

MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 14th November 2023

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	Apologies for Absence <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	Declarations of Interest To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs & Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	Minutes of the meeting held on 31st July 2023 <i>To be agreed as an accurate record</i>	Agree	Enclosure 3
4.	17:30	Matters Arising/Action Log	Approve	Enclosure 4
5.	17:35	Staff Story – Empowering our people to be the best they can be Debbie Kearsley, Deputy Director of People, Jacqueline Read, HR Business Partner, and Roz Norman, Staff Side Chair	Assurance	Presentation
6.	17:55	Chair's Report Claire Ward – Chair	Assurance	Enclosure 6
7.	18:00	Chief Executive's Report Paul Robinson – Chief Executive	Assurance	Enclosure 7
8.	18:15	Lead Governor Report Liz Barrett – Lead Governor	Assurance	Enclosure 8
9.	18:20	15 Steps Feedback Sally Whittlestone, Associate Director of Nursing, Patient Experience and Complaints	Assurance	Enclosure 9
10.	18:30	Update on the development of the Trust's 2024-2029 Strategy David Ainsworth – Director of Strategy and Partnerships	Assurance	Enclosure 10
11.	19:00	Improvement Faculty Update David Ainsworth – Director of Strategy and Partnerships	Assurance	Enclosure 11
12.	19:10	Estates Update Ben Widdowson, Associate Director of Estates and Facilities	Assurance	Enclosure 12
13.	19:20	Winter Plan Paul Robinson – Chief Executive	Assurance	Enclosure 13

	Time	Item	Status (Do not use NOTE)	Paper
14.	19:30	Reports from Board Sub-Committees <ul style="list-style-type: none"> Audit & Assurance Committee Manjeet Gill – Non-Executive Director Ian Holden – Governor Observer Quality Committee Aly Rashid – Non-Executive Director Justin Wyatt – Governor Observer Ruth Scott – Governor Observer Finance Committee Graham Ward – Non-Executive Director John Wood – Governor Observer People and Culture Committee Steve Banks – Non-Executive Director Sue Holmes – Governor Observer Charitable Funds Committee Andrew Rose-Britton – Non-Executive Director Liz Barrett – Governor Observer 	Assurance Assurance Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3 Enclosure 14.4 Enclosure 14.5
15.	19:45	Council of Governors Matters/Statutory Duties <ul style="list-style-type: none"> Membership and Engagement Group Liz Barrett – Lead Governor Report of the Remuneration Committee Liz Barrett – Lead Governor / Sally Brook Shanahan, Director of Corporate Affairs 	Assurance Approve	Enclosure 15.1 Enclosure 15.2
16.	19:50	Outstanding Service – A volunteer’s journey through Sherwood Forest Hospitals	Assurance	Video Presentation
17.	19:55	Questions from Members of Public Claire Ward - Chair	Consider	Verbal
18.	19:55	Escalations to the Board of Directors Claire Ward - Chair	Agree	Verbal
19.	19:55	Any Other Business <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
20.		Date & Time of Next Meeting Date: Tuesday 13 th February 2024 Time: 5:30pm – 8:00pm Venue: Lecture Theatre 2, King’s Mill Hospital		

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 31st July 2023 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Angie Jackson	Appointed Governor	AJ
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Doddy	Appointed Governor	JDod
	John Dove	Public Governor	JDov
	Justin Wyatt	Staff Governor	JWy
	Karen Nadin	Public Governor	KN
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Steven Hunkin	Public Governor	SHu
	Sue Holmes	Public Governor	SHo
	Tracy Burton	Public Governor	TB
In Attendance:	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Leanne Minett	Corporate Matron	LM
	Adele Bonsall	Dementia Nurse Specialist	AB
	Grace Radford	Patient Experience Manager	GR
	David Ainsworth	Director of Strategy and Partnerships	DA
	Richard Mills	Chief Financial Officer	RM
	Richard Walton	KPMG	RW
	Sue Bradshaw	Minutes	
Apologies:	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	John Wood	Public Governor	JWo
	Steve Banks	Non-Executive Director	SB
Absent:	Vikram Desai	Staff Governor	VD

