

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 10th May 2022

Time: 17:30 – 20:00

Venue: Lecture Theatre 2, King's Mill Hospital

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meetings held on: <ul style="list-style-type: none"> • 8th February 2022 (Full CoG) • 14th March 2022 (EO CoG) • 4th April 2022 (EO CoG) <i>To be agreed as an accurate record</i>	Agree Agree Agree	Enclosure 3.1 Enclosure 3.2 Enclosure 3.3
4.	17:35	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:40	Patient Story – A Final Wish Francesca Di Furia, Ward Leader	Assurance	Presentation
6.	18:00	Chair's Report Claire Ward – Chair	Assurance	Enclosure 6
7.	18:10	Chief Executive's Report Dave Selwyn – Medical Director	Assurance	Enclosure 7
8.	18:30	Lead Governor Report Sue Holmes - Lead Governor	Assurance	Enclosure 8
9.	18:35	Quality Priorities Kate Wright - Associate Chief AHP and Carl Miller – Deputy Chief Nurse and Associate Director of AHPs	Assurance	Presentation
10.	18:50	Staff Survey Dave Selwyn – Medical Director	Assurance	Enclosure 10
11.	19:05	Strategic Risks – Board Assurance Framework (BAF) Dave Selwyn – Medical Director	Assurance	Enclosure 11
12.	19:15	Fit and Proper Person Annual Report Shirley Higginbotham – Director of Corporate Affairs	Assurance	Enclosure 12

	Time	Item	Status (Do not use NOTE)	Paper
13.	19:20	Governor Elections Shirley Higginbotham – Director of Corporate Affairs	Assurance	Verbal
14.	19:25	Report from Board Sub-Committees <ul style="list-style-type: none"> Audit & Assurance Committee Graham Ward – Non-Executive Director Ian Holden – Governor Observer (Apologies) John Wood – Governor Observer (Apologies) Quality Committee Barbara Brady – Non-Executive Director Philip Marsh – Governor Observer (Present) Sue Holmes – Governor Observer (Present) Finance Committee Andrew Rose-Britton – Non-Executive Director Kevin Stewart – Governor Observer (Apologies) People, Culture and Improvement Committee Manjeet Gill – Non-Executive Director Jacqueline Lee – Governor Observer (Apologies) Roz Norman – Governor Observer (Apologies) Charitable Funds Committee Steve Banks – Non-Executive Director Ann Mackie – Governor Observer (DNA) 	Assurance Assurance Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3 Enclosure 14.4 Enclosure 14.5
15.	19:45	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> Chair’s Appraisal Outcome and Objectives Barbara Brady - NED and Senior Independent Director 	Assurance	Enclosure 15.1
16.	19:50	Questions from Members of Public Claire Ward – Chair	Consider	Verbal
17.	19:55	Escalations to the Board of Directors Claire Ward – Chair	Agree	Verbal
18.	20:00	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
19.		Date & Time of Next Meeting Date: Tuesday 9 th August 2022 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King's Mill Hospital		

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
22/371	08/02/2022	Q3 SOF report to be circulated to governors	Council of Governors	None	28/02/2022	S Higginbotham		E-mailed to governors 8th February 2022 Complete	Green
22/372	08/02/2022	Feedback on the work being undertaken on the Bellamy Road Estate to be presented to the Membership and Engagement Group	Council of Governors	M&E Group	05/07/2022	S Higginbotham		April M&E Group meeting cancelled. Update to be provided to July meeting.	Grey

Chair's Report to the Council of Governors

Subject:	Chair's Report		Date: 10 th May 2022	
Prepared By:	Marcus Duffield, Associate Director of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
To update on key events and information since the previous Council of Governors meeting.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic objectives				
To provide outstanding	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Not applicable				
Executive Summary				
An update regarding some of the most noteworthy events and items from the Chair's perspective.				

The past few weeks and months have been extremely challenging for our hospitals (and the NHS as a whole) and I would like to acknowledge the remarkable and continuing dedication, commitment and compassion demonstrated by colleagues across Sherwood Forest Hospitals.

Attendances for urgent and emergency care have been high and we have faced challenges discharging medically fit patients (those who no longer need the level of care delivered in an acute hospital).

Teams across the Trust have coped admirably to give the best treatment to patients and, on behalf of the Board of Directors, I would like to express our thanks to them.

Welcome to our new Governors

I am delighted to welcome our newly elected governors to Sherwood Forest Hospitals. We have two new staff governors, to cover our King's Mill and Mansfield Community sites, four public governors for the Mansfield area and two for Ashfield.

Staff governors:

- Vikram Desai, Staff Governor for King's Mill and Mansfield Community Hospitals
- Justin Wyatt, Staff Governor for King's Mill and Mansfield Community Hospitals

Public governors:

- Janice Bramley, Public Governor for Mansfield
- Michael Longdon, Public Governor for Mansfield
- Ruth Scott, Public Governor for Mansfield
- John Howard Wood, Public Governor for Mansfield
- Liz Barret, Public Governor for Ashfield
- Jane Stubbings, Public Governor for Ashfield.

You are here to represent the interests of staff and our membership, holding the Non-Executive Directors to account for the performance of the Trust Board. You bring valuable perspectives and play an important role holding the Trust accountable for the services it provides, as well as helping it deliver quality care to local communities.

More than 1,600 votes were cast during the election from our membership of 22,834.

New Chief Pharmacist

I was delighted to take part in the selection process for our new Chief Pharmacist. We have been fortunate to harness some of our existing talent with the appointment of Mo Rahman to the role.

Mo is currently our Assistant Chief Pharmacist and will be stepping up before the summer to lead the development of our pharmacy services with a vision to improve how we deliver care to patients.

System-wide meetings and engagement

We watch with interest as the legislation to enable the transfer of responsibilities to the Integrated Care System makes its journey through Parliament.

We continue to work within the Nottingham and Nottinghamshire system to develop our collaboration with system partners that can help to achieve the aims of improved patient health and reduce health inequalities.

Each month I take part in meetings with our partners across the system.

In March, Paul Robinson and I met with district council leaders to learn more about how we might work together, particularly to establish how we might deliver services closer to people's homes and how we could engage with groups within our communities that we are not managing to reach as well as we should.

We know that many of these groups are among the least likely to access health and care services, so we must ensure that we do everything we can, working more closely with our partners to deliver services in the heart of our communities.

Trust welcomes international nursing recruitment lead

We welcomed the NHS's Deputy Chief Nursing Officer and national lead for international nurse recruitment, Duncan Burton, to celebrate our international recruitment efforts.

Duncan heard how we have successfully recruited more than 100 international colleagues, with more than 20 more waiting to be trained. During the visit, he met some of our international registered nurses and midwives before visiting our Same Day Emergency Care Unit (SDEC), RSU (Respiratory Assessment Unit) and Maternity.

He thanked colleagues for showcasing initiatives to improve patient care and our strong international recruitment programme.

He also awarded silver Chief Nurse Awards to Ardaine Ramos, a Trainee Advanced Clinical Practitioner in our Emergency Department; Clinical Governance Lead Nurse Kay Orgill; and Practice Development Matron Emma Bartle.

Well done to all three and thank you to everyone who helped make Duncan feel so welcome.

Changes to our Board

Neal Gossage who has served as Non-Executive Director for six years and was Chair of the Finance Committee, has stepped down. We are very grateful for the contribution that Neal and has made and he will be very much missed by us all. We wish him well for the future and thank him for the support he has given to #TemSFH.

The Governors approved the appointment of a new Non-Executive Director, Andrew Rose Britton who joins us to take up the role as Chair of the Finance Committee. Andrew is a qualified accountant with previous experience as a NED.

Meeting our staff

The #TeamSFH Board were the first group to take part in the cultural humility training sessions during March. It encouraged me to learn more about our equality networks and the work we are doing to make our Trust more inclusive.

I was delighted to talk with Ali Pearson, our Equality, Diversity and Inclusion Lead to understand the various networks and their focus. I will continue to meet with our networks to offer my support and to learn more about the challenges being faced by some of our staff. I was also pleased to meet the brilliant team working in the Medical Equipment Management Department (MEMD). They were recognised in our Staff awards last year for their contribution to keeping our equipment operational and the huge support they give to the rest of the Trust, so I was delighted to see their work in person.

I attended the Medical Managers meeting to discuss the changes taking place at Executive and Non-Executive level and to listen to their contributions and experience of working at SFH. I have regular walk arounds with Divisional Managers and Staff Side Representative, Roz Norman.

Well done to our climate team

It was a proud moment for me when we celebrated two years of our Climate Action Team during March.

During that time, the team of more than 20 colleagues, led by Dr Helena Clements, has put climate action well and truly on the map at Sherwood Forest Hospitals and in our wider communities.

Throughout the Covid-19 pandemic, the team continued to deliver its sustainability agenda, including the creation of its [Green Plan](#) which sets out the Trust's ambitions to reduce its carbon footprint and the environmental impact of its services, while supporting the NHS's net-zero target by 2040.

The team's achievements, so far, include:

- Reaching the finals of the annual HSJ Awards for their work at #TeamSFH and in the local community, and for promoting a greener future for colleagues and patients
- Supporting the Trust as we became one of the first NHS organisations to officially declare a climate emergency, underpinning our commitment to reducing our carbon footprint
- Prioritising and gaining commitment for their Green Plan
- Launching sustainable waste solutions
- Installing more electric vehicle chargers
- Educating the local community, trainee GPs and students on climate action
- Launching two phases of our Hope Orchard in the Trust and in the community.

Well done to the whole team on achieving so much in such a short time.

Charitable trust and volunteer activity

Well done to our #TeamSFH volunteers who were presented with their Long Service Awards – ranging from five to 20 years of service.

Thanks to all our long-serving volunteers and thanks to the 54 new volunteers who were recruited in 2021/22. I am grateful to them for offering their time, energy and commitment to our hospitals.

Our volunteers have continued to run the Family Liaison and In-patient Support Service throughout the Covid-19 pandemic, providing a vital link between patients and their loved ones.

They have delivered hundreds of property packages and messages to patients, supported dozens of phone and video calls and even helped patients mark patients' birthdays, ensuring they didn't celebrate significant milestones on their own.

Volunteers also supported inpatient areas such as the Cardiac Catheter Suite and provided assistance in areas such as the Same Day Emergency Care unit and the Discharge Lounge while they were being used as surge areas.

High scores for our Maternity service

It was good to see the results of the Care Quality Commission's national survey of maternity experiences, which shows that new mothers rate our care highly, despite restrictions they faced during the Covid-19 pandemic.

We scored well in the CQC's national survey of maternity experience in areas such as:

- Staff treating new mums with respect and dignity during the birth
- Being supportive and speaking to them in a way that they understand
- Including new mums in decision making and giving explanations and information they needed after the birth of their baby
- Cleanliness of the wards.

The survey was carried out in February 2021, during the third national lockdown and under pandemic restrictions. This inevitably influenced some of the answers and shows a significant drop in satisfaction compared to previous years around partners being involved in labour as much as they wanted and being able to stay in hospital, which is seen across the board in NHS hospitals.

The care we give to women and their babies, and the experience they have while giving birth with us, is extremely important. We know giving birth under pandemic restrictions has been difficult for new mums and their birthing partners, and this shows in these results.

We are already looking at ways that we can make improvements, and since the survey was carried out, we have extended visiting hours on our maternity ward and allow a birthing partner to be present throughout the pregnancy journey.

I am grateful to our Maternity teams for their hard work in often difficult circumstances and I would also like to thank the women and families who took part for their open and honest feedback.

The information they provide helps us develop improvement plans where needed and highlight our successes.

Supporting national Administrative Professionals Day

In April we celebrated and recognised the hard work and dedication of our administrative colleagues.

Coinciding with World Administrative Professionals Day on Wednesday April 27, colleagues were invited to take part in events through the week to support, develop and connect colleagues across the organisation, including nominating for the #TeamSFH Proud2bAdmin 2022 Awards.

Congratulations to:

- Georgie Schofield, Business Administration Apprentice of the Year
- Jayshree Wagstaff, Most Helpful Admin
- Paula Wilkinson, Admin Star of the Year
- The Corporate Secretariat, Admin Team of the Year
- Beth Hall, Best Newcomer to a Team
- Jill Murphy, Lifetime Achievement Award.

Well done to the winners and everyone who was nominated.

Chief Executive's Report to the Council of Governors

Subject:	Chief Executive’s Report			Date: 10 th May 2022
Prepared By:	Marcus Duffield, associate director of communications			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	Dave Selwyn, Medical Director and Deputy Chief Executive			
To update on key events and information since the previous Council of Governors meeting.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic objectivers				
To provide outstanding	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Not applicable				
Executive Summary				
An update regarding some of the most noteworthy events and items from the Chief Executive’s perspective.				

Senior leadership appointments for #TeamSFH

I am delighted and proud to have been appointed as Sherwood Forest's Chief Executive after a short period as interim CEO.

Having joined the Trust in May 2015 and served as Finance Director and Deputy Chief Executive, it is a real privilege to have been chosen to lead #TeamSFH.

We are also looking forward to a number of senior executives joining the team.

Phil Bolton will be returning to Sherwood as our Chief Nurse. After starting his nursing career in Nottingham in 1996, Phil moved to King's Mill Hospital in 1998, working his way up to Deputy Chief Nurse before moving to University Hospitals of Derby and Burton in September 2020 as Interim Chief Nurse and then Director of Nursing.

He played a key role in our improvement journey and has worked across the Trust, including leadership roles in Urgent and Emergency Care; Geriatrics, Stroke and Neurology; and as Hospital Matron at Newark.

Rachel Eddie has been appointed as our new Chief Operating Officer. Currently Deputy Chief Operating Officer at Nottingham University Hospitals, Rachel is an experienced senior leader, working at board level as Chief Operating Officer on an interim basis on two occasions over the past three years, with shared responsibility for leadership, development of strategy, planning, performance and governance.

Her existing network and relationships, locally and regionally, will help strengthen #TeamSFH's place within the new environment of the Nottingham and Nottinghamshire Integrated Care System and increased collaboration with partners and stakeholders.

David Ainsworth has been appointed Director of Strategy and Partnerships for Sherwood Forest Hospitals NHS Foundation Trust.

Currently Locality Director for the Mid-Nottinghamshire Clinical Commissioning Group, David is joining #TeamSFH as we prepare for the new Nottingham and Mid-Nottinghamshire Integrated Care Partnership (ICP), which will support closer working between health and social care partners and our communities.

High demand for services

Demand on our services has remained high even though the winter period, when we would expect to be busier than usual, has now ended and the number of Covid-positive patients coming into our hospitals has stabilised.

High attendances to our Emergency Department, the number of patients having to wait to be admitted to our wards and difficulties discharging medically-fit patients prompted us to declare a critical incident on April 12.

The response from teams across all our sites was remarkable and made a significant difference to our flow and available capacity and our position had improved enough to close the incident by April 14.

Urgent actions included:

- Pausing a small number of non-urgent operations where this frees up a bed for another patient
- Stepping down non-essential activity to free up colleagues to work in in-patient areas
- Working to set up a further facility, Sherwood Forest Community Unit, to create extra capacity for medically fit patients

- Providing a tracking service to allow additional opportunities offered by virtual ward or allowing diagnostic tests to happen rapidly, despite patient discharge
- Ensuring daily Executive oversight of medically fit patients for discharge.

I would like to thank every member of #TeamSFH for the way they rose to the challenges we faced throughout March and April and for their continuing hard work and dedication to delivering the best care and services to our patients and their families.

Covid-19 update

Although Covid-19 remains with us, we have been able to further ease visiting restrictions across all our sites. Full details are on the Sherwood Forest Hospitals website page [For Patients and Visitors](#).

Face coverings must continue to be worn in all healthcare settings, unless patients are exempt. Patients and visitors are asked not to attend if they have Covid-19 symptoms.

Meanwhile our Vaccination Hub at King's Mill has moved to a more permanent home in the block known as TB3 after taking over the Conference Centre at the start of the roll-out programme.

This means our Occupational Health team has moved to Byron House and the Training, Education and Development team can finally return to their permanent home. Thanks to all for showing patience and understanding in these sometimes challenging circumstances.

EPMA goes live

Following a successful pilot scheme on Woodland Ward at King's Mill, I am delighted to report that our patients have started to get their medicines prescribed electronically in a major step towards full digitisation and more effective, efficient and safer care.

The full roll-out of our Electronic Prescribing and Medicines Administration (EPMA) system began at Newark Hospital's Sconce Ward and continued with the Medicine Division at King's Mill.

This is an exciting development and an important step in our journey to a smarter more electronic hospital and full digitisation. It will allow us to review medication remotely, communicate more easily between departments and allow us to analyse prescribing trends and increase sharing of data between different disciplines.

Free staff parking extended until the autumn

Financial support from the Government allowing us to provide free on-site parking for colleagues ended on 1st April 2022.

Free staff parking was one of the measures introduced early in the Covid-19 pandemic, recognising the contribution and sacrifices NHS workers were making in unprecedented and challenging circumstances.

It was, however, always a temporary measure and two years on, central funding has now ended.

Discussing this with my fellow directors, it did not feel right to re-introduce charges at such short notice and we decided that free parking will continue and will be reviewed in the autumn.

Eventually, however, we will need to bring back charges and I am committed to working with staff to make sure we offer the best service and value.

Government guidance suggests we prioritise those in greatest need – patients and visitors, as well as colleagues. This means free parking is likely to remain for the disabled, frequent visitors (such as patients with long-term and serious conditions) and staff working night shifts.

Over the next few months, we have the chance to informally seek views of our staff and collect ideas about how we might reintroduce charges as equitably as possible. I can't guarantee we will please everyone and ultimately many of us will need to resume paying if we are to continue driving to work but this gives us an opportunity to talk about the fairest ways it might be done.

NHS National Staff Survey 2021

I am delighted and proud to report that, once again, #TeamSFH colleagues have rated us as one of the best Trusts in the whole of the Midlands region in [the National NHS Staff Survey results for 2021](#).

The survey confirms almost three-quarters of our colleagues (74.9%) say they would recommend #TeamSFH as a place to work and eight out of ten (81.7%) say they would recommend our hospitals as places to receive treatment for friends and relatives – another top score for the whole Midlands.

Our response rate (66%) was also the highest of any acute and acute and community trust in the Midlands, with more than 3,400 responses. This level of engagement helps us to make #TeamSFH an even better place to work and receive care.

We know the pandemic has taken – and will continue to take - its toll on staff, their families and the way we provide care, and this is reflected in the overall results, nationally and here at #TeamSFH.

There remains so much of which we can feel proud and the headlines, so far, include:

- Morale within #TeamSFH (6.4 out of 10) remains the best in the Midlands and among the best of any acute trust in the country
- Colleagues rank SFH as the third most compassionate and caring acute trust in the country, with a score of 7.6 out of 10
- 78.5% of colleagues said they would feel secure in raising and reporting concerns – a picture that has improved for the fifth year in a row here at SFH
- Nine out of ten said they feel trusted to do their jobs and they feel they make a difference

- We are above national averages for similar organisations in all areas of the People Promise, including those that rate trusts on being safe and healthy, staff feeling that they have a voice that counts, being compassionate and inclusive, recognition and reward, always learning, working flexibly and working as a team.

The results also shine a light on those areas where we need to continue to do more. We know there are areas where scores have declined from last year and work has already begun to support teams across the organisation.

We are working our way through the full results (key headlines will be shared verbally from our Director of Culture and Improvement, Emma Challans), we will bring a full report to the May meeting of the Board of Directors and details will be shared more widely across our divisions, teams and wider stakeholders.

One world, one #TeamSFH

We marked International Day for the Elimination of Racial Discrimination on March 21 with the unveiling of a special piece of artwork.

Under the main headline One world, one #TeamSFH, the artwork recognises and celebrates colleagues from a total of 88 backgrounds and nationalities who collectively make up the Trust's 5,500-plus workforce and continues our work to further embrace equality, diversity, and inclusivity.

We officially launched the anti-racism strategy in February as part of our ongoing work to improve behaviours and reduce aggression towards our people.

Every single one of us should be proud of who we are, feel comfortable coming to work and be confident we won't suffer because of things like the colour of our skin, sexual orientation or religious beliefs.

It is important to remember this also applies to our patients and anyone coming into our hospitals – we know that many minority groups are among the least likely to access health and care services, so we must ensure that they are welcomed when they do come to us.

I would encourage colleagues and visitors to our hospitals to look at the artwork and join me in celebrating how diverse our teams are as we work together to deliver outstanding care to our population.

Ready to talk, ready to listen

We have also started having conversations about the poor experiences some of our ethnic minority staff may have had with colleagues and patients. These sessions, being held at all times of the day and night to catch all our teams, started with racism but they are a chance for everyone in #TeamSFH to talk.

We want to hear from anyone who does not feel listened to. We want everyone to get involved in a bigger, wider more open conversation about what it is like for anyone who is different to work at Sherwood Forest Hospitals.

Body-worn cameras introduced to help keep patients and colleagues safe

Our security teams have started using body-worn cameras. If they are called to an incident anywhere in our hospitals, the cameras will be used to capture the incident as evidence. Anyone involved will be made aware before the camera is switched turned on. They will be used alongside our existing CCTV to ensure we keep our colleagues and patients safe.

Ockenden Report and maternity care update

The Ockenden Report into Maternity Services at Shrewsbury and Telford Hospitals was published at the end of March and we are working through its full findings as I am sure it will contain lessons to be learned for everyone in the NHS.

The interim report published in 2020 made clear recommendations in the form of Immediate and Essential Actions for all Maternity Services across England.

Sherwood Forest Hospitals are fully compliant in six of the seven immediate actions and have processes in place to ensure that as a maternity system we reach full compliance with the final action.

The seven areas are:

- Enhanced safety
- Listening to women and families (although we can evidence this, we do not currently have a Chair for our Maternity Voices Partnership to provide sign off)
- Staff training and working together
- Managing complex pregnancy
- Risk assessment throughout pregnancy
- Monitoring foetal wellbeing
- Informed consent.

Recognising the impact publication and the subsequent headlines may have on Maternity teams generally, we have spoken to colleagues offering them reassurance and support where needed.

As a Trust, we're proud of what we've achieved and how we are performing. We have all worked hard to ensure our maternity and neonatal services deliver good and safe care.

This is reflected in the feedback we receive from families and our safe outcomes as a service. We recently received the results of a CQC Maternity Survey carried out among women that gave birth at Sherwood Forest and we scored very well, particularly in areas such as staff treating new mums with respect and dignity during the birth, being supportive and speaking to them in a way that they understand, as well as involving them in decision making.

Council of Governors

Subject:	Lead Governor Report (incorporating Membership and Engagement)		Date: 8 th February 2022									
Prepared By:	Sue Holmes , Lead Governor											
Approved By:	Sue Holmes , Lead Governor											
Presented By:	Sue Holmes , Lead Governor											
Purpose												
To provide assurance to the Council of Governors from the perspective of the Lead Governor			Approval									
			Assurance	x								
			Update									
			Consider									
Strategic Objectives												
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value								
x	x	x	x	x								
Overall Level of Assurance												
	Significant	Sufficient	Limited	None								
		x										
Risks/Issues												
Financial	N/A											
Patient Impact	N/A											
Staff Impact	N/A											
Services	N/A											
Reputational	N/A											
Committees/groups where this item has been presented before												
N/A												
Executive Summary												
<p>The elections are over and we now have an almost full complement of elected Governors, both Public and Staff. There are still vacancies, 1 Newark, 2 Rest of the East Midlands and 1 Staff Governor for Newark.</p> <p>I welcome all of the newly elected governors and those returning for their second or third terms and I look forward to working with this new team – hopefully we are on the verge of resuming some version of ‘normal service’</p> <p><i>Ashfield Public Governors</i></p> <table border="0"> <tr> <td>Newly elected</td> <td>Liz Barrett Jane Stubbings</td> <td>Not due for election</td> <td>Sue Holmes Maxine Huskinson</td> </tr> </table> <p><i>Mansfield Public Governors</i></p> <table border="0"> <tr> <td>Newly elected</td> <td>Janice Bramley Michael Longdon Ruth Scott</td> </tr> <tr> <td>Re-elected</td> <td>John Wood</td> </tr> </table>					Newly elected	Liz Barrett Jane Stubbings	Not due for election	Sue Holmes Maxine Huskinson	Newly elected	Janice Bramley Michael Longdon Ruth Scott	Re-elected	John Wood
Newly elected	Liz Barrett Jane Stubbings	Not due for election	Sue Holmes Maxine Huskinson									
Newly elected	Janice Bramley Michael Longdon Ruth Scott											
Re-elected	John Wood											

Newark Public Governors

Newly elected Keith Blundell

Re-elected unopposed Ian Holden
 Anne Mackie

1 Vacancy

Governors for the rest of the East Midlands

No candidates so 2 vacancies

Staff Governors

Kings Mill and Mansfield Community

Newly elected Vickram Desai
 Justin Wyatt

Newark Hospital
 Staff governor 1 vacancy

Sadly, we lose Martin Stott, Public Governor for Newark, and Roz Norman, Staff Governor, who have both completed the maximum 3 terms in office. I thank them both for the considerable contribution they have made over the last 9 years during some very challenging times – seeing us move from ‘Special Measures’ to ‘Outstanding’.

