

# MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 12<sup>th</sup> November 2024

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	<b>Apologies for Absence</b> <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs &amp; Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	<b>Minutes of the meeting held on 13<sup>th</sup> August 2024</b> <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	<b>Matters Arising/Action Log</b>	Approve	Enclosure 4
5.	17:35	<b>Patient Story: The Impacts of Pain and the Discharge Process</b> Laura Fuller, Registered Nurse	Assurance	Presentation
6.	17:55	<b>Acting Chair's Report</b> Graham Ward, Acting Chair	Assurance	Enclosure 6
7.	18:00	<b>Acting Chief Executive's Report</b> Dave Selwyn, Acting Chief Executive	Assurance	Enclosure 7
8.	18:15	<b>Lead Governor Report</b> Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:20	<b>15 Steps Feedback</b> Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints	Assurance	Enclosure 9
10.	18:30	<b>Improvement Faculty Update</b> Claire Hinchley, Acting Director of Strategy and Partnerships	Assurance	Enclosure 10
11.	18:45	<b>Strategy Update</b> Claire Hinchley, Acting Director of Strategy and Partnerships	Assurance	Enclosure 11
12.	19:00	<b>Winter Plan</b> Dave Selwyn, Acting Chief Executive	Assurance	Enclosure 12
13.	19:15	<b>Report from Board Sub-Committees</b> <ul style="list-style-type: none"> <li><b>Audit &amp; Assurance Committee</b> Manjeet Gill, Non-Executive Director Ian Holden, Governor Observer Neal Cooper, Governor Observer</li> </ul>	Assurance	Enclosure 13.1

	Time	Item	Status (Do not use NOTE)	Paper
		<ul style="list-style-type: none"> <li>• <b>Quality Committee</b> Aly Rashid, Non-Executive Director Peter Gregory, Governor Observer Pam Kirby, Governor Observer</li> <li>• <b>Finance Committee</b> Graham Ward, Non-Executive Director Sam Musson, Governor Observer Kevin Stewart, Governor Observer</li> <li>• <b>People Committee</b> Steve Banks, Non-Executive Director John Wood, Governor Observer Dean Wilson, Governor Observer</li> <li>• <b>Partnerships and Communities Committee</b> Barbara Brady, Non-Executive Director Tracy Burton, Governor Observer John Dove, Governor Observer</li> <li>• <b>Charitable Funds Committee</b> Andrew Rose-Britton, Non-Executive Director Liz Barrett, Governor Observer Jane Stubbings, Governor Observer</li> </ul>	Assurance	Enclosure 13.2
			Assurance	Enclosure 13.3
			Assurance	Enclosure 13.4
			Assurance	Enclosure 13.5
			Assurance	Enclosure 13.6
<b>14.</b>	19:35	<b>Council of Governors Matters/Statutory Duties</b> <ul style="list-style-type: none"> <li>• <b>Membership and Engagement Group</b> Liz Barrett, Lead Governor</li> <li>• <b>Report of the Remuneration Committee</b> <ul style="list-style-type: none"> <li>○ <b>NEDs' re-appointment</b> Sally Brook Shanahan, Director of Corporate Affairs</li> <li>○ <b>Appointment of NED</b> Sally Brook Shanahan, Director of Corporate Affairs</li> </ul> </li> </ul>	Assurance	Enclosure 14.1
			Approve	Enclosure 14.2.1
			Approve	Enclosure 14.2.2
<b>15.</b>	19:45	<b>Outstanding Service – Organ Donation - Changing and Saving Lives</b>	Assurance	Presentation
<b>16.</b>	19:50	<b>Questions from Members of Public</b> Graham Ward, Chair	Consider	Verbal
<b>17.</b>	19:50	<b>Escalations to the Board of Directors</b> Graham Ward, Chair	Agree	Verbal
<b>18.</b>	19:55	<b>Any Other Business</b> <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		

	Time	Item	Status (Do not use NOTE)	Paper
19.		<b>Date &amp; Time of Next Meeting</b> <b>Date:</b> Tuesday 11 <sup>th</sup> February 2025 <b>Time:</b> 5:30pm – 8:00pm <b>Venue:</b> Lecture Theatre 2, King's Mill Hospital		

# COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 13<sup>th</sup> August 2024 at 17:30  
in Lecture Theatre 2, King's Mill Hospital

<b>Present:</b>	Graham Ward	Acting Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Bethan Eddy	Appointed Governor	BE
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JD
	John Wood	Public Governor	JWo
	Justin Wyatt	Staff Governor	JWy
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Pam Kirby	Public Governor	PK
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Tracy Burton	Public Governor	TB
	Vikram Desai	Staff Governor	VD
<b>In Attendance:</b>	David Selwyn	Acting Chief Executive	DS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Emma Mutimer-Hallgarth	Family Liaison Officer	EM
	Rebecca Herring	Associate Director of Nursing Workforce	RH
	Rich Mills	Chief Financial Officer	RM
	Jess Townsend	KPMG	JT
	Sue Bradshaw	Minutes	
<b>Apologies:</b>	Kevin Stewart	Appointed Governor	KS
	Peter Gregory	Public Governor	PG
	Shane O'Neill	Public Governor	SO
	Neil McDonald	Non-Executive Director	NM
<b>Absent:</b>	Nikki Slack	Appointed Governor	NS

Item No.	Item	Action	Date
<b>24/040</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate GW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Kevin Stewart, Appointed Governor Peter Gregory, Public Governor Shane O'Neill, Public Governor Neil McDonald, Non-Executive Director</p>		
<b>24/041</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>BB, ARB, MG, SB and AR declared an interest in item 24/055.2. GW declared an interest in item 24/055.4. MG declared an interest in item 24/055.6. BB declared an interest in item 24/055.6 and 24/055.7.</p>		
<b>24/042</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	<p>Following a review of the minutes of the meeting held on 14<sup>th</sup> May 2024, the Council APPROVED the minutes as a true and accurate record.</p>		
<b>24/043</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
1 min	<p>The Council AGREED that action 24/029 was complete and could be removed from the action tracker.</p>		
<b>24/044</b>	<b>PATIENT STORY - FAMILY LIAISON SERVICE</b>		
20 mins	<p>EM joined the meeting</p> <p>EM presented the patient story, which highlighted the work of the Family Liaison Service.</p> <p>AJ queried if the incident referred to in the story was only uncovered as a result of the complaint from the family. EM advised the Trust was already aware of the incident and this was being investigated.</p> <p>DWi sought clarification regarding the link between the Family Liaison Service and the Patient Experience Team (PET). EM advised she works closely with the Governance Team who undertake incident reviews and investigations and currently she is providing cover for the Patient Experience Manager. Information in relation to any complaints and incidents is triangulated. EM advised her role is to liaise with families to keep them informed in relation to how their concern is being addressed.</p> <p>LD queried what the root cause was for the first report provided to the family highlighted in the video being incorrect. EM advised there were various factors in play, including a changeover of governance leads and change of investigator. However, she is not fully aware of the reasons as the complaint dates from before EM took up her role of Family Liaison Officer. The new process, which has been implemented, is that</p>		

	<p>draft reports are shared with the family, which provides the opportunity for factual inaccuracies to be identified before the report is finalised.</p> <p>LD advised she has been impressed with the PET service at the Trust. However, recently it appears they are struggling. LD sought clarification in relation to this. EM advised there has been a period of sickness absence within the service, which has had an impact on response times.</p> <p>DS advised there was a backlog of complaints and a plan was put in place to recover that and ensure responses are provided in a timely manner. DS acknowledged some cases do take a while to be resolved, but the backlog has been addressed. Investigations can take some time to be concluded. The Trust is seeking to make improvements to the letters which are sent in response to complaints.</p> <p>TB noted the Patient Safety Incident Response Framework (PSIRF) enables a thematic approach and queried if the learning from the case highlighted has been taken forward. EM advised any actions which are identified as a result of an investigation are added to a comprehensive tracker. Actions are not closed until the required evidence has been provided.</p> <p>TB noted in the case highlighted there was a misdiagnosis and queried if this is looked at in more detail. DS advised there is a theme in relation to missed fractures and the learning from that has been cascaded. There is also a second workstream in relation to trauma regarding patients who present towards the extremes of age who have had simple falls but are more complicated than anticipated.</p> <p>AJ queried how the Trust appoints and manages investigators and if people have the capacity to undertake this work in addition to the 'day job'. EM advised these are members of staff who have received the required training in order to undertake investigations within PSIRF and they are allocated time for this work.</p> <p>DS advised part of the PSIRF process is to standardise reports and improve the quality of them by ensuring people who complete the reports have more experience.</p> <p>JD queried how the issue of confidentiality is dealt with if there is a patient who does not wish to share information with relatives. EM advised the Trust will always speak to the patient in the first instance to understand what involvement they would like to have with the Trust.</p> <p>RS queried how many referrals are received by the Family Liaison Service per month. EM advised 7-10 new contacts are received per month and currently there are 40-50 families on the caseload.</p> <p>EM left the meeting.</p>		
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<b>24/045</b>	<b>ACTING CHAIR'S REPORT</b>		
2 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chair's perspective, highlighting meetings with other chairs across the Nottingham and Nottinghamshire Integrated Care System (ICS) and the work of volunteers within the Trust.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/046</b>	<b>ACTING CHIEF EXECUTIVE'S REPORT</b>		
22 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Acting Chief Executive's perspective, highlighting high levels of activity on the emergency pathway, improvement in cancer metrics and access targets, challenged services, industrial action, Integrated Care Board (ICB) 'at a glance' performance report, sepsis lead update, 'Martha's Rule' pilot, welcome to Mid Nottinghamshire's newly-elected Members of Parliament (MPs), patient who has become the first in the East Midlands to receive a life-changing new treatment for Parkinson's Disease, Veteran's Aware accreditation, visit by Professor Sir Jonathan Van-Tam, Project SEARCH Graduates, Community Diagnostic Centre (CDC) update, midwifery retention, Teledermatology service, PRIDE events, Patient-Led Assessment of the Care Environment (PLACE) inspections, sustainability agenda and developments at Newark Hospital.</p> <p>IH referenced the video highlighting the new treatment for Parkinson's Disease and queried what are the next stages for the trial. DS advised this is not a trial and the patient highlighted in the video is the first patient in the East Midlands to receive the treatment, which is a National Institute for Health and Care Excellence (NICE) approved treatment for a specific and resistant type of disease. It is estimated only 1,000 patients in the UK will require this particular treatment.</p> <p>VD noted the pressure on the emergency pathway and felt this is partly due to the increase in the local population. VD felt the Trust's inpatient capacity is not at the level it should be to meet demand and queried if there are any plans to increase inpatient capacity.</p> <p>DS advised the Trust has increased activity and there are approximately 70 additional beds compared to the 'traditional' bed base as it was in 2019. This additional capacity was originally opened as Winter capacity, which has subsequently been kept open and staffed substantively. The Trust is being challenged to take this capacity out due to the financial climate, as this capacity is not part of the bed base. There are some actions which the Trust can take to improve the situation, for example, mitigating the demand on the emergency pathway, reducing length of stay, reducing internal delays, etc. Improvements have been made but there is still work to do.</p> <p>VD noted the Trust is currently running on a Winter capacity bed model, in the middle of summer, noting the financial pressure this places on the Trust, and queried if the Trust's permanent bed capacity could be raised to incorporate the additional 70 beds which are currently in place.</p>		



	<p>DS advised difficult discussions in relation to this are ongoing. While the number of attends is increasing, the number of admissions has not increased by the same percentage. This indicates the Trust has good processes in place for admission avoidance, for example, the use of Same Day Emergency Care (SDEC).</p> <p>RS noted the work underway to reduce length of stay and reduce pressure on the emergency pathway, etc. and queried if the Trust has articulated to the ICS the cost of not funding the additional beds which are currently in place. DS advised the Trust can reduce its overspend by closing beds, but beds can only be closed if activity is reduced. These points and data are shared with the ICS.</p> <p>IH queried how long the Trust and staff can sustain the current levels of pressure. DS acknowledged the pressure on staff and the amazing resilience of staff in ED. Offers of support for staff are ongoing.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/047</b>	<b>LEAD GOVERNOR REPORT</b>		
4 mins	<p>LB presented the report, highlighting recent changes to the governing body, 15 Steps, feedback from GovernWell events and the working group set up to consider the necessary changes to the Trust's constitution.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/048</b>	<b>15 STEPS FEEDBACK</b>		
3 mins	<p>EM joined the meeting.</p> <p>EM presented the report, highlighting the number of visits undertaken, themes identified, issues identified during visits and outstanding actions.</p> <p>AJ advised she has undertaken a number of 15 Steps visits and has found staff to be open, welcoming and happy to show the 'team' around.</p> <p>The Council was ASSURED by the report.</p> <p>EM left the meeting.</p>		
<b>24/049</b>	<b>NURSING WORKFORCE DEMOGRAPHIC</b>		
15 mins	<p>RH joined the meeting.</p> <p>RH presented the report, advising this report has been produced in response to anecdotal observations that the age profile is more junior than in previous years.</p> <p>RH advised the data shows lower numbers of staff in the 51-55 age group, noting this is a national trend. It is felt one of the drivers for this is people choosing to retire earlier than previously. The average age profile at SFHFT is 40-45, which aligns with the national demographic.</p>		