Item No.	Item	Action	Date
23/039	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>David Walters, Appointed Governor Dean Wilson, Public Governor Designate John Wood, Public Governor Steve Banks, Non-Executive Director</p>		
23/040	DECLARATIONS OF INTEREST		
1 min	GW, BB, AR, ARB and MG declared an interest in item 23/052.2		
23/041	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 9 th May 2023, the Council APPROVED the minutes as a true and accurate record.		
23/042	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
4 min	<p>The Council AGREED that actions 23/011.1, 23/011.2, 23/028, 23/033, 23/036 and 23/07 were complete and could be removed from the action tracker.</p> <p><i>Action 23/026</i> – PR advised he has spoken to the Patient Experience Team and the need for consistency is well understood. It was noted that in terms of gathering patient feedback, there is only one reportable, mandatory question which the Trust is required to ask, namely “How was your experience of our service”. In certain environments and in certain teams, the Trust varies the questions, both in how feedback is gathered and the questions themselves. Therefore, the questions are not fully consistent, but they are aligned.</p> <p>SHo queried if feedback from Meet Your Governor (MYG) sessions could be included in the Friends and Family reporting. PR advised ways of including this feedback can be considered.</p> <p>Action</p> <ul style="list-style-type: none"> Consider how feedback from Meet Your Governor sessions can be included in Friends and Family reporting. <p>SHo noted the discussion at the meeting on 9th May 2023 in relation to violence and aggression experienced by staff and queried if there was any update. PR advised he has met with the Police to discuss ways of working together and how the Trust can support the Police to do their job when Trust staff are subjected to harassment, violence and aggression in the course of their work. Some further actions to take have been identified. A zero tolerance approach will be taken to any incidents experienced by Trust staff.</p>	PR / SBS	14/11/23

23/043	PATIENT STORY – CARING FOR OUR PATIENTS WITH DEMENTIA		
23 mins	<p>LM and AB joined the meeting.</p> <p>LM and AB presented the Patient Story, which highlighted how the Trust cares for patients with dementia.</p> <p>RS felt it was overwhelmingly heart-warming to note despite the pressures faced, staff still have time to deal with patients' fundamental needs.</p> <p>TB thanked LM and AB for the story and felt it was very sobering and highlighted the fundamentals of care. The patient's daughter clearly articulated the level of care provided which enabled her mother to have good end of life care.</p> <p>IH felt it was a very moving story and noted there have been several moving stories presented to the Board of Directors recently, where the common theme is compassionate care and people who are prepared to listen to find out what patients' needs are.</p> <p>SHu noted the excellent care provided for patients, but queried if staff feel supported. LM advised there is good peer support and a good level of supervision. There is a culture within the organisation of people being supportive. Colleagues will listen and there is an 'open door' culture. AB advised her line manager is very supportive.</p> <p>JDod noted previously food for dementia patients was presented on a red plate as this made it easier for patients to identify food. This is a simple idea which works. JDod queried what other simple ideas have been implemented for dementia patients. LM advised the Trust will shortly be introducing mealtime volunteers to help improve the nutrition and hydration of patients requiring assistance. Wards have been identified which require additional staff at mealtimes. Through the Dementia Appeal, Charitable Funds have provided a dementia cupboard on each ward which is full of resources for therapeutic interventions. AB advised Ward 52, Woodland Ward, has been reconfigured and has different door colours and bays and an activity room.</p> <p>JWY advised red trays are used but the plates are white. LM advised there are issues related to meals which are a challenge. However, there are ways to work around these issues. For example, sandwiches come pre-packed and these are opened before being given to a patient. The measures put in place vary depending on the ward area. Staff work hard to put different things in place as everyone responds differently.</p> <p>RS queried if patients with dementia (or patients with other vulnerabilities) are offered follow-up outpatient appointments via phone call / video call, providing they have access to a carer to assist with this, as this reduces the trauma associated with having to come back to the hospital in person for their appointment.</p>		