Philip Marsh and Kevin Stewart (both Ashfield) have also made great contributions to the Council of Governors, but sadly were not re-elected – there always is great competition in Ashfield, and Gerald Smith (Mansfield) and Lawrence Abrams (Rest of the East Midlands) have both ‘retired’. We owe thanks to them all for the contributions they have made. A special thank you to Jackie Lee who as Staff Governor for Newark really championed them during her term of office.

Because of Covid, there have been no Meet your Governor sessions and because of the elections little in the way of community visits. 15 Steps, which was due to resume, was delayed again and all meetings have been on-line.

Many Governors have been involved in focus groups for the new appointments of Non-Executive Directors during this quarter.

I do hope that in my next report to CoG I will have a great deal more to say.

Council of Governors - Cover Sheet

Subject:	NHS Staff Survey 2021 – Results and Actions		Date: 10.05.2022	
Prepared By:	Vicky Malia, Operational Lead NSS21			
Approved By:	Emma Challans, Executive Director of Culture and Improvement			
Presented By:	Dave Selwyn, Medical Director			
Purpose				
This paper serves to update the Council of Governors on the National Staff Survey 2021 full results and provide assurance as to the process in place to share these results with the organisation and our focus areas for cultural improvement.			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact				
Staff Impact	Results identify areas of significant impact to staff experience			
Services				
Reputational	Results have deteriorated, however against national average SFH still performs very well			
Committees/groups where this item has been presented before				
Regular updates to Trust Management Team, Executive Team and People, Culture and Improvement Committee and report to Trust Board.				
Executive Summary				
<p>The National Staff Survey 2021 embargo lifted on 30th March 2022 with full results analysis and Trust focus areas now available.</p> <p>The Trust closed the survey in November with 3442 colleagues taking the opportunity to share their voice, which was a 66.4% response rate (compared to 61% last year and 66% in 2019). 2021 saw our best response rate to date and therefore we can be confident that the results are a sound representation of the voice of the SFH workforce.</p> <p>Headlines include:</p> <ul style="list-style-type: none"> - 1st for response rate of all Acute Trusts in the Midlands (66.4%) - 1st for recommended as a place to work across the Midlands with 74.9% compared to highest result nationally of 77.6% - 1st for staff being happy with the standard of care provided by the organisation if a friend or relative needed treatment across the Midlands with 81.7% compared to highest result nationally of 89.5% <p>Information has been shared at every stage with all key leads as soon as available for the purpose of Divisional Management Team discussion and initial action planning. Divisions are currently in Divisional engagement exercises with their teams. Trust focus areas have been identified under 3</p>				

key themes:

- **Valuing You**
- **Caring for You**
- **Developing You**

A Trust staff survey explorer portal has also been developed for the first time this year to support Divisions, Departments and Teams to review and analyse their own data. The portal has been designed to help point colleagues to potential hot spot areas where scores are low in general, are low compared to the Trust average, or have decreased since last year, with the aim of stimulating conversation and commitment to action at a local level.

The Culture and Engagement team are working in partnership with Divisions and staff networks to identify and support specific areas that would benefit from additional support with either sharing their results with their teams or with their ongoing actions for improvement.

A full Staff Survey results update paper is attached.

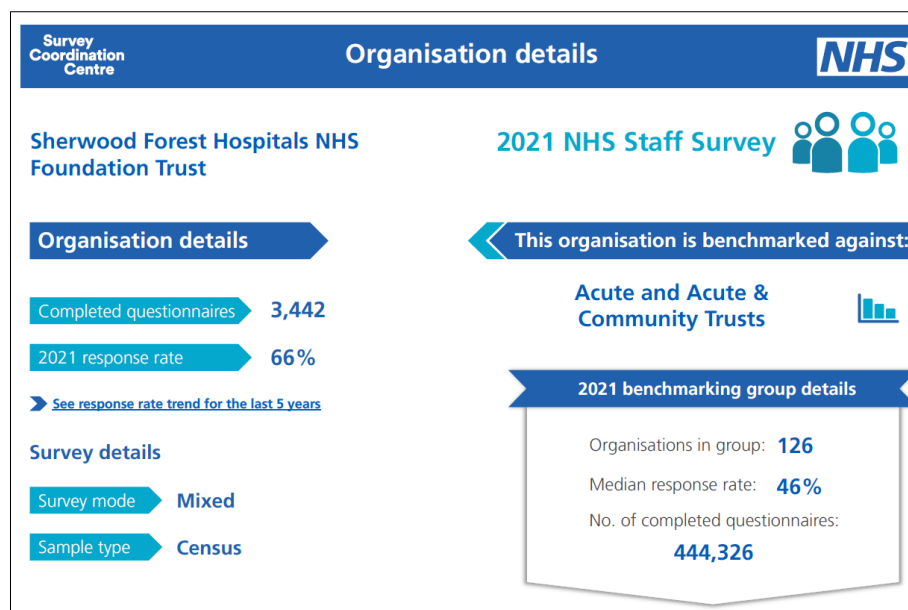
The Council of Governors is asked to note Trust performance and focus areas for cultural improvement during 2022/23 and beyond.

National Staff Survey 2021 Results Summary and Actions Trust Board May 2022

1. Context

The National Staff Survey for 2021 ran across October and November with 5182 colleagues invited to feedback around their experiences of working at Sherwood Forest Hospitals NHS Foundation Trust. A total of 3442 completed their survey giving a Trust response rate of 66.4% which was the highest % response rate ever for the Trust, and over 5% higher than 2020. This was also the top response rate for our comparator group (Acute and Acute Community Trusts) across the Midlands.

The median response rate for organisations in our group was 46%, demonstrating the exceptional engagement of colleagues at SFH. This engagement was heavily driven by leadership at a team and divisional level with Divisions taking real ownership of their own engagement with support from teams such as OD and Engagement. Of particular recognition was the response rate for the Surgery Division who ended the survey with a staggering 76.7% response rate.



2. 2021 Question Bank

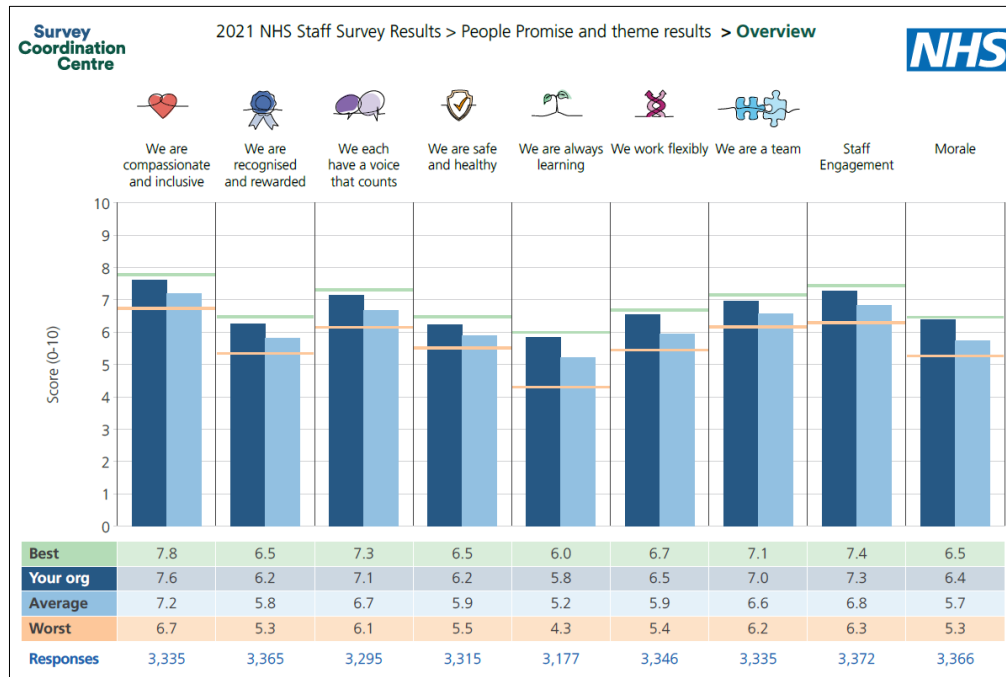
There were 92 questions in the 2021 National Staff Survey, 65 of which were also included in the 2020 survey. An additional group of questions were added to the 2021 survey largely relating to colleague wellbeing and behaviours within the organisation.

This means that comparison to last year in its entirety is not possible, with the 2021 survey structure setting a new model for the survey for subsequent years in line with the new NHS People Plan. However, wherever possible results have been compared to last year (with work ongoing to identify trends for the previous years

too), along with analysing low scores and scores outside of the national average, to enable the identification of key areas for improvement.

3. Benchmarking

For 2021, the survey results have been mapped against the national NHS People Promise domains, with Sherwood's favourable position against the national top, bottom and average scores outlined below:



When benchmarked against our comparator group at a regional and national level, Sherwood ranks in the following positions:

People Promise Theme	Score	Regional Position	National Position
Compassionate and Inclusive	7.6	2 nd	4 th
Recognised and Rewarded	6.2	2 nd	4 th
A Voice that Counts	7.1	Joint 1 st	3 rd
Safe and Healthy	6.2	Joint 1 st	3 rd
Always Learning	5.8	2 nd	3 rd
Working Flexibly	6.5	Joint 1 st	3 rd
Working as a Team	7.0	Joint 1 st	4 th
Staff Engagement	7.3	1 st	4 th
Morale	6.4	1 st	2 nd

We are extremely proud of this and believe it demonstrates the ongoing focus and commitment we give to our culture and our people within the organisation.

In addition to our performance against these themes, we were reported by our colleagues as being the best place to work across all Acute Trusts in the Midlands (2nd nationally) and came top for staff being happy with the standard of care provided by the organisation if a friend or relative needed treatment.

Overall, as an average across all of the People Promise domains, **Sherwood results placed us as the 3rd best Acute or Acute Community Trust in the country.**

4. Summary of Results

We do however recognise there has been a decline in employee experience across the majority of questions in 2021, combined with other questions having very low scores, which gives us a clear indication of colleague experience deteriorating overall in the past 12 months; a picture sadly seen nationally.

- 13 (out of 65) questions showed improvement from 2020
- 14 (out of 92) questions scored above 80%
- 84 (out of 92) questions scored above national average
- 42 (out of 65) questions showed deterioration from 2020
- 14 (out of 92) questions scored below 50%
- 8 (out of 92) questions scored below national average (however 6 of the 8 were within 2% of national average)

i. Areas indicating positive results:

The majority of our results were above national average, with 44 more than 5% above national average. This indicates a more positive experience at SFH in comparison to other Trusts.

Improvements from 2020:

Rank Description	2020	2021	Change
1 Last experience of harassment/bullying/abuse reported	45.2%	51.2%	+6.0%
2 Last experience of physical violence reported	62.1%	65.2%	+3.1%
3 Would feel secure raising concerns about unsafe clinical practice	75.5%	78.5%	+3.0%
4 Immediate manager asks for my opinion before making decisions that affect my work	59.2%	62.0%	+2.8%
5 Not experienced harassment, bullying or abuse from managers	90.9%	92.9%	+2.0%
6 Immediate manager gives clear feedback on my work	67.1%	68.7%	+1.6%
7 Always know what work responsibilities are	88.9%	90.1%	+1.2%
8 Feel trusted to do my job	91.6%	92.6%	+1.0%
9 Opportunities to show initiative frequently in my role	74.4%	75.4%	+1.0%
10 Would feel confident that organisation would address concerns about unsafe clinical practice	67.8%	68.8%	+1.0%
11 Not felt pressure from manager to come to work when not feeling well enough	71.8%	72.7%	+0.9%
12 Immediate manager encourages me at work	74.0%	74.9%	+0.9%
13 Involved in deciding changes that affect work	53.8%	54.2%	+0.4%

Scores above 80%:

Rank	Description	Percent
1	Not experienced physical violence from managers	99.6%
2	Not experienced physical violence from other colleagues	98.5%
3	Not experienced discrimination from patients/service users, their relatives or other members of the public	95.0%
4	Not experienced discrimination from manager/team leader or other colleagues	93.6%
5	Not experienced harassment, bullying or abuse from managers	92.9%
6	Feel trusted to do my job	92.6%
7	Feel my role makes a difference to patients/service users	90.4%
8	Always know what work responsibilities are	90.1%
9	Received appraisal in the past 12 months	89.5%
10	Care of patients/service users is organisation's top priority	83.8%
11	Enjoy working with colleagues in team	82.7%
12	Not experienced harassment, bullying or abuse from other colleagues	81.7%
13	If friend/relative needed treatment would be happy with standard of care provided by organisation	81.6%
14	Organisation acts on concerns raised by patients/service users	80.4%

Scores more than 10% above national average:

Rank	Description	SFH	Average	Difference
1	Would recommend organisation as place to work	74.8%	59.4%	+15.4%
2	If friend/relative needed treatment would be happy with standard of care provided by organisation	81.6%	66.3%	+15.3%
3	Have adequate materials, supplies and equipment to do my work	68.8%	55.8%	+13.0%
4	Able to access the right learning and development opportunities when I need to	68.1%	55.2%	+12.9%
5	Feel organisation would address any concerns I raised	61.3%	49.6%	+11.7%
6	Enough staff at organisation to do my job properly	38.0%	26.7%	+11.4%
7	I don't often think about leaving this organisation	53.9%	42.7%	+11.2%
8	I am not planning on leaving this organisation	68.0%	57.1%	+10.9%
9	Organisation takes positive action on health and well-being	67.8%	56.9%	+10.9%
10	I am unlikely to look for a job at a new organisation in the next 12 months	61.4%	50.9%	+10.5%
11	Would feel confident that organisation would address concerns about unsafe clinical practice	68.8%	58.7%	+10.1%

ii. Areas indicating room for improvement:

10 most deteriorated results since 2020:

Question	2020	2021	SFH Change	National Change
Often/always enthusiastic about my job	78.1%	73.9%	-4.2%	-5.5%
I don't often think about leaving this organisation	58.2%	53.9%	-4.3%	-4.6%
Often/always look forward to going to work	62.2%	57.1%	-5.1%	-6.6%
Would recommend organisation as place to work	80.2%	74.8%	-5.4%	-8.6%
I am unlikely to look for a job at a new organisation in the next 12 months	66.8%	61.4%	-5.4%	-3.4%
Satisfied with level of pay	42.2%	36.6%	-5.6%	-4.2%
In last 3 months, have not come to work when not feeling well enough to perform duties	50.5%	43.6%	-6.9%	-8.4%
Satisfied with extent organisation values my work	57.4%	50.4%	-7.0%	-6.3%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	61.2%	51.9%	-9.3%	-3.2%
Enough staff at organisation to do my job properly	52.6%	38.0%	-14.6%	-10.9%

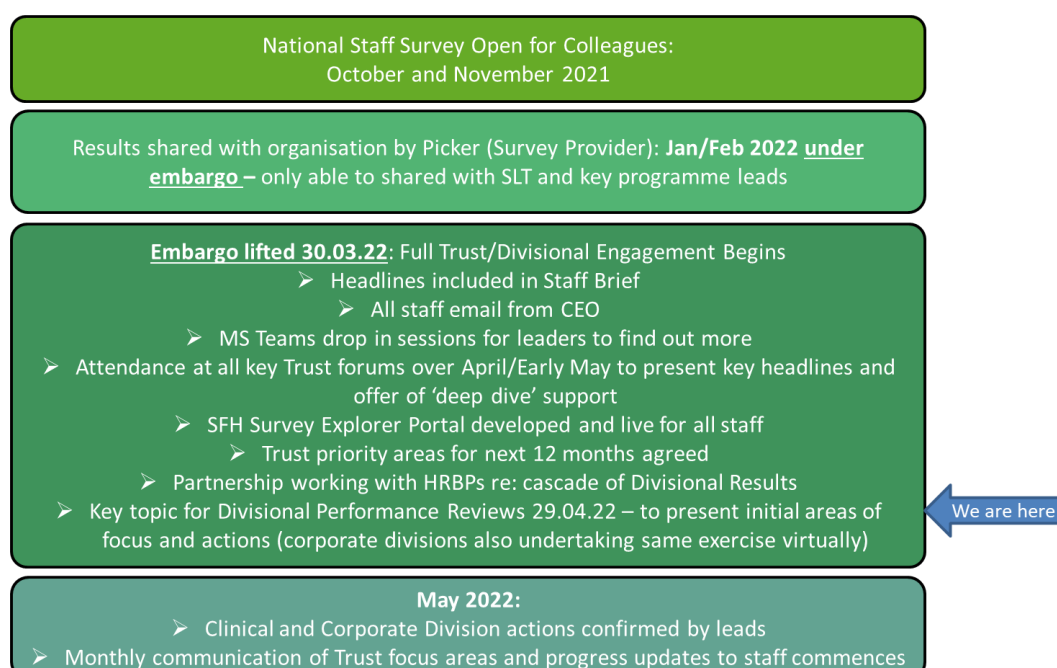
Scores below 50%:

Question	Trust Avg
Never/rarely worn out at the end of work	17.4%
Never/rarely frustrated by work	21.3%
Never/rarely find work emotionally exhausting	22.0%
Appraisal helped me improve how I do my job	23.6%
Have realistic time pressures	26.0%
Never/rarely feel burnt out because of work	29.5%
Appraisal helped me agree clear objectives for my work	33.6%
Appraisal left me feeling organisation values my work	36.2%
Satisfied with level of pay	36.6%
Never/rarely exhausted by the thought of another day/shift at work	37.0%
Never/rarely lack energy for family and friends	37.6%
Enough staff at organisation to do my job properly	38.0%
In last 3 months, have not come to work when not feeling well enough to perform duties	43.6%
Relationships at work are unstrained	45.5%

Scores below national average:

Rank	Description	SFH	Average	Difference
85	Colleagues are understanding and kind to one another	69.1%	69.4%	-0.3%
86	Colleagues are polite and treat each other with respect	70.2%	70.8%	-0.6%
87	In last 3 months, have not come to work when not feeling well enough to perform duties	43.6%	44.7%	-1.0%
88	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	72.9%	74.0%	-1.1%
89	Not felt pressure from manager to come to work when not feeling well enough	72.7%	74.0%	-1.3%
90	Last experience of physical violence reported	65.2%	67.3%	-2.0%
91	Not experienced physical violence from patients/service users, their relatives or other members of the public	79.3%	85.7%	-6.4%
92	Don't work any additional paid hours per week for this organisation, over and above contracted hours	51.9%	60.8%	-8.9%

5. Cascade of Results:



6. Online Survey Explorer

New for 2022, we have developed an innovative Trust survey explorer portal to support Divisions, Departments and Teams to review and analyse their own data. The portal has been designed to help 'remove the noise' from the big reports made available from our survey provider and allow any individual in the organisation access to the information in a more manageable way. The portal contains all the information for each team but also helpfully points colleagues to potential hot spot areas where scores are low in general, are low compared to the Trust average, or have decreased since last year, in order to stimulate conversation and commitment to action at a local level.

7. Working with System Partners

The Integrated Care System (ICS) Organisational Development (OD) and Improvement Delivery Group commissioned a piece of culture insight work to recognise common themes from the NHS Staff Survey from all, of the system partners involved. The review has identified some common themes across organisations, and these will be taken forward by Sherwood and partnering peers. For example, development of a Leadership Strategy and a programme of initiatives to support Civility, Respect and Kindness across our health and care partners. These will be overseen by the system OD & Improvement Delivery Group, chaired by the Trust Director of Culture and Improvement with progress reported in to the ICS People and Culture Board.

8. Key focus areas for 2022/23:

The Trust results give us insight into areas for improvement. However, reassuringly most of these areas were already identified as part of our ongoing programmes around culture improvement and therefore, a number of actions will be focussed on continuing to build on our existing plans and offers.

There are however 3 core commitments that we will specifically focus on at a Trust level during 2022/23 in addition to our business as usual. These commitments align to our newly developed People, Culture and Improvement Strategy for 2022-2025 and our in-year People, Culture and Improvement priorities. We believe these focus areas are drivers to improve overall colleague experience which in turn will support improvements in their wellbeing (alongside our focussed wellbeing programme).

1. Valuing You:

Actions to include:

- Robust and communicated workforce plan including focussed recruitment campaigns for areas demonstrating workforce risk and service fragility
- Reward and recognition review
- Person centred absence management

Measure	Driver for inclusion	2021 survey result	2022 survey target	2023 survey target
Enough staff at the organisation to do my job properly	Biggest deterioration from 2020 (-14.6%)	38%	45%	53%
Satisfied with the extent to which the organisation values my work	Deterioration from 2020 (-7%)	50.4%	55%	60%
I am unlikely to look for a job at new organisation in the next 12 months	Deterioration from 2020 (-5.4%)	61.4%	65%	68%

2. Caring about You:

Actions to include:

- Embedding wellbeing strategy
- Focussed violence and aggression reduction programme of work
- EDI specific focus work to reduce experience of discrimination towards colleagues from some protected characteristic groups

Measure	Driver for inclusion	2021 survey result	2022 survey target	2023 survey target
Not experienced physical violence from patients, service users or other members of the public	Deterioration and outlier from national average (-6.4%)	79.3%	85%	87%
Not experienced discrimination from patients/service users, their relatives, or other members of the public	Variation in experience (poorer) of colleagues from some protected characteristic groups	Org: 95% White: 96.7% BAME: 83.7% Straight: 95.3% LGBTQ: 88.3%	BAME: 88% LGBTQ: 92%	BAME: 95% LGBTQ: 95%
Relationships at work are unstrained	Low Score	45.5%	50%	55%

3. Developing You:

Actions to include:

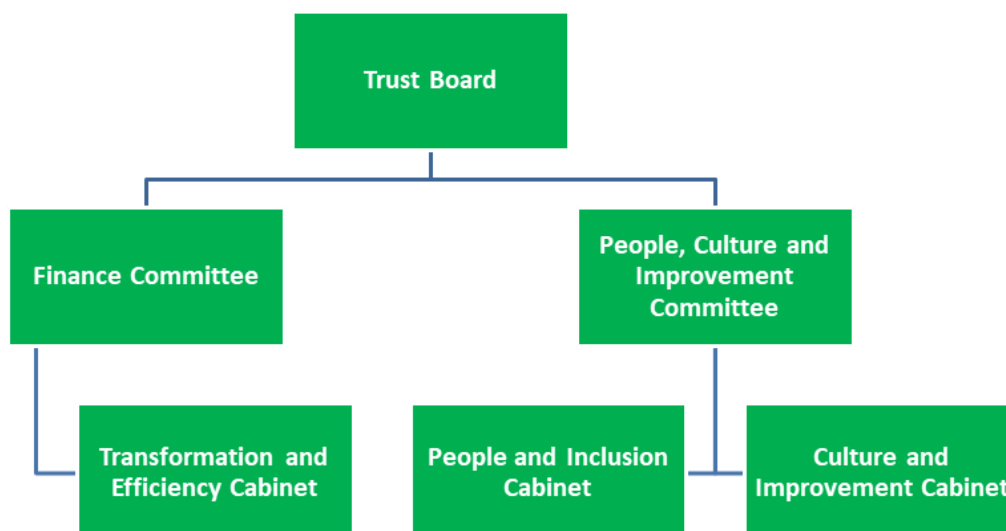
- Inclusive, equitable and diverse development offers and career opportunities
- Specific expectations, leadership, and management development
- Added value appraisal conversations

Measure	Driver for inclusion	2021 survey result	2022 survey target	2023 survey target
Appraisal helped me agree clear objectives for my work	Low Score	33.6%	38%	45%
Appraisal helped me improve how I do my job	Low Score	23.6%	28%	35%
Organisation acts fairly: career progression	Free text comment key theme	64.6%	70%	75%

9. Monitoring and Assurance

We recognise these are not 'quick fixes' and an ongoing commitment to culture improvement is in place, with specific focus on these areas for the next 12 months. Focus areas will be reviewed on a regular basis with any areas that have improved sufficiently moving to business as usual, and any new areas for focussed improvement agreed.

