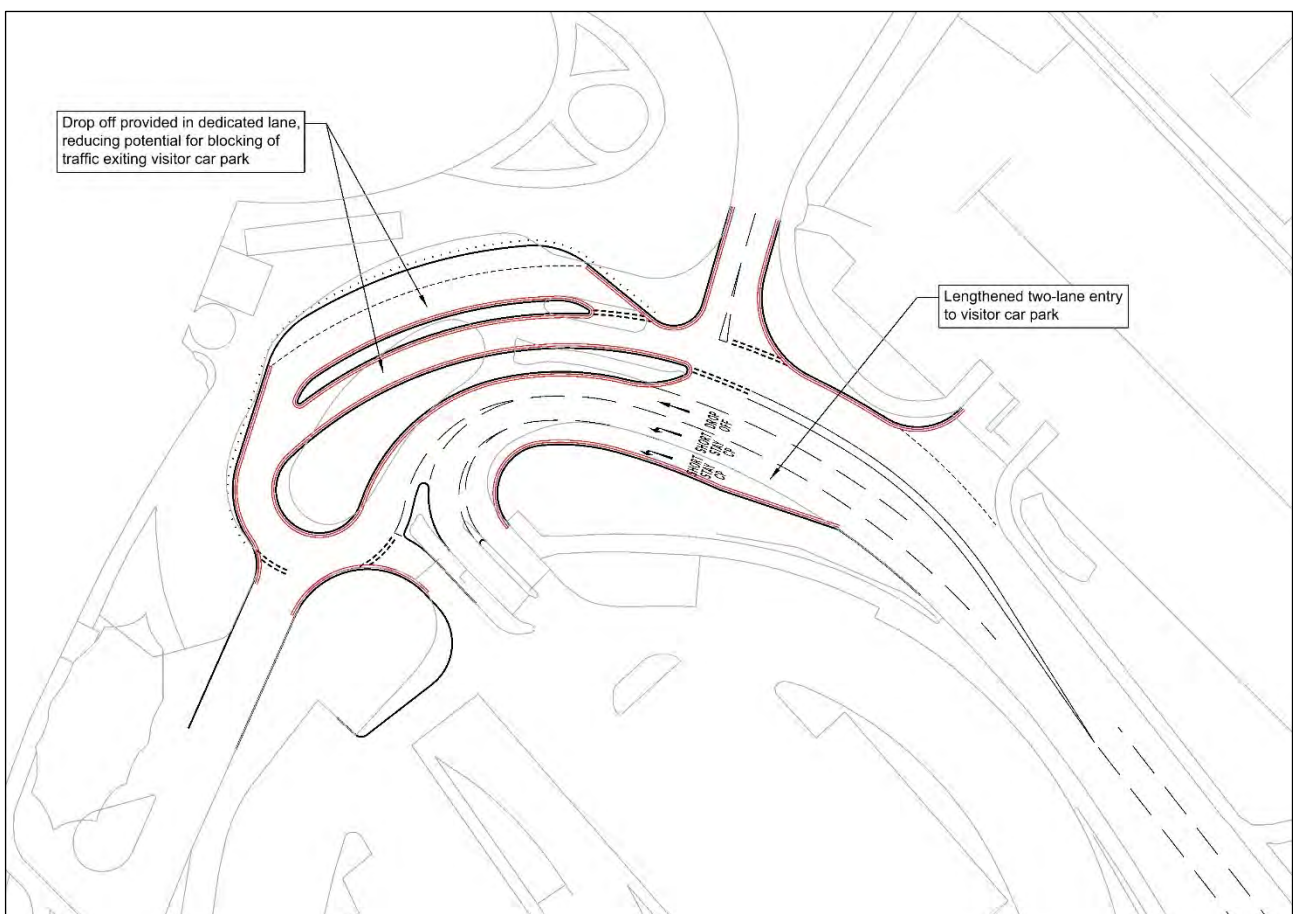
28 September 2022

- The proposed road layout is unorthodox, which may lead to some confusion unless carefully signed;
- Access to the western perimeter road would not be improved; and
- Existing issues with congestion may still occur if the drop off is not managed correctly, i.e. preventing inappropriate use.

3.2.2 Option 1A

In this option, similar principles to Option 1 are followed, whereby a segregated drop off and dedicated exit from the car park are provided, together with improvements to the capacity of the visitor car park entry through the provision of a two-lane approach.

Figure 4- Option 1A Layout



Advantages of this option are the same as Option 1.

- The segregated road would provide the exit from the car park and for northbound movements from the western perimeter road without needing to go through the drop off;

Job number 286131-00
Date 28 September 2022

- Changes to the short stay car park entry increases capacity, and reduces the chances of vehicles blocking the main access;
- The bus lane and bus stop are removed, rationalising the area and removing clutter;
- Enables double parking within the drop off without blocking the car park exit or the western perimeter road; and
- The drop off is moved slightly further from the building line, increasing the pedestrian area.

Disadvantages of this option are:

- There is no recirculation lane from the drop off to the visitor car park entry;
- Significant reconfiguration is required; and
- Existing issues with congestion may still occur if the drop off is not managed correctly, i.e. preventing inappropriate use.

3.2.3 Option 2

In this option, the overall scope of works is reduced compared to options 1 and 1A. The proposed extent of reconfiguration to the existing drop off is minimised, through retention of the existing short stay car park entry and exit. Removal of the bus lane / bus stop helps to provide additional pedestrian area whilst simplifying the overall highway layout, and providing the opportunity for clearer vehicle signage and road markings on the approach to the hospital frontage.

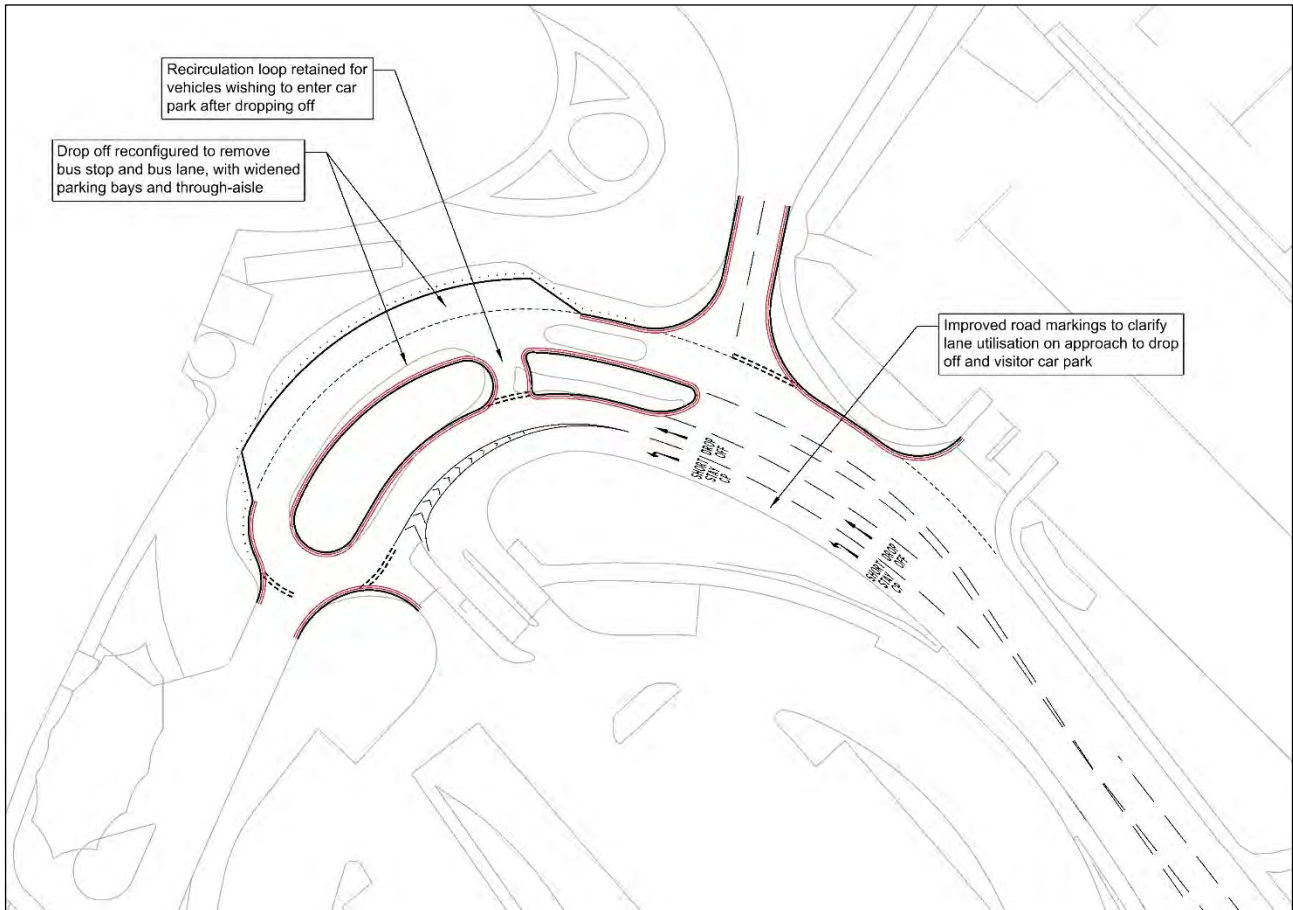
Job number

286131-00

Date

28 September 2022

Figure 5- Option 2 Layout



Advantages of this option are:

- The bus lane and bus stop are removed, rationalising the area and removing clutter;
- The drop off is moved slightly further from the building line, increasing pedestrian area; and
- A recirculation lane is retained between the drop off and visitor car park entry.

Disadvantages of this option are:

- No segregation of vehicles exiting the visitor car park or vehicles using the western perimeter road;
- No capacity improvements to the visitor car park entry;
- Existing issues with congestion may still occur if the drop off is not managed correctly, i.e. preventing long term or inappropriate parking.

Job number

286131-00

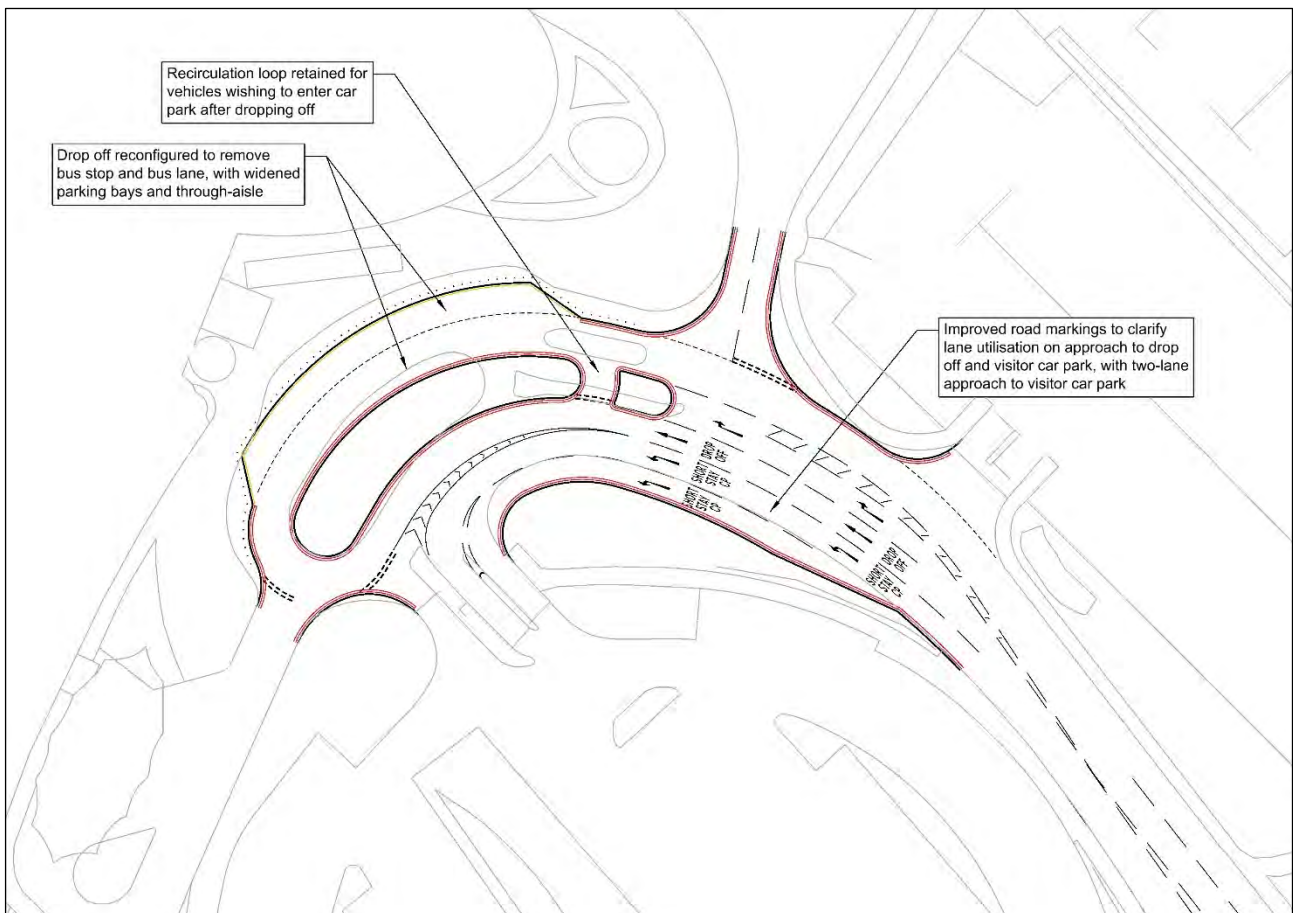
Date

28 September 2022

3.2.4 Option 2A

This option is a variant of Option 2, whereby a similar layout to the existing drop off is retained whilst providing capacity improvements to the visitor car park entry, through provision of a two-lane approach.