	<p>AB advised trying to keep patients out of hospital is the best thing for them and the option of Virtual Ward is considered for these patients, unless they need treatment in hospital. The Memory Service offer appointments via video call.</p> <p>LD noted on a dedicated dementia ward it is easy to ensure patients are receiving the time and interaction required. LD queried how well the Trust is resourced across other wards for dealing with patients with dementia. AB advised the dementia ward is a medical mental health ward. Patients who have a medical need to be in hospital, and have a dementia diagnosis, will ideally go to that ward, but not all patients on that ward have a dementia diagnosis.</p> <p>LM advised the team work on a 'slim' staffing model but the team are eager to grow the service. AB works hard to provide training for staff and there is a dementia in-box for complex patients. The team support staff on different wards.</p> <p>AB advised there is an activities co-ordinator on the dementia ward, who has a dual role as a care assistant.</p> <p>JDod noted patients with dementia is a complex area for discharge. There appears to be no one person overseeing the introduction of technology to keep people safe and this needs to be addressed.</p> <p>LM and AB left the meeting.</p>		
23/044	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting attendance at external events.</p> <p>The Council was ASSURED by the report.</p>		
23/045	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting the tragic incident in Nottingham City Centre in June 2023, the stepping down of the National Covid Incident, operational pressures, periods of industrial action, NHS Oversight Framework 2022/2023 Quarter 4 Segmentation Review, partnership collaboration, Staff Excellence Awards, national awards for two midwives, achievement of the bronze standard of a globally recognised accreditation scheme for Clinical Research, continued overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital, theatre expansion programme at Newark Hospital and the Community Diagnostic Centre (CDC) on the Mansfield Community Hospital site.</p> <p>IH queried if consultants were paid the British Medical Association (BMA) card rate when they provided cover during the junior doctors' strike and what was the cost of this. PR advised the Trust is keeping track of costs associated with industrial action. Further details will be provided at the next meeting.</p>		

	<p>Action</p> <ul style="list-style-type: none"> Details of rates paid to consultants when providing cover during industrial action by junior doctors' and the costs of industrial action to be provided to the November Council of Governors' meeting. <p>IH queried what the impact of industrial action by consultants is on waiting lists and how many procedures have been cancelled. PR advised during the last two periods of industrial action, which was five days of action by junior doctors, followed by two days of action by consultants, 500 appointments were cancelled during each period. During previous action by junior doctors, 1,000 appointments were cancelled. The Trust has worked hard to minimise the number of patients affected. Unfortunately, during the recent action by consultants, there were some appointments which had to be cancelled on the day. The Trust is trying to put steps in place to avoid this happening again.</p> <p>KS queried what the current trends are in terms of discharging patients who are medically safe for transfer. PR currently there are 100-120 patients who are medically safe for transfer, which is a slight increase. A number of actions have been identified with partners across health and social care, which unfortunately are having little impact. The actions being taken are the right ones. However, teams are either duplicating work or working on separate issues. The aim is to have a more focussed approach as preparations are made for the Winter period and the delivery of a financial plan which assumes the escalation beds, which have been open over the last 12 months, would not all be necessary.</p> <p>The Council was ASSURED by the report.</p>	PR	14/11/23
23/046	LEAD GOVERNOR REPORT		
4 mins	<p>SHo presented the report, highlighting meetings with Healthwatch and lead governors across the system. SHo expressed thanks to Ann Mackie and Michael Longdon who have recently resigned as public governors, noting these vacancies have been filled following the recent elections.</p> <p>SHu queried why the Integrated Care Board (ICB) are not currently acknowledging the Council of Governors. CW advised the ICB structure is still developing. They have been given the responsibility to engage other stakeholders, which includes governors. Governors have the responsibility to consider not just the impact on members of the public and patients within the immediate community served by the Trust, but also there is a need to think system wide. For example, considering the impact on services delivered by SFHFT of actions taken in Nottingham.</p> <p>IH advised Healthwatch have the responsibility to communicate with the wider community and are offering to bring governors 'on board' as 'agents' to undertake information gathering.</p> <p>The Council was ASSURED by the report.</p>		