Updates on the above priority areas will be provided for assurance to the Culture and Improvement Cabinet and the People and Inclusion Cabinet, with a progress report to the People Culture and Improvement Committee (PCIC) on a quarterly basis.



The key measures outlined will also be included in our quarterly pulse survey question bank so that in addition to an annual result from the national staff survey, we also have a quarterly indication of improvement.

Divisions will report progress against their Divisional improvement areas routinely as part of the Divisional Performance Review (DPR) process. Learning will be shared through our 'You Said, Together We Did' communications across the organisation.

10. Communication Plan:

It is important to us that our results are transparent and therefore all colleagues are, able to access results directly through the survey explorer tool hosted online. This link has been shared in Trust and Divisional communications and will continue to be signposted to at all opportunities.

Leaders in Divisions are being supported by HRBPs to review and share their results with teams and identify 2-3 areas for improvement at a team level. Assurance has been given that this is happening across the organisation.

Divisions will communicate and receive updates on progress through their monthly service level meetings. They will then feed into the Trust level communications to share examples of 'You Said, Together We Did' on a regular basis.

From May 2022 there will be a monthly update in the Trust bulletin and Staff Brief from a key lead in the Trust focusing on actions happening in one priority area at a time. Each priority area will therefore provide progress updates three times before the next results are expected, and importantly updates will continue in the run up to, and during, the next survey window to connect colleagues to the impact their voice had in 2021 shaping 2022 priorities.

The schedule for this is as follows:

Theme	1 st Update	2 nd Update	3 rd Update
Valuing You	June	September	December
Caring about You	May	August	November
Developing You	July	October	January

Trusted voices from within the organisation will also be asked to share their stories relating to these areas of work, examples may include colleagues who have:

- Received breakaway training in areas experiencing high incidents of violence
- Undertaken career coaching/positive appraisal experience
- Been recognised as part of our new approach to reward and recognition

11. Summary

The Trust has taken appropriate steps following the results of the NHS Staff Survey 2021, and with this has undertaken significant engagement across the organisation. The Trust has identified key areas for focussed improvement and agreed supportive approaches to change, oversight, and communication.

The Trust is proud to see the results of the 2021 survey, of which many areas should be celebrated, whilst also recognising key areas for cultural improvement. Sherwood remains committed to improving the culture of the organisation and ensuring Sherwood is a great place to work and receive care.

Council of Governors

Subject:	Board Assurance Framework and Significant Risks Report			Date: 10 th May 2022
Prepared By:	Neil Wilkinson, Risk and Assurance Manager			
Approved By:	Shirley Higginbotham, Director of Corporate Affairs			
Presented By:	David Selwyn, Medical Director			
Purpose				
To enable the Council of Governors to review the effectiveness of risk management within the Board Assurance Framework (BAF).			Approval	
			Assurance	
			Update	✓
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
✓	✓	✓	✓	✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		✓		
Risks/Issues				
Financial	Principal Risk 4 concerns achievement of the Trust's financial strategy			
Patient Impact	Principal Risk 1 concerns the delivery of safe and effective patient care			
Staff Impact	Principal Risk 3 concerns staff capability and capacity			
Services	Principal Risk 2 concerns the management of capacity and demand Principal Risk 6 concerns the delivery of benefits from working more closely with local health and care partners Principal Risk 7 concerns the management of major disruptive incidents			
Reputational	Principal Risk 5 concerns the implementation of evidence-based improvement and innovation Principal Risk 8 concerns the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Lead Committees review individual Principal Risks at each formal meeting (Quality Committee; Finance Committee; People, Culture & Improvement Committee; Risk Committee). The full BAF is reviewed quarterly by the Risk Committee and is presented to the Audit & Assurance Committee 6 monthly.				
Executive Summary				
Each principal risk in the BAF is assigned to a Lead Director as well as to a Lead Committee, to enable the Board to maintain effective oversight of strategic risks through a regular process of formal review. The principal risks are:				
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based improvement and innovation				
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				
PR7 Major disruptive incident				
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				

Lead committees have been identified for specified principal risks and consider these at each meeting, providing a rating as to the level of assurance they can take that the risk treatment strategy will be effective in mitigating the risk.

The Risk Committee further supports the lead committees in their role by maintaining oversight of the organisation's divisional and corporate risk registers and escalating risks that may be pertinent to the lead committee's consideration of the BAF.

The Risk Committee reviews all 'Significant' risks recorded within the Trust's risk register every month, and in detail quarterly. This process enables the Committee to take assurance as to how effectively significant risks are being managed and to intervene where necessary to support their management, and to identify risks that should be escalated.




The attached version of the BAF was approved by Board of Directors on 3rd February 2022.

Board Assurance Framework (BAF): February 2022

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – current (residual), tolerable and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales

Key to lead committee assurance ratings:

-  Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
- no gaps in assurance or control AND current exposure risk rating = target
 - OR
 - gaps in control and assurance are being addressed
-  Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
-  Red = Negative assurance: the Committee is satisfied that there is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity
- This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities:

Reference	Principal risk	Lead committee	Initial date of assessment	Last reviewed	Target risk score C x L	Previous risk score (at previous review/update) C x L	Current risk score C x L
PR1	Significant deterioration in standards of safety and care	Medical Director	01/04/2018	10/01/2022	4 x 2 = 8	4 x 4 = 16	4 x 4 = 16
PR2	Demand that overwhelms capacity	Chief Operating Officer	01/04/2018	10/01/2022	4 x 2 = 8	4 x 4 = 16	4 x 4 = 16
PR3	Critical shortage of workforce capacity and capability	Director of People	01/04/2018	21/01/2022	4 x 2 = 8	4 x 4 = 16	4 x 4 = 16
PR4	Failure to achieve the Trust's financial strategy	Chief Financial Officer	01/04/2018	25/01/2022	4 x 2 = 8	4 x 3 = 12	4 x 3 = 12
PR5	Inability to initiate and implement evidenced based improvement and innovation	Director of Culture & Improvement	17/03/2020	13/01/2022	3 x 2 = 6	3 x 3 = 9	3 x 3 = 9
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	Chief Executive Officer	01/04/2020	11/01/2022	2 x 2 = 4	2 x 3 = 6	2 x 3 = 6
PR7	Major disruptive incident	Director of Corporate Affairs	01/04/2018	11/01/2022	4 x 1 = 4	4 x 2 = 8	4 x 2 = 8
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	Chief Executive Officer	22/11/2021	11/01/2022	3 x 2 = 6	3 x 3 = 9	3 x 3 = 9

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 1: Significant deterioration in standards of safety and care Significant deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes							Strategic objective	1. To provide outstanding care
Lead Committee	Quality	Risk rating	Current exposure	Tolerable	Target	Risk type	Patient harm	<p>Current risk level</p> <p>Tolerable risk level</p> <p>Target risk level</p>	
Executive lead	Medical Director	Consequence	4. High	4. High	4. High	Risk appetite	Minimal		
Initial date of assessment	01/04/2018	Likelihood	4. Somewhat likely	3. Possible	2. Unlikely				
Last reviewed	10/01/2022	Risk rating	16. Significant	12. High	8. Medium				
Last changed	10/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19 (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction	<ul style="list-style-type: none"> Clinical service structures, accountability & quality governance arrangements at Trust, division & service levels including: <ul style="list-style-type: none"> Monthly meeting of Patient Safety Committee (PSC) with work programme aligned to CQC registration regulations Nursing and Midwifery and AHP Business meeting Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems Clinical audit programme & monitoring arrangements Clinical staff recruitment, induction, mandatory training, registration & re-validation Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) Ward assurance/ metrics and accreditation programme Nursing & Midwifery Strategy AHP Strategy Scoping and sign-off process for incidents and Sis Internal Reviews against External National Reports Getting it Right First Time (GIRFT) localised deep dives, reports and action plans CQC Bi-monthly Engagement Meetings Operational grip on workforce gaps reporting into the Incident Control Team 	<p>Intranet currently contains some out of date clinical information that may still be accessible</p> <p>Lack of real time data collection</p> <p>Medical, nursing, AHP and maternity staff gaps in key areas across the Trust, which may impact on the quality and standard of care</p>	<p>Intranet documents review SLT Lead: Head of Communications Timescale: March 2022</p> <p>Information, EMPA, EPR and IT Developments in development or progress SLT Lead: Medical Director Timescale: March 2022</p> <p>More specific focus on recruitment and retention in significantly impacted areas, including system wide oversight SLT Lead: Executive Director of People Timescale: March 2022</p>	<p>Management: Learning from deaths Report to QC and Board; Quarterly Strategic Priority Report to Board; Divisional risk reports to Risk Committee bi-annually; Guardian of Safe Working report to Board qrtly Quality and Governance Reporting Pathway; Patient Safety Committee →Quality Committee</p> <p>reports include:</p> <ul style="list-style-type: none"> DPR Report to PSC monthly and QC bi-monthly PSC assurance report to QC bi-monthly Patient Safety Culture (PSC) programme EoLC Annual Report to QC Safeguarding Annual Report to QC CYPP report to QC quarterly Medical Education update report to QC Medicines Optimisation Annual Report to QC <p>Outputs from internal reviews against External National Reports including;</p> <ul style="list-style-type: none"> HSIB Thromboembolic Maternity Report (Oct 2020) National Audit for Care of end of Life (Sep 2020) Ockenden Report (Dec 2020) <p>Risk and compliance: Quality Dashboard and SOF to PSC Monthly; Quality Account Report Qtrly to PSC and QC; SI & Duty of Candour report to PSC monthly; CQC report to QC bi-monthly; Significant Risk Report to RC monthly</p> <p>Independent assurance: CQC Inspection Report 2020 Screening Quality Assurance Services assessments and reports of:</p> <ul style="list-style-type: none"> Antenatal and New-born screening Breast Cancer Screening Services Bowel Cancer Screening Services Cervical Screening Services <p>External Accreditation/Regulation annual assessments and reports of;</p> <ul style="list-style-type: none"> Pathology (UKAS) Endoscopy Services (JAG) Medical Equipment and Medical Devices (BSI) Blood Transfusion Annual Compliance Report (MHRA) 	None	Positive No change since April 2020

Board Assurance Framework (BAF): February 2022

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19 (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
An outbreak of infectious disease (such as pandemic influenza; Coronavirus; norovirus; infections resistant to antibiotics) that forces closure of one or more areas of the hospital	<ul style="list-style-type: none"> ▪ Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits ▪ PFI arrangements for cleaning services ▪ Root Cause Analysis and Root Cause Analysis Group ▪ Reports from Public Health England received and acted upon ▪ Infection control annual plan developed in line with the Hygiene Code ▪ Influenza and Covid vaccination programmes ▪ Public communications re: norovirus and infectious diseases ▪ Coronavirus identification and management process ▪ Infection Prevention and Control Board Assurance Framework ▪ Outbreak meeting including external representation, CCG, PHE, Regional IPC ▪ CQC IPC Key lines of enquiry engagement sessions 	None	N/A	Management: Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board; Water Safety Group; IPC BAF report to PSC and QC Risk and compliance: IPC Committee report to PSC qtrly; SOF Performance Report to Board monthly; IPC Clinical audits in IPCC report to PSC qtrly Independent assurance: Internal audit plan; CQC Rating Good with Outstanding for Care May '20; PLACE Assessment and Scores Estates Governance bi-monthly; Public Health England attendance at IPC Committee; Influenza vaccination cumulative number of staff vaccinated; HSE visit Dec '20 – no concerns highlighted IPC BAF Peer Review by Medway Trust HSE External assessment and report HSIB IPC assessment and report	Learning from the impact on activity, patient safety and staffing due to COVID-19 wave 1 Constraints of critical care capacity and PPE availability dependent on the size of future waves and restoration activity – Business Case approved in principle – no commencement date yet identified Business case to enhance oxygen capacity/flow has been delivered – BOC commencement date Jan 2022 Unable to provide assurance that infection risk is monitored at the front door and documented in the patient notes Information capture to be moved onto the electronic patient record SLT Lead: Chief Nurse Timescale: March 2022	Inconclusive Last changed April 2020

Board Assurance Framework (BAF): February 2022

Principal risk <small>(what could prevent us achieving this strategic objective)</small>	PR 2: Demand that overwhelms capacity Demand for services that overwhelms capacity resulting in a deterioration in the quality, safety and effectiveness of patient care							Strategic objective	1. To provide outstanding care
Lead Committee	Quality	Risk rating	Current exposure	Tolerable	Target	Risk type	Patient harm	<div>Current risk level</div> <div>Tolerable risk level</div> <div>Target risk level</div>	
Executive lead	Chief Operating Officer	Consequence	4. High	4. High	4. High	Risk appetite	Minimal		
Initial date of assessment	01/04/2018	Likelihood	4. Somewhat likely	4. Somewhat likely	2. Unlikely				
Last reviewed	10/01/2022	Risk rating	16. Significant	16. Significant	8. Medium				
Last changed	10/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gap and issues relating to COVID-19 (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Threat: Growth in demand for care caused by: <ul style="list-style-type: none"> An ageing population, A further Covid 19 wave of admissions driven by Omicron variant Increased acuity leading to more admissions and longer length of stay 	<ul style="list-style-type: none"> Emergency admission avoidance schemes across the system Single streaming process for ED & Primary Care – regular meetings with NEMs Trust and System escalation process Cancer Improvement plan Trust leadership of and attendance at A&E Board Patient pathway, some of which are joint with NUH Inter-professional standards across the Trust to ensure turnaround times such as diagnostics are completed within 1 day Proactive system leadership engagement from SFH into Better Together Alliance Delivery Board Patient Flow Programme SFH internal Winter capacity plan & Mid Notts system capacity plan Referral management systems shared between primary and secondary care MSK pathways COVID-19 Incident planning and governance process Some cancer services maintained during COVID-19 Risk assessments to prioritise individual patients Elective Steering Group now meeting monthly to steer the recovery of elective waiting times Accelerator Programme – SFH has been successful in being part of the national Elective Accelerator programme attracting £2.5m of funding to help speed up the recovery of services 	Robust delivery of the demand management schemes across the system	‘Super surge’ plan developed to cope with growth in Covid-19 admissions caused by Omicron variant against a backdrop of hospitals with already high occupancy, with no national lockdowns	Management: Performance management reporting arrangements between Divisions, Service Lines and Executive Team; Winter Plan to Board Nov ‘21; Exec to Exec meetings; Cancer 62 day improvement plan to Board; Planning documents for 19/20 to identify clear demand and capacity gaps/bridges; Identifying and capturing Potential Harm Resultant from COVID-19 Pandemic report to Board Jun ‘20; COVID-19 Recovery Plan to Board Sep ‘20; Elective Services Report to Recovery Committee monthly; Elective Steering Group report to Executive Team weekly Risk and compliance: Divisional risk reports to Risk Committee bi-annually; Significant Risk Report to RC monthly; Single Oversight Framework Integrated Monthly Performance Report to Board; Incident Control Team governance structure to TMT Mar ‘20; Cancer services report to Board Jun ‘21 Independent assurance: NHSI Intensive Support Team review of cancer processes May ‘20		Positive Last changed December 2020
Threat: Reductions in availability hospital bed capacity caused by increasing numbers of MFFD (medically fit for discharge) patients remaining in hospital	<ul style="list-style-type: none"> Daily and weekly themed reporting of the number of MFFD patients in hospital beds The provision of a ‘Discharge Cell’ meeting with system partners to take forward this work 	Lack of consistent achievement of the Mid-Notts threshold for MSFT patients of 22 – this is mainly associated with social care packages (Pathway 1) and is related to home care workforce shortages	Mitigation plan has been developed and is being implemented across the system to reduce number of MSFT patients in hospital beds (Dec 21). There is national guidance stating that the numbers of MSFT patients in acute beds need to be reduced by 50%	Management: Reporting into the group reports into the system CEOs group; Trust winter plan presented to Board Nov ‘21 Risk and compliance: Exception reporting on the number of MFFD into the Trust Board via the SOF		Inconclusive New threat added January 2022

Board Assurance Framework (BAF): February 2022

Threat & Opportunity: Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'	<ul style="list-style-type: none"> ▪ Visibility on the CCG risk register/BAF entry relating to operational failure of General Practice ▪ Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development ▪ Weekly Executive meeting with the CCGs ▪ Weekly Mid Notts Network Calls 			Management: Routine mechanism for sharing of CCG and SFH risk registers – particularly with regard to risks for primary care staffing and demand Independent assurance: 'Drivers of demand' discussed at Board Aug '19		Inconclusive No change since April 2020
Threat & Opportunity: Drop in operational performance of neighbouring providers that creates a shift in the flow of patients and referrals to SFH	<ul style="list-style-type: none"> ▪ Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development ▪ Horizon scanning with neighbour organisations via meetings between relevant Executive Directors ▪ Weekly management meeting with the Service Director from Notts HC ▪ Bilateral work – Strategic Partnership forum 			Risk and compliance: Divisional NUH/SFH strategic partnership forum minutes and action log; NUH service support to SFH paper to Executive Team	Lack of control over the flow of patients from the surrounding area	Inconclusive No change since April 2020

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 3: Critical shortage of workforce capacity and capability A shortage of workforce capacity and capability resulting in a deterioration of staff experience, morale and well-being which can have an adverse impact on patient care							Strategic objective	3: To maximise the potential of our workforce											
Lead Committee	People, Culture & Improvement	Risk rating	Current exposure	Tolerable	Target	Risk type	Services	<p>Current risk level Tolerable risk level Target risk level</p>												
Executive lead	Director of People	Consequence	4. High	4. High	4. High	Risk appetite	Cautious													
Initial date of assessment	01/04/2018	Likelihood	4. Somewhat likely	4. Somewhat likely	2. Unlikely															
Last reviewed	21/01/2022	Risk rating	16. Significant	16. Significant	8. Medium															
Last changed	21/01/2022																			

Strategic threat <i>(what might cause this to happen)</i>	Primary risk controls <i>(what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)</i>	Gaps in control <i>(Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)</i>	Plans to improve control <i>(are further controls possible in order to reduce risk exposure within tolerable range?)</i>	Sources of assurance (and date) <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: Inability to attract and retain staff due to demographic changes (including a significant impact of external factors and/or unforeseen circumstances) and shifting cultural attitudes to careers, combined with employment market factors (such as reduced availability and increased competition), or mental health issues relating to the working environment, resulting in critical workforce gaps in some clinical services	<ul style="list-style-type: none">People Culture and Improvement StrategyPeople and Inclusion CabinetCulture and Improvement CabinetMedical and Nursing task forceActivity, Workforce and Financial plan2 year workforce plan supported by Workforce Planning Group and review processes (consultant job planning; workforce modelling; winter capacity plans)Vacancy management and recruitment systems and processesTRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisationDefined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating ProcedureTemporary staffing approval and recruitment processes with defined authorisation levelsEducation partnershipsDirector of People attendance at People and Culture BoardWorkforce planning for system work streamCommunications issued regarding HMRC taxation rules on pensions and provision of pensions advicePensions restructuring payment introducedRisk assessments for at-risk staff groupsRefined and expanded Health and Wellbeing support systemOperational grip on workforce gaps reporting into the Incident Control TeamNursing and Midwifery Workforce Transformation CabinetMedical Workforce Transformation Cabinet	<p>Lack of Divisional ownership and understanding of their workforce issues</p> <p>Medical, nursing, AHP and maternity staff gaps in key areas across the Trust, which may impact on the quality and standard of care</p> <p>Likely impact of workforce capacity loss due to the pending COVID vaccination legislation across areas of CQC regulated activity</p>	<p>Deliver the People, Culture and Improvement Strategy (People and Inclusion) SLT Lead: Executive Director of People Timescale: March 2022</p> <p>Continued focus on recruitment and retention in significantly impacted areas, including system wide oversight SLT Lead: Executive Director of People Timescale: March 2022</p> <p>Dedicacted focus on improving vaccination uptake through exploring reasons of vaccination hesitancy SLT Lead: Executive Director of People Timescale: March 2022</p> <p>Develop and implement mitigations for workforce capacity loss SLT Lead: Executive Director of People Timescale: March 2022</p>	<p>Management: Quarterly Strategic Priority Report to Board; Nursing and Midwifery and AHP six monthly staffing report to PCI Committee; Workforce and OD ICS/ICP update quarterly; Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People Culture and Improvement Committee; Recruitment & Retention report monthly; Strategic Workforce Plan to Board Oct '21; Employee Relations Quarterly Assurance Report to People, Culture and Improvement Committee; People Plan updates to People, Culture and Improvement Committee quarterly</p> <p>Risk and compliance: Risk Committee significant risk report Monthly; HR & Workforce planning report Risk Committee; SOF – Workforce Indicators (Monthly); Bank and agency report (monthly); Guardian of safe working report to Board quarterly</p> <p>Independent assurance: Well-led report CQC; NHSI use of resources report; Pre-employment Checks internal audit report Feb '21 – significant assurance; HSJ Award for Acute Trust of the Year 2021; Assurance Report to People, Culture and Improvement Committee quarterly; People Plan to People, Culture and Improvement Committee Apr'21</p>	<p>Staff becoming infected, leading to increased sickness absence</p> <p>Staff working in unfamiliar roles</p> <p>Staff mental health issues as a result of psychological trauma</p>	Inconclusive Last changed April 2020