Figure 6- Option 2A Layout



Advantages of this option are the same as Option 2 plus:

- Increased entry lane capacity is provided at the short stay car park.

Disadvantages of this option are:

- No segregation of vehicles exiting the visitor car park or vehicles using the western perimeter road; and
- Existing issues with congestion may still occur if the drop off is not managed correctly, i.e. preventing inappropriate use.

Job number

286131-00

Date

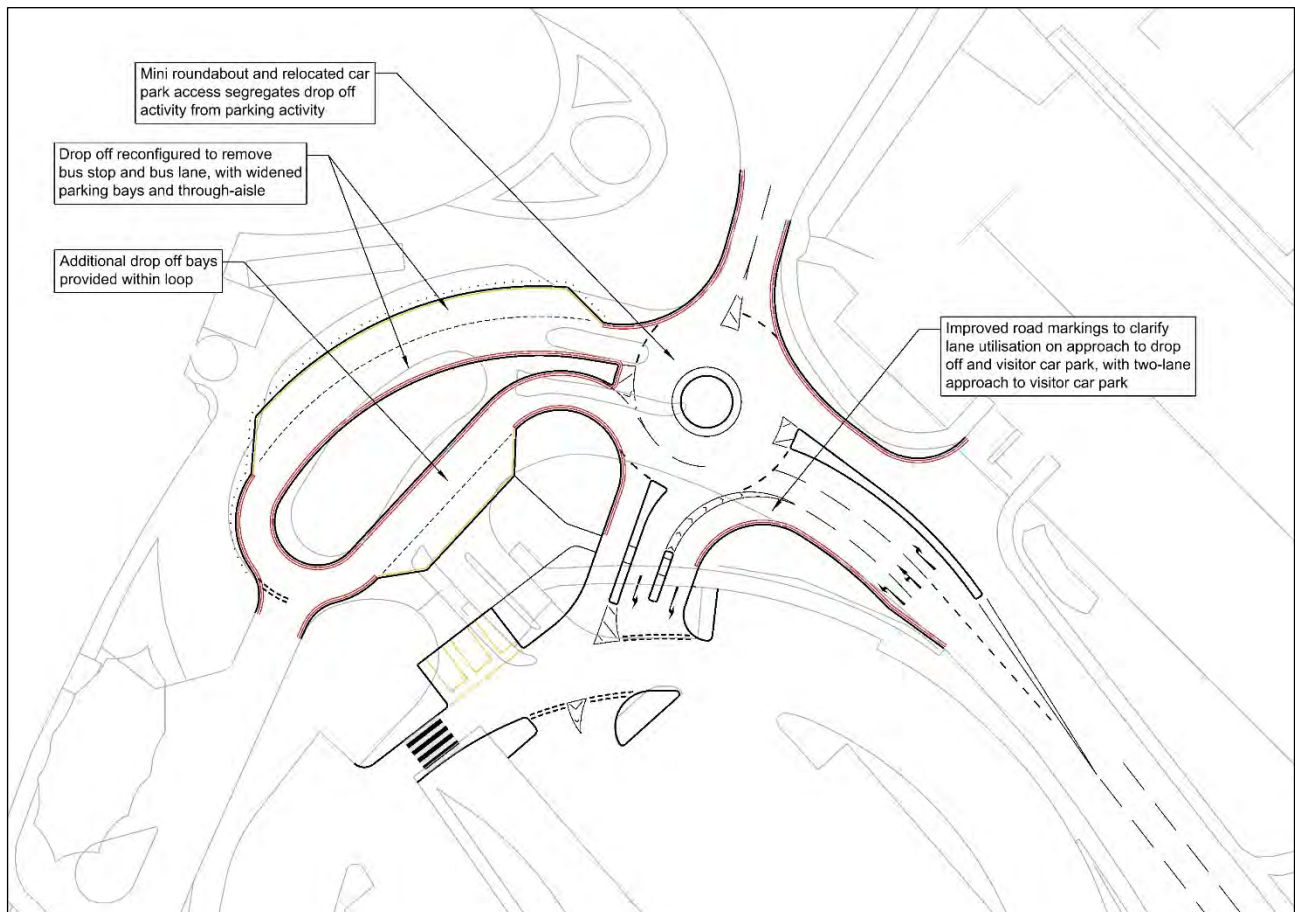
28 September 2022

3.2.5 Option 3

This option proposes reconfiguration to the entirety of the existing drop off area, together with amendments to the short stay car park to provide complete segregation between drop off and car park related activity. The bus lane and bus stop is also removed as part of the proposals to increase pedestrian area outside of the hospital frontage.

A mini-roundabout is proposed to the east of the drop off, with access to the car park and access to the drop off/western perimeter road off separate arms. This enables an increased number of drop off spaces to be provided. Internal reconfiguration of the car park is required to accommodate the mini-roundabout and relocated entry / exit barriers, with a small increase in the number of parking bays possible within the car park (3 additional disabled bays).

Figure 7- Option 3 Layout



Advantages of this option are:

- Complete segregation between drop off and car park related activity, reducing the likelihood of the car park exit being blocked;
- The bus lane and bus stop are removed, rationalising the area and removing clutter;

Job number 286131-00
Date 28 September 2022

- The drop off is moved slightly further from the building line, increasing the pedestrian area;
- A recirculation facility is retained between the drop off and visitor car park entry; and
- Increased capacity is provided at the visitor car park entry and within the drop off.

Disadvantages of this option are:

- Significant reconfiguration is required;
- Existing issues with congestion may still occur if the drop off is not managed correctly, i.e. preventing inappropriate use.

3.2.6 Option 4

This option proposes removal of the dedicated drop off area along the hospital frontage, and instead proposes a drop off aisle within the visitor car park. As per Option 3, a mini-roundabout junction is indicated at the entrance to the short-stay car park, which helps to clarify the removal of the dedicated drop off facility and simplifies the road layout.

Internal reconfiguration to the visitor car park layout is also indicated, to maximise the parking provision within the remaining area.

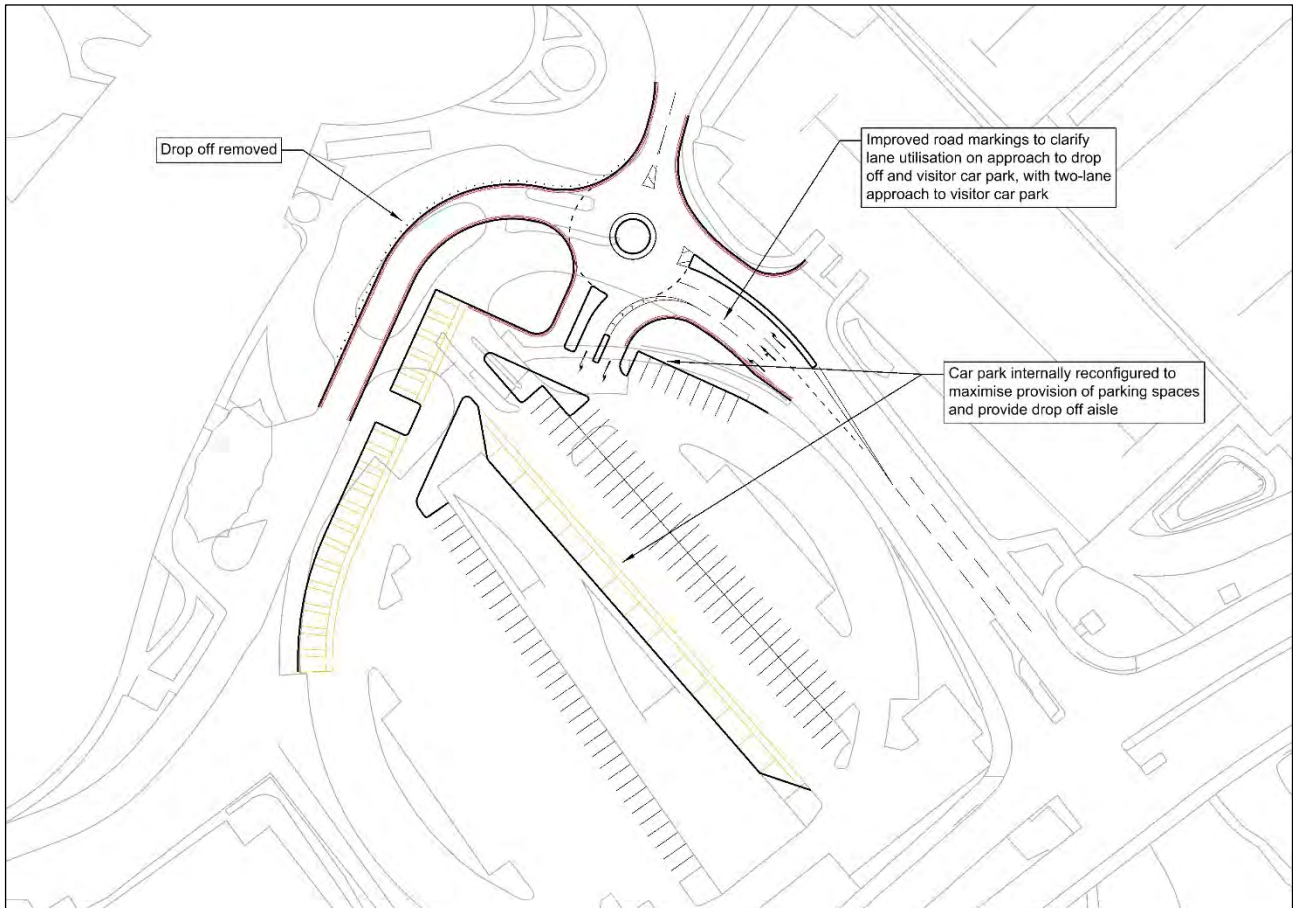
Job number

286131-00

Date

28 September 2022

Figure 8- Option 4 Layout



Advantages of this option are:

- Removal of the drop off along the hospital frontage removes the conflict between drop off, car park exit and western perimeter road movements, improves safety for pedestrians and increases the pedestrian area;
- The drop off is relocated within the visitor car park, keeping all vehicle activity in a single location, with drop off activity positioned alongside the main pedestrian throughfare;
- No recirculation required to park after dropping off a patient; and
- The bus lane and bus stop are removed, rationalising the area and removing clutter.

Disadvantages of this option are:

- Significant reconfiguration is required;
- Potential for increased queuing as a result of increased demand at car park entrance barriers;
- Reduction in the number of parking spaces within the visitor car park;

Job number

286131-00

Date

28 September 2022

- Increased walk distance between the drop off and hospital entrance; and
- Issues with congestion may still occur if waiting / stopping restrictions are not enforced along the access to the western perimeter road (in front of the hospital entrance).

3.2.7 Option Summary

The pros and cons of each option are summarised in the table below.

Table 1- Option Summary

Option	Advantages	Disadvantages
1	Segregation between drop off and car park, slightly increased pedestrian area, increased car park entry capacity, bus lane/stop removed	No recirculation between drop off and car park entry, significant reconfiguration required, unorthodox layout, no improvement to western perimeter road access, enforcement required
1A	Segregation between drop off and car park, slightly increased pedestrian area, increased car park entry capacity, bus lane/stop removed, enables double parking in drop off without blocking car park or perimeter road	No recirculation between drop off and car park entry, significant reconfiguration required, enforcement required
2	Bus lane/stop removed, recirculation loop retained, slightly increased pedestrian area	No segregation between drop off/visitor car park/perimeter road traffic, no capacity improvement to car park entry, enforcement required
2A	Bus lane/stop removed, recirculation loop retained, slightly increased pedestrian area, improved car park entry capacity	No segregation between drop off/visitor car park/perimeter road traffic, enforcement required
3	Complete segregation between drop off/car park activity, increased drop off spaces, bus lane/stop removed, increased pedestrian area, recirculation loop retained	Significant reconfiguration required, enforcement required
4	Removes conflict between drop off/visitor car park/perimeter road traffic, increased pedestrian area, no recirculation required, bus lane/stop removed	Significant reconfiguration required, loss of car parking spaces, increased walk distance between drop off/hospital entrance, potential for congestion in car park/on main access road due to intensification of use, enforcement required

3.3 Drop Off Conclusions

A number of issues with the existing drop off were observed from a site visit and discussions with the Trust. These included inappropriate use of the drop off, inconsiderate parking, queues blocking the visitor car park, perimeter road and the main access road, and some confusion over which lane to be in.

Job number 286131-00
Date 28 September 2022

Several options designed to improve the operation of the area around the drop off have been considered. All options would however require enforcement to prevent misuse of the drop off area. Given that this would be the case, it is recommended as a starting point, that enforcement should be used with the existing drop off arrangement to see if this could resolve the issues, or at least some of the issues, without the need for extensive reconfiguration, which could have a large up-front cost and is likely to cause disruption to operations during construction.

Options to enforce correct use of the existing area for drop off include:

- Enforcement officer for waiting restrictions – preventing non-drop off trips, double parking; and
- Automatic Number Plate Recognition (ANPR) and penalty notices based on duration of stay.