23/047	15 STEPS FEEDBACK		
2 mins	<p>GR joined the meeting.</p> <p>GR presented the report, highlighting themes and trends identified, issues identified during visits and actions taken. Findings from 15 Steps are triangulated with Friends and Family Test feedback and concerns and compliments received through Patient Experience.</p> <p>The Council was ASSURED by the report.</p> <p>GR left the meeting.</p>		
23/048	UPDATE ON THE DEVELOPMENT OF THE TRUST'S 2024-2029 STRATEGY		
25 mins	<p>DA joined the meeting.</p> <p>DA gave a presentation outlining the development of the Trust's Strategy for 2024-2029, including a recap of the strategic objectives and priorities for 2023/2024.</p> <p>IH queried what the relationship is between the process for developing the Trust's strategy and development of the Integrated Care System's (ICS) strategy. DA advised the Trust works within the ICS, and they have an overall strategy for the people of Nottingham and Nottinghamshire. The Trust's strategy will be focussed predominantly on the mid-Nottinghamshire area. The Trust's strategy is aligned to the ICS strategy.</p> <p>IH sought the Non-Executive Directors' (NEDs) views on the sub-committees becoming 'strategy development vehicles', noting this is a change of function for the sub-committees. In addition, IH sought assurance the strategy will be SMART (specific, measurable, achievable, relevant, and time-bound). MG advised the NED role is to help shape the strategy. The rationale for sub-strategies is to consider how to get 'Smarter' with sub areas as the main strategy is high level.</p> <p>CW advised there is the opportunity within the committees to look at particular areas. The purpose of the committees remains as seeking assurance for their particular areas of responsibility and the Board of Directors maintains strategic responsibility. The issues are being reflected on by the NEDs in terms of considering the areas of responsibility of the committees and considering if all areas have been covered.</p> <p>PR advised, by way of example, there is a level of maturity in the People Plan, where the work of the People, Culture and Improvement Committee is to oversee and ensure the Plan is delivered. There is a need to ensure the enabling strategies have the same focus. To characterise committees as part of the development of the strategy is true, but it is for the committees to receive a proposal in draft form.</p> <p>CW advised a lot of work is undertaken within the committees. The role of governors is to observe the committees to see the work and share their observations with other governors.</p>		

	<p>JDod queried if the Trust has a budget, which can grow year on year, to demonstrate it is expanding via Place Based Partnerships (PBP), etc. into the community and getting involved in prevention work, or if this will be done within existing structures.</p> <p>DA advised to be successful in designing the future of healthcare, there is a need to understand the make-up of the local demographic and to understand the needs of the local population. The Trust has good, well established relationships with primary care networks, district councils, voluntary sector, education sector, etc. which will help in reaching out into the community. The Trust has applied for funding from the ICS and the outcome of that bid is awaited.</p> <p>SHo queried what engagement activity has taken place to date. DA advised feedback forms were circulated to Trust members alongside the governor election paperwork. There is a need to gather current baseline information. There are a number of forums in existence which the Trust can access, for example, voluntary sector, parish council meetings, etc., as well as engaging with colleagues. DA invited governors to contact him with any suggestions for taking the message out into the areas they represent.</p> <p>SHo requested an e-mail be sent to Trust members for feedback on specific areas, noting this gives a reason for people to become members of the Trust. DA advised an e-mail was sent to Trust members in the first round of engagement. When the baseline is established, there will be further engagement on specific questions, for example, relating to the Trust's ambitions for the future. The strategy will need to reflect how this is delivered. SHo requested governors be provided with the specific questions and messages.</p> <p>Action</p> <ul style="list-style-type: none"> • Governors to be provided with specific questions and messages to take out to members of the public, etc. to help gain feedback in relation to the development of the Trust's Strategy for 2024-2029. <p>KS felt there is a need to demonstrate the strategy is not just words but has real meaning. There is a need to measure progress of the strategic journey and demonstrate what has been achieved. DA advised this will be built in.</p> <p>SHu queried how the Trust will engage with the broader communities of the wider Nottinghamshire area, noting patients could attend either Nottingham University Hospitals (NUH) or SFHFT. DA advised this will be through the Place Based Partnerships forums.</p> <p>The Council was ASSURED by the report.</p> <p>DA left the meeting.</p>	<p>DA</p>	<p>14/11/23</p>
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23/049	ANNUAL REPORT AND ACCOUNTS 2022/2023		
14 mins	<p>Annual Report</p> <p>SBS presented the report, advising the 2022/2023 Annual Report has been composed aligned with the NHS Foundation Trust Annual Reporting manual for 2022/2023. There were a number of changes in the guidance for 2022/2023 and these are detailed in the report. The report has been laid before Parliament, is available to view on the Trust website and will be presented to the Annual General Meeting (AGM) in September 2023.</p> <p>Annual Accounts</p> <p>RM joined the meeting.</p> <p>RM presented the Annual Accounts, advising there are four main statements, namely the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows, and provided an explanation regarding each of these.</p> <p>The outturn against the financial plan was £3.89m deficit for the year. RM confirmed the Board of Directors adopted the accounts on 15th June 2023. KPMG (external auditors) have provided an Unqualified Opinion on the accounts, i.e. the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>RM highlighted the summary findings of KPMG and the recommendations made.</p> <p>TB queried if any deficit for 2023/2024 would be considered on a system basis or individual organisations. RM advised the Trust has its own financial duties and requirements and is required to submit an annual financial plan. However, from an NHS England (NHSE) perspective the Trust is also measured against system performance, i.e. if SFHFT delivers its financial plan, but partners fail to deliver, all organisations will be held to account.</p> <p>AJ noted the recommendation in relation to bank staff being included in the Full Time Equivalent (FTE) staff numbers calculation for future years and sought clarification if the Trust will look at the number of bank staff used and include that figure in the calculation for the number of FTE staff. RM confirmed this would be the case, advising currently the FTE figure excludes bank colleagues. This is a simple recommendation which will be implemented.</p> <p>IH noted the Trust will be held accountable financially at a system level and queried how governors will be sighted on that process.</p>		