Board Assurance Framework (BAF): February 2022

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
<p>Threat: A significant loss of workforce productivity arising from a short-term reduction in staff availability or a reduction in effort above and beyond contractual requirements amongst a substantial proportion of the workforce and/or loss of experienced colleagues from the service, or caused by other factors such as poor job satisfaction, lack of opportunities for personal development, on-going pay restraint, workforce fatigue or wellbeing issues, or failure to achieve consistent values and behaviours in line with desired culture. This could also lead to lack of engagement with patients, resulting in failure to address patient empowerment and self-help and failure to work across the system to empower patients and carers to enable personalised patient centred care</p>	<ul style="list-style-type: none"> People Culture and Improvement Strategy People and Inclusion Cabinet Culture and Improvement Cabinet Chief Executive's blog / Staff Communication bulletin Engagement events with Staff Networks (BAME, LGBT, WAND, Time to Change) Schwartz rounds Learning from COVID Staff morale identified as 'profile risk' in Divisional risk registers Star of the month/ milestone events Divisional action plans from staff survey Policies (inc. staff development; appraisal process; sickness and relationships at work policy) Just and restorative culture Influenza vaccination programme COVID-19 vaccination programme Staff wellbeing drop-in sessions Staff counselling / Occ Health support Enhanced equality, diversity and inclusion focus on workforce demographics Freedom to Speak Up Guardian and champion networks Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action and extreme weather event) Combined violence and aggression campaign across system partners Anti-racism Strategy 	<p>Inequalities in staff inclusivity and wellbeing across protected characteristics groups</p>	<p>Deliver the Equality, Diversity and Inclusivity Strategy SLT Lead: Executive Director of People Timescale: March 2022</p> <p>Deliver the People, Culture and Improvement Strategy (Culture and Improvement) SLT Lead: Executive Director of People Timescale: March 2022</p>	<p>Management: Staff Survey Action Plan to Board May '21; Staff Survey Annual Report to Board Jun '21; Diversity & Inclusion Annual report Jun '21; WRES and WDES report to Board Jun '21; Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People Culture and Improvement Committee; Winter Wellness Campaign report to Board Oct '21; People Plan updates to People, Culture and Improvement Committee quarterly Risk and compliance: EPRR Report (bi-annually); Freedom to speak up self-review Board Aug '21; Freedom to Speak Up Guardian report quarterly; Guardian of Safe Working report to Board quarterly; Significant Risk Report to RC monthly; Gender Pay Gap report to Board Apr '21; Assurance Report to People, Culture and Improvement Committee quarterly; People Plan to People, Culture and Improvement Committee Apr '21 Independent assurance: National Staff Survey Mar '21; SFFT/Pulse surveys (Quarterly); Well-led report CQC</p>	<p>Reduction in available staff due to COVID-19, e.g. staff isolating, shielding of vulnerable staff groups and social distancing; redeployment to the vaccination programme</p> <p>Reduction in effort above and beyond contractual requirements due to COVID-19 service restrictions</p> <p>Reluctance of some staff members to return to work due to COVID-19-associated health concerns</p> <p>Restrictions to deployment of key staff due to reduced availability of Mandatory and Statutory Training, and the consequential expiry of certification</p> <p>Increase in violence and aggression towards staff</p> <p>Implement the recommendations from the SWE Expert Group report 'Violence & Aggression and Associated Risks' SLT Lead: Chief Nurse Timescale: March 2022</p>	<p>Inconclusive</p> <p>Last changed May 2020</p>

Board Assurance Framework (BAF): February 2022

Principal risk (what could prevent us achieving this strategic objective)	PR 4: Failure to achieve the Trust’s financial strategy Failure to achieve agreed trajectories resulting in regulatory action							Strategic objective	5: To achieve better value
Lead Committee	Finance	Risk rating	Current exposure	Tolerable	Target	Risk type	Regulatory action	<p>Current risk level Tolerable risk level Target risk level</p>	
Executive lead	Chief Financial Officer	Consequence	4. High	4. High	4. High	Risk appetite	Cautious		
Initial date of assessment	01/04/2018	Likelihood	3. Possible	3. Possible	2. Unlikely				
Last reviewed	25/01/2022	Risk rating	16. Significant	12. High	8. Medium				
Last changed	25/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps	Assurance rating
Threat: A reduction in funding or change in financial trajectory or unexpected event resulting in an increased Financial Improvement Plan (FIP) requirement to reduce the scale of the financial deficit, without having an adverse impact on quality and safety	<ul style="list-style-type: none"> 5 year long term financial model Working capital support through agreed loan arrangements Annual plan, including control total consideration; reduction of underlying financial deficit and unwinding of the PFI benefit by £0.5m annually Engagement with the Better Together alliance programme Transformation and Efficiency Cabinet, FIP planning processes and PMO coordination of delivery Delivery of budget holder training workshops and enhancements to financial reporting A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place, Board approved & governance in place Medical Pay Task Force action plan in place Close working with ICS partners to identify system-wide planning, transformation and cost reductions Executive oversight of commitments COVID-19 related funding application process in place at Trust level 2021/22 Planning guidance confirms continuation of 20/21 funding regime for H1 and H2 	<p>No long term commitment received for liquidity / cash support</p> <p>Lack of identification of opportunities for recurrent delivery of FIP</p> <p>Financial allocations for 2022/23 not yet confirmed</p>	<p>Full receipt of required cash following delivery of NHSI required future trajectories SLT Lead: Chief Financial Officer Timescale: end February 2022 Progress: Revenue funding received – awaiting confirmation of allocation of capital cash funding</p> <p>Full review of ability to improve recurrent delivery of FIP within financial planning for 2021/22 SLT Lead: Director of Culture and Improvement Timescale: complete</p> <p>Full review of ability to improve recurrent delivery of FIP within financial planning for 2022/23 SLT Lead: Director of Culture and Improvement Timescale: March 2022</p> <p>H1 and H2 budget setting process for 2021/22 to include enhanced confirm and challenge SLT Lead: Chief Financial Officer Timescale: complete</p> <p>Budget setting process for 2022/23 to include enhanced review of recurrent cost base SLT Lead: Chief Financial Officer Timescale: March 2022</p>	<p>Management: CFO's Financial Reports & FIP Summary (Monthly); Quarterly Strategic Priority Report to Board; Alliance Progress Report & STP FIP (at each Finance Committee meeting); Investment governance work programme; Divisional risk reports to Risk Committee bi-annually Risk and compliance: Risk Committee significant risk report Monthly Independent assurance: Internal Audit of FIP/ QIPP processes Jul '21; EY Financial Recovery Plan; Deloitte audit of COVID-19 expenditure</p>	<p>Awaiting 2022/23 NHSI/E planning guidance</p>	<p>Inconclusive</p> <p>Last changed July 2020</p>
Threat: ICS system deficit results in a negative financial impact to the Trust	<ul style="list-style-type: none"> Full participation in ICS planning SFH plan consistency with ICS plan ICS DoFs Group ICS Operational Finance Directors Group ICS Financial Framework 	<p>ICS underlying financial deficit</p>	<p>Full participation in the development of the ICS Financial Strategy and aligned payment mechanisms for 2022/23 SLT Lead: Chief Financial Officer Timescale: March 2022</p>	<p>Risk and compliance: ICS financial reports to Finance Committee; ICS Board updates to SFH Trust Board</p>	<p>Awaiting 2022/23 NHSI/E planning guidance</p>	<p>Inconclusive</p> <p>Last changed July 2020</p>

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 5: Inability to initiate and implement evidence-based improvement and innovation Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care							Strategic objective	4: To continuously learn and improve
Lead Committee	People, Culture & Improvement	Risk rating	Current exposure	Tolerable	Target	Risk type	Reputation	<div>Current risk level Tolerable risk level Target risk level</div>	
Executive lead	Director of Culture & Improvement	Consequence	3. Moderate	3. Moderate	3. Moderate	Risk appetite	Cautious		
Initial date of assessment	17/03/2020	Likelihood	3. Possible	3. Possible	2. Unlikely				
Last reviewed	13/01/2022	Risk rating	9. Medium	9. Medium	6. Low				
Last changed	13/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	<ul style="list-style-type: none"> Digital Strategy Improvement Strategy People, Culture & Improvement Committee Leadership development programmes Talent management map Programme Management Office Culture & Improvement Cabinet Transformation Cabinet Ideas generator platform 	The full scope of potential issues is not currently known – therefore further investigation is under way	<p>Establishment of an Innovation Hub SLT Lead: Director of Culture and Improvement Timescale: March 2022</p> <p>Recruit a Chief Digital Information Officer SLT Lead: Medical Director Timescale: January 2022</p> <p>Review of current Digital Strategy objectives and implementation SLT Lead: Medical Director Timescale: Complete</p> <p>Recommendations implemented following the review of the EPMA programme of work SLT Lead: Medical Director Timescale: January 2022</p> <p>Chief Nurse Information Officer (CNIO) Role to be temporarily extended to ensure robust oversight of EPR Development SLT Lead: Medical Director Timescale: Complete</p>	<p>Management: Monthly Transformation and Efficiency report to FC; Clinical Audit & Improvement report to PSC quarterly; Culture & Improvement Assurance Report to PC&IC bi-monthly</p> <p>Risk and compliance: SOF Culture and Improvement indicators; SFH breakthrough objectives to Board quarterly</p> <p>Independent assurance: none currently in place</p>	<p>Delays in training, planned improvement and innovation programmes due to COVID-19</p> <p>Lack of independent assurance, evidence and insight</p> <p>Development of a Continuous Improvement Maturity Assessment in conjunction with EMAHSN SLT Lead: Director of Culture and Improvement Timescale: Complete</p>	<p>Positive</p> <p>No change since April 2020</p>

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 6: Working more closely with local health and care partners does not fully deliver the required benefits Influencing the wider determinants of health and improving our collective financial position requires close partnership working. This may be difficult because of differences in governance, objectives and appetite for and ability to change.							Strategic objective	2: To promote and support health and wellbeing
Lead Committee	Risk	Risk rating	Current exposure	Tolerable	Target	Risk type	Services	<div><div>Current risk level</div><div>Tolerable risk level</div><div>Target risk level</div></div>	
Executive lead	Chief Executive Officer	Consequence	2. Low	2. Low	2. Low	Risk appetite	Cautious		
Initial date of assessment	01/04/2020	Likelihood	3. Possible	4. Possible	2. Unlikely				
Last reviewed	11/01/2022	Risk rating	6. Low	8. Medium	4. Low				
Last changed	11/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, mental, primary and social care	<ul style="list-style-type: none"> Mid-Nottinghamshire Integrated Care Partnership Board Mid-Nottinghamshire ICP Executive formed May 2020 Mid-Nottinghamshire ICP breakthrough objectives signed off July 2020 Nottingham and Nottinghamshire Integrated Care System Board Continued engagement with ICP and ICS planning and governance arrangements Quarterly ICS performance review with NHSI Joint development of plans at ICS level Finance Directors Group ICS Planning Group Alignment of Trust, ICS and ICP plans Statutory submission of Trust plans as a component of the ICS plan for the system Independent chair for ICP ICS Transition and Risk Committee Approved implementation plan for establishing system risk arrangements ICS Provider Collaborative development ICS System Oversight Group Engagement with the establishment of the formal ICB and place-based partnership 	Continued misalignment in organisational priorities	Delivery of the agreed system priorities and plans SLT Lead: Chief Executive Officer Timescale: March 2022	Management: Alliance Development Summary to Board; Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Nottingham and Nottinghamshire ICS Leadership Board Summary Briefing to Board; Planning Update to Board Risk and compliance: Significant Risk Report to RC monthly Independent assurance: 360 Assurance review of SFH readiness to play a full part in the ICS – Significant Assurance	Delay in delivering the benefits of system working due to the impact of COVID-19	Positive Last changed May 2021
Threat and Opportunity: Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities	<ul style="list-style-type: none"> Continued engagement with commissioners and ICS developments in clinical service strategies focused on prevention Partnership working at a more local level, including active participation in the mid-Nottinghamshire ICP ICS Clinical Services Strategy now complete ICS Health and Equality Strategy 	The needs of the population and the statutory obligations of each individual organisation will not be met until the ICS Clinical Services Strategy is implemented	Development of a co-produced clinical services strategy for the ICS footprint – 3 rd set of 5 services SLT Lead: Medical Director Timescale: complete Implement the ICS Clinical Services Strategy SLT Lead: Medical Director Timescale: TBC	Management: Mid-Notts ICP Objectives Update to Board; Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Planning Update to Board Independent assurance: none currently in place	Delay in delivering the benefits of system working due to the impact of COVID-19	Positive Last changed May 2021

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 7: Major disruptive incident A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community							Strategic objective	1: To provide outstanding care
Lead Committee	Risk	Risk rating	Current exposure	Tolerable	Target	Risk type	Services	<p>Current risk level Tolerable risk level Target risk level</p>	
Executive lead	Director of Corporate Affairs	Consequence	4. High	4. High	4. High	Risk appetite	Cautious		
Initial date of assessment	01/04/2018	Likelihood	2. Unlikely	3. Possible	1. Very unlikely				
Last reviewed	11/01/2022	Risk rating	8. Medium	12. High	4. Low				
Last changed	11/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: Shut down of the IT network due to a large-scale cyber-attack or system failure that severely limits the availability of essential information for a prolonged period	<ul style="list-style-type: none"> Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Cyber Security Programme Board & Cyber Security Project Group and work plan Cyber news – circulated to all NHIS partners Network accounts checked after 50 days of inactivity – disabled after 80 days if not used Major incident plan in place Periodic phishing exercises carried out by 360 Assurance Spam and malware email notifications circulated 	<p>Misalignment with NCSC Cyber Security Metrics:</p> <ul style="list-style-type: none"> High Severity Alerts completion and reporting not within required timeframe Unsupported systems Low degree of alignment with NCSC backup guidance <p>Password criteria do not meet IT Healthcheck standards</p>	<p>Develop and deliver an action plan to ensure compliance with the NCSC Cyber Security Metrics requirements</p> <p>SLT Lead: Director of NHIS Timescale: Complete</p> <p>Campaign for managers to emphasise to users the importance of strong password use</p> <p>SLT Lead: Director of NHIS Timescale: November 2021 – Complete</p>	<p>Management: Data Protection and Security Toolkit submission to Board Apr '21- 100% compliance; Hygiene Report to Cyber Security Board monthly; NHIS report to Risk Committee quarterly; IG Bi-annual report to Risk Committee; Cyber Security and COVID-19 Report to Board May '20</p> <p>Risk and compliance:</p> <p>Independent assurance: 360 Assurance Cyber Security Governance Report Jan '19 – Significant Assurance; ISO 27001 Information Security Management Certification; TIAN / 360 Assurance Cyber Security Survey - The impact of Covid-19 on the NHS Dec '20; CCG Cyber Security Report Mar '21- Significant Assurance; 360 Assurance NHIS Governance and Interface audit – limited assurance; 360 Assurance Data Security and Protection Toolkit audit May '21 – substantial assurance; Cyber Essentials achieved Sep '21; IT Healthcheck – 2 of 9 elements failed (negative assurance)</p>	<p>Implement the actions from the NHIS Governance and Interface internal audit report</p> <p>SLT Lead: Medical Director Timescale: March 2022</p>	<p>Positive</p> <p>No change since April 2020</p>
Threat: A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire, flood or other climate change impact, security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period	<ul style="list-style-type: none"> Premises Assurance Model Action Plan Estates Strategy 2015-2025 PFI Contract and Estates Governance arrangements with PFI Partners Fire Safety Strategy NHS Supply Chain resilience planning Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) Gold, Silver, Bronze command structure for major incidents Business Continuity, Emergency Planning & security policies Resilience Assurance Committee (RAC) oversight of EPRR Independent Authorising Engineer (Water) Major incident plan in place 			<p>Management: Central Nottinghamshire Hospitals plc monthly performance report; Fire Safety Annual Report; Water Safety Update Report to Risk Committee Jul '20; Patient Safety Concerns report to QC March '21; Hard and soft FM assurance reports</p> <p>Risk and compliance: Monthly Significant Risk Report to Risk Committee</p> <p>Independent assurance: Premises Assurance Model to RC Dec '18; EPRR Report; EPRR Core standards compliance rating (Oct '19) – Substantial Assurance; Water Safety report (WSP) to Joint Liaison Committee Oct '19; WSP report – hard FM independent audit; MEMD ISO 9001:2015 Recertification Mar '21</p>	<p>360 Assurance internal audit of contract management</p> <p>SLT Lead: Associate Director of Estates & Facilities Timescale: January 2022</p>	<p>Positive</p> <p>No change since April 2020</p>

Board Assurance Framework (BAF): February 2022

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: A critical supply chain failure that severely restricts the availability of essential goods, medicines or services for a prolonged period	<ul style="list-style-type: none"> NHS Supply Chain resilience planning Business Continuity Management System & Core standards CAS alert system – Disruption in supply alerts Major incident plan in place PPE Strategy PPE Winter Forecast 2020/21 EU Exit Preparation Meetings COVID-19 Pandemic Surge Plan Procurement Influenza Pandemic Business Continuity Plan Interim provision for transmission of personal data to the United Kingdom clause within the EU Exit agreement 	None	N/A	Management: Procurement Annual Report to Audit & Assurance Committee; Oxygen Supply Assurance report to Incident Control Team Apr '20; COVID-19 Governance Assurance Report to Board May '20 Risk and compliance: Independent assurance: Internal Audit Business Continuity and Emergency Planning Sep '18 – Significant Assurance; 2019/20 Counter Fraud, Bribery and Corruption Annual Report; EU Exit Risk System Overview – Nottingham and Nottinghamshire System Dec '20; 360 Assurance Procurement Review Apr '21 – Significant Assurance		Positive No change since April 2020

Board Assurance Framework (BAF): February 2022

Principal risk <i>(what could prevent us achieving this strategic objective)</i>	PR 8: Failure to deliver sustainable reductions in the Trust’s impact on climate change The vision to further embed sustainability into the organisation’s strategies, policies and reporting processes by engaging stakeholders and assigning responsibility for delivering the actions within our Green Plan may not be achieved or achievable							Strategic objective	2: To promote and support health and wellbeing
Lead Committee	Risk	Risk rating	Current exposure	Tolerable	Target	Risk type	Reputation / regulatory action	<div><div>Current risk level</div><div>Tolerable risk level</div><div>Target risk level</div></div>	
Executive lead	Chief Executive Officer	Consequence	3. Moderate	3. Moderate	3. Moderate	Risk appetite	Cautious		
Initial date of assessment	22/11/2021	Likelihood	3. Possible	3. Possible	2. Unlikely				
Last reviewed	11/01/2022	Risk rating	9. Medium	9. Medium	6. Low				
Last changed	11/01/2022								

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (are further controls possible in order to reduce risk exposure within tolerable range?)	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues relating to COVID-19	Assurance rating
Threat: Failure to take all the actions required to embed sustainability and reduce the impact of climate change on our community	<ul style="list-style-type: none"> Estates & Facilities Department oversee the plan and education on climate change impacts Green Plan 2021-2026 Climate Action Project Group Engagement and awareness campaigns (internal/external stakeholders) Estates Strategy Digital Strategy Capital Planning sustainability impact assessments Environmental Sustainability Impact Assessments built into the Project Implementation Documentation process Engagement with the wider NHS sustainability sector for best practice, guidance and support 	<p>Lack of data to accurately measure and monitor improvements</p> <p>Education of Board and staff at all levels</p> <p>Lack of Environmental Impact Assessments</p>	<p>Develop and embed processes for gathering and reporting statistical data Lead: Associate Director of Estates and Facilities Timescale: June 2022</p> <p>Training of the Board, decision makers and all staff at an appropriate level to increase awareness and understanding of sustainable healthcare Lead: Associate Director of Estates and Facilities Timescale: June 2022</p> <p>Capital Oversight Group to develop a mechanism to ensure that environmental impact assessments are embedded in decision making processes and key documents (e.g. business cases, investment cases, board papers, capital bids, new and existing policies) Lead: Chief Financial Officer Timescale: January 2022</p>	<p>Management:</p> <p>Risk and compliance: Green Plan to Board Apr '21 Sustainability Report included in the Trust Annual Report</p> <p>Independent assurance: ERIC returns and benchmarking feedback</p>	<p>Reporting to Transformation and Efficiency Cabinet not yet defined</p> <p>Agree reporting structure Lead: Associate Director of Estates and Facilities Timescale: March 2022</p>	<p>Inconclusive</p> <p>New risk added November 2021</p>

Council of Governors

Subject:	Fit and Proper Person Requirement Annual Report		Date: 10 th May 2022	
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs			
Approved By:	Shirley A Higginbotham Director of Corporate Affairs			
Presented By:	Shirley A Higginbotham Director of Corporate Affairs			
Purpose				
To provide assurance to the board regarding compliance with the Fit and Proper Person Requirement			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial	N/A			
Patient Impact	N/A			
Staff Impact	N/A			
Services	N/A			
Reputational	Failure to comply with the regulations could significantly impact on the reputation of the Trust			
Committees/groups where this item has been presented before				
Board of Directors 5 th May 2022				
Executive Summary				
<p>The Care Quality Commission Regulation 5: Fit and Proper Persons requirement came into force on 1st April 2015 and was revised in January 2018 to make explicit the requirement to undertake an enhanced DBS check for directors. The Trust was already doing this.</p> <p>The Policy and Procedure for the Fit and Proper Person Requirements was updated to reflect minor amendments in with changes to national NHS structures and approved by the Joint Staff Side Partnership Forum in September 2021.</p> <p>The regulation applies to all directors, executive and non-executive, permanent, interim and associate positions, irrespective of their voting rights. The regulation does not apply to the Council of Governors.</p> <p>The personal files of all directors are held in the Director of Corporate Affairs office. An audit of the files is undertaken annually and keeps a record of the documentation required these include DBS checks, insolvency checks and the annual self-declaration.</p> <p>A review of the personal files of all directors noted the evidence required to meet the requirements.</p>				

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the public meeting held on 8th February 2022 at 17:30
Via video conference

Present:	Claire Ward	Chair	CW
	Councillor David Walters	Appointed Governor	DW
	Ian Holden	Public Governor	IH
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SuH
	Councillor Craig Whitby	Appointed Governor	CrW
	Martin Stott	Public Governor	MS
	Philip Marsh	Public Governor	PM
In Attendance:	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Kathryn Nuttall	Matron for Gynaecology	KN
	Richard Mills	Chief Financial Officer	RM
	Richard Walton	KPMG	RW
	Sue Bradshaw	Minutes	
Apologies:	Lawrence Abrams	Public Governor	LA
	Linda Dales	Appointed Governor	LD
	David Ainsworth	Appointed Governor	DA
	Jacqueline Lee	Staff Governor	JL
	Nadia Whitworth	Appointed Governor	NW
	Nikki Slack	Appointed Governor	NS
	Paul Robinson	Chief Executive	PR
Absent:	Ann Mackie	Public Governor	AM
	Gerald Smith	Public Governor	GS
	Jayne Revill	Staff Governor	JR
	Maxine Huskinson	Public Governor	MH
	Richard Boot	Staff Governor	RB

The meeting was via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
22/365	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Lawrence Abrams, Public Governor Linda Dales, Appointed Governor David Ainsworth, Appointed Governor Jacqueline Lee, Staff Governor Nadia Whitworth, Appointed Governor Nikki Slack, Appointed Governor Paul Robinson, Chief Executive</p>		
22/366	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
22/367	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the meeting held on 9th November 2021, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 21/359, Thornbury is spelt incorrectly in the Finance Committee section <p>The Council APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
22/368	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
1 mins	The Council AGREED that actions 21/359 and 21/360 were COMPLETE and could be removed from the Action Tracker.		
22/369	PATIENT STORY – JACKIE'S STORY		
17 mins	<p>KN presented the Patient Story which highlighted the work of the gynaecology team in dealing with a patient with mental health issues.</p> <p>CW felt the story is an excellent example of care being provided, which speaks to the Trust's care values in a way which patients can see and feel the difference.</p> <p>IH noted the number of patients attending hospital with mental health problems, in addition to physical health problems, is increasing and queried how significant this is as a percentage of what teams are dealing with.</p>		

	<p>KN advised she was unable to give specific numbers, but there has been a significant increase over the last few years. On a daily basis, colleagues in ED are faced with patients who are struggling with their mental health. This adds another level of challenge to ensure patients get access to the services they need and are discharged safely to the place they need to be. Increasingly on ward areas there are patients who come in for operations, cancer treatment, etc. who also have mental health issues. Teams have become adept at arranging multi-disciplinary team meetings and sharing knowledge between teams to ensure the correct conversations are taking place and patients and families are kept central to those. KN advised it was a privilege and honour to work with Jackie, get to know her and be trusted by her. KN advised she has learnt a lot from Jackie.</p> <p>DS felt this is a powerful story and highlights some of the difficult interactions which take place, noting it is easy to underestimate the amount of time and dedication it takes to turn cases like this around. The impact of the pandemic and years of reduced mental health funding are well recognised. It has recently been announced that mental health services in the Midlands have been allocated some ringfenced funding, which will particularly target children and young people.</p> <p>PM felt the story was inspiring. PM advised some time ago there were community mental health teams. Hopefully the investment will enable community mental health teams to be embedded in communities again.</p> <p>KN left the meeting</p>		
22/370	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective.</p> <p>The Council was ASSURED by the report.</p>		
22/371	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>DS presented the report, highlighting support for the Trust from the military, Covid vaccinations, staff wellbeing, the appointment of Julie Hogg, Chief Nurse, as Chief Nurse for University Hospitals, Leicester and the actions taken in relation to infection prevention and control measures. DS advised the visiting restrictions are to be reviewed by the Incident Control Team (ICT) on 9th February 2022 and it is hoped the Trust will be able to reintroduce visiting for one designated visitor.</p> <p>However, there has been a recent increase in Covid positive patients being admitted. As of 8th February 2022, there are 28 Covid positive inpatients and 37 patients who were admitted with Covid, making a total of 65 patients. This number has, however, reduced from the peak which was seen in early January 2022.</p>		