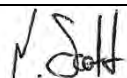


An enforcement officer would be physically present at the drop off area and would be required to intervene and speak to drivers in the event that misuse of the drop off was observed. The application of ANPR technology would enable automatic issuing of penalty notices to vehicles which parked in the drop off area for longer than a permitted period of time. Depending on the complexity of the system, this could potentially also observe and penalise inappropriate parking, i.e. double parking.

Improvements to directional vehicle signage would also help to provide clarity to the hospital approach, where the existing 'get in lane' signage is of a non-standard design and is too small to be effective. Similar improvements to signage at the drop off itself would also be beneficial in terms of highlighting the 'no waiting' nature of the drop off.

In addition to enforcing correct use of the existing layout, the current spacing of bollards would need narrowing to be no more than 1.2m apart to protect pedestrians and the building frontage from errant vehicles.

If issues remain following the application of enforcement measures, physical improvements to the layout of the hospital frontage should be considered to improve its operation. The most appropriate of the six options will depend on the residual issues following enforcement of the existing arrangement. If the genuine demand for drop off is greater than the existing provision, then consideration would need to be given to increasing the drop off spaces within the options outlined in this note.

DOCUMENT CHECKING

	Prepared by	Checked by	Approved by
Name	Neil Scott	Robert Blair	Robert Blair
Signature			

Council of Governors - Cover Sheet

Subject:	Estates update		Date: 9 th May 2023		
Prepared By:	Ben Widdowson, Associate Director of Estates & Facilities				
Approved By:	Rich Mills, CFO				
Presented By:	Ben Widdowson, Associate Director of Estates & Facilities				
Purpose					
Update COG on the work of the Trust's Estates & Facilities team			Approval		
			Assurance		
			Update	*	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
				*	
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident			*		
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
Executive Summary					
<p>Following the last Council of Governors meeting a brief update on the work of the Trust Estates & Facilities was requested.</p> <p>Summary of significant works below:</p> <ol style="list-style-type: none"> 1. Application for improvements to the patient drop off facility at main entrance, KMH 2. PFI settlement update 3. Major capital schemes 4. Public Sector Decarbonisation Scheme (PSDS) outcome 5. Automatic Number Plate Recognition (ANPR) roll out <p>1. <u>Application for improvements to the patient drop off facility at main entrance, KMH</u></p> <p>Feedback from a recent COG was that patient experience was adversely impacted with the current arrangements with the patient drop off facility at the main entrance at KMH. An options appraisal has been commissioned and is included with this report. A funding application to the Trust Capital Oversight Group is being drafted which will commission a feasibility report to confirm costs which will be risk</p>					

assessed for inclusion in the Trust Capital Plan. This work will be coordinated with the ANPR roll out works if approved.

2. PFI settlement

The Trust continue to work with PFI partners to settle historic performance issues. A draft settlement has been drafted which will see retained estate liabilities for the Trust transfer to the Project Co. which is a hugely attractive and advantageous position for the Trust. The Trust has shared these proposals with regulators who are supportive of current discussions. The Deed of Settlement will also formalise the Medirest contract extension for 2022-2027. Relationships between all parties remains cordial.

3. Major Capital Schemes

In Q4 2022/23, a number of central allocation capital schemes have been approved (see table below) and require challenging delivery timescales to comply with the terms of funding.

Table: Pipeline Central allocation capital schemes

Scheme	Value, £000	
Newark TIF	£5,700	Received and in progress
MCH CDC	£19,700	Received and in progress
ED expansion (phase 2)	£6,100	Feasibility complete
Discharge lounge	£1,500	Received and in progress
PSDS scheme	£5,500	Bid submitted
MRI New Build	£12,000	Feasibility complete
MRI Newark	£5,000	Feasibility complete
CSSD	£6,000	Feasibility complete
MRI Pod Install	£1,100	Bid submitted
Increasing bed capacity (KMH)	£3,600	Bid submitted
SUB TOTAL	£66,200	
BAU Estates capital plan	c. £3,000	
TOTAL	£69,200	

The progress of these schemes are managed by project groups with oversight by the Trust Capital Oversight Group (COG).

4. Public Sector Decarbonisation Scheme (PSDS) outcome

To realise the ambitions of the Trust Green Plan, approved by the Board of Directors in 2021, the Trust submitted an application for heat conservation to the PSDS fund. We have recently been advised this bid was unsuccessful and are now seeking other funding streams to support this important work. The Trust Clinical Sustainability Lead, a member of the ICS Green Group, is also lobbying for support at a system level. Regular updates are received by the Trust Finance Committee.

5. Automatic Number Plate Recognition (ANPR) roll out

Under its lifecycle obligations, Project Co. are refreshing aged car parking technology at all sites during Q3 23/24. The Trust recognise this will improve the patient/staff experience in the longer term, and allow better management of the car park facilities and deliver on its obligations in the government car parking manifesto for NHS facilities, however we will prepare robust communications for all users during the transition, including learning from neighbouring Trusts who have recently installed this technology.

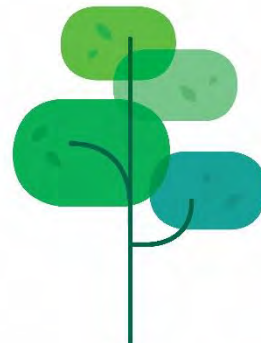
Recommendation

Council of Governors are asked to be UPDATED on the work of the Trust Estates & Facilities team.

Sherwood Forest Hospitals NHS Foundation Trust

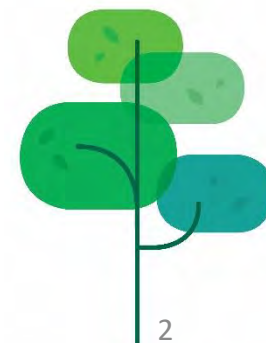
Welcome to the Improvement Faculty

Council of Governors Meeting 9th May 2023



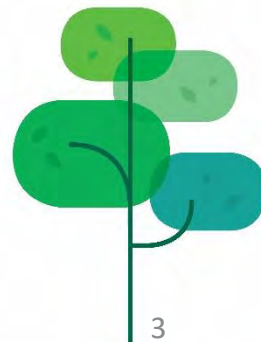
Contents

	<u>Page</u>
1. Overview and Guiding Principles	3
2. Pillars of Support	6
3. Programme Delivery Support	9
4. Organisational Strategic Priorities	11
5. Contact Us	13



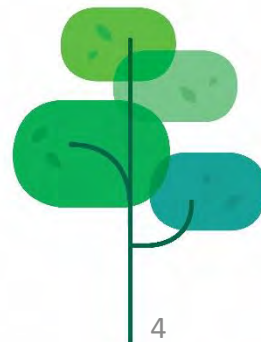
1. Overview and Guiding Principles

An overview of the aims and objectives of the Faculty and the principles which will underpin delivery.



‘Everything we do has to hold our patients experience and outcomes central to our design, alongside our desire for our people to feel valued and motivated.’

David Ainsworth, Executive Director of Strategy and Partnerships



Welcome to the Improvement Faculty – Overview and Guiding Principles (2)

The Improvement Faculty is a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. Our overarching aims are to:

- a. Improve the quality of patient care and the experience of those who use our services;
- b. Improve clinical outcomes;
- c. Improve the working lives of our colleagues; and
- d. Help us to make best use of our resources.

We offer help, advice, training and, where required, coordinated support. We will provide an evidence based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges. The faculty brings together a number of existing teams, including the Improvement Team and Transformation Team, to create a centre of excellence.

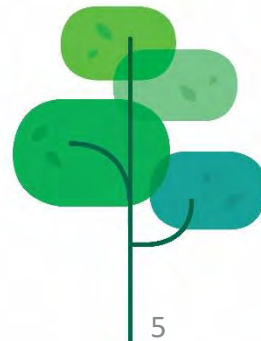
Our work will be underpinned by the following guiding principles:

Principle 1 - Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework).

Principle 2 - We will offer a responsive service that provides the right level of support alongside the right level of expertise.

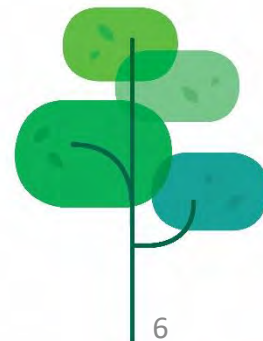
Principle 3 - The faculty will help to embed the principle of quality improvement being the driver for change. Get the quality right and financial improvement will follow.

Principle 4 - The Faculty will evolve in line with organisational needs. We will actively encourage feedback, comments and suggestions from all areas of the Trust and we will continuously seek examples of best practice.



2. Pillars of Support

An overview of the four pillars of support we will provide through from Improving Capability, Engagement and Culture (pillar 1) through to Programme Monitoring, Evaluation and Assurance (pillar 4).



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

1. We will develop and deliver a structured training programme, accessible by all colleagues across the Trust which will include:
 - QSIR Fundamentals and QSIR Practitioner
 - QI Module - Clinical Leadership Development
 - QI Module - Team Leader Development
 - Joint QI/Project Management Training
 - Human Factor training
 - Clinical Audit training
 - Creativity in Improvement Sessions
2. We will coordinate Alumni activity, including the development of local QI networks, the provision of refresher sessions, online sources of support and coaching/support sessions.
3. We will introduce the QI Coach role; aimed at further embedding improvement activity and culture across the Trust. This role will help establish a systematic approach to tackling complex problems by focusing on outcomes and by encouraging everyone to contribute to the way in which we improve and redesign the way that care is provided.
4. We will develop and continuously review online sources of help and support; including self-help documentation.
5. We will continue to ensure that Improvement Activity at all levels is communicated across the Trust and that successes are celebrated and that lessons are learnt from less successful projects.

Pillar 2 - Evaluating New Ideas and Providing Solutions

1. We will provide and host an ‘open-access’ Improvement Hub, where colleagues from across the Trust can seek advice, share ideas and discuss any aspect of Improvement activity.
2. We will coordinate a fortnightly multi-professional forum whose role it will be to assess, evaluate and determine the viability of improvement ideas and propositions. This will be undertaken utilising data, intelligence and decision support tools.
3. Depending on the outcome of the evaluation; a package of support will be offered ranging from a fully ‘coordinated’ offer through to online sources of help and support.
4. We will offer expert advice (and support) in relation to a wide range of improvement tools including (but not limited to):
 - Problem identification
 - Stakeholder management
 - Process mapping
 - Measurement for improvement
 - Demand and capacity management
 - Creative thinking
 - Supporting people through change
5. We will provide benchmarking information, comparative data and costing information as required.

Pillar 3 - Programme and Project Delivery

1. We will where required provide programme, project, service improvement and change management expertise and support. We will also offer advice where 'coordinated' support is not needed.

2. We will coordinate the involvement of all 'partner services' including (but not limited to) Digital, OD, Research and Innovation, Library and Knowledge Services and Patient Safety and Governance.

3. For 'coordinated' support we will develop a milestone plan, coordinate structured progress reviews and initiate corrective action (where required). We will also monitor and help manage risks, issues and dependencies.

4. We will help to develop a benefits realisation plan which will improve the delivery of intended benefits and also ensure that resources are allocated correctly and most effectively.

5. We will develop a 'responsibility charting' tool, to ensure everyone involved in delivery is clear about their roles and responsibilities.

Pillar 4 - Programme Monitoring, Evaluation and Assurance

1. We will provide expert advice and assistance with regards:

- The development of a balanced scorecard
- Modelling and simulation
- Performance management (tools and techniques)
- The delivery of PDSA cycles and the model for improvement
- Statistical Process Control (SPC)
- Identifying and managing variation

2. We will provide expert advice and where required 'hands on' support in relation to assessing the quality impact of projects and programmes.

3. For those programmes that require 'coordinated' support, we will assist with the production of 'Flash Reports' and ensure that they are presented to the appropriate committee.

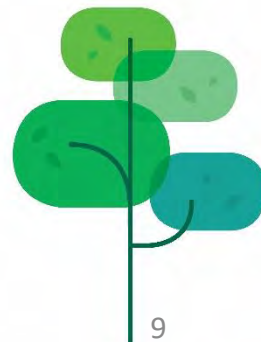
4. We will provide expert assistance in the monitoring of and evaluation of benefits realisation. For programmes that require 'coordinated' support we will undertake a full programme closure evaluation.