	<p>PR advised the statutory responsibility to achieve the financial requirement lies with individual trusts; there is no statutory responsibility to achieve a system control total. Therefore, on a statutory basis, SFHFT will be held to account for delivering its part of the plan. The ICB monitor the overall system delivery of the financial plan via their Public Board. In addition, there is an ICB Finance Committee, the members of which include members of partner organisations' finance committees. ARB, as Chair of the Trust's Finance Committee, is a member of the ICB Finance Committee.</p> <p>TB noted bank staff will be included in the financial baseline and queried if they will be included in the Workforce Plan. RM advised, in terms of the number of colleagues reported, the FTE figures reported are colleagues substantively employed. It is noted there is a need to include bank colleagues as they are used regularly and are part of the Trust's workforce.</p> <p>The Council was ASSURED by the reports.</p>		
23/050	EXTERNAL AUDITORS – ANNUAL AUDIT LETTER		
11 mins	<p>RW presented the report, outlining KPMG's responsibilities as auditors and their findings. RW confirmed an unqualified opinion was issued.</p> <p>JDod noted RW described the year as being 'difficult' and queried if there was any particular reason for this. RW advised there has been a change to auditing standards this year, with the introduction of an additional auditing standard, which entails a change to the way risk assessments are done. This is a core part of the audit process and affects everything in relation to risk assessments. It changes the 'bar' in relation to when there is a need to get involved in a particular system, how much depth to go into, etc.</p> <p>The Council was ASSURED by the report.</p> <p>RM left the meeting.</p>		
23/051	REPORT FROM BOARD SUB-COMMITTEES		
33 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW gave an overview of the work of the AAC.</p> <p>GW presented the report to the Council, highlighting year end accounts audit process, Head of Internal Audit Opinion, implementation of internal audit recommendations and counter fraud.</p> <p>IH noted it is a challenging time for the Trust and implementing internal audit recommendations can add to that challenge for staff in terms of finding time to make those improvements. There is a need to be mindful not to 'bombard' staff with so many challenges that they are unable to do their job. It is important improvement work is not duplicated.</p> <p>GW advised the Trust has an increasing role in system. Internal audit is starting to be used across all organisations in the system.</p>		