	<p>It is important to note age does not necessarily correlate with experience.</p> <p>AJ queried if the Trust has a robust retire and return programme to encourage older staff to return to work and if the Trust is flexible to accommodate changes to working patterns for staff wishing to return, but for less hours. RH advised one of the high impact interventions relates to flexible retirement and pension options. In order to retain experience, the Trust is scoping out legacy mentoring as a method of imparting knowledge and experience to younger staff.</p> <p>DS advised the Trust has set up 'itchy feet' discussions as a way of identifying reasons for staff wishing to leave the organisation and then working with them as necessary to encourage them to stay. RH advised this is the Thinking of Moving (ToM) Process. The aim is to embed that across the Trust, not just within nursing and midwifery, and align this with career conversations.</p> <p>VD noted the number of nurses aged 51-55 has reduced and queried what action is being taken to reduce the pressure on staff and encourage older members of the workforce to remain and help mentor younger staff. RH advised this is a national issue. As people reach age 50 and over, there are higher rates of burn-out and there is evidence to suggest this was impacted by Covid. It is important the Trust has opportunities to support staff.</p> <p>SB advised part of the role of non-executive directors is to try to provide the assurance being sought by VD. In considering the strategic threat of not having sufficient staff at the right time, there is no conclusive assurance in relation to this at the current time, noting the work of the People Team and the Nursing Team. It is difficult to identify any additional actions to take as the reality is the pressures will continue.</p> <p>VD queried if it is time to take a different approach, noting A-level students just see the hard work and not the rewards. GW advised there is a good working relationship between local education providers and the Trust and there is a need to continue to forge those relationships. There is a need to talk to students and help them understand the opportunities available at the Trust.</p> <p>RS advised she welcomes the ToM Process.</p> <p>JD expressed the view the requirement for nurses to have a degree has been detrimental due to the amount of debt accumulated by student nurses.</p> <p>The Council was ASSURED by the report.</p> <p>RH left the meeting.</p> <p>TB left the meeting.</p>		
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24/050	<b>ANNUAL REPORT AND ACCOUNTS 2023/2024</b>		
17 mins	<p>RM and JT joined the meeting.</p> <p><b>Annual Report</b></p> <p>SBS presented the report, advising the 2023/2024 Annual Report has been prepared in accordance with the NHS Foundation Trust Annual Reporting manual for 2023/2024. There were a number of changes in the guidance for 2023/2024 and these are detailed in the report. The Annual Report has been laid before Parliament, is available to view on the Trust website and will be presented to the Annual General Meeting (AGM) in September 2024.</p> <p><b>Annual Accounts</b></p> <p>RM presented the Annual Accounts, advising there are four main statements, namely the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows, and provided an explanation regarding each of these.</p> <p>The outturn against the financial plan was £13.97m deficit for the year. RM confirmed the Board of Directors adopted the accounts on 13<sup>th</sup> June 2024. KPMG (external auditors) have provided an Unqualified Opinion on the accounts, i.e. the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>RM highlighted the summary findings of KPMG and the recommendations made.</p> <p>DWi queried what was the financial impact of industrial action on the Trust. RM advised while there were staff on strike who did, therefore, not receive any salary, there was a cost in covering the services provided by the Trust. In addition, there was a loss of income due to being unable to provide some elective services.</p> <p>LB queried how the Trust's deficit position compares nationally. RM advised the deficit position of individual providers is not published and the Trust just has sight of the overall NHS England (NHSE) position. However, the Trust is not an outlier compared to other local providers it benchmarks against.</p> <p>IH queried how the Trust's relationship with the ICS is impacted by the deficit position. RM advised all four parties in the ICS have a deficit position and there are some strict targets from NHSE for the current financial year.</p> <p>JD queried what impact the 22% salary increase for junior doctors will have on the Trust's financial position. RM advised when the Trust carries out the budget setting process each year, there is a percentage increase which is funded as part of the allocations. This annual uplift in allocation should cover inflation. Where the agreed pay award exceeds this amount, a relative adjustment in year should be made in year to cover this. DS advised it is a multi-year deal.</p>		

	The Council was ASSURED by the report.		
<b>24/051</b>	<b>ANNUAL AUDIT LETTER</b>		
5 mins	<p>JT presented the report, outlining KPMG's responsibilities as auditors and their findings, including risks identified. JT confirmed an unqualified opinion was issued.</p> <p>The Council was ASSURED by the report.</p> <p>RM and JT left the meeting.</p>		
<b>24/052</b>	<b>FIT AND PROPER PERSON (FPP) UPDATE</b>		
6 mins	<p>SBS presented the report, which highlighted the actions taken in response to the requirements of the new FPP framework since the annual FPP update was presented to the Council in May 2024. It was noted that beyond the scope of the new framework, the Trust has extended the coverage of FPP testing to designated deputies.</p> <p>It was noted the requirements for FPP conclude at the end of June each year. Therefore, it was agreed the annual FPP update would be provided to the Council of Governors in August, rather than May, in future years.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Move Fit and Proper Person annual update from May to August on the Council of Governors workplan.</b></li> </ul> <p>The Council was ASSURED by the report.</p>	<b>SBS</b>	<b>12/11/24</b>
<b>24/053</b>	<b>CODE OF CONDUCT FOR GOVERNORS</b>		
1 min	<p>SBS presented the report, advising there have been some minor amendments made to the Governors' Code of Conduct, which are highlighted via tracked changes in the report presented to the Council.</p> <p>The Council APPROVED the Governors' Code of Conduct.</p>		
<b>24054</b>	<b>REPORT FROM BOARD SUB-COMMITTEES</b>		
26 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>MG presented the report to the Council, highlighting Internal Audit progress report, declarations of interest, counter fraud, Data Security Protection Toolkit (DSPT), Fracture Liaison Database and delivery of the Trust Strategy.</p> <p>IH advised the AAC is a rigorous committee, but raised concerns about the Trust's ability to deliver the strategy, noting the current pressures faced by the Trust. IH felt there is no transparency for Governors about the progress in developing the sub-strategies and, therefore, he has no confidence this work is underway and that the Trust has the capacity to undertake this work.</p>		

	<p>GW advised work is ongoing to develop the sub-strategies but acknowledged there is more work to do. DS advised there are a number of sub-strategies which are in place and have been approved by the Board of Directors, for example, the Clinical Services Strategy, Digital Strategy and Financial Strategy. The first update on progress of the Trust Strategy will be presented to the Board of Director in November 2024.</p> <p><b>Quality Committee</b></p> <p>AR presented the report to the Council, highlighting 62-day cancer performance, fragile services and patient safety approaches.</p> <p>PK advised the Quality Committee is a rigorous committee and the non-executive directors (NEDs) ask searching questions of the people presenting reports to the Committee.</p> <p>PK left the meeting.</p> <p><b>Finance Committee</b></p> <p>GW presented the report to the Council, highlighting Month 3 financial performance, target for 2024/2025, savings required for 2024/2025 and Investigation and Intervention Review.</p> <p>DWi queried what the split is between recurrent and non-recurrent financial improvement actions. GW advised there are more non-recurrent than recurrent improvements and further work is required to attempt to move non-recurrent savings to recurrent and identify additional recurrent actions.</p> <p>DWi sought clarification on the term 'vacancy management'. GW advised there is a need to recognise the cost savings for the Trust from vacancies, while also managing the consequential costs of vacancies, in terms of bank and agency costs. There is also the need to put in place strong controls to challenge whether vacant posts are required.</p> <p>DS advised the Trust is very clear that clinically facing posts, which make a difference to patients, will be recruited to without delay. There is a strong clinical voice at both non-executive and executive level.</p> <p>SM advised there is robust challenge from the NEDs on the Committee and the work to try to improve the financial situation is evident.</p> <p><b>People Committee</b></p> <p>SB presented the report to the Council, highlighting industrial action and the Thirlwall Review.</p> <p>DWi advised it was a very positive meeting with positive assurance provided.</p>		
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	<p><b>Charitable Funds Committee</b></p> <p>ARB presented the report to the Council, highlighting the project to re-scope the End of Life rooms, the purchase a pair of Neptune 3 Rovers and the Breast Service appeal.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
<b>24/055</b>	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
9 mins	<p><b>Membership and Engagement Group</b></p> <p>LB presented the report, highlighting new approach to Meet Your Governor (MYG).</p> <p>IH advised he welcomed the change in approach and the move to recording feedback electronically. IH felt communication should be considered for a future 'hot topic'.</p> <p>AJ advised she welcomes the new approach but queried if the MYG stands will still be in the King's Treatment Centre (KTC). SBS advised as the first hot topic was discharge, the main focus for obtaining feedback was governors being present in the Discharge Lounge. However, future sessions will be held in the KTC and feedback is not limited to the hot topic.</p> <p>The Council was ASSURED by the report.</p>		
1 min	<p><b>NED's Appraisal Outcome and Objectives</b></p> <p>GW presented the report, advising all NED appraisals have been undertaken. GW expressed thanks to all NEDs for their work advising the Trust is fortunate to have the level of expertise demonstrated by the NEDs.</p> <p>The Council APPROVED the NEDs' appraisals and objectives as recommended.</p>		
3 mins	<p><b>Revised Constitution</b></p> <p>SBS presented the report, highlighting the process undertaken to revise the Trust's Constitution, amendments made and next steps.</p> <p>The Council APPROVED the amendments to the Trust's Constitution.</p>		
4 mins	<p><b><u>Report of the Remuneration Committee</u></b></p> <p><b>Acting Chair's Objectives and Personal Development Plan (PDP)</b></p> <p>BB presented the report, highlighting the process for setting GW's objectives in his role as Acting Chair. The agreed objectives and PDP are outlined in the report.</p> <p>JD queried what the timeline is for appointing a substantive Chair. SBS advised this process would commence when Paul Robinson, Chief Executive, returns to work after his period of sick leave.</p>		

4 mins	<p>The Council APPROVED the Acting Chair's Objectives and Personal Development Plan.</p> <p><b>Appointment of Associate NED</b></p> <p>SBS presented the report, advising approval is sought for the Trust to recruit an Associate NED, with a focus on research and innovation. It was noted this role would be a non-voting member of the Board of Directors.</p> <p>The Council APPROVED the recruitment of an Associate NED.</p>		
3 mins	<p><b>NEDs' re-appointment</b></p> <p>BB and MG left the meeting.</p> <p>SBS presented the report, advising Barbara Brady (BB) comes to the end of her tenure on 30<sup>th</sup> September 2024, having served 6 years as a NED, and Manjeet Gill (MG) comes to the end of her tenure on 31<sup>st</sup> October 2024, having also served 6 years as a NED. In line with the Trust's constitution, both BB and MG are eligible for reappointment.</p> <p>The Council APPROVED the reappointment of Barbara Brady for 1 year to 30<sup>th</sup> September 2025 and the reappointment of Manjeet Gill for 1 year to 31<sup>st</sup> October 2025.</p> <p>MG re-joined the meeting.</p>		
2 mins	<p><b>Appointment of Vice Chair</b></p> <p>SBS presented the report, advising a Vice Chair of the Trust is required while GW (previous Vice Chair) is Acting Chair. The Remuneration and Nomination Committee are recommending Barbara Brady be appointed to this role.</p> <p>The Council APPROVED the appointment of Barbara Brady as Vice Chair.</p>		
<b>24/056</b>	<b>OUTSTANDING SERVICE – OPUS MUSIC – MAKING MUSIC AN INTRINSIC PART OF HEALTHCARE</b>		
7 mins	<p>A short video was played highlighting the work of the OPUS Musicians within the Trust.</p>		
<b>24/057</b>	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	<p>No questions were raised.</p>		
<b>24/058</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 mins	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>Approval of changes to the Trust's Constitution.</li> </ul>		

<b>24/059</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>24/060</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 12<sup>th</sup> November 2024  Time: 17:30  Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 20:15.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p>          <p><b>Graham Ward</b>  <b>Acting Chair</b></p> <p style="text-align: right;"><b>Date</b></p>		



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

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

P = Present  
A = Apologies  
X = Absent

Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
24/033	14/05/2024	Consideration to be given to how the People Committee can support the End of Life Team in their aim to increase the end of life training provision for nursing staff	Council of Governors	People Committee	13/08/2024 12/11/2024	S Banks		<b>Update 31/07/2024</b> Paper re End of Life training going to People Cabinet, probably in August, and may onto People Committee for consideration. <b>Update 30/10/2024</b> A paper went to People Cabinet on 13/08/2024 presenting assurance that the Trust implements a wide range of training and education for End of Life (EoL). The EoL team are currently reviewing the education they deliver & creating a tiered approach mapped to the Skills for Health – Core Skill framework. Once implemented there will be an audit in terms of impact. People Cabinet received assurance in terms of the Trust's approach & updates will be provided at relevant times. <b>Complete</b>	Green
24/052	13/08/2024	Move Fit and Proper Person annual update from May to August on the Council of Governors workplan	Council of Governors	None	12/11/2024	S Brook Shanahan	S Bradshaw	<b>Complete</b>	Green

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Acting Chair's report				<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Rich Brown, Head of Communication					
<b>Approved By:</b>	Graham Ward, Acting Chair					
<b>Presented By:</b>	Graham Ward, Acting Chair					
<b>Purpose</b>						
An update regarding some of the most noteworthy events and items the past three months from the Acting Chair's perspective.					<b>Approval</b>	
					<b>Assurance</b>	Y
					<b>Update</b>	Y
					<b>Consider</b>	
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
<b>Principal Risk</b>						
<b>PR1</b> Significant deterioration in standards of safety and care						
<b>PR2</b> Demand that overwhelms capacity						
<b>PR3</b> Critical shortage of workforce capacity and capability						
<b>PR4</b> Insufficient financial resources available to support the delivery of services						
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation						
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits						
<b>PR7</b> Major disruptive incident						
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change						
<b>Committees/groups where this item has been presented before</b>						
None						
<b>Acronyms</b>						
ICB = Integrated Care Board NICU = Neonatal Intensive Care Unit NTU = Nottingham Trent University NUH = Nottingham University Hospitals STEM = Science, Technology, Engineering and Maths						
<b>Executive Summary</b>						
An update regarding some of the most noteworthy events and items the past three months from the Acting Chair's perspective.						

## Updates on Trust Executive and Non-Executive Director recruitment

A number of changes are to be made to the Trust's Board of Directors over the coming months, as the Trust looks to appoint two Non-Executive Directors, one Associate Non-Executive Director and one Executive appointment to the role of Director of Improvement and Change.

### Non-Executive Director and Associate Non-Executive Director recruitment

As a reminder, the three Non-Executive Director roles we are looking to recruit to are as follows:

- One a financially-qualified Non-Executive Director with Board-level strategic financial leadership experience, drawn from a track record working in complex highly regulated sector(s). The successful candidate will be able to join the Audit and Assurance Committee or Finance Committee and be a part of the committee chair succession planning.
- One clinically-qualified Non-Executive Director with extensive experience in primary care, secondary care, public health or social care to join the Quality Committee.
- One Associate Non-Executive Director with a focus on research and innovation, recognising the important role that these fields play in making great care happen here at Sherwood.

The first of those Non-Executive Director roles will be to backfill my own substantive position as a Trust Non-Executive Director, following my appointment to the role of Acting Chair. Longer-term, this appointment will replace my substantive position, recognising I will have served my maximum tenure at the point my time as Acting Chair comes to an end.

The second Non-Executive Director vacancy we are looking to appoint will be for a medically-qualified individual to succeed our existing Non-Executive Director, Dr Aly Rashid, who has recently informed us of his intention to step-down at the end of his current term. We are grateful to Aly for his three years in post, where he has proven himself as an invaluable member of the Trust's Board and a great support to me personally during my time as Acting Chair. We wish him well in his next chapter.