<p>17 mins</p>	<p>KS advised he has been working as a volunteer in a family liaison role and has identified an issue with relatives being able to make contact with the wards for an update on the patient's condition as phones are not being answered. While acknowledging the reason for suspending visiting, KS felt no robust system has been put in place to ensure phones are answered and relatives kept informed. DS acknowledged it is frustrating for relatives to get updates on patients and this is something the Trust has not dealt with very well. It is important the Trust learns from this.</p> <p>The Council was ASSURED by the report</p> <p>Trust's Response to Omicron Wave</p> <p>DS presented the report, highlighting vaccination programme, Covid treatments, development of Covid Medications Delivery Unit, wellbeing offer for staff, surge capacity and super surge activity.</p> <p>CrW noted the 35% increase of capacity at the Hospital Hub for vaccinations, but not all appointments were filled. CrW queried if staff were, therefore, not fully utilised at a time when backlogs were building and sought clarification what the impact on the backlog was. DS advised there was no impact on backlogs as staff working in the Hospital Hub are not staff involved in treating patients in the backlog. At the times when there were no appointments booked, the Hub closed early and staff were redeployed.</p> <p>IH noted the Trust's ambulance turnaround times have been good compared to others and queried if this is due to a change in the transfer system. DS advised the team in ED are eager to turn ambulances around as quickly as possible and the Trust has performed well in this area for a significant period of time. This transfers the risk from the ambulance into ED and has led to some crowding in ED. However, there is less risk if patients are visible in ED as opposed to waiting in an ambulance. It is important to release ambulances back into the community as quickly as possible.</p> <p>MS noted the pessimism in the national news regarding waiting times and waiting lists and queried how the Trust is performing. DS advised there is a significant number of patients waiting for treatment. Pre-Covid there were no 52 week waiters and currently there are over 1,000. In terms of patients waiting over two years, this fluctuates but is only one or two and these are cleared in a short space of time. Cancer pathways have been maintained. The Trust has been able to undertake day case procedures and has utilised Newark Hospital. While SFHFT is in a relatively good position, DS acknowledged the impact on patients waiting for planned surgery. In terms of patients waiting over 52 weeks, a process has been established to contact these patients regularly to enquire if their symptoms are improving or deteriorating. Treatment for some patients has been brought forward if a clinical risk is identified. There is a mechanism in place to minimise the impact on patients.</p>		
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15 mins	<p>CW advised the Single Oversight Framework (SOF) report formed part of the reports which were presented to the Board of Directors on 3rd February 2022. The Board of Directors discussed the exceptions, particularly in relation to waiting list issues. The SOF report will be circulated to the governors and is also available on the Trust's website.</p> <p>Action</p> <ul style="list-style-type: none"> Q3 SOF report to be circulated to governors <p>SuH queried how staff are coping with the continued demands placed on them. DS advised staff are 'fed up' with the situation, with part of the frustration being there is no clear route ahead and, therefore, no-one knows what the future holds. Staff are fed up with having to do their jobs differently and wish to return to how their jobs were. However, it is not clear if that will be possible.</p> <p>The Council was ASSURED by the report</p> <p>Virtual Ward</p> <p>RM joined the meeting</p> <p>DS gave a presentation outlining the purpose and use of Virtual Ward within the Trust.</p> <p>IH noted from an article in the Health Service Journal (HSJ) there are some concerns being raised in relation to the process by which patients are assessed as being suitable to go on virtual wards. There is the need to maintain quality assurance processes to ensure the safety and quality of experience for patients on virtual wards. IH noted in some areas the people appointed to run the service are not of a high enough grade to maintain quality.</p> <p>DS advised the virtual wards within SFHFT are consultant led. If there are any concerns about a patient, they are brought back into the organisation. The patients on virtual wards are not 'hospital' patients but are at a level between patients normally on wards and those who would be managed solely by primary care. DS advised the question he challenges himself with is if a patient is put into a virtual ward and they subsequently come into the hospital, does that deleteriously affect their outcome. The full answer to that question is not yet known. However, regional data shows there is no impact on outcome. DS acknowledged it will take time to be sure of this. In the meantime it is important to keep asking the question to maintain focus.</p> <p>The Council was ASSURED by the report</p>	SH	28/02/22
22/372	LEAD GOVERNOR REPORT		
5 mins	<p>RW joined the meeting</p> <p>SuH presented the report to the Council, highlighting the work on the Bellamy Road estate and governor elections. Thanks were expressed to Martin Stott and Roz Norman who have both served as a governor for 9 years and are, therefore, not eligible to stand for re-election.</p>		

	<p>CW advised as a result of a meeting with Liz Barrett, Adult Education and Sutton Academy, SFHFT is now on the Discover Ashfield Board. CW advised she has introduced Liz to others in the community in relation to supporting the health digital champions.</p> <p>SH advised any feedback in relation to this should be fed back to the Membership and Engagement Group.</p> <p>Action</p> <ul style="list-style-type: none"> Feedback on the work being undertaken on the Bellamy Road Estate to be presented to the Membership and Engagement Group <p>The Council was ASSURED by the report</p>	SH	05/04/22
22/373	OPERATIONAL PLAN 2022/2023		
8 mins	<p>RM gave a presentation outlining the planning process for 2022/2023, highlighting the national priorities for 2022/2023, key elements of the financial plan and timescales.</p> <p>The Council was ASSURED by the report</p>		
22/374	EXTERNAL AUDIT PLAN		
7 mins	<p>RW gave a presentation outlining the external audit process for 2021/2022, highlighting audit risks and value for money arrangements.</p> <p>The Council was ASSURED by the report</p>		
22/375	REPORT FROM BOARD SUB-COMMITTEES		
31 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, highlighting implementation of internal audit recommendations and the National Audit Office Cyber and Information Security Good Practice Guide.</p> <p>IH advised the Committee is very rigorous. Discussions are ongoing regarding the relationship between the Trust's audit process and the Integrated Care System (ICS) audit process. It is important to identify any potential gaps, reporting lines, etc. and ensure a focus is kept on the impact on patients. GW advised once the Integrated Care Board (ICB) is established, this will provide an opportunity for audit committees across the ICS to work closer together.</p> <p>Quality Committee</p> <p>RN left the meeting</p> <p>BB presented the report to the Council, highlighting an update on the 62-day cancer backlog, virtual clinics, obstetric haemorrhage deep dive, challenged services, ophthalmology, Clostridium difficile (C.diff) and Board Assurance Framework (BAF) risks.</p>		

	<p>MS left the meeting</p> <p>PM noted the vast amount of work undertaken by the Committee and advised he felt assured critical matters were being carefully considered. However, from reports presented to the Committee, violence and aggression towards staff continues to be an issue. PM queried if the Trust is doing enough to support staff in ED and monitoring the use of physical restraint.</p> <p>IH noted, in terms of the cancer pathway, a number of people did not come forward for treatment during Covid and queried if there is any indication how many people who should be in the system have not yet presented and will present in the future with more developed disease and what impact this will have on the Trust.</p> <p>BB advised the cancer registry will be the source of such intelligence. There will be people who will appear in the system, sadly with a later stage of disease or possibly only at death. The impact will only be understood with hindsight.</p> <p>DS advised it is likely to be years in the future before the full information is known, if at all. In terms of patient numbers not presenting to the Trust, compared to expected numbers, the only service which has been impacted is lung cancer screening. A new lung cancer screening pathway is being established to help mitigate the gap. In some services, for example breast services, there has been an increase in referrals. While there is no data, soft intelligence suggests some clinics are seeing people presenting at a later stage. However, data from cancer networks suggests there is not a huge variant in the anticipated position.</p> <p>AR advised it is likely the number of people who have adverse outcomes from heart disease, cancer and other areas will outnumber the patients who have had harm from Covid. Data is still emerging but it is likely the area served by SFHFT may be harder hit due to deprivation.</p> <p>MG advised, in terms of violence towards staff, the People, Culture and Improvement Committee have received analysis and comprehensive action plans. The Committee has seen the headlines from the staff survey and it looks positive in some areas. It is important to maintain focus but good actions are being taken.</p> <p>Finance Committee</p> <p>NG presented the report to the Council, highlighting deterioration in the forecast for 2021/2022, BAF risks and approval of capital projects.</p> <p>CW noted this will be Neal's last Council of Governors meeting before he steps down at the end of April 2022 and expressed thanks for his work as Chair of the Finance Committee.</p> <p>KS advised the appropriate assurance was received by the Committee and issues in relation to the PFI contract are being well managed.</p>		
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	<p>People, Culture and Improvement Committee</p> <p>RM left the meeting</p> <p>MG presented the report to the Council, highlighting BAF, staff survey, Quarter 3 update in relation to the People, Culture and Improvement programme, 2022-2025 People, Culture and Improvement Strategy and service areas shortlisted for national awards.</p> <p>SH advised JL was unable to attend the Council of Governors meeting but had sent the following feedback in relation to observing the Committee: "Manjeet continues to question the execs and probing until she receives an answer. Manjeet moves items on the agenda so they are not missed (if someone needs to leave earlier). Manjeet has a vast knowledge and her experience comes through. It was nice to see colleagues and NEDs also probed and questioned well. Confident everything is well sighted."</p> <p>Charitable Funds Committee</p> <p>SB presented the report to the Council, highlighting approval of the use of charitable funds to support the staff wellbeing post and approval to continue the non-consolidation of charitable funds in the Trust's accounts.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
22/376	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
3 mins	<p>Report of the Remuneration Committee</p> <p>SH presented the report, which outlines the proposed arrangements for the recruitment of a Non-Executive Director due to the resignation of Neal Gossage.</p> <p>The Council APPROVED the process, and timescales, for the recruitment of a Non-Executive Director as recommended.</p>		
22/377	QUESTIONS FROM MEMBERS OF PUBLIC		
	No members of the public were present		
22/378	ESCALATIONS TO THE BOARD OF DIRECTORS		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> Recruitment of Non-Executive Director 		
22/379	ANY OTHER BUSINESS		
min	No other business was raised.		

Date: Tuesday 10th May 2022
Time: 17:30
Venue: MS Teams (TBC)

There being no further business the Chair declared the meeting closed at 19:25

Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.

Claire Ward Chair	Date
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NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/05/2021	10/08/2021	09/11/2021	08/02/2022				
Ann Mackie	Newark & Sherwood	Public	P	P	X	X	P	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff	X					3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	P	A	P	P	X	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	P	P	P	1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed	X						15/10/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed				A		1	15/07/21	31/05/22
Councillor Michael Brown	Newark & Sherwood District Council	Appointed	X					1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	A	X	A	P	N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public	X					3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	P	A	X	X	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P	P	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	X	A	P	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	A	X	X	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P	P	P	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	A	A	A	P	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	A	P	P	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	P	P	X	A	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed		P	A	A	P	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	A	A	A	A	X	N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public	P					3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	A	P	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	P	X	X	X	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P	P	P	A	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	P	P	P	3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the meeting held on 14th March 2022 at 12:30
Via video conference

Present:	Sue Holmes	Public Governor and Lead Governor	SuH
	Councillor David Walters	Appointed Governor	DW
	Jacqueline Lee	Staff Governor	JL
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Councillor Craig Whitby	Appointed Governor	CrW
	Martin Stott	Public Governor	MS
	Philip Marsh	Public Governor	PM
	David Ainsworth	Appointed Governor	DA
	Linda Dales	Appointed Governor	LD
	Maxine Huskinson	Public Governor	MH
In Attendance:	Rob Simcox	Deputy Director of People	RS
	Barbara Brady	Non-Executive Director	BB
	Sue Bradshaw	Minutes	
Apologies:	Claire Ward	Chair	CW
	Lawrence Abrams	Public Governor	LA
	Gerald Smith	Public Governor	GS
	Ian Holden	Public Governor	IH
	Roz Norman	Staff Governor	RN
	Nadia Whitworth	Appointed Governor	NW
	Nikki Slack	Appointed Governor	NS
	Shirley Higginbotham	Director of Corporate Affairs	SH
Absent:	Ann Mackie	Public Governor	AM
	Jayne Revill	Staff Governor	JR
	Richard Boot	Staff Governor	RB

The meeting was via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
22/381	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate SuH declared the meeting open at 12:30. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Claire Ward, Chair Lawrence Abrams, Public Governor Gerald Smith, Public Governor Ian Holden, Public Governor Roz Norman, Staff Governor Nadia Whitworth, Appointed Governor Nikki Slack, Appointed Governor Shirley Higginbotham, Director of Corporate Affairs</p> <p>It was noted SuH was chairing the meeting in CW's absence.</p>		
22/382	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
22/383	APPOINTMENT OF THE CHIEF EXECUTIVE		
3 min	<p>RS presented the report, highlighting the interview process and advising the unanimous recommendation of the interview panel and stakeholder panels was to recommend the appointment of Paul Robinson as Chief Executive of the Trust. It was noted Nick Carver, Chair of NUH, was part of the interview panel as his name had been omitted from the report.</p> <p>The Council APPROVED the recommendation to appoint Paul Robinson as Chief Executive for SFHFT.</p>		
22/384	ANY OTHER BUSINESS		
min	No other business was raised.		
22/385	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 10th May 2022 Time: 17:30 Venue: Lecture Theatre 2 (TBC)</p> <p>There being no further business SuH declared the meeting closed at 12:35</p>		

	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p>		
	<p>Claire Ward Chair</p>	<p>Date</p>	

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/05/2021	10/08/2021	09/11/2021	08/02/2022			
Ann Mackie	Newark & Sherwood	Public	P	P	X	X	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff	X				3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	P	A	P	P	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	P	P	1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed	X					15/10/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed				A	1	15/07/21	31/05/22
Councillor Michael Brown	Newark & Sherwood District Council	Appointed	X				1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	A	X	A	N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public	X				3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	P	A	X	X	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	X	A	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	A	X	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	P	P	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	A	A	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	A	P	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	X	P	P	X	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed		P	A	A	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	A	A	A	A	N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public	P				3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	A	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	P	X	X	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	P	P	P	P	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	P	P	3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

NAME	AREA COVERED	CONSTITUENCY	EO COG	EO COG	TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			21/09/2021	14/03/2022			
Ann Mackie	Newark & Sherwood	Public	P	X	3	01/05/19	30/04/22
Ben Clarke	King's Mill Hospital	Staff			3	01/09/19	31/08/22
Councillor Craig Whitby	Mansfield District Council	Appointed	X	P	4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed	P	P	1	23/04/20	31/05/21
Councillor Kevin Rostance	Nottinghamshire County Council	Appointed				15/10/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed			1	15/07/21	31/05/22
Councillor Michael Brown	Newark & Sherwood District Council	Appointed			1	18/05/20	31/05/21
David Ainsworth	Mansfield & Ashfield CCG	Appointed	P	P	N/A	20/02/20	N/A
Dean Whelan	Mansfield	Public			3	01/09/22	31/08/22
Gerald Smith	Mansfield	Public	X	A	3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public	P	A	3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff	P	P	3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff	X	X	3	01/05/19	30/04/22
John Wood	Mansfield	Public	P	P	3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public	P	P	3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public	P	A	3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public	P	P	3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public	A	P	3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed	P	A	3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed	X	A	N/A	17/07/19	N/A
Paul Baggaley	Newark & Sherwood	Public			3	01/11/20	31/10/23
Philip Marsh	Ashfield	Public	P	P	3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public	X	X	3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff	A	A	3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public	P	P	3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the meeting held on 4th April 2022 at 16:00
Via video conference

Present:	Claire Ward	Chair	CW
	Ian Holden	Public Governor	IH
	Kevin Stewart	Public Governor	KS
	Martin Stott	Public Governor	MS
	Nadia Whitworth	Appointed Governor	NW
	Nikki Slack	Appointed Governor	NS
	Roz Norman	Staff Governor	RN
In Attendance:	Shirley Higginbotham	Director of Corporate Affairs	SH
	Sue Bradshaw	Minutes	
Apologies:	Councillor Craig Whitby	Appointed Governor	CrW
	Councillor David Walters	Appointed Governor	DW
	David Ainsworth	Appointed Governor	DA
	Jacqueline Lee	Staff Governor	JL
	John Wood	Public Governor	JW
	Lawrence Abrams	Public Governor	LA
	Linda Dales	Appointed Governor	LD
	Philip Marsh	Public Governor	PM
	Sue Holmes	Public Governor and Lead Governor	SuH
Absent:	Ann Mackie	Public Governor	AM
	Gerald Smith	Public Governor	GS
	Jayne Revill	Staff Governor	JR
	Maxine Huskinson	Public Governor	MH
	Richard Boot	Staff Governor	RB

The meeting was via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
22/386	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 16:00. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Councillor Craig Whitby, Appointed Governor Councillor David Walters, Appointed Governor David Ainsworth, Appointed Governor Jacqueline Lee, Staff Governor John Wood, Public Governor Lawrence Abrams, Public Governor Linda Dales, Appointed Governor Philip Marsh, Public Governor Sue Holmes, Public Governor and Lead Governor</p>		
22/387	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
22/388	APPOINTMENT OF NON-EXECUTIVE DIRECTOR		
4 mins	<p>SH presented the report, highlighting the recruitment process for the vacant Non-Executive Director (NED) post and advising a total of four applications were received. Unfortunately, one applicant lived outside the Trust's constituency and one was not a qualified accountant and, therefore, was not applicable for appointment. The remaining two candidates were invited for interview, which took place on 15th March 2022.</p> <p>Following the interviews, it is recommended the Council of Governors support the appointment of Andrew Rose-Britton, who has a wealth of financial experience and knowledge, having worked in the private sector as Company Secretary and Finance Director for a number of years.</p> <p>RS queried if Andrew had provided assurance he would be able to commit the required time to the NED role. CW advised this assurance has been received. Andrew is no longer a finance director for a company but undertakes consultancy work. CW advised she had spoken to Andrew after the interview and he reassured her that he would have the time required to commit to the NED role. He observed the last meeting of the Finance Committee in order to start the handover process prior to final approval.</p> <p>KS advised he met Andrew at the last Finance Committee meeting and sought assurance an appropriate handover would take place between Andrew and Neal Gossage, the outgoing Chair of the Finance Committee.</p>		

	<p>CW advised the Trust was keen to make the appointment now in order to give a month for the handover to take place prior to Neal leaving at the end of April 2022. Andrew and Neal will work together to facilitate the April meeting of the Finance Committee.</p> <p>SH advised there is a Board development session in April 2022 which Andrew will be able to attend.</p> <p>The Council APPROVED the recommendation to appoint Andrew Rose-Britton as Non-Executive Director for SFHFT.</p>		
22/389	ANY OTHER BUSINESS		
min	No other business was raised.		
22/390	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 10th May 2022 Time: 17:30 Venue: Lecture Theatre 2 (TBC)</p> <p>There being no further business CW declared the meeting closed at 16:05.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward Chair</p> <p>Date</p>		

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			10/05/2022	09/08/2022	08/11/2022	Feb 2023			
Ann Mackie	Newark & Sherwood	Public					3	01/05/19	30/04/22
Councillor Craig Whitby	Mansfield District Council	Appointed					4	21/05/19	31/05/23
Councillor David Walters	Ashfield District Council	Appointed					1	23/04/20	31/05/21
Councillor Linda Dales	Newark & Sherwood District Council	Appointed					1	15/07/21	31/05/22
David Ainsworth	Mansfield & Ashfield CCG	Appointed					N/A	20/02/20	N/A
Gerald Smith	Mansfield	Public					3	01/05/19	30/04/22
Ian Holden	Newark & Sherwood	Public					3	01/05/19	30/04/22
Jacqueline Lee	Newark Hospital	Staff					3	01/05/19	30/04/22
Jayne Revill	King's Mill Hospital	Staff					3	01/05/19	30/04/22
John Wood	Mansfield	Public					3	01/05/19	30/04/22
Kevin Stewart	Ashfield	Public					3	01/05/19	30/04/22
Lawrence Abrams	Rest of East Midlands	Public					3	01/05/19	30/04/22
Martin Stott	Newark & Sherwood	Public					3	01/05/19	30/04/22
Maxine Huskinson	Ashfield	Public					3	01/11/20	31/10/23
Nadia Whitworth	Volunteers	Appointed					3	10/05/21	10/05/24
Nikki Slack	Vision West Notts	Appointed					N/A	17/07/19	N/A
Philip Marsh	Ashfield	Public					3	01/05/19	30/04/22
Richard Boot	Newark Hospital	Public					3	01/05/19	30/04/22
Roz Norman	King's Mill Hospital	Staff					3	01/05/19	30/04/22
Sue Holmes	Ashfield	Public					3	01/11/20	31/10/23

P = Present
A = Apologies
X = Absent

Attendance at Extraordinary COG meetings

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

P = Present
A = Apologies
X = Absent

Audit and Assurance Committee Annual Report 2021/22

Introduction

The Audit and Assurance Committee is established under Board delegation with approved terms of reference aligned with the *Audit and Risk Assurance Committee Handbook*, published by the Department of Health.

The Audit and Assurance Committee was chaired by Graham Ward, a Fellow of the Institute of Chartered Accountants (England & Wales) with extensive financial expertise. The Committee membership comprises wholly non-executive directors with executives and others in attendance. Attendance at meetings is detailed below:

Graham Ward	7/7
Barbara Brady	6/7
Manjeet Gill	3/5
Steve Banks	2/2

According to the Terms of Reference, the Chief Executive and other executive directors are invited to attend the Audit and Assurance Committee meeting as and when required, but particularly when the Audit and Assurance Committee is discussing areas of risk or operation that are the responsibility of that director.

Objectives from 2021/22

The Committee's agreed objectives for 2021/22 were:

- Maintain the review and control processes currently in place, including ensuring that actions and process changes in response to internal and external audit recommendations have been implemented on a timely basis
 - This has been achieved by the Committee fulfilling its work plan and maintaining oversight of processes
- Complete the implementation of the actions identified in the Committee's maturity assessment action plan, and continue with an emphasis on working closely with the other sub-committees of board
 - The actions on the maturity assessment action plan are all complete

- Extra focus on the system/ICS to ensure the alignment of internal control processes with the Integrated Care System, Integrated Care Partnership and Primary Care Networks
 - The work on this has been delayed as the ICS legislation is not yet in place
- Maintain focus and review of the Register of Interests, and pursue further improvement in the compliance rate
 - The Register of Interests report is a standing item on the Committee agenda for each meeting – there is evidence of improving compliance across the Trust and details of progress are noted in the ‘Conduct and behaviour policies’ section below

Principal review areas

This annual report is divided into five sections reflecting the five key duties of the Committee as set out in the terms of reference.

1. Governance and internal control

The Committee reviewed relevant disclosure statements for 2020/21, in particular the Annual Governance Statement (AGS) together with the Head of Internal Audit Opinion, External Audit opinions (Financial and Quality Accounts) and other appropriate independent assurances and consider that the AGS is consistent with the Committee’s view on the Trust’s system of internal control. Accordingly, the Committee supported Board approval of the AGS.

The Committee has received update reports on Information Governance and members were pleased to note that the Data Security Protection Toolkit compliance had been maintained in 2021.