	<p>Quality Committee</p> <p>BB gave an overview of the work of the Quality Committee.</p> <p>BB presented the report to the Council, highlighting initial health assessments and health reviews for looked after children, capacity within pharmacy, scrutiny of maternity services and mandatory training.</p> <p>SHu queried if waiting lists are monitored by the Committee. BB advised waiting lists are not directly looked at by the Committee. However, the Committee does consider any harm associated with people who are waiting.</p> <p>JWy advised he has observed Quality Committee for 12 months. The Committee deals with a large amount of content. The discussion and challenge within Committee meetings provides a good level of assurance.</p> <p>Finance Committee</p> <p>ARB gave an overview of the work of the Finance Committee.</p> <p>ARB presented the report to the Council, highlighting the Month 2 financial position.</p> <p>People, Culture and Improvement Committee</p> <p>MG gave an overview of the work of the People, Culture and Improvement Committee.</p> <p>MG presented the report to the Council, highlighting industrial action and fragile services.</p> <p>KS queried if staff retention is an issue for the Trust. MG advised the Committee considered this issue approximately 6 months ago. Areas which were looked at included exit interviews, staff incentivisation and recognition and training and development opportunities. The information was triangulated with the Staff Survey results. It is acknowledged there is more work to do in terms of violence and aggression as this can be a key factor in retention.</p> <p>RS queried if industrial action by junior doctors and consultants has caused any additional pressure on nursing staff and Allied Health Professionals (AHPs) and if they are feeling supported. MG advised the 15 Steps visits are used to gather feedback from staff. In addition, the NEDs undertake walkarounds to speak to staff. Overall positive feedback has been received in relation to flexibility and opportunities offered.</p> <p>AR advised within SFHFT 38% of consultants supported the recent industrial action, compared to 50% at other trusts in the region. Feedback from the BMA is consultants are growing tired of supporting junior doctors while they are on strike. To some extent, services have been safer when seniors have acted down, but this is not sustainable. There is a need for more co-ordination between consultants and junior doctors.</p>		
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	<p>The Quality Committee have identified and raised concerns patient safety may be compromised if consultant action is escalated and junior doctors are not supported. This issue is being monitored.</p> <p>Charitable Funds Committee (CFC)</p> <p>LB advised there is a lot of rigor, discussion and debate at Committee meetings, noting she has learnt a lot from observing the Committee.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>		
23/052	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
1 min	<p>Membership and Engagement Group</p> <p>SHo presented the report, advising Ashton Green, Youth Forum Co-Chair, has been invited to attend meetings of the Membership and Engagement Group to provide a young person's perspective. A list of places for governors to visit is being compiled.</p> <p>The Council was ASSURED by the report</p>		
2 mins	<p>Non-Executive Directors (NEDs) Appraisal Outcome and Objectives</p> <p>CW presented the report, advising all NED appraisals have been undertaken. CW expressed thanks to all NEDs for their work advising the Trust is fortunate to have the level of expertise demonstrated by the NEDs.</p> <p>The Council APPROVED the NEDs' appraisals and objectives as recommended.</p>		
2 mins	<p>Report of the Remuneration Committee</p> <p>SBS presented the report, advising the Committee considered and are recommending the recruitment of an additional Non-Executive Director. The job description and proposed timeline are outlined in the report. However, it has subsequently been agreed to delay publishing the advert until September, given the summer holiday period in August. SHo confirmed the Committee discussed the recruitment thoroughly and are recommending approval.</p> <p>The Council APPROVED the recruitment of an additional Non-Executive Director</p>		

<p>6 mins</p>	<p>Appointment of External Auditors</p> <p>RW left the meeting.</p> <p>SBS presented the report, advising the market conditions which make an appointment a challenge have previously been relayed to and acknowledged by the Council. Therefore, approval was sought to utilise the “plus one year” option in the current contract to appoint KPMG as Auditor for the financial year 2023/2024 and to agree the approach to secure a new three-year contract with KPMG via the Crescent Purchasing Consortium (CPC) framework for successive years.</p> <p>GW advised the market for appointing external auditors for NHS trusts is very challenging, noting only KPMG are active in the market and they are starting to pull back. KPMG have formed a very good relationship with the Trust’s Finance Team, noting there is always a big learning curve following any change in auditor. KPMG will ensure they maintain their independence. Therefore, any partner (currently Richard Walton) can only act as partner for a period of time, typically six years, up to a maximum of nine years.</p> <p>IH advised, having observed the work of KPMG via the Audit and Assurance Committee, the Trust has a very good relationship with KPMG. Avoiding the difficulties in transitioning between auditors would be beneficial.</p> <p>SHu queried if there is a risk of complacency in using a particular external auditor for a long period of time and a risk the level of rigor will decrease. GW acknowledged this is a risk, which is why there is the requirement to change audit partner. In addition, some of the staff will change to maintain the correct level of challenge. As the Trust has gone over £500m turnover, there is additional scrutiny of the Trust and KPMG’s work. This provides additional assurance.</p> <p>The Council APPROVED the appointment of KPMG as Auditor for the financial year 2023/2024 and AGREED the approach to secure a new three-year contract with KPMG via the Crescent Purchasing Consortium (CPC) framework for successive years.</p> <p>RW re-joined the meeting.</p>		
<p>5 mins</p>	<p>Lead Governor Nomination and Appointment</p> <p>SBS presented the report, advising Sue Holmes’, Lead Governor, term of office expires on 31st October 2023. Following invitations to all governors to express their interest in seeking nomination as Lead Governor, one candidate, Liz Barrett, has come forward. Therefore, it is not necessary to hold an election for the role of Lead Governor and the Council were invited to approve the appointment of Liz Barrett as Lead Governor, who will take up office on 1st November 2023.</p> <p>LB introduced herself and provided further details about her work and how she wishes to continue the good work as Lead Governor which SHo is currently undertaking.</p>		