Recruitment for all three positions has now begun, with the roles now being advertised. I will, of course, keep the Trust's Council of Governors apprised of the latest developments concerning these important appointments.

### Director of Improvement and Change recruitment

Following the departure of the Trust's substantive Director of Strategy and Partnerships earlier this year, the Trust has taken the opportunity to reconfigure the role as it seeks to appoint to a new position of Director of Improvement and Change.

The post will be a non-voting Executive Director role, with the postholder to be responsible to the Chief Executive and the Trust Board for leading the improvement and change agenda across the Trust – and for contributing to delivering the Trust's strategic aims and objectives by fostering a culture that is progressive, inclusive and values driven.

The postholder will develop and keep under review the improvement agenda, providing expertise and strategic direction. This will involve enhanced activities to ensure the smooth and effective delivery of service transformation at all levels of the organisation. Using an approach which recognises the day-to-day realities and challenges of running the Trust the postholder will be expected to apply pragmatic methods which engage and encourage staff.

The Director of Improvement and Change will apply expert insight and technological vision to understand services provided not only from an organisational perspective but also through the lens of patients and service users. The postholder will also be expected to drive innovation to improve clinical processes and organisational culture by applying evidence-based improvement methodologies.

From creating a trust wide improvement culture to helping to realise the benefits that our plans for our first Electronic Patient Record or 'EPR' system will bring, this role has the potential to help re-define how we make great patient care happen here at Sherwood now – and over the years to come.

That role is due to be advertised by the time our Council of Governors meets. I – alongside the Acting Chief Executive – will continue to keep the Trust's Council of Governors updated on our plans to recruit to this important role.

## College, university and hospitals show the power of partnership

The Trust's pioneering partnerships with local education providers continue to go from strength-to-strength – a fact we saw first-hand on a recent visit to West Nottinghamshire College alongside our Acting Chief Executive and Nottingham Trent University (NTU) colleagues in October 2024.

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

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

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

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

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

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

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

Together, we have also run a series of Step into the NHS events aimed at promoting the various job roles available in the area's hospitals and the educational routes towards them.

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

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

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

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

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





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

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

In October 2024 alone, 383 Trust volunteers generously gave over 4,600 hours of their time to help make great patient care happen across the 33 services they have supported during the month.

During the month, eight volunteers were presented with their Long Service Awards for service ranging from five to 20 years.

Pictured right is cafe volunteer Lesley receiving her five-year award from the Trust's Director of Corporate Affairs, Sally Brook Shanahan.



Other notable developments from our brilliant Community Involvement team and our team of volunteers over the past three months include:

- Facilitating a visit from Performance Health – a NHS medical supplies company who hosted a fundraising stall on-site for their 'Make a Difference' volunteering day in support of the Sherwood Forest Hospitals Charity.
- Working with ATTFE College, West Nottinghamshire College and Brunts' School to explore partnership opportunities for students to support with fundraising and community volunteering projects.
- Finalising the festive events plan, which includes a programme of visits from school carol singers across the Trust's three sites, as well as plans for Christmas Jumper Day, Twelve Days of Christmas raffle for staff, and obtaining funding for inpatient gifts.
- Supporting OPUS Healthcare Musicians with arrangements for the second staff engagement and training session at Mansfield Community Hospital. Ward and therapy staff and volunteers will be in attendance, together with representation from Critical Care who are keen to see how music can support patient recovery and therapy.
- Arranging publicity for charitable-funded projects such as the purchase of cot canopies for the Trust's Neonatal Intensive Care Unit (NICU). These will support babies' brain development by encouraging a dark and quiet environment to sleep.

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

### **Trust approves schemes to benefit from volunteers' funding in latest Dragons' Den panels**

The Community Involvement Department received a record number of applications for service improvement projects under £5,000, which are raised by funds from the wonderful King's Mill Hospital Volunteers from profits raised in the Daffodil Café and other fundraising stalls.

The process helps to utilise funds raised from charity efforts to ensure that precious Trust resources can remain focused on frontline patient care.

The panel were delighted with the number of responses and the passion and enthusiasm shown by those who came to present. Of the 28 applications received, funding has been approved for 13 projects with a total value of around £50,000.



A further eight bids will be supported by the Sherwood Forest Hospitals Charity, with support given to all successful applicants to navigate the finance and procurement process.

We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month – and we look forward to sharing news of the difference these schemes will make across our hospitals.



## Notable engagements:

A number of meetings have been undertaken over the past three months as part of my role as Acting Chair. Those meetings include:

- A productive Board-to-Board meeting with Nottingham University Hospitals (NUH) colleagues, where we explored how the two trusts can continue and extend their partnership working together.
- The Notts Healthier Together Leadership Board with Trust Chairs and Chief Executives from Nottinghamshire Healthcare and Nottingham University Hospitals (NUH). The meeting focused on collaboration in the interest of furthering system working around four key areas of: planned care; people and culture, looking at how we recruit better, look after our people and align our people processes; corporate services; and estates.
- Attending the Nottingham and Nottinghamshire Integrated Care Board's (ICB) bi-annual meeting with foundation trust governors from Nottinghamshire Healthcare and from Doncaster and Bassetlaw Teaching Hospitals. The event included a roundtable workshop to explore how trusts can move 'from acute to community' and 'from treatment to prevention'.
- Attending the Ashfield 'PLACE' Board on Wednesday 23 October 2024.
- Attending the monthly meeting of the Chairs and elected members meeting on Thursday 24 October.
- Joining the Trust's Acting Chief Executive to meet with Sabrina Taylor, the Chief Executive of Nottingham and Nottinghamshire Healthwatch
- Meeting with Caroline Shaw as the Chief Executive of an organisation called Evergreen Life to explore how the Trust can make better use of the NHS app to further enhance the patient care it provides.
- Undertaking my latest '15 Steps' walkarounds with the Trust's staff-side lead, Roz Norman, at the Trust's Nottinghamshire Healthcare Informatics Service (NHIS), visiting the Corporate Planned Care Team, as well as visiting the Trust's mattress sterilising, catering and medical engineering teams. I am grateful to everyone who welcomed us during our visits.
- Conducting our latest 'Board to Board' meeting with members of the Nottingham and Nottinghamshire Integrated Care Board (ICB).
- A monthly update meeting with NHS England's regional director for the Midlands, Dale Bywater.
- Meeting with Mansfield District Council to further the Trust's place-based work with the Council.
- Quarterly meeting with other Trust Chairs from Nottingham University Hospitals (NUH) and Nottinghamshire Healthcare, where we were delighted to host them at King's Mill Hospital for our latest meeting.
- During July 2024, I also visited our Research and Innovation team who showed-off their brilliant work which includes designing the layout for the forthcoming ward area with beds and seating areas to help them to conduct more research within ward environments.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Acting Chief Executive's report				<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Rich Brown, Head of Communication					
<b>Approved By:</b>	David Selwyn, Acting Chief Executive					
<b>Presented By:</b>	David Selwyn, Acting Chief Executive					
<b>Purpose</b>						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.					<b>Approval</b>	
					<b>Assurance</b>	Y
					<b>Update</b>	Y
					<b>Consider</b>	Y
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
<b>Principal Risk</b>						
<b>PR1</b> Significant deterioration in standards of safety and care						
<b>PR2</b> Demand that overwhelms capacity						
<b>PR3</b> Critical shortage of workforce capacity and capability						
<b>PR4</b> Insufficient financial resources available to support the delivery of services						
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation						
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits						
<b>PR7</b> Major disruptive incident						
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change						
<b>Committees/groups where this item has been presented before</b>						
None						
<b>Acronyms</b>						
ANPR = Automatic Number Plate Recognition BMA = British Medical Association CDC = Community Diagnostic Centre MSK = Musculoskeletal ICB = Integrated Care Board PICS = Primary Integrated Community Services UTC = Urgent Treatment Centre						
<b>Executive Summary</b>						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.						

# Operational updates

## Overview of operational activity

Following a seasonal ease in Accident & Emergency attendance demand in August 2024, we have seen demand pressures increase as we moved into September to return to above-planned levels once again.

Demand for non-elective admission has consistently remained above planned levels throughout 2024/25, however in recent months the gap to plan has reduced.

These demand pressures have meant that our Urgent and Emergency Care pathway remains pressurised, with patients not always receiving timely care in the manner we would wish despite us implementing escalation actions. National benchmarking data suggests that similar Urgent and Emergency Care pressures are being felt across the country right now. We continue to benchmark well against a number of national targets and work continues to improve our ways of working and to strengthen our front door capability, despite much of the increased activity remaining currently unfunded.

Within our planned care pathway, outpatient, day case and diagnostic activity levels are favourable to plan. Our 'Referral to Treatment' waiting list size continues to reduce, albeit slightly behind our plan.

We have fallen behind our plan for our long-waiting elective patients, which is partly driven by patients being transferred to Sherwood Forest Hospitals as part of our Trust playing its part in supporting our local system colleagues.

Performance against the three main cancer performance standards were above plan in August 2024, which is the most up-to-date reporting period available.

A more comprehensive update on our operational performance was presented to the Trust's Board in our latest Integrated Performance Report where we considered the Trust's 2024/25 quarter two performance, and a review of the first six months of the year, later in the agenda.

## Industrial action update

Rising demand for our services has been compounded over the past month by multiple periods of industrial action that create additional complexity in managing the numbers of patients accessing our services.

During July 2024, the Trust was last affected by further periods of industrial action across its services - both from Medirest colleagues and from the industrial action called by the British Medical Association (BMA).

The most recent BMA industrial action took place between 7am on Thursday 27<sup>th</sup> June 2024 and 7am on Tuesday 2<sup>nd</sup> July 2024, resulting in 487 appointments, operations and procedures being postponed here at Sherwood to allow us to focus on providing safe urgent and emergency care to patients.

Despite those challenges, we managed to deliver 4,645 appointments, operations and procedures during that period. I am grateful to colleagues who worked to ensure that patients could continue to access the care they needed throughout that time.

Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 9,621 appointments, procedures and operations in order to prioritise the delivery of safe urgent and emergency care throughout each period of industrial action.

Financially, the cost of the past year's industrial action now runs to over £9.2million here at Sherwood alone. That figure accounts for the spend to cover lost shifts, lost income opportunities and missed efficiency-saving opportunities. To date, the Trust has received in excess of £5.2million of national funding to mitigate the impact of this.

We have welcomed the progress that has been nationally to bring an end to this national dispute.

## Over 50,000 tests delivered as Nottinghamshire's first Community Diagnostic Centre marks one-year milestone

The project to bring Nottinghamshire's first Community Diagnostic Centre (CDC) has celebrated delivering over 50,000 health checks and tests to local people - even before the first brick has been laid for the new purpose-built facility.

The tests include blood tests, X-rays, and MRI scans that are being offered as part of the project before the new purpose-built facility is eventually built alongside Mansfield Community Hospital in Stockwell Gate.

These additional tests have taken place across the Trust's King's Mill, Mansfield Community and Newark Hospitals, as well as from a specialist mobile unit at the Nottingham Road Clinic in Mansfield. Those tests have helped to reduce the time it takes for patients to be referred to help them receive an 'all clear' or diagnosis sooner.



Work is continuing to progress on the multimillion Community Diagnostic Centre scheme after [the project received planning approval for its revised plans from Mansfield District Council in September](#).

Anyone looking to find out more about the project can attend the Trust's latest public information event on Thursday 21<sup>st</sup> November 2024 from 8.30am to 12noon at Mansfield Community Hospital. Members of the public are invited to drop-in at any time during the event, where they will have the opportunity to speak with team members leading the CDC project, ask questions, and learn more about the latest developments.

### Newark Urgent Treatment Centre (UTC) update

The Trust has been continuing its preparations to implement the new extended opening hours for Newark Urgent Treatment Centre (UTC), following the decision from the Nottingham and Nottinghamshire Integrated Care Board (ICB) to amend the opening hours of the facility.

Earlier this year, the Nottingham and Nottinghamshire Integrated Care Board (ICB) made its decision on the future opening hours of Newark Hospital's Urgent Treatment Centre (UTC) following feedback from residents, stakeholders and clinical input from healthcare experts.

The UTC provides urgent care and non-life-threatening treatment for injuries or conditions, such as cuts, simple broken bones, wounds, minor burns and minor head, eye and back injuries.

Currently, the Urgent Treatment Centre operates between 9am and 10pm as a temporary measure, with the last patient being admitted at 9.30pm. As a result of the ICB decision on the Centre's permanent opening hours, the UTC will open between 8am and 10.30pm each day, seven days-a-week. Under the new opening hours, the last patient will be admitted at 9.30pm each day.

The new permanent opening hours will offer an extended window for patients to access essential healthcare services, opening earlier and longer to support people who need to access the service around working patterns and school times.

Once the new opening hours are introduced, the service will be open for 14.5 hours per day – exceeding the 12-hour minimum national standard for UTCs set by NHS England, as well as the current temporary operating hours at the UTC.

As part of the decision-making process, the Trust supported the ICB in engaging with residents and stakeholders to ensure that the preferred option for the UTC opening hours aligned with the community's needs. The feedback from residents of Newark clearly indicated the high value they place on the service received at the UTC. While there was clearly a strong preference for a return to 24 hours opening, this was balanced against other factors within a rounded, evidence-based decision.

The evidence-based decision follows a review by the East Midlands Clinical Senate and their subsequent recommendation to make permanent the overnight closure of the Urgent Treatment Centre.

Since that decision was made, the Trust has been working to implement those changes to the Centre's opening hours, including by undertaking formal consultation with the Trust staff who work there. The new opening hours are due to come into effect at 8am on Monday 11 November 2024.

Once introduced, both the Trust and the ICB will also continue to assess the impact of the extended operating hours, monitoring usage and reviewing patient feedback to ensure we continue to provide a responsive service to local people.

The Trust has also been working with ICB colleagues to launch a communications campaign to remind local residents of how to access emergency and urgent care locally, in response to feedback from local residents following the consultation process.

## Partnership updates

### **Successful community event held for patients under NHS care**

More than 150 people attended a third community event aimed at supporting patients with their health and wellbeing during October 2024.

The event was organised by MSK Together – a partnership hosted by Sherwood Forest Hospitals NHS Foundation Trust which includes Nottinghamshire Healthcare NHS Foundation Trust, Nottingham University Hospitals NHS Trust, Primary Integrated Community Services (PICS) and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).