2. Internal audit

Throughout the year the Committee has worked effectively with internal audit to strengthen the Trust’s internal control processes. The Committee has also in year:

- Reviewed and approved the internal audit operational plan for 2022/23 and more detailed programme of work initially and then on an on-going basis to take into account the impact of the COVID-19 pandemic, while ensuring the provision of the internal audit service continued to be sufficient in supporting the Committee in fulfilling its role

- Considered the major findings of internal audit and are assured that the Head of Internal Audit Opinion and AGS for 2020/21 reflect any significant internal control issues
- Invited lead directors of any internal audit reports issued with Limited Assurance to attend Committee meetings, present the report and provide assurance that actions will be implemented within agreed timescales
- Worked with colleagues internally and externally to address deteriorating performance regarding the provision of evidence and the achievement of internal audit actions, and the impact of the pandemic on timely completion of actions
- Regular review of outstanding audit actions, and are assured that a robust progress monitoring process is in place

3. Counter Fraud Service

The Committee received regular progress reports on activity conducted as part of the agreed Counter Fraud Work Plan, including:

- Annual Report for 2020/21
- Updates on investigations
- Conflicts of Interest Policy and Declarations of Interest Register review
- Risk assessment in line with Counter Fraud Functional Standards

4. External audit

The Committee reviewed and agreed external audit's annual plan for 2021/22, noting that the Trust's main risk remains to be the valuation of land and buildings and that KPMG's audit focus this year is the implementation of IFRS 16 (leases) transition.

The Committee reviews and comments on reports prepared by external audit and welcomes their advice on areas of specific expertise.

5. Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

6. Annual Report and Accounts

The Committee received schedules and assurance of processes in place to satisfactorily produce the Annual Report, Quality Account and Financial Accounts.

As part of the year-end process and approval of the 2020/21 accounts for the Board for ratification, the Committee reviewed and took into account:

- Head of Internal Audit Opinion on both financial and non-financial matters
- External audit opinion on the accounts and value for money opinion
- Letter of Representation to external audit
- Going Concern assessment, to assure themselves of the effective financial and non-financial propriety of the Trust

The following key risks highlighted within the financial statements were noted:

- Valuation of Land and Buildings
- Fraud risk from expenditure recognition
- Fraud risk from revenue recognition
- Management Override of Controls
- Valuation of land and buildings

All of these were found by the auditors to be 'satisfactory'.

Other areas of focus

Conduct and behaviour policies

Regular reports of the Register of Interests compliance were received during the year, and it was noted that the number of non-compliant staff had decreased during the year (from 88 in March 2021 to 40 in March 2022). Committee members were assured by the focus in this area and the process in place.

Cost Control and Financial Governance reviews

Throughout the year the Committee received reports on Single Tender Waivers, Losses and Special Payments, gaining assurance on value for money and probity within controls.

Governance documents

A report of non-clinical policies reviews was received, and the process to address those past their review dates was agreed.

Other areas of assurance

The Committee received update reports on the Due Diligence Process for Future Suppliers, and Freedom to Speak Up arrangements, noting the consistent improvement against the FTSU index.

Also received was an assessment on the NAO Cyber and Information Security Good Practice Guide, and progress made in meeting the recommendations required to achieve full compliance.

In addition, the Committee received the Risk Committee and Procurement Annual Reports, and the Board Assurance Framework periodically to provide assurance on the review process.

Review of the effectiveness and impact of the Audit and Assurance Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place.

The Committee continued to meet throughout the pandemic with positive attendance from Committee members.

An annual Committee self-assessment, using the HFMA's NHS Audit Committee Handbook checklist, was completed by the non-executive director members of the Audit and Assurance Committee, from which no significant issues were identified.

The Committee participated in the well led review carried out by Grant Thornton, inviting the lead to observe the November Committee meeting, which resulted in very positive outcomes and feedback.

Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact of risks mitigated and costs avoided, and the proportion of these that could be apportioned to the Committee work. However, the current and future costs associated with loss of reputation have been mitigated as a result of the work performed by the Committee.

Conclusion

The Committee is of the opinion that this annual report is consistent with the draft AGS, Head of Internal Audit Opinion and the external audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

The Committee has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.

Objectives

The Committee's objectives for 2022/23 are:

- Maintain the review and control processes currently in place, including a strengthened focus on internal and external audit actions implementation tracking and improving the implementation compliance rate
- Ensure the alignment of internal control processes with the Integrated Care System, provider collaboratives and other strategic partnerships
- Maintain focus and review of the Register of Interests, and pursue further improvement in the compliance rate

Graham Ward

Audit and Assurance Committee Chair

March 2022

Council of Governors

Subject:	Audit and Assurance Committee Annual Report		Date: 10 th May 2022	
Prepared By:	Neil Wilkinson, Risk & Assurance Manager			
Approved By:	Graham Ward, Audit & Assurance Committee Chair			
Presented By:	Graham Ward, Audit & Assurance Committee Chair			
Purpose				
Consider and receive assurance from the presentation of the Audit and Assurance Committee Annual Report			Approval	
			Assurance	✓
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
✓	✓	✓	✓	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		✓		
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Audit and Assurance Committee – 15 th March 2022, Board of Directors 5 th May 2022				
Executive Summary				
<p>The attached Audit and Assurance Committee Annual Report outlines the principal review areas and activities carried out by the Committee throughout 2021/22.</p> <p>The Committee is of the opinion that this annual report is consistent with the draft AGS, Head of Internal Audit Opinion and the external audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.</p> <p>The report concludes that the Committee has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.</p>				

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

Subject:	Audit & Assurance Committee (AAC) Report	Date: 10 th May 2022
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ <u>Non-Clinical Policies</u> – there are a large number of these that are out of date across all executive directors and as a priority these need reviewing, updating as appropriate and approving. 	<ul style="list-style-type: none"> ▪ <u>Clinical Policies</u> – Quality Committee has been asked to provide assurance that Clinical Policies are up to date and approved.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ <u>Head of Internal Audit Opinion</u> – an interim opinion of Significant Assurance was given by 360 Assurance. ▪ <u>Draft Annual Accounts</u> – received and discussed, all to time and draft results as expected. ▪ <u>Draft Annual Report and Quality Account</u> – both progressing well. ▪ <u>Register of Conflict of Interest Breaches Report</u> – no breaches identified during 2021/22 	<ul style="list-style-type: none"> ▪ <u>Internal Audit Plan 2022/23</u> – Proposed change to plan to include a further Maternity Standards review to be undertaken in 2022/23 at request of Chief Nurse with Medical Research review being pushed back a quarter to Q1 2023/24 was agreed subject to receiving details for the request from the Chief Nurse (to be circulated outside of meeting)
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> ▪ All papers were of a high quality and clear which helped the meeting run smoothly. 	

Quality Committee Annual Report 2021

Report Covers Period January 2021 to December 2021 – 6 Scheduled Meetings

Introduction

The Quality Committee is established under Board delegation with approved Terms of Reference.

The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In addition to the Chair, the Committee membership is comprised of two Non-Executive Directors, the Executive Medical Director, Chief Nurse and Chief Operating Officer. Others are in attendance at the Committee with additional attendees invited as required. Two Governors observe the committee and report to the Council of Governors.

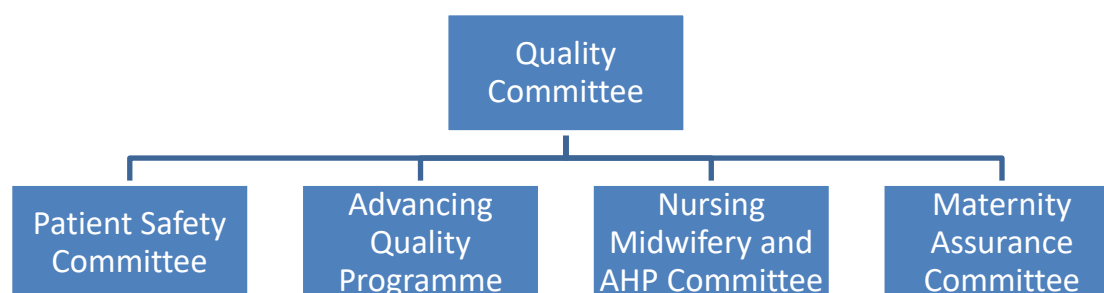
Membership attendance at core meetings is detailed below:

Non-Executive Director Barbara Brady (Chair) 6/6
Non-Executive Director Tim Reddish 4/5
Non-Executive Director Claire Ward 2/2 (Trust Chair from April 2021)
Medical Director David Selwyn 6/6
Chief Nurse Julie Hogg 5/6
Chief Operating Officer Simon Barton 6/6

Dr Andrew Haynes attended 2/2 meetings as appointed Specialist Advisor to the Board
Manjeet Gill attended 2/3 meetings as Non-Executive Director in place for either Claire Ward or Tim Reddish as required

According to the Terms of reference, the Head of Regulation and Patient Safety [Post title now Head of Regulation and Deputy Head of Clinical Governance], the Deputy Chief Nurse, the Head of Clinical Governance and a representative from the CCG will be in attendance at the Committee.

The Committee has oversight of several subgroups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is as below, where the 4 key direct reports have a responsibility to provide assurance from their associated subgroups to the Quality Committee.



Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee through the definition of quality in “*High Quality Care for All*” (2008). This definition has since been embraced by staff throughout the NHS.

This definition sets out three dimensions to quality, *all three of which* must be present in order to provide a high quality service:

Clinical effectiveness– quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes;

Safety– quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual’s safety;

Patient experience– quality care looks to give the individual a positive experience when being in receipt of and recovering from care, including being treated according to what that individual wants or needs, and with compassion, dignity and respect

The Committee has an approved work plan which is used to review the establishment and maintenance of an effective system of quality governance, risk management and internal control across organisations activities using the three-quality dimension above. The Committee have adjusted the Work Plan in 2021 to outline where key reports match more than one of the three quality dimensions.

The updates from the Patient Safety Committee and the Nursing Midwifery and Allied Health Professions Board meet the requirements of all three quality dimensions.

Clinical Effectiveness and Patient Safety

The Committee was updated at regular intervals over the CQC registration status and how the Trust was meeting the action plans. These updates form part of the Advancing Quality Programme reports. The Committee received its first annual report of Trust wide Accreditation and Regulation Activities, they provided an oversight on registration activities as and when they occurred, including Joint Advisory Group (JAG), United Kingdom Accreditation Services (UKAS) and screening services such as Antenatal Screening.

The Committee received an annual update from Cancer Services, End of Life Care, while receiving more regular updates, biannually around the medicine’s optimisation strategy and quarterly around fragile services in difficulty and the Hospital Standardised Mortality Ratio.

The Committee heard the annual clinical effectiveness report which included updates on Clinical Audit, the associated forward plan and current progress of this, the annual audit forward plan was also approved by the Committee. The Nursing Midwifery and AHP strategy was reviewed by the committee in September and was approved.

Patient Safety

At each of the meetings held, reports were presented, and the Committee heard, discussed and reviewed items on the Patient Safety Committee, Advancing Quality Programme, Nursing Midwifery and AHP Board and Maternity Assurance Committee agendas.

The Committee continued to receive regular updates on potential harms to Non-Covid patients in response to the COVID-19 pandemic through the Patient Safety Committee updates.

The Committee received annual reports staggered throughout the year to provide assurance on the patient safety requirements of the Committee, these included

- Safeguarding
- Infection Prevention and Control
- Children and Young People's Board

In March the Committee heard the outcomes of a deep dive into maternity incidents after a spike in December 2020. As a result of the deep dive all subsequent Committee's received and discussed a two monthly maternity incidents update.

Patient Experience

The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included the 15 steps programme. The Committee approved the terms of reference for the Nursing, Midwifery and AHP Board

The Committee continued to examine patient experience through annual staggered reports, these included:

- Patient Experience, including patient experience surveys, inpatient and outpatient surveys

Additional Assurance

In addition to the assigned work plan the Committee received updates and assurance as requested throughout the year.

March – Updates on Deprivation of Liberty Recommendations, Falsified Medicines Directive and Thromboembolic Prevention and Complications

May – Update on Safe and Timely Discharges

June – Update following the 2020 Discharge Accuracy audit and information around patients being sent home without their To Take Out (TTO's)

July – Report on a Falls Deep Dive presented with and improvement trajectory, updates on Community Onset Healthcare Associated *Clostridium Difficile* and Ophthalmology post 2018 quality summit

Governance

Board Assurance Framework principle risks were considered and approved as part of each Committee. Where appropriate the Committee recommended and approved the alteration of risk scoring based on the evidence and agreement of those in attendance. The two principle risks the Committee primarily discuss are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity

The Committee also receives internal audit reports if they relate to clinical quality. During the reporting period the Committee received audit reports on

- Trust's Safeguarding Progress
- Maternity Services and assessment tool
- Data Quality Framework
- Patient Consent

In 2021 the Committee was reviewed as part of a maturity matrix, the work as a result of this is ongoing and contributes to the development of the Committee in ensuring its responsibility to the Board. This met the annual quality objectives outlined in the 2020 Quality Committee Report to Board.

Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources, both internally and externally throughout the year. This process has also included requesting managers to present and discuss when necessary to obtain relevant assurance.

In 2021 the Trust Quality Strategy is due for review, in December 2021 the Committee received a draft strategy for review and consultation. The Committee reflected positively on the new strategy and aims to approve this in early 2022 for distribution.

Review of the effectiveness and impact of the Quality Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. The Committee summarises escalations to the board at the end of every meeting.

Committee effectiveness self-assessment review is conducted as part of the Committee process. These were completed throughout the year with no show stopping issues identified.

The Committee continue to review and update the associated work plan as the reporting sub-Committees governance matures. Changes and agreements are documented as part of the Committee documentation process.

Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact internal control and governance mitigation the Committee has ensured leading to costs avoided. However, the current and future costs associated with the loss of reputation have been mitigated as a result of the work performed by the Committee. This includes annual updates on the risks associated with the private finance initiative contract and review and approval of quality impact assessments for the financial improvement programme.

Objectives

The Committee has reviewed and supported an audit of compliance against CQC key lines of enquiry (KLOE) and will continue to support work to seek oversight of the reporting, this includes

- Supporting the Trusts ongoing work of the KLOE currently not embedded within governance structures and designated work streams
- Seek assurance for the outstanding governance of KLOE which are work streams but not within the reporting structure of the Committee
- Work with other sub board committees where KLOE are not within the oversight of the quality committee but are within others and ensure clear reporting for board assurance

Council of Governors

Subject:	Quality Committee Annual Report		Date: May 2022	
Prepared By:	Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance			
Approved By:	Barbara Brady, Non- Executive Director and Committee Chair			
Presented By:	Barbara Brady, Non- Executive Director and Committee Chair			
Purpose				
To provide assurances the Quality Committee is performing its responsibilities as set out within its Terms of Reference.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X			X	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational	The Annual Report is an element of overall Trust governance arrangements. Failure to apply agreed governance arrangements could result in significant reputational consequences.			
Committees/groups where this item has been presented before				
This report has been approved in its current form by the Quality Committee prior to board				
Executive Summary				
<p>This report provides a description of the activities and assurance that the Quality Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2021 calendar year.</p> <p>It provides assurances and synopsis on activity undertaken throughout the year objectives for the 2022 year. The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors, and to support the Annual Governance Statement.</p>				

Council of Governors

Subject:	Finance Committee Annual Report		Date: 10 May 2022	
Prepared By:	Richard Mills, Chief Financial Officer			
Approved By:	Neal Gossage, Non Executive Director and Chair of Finance Committee			
Presented By:	Richard Mills, Chief Financial Officer			
Purpose				
To provide assurances the Finance Committee is performing its responsibilities as set out within its Terms of Reference.			Approval	✓
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
✓	✓	✓	✓	✓
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
	✓			
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational	The Annual Report is an element of overall Trust governance arrangements. Failure to apply agreed governance arrangements could result in significant reputational consequences.			
Committees/groups where this item has been presented before				
Finance Committee – January 2022, Board of Directors 5 th May 2022				
Executive Summary				
<p>This report provides a description of the activities and assurance that the Finance Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2021 calendar year. It provides assurances and synopsis on activity undertaken throughout the year and identifies areas for development.</p> <p>The time period is aligned to the annual governance timetable to enable consideration by the Audit & Assurance Committee and the Board of Directors, and to support the Annual Governance Statement.</p>				

Annual Report from the Finance Committee 2021

1. Summary

This report provides an overview of risk management activities undertaken throughout the Trust and a summary of the work undertaken within the Finance Committee activities from January to December 2021, for assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2021.

The time period is aligned to the annual governance timetable to enable consideration by the Audit & Assurance Committee and the Board of Directors, and to support the Annual Governance Statement.

2. Background

The Finance Committee meets not less than 6 times a year and reports to the Board of Directors. Its Terms of Reference establish that its role is to conduct independent and objective reviews of financial and investment policy and performance issues.

The Committee's membership is set out below:

- Four Non-Executive Directors one of whom nominated as Chair and one as Vice Chair. The Chair of the Committee is appointed by the Board of Directors.
- Chief Executive.
- Chief Financial Officer.
- Chief Operating Officer.
- Director of Culture & Improvement
- Associate Director of Estates & Facilities

Also in routine attendance:

- Deputy Chief Financial Officer
- Associate Director of Transformation
- Associate Director – Business Planning & Partnership
- Governor observer

Other Directors and Managers have attended meetings in accordance with the Committee work programme and/or in response to specific issues being identified.

3. Meetings

The Committee has held 10 meetings during the period covered by this report, 2 meetings being held as Extra-ordinary meetings as agreed by the Committee.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non-Executive Director Chair	10/10
Non-Executive Director Vice Chair	10/10
Non-Executive Director (left SFH in Nov-21)	8/8
Non-Executive Director (joined FC Mar-21)	5/8
Chief Executive	1/10
Chief Financial Officer	10/10
Chief Operating Officer	7/10
Director of Culture & Improvement	7/10
Associate Director of Estates & Facilities	8/10

4. Work Programme

The Committee has received regular reports throughout the year in accordance with its agreed Annual Work Programme. A series of monthly reports are received from Committee members in respect of:

- Financial Performance
- Financial Improvement Plan
- PFI Governance
- ICS and NHSI Updates
- Procurement Forward View
- Board Assurance Framework (BAF) – Principal Risk 4

The Committee has also received reports on the following specific matters:

- Annual Planning and Budgeting process and delivery
- NHIS quarterly performance
- Capital Plan
- Strategic Objective 5 update
- Terms of reference review (March 2021)
- National Cost Collection submission
- Internal Audit Reports

5. Approvals

The Trust Scheme of Delegation describes the Committee has delegated authority from the Board of Directors to approve revenue and capital expenditure up to the value of £1m. The Governance process requires Finance Committee approval of all expenditure in excess of £250,000. Expenditure above the £1m threshold requires the final approval of the Board.

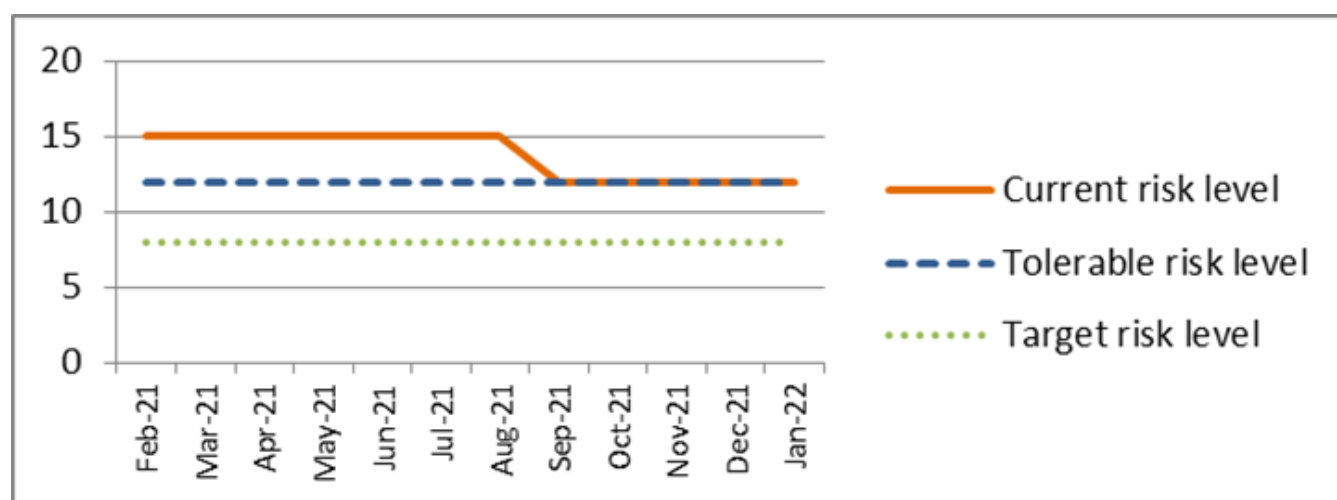
In accordance with this the Committee has considered and approved the following:

- Pathology Laboratory Information Management System (LIMS) replacement
- NHIS Network Infrastructure replacement
- GP Network Switch replacement
- Covid-19 Vaccination Centre Security provision
- P2G support for PFI settlement
- Soft FM Procurement
- CCG and GP IT Refresh (virtual approval)
- Mobile CT and Mobile Endoscopy units
- Mobile MRI Van contract renewal

- Medical Interoperability Gateway (MIG) contract renewal
- Microsoft Enterprise Subscription Agreement contract renewal
- Allocate contract extension
- Critical Care capacity investment
- Medical Staffing business case

6. Board Assurance Framework

The Committee reviews BAF principle risk 4 (Failure to maintain financial sustainability) at each ordinary meeting. At the start of the period covered by this report the risk score was recorded at 15 (Significant). The score was revised to 12 (High) at the September 2021 meeting. This was due to a change in the consequence score changing from 5 (Very High) to 4 (High), given there was no suggestion of regulatory action being taken at that point. The score remained unchanged for the rest of the period.



7. Committee Effectiveness Review

The Committee carried out an Effectiveness Review which was reported in March 2021. The review was based upon the National Audit Office Committee Healthcheck and is to help review governance arrangements, check appropriate systems are in place and to identify areas for improvement.

The self-assessment tool considered 16 criteria and the Committee reported that each was fully met. Evidence to support this assessment was reported and no required actions were identified.

8. Matters for escalation

At the end of each Committee meeting items for escalation to the Board of Directors are identified. Throughout the year, at various points in time, these have included:

- Financial performance and forecast outturn updates, including financial year 2020/21, the 2021/22 H1 financial period (1st March 2021 to 30th September 2021) and the 2021/22 H2 financial period (1st October 2021 to 31st March 2022)

- Approval of expenditure exceeding the Finance Committee £1.0m limit, requiring final approval from the Board of Directors (Pathology LIMS, Mobile CT and Endoscopy Units, Mobile MRI and Microsoft ESA contract renewals, Critical Care and Medical Staffing business cases)
- Transformation & Efficiency updates, including Financial Improvement Programme (FIP) plans and performance updates
- Covid vaccination programme financial arrangements
- Financial planning and budgeting updates, including revisions to NHS financial framework
- Increase in service calls to NHIS
- PFI contract updates, including PFI settlement agreement standstill period recommendations and approval
- Soft FM Procurement
- Capital programme updates
- Significant assurance provided in the Integrity of the General Ledger and Financial Reporting audit report
- Plans and performance in respect of Elective Recovery and changes to Elective Recovery Fund rules
- ICS developments
- Procurement Spend Comparison Service (SCS) league table data
- MCH asset transfer proposal and potential for financial risk
- BAF current exposure score amendment to 4
- National Cost Collection (NCC) final submission
- Approval of NHIS Digital Strategy

9. Conclusion

The Committee self-assessments of compliance with Terms of Reference, the review of effectiveness, the robust work programme and escalations to Board of Directors provide assurance that the Committee continues to be effective in discharging its responsibilities.