	The Council APPROVED the appointment of Liz Barrett as Lead Governor, to take up post from 1 st November 2023		
23/053	OUTSTANDING SERVICE – STAFF NETWORKS		
6 mins	A short video was played highlighting the work of the staff networks within the Trust.		
23/054	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
23/055	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"> • Appointment of Liz Barrett as Lead Governor (to take up post from 1st November 2023) • Re-appointment of KPMG as external auditor • Approval to recruit an additional NED 		
23/056	ANY OTHER BUSINESS		
1 min	No other business was raised.		
23/057	DATE AND TIME OF NEXT MEETING		
	<p>Date: Tuesday 14th November 2023 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 20:05.</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
			09/05/2023	31/07/2023	14/11/2023	Feb 2024			
Angie Jackson	Mansfield District Council	Appointed		P			4	23/05/23	31/05/27
Ann Mackie	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Craig Whitby	Mansfield District Council	Appointed	X				4	21/05/19	31/05/23
David Walters	Ashfield District Council	Appointed	A	A			1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A			3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P			3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P			3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P			4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A			3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	P			3	01/05/22	30/04/25
Karen Nadin	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Kevin Stewart	Volunteers	Appointed	P	P			3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P			1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P	P			3	01/05/22	30/04/25
Michael Longdon	Rest of East Midlands	Public	X				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P			3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P			N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P			3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P			3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
Sue Holmes	Rest of East Midlands	Public	P	P			3	01/11/20	31/10/23
Tracy Burton	Rest of East Midlands	Public		P			3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X			3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent

Council of Governors Action Tracker

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/031	09/05/2023	Update on progress of the Improvement Faculty to be presented to the Council of Governors on a 6 monthly basis	Council of Governors	None	14/11/2023	P Robinson	D Ainsworth	On agenda for November meeting and added to workplan. Complete	Green
23/042	31/07/2023	Consider how feedback from Meet Your Governor sessions can be included in Friends and Family reporting	Council of Governors	None	14/11/2023	P Robinson / S Brook Shanahan		Verbal update to be provided to meeting on 14th November 2023	Amber
23/045	31/07/2023	Details of rates paid to consultants when providing cover during industrial action by junior doctors' and the costs of industrial action to be provided to the November Council of Governors' meeting	Council of Governors	None	14/11/2023	P Robinson		Verbal update to be provided to meeting on 14th November 2023	Amber
23/048	31/07/2023	Governors to be provided with specific questions and messages to take out to members of the public, etc. to help gain feedback in relation to the development of the Trust's Strategy for 2024-2029	Council of Governors	None	14/11/2023	D Ainsworth		Included in Strategy report on agenda for November meeting Complete	Green

Council of Governors - Cover Sheet

Subject:	Chair's report				Date: 14 th November 2023
Prepared By:	Rich Brown, Head of Communications				
Approved By:	Claire Ward, Chair				
Presented By:	Claire Ward, Chair				
Purpose					
An update regarding some of the most noteworthy events and items from August, September, October and November 2023 from the Chair's perspective.				Approval	
				Assurance	Y
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
AGM = Annual General Meeting AMM = Annual Members Meeting CQC = Care Quality Commission ICS = Integrated Care System KMH = King's Mill Hospital NHS = National Health Service UEC = Urgent and Emergency Care					
Executive Summary					
An update regarding some of the most noteworthy events and items from August, September, October and November 2023 from the Chair's perspective.					

Personal update

Placing on-record with the Council of Governors, confirmation of my selection as the Labour candidate to become the first East Midlands Mayor. This has been previously announced in public board.

It is my intention to run for election to become the first East Midlands Mayor at the elections that are due to take place in May 2024.

Throughout my election campaign, I remain confident that I will successfully balance this role with my continued commitment to support our Executive Team, our Council of Governors and other Trust colleagues to continue to make the very best patient care happen across our hospitals.

I will continue to keep members of the Trust Board and our Council of Governors updated with developments on this as my campaign progresses.

Membership and governor updates

Lead Governor Sue Holmes departs after serving her maximum tenure

As Sue Holmes's time as Lead Governor at Sherwood Forest Hospitals comes to an end, I wanted to share a message of thanks and appreciation for her brilliant service over nine years representing the views of our local communities.

Sue first joined the Trust's Council of Governors as Public Governor in 2014.

Since then, she has served the Trust's thousands of Trust members, patients and colleagues with pride and distinction, making an immeasurable difference in ensuring their voices are heard in the running of their local hospitals.