Taking place at Kirkby Leisure Centre, it was attended by residents of Mansfield, Ashfield, and Newark and Sherwood who are on under the care of the NHS for musculoskeletal (MSK) conditions which affect bones, joints, or muscles.

MSK conditions can significantly impact people's quality of life and ability to work and socialise, often existing with other health problems like obesity, chronic pain, depression, and physical inactivity.

The purpose of the event was to help those people access the wide range of help and support services available to them within the local area, as connecting people with local support networks empowers patients to proactively manage their health while they wait for the next step in their treatment journey.

Events such as this are so important as they support members of the community to take control of their own health and wellbeing, providing them with the practical advice and resources they need to manage this.

We are grateful to all of the partners we work with who helped to make this event such a success.

### **Meeting with Lee Anderson MP for Ashfield**

During August, I met with the Member of Parliament (MP) for Ashfield, Lee Anderson MP, alongside the Trust's Chief Nurse, Phil Bolton, and its Director of Midwifery and its Divisional Director of Nursing for the Trust's Women and Childrens Division, Paula Shore.

The meeting was held ahead of Mr Anderson holding a parliamentary listening event and debate into preventable baby loss, which took place in early September 2024.



The meeting proved very constructive meeting, both in providing an opportunity to provide a factual briefing before that parliamentary debate – as well as to discuss the Trust's wider maternity services, including our work to reduce smoking rates in pregnancy.

On Friday 23 August, we were delighted to welcome Mr Anderson back to the Trust for a walkaround of the Trust's maternity services to showcase the care we provide at Sherwood to help inform that debate.

## Other Trust updates

### **Celebrating the life-saving actions of one of our Trust nurses, Eleanor Pike**

During October 2024, we celebrated the life-saving actions of one of our Trust colleagues who helped save the life of a local resident while off-duty.

Eleanor Pike, our Deputy Ward Sister in Ward 31 at King's Mill Hospital, was walking along the river in her hometown of Newark when she came across 83-year old Phil Seagar on the floor in the recovery position.

As he had hit his head and was covered in blood, the people with him hadn't realised that his heart had stopped, which Eleanor identified in seconds.

She performed CPR (cardiopulmonary resuscitation) on Phil for "what felt like ten minutes" and it later turned out that he had been clinically dead for a total of 15 minutes.

Due to Eleanor keeping the CPR going, the ambulance crew were able to shock him back to life.

Since the incident, the two have become firm friends, after a chance meeting between Eleanor's mum's friend and Phil's brother put them in touch with each other.

Eleanor described their initial meeting as being 'very emotional', with tears from them both. She now checks in with him on a weekly basis, even chauffeuring him from further hospital visits and says that Phil couldn't be more thankful to her for saving his life.

We are incredibly proud of Eleanor for putting her training into action – it's very different doing CPR beside the River Trent compared to in a hospital. We're delighted that it was successful and has given Phil more time with his family and friends.

Survival rates for people who have a cardiac arrest outside of a hospital setting are incredibly low. We encourage everyone to learn CPR and how to use a defib so that those having a sudden cardiac arrest have the best chance of surviving.



## Cataract patients to benefit from new one-stop clinic



Patients who have cataracts are set to benefit from a new one-stop clinic which will reduce the need for multiple hospital visits ahead of surgery. The Trust's clinic at Ashfield Health Village in Kirkby-in-Ashfield will also help to reduce overall waiting times for surgery.

At the clinic, patients will see their consultant, have all the tests they need and, if all is well, they will be given a date for both their pre-op appointment and their operation. There are likely to be fewer cancellations because appointments are made to suit patients.

Previously, patients had to make multiple visits to hospital before they got a date for their surgery. The location at the health village has free parking and good access for patients, especially those with mobility problems, and its small size provides a calm and quiet environment.

Patients can be referred to the service via their optometrist or GP. Operations will continue to take place at either King's Mill Hospital or Newark Hospital.

The cataract clinic joins the ophthalmology community diagnostic centre already at Ashfield Health Village, which assesses patients who have conditions such as glaucoma, macular degenerative disease and diabetes.

The official opening of the clinic on Monday 30 September was attended by Trustees from the League of Friends (Mansfield and Sutton) who generously donated £58,844 to buy specialist equipment for the clinic. This includes a state-of-the-art instrument that accurately measures the eye in a non-invasive way, an ultrasound scanner, and a special microscope with a bright light attached to it that is used to look at different parts of the eye.

The one-stop cataract clinic will be a huge benefit to patients who will experience a quicker, smoother process, and means we can potentially see more patients.

As a Trust, we are very grateful to the League of Friends for providing equipment that will ensure patients receive gold standard care and a date for their surgery on the first visit for cataract referral.

Moving all cataract appointments to Ashfield Health Village creates more space at the main Trust for complex clinical cases, meaning we can maximise our resources and ultimately treat more patients.



## Trust playing its part in nationwide RSV vaccination campaign

The Antenatal Vaccination Team administered their first vaccination for Respiratory Syncytial Virus or 'RSV' at King's Mill Hospital during October 2024.

Mansfield resident Morgan Panting is due to give birth on 16 November and decided to have the vaccine to ensure she protects the health of her future baby.

The RSV vaccine is now available during pregnancy to help reduce the severity of the RSV virus in newborns. The virus can cause respiratory illness which in some cases can have serious lifelong consequences or lead to death.

Giving the RSV vaccine from week 28 of pregnancy will temporarily boost antibody levels in the birthing parent, enabling them to transfer a high level of antibodies to their unborn child through the placenta, and this will protect the newborn baby against RSV in their first months of life.



This will also give the parent enough time to make the antibodies and transfer them to the unborn child, considering the possibility that the baby may be born prematurely.

RSV is a major respiratory virus that is common over the winter period, typically from November to February. While the symptoms are mild for many, RSV accounts for around 30,000 hospitalisations of children under 5 in the UK each year.

Expectant mothers and birthing people can speak to their midwife if they are pregnant and would like to have the vaccine.

## Damien becomes first patient in the East Midlands to be treated with new Parkinson's drug



A patient here at King's Mill Hospital has become the first in the East Midlands to receive a life-changing new treatment for Parkinson's disease.

Damien Gath, 52, from Derby, underwent the treatment here at Sherwood, where we have been proud to become one of the first hospitals in the East Midlands to offer Produodopa - a new NICE-approved infusion therapy that is administered via a portable pump under the skin for patients with advanced-stage Parkinson's disease.

Mr Gath, who was first diagnosed 12 years ago and has been under the care of Sherwood Forest Hospitals since 2016, underwent treatment with new infusion therapy during July.

A breath-taking video of Damien making a cup of coffee 'before and after' receiving the treatment underlines just how life-changing the treatment is for him. You can [watch that incredible video on the Trust's Facebook page here](#).

Produodopa is administered as a continuous infusion therapy, meaning the patient no longer experiences the fluctuations common in oral drugs caused as a dose of medication fades away and the next dose is not due. The portable drug infusion ensures a gradual release of medication, resulting in greater symptom management. Damien can also administer an additional dose when needed, offering greater personal control over his condition.

Damien reported that he was in considerable pain at night and was unable to sleep or even to turn over, experiencing significant fluctuations in his condition as the effect of the oral drugs were reduced during the night. Since beginning the infusion therapy, which he has been trained to administer himself at home, his quality of life has been transformed.

Teams at the Trust have worked hard to implement this new therapy as soon as it was approved for use by the NHS to ensure it was available for our patients - offering a shining example of the Trust bringing its *Improving Lives* vision to life.

I am grateful to everyone who has played their part in bringing this life-changing treatment to Sherwood.



### **Car parking charges to be reintroduced across Trust sites**

Car parking charges are to be introduced for both public and staff car parks across all Trust sites, as the Trust continues to respond to the challenging financial climate we are facing.

Public car parking charges are due to be reintroduced on Monday 18<sup>th</sup> November 2024, with staff car parking charges due to be introduced in the New Year.

More details about these initiatives will be communicated in the run-up to those changes going live, including with clear instructions and signposting to support being included in patient appointment letters.

The reintroduction of those charges to patients, visitors and colleagues alike is a difficult but necessary step that the Trust has been required to take to ensure that the Trust's precious resources are prioritised on continuing to provide great patient care.

Any income generated by this initiative will be used to cover the costs incurred by the Trust for providing parking to patients, visitors and staff – including to cover the Trust's obligations under the Public Finance Initiative agreement.

The car parking charges will be enabled by the recent introduction of Automatic Number Plate Recognition (ANPR) cameras at all three of our sites. That system will help ensure both visitors and employees park in designated car parks and improve the flow of traffic which should help to ease parking difficulties.

### **New electric charging points for King's Mill Hospital**

A number of additional electric car charging points have been installed at King's Mill Hospital over recent weeks, as the Trust works to further its environmental commitments and make more sustainable use of its resources and estates over the coming years.

A total of 24 new chargers have now installed in a staff car parking area (Car Park 11) at King's Mill Hospital to allow staff to charge their vehicles while on-shift. The new chargers, which are due to go-live over the coming weeks, will supersede the two chargers currently available for staff on-site.

The introduction of new electric car charging points at King's Mill follow the introduction of 16 new electric car parking spaces at Newark Hospital, which have been introduced as part of [the opening of a new 80-space staff car park there in partnership with Newark and Sherwood District Council that is already helping to improve the car parking situation for staff and patients on-site.](#)



## ***Celebrating Excellence at Sherwood Forest Hospitals***



During October 2024 the Trust hosted its second annual *Celebrating Excellence* conference as an opportunity for Nursing, Midwifery, Allied Health Professional and other colleagues to showcase some of the improvement projects that have been taking place across the Trust over the year gone by.

The morning was filled with a range of presentations from colleagues aimed at inspiring others to start their own improvement projects across the Trust, with projects included as part of the showcase including a Non-Invasive Ventilation (NIV) ward accreditation project and the benefits that have come following the opening of the Trust's Same Day Emergency Care surgical unit.

The event was a timely celebration of this work, ahead of the Trust's *Improvement Week* in early November 2024, where the Trust's Improvement Faculty will be working with colleagues to start bring their own improvement ideas to life.

## Council of Governors - Cover Sheet

<b>Subject:</b>	Council of Governors		<b>Date:</b>	12 <sup>th</sup> Nov 2024	
<b>Prepared By:</b>	Liz Barrett, Lead Governor				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett, Lead Governor				
<b>Purpose</b>					
To share an overview as to the activities that Governors are engaging in and the impact of this work				<b>Approval</b>	
				<b>Assurance</b>	X
				<b>Update</b>	X
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	X	X	X		
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
N/A					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
<b>Executive Summary</b>					
An overview as to how Governors have been spending their time this quarter and the impact of this.					



The Governing Body for SFHFT have remained very active in terms of their voluntary contributions this quarter.

Governors have continued to engage in 15 Steps, which we view as a really important way of assessing first-hand what is happening within the hospitals. It is fabulous to have the variety of 15 Steps places and wards to visit, and great to have the mixed teams which enable strong discussion about each area. During my own personal 15 Steps visits I have been extremely impressed with the level of cleanliness and the calmness that I have observed. I have frequently observed highly committed, caring staff who go 'above and beyond' to support and look after patients. I have also witnessed great dignity shown to patients and their families, which is a credit to all involved.

Attendance at Governor meetings remains high with governors actively contributing strong discussion points to the debates. Individually and collectively we are keen to ensure we continue to support the quality improvements taking place within SFHFT.

Governors have brought forward some really powerful ideas, too. One idea which we are starting to take forward as a governing body is how we, as governors, can actively get 'out and about' more in the communities that our hospitals serve to listen to feedback and observations. This approach will enable us to get a wider patient / carer voice which we can then relay. Alongside this, we are also planning to identify fundraising opportunities that governors can work together on to support the Charitable Trust arm of SFHFT.

The ICB held an online shared Governor event which was very well attended by SFHFT governors. Again, there was some really strong and useful debate and discussion. It was clear during the session that I was part of, that SFHFT performs very strongly within its peer group and that SFHFT governors' routine activities (MYG, 15 Steps etc) are not standard practice elsewhere. I personally feel that this approach gives the governing body a unique insight into SFHFT life and enables us to be better placed to securely know what is happening in the different areas.

Governors received a fabulous Risk Register presentation a few months ago. Time and care were taken to explain the rigour involved in monitoring risks and the impact of these within the hospitals. This presentation and the way in which it was delivered gave robust reassurance to the governing body that risk management is taken very seriously within SFHFT, with a lot of 'behind the scenes' work taking place to mitigate risk.

Recently governors have been involved in Place-based audits. These again present a really valuable opportunities for governors to be exposed to what is happening within the hospital on a day-to-day basis. The organisation behind these audits is really strong, with a wealth of information captured and reported upon in real time.

Work has continued and been completed to ensure that we have a constitution that enables SFHFT to be more agile when running elections. This approach will also serve to reduce costs.

Governors are to be involved in the upcoming NED appointments with dates scheduled for shortlisting and interviewing.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	15 Steps Challenge Update.	<b>Date:</b>	12 <sup>th</sup> November 2024		
<b>Prepared By:</b>	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
<b>Approved By:</b>	Candice Smith, Director of Nursing Quality & Governance				
<b>Presented By:</b>	Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints				
<b>Purpose</b>					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from July to September 2024.		<b>Approval</b>			
		<b>Assurance</b>			
		<b>Update</b>	<b>x</b>		
		<b>Consider</b>			
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>x</b>			<b>x</b>		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				<b>x</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
<b>Acronyms</b>					
<b>Executive Summary</b>					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from July to September 2024. 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 explores different healthcare settings through the eyes of patients and relatives, also providing the opportunity to align patient and staff experiences, and to promote a positive experience for all, encouraging staff to understand and initiate local service improvement.</p> <p>During the reporting period from July to September 2024, there were a total of 24 visits confirmed as undertaken, with reports completed and returned.</p>					

The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15-Step process as they seek to capture real-time honest patient feedback.

The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.

## Introduction

The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits that have taken place between July and September 2024. This paper details the clinical and non-clinical areas visited, the feedback identified by the visiting teams, and any themes or trends noted.

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

During the reporting period, there was a total of 24 visits completed, seeing reports completed and returned. This identifies a slight decrease from the previous quarter, that highlighted 26 visits were completed, visit areas were as follows:

July	August	September
Newark Theatres, (Theatre 3)	Ward 53	Pre-Operative Assessment Newark
Welcome Treatment Centre	Cardiac Catheter Suite	On-call Bedrooms Newark
Emergency Department	Ward 22	SSU
Ward 11	Little Millers	Canteen
Sherwood Birthing Unit	Ward 33/SSDEC	Ward 14
Ward 51	Clinic 8	Lindhurst
	Faith Centre	Day Case, Surgical
	Ward 14b	
	Maternity Ward	
Total 6	Total 9	Total 7

It should be acknowledged that due to the board meeting in September surpassing its usual scheduled time, the visits had to be re-scheduled.