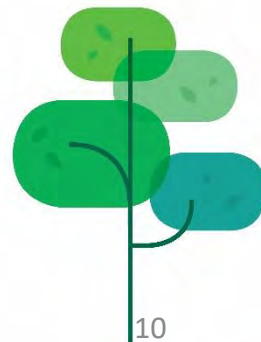
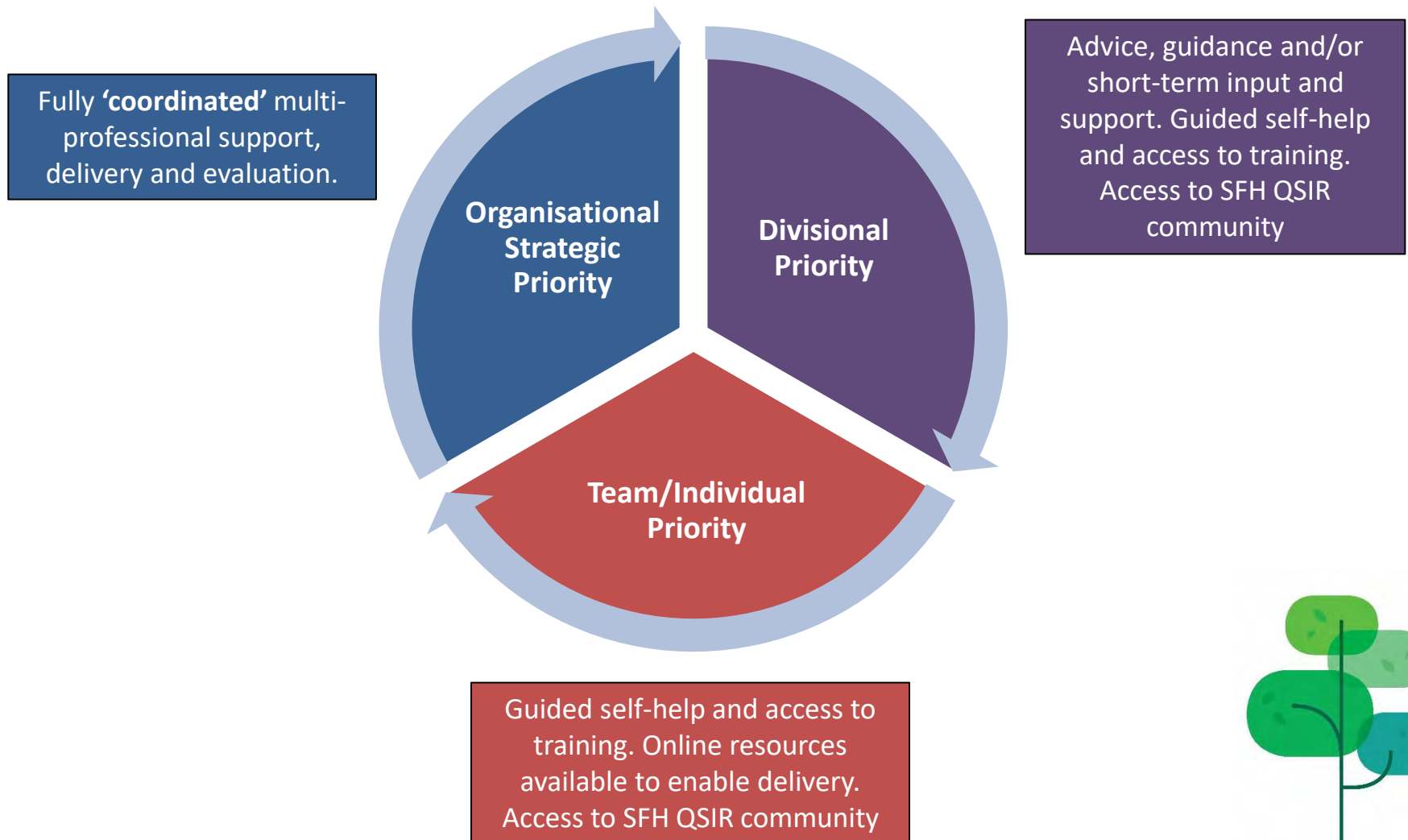
5. We will ensure that patients are involved in every aspect of the Faculties work, including the evaluation of benefits.

6. We will ensure that we share learning and celebrate success.

3. Programme Delivery Support

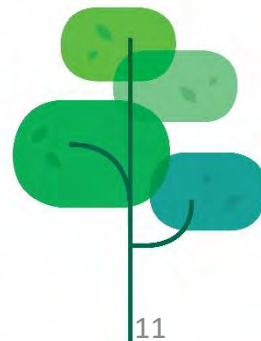
A summary of the different levels of support that will be provided in terms of Programme Delivery.

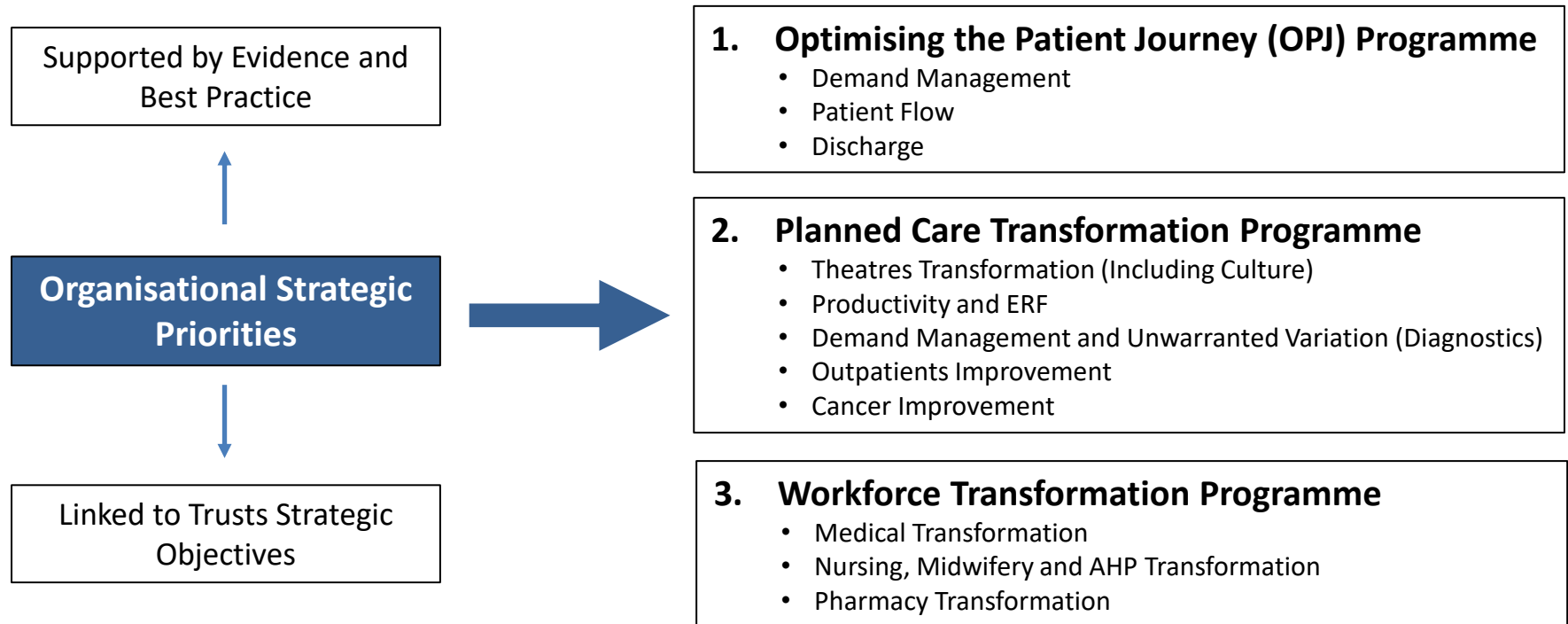




4. Organisational Strategic Priorities

An overview of the organisational strategic priorities that will form the basis of the 2023/24 Transformation and Efficiency Programme.





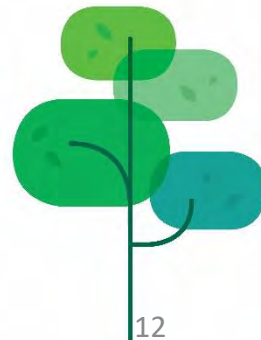
Other Programme Areas

4. Capital Projects

- CDC
- Newark TIF
- Static MRI

5. Running Cost Reduction Programme

- Corporate Services
- Corporate Budgetary Financial Improvement
- Divisional Financial Improvement



5. Contact Us



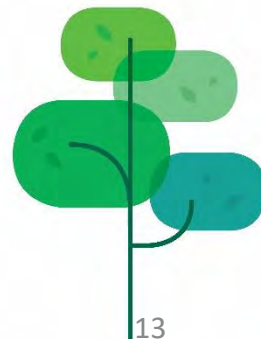
sfh-tr.sfhimprovementfaculty@nhs.net



@SFHImprovement



The Improvement Faculty, Office 061039 (Opposite the Boardroom), Level 1,
Kingsmill Hospital



Council of Governors - Cover Sheet

Subject:	Improvement Faculty – ‘Welcome to the Improvement Faculty’		Date: 9 th May 2023	
Prepared By:	Jim Millns – Associate Director of Transformation			
Approved By:	David Ainsworth – Executive Director of Strategy and Partnerships			
Presented By:	Jim Millns – Associate Director of Transformation			
Purpose				
The purpose of this paper is to provide the Council of Governors with an overview of the newly launched Improvement Faculty.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which Principal Risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			X
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust’s financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			X
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust’s impact on climate change			X
Committees/groups where this item has been presented before				
Divisional Leadership Team Meeting – 18 th April 2023 Executive Director Team Meeting – 19 th April 2023 Trust Management Team – 26 th April 2023 Clinical Chairs Divisional Leadership Forum – 27 th April 2023 Trust Board of Directors – 4 th May 2023				

Acronyms

QSIR = Quality, Service Improvement and Redesign
 QI = Quality Improvement
 OD = Organisational Development
 PDSA = Plan, Do, Study, Act
 SFH = Sherwood Forest Hospitals
 ERF = Elective Recovery Funding
 CDC = Community Diagnostic Centre
 TIF = Targeted Investment Fund
 MRI = Magnetic Resonance Imaging

Executive Summary

1. Overview

- 1.1 The purpose of this paper is to provide the Council of Governors with an overview of the development and overarching purpose of the Sherwood Forest Hospitals Improvement Faculty (herein referred to as 'the Faculty').
- 1.2 In summary, the Faculty is a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. It will offer help, advice, training and, where required, coordinated support.
- 1.3 The Faculty will provide an evidence-based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges.
- 1.4 It brings together existing teams for whom Improvement Activity is a key part of their role. This includes the Improvement Team and Transformation Team, with expert input from the Library and Knowledge Services Team. The Faculty will also coordinate input from partner services where this is required. Partner services include (but are not limited to) the Digital Transformation Unit, the Nursing Quality and Governance teams, the Organisational Development Team and Research and Innovation.
- 1.5 The overarching aims of the Improvement Faculty are to:
 - a. Improve the quality of patient care and the experience of those who use our services.
 - b. Improve clinical outcomes.
 - c. Improve the working lives of our colleagues.
 - d. Help us to make best use of our resources.

We will deliver these aims by embedding a culture of continuous improvement, providing a single point of contact for all colleagues seeking help and advice regarding improvement activity and by offering a multi-professional offer in terms of programme and project delivery.
- 1.6 The attached slide deck (see *Appendix A*) has been developed to provide a visual overview of the Faculty; particularly the role it will fulfil, the key strategic priorities it will focus on and the way in which these priorities will be delivered.
- 1.7 This is an exciting development that will create a centre of excellence within the Trust for all aspects of Improvement activity.

2. Guiding Principles

- 2.1 The work of the Faculty is underpinned by a series of guiding principles, as detailed below:

Principle 1 - Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework).

Principle 2 - We will offer a responsive service that provides the right level of support alongside the right level of expertise.

Principle 3 - The faculty will help to embed the principle of quality improvement being the driver for change. Get the quality right and financial improvement will follow.

Principle 4 - The Faculty will evolve in line with organisational needs. We will actively encourage feedback, comments, and suggestions from all areas of the Trust, and we will continuously seek examples of best practice.

2.2 These guiding principles will be the framework against which we assess our efficacy, effectiveness and standards of service.

3. Recommendation

3.1 The Council of Governors are asked:

- a. To note the update, as detailed above, on the newly launched Improvement Faculty.
- b. To note the assurance provided around how the Faculty will enable the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges.
- c. To please come and visit the Faculty when possible, speak with colleagues behind the new approach and see the way in which the Faculty will provide support across the Trust.

Council of Governors

Subject:	Fit and Proper Person Requirement – Annual Report		Date: 9 th May 2023	
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs			
Approved By:	Shirley A Higginbotham Director of Corporate Affairs			
Presented By:	Shirley A Higginbotham Director of Corporate Affairs			
Purpose				
To provide assurance to the board regarding compliance with the Fit and Proper Person Requirement			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			X
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
N/A				
Acronyms				
Executive Summary				
<p>The Care Quality Commission Regulation 5: Fit and Proper Persons requirement came into force on 1st April 2015 and was revised in January 2018 to make explicit the requirement to undertake an enhanced DBS check for directors. The Trust was already doing this.</p> <p>The Policy and Procedure for the Fit and Proper Person Requirements was updated to reflect minor amendments in with changes to national NHS structures and approved by the Joint Staff Side Partnership Forum in September 2021.</p> <p>The regulation applies to all directors, executive and non-executive, permanent, interim and associate positions, irrespective of their voting rights. The regulation does not apply to the Council of Governors.</p> <p>The personal files of all directors are held in the Director of Corporate Affairs office. An audit of the files is undertaken annually and keeps a record of the documentation required these include DBS checks, insolvency checks and the annual self-declaration.</p> <p>A review of the personal files of all directors noted the evidence required to meet the requirements.</p>				

Board of Directors Chair's Highlight Report to Council of Governors

Subject:	Board of Directors	Date: 9 th May 2023
Prepared By:	Claire Ward, Chair	
Approved By:	Claire Ward, Chair	
Presented By:	Claire Ward, Chair	
Purpose		
	Assurance	X

Matters of Concern	Major Actions Commissioned / Work Underway
Although services had been maintained through the recent industrial action, and the board thanked staff for their support. The full impact was not yet fully understood.	Improvement Faculty – strategic principles received and projects to be delivered considered and discussed, progress against these projects will be reported through regular reports to the executive team and Board.
Positive Assurances to Provide	Decisions Made
6 monthly staffing reports received, considered, and discussed. It was confirmed, all members of the Board had completed the required annual declarations in relation to the CQC Fit and Proper Person requirement. Progress against the Q4 2022/23 strategic priorities Excellent achievements in the SOF Integrated Performance Report standards despite significant challenges	Board approved the Annual Provider License Self-certification declaration For publication on the Trust Website
Comments on Effectiveness of the Meeting	
The quality of the papers ensured focussed high impact discussions. The patient story and outstanding service videos were excellent and showcased the work of the Trust and the charities who support it.	