Finance Committee Chair's Highlight Report to Council of Governors

Subject:	Finance Committee - Report of the Committee Chair (last meeting)	Date: 10 th May 2022	
Prepared By:	Richard Mills, Chief Finance Officer		
Approved By:	Andrew Rose-Britton, Non-Executive Director		
Presented By:	Andrew Rose-Britton, Non-Executive Director		
Purpose			
This paper summarises the assurance provided by the Finance Committee around financial management in the Trust		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> 2021/22 financial outturn was confirmed as a £13.3m deficit, which is consistent with the previous forecast outturn. The 2022/23 financial plan is due for submission on 28 April 2022. The Nottinghamshire ICS will submit a deficit financial plan, although this will be improved compared to the previous draft submission. The final organisational level split was to be confirmed. 	<ul style="list-style-type: none"> NHIS Performance: report to committee on bringing in Bassetlaw. Capacity in Nursing homes: may need virtual approval if costs exceed £250K. Further review of agency expenditure and workforce growth to be considered for a future meeting. Work to finalise the Electronic Patient Record business case is expected to be completed in May 2022.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Maturity Action Plan (May 2021) actions considered and agreed as completed. 	<ul style="list-style-type: none"> Extraordinary Finance Committee to be held in May 2022 to review the Electronic Patient Record business case and the 2022/23 financial plan and budgets in further detail. BAF Principal Risk 4 reviewed and narrative changes agreed. The overall score remains at 16, reflecting the deficit financial plan for 2022/23.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Committee members agreed that the meeting provided a good level of review of pertinent issues, with constructive and positive contributions and outcomes. 	

Annual Report from the People, Culture & Improvement Committee

Summary

This report provides a summary of People, Culture and Improvement Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2021.

The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors.

This report provides an overview of activities undertaken throughout the Trust and a summary of the work undertaken within the People, Culture and Improvement Committee activities from January to December 2021.

Background

The People, Culture and Improvement Committee meets 6 times per year and reports to the Board of Directors. Its Terms of Reference establish the following purposes:

- Review the BAF risks associated with workforce, culture and improvement and provide assurance to the Board that those risks are being effectively mitigated or managed in a controlled way.
- Provide the Board with assurance concerning all aspects of the Trusts workforce strategy and annual implementation plan, both in relation to delivery and impact.
- Where necessary, seek assurance into any areas of work related to workforce and culture on behalf of the Board.
- Assure the Board that the structures, systems and processes are in place and functioning to support the workforce in the provision and delivery of high quality patient care.
- Contribute to, oversight of and assurance from an SFH perspective, the People, Culture and Improvement Plan and plans of the ICS/ICP.
- In fulfilling its obligations, the Committee will be mindful of the need to improve the diversity of the workforce so that it better reflects the population which the Trust serves.
- The Committee shall review the Freedom to Speak Up agenda via quarterly assurance reports.

The Committee's membership is set out below:

- Non-Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Director of People
- Director of Culture & Improvement
- Medical Director
- Chief Nurse

In routine attendance:

- Head of Learning & OD
- Deputy Director of People
- Acting Head of Communications
- Head of Medical Workforce
- Head of Corporate Nursing
- Community Involvement Manager
- Head of Resourcing
- Associate Director of Service Improvement
- Head of Workforce Information
- Associate Director of Transformation
- Head of Operational Human Resources
- Equality, Diversity & Inclusion Lead
- Risk and Assurance Manager
- Workforce Analytics Manager
- Operational Development and Network Manager

2 Staff governors are also invited to attend as observers.

Other Directors and Managers have attended meetings in accordance with the People, Culture and Improvement Committee work programme and/or in response particular work being identified.

Meetings

Meetings shall be held not less than four times a year and where appropriate should coincide with key dates in the quarterly reporting cycle. A development session shall also be held not less than annually.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non- Executive Director (Chair)	6/6
Non-Executive Director	6/6
Non-Executive Director	5/6
Director of People	5/6
Director of Culture and Improvement	6/6
Medical Director	4/6

Attendance of officers in routine attendance

Deputy Director of Training, Education, Development	3/4
Deputy Director of Human Resources	4/6
Acting Head of Communications	3/6
Head of Medical Workforce	6/6
Head of Corporate Nursing	1/6
Community Involvement Manager	5/6
Head of Resourcing	5/6
Associate Director of Service Improvement	3/6
Head of Operational Human Resources	6/6
Risk and Assurance Manager	6/6

One staff governor attended 4 out of the 5 meetings and further staff governor attended 2 out of 5 of the People, Culture and Improvement Committee during the year as an observer.

Work Programme

The Committee has received regular reports throughout the year in accordance with its agreed Annual Work Programme. Reports are received at each meeting from the Director of People, Director of Culture and Improvement, Medical Director and Chief Nurse in relation to workforce risks and the Workforce Board Assurance Framework. In addition, assurance and highlight reports are provided on an ad hoc basis.

The Committee has also received reports on other specific risk-related matters, including:

- Nursing Safe Staffing Report
- Staff Safe Staffing – Medical Staffing Report
- Communications Report
- Volunteer Report
- Employee Relations Assurance Report
- Leadership and Culture Update
- Training, Education and Development Update
- Raising Concerns Update
- Medical Education Update
- Flu Campaign
- Equality and Diversity Assurance Report

Horizon Scanning

The People, Culture and Improvement Committee identify and review any risks and work plans which are on the horizon. The following are the main areas identified:

- NHS People Plan
- WRES and WDES data and national reporting

- Written statement of employment particulars
- COVID-19 Vaccinations
- NHS Pension Scheme changes and implications of the Annual and Lifetime allowance.

All of the above have been added to the appropriate action plans and any risks, mitigation plans are in place.

Positive Stories

At the beginning of each People, Culture and Improvement Committee meeting positive stories and achievements are shared and identified. Throughout the year these have included:

- The Trust recruited to a dedicated Equality, Diversity & Inclusivity (EDI) Lead.
- The national network Proud2bOps won the HSJ Partnership 'Workforce Innovation' Award.
- SFH Colleague Welfare and Wellbeing offer was shortlisted in the 2021 HSJ Patient Safety Awards in the category 'Mental Health Initiative' of the year.
- Nottingham and Nottinghamshire ICS: Mass Vaccination Team was shortlisted for a Healthcare People Management Association (HPMA) Award in the category for 'Cross-sector Working'.
- SFH was shortlisted for the Culture Pioneers award following the Trust's collaborative approach around wellbeing and welfare over the past 12 months and the Trust's approach to continuous improvement.
- SFH's Rostering Team were finalists in the Allocate awards.
- SFH was a finalist and came second place in the Healthcare People Management Association (HPMA) awards which took place in September 2021 for the collaborative work regarding vaccinations.
- SFH had two entries in the 2021 Health Service Journal (HSJ) National awards. These entries relate to work undertaken by Proud2bOps and the work undertaken by the Climate Action Team which aligns to SFH's culture.
- SFH was shortlisted for three Nursing Times awards, these awards relate to the real time management of oxygen during Covid-19, high volume service-user services, and the development of an End of Life (EOL) ward during the pandemic.

A summary report developed and presented to the Board of Directors

Board Assurance Framework Risks

The People, Culture and Improvement Committee monitors the Board Assurance Framework (BAF) workforce and improvement risks.

The principal risks on the BAF reviewed by the People, Culture and Improvement Committee are;

Workforce capacity and capability

- Inability to attract and retain staff

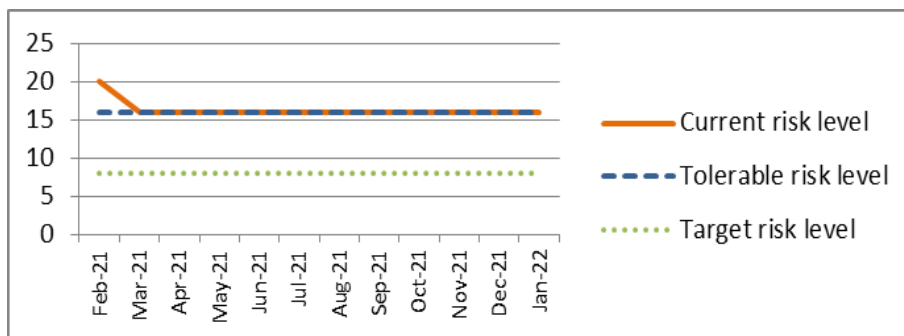
- A significant loss of workforce productivity arising from short-term reduction in staff availability or a reduction in effort above and beyond contractual requirements

Improvement and innovation

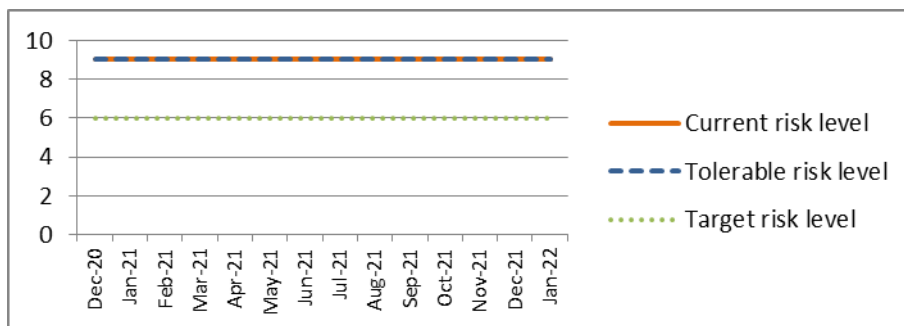
- Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients

The below graphs identify the current risk level, tolerable risk level and target risk level for each of the BAF risks.

Workforce capacity and capability



Improvement and innovation



People Culture and Improvement Plan

The Trust had introduced a 1-year People, Culture and Improvement Plan capturing 2021/22 and was implemented with effect from April 2021.

The plan was developed to enable to support the recovery from the global COVID-19 pandemic and an opportunity for any further strategy to be aligned to the NHS People Plan that's publication was delayed.

The focus of the Plan was to develop and introduce aspects of high impact under the themes and topics that are aligned

- People Health Wellbeing and Welfare

- People Practices
- People Development
- People Equality Inclusion and Diversity
- People Resourcing and Retention
- Culture and Engagement
- Improvement and Learning

Over the last quarter of 2021/22 the Committee has focused on developing a 3 year People, Culture and Improvement Plan, that will be underpinned by the NHS People Plan, and the NHS People Promise.

Safe Staffing Nursing and Medical

Nursing

The Chief Nurse has presented bi-monthly staffing report to provide an overview for Nursing, Midwifery and Allied Health Professional staffing and compliance within the Trust with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.

The reports presented provided assurance of the staffing availability over the previous six months and process with assessing acuity and dependency for patients on ward areas. The information and data presented will support the review of the Nursing and Midwifery establishment reviews for 2021/2022.

The Chief Nurse will present the Nursing and Midwifery establishment review to the Committee and will continue to present reports to provide an overview and assurance regarding the staffing and safety compliance of the Nursing, Midwifery and Allied Health Professional workforce.

Medical

The Medical Director's provides bi-monthly Medical Staffing Report which highlights the main challenges and difficulties experienced during the ongoing challenges associated with COVID-19 surge.

In order to respond to the challenges new rotas have been designed for all grades of doctors to ensure that there is sufficient support in the Trust to manage the situation. Assurance has been provided to the Committee in terms of number of doctors, the escalation process in place where there are concerns and the support that is in place for junior doctors in respect of the guardian of Safe Working and the Leadership Registrars.

The reports have presented external factors relating to COVID-19, including restrictions on international travel etc. have impacted on the availability of doctors, particularly related to the Trust's successful Clinical Fellow programme. This has resulted in increased usage of Bank and Agency locum Doctors.

The Committee has also received quarterly reports providing assurance on the Doctor's appraisal and revalidation process and compliance.

Overall, the reports from the Medical Director have provided assurance the work being undertaken in relation to the Medical Workforce provides safe and effective care to patients while supporting and maintaining the well-being of the Trust's medical staff.

Across 2021 the Medical Director also presented reports to the Committee with the aim of providing assurance regarding the work undertaken to support the Medical Workforce and confirm compliance with GMC, Health Education England and NHS England/Improvement guidance and standards.

Equality and Diversity

The People, Culture and Improvement Committee has received regular reports with an update on the achievements, progress and developments in relation to the Equality, Diversity and Inclusivity agenda at Sherwood Forest Hospitals NHS Foundation Trust.

The Committee has had assurance the Trust has met its statutory duties as outlined in the Equality Act 2010. The Committee has also been presented with the following information prior to being published in line with statutory requirements

- Diversity and Inclusivity Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report

Over the past year the Trust has celebrated some key Equality and Diversity events including the Trust's PRIDE march in July 2021 Black History Month in October 2021 and Disability History Month in November.

The Trust has really focused on our inclusion agenda as part of ensuring Sherwood is a Great Place to Work for everyone.

While assurance was obtained from the reports and evidence presented to the Committee in 2021, it is recognised there is still significant work to be taken forward in relation to this agenda.

Key actions include increasing diversity reporting amongst staff, continuing to ensure compliance with reporting duties, and increasing knowledge of the Diversity agenda across the Trust.

Volunteer Services

Across the reporting period the Committee were provided with regular updates regarding the invaluable support to a variety of clinical and non-clinical services across all of our three sites. Each of the reports demonstrated how our volunteering

service play an important role and part in the variety of services that are delivered across the Trust.

Strategic Workforce Plan

The Committee received the overarching Strategic Workforce Plan identifying a workforce baseline as at 2021 and how through workforce assumptions the workforce profile across the Trust will change across the next 3-5 years. The baseline has informed future strategy and how through collaboration known workforce challenges can be mitigated.

Freedom to Speaking Up

Effective speaking up arrangements protect patients and improve the experience of NHS Workers. All staff, but specifically all executive directors have a responsibility for creating a safe culture and an environment which workers are able to highlight problems and make suggestions for improvement.

The Trust's Freedom to Speak Up Guardian has provided assurance reports to the Committee which highlighted additional uptake in 2021 compared to 2020, there has been an increase in the number of concerns raised. The increasing number of concerns is positive and provides assurance about the effectiveness of the Freedom to Speak Up Guardian role and the Freedom to Speak Up Champions.

The most prevalent findings from the reports presented is that 'bullying and harassment' and bullying type behaviours from line managers or senior managers within departments was the most common concern raised by staff. As a result of this the Committee has received reports and evidence from the Director of Culture and Improvement about focused work which has been facilitated to support the reduction of bullying and harassment within the Trust.

A Freedom to Speak Up strategy has been developed; this has been developed in line with the Trust Objective and Strategies and in line with the NHS People Plan. The objectives of the Freedom to Speak Up strategy are;

- Create the right conditions for all our staff to speak up
- Enabling our leaders to connect with staff and be responsive
- Take learning and improve the quality of services for staff and patients.

The People, Culture and Improvement Committee has received assurance throughout the year in relation to the Freedom to Speak Up agenda and also supported the development and implementation of the strategy.

People and Inclusion

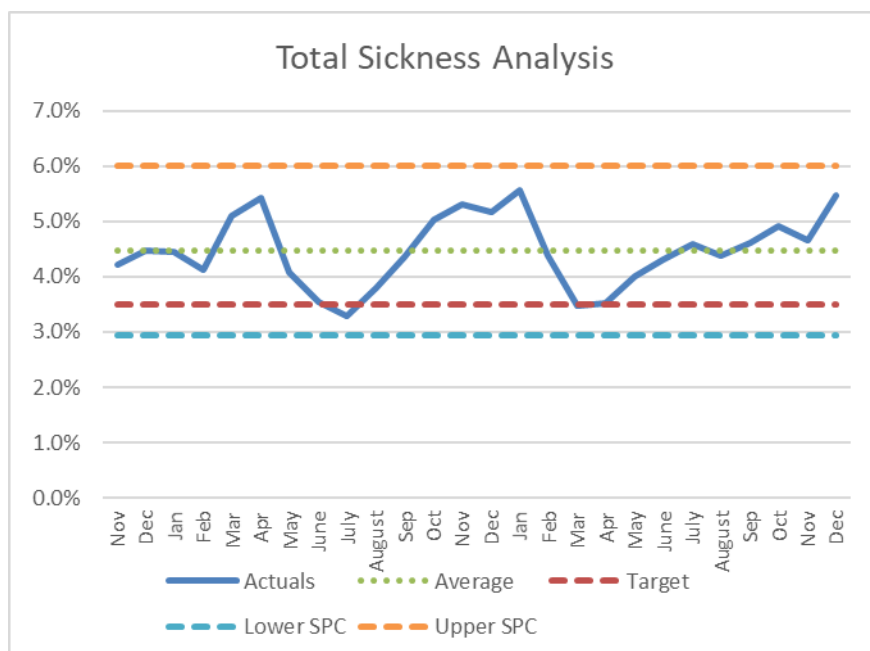
At each meeting the Director of People has presented an assurance paper on the people and inclusion agenda.

The papers presented have provided assurance that all Human Resources Policies are compliant with best practice and employment law.

In addition, the Committee has been kept up-to-date regarding the COVID-19 pandemic and measures the government has announced to support the reduction in the spread of the virus and also protect those who are extremely clinically vulnerable. This has included the implementation of self-isolation and self-shielding.

It has been recognised as a result of these national measures the Trust has experienced an increase in workforce loss related to sickness and COVID-19 related absences. The Committee have been assured the Trust has implemented all national measures which have been implemented in response to the pandemic and associated workforce loss and have also implemented support mechanism for staff who have absence.

The below graph highlights the sickness absence analysis which show the increased in sickness corresponds to the COVID-19 pandemic surge.



The Trust's annual flu campaign continues to be a tangible success for the Trust. In 2020/21 86.7% of front-line workers had the vaccine. In 2021/22 figure was 75.6%. The Committee had significant assurance in relation to the annual flu campaign.

The Committee also received updates regarding the implementation of the Trust's Employee Assistant Provision (EAP), the completion of COVID-19 risk assessments and resourcing and were assured by the work facilitated to support the people and inclusion agenda.

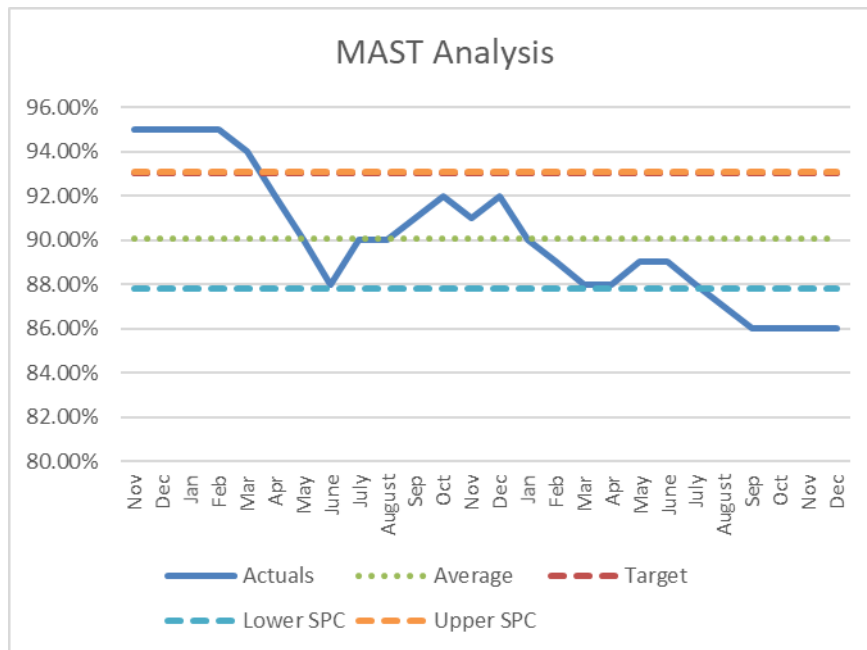
Culture and Improvement

The Committee has received regular reports and evidence from the Director of Culture and Improvement and Director of People regarding culture, improvement and organisational development. These reports have given assurance to the Committee

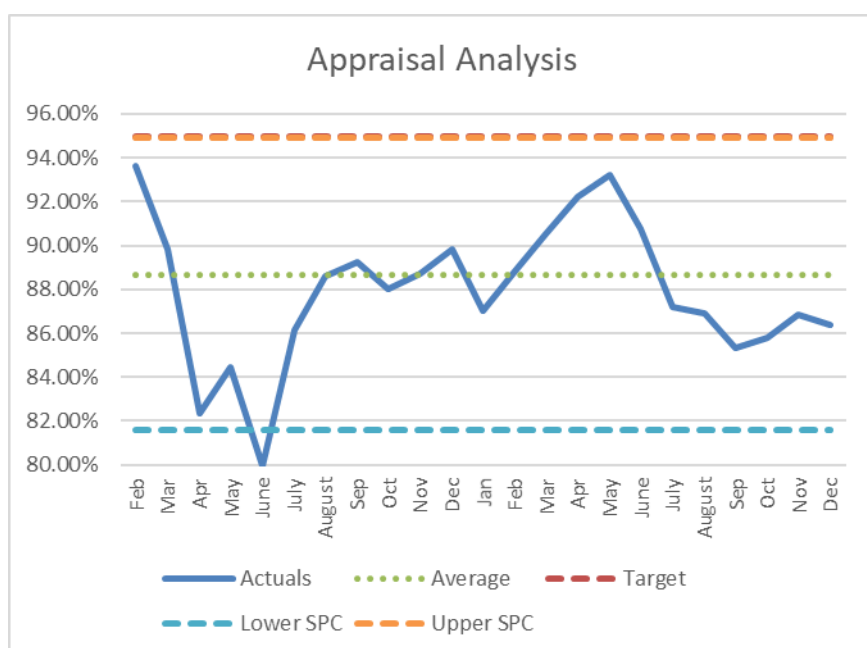
on key culture and improvement metrics and provided narrative on the actions which have been undertaken.

During the COVID-19 pandemic, some of the performance matrix have slipped, including appraisals and mandatory and statutory training, this is as a result of pausing elements of these matrix within the Trust to ensure core services and care to patients remains safe.

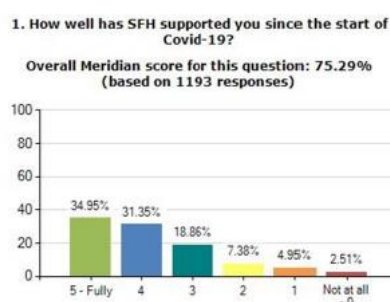
The below graph outlines mandatory training compliance from November 2019 to December 2021



The below graph outlines appraisal compliance from November 2019 to December 2021



The Committee have been provided evidence of the welfare and well-being initiatives and programmes which have been implemented to support staff during the pandemic. This has included food provisions, a well-being den, the appointment of a Welfare and Wellbeing Specialist, Psychological Support via Nottinghamshire Healthcare NHS Foundation Trust etc. The effectiveness of these initiatives has been measured via pulse surveys and the results have shown a positive response to the support offered by the trust as outlined below.



75.29% of colleagues registering a positive response to the question 'How well has SFH supported you since the start of Covid-19'?

It is important to note the effects of the COVID-19 pandemic will be significant and therefore the focus on the welfare and well-being agenda will have an emphasis on physical health, healthy behaviours and mental and psychological well-being and support.

During 2021 the Committee has gained assurance in relation to the culture and improvement agenda and noted the work which has been undertaken and achieved.

In 2022 the People, Culture and Improvement Committee will continue to be provided with updates on the following areas related to culture and improvement;

- Training, Education and Development including Mandatory and Statutory Training and Appraisals
- Welfare and Well-being
- Improvement and transformation
- Engagement, leadership and recognition
- Colleague recognition
- National NHS Staff Survey

Conclusions

The Committee has a challenging and substantial work plan and agenda seeking assurance regarding the development, delivery and impact of the Trust's workforce strategy and plan. In addition, the Committee also seeks assurance concerning organisational development activity undertaken to promote and embed effective organisation culture.

Although 2021 has been demanding and tough, the Committee has gained assurance in relation to the work undertaken in relation to the workforce agenda.