When analysing the qualitative data, themes, and trends can be seen throughout all visits and are positive, it is evident that the Trust CARE Values and behaviours are reflected throughout the areas visited and staff show a sense of pride, leadership and engagement when interacting with the 15 Steps teams and the patients they are caring for. Below are some examples of the feedback received.

### Welcoming:

All of the teams were welcoming, and engagement was noted to be positive. Staff were keen to talk to the teams about their areas and current works being undertaken.

All staff were noted to interact well with patients and each other.

It was noted that Pre-Operative Assessment is very small, and we discussed potential of expanding with more surgery at Newark. Staff were very welcoming and friendly and professional with patients.

## **Caring and Involving:**

High standards of patient information were available in all areas that were visited.

Staff had a sense of pride when talking about the new SSDEC and the benefits they have seen so far, there seemed to be clear processes.

The nursery was clearly an educational environment and they had different rooms for children of different ages which were clearly marked out.

One area was noted to have a brilliant, homely family room and dining room for patients and families to gather, encourage social eating and socialising with others. The patients were very happy with the care they were receiving.

In one particular area it was noted that all the patients we spoke to knew what was happening, with the exception of one patient in the waiting area who had been waiting for over 2 hours for his treatment to commence due to lack of space/ over running treatments.

In the Welcome Treatment Centre patients commented that the environment would be improved if there could be a TV in the main area and/ or in the waiting area. Some patients also commented that the option of having a family member with them would have been welcomed.

One patient we spoke to was receiving her first oncological treatment at SFH after having to receive all her previous ones at NUH due to capacity at SFH. She told the team she was delighted to finally be receiving her treatment close to home (1 mile away) and how it was such a better experience for her.

## **Safe:**

The environments were noted to be clean and tidy with up to date and relevant information displayed.

There was noted compliance with all IPC guidance.

The team who visited the Newark Theatres described a "Beautiful new theatre, looks fresh and clinical, New theatre, looks professional, well organised and clinical" The department sister articulated well the work around standardisation and discussions with a transformation workstream.

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

Departments and wards visited felt calm and organised.

Staff were observed to be interacting well with patients and each other, with teamworking evident.

There were many informative display boards described from visiting teams and they were described as eye catching and up to date.

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

The majority of actions identified during the visits were addressed at the point of contact, seeing immediate action being taken, where appropriate and in accordance with the 15 Steps process, with assurance given that where required communication would be shared with the wider team, to prevent similar occurrences.



Several issues were resolved shortly following the visits, and currently, any outstanding that weren't confirmed as complete, including during the previous quarter, are identified below seeing some actions as ongoing.

Status	Action	Assigned to	Discussed during visit	Due date	Notes
Restaurant	Issues with food being limited.  Issues with how busy the restaurant was.	Medirest	x	Ongoing	Ongoing work, around provisions is currently being undertaken. Looking at alternatives.
Ward 52	One recline chair is damaged, and already out for repair. Contacting charitable funds.	Ward Leader	✓	Ongoing  September 2024  Update required	Need to obtain the serial numbers and send them with what cushions need recovering.
Ward 43	One wall to be painted.	Department Leader	✓	Update required.	Due to be painted during life cycle in October, ward leader will ask for this to be done sooner if possible.
Ward 51	TV Access.	CEO	✓	Update required	To look at access of TVs for patients.
Welcome Treatment Centre	Lack of space to meet capacity and for patients to have family member/ carer with them.	Cancer Service	✓	Ongoing	Raised at cancer steering group and cancer leadership team. Discussed with Matron.
Little Millers	Wi-Fi was an issue at times.	People Directorate	✓	Ongoing	People Directorate to discuss with NHIS.
Clinic 8	The signage was inconsistent on rooms.	Outpatient Department Lead	✓	Ongoing	Feedback to OPD.
Pre-operative Assessment Unit Newark	Not well signed from the main entrance.	Corporate Head of Nursing	✓	6mth March 2025	Discus with the division, but in general all signs need reviewing.
On-call bedrooms Newark	Poor condition and have had work completed, the radiator moved, and the walls need redecorating.	Corporate Head of Nursing	✓	Ongoing	To raise again with Skanska. Once the rooms have been re-decorated there is new furniture, fridges, kettles, and refreshments to go into the rooms.



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 November 2024 to April 2025, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues allowing for improvements or sharing of positive findings.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Improvement Faculty Update				<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Jim Millns, Associate Director of Transformation					
<b>Approved By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships					
<b>Presented By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships					
<b>Purpose</b>						
The purpose of this paper is to provide the Council of Governors with an update on the work of the Improvement Faculty.					<b>Approval</b>	
					<b>Assurance</b>	
					<b>Update</b>	<b>X</b>
					<b>Consider</b>	
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
			<b>X</b>			
<b>Identify which Principal Risk this report relates to:</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					<b>X</b>
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					<b>X</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
None.						
<b>Acronyms</b>						
QSIR – Quality, Service Improvement and Redesign ICB – Integrated Care Board QI – Quality Improvement HFMA – Healthcare Financial Management Association						
<b>Executive Summary</b>						
1. <u>Overview</u>  1.1 As the Council of Governors will recall, the Sherwood Forest Hospitals Improvement Faculty (herein referred to as ' <i>the Faculty</i> ') was launched on 4 <sup>th</sup> May 2023. It has therefore been operational for 18 Months.						

1.2 The role and remit of the Faculty is to help and support the wider organisation to:

- Improve the quality of patient care and the experience of those who use our services.
- Improve clinical outcomes.
- Improve the working lives of our colleagues.
- Make the best use of our resources.

1.3 Although the role of the faculty has not significantly changed, there has been a change in emphasis over the last 6 months, **with a much greater focus on financial improvement** (see slide 4).

1.4 That said, the Faculty Team have worked hard to ensure that the **cultural and qualitative elements that underpin the Trusts continuous quality improvement ambitions** (see 1.5 below) are not undermined (see slide 5). This includes continuing to develop close **collaborative partnerships both internally and externally** (see slide 6).

1.5 In addition, and as noted previously, the Improvement Faculty have been instrumental in helping to develop and coordinate a Continuous Quality Improvement Strategy (CQIS). As Governors will recall, the CQIS will provide a framework that reinforces the Trusts commitment to '*strengthening and sustaining a learning culture of continuous improvement*'. The aim is to firmly embed continuous learning and improvement across the entire organisation. The CQIS will therefore provide a clear statement of our ambition (as noted above).

1.6 In light of pending changes to the Executive Director Team however, and the soon-to-advertised Director of Improvement role, it was felt prudent to **pause the ongoing development of the CQIS**, to allow the new role an opportunity to input into its development. Although in a relatively advanced stage of development therefore, the CQIS has been put '*on hold*' temporarily.

## 2. Recommendations

2.1 The Council of Governors are asked to:

- a. Note the contents of the attached report.
- b. Agree to receive a further update in 6-months.



# Improvement Faculty Update

Council of Governors Meeting

12<sup>th</sup> November 2024

# Contents

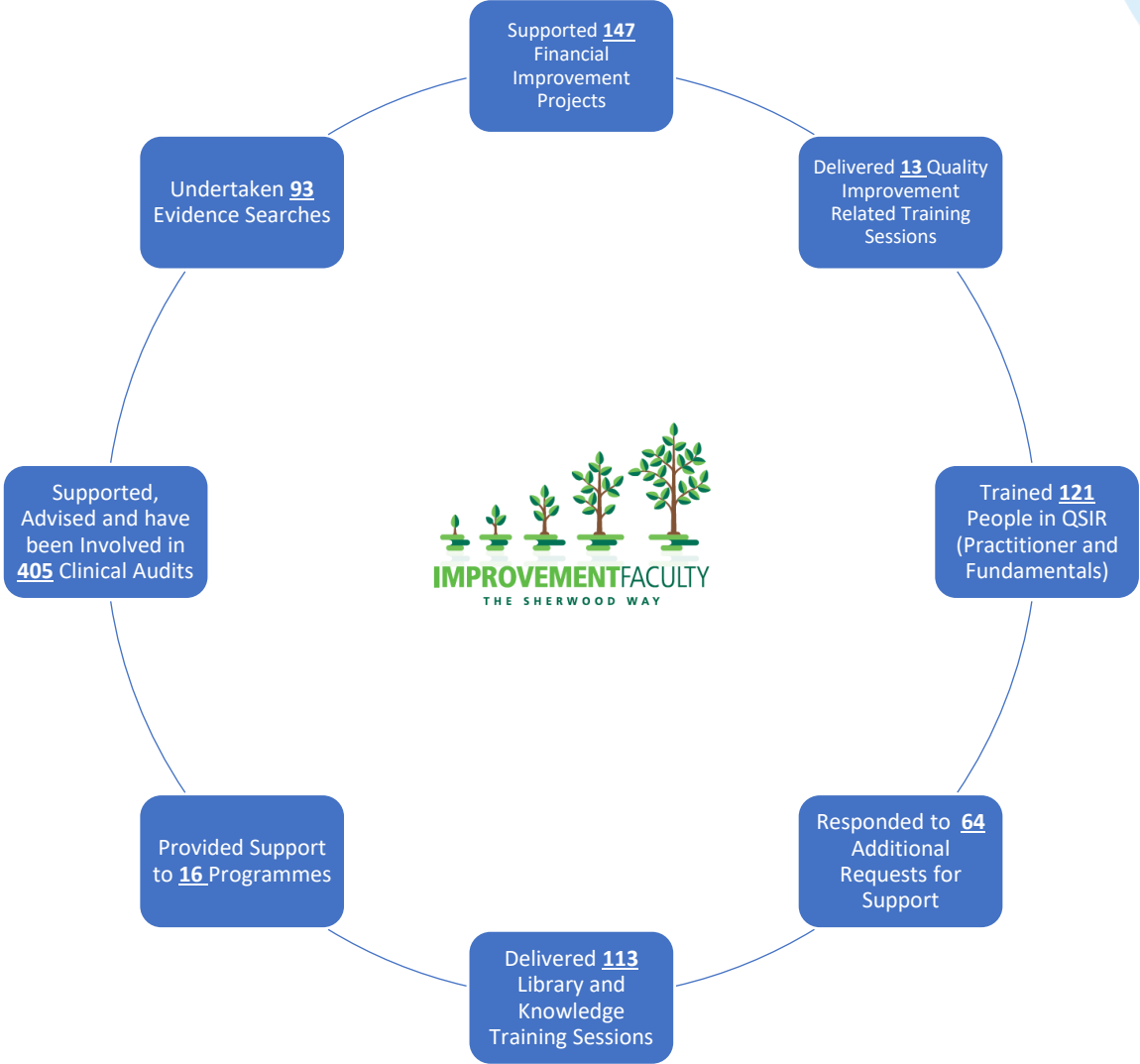
- 1. Improvement Faculty ‘In Numbers’
- 2. Financial Improvement
- 3. Quality Improvement and Culture
- 4. Patient Safety
- 5. System Collaboration
- 6. Contact Details

Slide Number

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1. Improvement Faculty Update – Improvement Faculty  
‘In Numbers’

In the last 6 Months we have.....



## 2. Improvement Faculty Update – Financial Improvement

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

**The financial efficiency challenge has dominated a large proportion of Improvement Faculty resource and time.**

- The Improvement Faculty team have helped to identify, scope and develop a **£41.5m Financial Efficiency Programme**. The target is £38.5m. The team support every aspect of the programme, working closely with clinical and operational teams and corporate support services.
- Whilst previously the delivery of the financial efficiency programme was formally reported monthly; the Improvement Faculty team currently provide:
  - A weekly update on all aspects of the programme to the Executive Director Team;
  - A weekly granular overview of all projects, which provides the basis of the financial efficiency meetings;
  - A weekly submission to the ICB as part of system oversight;
  - A monthly update to the Financial Recovery Cabinet (previously the Improvement Cabinet); and
  - A monthly update to the Finance Committee.

Although automated processes have been developed and implemented (where possible), **the reporting element of the Faculty's work has required significant resource input.**

- By applying rigour, good governance and the principles of good project and programme management however has resulted in good progress being made. The unweighted plan (£41.6m) (which is the value with no risk adjustment) is currently greater than the target (£38.45m), and the weighted forecast (£30.9m) (which is the value that takes into account an adjustment based on multiple risk factors) is increasing every week. **Confidence levels are therefore improving.**

### 3. Improvement Faculty Update – Quality Improvement (1)

- Despite the financial challenges that the Improvement Faculty are helping to support, **we remain committed to upholding the core principles of quality improvement and cultural development** (as detailed within the NHS IMPACT (Improving Patient Care Together) framework) (<https://www.england.nhs.uk/nhsimpact/>):
  - We are continuing to develop and deliver a structured training programme, accessible by all colleagues across the Trust which will include:
    - QSIR Fundamentals and QSIR Practitioner;
    - Joint QI/Project Management Training
    - Human Factor training
    - Clinical Audit training
    - Creativity in Improvement Sessions
  - We are developing and coordinating 'alumni activity' including the development of local QI networks, the provision of refresher sessions, online sources of support and coaching/support sessions.
  - We have supported a number of significant qualitative projects and programmes, including:
    - The Surgical Same-Day-Emergency-Care (SDEC) Service.
    - The Frailty Service.
    - The Discharge Lounge.
    - The development of Paediatric High Dependency Beds.
    - 'Getting the Basics Right' (a project aimed at improving patient experience and patient flow).
    - The Mansfield Community Diagnostic Centre (CDC).



### 3. Improvement Faculty Update – Quality Improvement (2)

- We provide expert coaching and support to every ward who are part of the ward accreditation process, in terms of their respective Improvement Projects. This includes all inpatient wards, the Emergency Department (ED) and maternity.
- We have ‘relaunched’ the Improvement Faculty Intranet pages (<https://sfhnet.nnotts.nhs.uk/improvementfaculty/>), which now include online sources of help and support, including self-help documentation.
- We are continuing 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.
- **We successfully hosted ‘Improvement Week’**, a virtual conference which consisted of a series of online and pre-recorded sessions combined with some in-person events. We opted for a virtual conference approach, to ensure all colleagues had the opportunity to get involved, even if this was after the event via the online content. The materials from the event have been uploaded onto our intranet page.