Council of Governors Meeting - Cover Sheet

Subject:	NHS Staff Survey 2022 – Results Headlines		Date: 9 th May 2023	
Prepared By:	Vicky Malia, Head of Culture and Engagement			
Approved By:	Rob Simcox, Director of People			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
This paper provides an update on the National Staff Survey 2022 results including national and regional benchmarking			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				X
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before				
People Cabinet – March 2023 People Culture and Improvement Committee – March 2023 Board of Directors - April 2023				
Acronyms				
None				
Executive Summary				
Background				
The National Staff Survey 2022 embargo lifted on 9 th March 2022 with results analysis underway and Trust focus areas for improvement in development.				
The Trust closed the survey in November with 3390 colleagues taking the opportunity to share their voice, which was a 61% response rate (compared to a national average of 44%) and the 3 rd highest response rate nationally.				

Summary Headlines

- **The Trust placed 1st or 2nd in the Midlands across all 7 of the People Promise themes**, along with 1st in the Midlands for Staff Engagement and 1st in the Midlands for Staff Morale.
- **7/10 colleagues reported they would recommend the Trust as a place to work** which was the top score regionally across all Acute Trusts in the Midlands for the 5th year running (and 3rd nationally)
- **1st in the Midlands for staff being happy with the standard of care** provided by the organisation if a friend or relative needed treatment (78%)
- **2nd in the Midlands for colleagues agreeing that care of patients is the organisations top priority** (81%)

Whilst our results overall are extremely positive, we remain mindful that there are still key areas for improvement. The Trust focus areas identified after the 2021 survey will therefore remain in place, with 2022/23 actions being developed under the same 3 key themes for consistency:

- Valuing you
- Caring for you
- Developing you

These focus areas were discussed in depth at the Trust People, Culture and Improvement Committee with an action plan in development which will be shared with the People Committee in May.

Attached are 2 infographics detailing the highlights of the NSS results for the Board's information.

We are extremely proud of our results placing us as the overall 3rd best Acute Trust in the Country and the most recommended place to work and receive care in the Midlands.

Trust Board received the update and took assurance from the National Staff Survey Results 2022, and the assurance that the People Committee will have overview and regular updates regarding the key areas for improvement across 2023/24 that will be aligned to the Trust People, Culture and Improvement Strategy.

Recommendation

The Council of Governors consider the report.

#Team SFH

National Staff Survey 2022



Sherwood Forest Hospitals
NHS Foundation Trust

THE RESULTS

Thank you to the 3390 colleagues who shared their views on life at SFH. **This was a response rate of 61% which was the 3rd highest in the country!**

7/10

colleagues would recommend the Trust as a place to work.



8/10

colleagues agree that care of patients is the Trust's top priority.



8/10

colleagues would be happy with the standard of care provided if a friend or relative needed treatment at SFH.



Other high scores

- 91%** feel trusted to do your job
- 89%** feel your role makes a difference to patients/service users
- 86%** received an appraisal in the last 12 months
- 78%** feel the organisation respects individual differences
- 77%** would feel secure raising concerns about unsafe clinical practice.



How we compare against Acute Trusts nationally...

93/97 questions above national average

4 below

We're paying attention to:

- 8.6%** Not experienced physical violence from patients/service users, their relatives or other members of the public
- 7.6%** Don't work any additional paid hours per week for this organisation, over and above contracted hours
- 3.8%** Not felt pressure from manager to come to work when not feeling well enough
- 1.3%** Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public.

For more information about the NSS22 results contact sfh-tr.odenquiries@nhs.net

002235

Our People Promise Themes 2022

(All scores are out of 10)



We are recognised and rewarded

Recognition and Reward = **6.1** (Avg. 5.7)

ROOM TO IMPROVE

We are always learning

Development = **6.8** (Avg. 6.3)

Appraisals = **5.0** (Avg. 4.4)

TOP SCORE

ROOM TO IMPROVE

We work flexibly

Support for Work-life Balance = **6.5** (Avg. 6.1)

Flexible Working = **6.4** (Avg. 6.0)



We are a team

Team Working = **6.9** (Avg. 6.9)

Line Management = **7.1** (Avg. 6.7)

HIGH SCORE

We are compassionate and Inclusive

Compassionate Culture = **7.5** (Avg. 7.0)

Compassionate Leadership = **7.3** (Avg. 6.8) **HIGH SCORE**

Diversity and Equality = **8.5** (Avg. 8.1)

Inclusion = **7.1** (Avg. 6.8)

We each have a voice that counts

Autonomy and Control = **7.2** (Avg. 6.9) **HIGH SCORE**

Raising Concerns = **6.9** (Avg. 6.4)

We are safe and healthy

Health and Safety Climate = **5.8** (Avg. 5.2) **HIGH SCORE**

Burnout = **5.0** (Avg. 4.8) **ROOM TO IMPROVE**

Negative Experiences = **7.8** (Avg. 7.7)

Staff Morale:

6.3



Best in Midlands

Staff Engagement:

7.2



Overall 3rd Best Acute Trust in the Country across our People Promise Themes

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

Subject:	Audit & Assurance Committee (AAC) Report	Date: 9 th May 2023
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ <u>Internal Audit</u> – draft Head of Internal Audit Opinion - 360 Assurance was unable to provide a draft opinion due to 3 core reviews still in progress. Within the overall opinion the BAF has significant assurance, and the implementation of audit recommendations is again only moderate assurance as the first time implementation rate at 69% (last year 64%) is below the threshold of 75% for significant assurance. ▪ <u>Non-Clinical Policies</u> – While great progress has been made there are a small number of outstanding overdue policies for which no progress had been reported. The Committee Chair agreed to write to the executive directors responsible. ▪ <u>Quality Committee Internal Control Issue</u> – concerns were raised regarding the indirect impacts of the Industrial Action (projects halted and meetings cancelled). 	<ul style="list-style-type: none"> ▪ <u>Non-Clinical Policies</u> – Committee Chair to email executive directors re outstanding overdue policies.

Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ <u>HFMA Sustainability Improvement Plan</u> – actions established against all 12 areas (out of 72) where improvement is required. Timescales and responsible officer for each to be finalised and then implementation will be tracked in the same way as an internal audit recommendation. ▪ <u>Draft Annual Accounts</u> – These were presented and noted that they were completed a week ahead of schedule. ▪ <u>Draft Annual Report and Quality Account</u> – Good progress with each of these reports was noted, together with clear plans to finalise. ▪ <u>Conflict of Interest Breaches</u> – It was noted that no breaches had been recorded for 2022/23. 	
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> ▪ All papers were of a high quality and clear which helped the meeting run smoothly. 	

Quality Committee Chair's Highlight Report to Council of Governors

Subject:	Quality Committee	Date: 9 th May 2023	
Prepared By:	Barbara Brady – Non - Executive Director		
Approved By:	Barbara Brady – Non - Executive Director		
Presented By:	Barbara Brady – Non - Executive Director, Chair of Quality Committee		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Ongoing impact of industrial action on some of our care pathways as well as indirect impact as other meetings which support quality have been stood down or delayed. 	<ul style="list-style-type: none"> Quality risk assessment associated with extending the surgical offer at Newark Hospital Improvement plan for nutrition and hydration (this includes work for the benefit of patients, staff and visitors)
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> HSMR ongoing work programme Internal audit on Infection Prevention and Control, significant assurance CQC Direct Monitoring of Sherwood Community Unit – no further action required 	<ul style="list-style-type: none"> Approval and sign off 2 CQC 'Must Do' actions, legacy from 2020 inspection Approval and sign off 2 CQC 'Must Do' action from 2022 Maternity Inspection No Change to risk rating PR1 and PR2
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Good quality papers supported by effective confirm and challenge from members of the committee 	

Finance Chair's Highlight Report to Council of Governors

Subject:	Finance Committee meeting	Date: 9 th May 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Purpose			
The paper summarises the key highlights from the Finance Committee meeting held on 25 th April 2023		Assurance	Sufficient
Matters of Concern or Key Risks to Escalate		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none">NHS England have a final submission of the 2023/24 financial plan on 4th May 2023Board Assurance Framework Principal Risk 4 (Delivery of Financial Strategy) score remains at 20 (unchanged)The Procurement Forward View highlights a number of contracts that will need to be managed in alignment with the implementation of an Electronic Patient Record (EPR)		<ul style="list-style-type: none">EPR strategy paperWorkplan update Monthly Finance Report to be standard agenda itemNational Cost Collection paper for June 2023 committee meeting	
Positive Assurances to Provide		Decisions Made	
<ul style="list-style-type: none">Monthly Finance report (Month 12 delivery of 2022/23 year-end position in line with planICS Update and consideration of system financial risk reportTrust Strategic Priorities update for 2022/23 Q4NHIS PerformancePFI GovernanceRisk controls in relation to Principal Risk 4 and Principal Risk 8 (Sustainable climate change)Committee effectiveness		Approval granted for: <ul style="list-style-type: none">Delegated powers to make necessary amendments to the 2023/24 Financial Plan, to submit and meet required deadlinesUpdated Committee Workplan	
Comments on Effectiveness of the Meeting			
There was good discussion to where we were currently. The context surrounding the items discussed was very much appreciated and valued			

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

Subject:	People, Culture, and Improvement Committee feedback report	Date: 9 th May 2023	
Prepared By:	Manjeet Gill – Non-Executive Director and committee Chair		
Approved By:	Manjeet Gill – Non-Executive Director and committee Chair		
Presented By:	Manjeet Gill – Non-Executive Director and committee Chair		
Purpose			
To provide assurance to the Council of Governors		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
The Impact of industrial action is a key concern, although committee assured by response of the Trust to mitigate as far as possible	Strategic priorities and measures for 23/24, and SOF metrics, are in development to update Board throughout the year
Positive Assurances to Provide	Decisions Made
A considerable number of assurances were received on the following topics: AHP workforce report; Update on Wellbeing spaces; ICS workforce planning; Communications strategy; Guardian of Safe Working report; Employee relations report; Gender Pay Gap report; Deep dive into Trust vacancies; and the results of the National Staff Survey 2022 for the Trust.	Approval of Gender Pay Gap report and content From the BAF review, risks 3 and 5 remain the same
Comments on Effectiveness of the Meeting	
The meeting was reviewed and was seen to be effective across a wide range of People and Culture items. The Hot Topics section worked well. More focus could be given to improvement in future agendas. The committee was also used for a development space regarding the feedback from the National Staff Survey 2022 that worked well providing committee members with the opportunity to shape and co-create future actions to address the areas focus for the Trust.	

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

Subject:	Charitable Funds Committee feedback report	Date: 9 th May 2023
Prepared By:	Steve Banks – Non-Executive Director and Committee Chair	
Approved By:		
Presented By:	Steve Banks – Non-Executive Director	
Purpose		
To provide assurance to the Council of Governors	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Delays in completing projects requiring estates works (specifically EOL and Breast one stop) causing risks to delivery and credibility. Committee needs clarity on Newark Estates strategy	
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> The effectiveness of the Operational Group The Community Involvement Q4 report, highlighting great work and making a difference Project evaluations TOR review and annual work plan Review of Committee effectiveness Risk register reviewed and approved Finance and Investment update 	<ul style="list-style-type: none"> Approved the Ultrasound proposal for Same Day Emergency Care, which will enable much reduced waiting times, currently in significant breach of NICE guidelines To request an investment update from Investec for the Corporate Trustees and Council of Governors
Comments on Effectiveness of the Meeting	
The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was a good level of discussion, challenge and support	

Council of Governors - Cover Sheet

Subject:	Membership and Engagement Committee		Date: 9 th May 2023	
Prepared By:	Sue Holmes , Lead Governor			
Approved By:	Sue Holmes , Lead Governor			
Presented By:	Sue Holmes , Lead Governor			
Purpose				
To provide an update to the Council of Governors regarding the work of the Membership and Engagement Committee			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
Identify which principal risk this report relates to:				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before				
N/A				
Acronyms				
None				
Executive Summary				
<p>Unfortunately, attendance at all events has been poor. At the last meeting there were only 5 governors present.</p> <p>Meet your Governor has continued monthly in our hospitals but again, governor attendance has been poor.</p> <p>There has been only one event this month, 'Step into the NHS' Non-Clinical at West Notts College. This was a very successful event; new members being signed up and 4 people interested in standing for election, but again was supported by only three governors.</p>				

Council of Governors - Cover Sheet

Subject:	Chair's Appraisal Outcome and Objectives		Date: 9th May 2023	
Prepared By:	Barbara Brady, Non-Executive Director and Senior Independent Director and Sue Holmes, Lead Governor			
Approved By:	Barbara Brady and Sue Holmes			
Presented By:	Barbara Brady and Sue Holmes			
Purpose				
To approve the recommendation of the Governor Remuneration and Nomination Committee to accept the review of the Chairs objectives for 2022/23 and the setting of objectives for 2023/4 has been completed			Approval	X
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before				
Council of Governors Remuneration Committee				
Acronyms				
PBP Place Based Partnership ICB Integrated Care Board ICS Integrated Care System FT. Foundation Trust NED. Non-Executive Director EDI. Equality Diversity Inclusion CEO. Chief Executive Officer PC. Provider Collaborative				
Executive Summary				
Following guidance issued by NHS England and NHS Improvement the Lead Governor and Senior Independent Director met with the Chair at the end of April. Informed by feedback from members of the Board of Directors, Council of Governors and four Chairs from the Nottinghamshire system a review of Objectives for 2022/23 was completed and at the same time objectives for the year ahead i.e. 2023/24 were agreed along with associated Personal Development Plan. This is Claire Ward's second successful annual appraisal.				