Council of Governors

Subject:	People, Culture, and Improvement Committee Annual Report		Date: 10 th May 2022	
Prepared By:	Rob Simcox, Deputy Director of HR			
Approved By:	Manjeet Gill, Non-Executive Director (Chair of People Culture and Improvement Committee)			
Presented By:	Manjeet Gill, Non-Executive Director (Chair of People Culture and Improvement Committee)			
Purpose				
To provide assurance the People, Culture & Improvement Committee is performing its responsibilities as set out within its Terms of Reference and a summary of activities performed across 2021			Approval	
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial	Improving productivity and workforce utilisation and impact			
Patient Impact	Maintain safe staffing levels and a good patient experience			
Staff Impact	Improve working lives			
Services	Staffing levels impact service and bed availability			
Reputational	SFH recommended as a great place to work			
Committees/groups where this item has been presented before				
Item present and approved at the January People, Culture & Improvement Committee				
Executive Summary				
This report provides a summary of People, Culture & Improvement Committee activities and assurance that the Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2021 calendar year.				

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

Subject:	Charitable Funds Committee Feedback Report	Date: 10 th May 2022	
Prepared By:	Steve Banks – Non-Executive Director		
Approved By:			
Presented By:	Steve Banks – Non-Executive Director		
Purpose			
To provide assurance to the Council of Governors		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> The Newark Breast One Stop Clinic is planned to commence in May and has taken too long to come to fruition. Future SFH Charity projects are now reviewed at the Capital Oversight Group which will provide more scrutiny, including on implementation and progress. 	<ul style="list-style-type: none"> The End-of-Life appeal has reached target with work commencing to upgrade identified rooms Request made to review whether the way funds are invested is in line with Trust values
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> The Committee Terms of Reference and Annual work plan were reviewed and updated The Review of Committee Effectiveness was reported and proposals for Committee members and new Governors to receive relevant training during the coming year were agreed The Committee Risk Register was reviewed Evaluation forms were received for the outcome of the use of funds in supporting the Gamma Scanner and care after death – memory making trolley were received 	<ul style="list-style-type: none"> N/A
Comments on Effectiveness of the Meeting	

- The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was also a satisfactory level of discussion and challenge.

Council of Governors

All reports **MUST** have a cover sheet

Subject:	Chair's Appraisal Outcome and Objectives		Date: 10 th May 2022	
Prepared By:	Barbara Brady, Non-Executive Director and Senior Independent Director and Sue Holmes, Lead Governor			
Approved By:	Barbara Brady, Non-Executive Director and Senior Independent Director			
Presented By:	Barbara Brady, Non-Executive Director and Senior Independent Director			
Purpose				
To provide Assurance to the Council of Governors that a review of the Chairs objectives for 2021 /22 and the setting of objectives for 2022/23 has been completed			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
	x			
Risks/Issues				
Financial	N/A			
Patient Impact	N/A			
Staff Impact	N/A			
Services	N/A			
Reputational	N/A			
Committees/groups where this item has been presented before				
Executive Summary				
<p>Following guidance issued by NHS England and Improvement the Lead Governor and Senior Independent Director met with the Chair at the end of April. Informed by feedback from members of the Board of Directors, Council of Governors and two Chairs from the Nottinghamshire system a review of Objectives for 2021/22 was completed and at the same time objectives for the year ahead i.e. 2022/23 were agreed along with associated Personal Development Plan.</p>				

Chair's Annual Performance Review
Review Period: 19th April 2021 – 31st March 2022

The review process reflects guidance published by NHS England and Improvement. The Senior Independent Director along with the Lead Governor met with the Chair on the 25th April 2022. This paper capture that discussion and has three parts; review of 2021/22, objectives for 2022/23 and finally the Personal Development Plan

Part 1: Review of 2021/22

Overview

Over the last year Claire initially acted as interim Chair (from 19/04/21 to 30/09/21) and then was successful in securing the substantive role which commenced on 1st October 2021. Overall it has been a successful first year as Chair for Claire. This has been in the context of significant challenges for the Trust. These include, but are not limited to, COVID 19, the resignation of our Chief Executive and the recruitment of our new Chief Executive and more recently changes to the executive team which is ongoing at the time of writing this report.

Whilst the level of COVID 19 across our community has fluctuated over the last year, it has never truly gone away and indeed it is almost entering an endemic phase. The Trust has played a significant role in the delivery of the vaccination program which has gone some way to mitigate the effect of COVID 19. However, the legacy of COVID 19 is that we have longer waiting times, delayed cancer treatment and exhausted staff. This is alongside challenges that our wider system have had, in particular social care, which have resulted in the flow through the Hospital being slowed as we have seen exceptionally high numbers of inpatients deemed Medically Fit For Discharge. The Trust has responded well to these challenges, at times moving to appropriately light touch governance and deploying innovative solutions to tackle the challenges e.g. Sherwood Forest Community Care Home. Robust plans have been developed and are currently being implemented to secure recovery and get us back to business as usual. However, due to the unpredictable nature of COVID 19 these plans may not have the smooth trajectory we would all hope for.

It was with sadness we said goodbye at the end of September to Richard Mitchell our Chief Executive who moved onto a larger Trust in the Midlands. Claire has led the successful process of recruiting to his replacement and we were proud to appoint Paul Robinson as substantive Chief Executive effective from 1st April 2022. However, Richard's departure triggered several of our Exec colleagues moving onto new opportunities. This is to be expected as given the size of SFHT, it is often a stepping stone for those Executive colleagues who having developed whilst with the Trust and who are now ready to move onto bigger Trusts. This means that at the time of writing this report the Trust through

Claire's leadership is just over half way through appointing to five Executive Director posts. Alongside this we have also had changes with Non-Executive Directors, having in the last year welcomed three new Non-Executive Directors. Together this means that there have been and will be yet, significant changes in Board membership. Finally, in the last few weeks the elections of new Governors has taken place and these new Governors are currently settling into their roles. When looking back to the Chair's job objectives for 2021/22 there was no mention of all of this and yet this takes a significant amount of time and energy.

Finally, the work outside of the Trust as part of our wider system working has been ongoing over the last year. SFHT has played an important role in our Place Based Partnership (PBP), in the Nottinghamshire Provider Collaborative at Scale and the wider system. Some of these developments have been delayed e.g. the establishment of the Integrated Care Board (now scheduled July 2022) and for others the progress has been slower than expected due to COVID 19. This work will continue on at some pace in the year ahead.

This next section is focused on the review of the Chair's objectives for the last year. Initially the focus is on feedback received from Stakeholders and Partners. The paper then moves onto the review of last year's job objectives. Much of the feedback from the first section provides evidence to support the achievement of those objectives and feeds into the look forward i.e. the objectives for 2022/23

Stakeholder and Partner Feedback

All members of the Board and Council of Governors were invited to provide their feedback based on a competency framework developed by NHS England and NHS Improvement. The five competencies assessed were; strategic, partnerships, people, professional acumen and outcomes focus. For each competency there were a series of questions and for each question it was possible to choose from four responses; strongly agree, agree, disagree and strongly disagree. The second part of the questionnaire asked respondents to use free text in response to three questions;

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

The link to the questionnaire was emailed out and there were 28 responses out of a possible 35 (The actual responses are available in appendix 1). Feedback was received via email from a couple of Governors who found it difficult to complete as they were '*not in a position to judge as they had no evidence to go on*'. They did however provide general feedback in their emails and these have been incorporated below. In addition to using the questionnaire with Board members and Governors I spoke to two chairs within the Nottinghamshire System to gain their feedback. Rather like the Governors mentioned above, given the context within which these two chairs work with our Chair I used a more

semi structured approach exploring the competencies and also took the opportunity to get feedback on their overall view of the Trust. Again, these comments have been incorporated into the findings below

Competency: Strategic

All responses were in the agree or strongly agree categories with one exception. To the question *'Builds organisational and system resilience, for the benefit of the population of the system as a whole'* one respondent disagreed.

Competency: Partnerships

All responses were in the agree or strongly agree categories with one exception. To the question *'Seeks and prioritises opportunities for collaboration and integration for the benefit of the populations of the system as a whole'* one respondent disagreed.

Competency: People

All responses were in the agree or strongly agree categories

Competency: Professional Acumen

All responses were in the agree or strongly agree categories with one exception. To the question *'Applies financial, commercial and technological understanding effectively'*.

Competency: Outcomes Focus

All responses were in the agree or strongly agree categories with two exceptions. To the questions *'Embeds a culture of continuous improvement and value for money'* and *'Measures performance against constitutional standards, including those relating to equality, diversity and inclusion'*. For each of these questions one respondent disagreed.

Free Text Responses

Rather than considering each and every individual response to each of the three questions at the end of the questionnaire, the responses have been analysed and themed enabling inclusion of the feedback from the interviews with the two chairs. When strengths were mentioned in the in the additional section, these have now been included in the analysis of strengths. Some of the comments in the additional section were specifically about looking forward. These have fed into the objective setting for next year.

What the Chair does well.

There were 5 themes identified;

- Good visibility across the Trust e.g. *'visible and inclusive internal leadership', 'she is visible around the Trust'*
- Excellent communicator e.g. *'Encourages people to give their views', 'Excellent Communication skills'*
- Strong external focus/system working e.g. *'Ensure there is a focus on external relationships', Good partnership working, including with local community'*
- Knowledgeable e.g. *'The chair is extremely approachable and knowledgeable'. 'real knowledgeable professional'*
- Leadership and strategic thinking. e.g. *'Claire has been effective at helping to provide stability and steadying the ship during this period of change', 'sees the bigger picture', 'holds the meeting, keeps focus and doesn't hog, questions are productive, Claire adds real value' 'She is good at unearthing difficult issues and working through them'*

How might the Chair increase their impact and effectiveness?

Again, the responses have been analysed to identify themes.

- Several comments referenced *keep doing more of.... Listening to staff and patients, visibility (as and when COVID 19 allows, as several respondents have acknowledged this has been difficult due to infection control measures)*.
- In recognition of all the recent change, *building the Board, Executive and Council of Governors into effective, highly performing teams*. A particular comment was made in relation to challenging protocols that don't appear to add value so that NED, Executive and Governor time can be used to maximise impact.
- System working, *continue to build trusted relationships and clarity regarding the circumstances in which decisions are made collaboratively*
- Review our Strategy and direction

Table 1: Performance Relating to Chair's Personal Objectives for 2021/22

Key Objective	Detail	Evidence
Chair the SFHT Board to become an outstanding Board	<ul style="list-style-type: none">• To focus the board on crystalising the ambition of SFH as we move towards change in system and provider collaboratives.	Covid has delayed some of the focus, but we have managed 2 board development/away day sessions focused on discussion about the future strategy including our role in the provider collaborative and working across the system

	<ul style="list-style-type: none"> Restore the Board's role, particularly as services are restored. 	Board has resumed in person since April. We have continued to have our usual meetings and extended the NED pre meet before Board to allow for further discussion.
	<ul style="list-style-type: none"> Establish mechanisms that ensure that the board is sighted on the identification and provision of relevant information in response to the Covid-19 National Public Enquiry. 	This was on our agenda to ensure that all information and learnings were captured but Covid challenges were longer than anticipated. We will return periodically to ensure this takes place.
	<ul style="list-style-type: none"> Ensure there is greater focus and a clear strategy on inequalities both staff (BAME, disabled, LGBT and other minority groups) 	Equality networks have been established and I have met with our EDI lead and the leads for each network to see what more we can do. Board has also taken part in a cultural humility session.
	<ul style="list-style-type: none"> Develop systems and processes to enable Board to be more informed and have a greater assurance on system working through the ICS/ICPs and partnership working with NHT and NUH 	Working with the other partners to establish a framework for engagement of our NEDs in the system and provider collaborative, including a workshop for NEDs to bring them up to speed on the development of the PC. Also discussing how we engage governors and protect their role of holding to account NEDs while some decisions get taken at PC level. I attend regular meetings with system leaders and a monthly CEO & Chairs PC meeting.
	<ul style="list-style-type: none"> Ensure NEDs have appraisal and personal development plan 	Undertaken in partnership with the last Chair, John McDonald to ensure continuity of appraisal for 20/21. I am now undertaking these for 21/22.
	<ul style="list-style-type: none"> To consider succession planning for the NEDs and the broader skills we might need in the future in a changing role in the NHS. 	This was undertaken when I was appointed substantively as I was clear that we needed additional skills and experience given the other changes across the board. In addition I recruited Andy Haynes as a Board Special Adviser to provide some of that continuity and institutional

		memory together with his expertise on the local system. 3 New NEDS have been recruited this year, ensuring we have additional cover in the skills as part of succession planning eg, in the NED engagement within estates and PFI.
Chair Council of Governors and ensure good governance by enabling them to carry out their roles effectively and efficiently.	<ul style="list-style-type: none"> Enhanced engagement with governors and support for their role to engage the broader community. 	I regularly meet with the Lead Governor and the Staff governor. I have had 1-2-1 with appointed governors and groups of public governors. This has led to governors introducing me to their appropriate contacts in the community.
	<ul style="list-style-type: none"> Restore Council to full working. 	Covid has delayed the in person activities including Meet Your Governor. We have continued with on line meetings and preparing for new governors.
	<ul style="list-style-type: none"> Make time to meet and discuss issues with lead governor. 	Regular meetings and attendance at a variety of workshops and development meetings.
	<ul style="list-style-type: none"> Establish both one to one and district governor meetings. 	Yes
	<ul style="list-style-type: none"> Establish mechanism that assures governors that there is no negative impact upon key staffs shared roles and /or supporting other trusts. 	These roles have now come to a natural end but they have achieved their purpose of building relationships between the organisations.
	<ul style="list-style-type: none"> Review chairing style to take on board comments from 360 feedback e.g. ensure open discussions. 	I have tried to include reflective moments at the end of Board meetings to review our meeting and performance.
	<ul style="list-style-type: none"> Ensure governance strengthens to accommodate system working implications. 	I have taken part in these discussions with other Chairs and with governors. I am continuing to review how we strengthen governance as engagement in the system and with PC grows.
Profile across the Trust	<ul style="list-style-type: none"> To highlight the continuity of leadership at SFH through increased visibility as Chair 	Evidence from MSF I have also established regular walk around with Divisional Managers and attended Medical Managers meeting to provide reassurance of change across the Board.
	<ul style="list-style-type: none"> To remain as Maternity Safety Champion NED 	Evidenced through monthly Board reports

	<ul style="list-style-type: none"> Participate in 15 steps walk about, etc. 	15 steps paused due to COVID 19
	<ul style="list-style-type: none"> Staff awards ceremonies 	Virtual. I have also taken part in certificate presentations to staff where possible.
	<ul style="list-style-type: none"> Volunteer events 	I have attended volunteer award presentations at Kingsmill and Newark . Also attended the League of Friends AGM and tea.
	<ul style="list-style-type: none"> Other events and informal visits 	Attended the Climate Change Action Team presentations. I have regular walk arounds with the Staff Side Lead and with the Matron at Newark .
Engage with external stakeholders including the ICS to develop strong relationships for SFHT and to have a positive effect on the reputation of the Trust.	<ul style="list-style-type: none"> Develop relationship with chairs of all partner organisations. 	I have regular meetings with the Chairs in the system. Building these relationships.
	<ul style="list-style-type: none"> Develop opportunities for provider collaboratives. Attend NHS Improvement and NHS Provider chairs events 	PC meetings take place monthly and have significantly improved our understanding and roles in recent months. I take part in monthly calls with the Region and briefings with NHS providers where possible.
	<ul style="list-style-type: none"> Attend quarterly review meetings with NHS Improvement 	These have not been regular or formalised due to COVID pressures.

Part 2: Objectives for 2022/23

Many of the key objectives and detail have been included again for the coming year as they remain as relevant now as they were a year ago.

Chair the SFHT Board to become an outstanding Board	<ul style="list-style-type: none"> To review and revise as appropriate the overall Trust strategy.
	<ul style="list-style-type: none"> Explore freedoms and flexibilities available as an FT in order to secure better outcomes for our population
	<ul style="list-style-type: none"> Establish mechanisms that ensure that the Board is sighted on the identification and provision of relevant information in response to the Covid-19 National Public Enquiry.
	<ul style="list-style-type: none"> Ensure there is greater focus and strategy to address health inequalities, to increase our focus on the Place Based Partnership.
	<ul style="list-style-type: none"> Develop systems and processes to enable Board to be more informed and have a greater assurance on system working through the ICS/PBP and provider collaborative

	<ul style="list-style-type: none"> • Ensure NEDs have appraisal and personal development plan • To consider succession planning for the NEDs and the broader skills needed in the future in a changing role in the NHS. • Ensure the implementation of the recommendations of the recent well led review • To regularly meet with the EDI leads and consider how Board can support them • Ensure that that the necessary resources and support is secured in order for the new Board to move from 'forming' into a 'highly performing team'
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	<ul style="list-style-type: none"> • Provide support and counsel as a critical friend for the Chief executive and Executive Directors • To develop strong links between relevant Executives and NEDs
Chair Council of Governors and ensure good governance by enabling them to carry out their roles effectively and efficiently.	<ul style="list-style-type: none"> • Enhanced engagement with governors and support for their role to engage the broader community. • Make time to meet and discuss issues with lead governor. • Establish both one to one and district governor meetings. • Provide support and guidance to the new COG so that it holds NEDs to account effectively • Ensure effective feedback mechanism in place from Governors in order to ensure they have a good experience • Ensure governance strengthens to accommodate system working implications. • Take part in discussions to review the constitution and to incorporate a young governors constituency or other mechanism to reach younger population.
Visible leadership across the Trust in order to reinforce our vision, strategy and culture of improvement	<ul style="list-style-type: none"> • To highlight the continuity of leadership at SFHT through increased visibility as Chair • To remain as Maternity Safety Champion NED • Participate in 15 steps walk about, etc. • Staff awards ceremonies/ recognition and reward • Volunteer events • Other events and informal visits
Engage with external stakeholders in the Nottinghamshire system in order to secure better outcomes for our population	<ul style="list-style-type: none"> • Develop opportunities to make tangible improvements in quality of care and value for money through our Provider Collaboration at scale • Develop and embed relationships and opportunities to promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.

	<ul style="list-style-type: none"> • Ensure that focus is given in conjunction with CEO to financial challenges through Provider Collaborative
	<ul style="list-style-type: none"> • Explore how best to ensure that Governors who are representatives of their local communities contribute to wider system engagement
	<ul style="list-style-type: none"> • Develop mature relationship with chairs of all partner organisations in our system
	<ul style="list-style-type: none"> • Through Provider collaborative develop a single voice to ensure effective feed into and out of System board
	<ul style="list-style-type: none"> • Attend NHS Improvement and NHS Provider chairs events
	<ul style="list-style-type: none"> • Attend quarterly review meetings with NHS Improvement
	<ul style="list-style-type: none"> • Develop opportunities to make tangible improvements in quality of care and value for money through our Place Based Partnership

Part 3 Personal Development Plan

Description	Proposed approach	Timescales	Measure of success/anticipated benefit
To widen my network of Chairs across NHS England to enable me to have more opportunities to learn and understand from other parts of the NHS	Identify additional Chairs to approach for a conversation	By end of Quarter 2	Learning from other parts of the NHS

Appendix 1

(Chairman's evaluation responses are indicated as SA, A, D, SD)

Competency	Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	Chairs Evaluation
Strategic	Leads the board in setting an achievable strategy	12	15			A
	Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.	15	12			SA
	Provokes and acquires new insights and encourages innovation.	13	14			A
	Evaluates evidence, risks and options for improvement objectively.	12	14			A
	Builds organisational and system resilience, for the benefit of the population of the system as a whole.	12	14			A
Partnerships	Develops external partnerships with health and social care system stakeholders.	17	10			SA
	Demonstrates deep personal commitment to partnership working and integration.	16	10			A
	Promotes collaborative, whole system working for the benefit of all patients and service users.	16	11			SA
	Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.	13	13	1		A
People	Creates a compassionate, caring and inclusive environment, welcoming change and challenge.	13	13			A
	Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.	12	15			A
	Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.	14	12			A
	Supports, counsels and acts as a critical friend to directors, including the chief exec.	13	13			A

Professional Acumen	Owns governance, including openness, transparency, probity and accountability.	18	9			A
	Understands and communicates the trust's regulatory and compliance context.	14	13			A
	Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.	15	12			A
	Applies financial, commercial and technological understanding effectively.	9	16	1		A
Outcomes Focus	Creates an environment in which clinical and operational excellence is sustained.	14	12			A
	Embeds a culture of continuous improvement and value for money.	11	14	1		A
	Priorities issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principle focus.	10	17			A
	Measures performance against constitutional standards, including those relating to equality, diversity and inclusion	14	11	1		A

Strengths: What does the chair do particularly well? (20 Responses)

Able to articulate and adapt according to the audience-calming and relaxed and encourages people to give their views - non judgemental

Political acumen, approachability. visible and inclusive internal leadership.

The chair has a calm and pleasant manner.she is open and approachable. She is visible around the Trust. Many of my scores are not all in the top category only because 4 months is not long enough to demonstrate more.

Approachable, wants to work as a team

Excellent communication skills.

Manage

These last 2 years have not been easy to to assess the answers above as we met remotely and I find it hard to give an honest appraisal The answers for 22 and 23 are particularly difficult to answer

A challenging year both from perspective of COVID and the changes at Exec level. However Claire has been effective at helping to provide stability and steadying the ship during this period of change.

Engages a range perspectives to inform the discussion and debate See's the bigger picture Very committed to supporting the local community

Ensures there is focus on external relationships

listens to governors

Responsive, approachable and available.

Listens, supportive in open forums, broader outlook, driven and confident

Good partnership working, including with local community and wider perspective of Trusts position in the local area and system. Strong values and compassion.

Provides effective communication with Board Members. Fully committed and leads by example.

Clearly states what is required and what they want.

Great listener and collaborator

Encourages participation in meetings and asks supplementary questions to provoke further discussions.

Compassionate leadership and bringing everyones viewpoint into the discussion

Coordinate different organisations

**Opportunities: How might the chair increase their impact and effectiveness?
(16 Responses)**

Keep listening
Build external relationships using existing trusted sources.
By keeping up visibility
Not seen evidence of “ back to the floor” understanding of issues / staff feelings. Albeit Covid has not helped access to senior leaders in this respect
I don't know!!
support the CEO to set a clear strategy and direction visibility amongst clinical teams (has been prevented due to pandemic)
Greater understanding and engagement with service users, members and Governors
don't know
Challenge protocols that don't appear to add value, so that NED time can be used more usefully
Wider engagement and interest across all portfolios, consider and indicate intent with Non-Executive strengths and apply. Openly share what they feel comfortable with and uncomfortable with, in order to help self and others around them. Share their vision, support and priorities as a Chair of SFH and what they need from each Board Member to help us achieve that.
Seek more assurance on decisions to be made collaboratively to progress the system work.
Once Covid-19 restrictions ease becomes more visible to patients, staff and volunteers.
Greater presence within the Trust.
Building confidence in the considerable recent changes to the Board and the Executive Team
Continue what she is doing especially by going out in to the organisation and speaking to 'grass roots' staff.
Perhaps to 'lead from the front'

Additional commentary below (12 Responses)

Real knowledgeable professional -absolute asset

A welcome addition to the system with the great opportunity to exercise the trusts civic external duties.

I feel that Claire has made a very effective start to her chairmanship

Critical time replacing many senior leaders who have moved on with their careers seemingly at once. Most to Leicester it would seem. Reassurance to stakeholders of staff, Governors, patients regarding keeping on the right path of care and improvement needs to be more evident . le delayed recruitment of CEO was not communicated to governors till pressed.

Very keen on keeping kings mill a good hospital

I hope the future will clarify and I can give better answers

Claire is an excellent Chair and should push to be a prominent figure within the Notts and Notts system - she has so much to give and so many more would benefit from her presence and contributions with her profile raised more widely - this should be encouraged and supported providing she is willing of course.

just for info, several of the governors are not standing for reelection because it's not been a good experience. The chair should seek feedback from them to help improve things for future governors

Working extremely well under difficult circumstances.

The new Council of Governors will need support and guidance from the Chair to ensure that it holds the Non- Executive Directors to account.

The Chair is extremely approachable and knowledgeable.

N/A