#### 4. Improvement Faculty Update – Patient Safety

- The Improvement Faculty have started to work closer with the Governance Support Unit, in particular the Clinical Director for Patient Safety. The significance of this is two-fold:
  - We have been able to utilise our expertise by way of helping teams to identify potential patient safety issues. For example, We recently led a Patient Safety Incident Investigation (in Cardiology), which involved coordinating a large-scale process mapping exercise. This identified issues with the way in which diagnostics are ordered.
  - Patient safety incidents are also increasingly being used (alongside other sources of data and intelligence) as potential opportunities for further exploratory work.

#### 5. Improvement Faculty Update – System Collaboration

- Whilst managing and supporting the financial position has been challenging, the fact the challenges are system-wide, has been a major catalyst for system collaboration. A number of programmes that the Improvement Faculty are supporting now have a collaborative element, particularly in terms of sharing good practice, exploiting economies of scale and taking a ‘doing things once and doing them well’ approach.
- The sharing of good practice is particularly important, particularly given there is often a degree of similarity between respective programmes. We are therefore meeting regularly with our Improvement Colleagues in other organisations and are about to undertake some collaborative improvement work with NUH. This will involve the joint delivery of a series of ‘*Working to Achieve Value and Excellence*’ (WAVE) rapid improvement exercises. This is a well-established nationally recognised process which has been commended by the HFMA (<https://www.hfma.org.uk/articles/crest-wave>).

## 6. Improvement Faculty Update – Contact Details

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

## Council of Governors - Cover Sheet

<b>Subject:</b>	Improving Lives strategy – 6 months progress		<b>Date:</b>	12 / 11 / 2024	
<b>Prepared By:</b>	Paula Longden, Associate Director of Strategy and Partnerships				
<b>Approved By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships				
<b>Presented By:</b>	Claire Hinchley, Acting Director of Strategy and Partnerships				
<b>Purpose</b>					
To provide the council of governors with an update on the Trust's progress of delivering the Improving Lives strategy in the first 6 months since launch.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	X
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
Trust Board – November 2024					
<b>Acronyms</b>					
DNA – did not attend (the appointment)					
MECC – making every contact count					
NHS IMPACT – improving patient care together (NHS improvement approach)					
<b>Executive Summary</b>					
<p>The 'Improving Lives' strategy sets out how the Trust intends to adapt and change to meet the challenges it faces over the next five years. The strategy was developed with input from members, patients, our population and our people. It was approved and launched on 1 April 2024.</p> <p>The following report was presented to Board in November and is the first update of delivery for the period April to September 2024. Governors may find it helpful when facilitating discussions with trust members and our local population.</p> <p>The Improving Lives vision is to deliver consistently outstanding care by compassionate people, leading to healthier communities. To achieve this vision the Trust has six strategic objectives, which are:</p>					

- Strategic objective 1 – Provide outstanding care in the best place at the right time
- Strategic objective 2 – Empower and support our people to be the best they can be
- Strategic objective 3 – Improve health and wellbeing within our communities
- Strategic objective 4 – Continuously learn and improve
- Strategic objective 5 – Sustainable use of resources and estate
- Strategic objective 6 – Work collaboratively with partners in the community

Underpinning the strategic objectives the Trust has five supporting strategies, which provide greater detail on the principles and actions that deliver against these objectives and collectively achieve the Improving Lives strategy. The supporting strategies are:

- Clinical services strategy
- Quality strategy
- People plan
- Partnership strategy
- Finance strategy

These supporting strategies have been reviewed in Board committees during September and October against expected progress, and this has been amalgamated into demonstrating delivery of the overarching Trust strategy 'Improving Lives'.

This Board report brings together progress into a summary of delivery aligned to each strategic objective.

NHS organisations have faced significant challenges during April to September but the Trust has continued to focus on its longer term goals and has many achievements to be proud of. The Trust has demonstrated delivery against every strategic objective making improvements to the lives of our patients, our people and the local population.

During the next six months, there will be a refresh of the quality strategy and the people plan, and the finance strategy will be finalised, which will further align to delivery of the Trust strategy.

A further review of progress and impact of the strategy's deliverables will be presented to the Council of Governors in May 2025.

The Council of Governors is asked to NOTE the report.



## **Introduction**

The Trust's five year 'Improving Lives' strategy was approved and launched on 1 April 2024. This is the first summary of delivery towards the six strategic objectives for the period April to September 2024.

The Improving Lives vision of delivering consistently outstanding care by compassionate people, leading to healthier communities is underpinned by six strategic objectives:

- Strategic objective 1 – Provide outstanding care in the best place at the right time
- Strategic objective 2 – Empower and support our people to be the best they can be
- Strategic objective 3 – Improve health and wellbeing within our communities
- Strategic objective 4 – Continuously learn and improve
- Strategic objective 5 – Sustainable use of resources and estate
- Strategic objective 6 – Work collaboratively with partners in the community

The Trust's supporting strategies set out principles and actions that deliver against these objectives and collectively achieve the Improving Lives strategy. The supporting strategies are:

- Clinical services strategy
- Quality strategy
- People plan
- Partnership strategy
- Finance strategy

The following section of the report provides a summary of progress against each strategic objective.

## **Strategic objective 1 – Provide Outstanding care in the best place at the right time**

In our journey to be rated outstanding across all of our services, the Trust has taken steps to be at the forefront of service provision with innovative, safe and efficient healthcare.

Service developments and achievements focused on improving patient care and experience include:

- Being the first Trust in the Midlands to administer a new Parkinson's drug which made significant impact on our patients life and ability to complete daily tasks. This development received worldwide media interest

- The new discharge lounge providing purpose-built accommodation for our patients waiting to leave the hospital. Patient activity has doubled since the service transferred to its new environment
- Implementation of Vantage pharmacy system which provides timely tracking of samples throughout the department resulting in a better response for patients
- The Trust has achieved new and maintained existing nationally-recognised accreditations across divisions and specialties including, in pathology services, cellular pathology, clinical chemistry and clinical microbiology<sup>1</sup> and, in maternity services, the Baby friendly initiative
- Preparing for the electronic patient record working alongside clinical teams to map opportunities that digital working and digital records will bring
- The Trust is 6<sup>th</sup> best in England for its performance in emergency department patient flow and for ambulance handovers, meaning our patients are assessed and treated as early as possible in the right place
- The Trust has issued 167 carers passports to ensure our carers are identified and supported by our specialist teams

## **Strategic objective 2 – Empower and support our people to be the best they can be**

Making the Trust a great place to work and belong is a key focus of our People Strategy.

Improvements have been made to services provided by the People Directorate, aligned to the four delivery pillars of the NHS People Plan.

### Looking after our people

- The Trust has commenced its 'Expect respect, not abuse' campaign, with the initial focus on supporting colleagues who experience violence and aggression from patients and service users and now expanding to promote sexual safety
- Development of a health and wellbeing survey to canvass staff on their knowledge of the health & wellbeing offer, exploring barriers to engagement

### Belonging in the NHS

- The Trust has developed and successfully piloted exit interviews and 'thinking of moving' conversations to identify reasons why people leave the organisation and to support retention, a key initiative of the People Promise Exemplar programme
- Delivery of the Equality, Diversity & Inclusion Improvement Plan has prompted a relaunch of the Trust's staff networks and recruitment of inclusive recruitment champions

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<sup>1</sup> ISO 15189:2012 Medical laboratories – requirements for quality and competence (assessed by the United Kingdom Accreditation Service)

#### Growing for the future

- Working towards its strategic aim to be the local employer of choice, the Trust has continued with its Step into the NHS programme of events, is developing strategic partnerships with Vision West Nottinghamshire College and has enhanced its work experience offer with a 25% increase in offered placements since April 2024
- The coaching and mentoring network is under development with communications going live in October 2024

#### New ways of working and delivering care

- Workforce plans and recruitment to the Trust's new Community Diagnostics Centre services at Mansfield Community Hospital continue to be supported
- Revised processes have been developed utilising efficiencies in our electronic staff record and health roster systems, with the aim of removing duplications in processes

### **Strategic objective 3 – Improve health and wellbeing within our communities**

The Trust will ensure that every contact counts and is committed to improving health and wellbeing within those people who work and live in our local population.

The Trust is taking action to address health inequalities:

- Digital 'flag' now in place for patients with cancer who also have a learning disability enabling adjustments to be made in their care
- Creation of a health inequalities steering group, which has agreed priority areas of focus over the rest of the year
- Cultural competency training delivered in women and children's division which supports our people to engage effectively with people from different cultures and countries in a way that best meets their needs
- A focus on reducing DNAs (Did Not Attend the appointment) with a health inequalities lens to identify different approaches to the way we manage our patient appointments
- Working with our partners to deliver MECC (Making Every Contact Count) training within the Trust to raise competencies and look at different ways to provide each contact

### **Strategic objective 4 – Continuously learn and improve**

To embed a strong culture of continuous improvement the Trust has:

- Embedded improvement culture through mechanisms such as the Patient Safety Incident Response Framework, which seeks to identify learning from incidents

- Completed a self assessment against improvement domains set out in NHS IMPACT's national tool which puts us on a journey of improvement across the organisation
- Appointed a citizen improvement partner to engage the patient voice in improvement programmes
- Delivered improvement ambassador awards to our People who have demonstrated great service improvement projects in their area of work that have positively impacted on patient care
- Delivered a successful Celebrating Excellence event which showcases the outcomes of improvement through our nursing, midwifery, allied health professionals and pharmacy colleagues
- Promoted patient engagement through the in-patient survey to identify real time improvements

### **Strategic objective 5 – sustainable use of resources and estate**

To deliver the best possible care for the community we serve, and using our resources wisely the Trust has:

- Focussed on core financial controls, assurance and pace of improvement with the aim for financial breakeven in 2026 and a contribution to the ICS financial position
- Eliminated the use of desflurane across the Trust supporting delivery of our Green Plan
- Added additional electric vehicle charging points and a new bus stop to promote sustainable and greener travel
- Worked with clinical fellows to develop further plans for decarbonisation and competencies for the workforce to tackle the impacts of climate change

### **Strategic objective 6 – Work collaboratively with partners in the community**

The Trust has a long history of working in partnership, recognising delivery of the strategic objectives cannot be achieved by the Trust alone. The Trust has developed several relationships into deliverable partnerships including:

- Focussed work within provider collaboratives to build resilience in fragile services
- Commenced a collaborative programme of work with primary care to respond to problems that occur when patients move to and from the Trust's care to general practice
- Working closely with Vision West Nottinghamshire College to increase work experience and apprenticeships, and aligning a practice development nurse to work with students at the college, which is improving professional behaviours
- Developed a partnerships canvas to model the Trust's partnerships and the value exchanged through working in collaboration

## **Summary**

Despite challenging circumstances faced by many NHS organisations across England in the first 6 months of this year, the Trust has achieved lots to be proud of towards delivering the strategy of Improving Lives.

In the next 6 months, there will be a refresh of several supporting strategies which will enhance deliverables for future years. Progress continues to be made in measuring the impact and outcomes of delivery, with a view of gaps and risks to delivery due at the first-year review.



**Council of Governors - Cover Sheet**

<b>Subject:</b>	Winter Plan				<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Mark Bolton, Associate Director of Operational Performance					
<b>Approved By:</b>	Dr David Selwyn, Acting Chief Executive					
<b>Presented By:</b>	Dr David Selwyn, Acting Chief Executive					
<b>Purpose</b>						
Council of Governors are asked to note and take assurance from our 2024/25 Winter Plan.					<b>Approval</b>	
					<b>Assurance</b>	✓
					<b>Update</b>	
					<b>Consider</b>	
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
✓	✓	✓	✓	✓	✓	
<b>Principal Risk</b>						
<b>PR1</b> Significant deterioration in standards of safety and care						
<b>PR2</b> Demand that overwhelms capacity						✓
<b>PR3</b> Critical shortage of workforce capacity and capability						
<b>PR4</b> Insufficient financial resources available to support the delivery of services						
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation						
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits						
<b>PR7</b> Major disruptive incident						
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change						
<b>Committees/groups where this item has been presented before</b>						
Winter Plan approved by Trust Board in October 2024 and reviewed prior to Trust Board by the Executive Team, Trust Management Team, Divisional Leadership Team and Winter Planning Group.						
<b>Acronyms</b>						
ED – Emergency Department CAU – Childrens' Assessment Unit SFH – Sherwood Forest Hospitals NHS Foundation Trust						
All other acronyms are defined within the paper.						
<b>Executive Summary</b>						
The attached presentation provides a summary of our 2024/25 Winter Plan which was considered in full in the October 2024 public Trust Board meeting.						
We have learnt from previous years and started the planning process early in 2024/25 with engagement across corporate and divisional teams. Outputs of the annual bed modelling exercise and proposed priority mitigations within the allocated financial envelope (both bedded and non-bedded) are presented. The proposed schemes represent the 'best offer' available and together with some exceptional actions (such as running bed occupancy at 96% and reconfiguring elective orthopaedics for a short period in early 2025) leave us with a peak bed gap of 47 beds in Dec-24.						

Summary information is also presented around how we are supporting Team SFH over Winter, areas of system focus, and escalation and contingency plans.

It should be noted that our Winter Plan may continue to evolve, and it forms part of a wider process across the Integrated Care System (ICS).

The Council of Governors is asked to note and take assurance from our 2024/25 Winter Plan.

# Winter Plan 2024/25

Update for Council of Governors

November 2024



# Key Principles for Winter Planning

- Health and care partners will all work together to offer **appropriate services to our population**
- **Patient safety** is optimised, and **quality of care** is maintained.
- The **health and wellbeing of staff** is maintained
- **Minimise any adverse impact on elective activity** and associated patient experience, income and performance.

# Approach to Winter Planning

Full winter plan approved by Trust Board public session in October 2024 included:

**1. Anticipate and assess** issues in maintaining resilient services:

- Key winter pressure drivers identified – likely epidemiology of winter 2024/25
- Lessons learned from 2023/24
- Demand modelled
- Risks identified

**2. Prevent** the likelihood of occurrence and effects of any such issues:

- Prevent and manage infection including vaccination and patient/staff testing
- Effective population, patient and staff communications (system approach)

**3. Prepare** by having appropriate mitigating actions, plans and management structures in place:

- Mitigating actions and flow priorities inc. staff and support service plans; staff well-being
- Non-elective (NEL) surge plans and the extent to which elective activity is protected
- Specific plans for Christmas and New Year period

**4. Respond and recover** by enacting plans and contingencies as required:

- Escalation triggers and actions
- Contingency plans.