Chair's Annual Performance Review

Review Period: 1st April – 31st March 2023

The review process reflects guidance published by NHS England and NHS Improvement. The Senior Independent Director along with the Lead Governor met with the Chair in April. This paper captures that discussion and has three parts; review of 2022/23, objectives for 2023/24 and finally Claire's Personal Development Plan

Part 1: Review of 2022/23

Overview

Claire Ward was appointed substantive Chair on the 1st October 2021, making this her second annual appraisal as Chair. It has also been another busy year with several new Executive Directors starting and at the time of writing the recruitment to a number of Governor positions is also underway.

Whilst there have been fewer inpatients with COVID 19 over the last year, it has non the less been another challenging year for the Trust. With sustained high levels of demand for services and large numbers of inpatients deemed 'Medically Fit for Discharge'. The Trust has declared a number of critical incidents and has operated at Opal 4 level for extended periods. This is all whilst simultaneously working to reduce the backlog in patients needing interventions and the impact of industrial action.

The work outside of the Trust as part of our wider system working continues to develop. At the end of June 2022 our local Clinical Commissioning Group was disestablishment and the Nottingham and Nottinghamshire Integrated Care Board (1st July 2022) established. SFHT continues to play an active role in our Place Based Partnership (PBP), in the Nottinghamshire 'Provider Collaborative at Scale' and the wider system (Integrated Care System). The refresh of our Strategy will enable us to be focused on delivering our vision whilst also demonstrating how working in partnership contributes to delivering both our own strategy and that of the ICS.

This next section is a look back. Initially the focus is on feedback received from Stakeholders and Partners. Much of the feedback from the first section provides evidence to support the achievement of last years objectives and feeds into the look forward i.e. the objectives for 2023/24

Stakeholder and Partner Feedback

All members of the Board and Council of Governors were invited to provide their feedback based on a competency framework developed by NHS England and NHS Improvement. The five competencies assessed in the Multi Source Feedback (MSF) were; strategic, partnerships, people, professional acumen and outcomes focus. For each competency there were several questions and for each of these it was possible

to choose from four responses; strongly agree, agree, disagree and strongly disagree. The second part of the questionnaire asked respondents to use free text to respond to three questions;

- What does the chair do particularly well?
- How might the Chair increase their impact and effectiveness?
- Additional comments?

The link to the questionnaire was emailed out and there were 21 responses out of a possible 32 (see appendix 1 for further detail). In addition to using the questionnaire with Board members and Governors I spoke to four chairs within the Nottinghamshire System to gain their feedback. Given the context within which these Chairs work with our Chair I used a semi structured approach exploring what Claire did well, and how she might improve. I also took the opportunity to get feedback on their overall view of the Trust. These comments have been incorporated into the findings below.

Competency: Strategic

All responses were in the agree or strongly agree categories.

Competency: Partnerships

All responses were in the agree or strongly agree categories.

Competency: People

All responses were in the agree or strongly agree categories with one exception to the question 'Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users'.

Competency: Professional Acumen

All responses were in the agree or strongly agree categories.

Competency: Outcomes Focus

For three of the questions, all responses were in the agree or strongly agree categories. To the question '*Embeds a culture of continuous improvement and value for money*' one respondent disagreed and a second strongly disagreed.

Free Text Responses

Rather than considering every individual response to each of the three questions at the end of the questionnaire, the responses have been analysed and themed enabling inclusion of the feedback from the interviews with the chairs. When strengths were mentioned in the additional section, these have now been included in the analysis of strengths.

What the Chair does well.

Last April, as part of her appraisal process, we asked Claire what she would like to be known for. This enables a longer-term view rather than a shorter term or annual approach. Her response was about working in partnership and collaborating. Feedback especially from the chairs in our system is that this is something she does well and was cited on several occasions during the interviews. Overall the feedback for Claire is really positive, several citing how she has grown into the role.

There were 5 themes identified and again unsurprisingly these are a repetition of last year's findings;

- Good visibility across the Trust e.g. *'visible, authentic and transparent leader' and 'is visible across the organisation'*.
- Excellent communicator e.g. *'holds constituency meetings regularly' and takes time to listen to Governors'*
- Strong external focus/system working e.g. *'Strong commitment to working collaboratively across organisation boundaries'*
- Knowledgeable e.g. *'The chair is extremely approachable, knowledgeable and competent'*.
- Leadership and strategic thinking. e.g. *'The chair is prepared to challenge the status quo and the operation team in a positive and constructive manner'*

How might the Chair increase their impact and effectiveness?

Again, the responses have been analysed to identify themes.

- Several comments referenced *keep doing more of.... 'just continue doing the same', 'more of the same'*
- Holding to account more effectively e.g. *'could challenge more for financial transformation and use of digital opportunities', 'Be more firm with the CEO when development objectives are not being met in a timely way'*
- Make more explicit use of her knowledge and skills developed in other roles e.g. *'evidence base and application of knowledge regarding collaboration'*.

Table 1: Performance Relating to Chair's Personal Objectives for 2022/23

Key Objective	Detail/Delivered through	Evidence
Chair the SFHT Board to become an outstanding Board	To review and revise as appropriate the overall Trust Strategy.	Driven the appointment of a new Director for Strategy and a focus on this as a priority.
	Explore freedoms and flexibilities available as an FT in order to secure better outcomes for our population	This is an ongoing discussion to feed into our Strategy

	Establish mechanisms that ensure that the Board is sighted on the identification and provision of relevant information in response to the Covid-19 National Public Enquiry.	Progress has been reported to Board
	Ensure there is greater focus and strategy to address health inequalities, to increase our focus on the Place Based Partnership (PBP).	PBP is now much stronger with new leadership and engagement from partners. Making progress to address health inequalities.
	Develop systems and processes to enable Board to be more informed and have a greater assurance on system working through the ICS/PBP and provider collaborative	Regular reports back to board from ICS , PBP and PC
	Ensure NEDs have appraisal and personal development plan	In place
	To consider succession planning for the NEDs and the broader skills needed in the future in a changing role in the NHS.	Appointed new NEDs since becoming chair and now planning for what the Board will need in the future, including possible Associate NEDs
	Ensure the implementation of the recommendations of the recent well led review	Supported and implemented e.g. quadrant reporting
	To regularly meet with the EDI leads and consider how Board can support them	Meet on regular basis with EDI leads. Due to have presentation to board in future.
	Ensure that that the necessary resources and support is secured in order for the new Board to move from 'forming' into a 'highly performing team'	Board development sessions, away days and discussions.
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	Provide support and counsel as a critical friend for the Chief executive and Executive Directors	Regular meetings with CEO, good relationships with Execs and visibility in the Trust Headquarters. Feedback through Multi source feedback

	To develop strong links between relevant Executives and NEDs	Encouraging NEDs to be on site where possible.
Chair Council of Governors (COG) and ensure good governance by enabling them to carry out their roles effectively and efficiently.	Enhanced engagement with governors and support for their role to engage the broader community.	Support Governors through encouraging partners to include communications.
	Make time to meet and discuss issues with lead governor.	Regular meetings with Sue Holmes and discussions about issues raised at forums
	Establish both one to one and district governor meetings.	These have been organized on a regular basis.
	Provide support and guidance to the new COG so that it holds NEDs to account effectively	I have a good working relationship with the COG and helping them to understand their role to hold NEDs to account
	Ensure effective feedback mechanism in place from Governors in order to ensure they have a good experience	Picking up on issues raised by governors. Will be adapting induction to reflect their views.
	Ensure governance strengthens to accommodate system working implications.	Governors encouraged to understand ICS and role, including briefings and meetings
	Take part in discussions to review the constitution and to incorporate a young governors constituency or other mechanism to reach younger population.	We did this and governors decided not to approve. Will review again in due course
Visible leadership across the Trust in order to reinforce our vision, strategy and culture of improvement	To highlight the continuity of leadership at SFHT through increased visibility as Chair	Regular walk arounds and participating in comms. Feedback from MSF
	To remain as Maternity Safety Champion NED	Confirmed
	Participate in 15 steps walk about, etc.	Confirmed
	Staff awards ceremonies/ recognition and reward	Confirmed and continue to support
	Volunteer events	Confirmed and continue to do so

	Other events and informal visits	Participate in SFHT events and on behalf of Trust at partner events
Engage with external stakeholders in the Nottinghamshire system in order to secure better outcomes for our population	Develop opportunities to make tangible improvements in quality of care and value for money through our Provider Collaboration at scale	Regular attendance and participation in PC meetings and discussion with other chairs
	Develop and embed relationships and opportunities to promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.	I really believe that we have made significant progress in this over the last year, through development of partnerships, discussions and opportunities to influence. I promote this regularly in my Chair report too
	Ensure that focus is given in conjunction with CEO to financial challenges through Provider Collaborative	Finances proving to be increasingly challenging but addressing this through discussions at PC
	Explore how best to ensure that Governors who are representatives of their local communities contribute to wider system engagement	Support for system wide lead governor meetings
	Develop mature relationship with chairs of all partner organisations in our system	I have developed a good relationship other Chairs – support their recruitment panels too
	Through Provider collaborative develop a single voice to ensure effective feed into and out of System board	This is ongoing and working with CEO
	Attend NHS Improvement and NHS Provider chairs events	I have attended some and continue to engage through online platforms
	Attend quarterly review meetings with NHS Improvement	Attended where possible and appropriate
	Develop opportunities to make tangible improvements in quality of care and value for money through our Place Based Partnership	I have championed PBP as a good place to tackle health inequalities, supporting CEO and other partners.

Part 2: Objectives for 2023/24

Following discussion, we agreed that all of the key objectives from last year have been carried forward. In terms of the detail or the how objectives will be delivered, rather than repeating some aspects which are now embedded e.g. staff awards ceremonies and volunteer events, the focus is on those aspects which could be developed further.

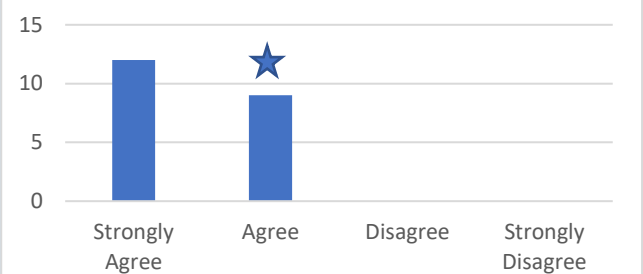
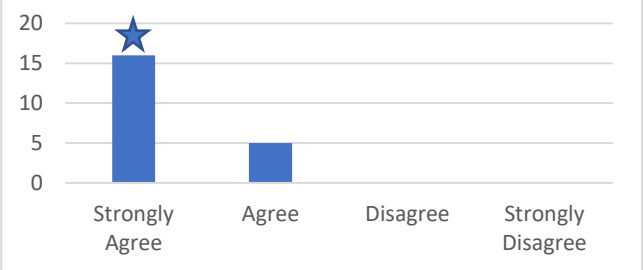
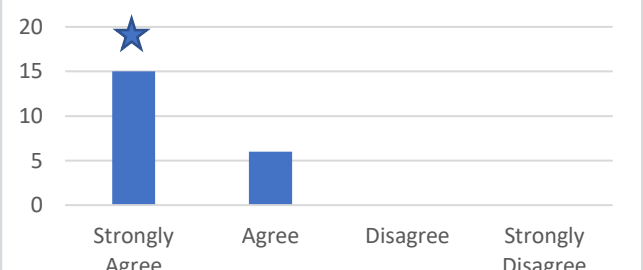
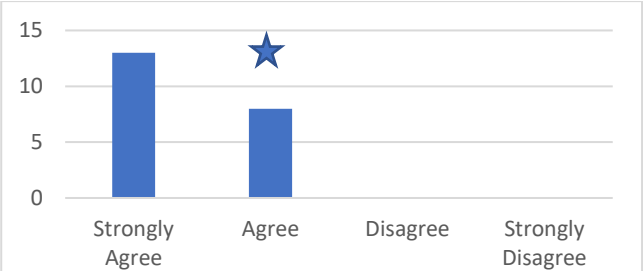
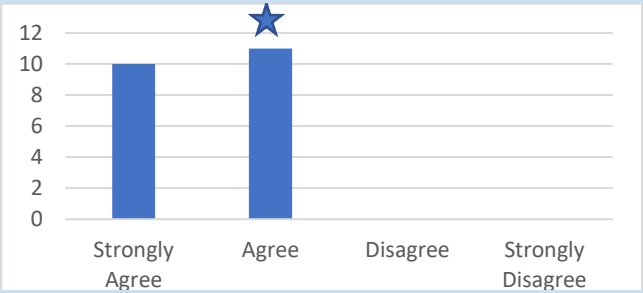
Key Objective	Detail /Delivered Through
Chair the SFHT Board to become an outstanding Board	To support the development of a new strategy for 2024 - 29
	Explore freedoms and flexibilities available as an FT in order to secure better outcomes for our population
	Ensure there is greater focus and strategy to address Health Inequalities, to increase our focus on the Place Based Partnership.
	To provide opportunities for board to feed into the Provider Collaboration and ICS discussions
	Ensure all NEDs have appraisal and personal development plan
	To consider succession planning for the NEDs on Board and creation of Associate NED role
	Review the membership of committees
	To regularly meet with the EDI leads and consider how Board can support them
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	Provide support and counsel as a critical friend for the Chief executive and Executive Directors
	To develop strong links between relevant Executives and NEDs
Chair Council of Governors and ensure good governance by enabling them to carry out their roles effectively and efficiently.	Enhanced engagement with governors recognising the election of new governors in this year.
	Support a successful transition to a new Lead Governor
	Provide support and guidance to the new COG so that it holds NEDs to account effectively
	Ensure effective feedback mechanism in place from Governors in order to ensure they have a good experience
	Ensure governance strengthens to accommodate system working implications.
Visible leadership across the Trust in	To highlight the continuity of leadership at SFHT through increased visibility as Chair