# Supporting Team SFH over Winter

## TLC-Talk, Listen, Care

- Support managers to have effective wellbeing conversations
- Provide Wellbeing Conversations Training and REACT Mental Health Awareness Training
- Act upon the feedback in the Wellbeing Survey Q3
- Schwartz Round topics include managing risk in busy area and the frequently hospitalised patient

## Wellbeing Spaces and Breaks

- Lead by example by taking breaks, planning breaks and supporting colleagues to rest, refuel and rehydrate
- Promotion of the wellbeing spaces outside of work areas
- Reminder of how to report maintenance needs to ensure spaces are safe and inviting

## Burnout and Stress

- Promote use of new Stress Management Policy to proactively support colleagues
- Target promotion and support areas with high anxiety, stress depression sickness absence and high burnout score in Staff Survey
- Promotion of financial wellbeing resources and support to reduce and address money worries

## "Boost" Vaccinations

- Promote annual Influenza campaign and signpost staff to Covid-19 vaccination through national offer
- Ongoing communications support
- Wide-ranging wellbeing offers and incentives for vaccination
- Team and individual support
- Compassionate support during pressured times

# Key Winter Schemes for 2024/25

Increase our bed base:

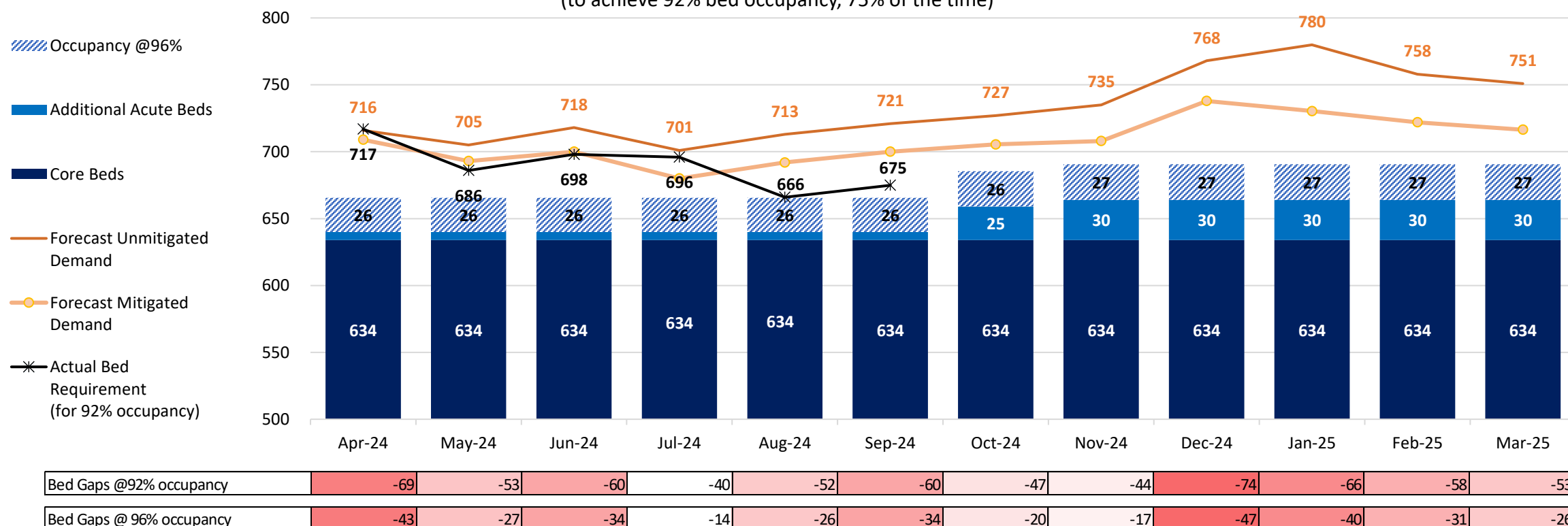
- Open pockets of **additional beds at King's Mill** (Stroke, overnight and weekend use of day case facilities)
- **5 more beds at Mansfield Community Hospital** (Lindhurst ward)

Improve patient flow:

- **Increased CAU opening** - 10am to 10pm, 7 days - giving children and their parents better access to urgent and emergency care when they need it
- **Frailty unit** on medical day case with Same Day Emergency Care (SDEC) offer, to ensure frail patients are seen quickly helping to prevent deterioration in their condition
- **Expansion of surgical SDEC** to enable patients referred from ED to be seen and go home on the same day
- **Weekend trauma operating** to prevent patients waiting for surgery
- **Doubling of respiratory physicians at weekends** helping patients with seasonal conditions get faster treatment and shorter stays in hospital
- **Additional portering and additional weekend consultant and discharge coordinator on our Short Stay Unit** to speed up decision making and the transfer of patients to their usual place of residence.

# Adult Bed Model: 2024/25 Chart with Mitigations

**SFH - 24/25 Acute Adult Bed Model**  
(to achieve 92% bed occupancy, 75% of the time)



Our 'best offer' winter mitigations have been presented that fit within the winter reserve. Unfortunately, we have not achieved a route to bridging the whole gap over winter. The consequences of not bridging the bed gap include: (1) bed occupancy being higher than 96%; (2) patients waiting for admission in ED with associated patient experience and safety concerns; and (3) the need to enact escalation actions.

# Key Areas of System Focus

- Nottingham and Nottinghamshire Integrated Care System are overseeing the system winter plan
- Key features of system partner plans that could support SFH are:
  - Reminders via primary care of alternative pathways to reduce urgent care demand
  - Flex the balance between on the day a routine GP appointments according to demand, particularly on the days after the bank holidays
  - Concerted effort on care home residents including provide care home ward rounds and community multi-disciplinary teams to support and maintain patients in the community
  - Maintain and improve Urgent Community Response waiting times and review of Category 3 patients before conveyancing to ED
  - Mental health crisis service (as an alternative to ED)
  - Vertical integration and optimisation of Virtual Ward services to prevent hospital admission
  - Optimise Discharge to Assess service to deliver timely patient flow.

# Escalation Plans and Contingencies

- **Full Capacity Protocol (FPC)** and **Operational Pressures Escalation Levels (OPEL) 4 action cards** in place
- **SFH command centre** six times daily email status updates shared seven days a week and viewable 24/7 by SFH colleagues in SQL Server Reporting Services (SSRS)
- **System control centre** in place; escalation status of system partners visible
- **On call structure** in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team.

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

<b>Subject:</b>	Audit and Assurance Committee	<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Manjeet Gill – Chair of Audit and Assurance Committee		
<b>Approved By:</b>	Manjeet Gill		
<b>Presented By:</b>	<b>Manjeet Gill</b>		
<b>Purpose:</b>			
		<b>Assurance</b>	<b>Substantial Assurance</b>

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p><b>External Audit Digital Fees</b> – A proposed increase in the external audit fees due to digital costs were questioned and escalated for clarification of process for fees increase, VFM and decision-making process.</p>	<p>Further assurance on the PA consulting Intervention and Investigation work, particularly about 'grip and control.'</p> <p>Following on from the emerging themes report as part of the counter fraud assurance, further consideration was requested of the emerging themes and benchmarking information to identify areas for further proactive work.</p> <p>Further assurance on how actions commissioned in high light reports assured as completed. Assurance on process for operational risks and strategic risk. It was recognised this needed to be proportionate.</p>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Substantial Assurance for the Internal Audit Progress report, Register of Interest, outstanding Internal Audit Actions, Speaking Up Activity, Counter Fraud Progress report, Non-Clinical Policies, single tender waivers and losses and payment reports.</p> <p>Positive Assurance for the external audit progress report, other than the area of digital fees escalated above.</p> <p>Positive assurance on the Risk Committee quadrant report</p>	



<p>Limited Assurance for the Outpatients, Appointments and Remote Consultations audit. Assurance was proved on the management response and actions to address audit recommendations.</p>	
<p><b>Comments on effectiveness of the meeting</b></p>	
<p>Feedback from Grant Thornton as part of the well led review observation would be provided to the Chair and part of the final report. Governor feedback was around the external audit additional fees, importance of emphasis on SMART objectives and capacity related risks.</p>	
<p><b>Items recommended for consideration by other Committees</b></p>	
<p><b>Finance Committee to note the additional fees indicated in relation to external audit.</b></p>	

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

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

<b>Subject:</b>	Quality Committee	<b>Date</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Aly Rashid, Non-Executive Director/Chair		
<b>Approved By:</b>	Aly Rashid, Non-Executive Director/Chair		
<b>Presented By:</b>	Aly Rashid, Non-Executive Director/Chair		
<b>Purpose:</b>			
Assurance report to Board		<b>Assurance</b>	<b>Substantial Assurance</b>
<b>Matters of Concern or Key Risks Escalated for Noting / Action</b>		<b>Major Actions Commissioned / Work Underway</b>	
<ul style="list-style-type: none"> <li>- Importance of the Clinical Services Strategy and the balance between finance, quality, and safety.</li> <li>- The bed capacity gap heading into winter posing a significant risk.</li> </ul>		<ul style="list-style-type: none"> <li>- Launch of Martha's Rule 23<sup>rd</sup> September 2024.</li> </ul>	
<b>Positive Assurances to Provide</b>		<b>Decisions Made</b> <i>(include BAF review outcomes)</i>	
<ul style="list-style-type: none"> <li>- Positive Assurance taken from the Patient Safety Committee, Nursing, Midwifery &amp; AHP and Perinatal Assurance Committee Reports.</li> <li>- Assurance provided in relation to the Perinatal Pelvic Health Service and education surrounding 3<sup>rd</sup> and 4<sup>th</sup> degree tears.</li> <li>- Assurance in relation to the responses to the two Maternity PFD's.</li> <li>- Positive initial feedback from the CQC visit.</li> <li>- Good level of discussion in relation to the IPR Reports for Timely Care and Quality.</li> <li>- Assurance provided in response to the Limited Assurance Report into Outpatients, Appointments and Remote Consultations.</li> </ul>		<ul style="list-style-type: none"> <li>- Approval of IPC BAF</li> <li>- Approval of BAF with no changes to Principal Risks 1,2 and 5.</li> <li>- Approved Patient Safety Incident Response Plan.</li> </ul>	

**Comments on effectiveness of the meeting**

Positive meeting held with a high quality of papers provided. Good level of discussion and challenge with assurance provided against concerns raised.

**Items recommended for consideration by other Committees**

N/A

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

<b>Subject:</b>	Finance Committee (FC) Report	<b>Date:</b> 12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Graham Ward – FC Chair	
<b>Approved By:</b>		
<b>Presented By:</b>	Graham Ward – FC Chair	
<b>Purpose:</b>		
To provide an overview of the key discussion items from the informal Finance Committee meeting of 29 <sup>th</sup> October 2024.		Assurance Significant

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li><u>2025/26 Planning</u> (to NOTE) – In response to 2025/26 planning communications from the ICB concerns have been expressed over the potential operational and financial implications of the potential ICB savings schemes and to request additional funding to reflect the increased levels of emergency activity.</li> <li><u>FIP</u> (to NOTE) - FIP requirement of £38.5M. Programme continues to be developed but there is still a £7.55M weighted financial gap.</li> <li><u>H1 Financial Position</u> (to NOTE) – At the end of Month 6 the Trust has an adverse variance to plan of £0.8M.</li> </ul>	<ul style="list-style-type: none"> <li><u>NHIS</u> – Agreed that future reporting and governance to be reviewed.</li> <li><u>Digital Options</u> – Committee recommended that a future Board Development Meeting should include a discussion on digital options.</li> <li><u>FT Commercial Opportunities</u> – To be discussed further as part of the Board Time-Out in November.</li> <li><u>Insourcing/Outsourcing Contracts</u> – Consideration to be given on how best to provide support and focus to divisions on these contracts.</li> <li><u>Finance Strategy</u> – focussed discussion to be held at the next meeting.</li> <li><u>Sustainability</u> – more work to look at how the green agenda can be resourced and developed further.</li> </ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> <li><u>NHIS Performance</u> – Continued good performance acknowledged for the first 6 months.</li> </ul>	<ul style="list-style-type: none"> <li><u>Microsoft Agreements</u> – Agreed to recommend approval to Board.</li> <li><u>Phase 2 I&amp;I Support</u> – Approved proposal.</li> </ul>

<ul style="list-style-type: none"> <li>• <u>Digital Landscape Update</u> – Helpful paper tabled outlining our current position and the next steps. To be followed up with a forecast of the potential future financial implications.</li> <li>• <u>Medicine Division Presentation</u> – First of the divisional deep dives. Was noted that there are ongoing pressures because of the growth in activity being significantly above the planned 0.6%.</li> <li>• <u>Procurement</u> – forward plan discussed and agreed future oversight of Insourcing and Outsourcing contracts.</li> <li>• <u>PFI</u> – Continued progress on settlement deed noted. Target of reaching a Settlement Agreement ready for approval processes has moved back to late November though.</li> <li>• <u>National Cost Collection</u> – Update received confirming required submission made and that benchmark data will be used to explore further FIP potential.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>BAF</u> – Agreed that overall risk score should remain at 16.</li> </ul>
<b>Comments on Effectiveness of the Meeting</b>	
<ul style="list-style-type: none"> <li>• All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.</li> </ul>	
<b>Items recommended for consideration by other Committees</b>	
<ul style="list-style-type: none"> <li>• None identified</li> </ul>	

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

<b>Subject:</b>	People Committee Chair’s Highlight Report	<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Steve Banks, Non Executive Director		
<b>Approved By:</b>	Steve Banks, Non Executive Director		
<b>Presented By:</b>	Steve Banks, Non Executive Director		
<b>Purpose:</b>			
To update the Board on the People Committee highlights from the September meeting		<b>Assurance</b>	<b>Significant</b>

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Vacancies in midwifery and. AHP positions, especially ODPs and SLTs</li> <li>Organisation need for clinical psychology support is outstripping availability</li> <li>Despite assuring work, cost implications of agency and bank overspends continue.</li> <li>Complexity of resolution of healthcare support workers banding</li> <li>Risk from implications of potential employment legislation change</li> </ul>	<ul style="list-style-type: none"> <li>Violence and aggression workstream, with progress on track</li> <li>National Staff Survey Planning ahead of 2024 programme commencing</li> </ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Much positive assurance was provided, including from:</p> <ul style="list-style-type: none"> <li>Healthcare Worker Flu Vaccination Approach for 2024/25</li> <li>Approach to new legislation</li> <li>Scaling up people services vanguard approach across ICS</li> <li>Improving working lives of doctors in training</li> <li>Freedom to Speak Up report</li> <li>Staffing and employment relations updates</li> </ul>	<p>PR3 of the BAF was reviewed.</p> <p>Positive assurance now received re the strategic threat of a short term lack of staffing availability, linked to conclusion of strike action.</p> <p>However assurance for the strategic threat of inability to attract and retain staff is now inconclusive due to financial pressures. PR3 overall remains at 20</p>



### Comments on effectiveness of the meeting

Effective meeting with full agenda, facilitated by good quality of papers and good discussion

### Items recommended for consideration by other Committees

Productivity, agency and bank usage require working across People and Finance committees to ensure FIP targets are met. Impact of Healthcare Support Workers resolution also being monitored in both Committees. People Services vanguard potential for inclusion in Partnership Committee.

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

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

<b>Subject:</b>	Partnerships and Communities Committee Quadrant Report	<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Barbara Brady, Non-Executive Director and Committee Chair		
<b>Approved By:</b>	Barbara Brady, Non-Executive Director and Committee Chair		
<b>Presented By:</b>	Barbara Brady, Non-Executive Director and Committee Chair		
<b>Purpose:</b>			
To provide an overview of the key discussion items from the committee meeting on the 22 <sup>nd</sup> October 2024		<b>Assurance</b>	<b>Moderate</b>

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<b><i>Ongoing concerns regarding capacity to engage and support partnership work.</i></b> <b><i>Need to constantly prioritise work in light of competing priorities.</i></b>		Development of ‘Partnership Canvas’, the document which will captures how partnerships are contributing to our Strategic Objectives including being explicit about the ‘added value’ achieved by working in partnership	
Positive Assurances to Provide		Decisions Made <i>(include BAF review outcomes)</i>	
Ongoing development and maturity of the Primary/secondary care interface work. Digital and health inequalities, development of work to tackle this agenda. New Highlight report which captures the breadth of work showing progress, risks and next steps. Developing work on Health inequalities recognising there will be a need for further prioritisation given capacity issues. Stocktake on work programme with EM Provide collaborative will generate a revised and refined work programme.		BAF – PR6, current exposure at 12 (high)	
Comments on effectiveness of the meeting			
This committee and its agenda is maturing and this is reflected in the improved level of assurance. Good discussions and challenge as appropriate.			

**Items recommended for consideration by other Committees**

**Digital Inequalities for discussion at Finance, People and Quality committees due to the cross-cutting nature of this issue.**

**Primary and secondary car interface for discussion at Quality Committee due to the potential impact on quality of care**

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

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

<b>Subject:</b>	Charitable Funds Committee Update	<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Andrew Rose-Britton		
<b>Approved By:</b>	Andrew Rose-Britton		
<b>Presented By:</b>	Andrew Rose-Britton		
<b>Purpose:</b>			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
The Board to note the change in the direction of travel of the Charity in the context of the proposal to launch a Charity Lottery.	To identify and review potential new projects for the Charity. To review the procurement guidelines that are applicable to the Charity. To note the progress with the End of Life rooms project.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
Charity Operational Group Quadrant report. Community Involvement headline report. Project & Fundraising update. Project Evaluation forms. Charity development plan Financial update. Investment plan.	Not to proceed with the Breast Services Appeal. The Charity’s Annual accounts 2023/24 and letter of representation to be recommended to the Corporate Trustee for approval at its meeting on 7 <sup>th</sup> November 2024. To progress with the launch of a Charity Lottery subject to the agreement of the Corporate Trustee. To progress Payroll giving. Following their annual reviews, updates to the Charitable Funds Finance Policy and the Charity Privacy Policy were approved.
Comments on effectiveness of the meeting	
Good, positive and effective discussion	
Items recommended for consideration by other Committees	
Audit Committee: Procurement guidelines.	

## Council of Governors - Cover Sheet

<b>Subject:</b>	Membership and Engagement		<b>Date:</b>	12 <sup>th</sup> Nov 2024	
<b>Prepared By:</b>	Liz Barrett, Lead Governor				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett, Lead Governor				
<b>Purpose</b>					
To share an overview of the activity being discussed and debated in the Membership and Engagement committee				<b>Approval</b>	
				<b>Assurance</b>	X
				<b>Update</b>	X
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	X	X	X		
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					
<b>PR2</b> Demand that overwhelms capacity					
<b>PR3</b> Critical shortage of workforce capacity and capability					
<b>PR4</b> Insufficient financial resources available to support the delivery of services					
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b> Major disruptive incident					
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>					
Membership and Engagement Committee					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
<b>Executive Summary</b>					
<p>An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.</p> <p>An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.</p>					

## Membership and Engagement

As a team of governors, we continue to have a focus upon membership and engagement for Sherwood Forest Hospital Foundation Trust. Thank you to Rich Brown for supporting both of these initiatives and providing key feedback information in relation to them. The revised Meet Your Governor [MYG] approach continues to be embedded.

### Agreed principles for new process;

- Refresh of format to promote greater exploration of both concerns and strengths to enable qualitative information to be collected and shared
- Move to quarterly focus on agreed 'hot topics', starting with patient discharge (July to September 2024)
- Key benefit: Targeted focus on 'hot topics' that generate meaningful and actionable feedback for the Trust and specific services.
- One governor to act as the 'hot topic lead' each quarter, as per newly-drafted role profile.

### Key Findings

- Four sessions ran in August and September, with six governors taking part.
- 22 conversations recorded with patients in the Discharge Lounge at King's Mill Hospital.
- Majority (84%) of feedback was from patients, with just 8% from carers and 8% from family members.
- 95% (all responses bar one) relate to King's Mill Hospital
- All of those spoken to spent time in the Discharge Lounge
- **Overall experience** - The majority of patients (81%) reported a good or very good experience of Sherwood Forest Hospitals' services.
- Further data was received and reported on.

### Lessons Learned From governors

- Build-in provision for Newark and Mansfield Community Hospitals.
- Forward plan more dates, ideally two full months in advance.
- Relatively lower volume of feedback.
- Continued encouragement of more governors taking part would be beneficial.
- Four governors sent apologies for confirmed sessions, with one session being cancelled due to no governors being able to attend.



## Lessons Learned From Trust Colleagues

- Stronger engagement with Trust Patient Experience team will ensure complements and supports are appropriately managed and follow Trust processes.
- Consideration to be given as how to best support governors to report specific concerns in-line with Trust Patient Experience policies.
- New format does provide richer feedback but is more time-consuming to facilitate – both from within Communications and in requiring support from Discharge Lounge colleagues.
- Not every question on the questionnaire was answered, so only limited insight available in some areas.

This approach has been slower than is desirable due in part to administrative challenges. These challenges have almost been navigated through and it is hoped that as a team we can rapidly get back on track with monthly MYG visits.

The initial impact of the pilot work of MYG to date though has proven useful and positive. We reviewed the new collation method at our last Membership and Engagement meeting and it was helpful to be able to see the responses to set questions. We discussed how further work / time is required to really start to see the impact of this work and how it can be used to support driving quality improvements moving forward. To this end, we have taken a collective decision to keep the theme focus on 'discharge' for a longer period of time.

It was discussed how valuable it is to also be able to listen to patients / staff / carers / public etc when doing MYG and represent their thoughts / views. As such, it was agreed that we would still do this on the last question on the form so that nothing is lost.

As a Membership and Engagement group we also explored maps as to where patients are engaging from to help us assess if our governing body representation is aligned to patients' communities and representing them well. We explored maps which presented Urgent Emergency Care attendance postcode and outpatient postcode information. We also looked at membership and engagement which was UK wide and representative of East Midlands. A healthy discussion and debate took place and it was deemed that as a group of governors our own individual postcodes do align well with representing the communities accessing and using SFHFT.

## Council of Governors

<b>Subject:</b>	Non-Executive Director Re-appointments	<b>Date:</b>	12 <sup>th</sup> November 2024		
<b>Prepared By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Approved By:</b>	Graham Ward, Trust Board Chair and Chair of the Council of Governors				
<b>Presented By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Purpose</b>					
The Council of Governors is invited to approve the reappointment of Steve Banks as a Non-Executive Director.		<b>Approval</b>	<b>X</b>		
		<b>Assurance</b>			
		<b>Update</b>			
		<b>Consider</b>			
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Principal Risk</b>					
<b>PR1</b> Significant deterioration in standards of safety and care					<b>X</b>
<b>PR2</b> Demand that overwhelms capacity					<b>X</b>
<b>PR3</b> Critical shortage of workforce capacity and capability					<b>X</b>
<b>PR4</b> Insufficient financial resources available to support the delivery of services					<b>X</b>
<b>PR5</b> Inability to initiate and implement evidence-based Improvement and innovation					<b>X</b>
<b>PR6</b> Working more closely with local health and care partners does not fully deliver the required benefits					<b>X</b>
<b>PR7</b> Major disruptive incident					<b>X</b>
<b>PR8</b> Failure to deliver sustainable reductions in the Trust's impact on climate change					<b>X</b>
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
NED – Non-Executive Director					
<b>Executive Summary</b>					
<p>The non-executive directors are appointed and reappointed by the Council of Governors at a general meeting.</p> <p>On 30<sup>th</sup> November 2024, the tenure of Steve Banks will come to an end after 3 years' service as a Non-Executive Director. Steve has confirmed his willingness to continue in office and has had an outstanding appraisal.</p> <p>At its meeting on 10<sup>th</sup> October 2024 the Remuneration and Nominations Committee of the Council of Governors ("the Committee") noted Steve is a highly experienced and effective NED, with significant knowledge about the Trust's performance, quality imperatives, governance requirements and strategic intent having been initially appointed in December 2021. The Committee observed Steve's breadth of knowledge regarding commercial and human resources ensures continued focus for the Board of Directors and Council of Governors, in particular through his current role as chair of the People Committee, Vice Chair of the Charitable Funds Committee</p>					

and as a member of the Audit Committee.

The Committee recommended the re-appointment of Steve for a period of three years to 30<sup>th</sup> November 2027, in line with section 8.6.3.4 of the Trust's Constitution (reproduced below).

#### **Recommendation**

The Committee recommends to the Council of Governors that it exercises its discretion to re-appoint Steve Banks as a Non-Executive Director for a second period of three years to 30<sup>th</sup> November 2027.

#### **For information**

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

#### **Terms of Office**

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

Non-Executive Directors:

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

## Council of Governors

<b>Subject:</b>	Appointment of a Non-Executive Director to fill a vacant post				<b>Date:</b>	12 <sup>th</sup> November 2024
<b>Prepared By:</b>	Sally Brook Shanahan, Director of Corporate Affairs					
<b>Approved By:</b>	Graham Ward, Trust Board Chair and Chair of the Council of Governors					
<b>Presented By:</b>	Sally Brook Shanahan, Director of Corporate Affairs					
<b>Purpose</b>						
On the recommendation from the Remuneration and Nomination Committee of the Council of Governors, the full Council of Governors is invited to ratify the recruitment of a Non-Executive Director with a medical skill set to fill the vacancy that has arisen following Dr Aly Rashid's decision not to seek re-appointment following the expiry of his current appointment on 10 <sup>th</sup> January 2025.					<b>Approval</b>	<b>X</b>
					<b>Assurance</b>	
					<b>Update</b>	
					<b>Consider</b>	
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity					<b>X</b>
<b>PR3</b>	Critical shortage of workforce capacity and capability					<b>X</b>
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					<b>X</b>
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					<b>X</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					<b>X</b>
<b>PR7</b>	Major disruptive incident					<b>X</b>
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					<b>X</b>
<b>Committees/groups where this item has been presented before</b>						
None						
<b>Acronyms</b>						
NED – Non-Executive Director						
<b>Executive Summary</b>						
The non-executive directors are appointed and reappointed by the Council of Governors at a general meeting.						
On 10 <sup>th</sup> January 2025 the first three-year term of Dr Aly Rashid ends. Aly has now unexpectedly communicated his decision not to seek re-appointment for personal reasons.						
At its meeting held on 10 <sup>th</sup> October 2024, the Remuneration and Nomination Committee of the Council of Governors ("the Committee") considered the requirements for recruitment to this vacancy.						

The Committee noted Aly is an experienced and effective NED, whose professional medical qualification and practise as a GP has enabled him to provide a medical voice at the Board and to the Committees on which he sits, most notably the Quality Committee that he currently chairs and the People Committee of which he is a member. In view of the significant skills gap that Aly's departure will cause and the need for an expeditious recruitment campaign, the Committee recommended that this additional NED vacancy should be added to the campaign for a NED with a background in finance that is about to be launched in conjunction with the Associate NED with Research & Innovation experience.

With the recruitment being "like for like" and acknowledging the continuing need for the medical skill set being represented in the NED cohort it was not considered essential for pre-discussion at the Council of Governors that would otherwise happen in the case of a new role, such as the Associate NED.

As can be seen from the extract from the Constitution, below, the actual appointment can only be made by the Council of Governors approving it at a general meeting.

The Committee noted the plans already made for the governor-led recruitment to the "Finance" NED, and the Associate NED (Research & Innovation) vacancies previously agreed by the Council of Governors and recommended this "medical" NED vacancy should proceed alongside them. In order to meet the recruitment timetable the advertising of this vacancy has progressed alongside the other two, hence the recommendation in this paper being to ratify the Committee's recommendation to proceed. Importantly, the Council of Governors can be assured that the offers made to all three of the successful candidates will remain conditional upon its approval at the next meeting of the full Council of Governors on 11<sup>th</sup> February 2025.

### **Recommendation**

That the Council of Governors ratifies the addition to the current NED recruitment exercise of a "like for like" NED recruitment to replace Dr Aly Rashid, noting that the appointment of this additional candidate's appointment will be subject to the approval of the full Council of Governors.

### **For information**

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

17.14.2 The roles and responsibilities of the Governors (in addition to any roles and responsibilities set out elsewhere in this Constitution) are:

7.14.2.1 at a General Meeting:

- (a) to appoint or remove the Chair and the other Non-Executive Directors as further set out in the Standing Orders for the Council of Governors. The removal of the Chair or a Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.
- (b) to approve the appointment (by the Non-Executive Directors) of the Chief Executive as further set out in the Standing Orders for the Council of Governors.
- (c) to decide the remuneration and allowances, and other terms and conditions of office of the Non-Executive Directors.