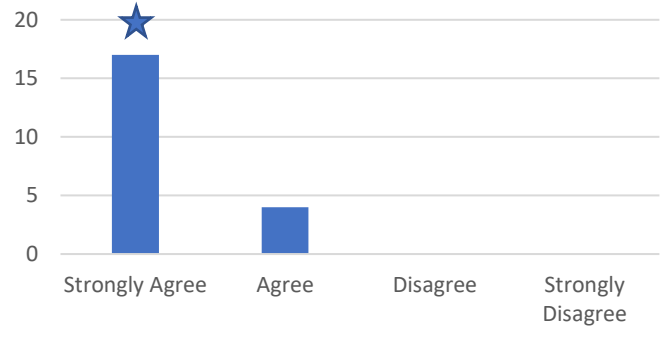
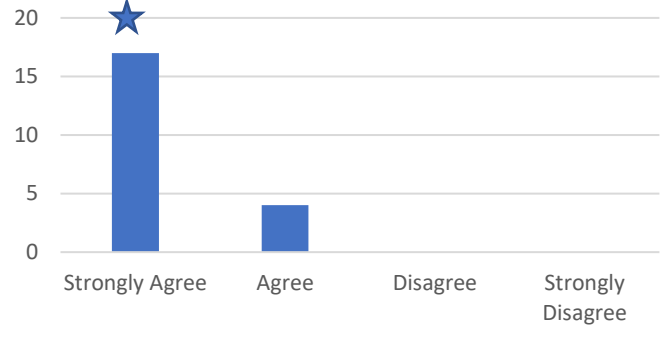
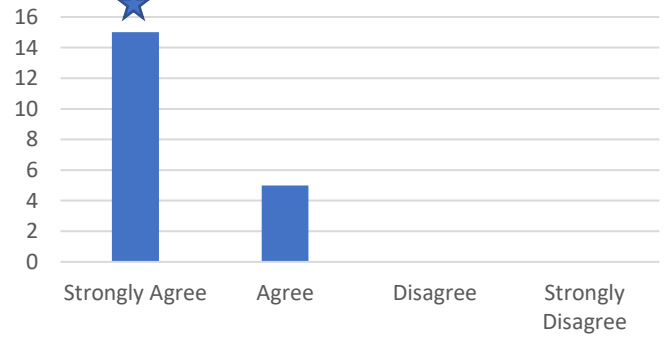
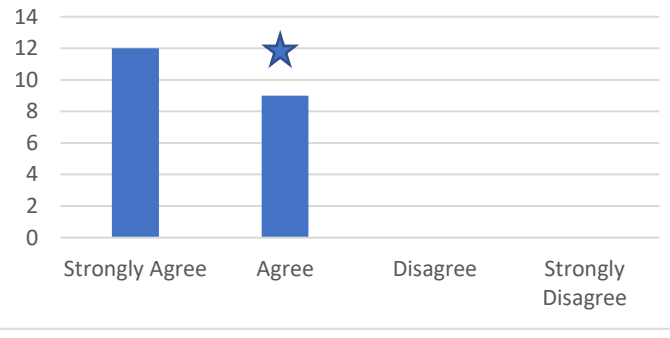
order to reinforce our vision, strategy and culture of improvement	To remain as Maternity Safety Champion NED
	Participate in 15 steps walk about, etc.
	To maintain visible leadership throughout the organisation
Engage with external stakeholders in the Nottinghamshire system in order to secure better outcomes for our population	Develop opportunities to make tangible improvements in quality of care and value for money through our Provider Collaboration at scale
	Develop and embed relationships and opportunities to promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.
	Ensure that focus is given in conjunction with CEO to financial challenges through Provider Collaborative
	Through Provider collaborative develop a single voice to ensure effective feed into and out of System board
	Attend NHS Improvement and NHS Provider chairs events
	Attend quarterly review meetings with NHS Improvement
	Develop opportunities to make tangible improvements in quality of care and value for money through our Place Based Partnership

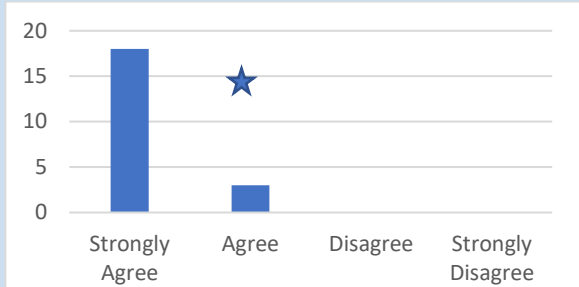
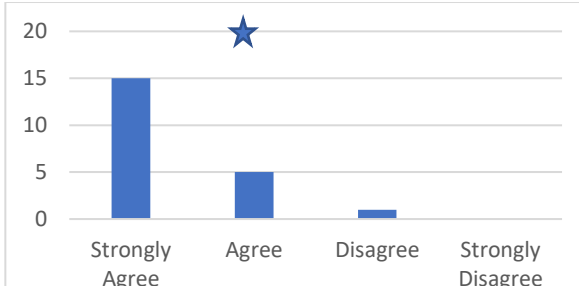
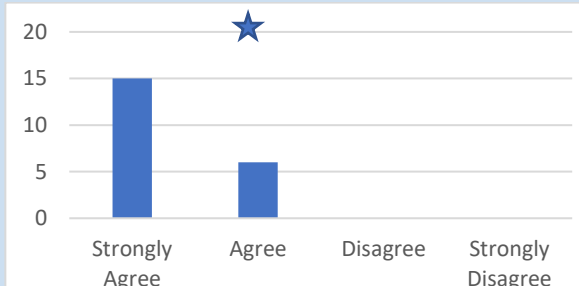
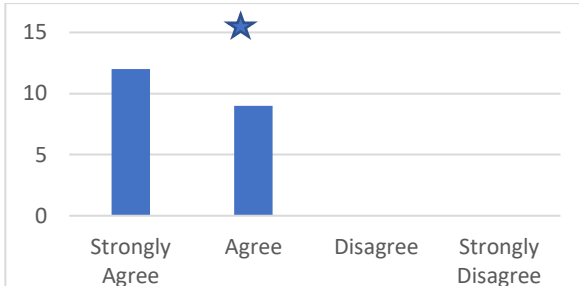
Part 3 Personal Development Plan

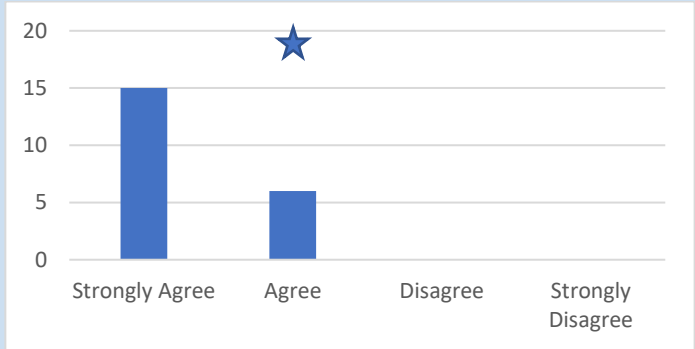
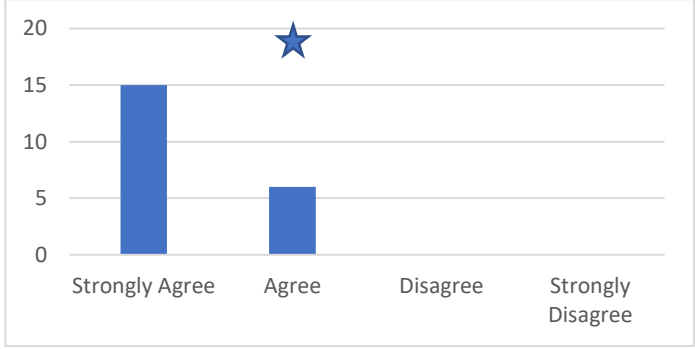
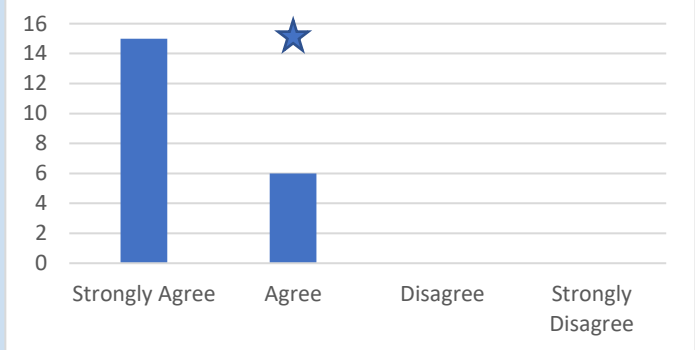
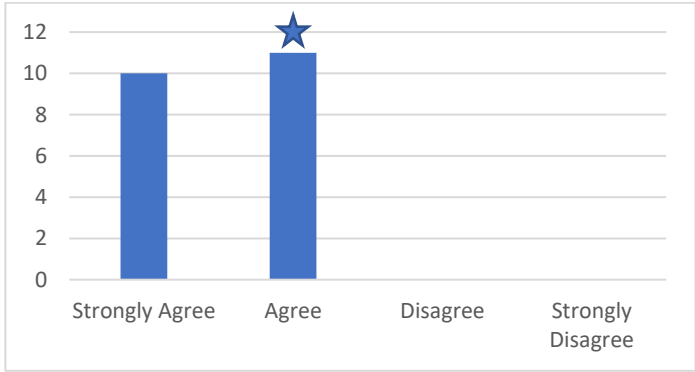
Description	Proposed approach	Timescales	Measure of success/anticipated benefit
Participate in Chair events to lead and learn	NHS Provider conferences and courses	Over 2023/24	Wider knowledge and confidence in NHS

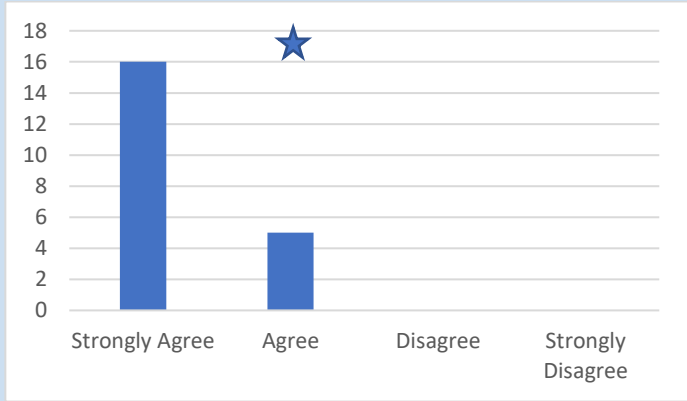
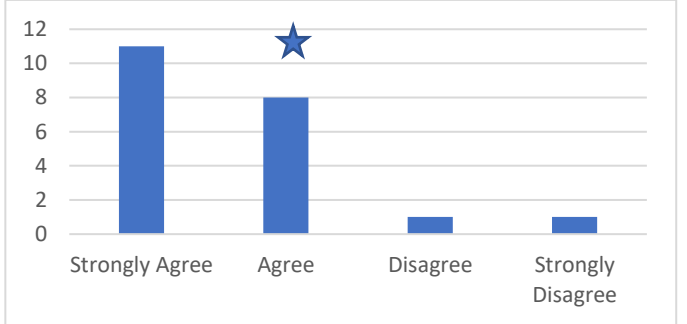
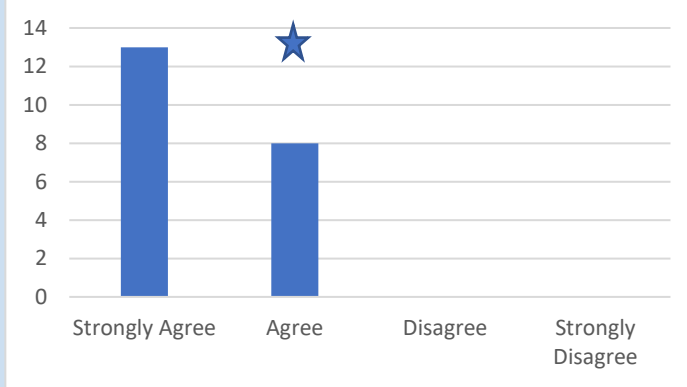
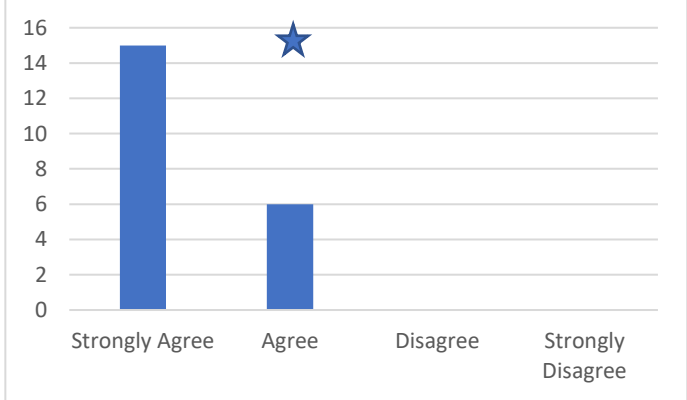
Appendix 1 Survey Responses in Detail (★ Shows chairs self-assessment)

Competency: Strategic ★	Results										
Leads the board in setting an achievable strategy.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>12</td> </tr> <tr> <td>Agree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	12	Agree	9	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	12										
Agree	9										
Disagree	0										
Strongly Disagree	0										
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>16</td> </tr> <tr> <td>Agree</td> <td>5</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	16	Agree	5	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	16										
Agree	5										
Disagree	0										
Strongly Disagree	0										
Provokes and acquires new insights and encourages innovation.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	6										
Disagree	0										
Strongly Disagree	0										
Evaluates evidence, risks and options for improvement objectively.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>13</td> </tr> <tr> <td>Agree</td> <td>8</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	13	Agree	8	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	13										
Agree	8										
Disagree	0										
Strongly Disagree	0										
Builds organisational and system resilience, for the benefit of the population of the system as a whole.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>10</td> </tr> <tr> <td>Agree</td> <td>11</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	10	Agree	11	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	10										
Agree	11										
Disagree	0										
Strongly Disagree	0										

Competency: Partnerships	Results										
<p>Develops external partnerships with health and social care system stakeholders.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>17</td> </tr> <tr> <td>Agree</td> <td>4</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	17	Agree	4	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	17										
Agree	4										
Disagree	0										
Strongly Disagree	0										
<p>Demonstrates deep personal commitment to partnership working and integration.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>17</td> </tr> <tr> <td>Agree</td> <td>4</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	17	Agree	4	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	17										
Agree	4										
Disagree	0										
Strongly Disagree	0										
<p>Promotes collaborative, whole-system working for the benefit of all patients and service users.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>5</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	5	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	5										
Disagree	0										
Strongly Disagree	0										
<p>Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.</p>	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>12</td> </tr> <tr> <td>Agree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	12	Agree	9	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	12										
Agree	9										
Disagree	0										
Strongly Disagree	0										

Competency: People	Results										
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>18</td> </tr> <tr> <td>Agree</td> <td>3</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	18	Agree	3	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	18										
Agree	3										
Disagree	0										
Strongly Disagree	0										
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>5</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	5	Disagree	1	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	5										
Disagree	1										
Strongly Disagree	0										
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	6										
Disagree	0										
Strongly Disagree	0										
Supports, counsels and acts as a critical friend to directors, including the chief executive.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>12</td> </tr> <tr> <td>Agree</td> <td>9</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	12	Agree	9	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	12										
Agree	9										
Disagree	0										
Strongly Disagree	0										

Competency: Professional acumen	Results										
Owns governance, including openness, transparency, probity and accountability.	 <p>A bar chart with a y-axis from 0 to 20 in increments of 5. The x-axis has four categories: Strongly Agree, Agree, Disagree, and Strongly Disagree. The bar for Strongly Agree reaches 15, and the bar for Agree reaches 6. A blue star is positioned above the Agree bar at the 20 mark on the y-axis.</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
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Agree	6										
Disagree	0										
Strongly Disagree	0										
Understands and communicates the trust's regulatory and compliance context.	 <p>A bar chart with a y-axis from 0 to 20 in increments of 5. The x-axis has four categories: Strongly Agree, Agree, Disagree, and Strongly Disagree. The bar for Strongly Agree reaches 15, and the bar for Agree reaches 6. A blue star is positioned above the Agree bar at the 20 mark on the y-axis.</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	6										
Disagree	0										
Strongly Disagree	0										
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.	 <p>A bar chart with a y-axis from 0 to 16 in increments of 2. The x-axis has four categories: Strongly Agree, Agree, Disagree, and Strongly Disagree. The bar for Strongly Agree reaches 15, and the bar for Agree reaches 6. A blue star is positioned above the Agree bar at the 16 mark on the y-axis.</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	6										
Disagree	0										
Strongly Disagree	0										
Applies financial, commercial and technological understanding effectively.	 <p>A bar chart with a y-axis from 0 to 12 in increments of 2. The x-axis has four categories: Strongly Agree, Agree, Disagree, and Strongly Disagree. The bar for Strongly Agree reaches 10, and the bar for Agree reaches 11. A blue star is positioned above the Agree bar at the 12 mark on the y-axis.</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>10</td> </tr> <tr> <td>Agree</td> <td>11</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	10	Agree	11	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	10										
Agree	11										
Disagree	0										
Strongly Disagree	0										

Competency: Outcomes focus	Results										
Creates an environment in which clinical and operational excellence is sustained.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>16</td> </tr> <tr> <td>Agree</td> <td>5</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	16	Agree	5	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	16										
Agree	5										
Disagree	0										
Strongly Disagree	0										
Embeds a culture of continuous improvement and value for money.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>11</td> </tr> <tr> <td>Agree</td> <td>8</td> </tr> <tr> <td>Disagree</td> <td>1</td> </tr> <tr> <td>Strongly Disagree</td> <td>1</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	11	Agree	8	Disagree	1	Strongly Disagree	1
Response	Count										
Strongly Agree	11										
Agree	8										
Disagree	1										
Strongly Disagree	1										
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>13</td> </tr> <tr> <td>Agree</td> <td>8</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	13	Agree	8	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	13										
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Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Strongly Agree</td> <td>15</td> </tr> <tr> <td>Agree</td> <td>6</td> </tr> <tr> <td>Disagree</td> <td>0</td> </tr> <tr> <td>Strongly Disagree</td> <td>0</td> </tr> </tbody> </table>	Response	Count	Strongly Agree	15	Agree	6	Disagree	0	Strongly Disagree	0
Response	Count										
Strongly Agree	15										
Agree	6										
Disagree	0										
Strongly Disagree	0										

Strengths: What does the chair do particularly well? (16 Responses)

1. In my limited time as a governor, Claire acts in a manner which epitomises the values of the Trust. She is approachable, knowledgeable, and competent, but doesn't mind admitting when she doesn't know the answer. From my impression she is highly valued and respected.
2. The Chair has an understanding of how the Board works and the Executive and Non-Executive Directors skills and expertise. Everyone is included in the discussion and encouraged to be involved in the wider Trust and the ICB/ICS. The Chair is prepared to challenge the status quo and the Operation team in a positive and constructive manner.
3. Engages well - with governors holding constituency meetings regularly and with the lead governor. She has made great efforts to get to enable the governors to get to know her. Encourages any new initiatives that the governors put forward. I know that she 'tours' the hospitals, making herself known and getting to know staff and departments.
4. Listens!
5. Claire is an effective board chair in as much as she ensures subjects do not progress before assurance is reached and, when that does not clearly happen, she ensures that the subject is followed up. From the little insight we have into her workings with directors and NEDs she appears to manage her team effectively. However, my comments on her strategic and system development capabilities must be limited because, as governors, we rarely if ever see her operating in this role. She does also take time to listen to the governors, which is generally helpful.
6. Recognises individuality.
7. Works closely with hospital governors and listens and acts on their views which is very important as the governors represent the patients and their constituencies. Another important thing is that she is visible to staff and patients and very approachable.
8. Is inclusive, right balance between holding to account and providing support, chairs board well, supports the executives and gives direction in helpful ways.
9. Engages governance effectively and explains internal operational systems and processes well to external colleagues to ensure understanding, for effective challenge and assurance.
10. Open to listen to, consider and act on ideas for improvement. Professional, yet caring and clearly able to communicate across professional and social/ educational strata. Presents a non-judgmental, inclusive approach.
11. Include people.
12. Strategic focus Inclusive Chairing style.
13. Ensures rounded contributions from NEDs and Board members Has individual check in conversations with Execs Is visible across the organisation.
14. The job she was set on to do.

15. Visible, authentic, and transparent leader who is an active listener but will bring the Board to the critical and sometimes difficult decisions.

16. Builds partnerships throughout the system and nationally; Chairs effectively, giving good opportunity for challenge and debate; supports the executive team; is very visible throughout the trust

Opportunities: How might the chair increase their impact and effectiveness?

1. I'm not aware of any at present.
2. This is a difficult question as you feel the Chair impact and effectiveness is very good. Perhaps a little more focus on strategy but I think this has been actioned.
3. As far as governors are concerned, just continuing to do the same.
4. More face-to-face meetings. Form a board of under 20's to involve our young people and hear their views on the issues facing our Trust?
5. I am not sure I can comment on this.
6. I don't know, I haven't been a Governor for long enough to decide on this.
7. Continue to do what she is already successfully doing.
8. Continue to be open and honest and authentic - more of the same please!
9. Continue to engage in all governor meetings to establish effective relationships, trust, feedback, and assurance.
10. Be more firm with the CEO when development objectives are not being met in a timely way as agreed at time out sessions.
11. Delegation to Board sub-Committees.
12. Sometimes the questions in Board are dominated by the Chair, it gives a slight imbalance to the meeting I think there is significant improvement that could be made to the NEDs to support the Chair. We have a real lack of diversity, are too medically focussed and are missing key partners such as research/ universities and other anchor organisations.
13. She is doing a good job.
14. Continue partnership approach and drive to place the services at the heart of the local population.
15. Nothing from a behavioural point of view. Could challenge more for financial transformation and use of digital opportunities to improve outcomes or reduce costs

Additional commentary below (10 Responses)

1. It is a challenge for the chair as well as other senior colleagues, to ensure that governors have sight of and actively be involved in strategic decisions within the trust.
2. Nothing to add
3. I feel that I have been able to work well with Claire and she has been very supportive and willing to consider any new initiatives.

4. From a governor's perspective I think the question should really be how can she increase our confidence in her impact and effectiveness. So little of what we are being asked to comment on is transparent from our perspective.
5. None.
6. She turns up at meetings and will always give straight answers to questions. She demonstrates her interest in what is going on within the trust. The best chairperson we have had for some years.
7. A great chair, highly effective on many levels.
8. I have enjoyed getting to know the worth of this role and been pleasantly surprised by how much patients can benefit with Claire in it.
9. I enjoy working with her, she has grown into the role (as we all have). I think we a stronger group of NEDs we could really push on.
10. Claire is a strong leader who understands her role and brings others with her

Council of Governors

Subject:	Report of the Remuneration and Nomination Committee	Date: 9 th May 2023		
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs			
Approved By:	Sue Holmes, Chair of Committee and Lead Governor			
Presented By:	Sue Holmes, Chair of Committee and Lead Governor			
Purpose				
The Council of Governors are invited to approve the recommendation of the Governor Remuneration and Nomination Committee, with regard to the revised code of Governance for NHS provider Trusts and implications for the Chair and Non-Executive Directors tenures		Approval		
		Assurance	X	
		Update		
		Consider		
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			X
PR2	Demand that overwhelms capacity			X
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Governor Remuneration and Nomination Committee 24 th April 2023				
Acronyms				
Executive Summary				
<p>The revised Code of Governance for NHS provider trusts applies from April 2023.</p> <p>One of the key sections of the revised code is section 4 – Board appointment: provisions applicable to both NHS foundation trusts and NHS trusts.</p> <p>Paragraph 4.3 refers to the appointment of the Chair and NEDs of the Trust, reiterating NEDs should not remain in post beyond nine years, the Trusts Constitution 8.6.3 sets out the terms of office for Non-Executive Directors, this states all NEDs shall be appointed for a period of up to 3 years and shall not except in exceptional circumstances hold office for a period in excess of 6 years, unless there is an annual re-appointment.</p> <p>The section also states to facilitate effective succession planning the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director.</p>				

The Trust currently has one non-executive director who has held office in excess of 6 years, and he was re-appointed at the November 2022 meeting of the Council of governors for a further 12 month period, this means at the end of November 2024 he will have served for a period of 8 years and in line with our constitution is eligible for appointment for a further 12 month period to reach the maximum of 9 years in post.

The chair of the Trust was originally appointed as a Non-Executive Director in May 2013, and as substantive chair from 1st October 2021 on a three-year contract for services, the chair's tenure is scheduled to end 30th September 2024.

The provision of the code is best practice advice, does not represent mandatory guidance and accordingly non-compliance with the code is not in itself a breach of Condition FT4 of the NHS provider licence. The Trust reports annually, as part of the year end-process its compliance with Condition FT4. As part of the Annual Report, the Trust is required to provide assurance on a 'comply or explain' basis with each provision of the code.

The Council of Governors are asked to approve the recommendation of the Remuneration and Nomination Committee to continue of the above appointments as previously approved by the Council of Governors.