Her work and leadership has been essential to Sherwood Forest Hospitals navigating the huge difficulties it once faced to becoming the organisation we now know and are so proud of today.

We are grateful to Sue for the part she has played in making great patient care happen here at Sherwood, both during her time as a Public Governor and having also served for more than seven years as the Trust's Lead Governor.



Sue leaves her post with the very best wishes of our Board of Directors and Council of Governors – and I am delighted to report she will be continuing to help with the running of her local hospitals, after agreeing to sign-up as one of the Trust's volunteers!

Changes to the Trust's Council of Governors

As a result of Sue Holmes leaving the Trust, there are a number of changes to the Trust's Council of Governors to place on record.

Following approval by the Council of Governors, Liz Barrett – a serving public governor in our Rest of East Midlands constituency – has been appointed to succeed Sue Holmes as the Trust's Lead Governor. Liz will take-up this post on Wednesday 1st November 2023.

Liz is a proud resident of Ashfield and is committed to raising aspirations within the local community, along with creating opportunities and improving quality of life. Liz is Principal of the local ATTFE College and has been a great supporter for getting more young people involved in our Trust and in feeding back on our services. We are very much looking forward to Liz picking-up Sue Holmes's great work.

Dean Wilson, who was appointed as a 'governor elect' following our most recent election in July, will now take his place on the Trust's Council of Governors. His appointment maintains our full complement of 10 governors in our Rest of East Midlands constituency.

Unfortunately, October did see one of our public governors in our Newark public constituency, Karen Nadin, resign her position. That post will remain vacant on our Council of Governors until our next election at a date to be confirmed.

Trust hosts joined Annual General Meeting (AGM), Annual Members' Meeting (AMM) and *Step into the NHS* showcase event

On Tuesday 26 September, we were delighted to welcome dozens of partners, Trust members, governors and local community members to the Trust's Annual General Meeting (AGM) and Annual Members' Meeting (AMM).

The meeting shared an in-depth look at the Trust's performance during the 2022/23 financial year, including highlights and the Trust's Annual Accounts for the year. Our External Auditor's Annual Report was also presented at the meeting.

The meeting was followed by the latest in our series of *Step into the NHS* careers showcase events, which was another sold-out event that welcomed hundreds of jobseekers to King's Mill Hospital to learn more about the wealth of careers opportunities on offer across our hospitals.

While demands on Trust services remain high, we know we have so much to be proud of as a Trust. Both events were fantastic opportunities to reflect on those challenges, celebrate our achievements and welcome more people into our NHS.

I was also particularly pleased that our Trust People and Communication teams reached-out to former employees of Wilko's to proactively invite them to the event, recognising the sad news that the company went into administration over recent weeks.

We know how significant Wilko's was as an employer across the Mid- and North Nottinghamshire areas.

We also know there will be former employees of the company whose skills and experiences could help to play an invaluable role in helping to make great patient care happen here at Sherwood.

That is precisely why we were proud to offer former Wilko's employees attending our *Step into the NHS* event a guaranteed a one-to-one conversation with members of our Trust recruitment team to explore some of the 350-plus careers opportunities available across our NHS.

Recognising the difference made by our Trust Charity and Trust volunteers

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

Between August and October, 370 Trust volunteers generously gave over 12,300 hours of their time to help make great patient care happen across the 34 services they have supported during recent months.

Other notable developments from our brilliant Community Involvement team and our volunteers during the month include:

- During October, a new volunteer role has been piloted at Newark Hospital supporting staff and patients in the cardiac rehabilitation gym. Volunteers have also been deployed at King's Mill and Newark Hospitals to assist with PLACE and meal audits.
- The SFH Charity recently purchased two therapy chairs for patient use in Clinic 10, which will make a huge difference to our Therapy Services team.
- King's Mill Hospital volunteers have funded a new radio for the Endoscopy female waiting area.
- Four 'baby bouncers' have been purchased for use on our Ward 25 Paediatric Ward, utilising generous donations to charitable funds.
- We have been delighted to welcome five new volunteers to our Trust over the past month. These volunteers have attended their induction and are now receiving localised training in their various roles.
- September saw the relaunch of our volunteer training and engagement programme with 77 volunteers attending our hospitals to undertake training in fire safety, information governance, health and hygiene and civility. The engagement sessions were a great opportunity to update the volunteers on trust news and receive feedback.

- The SFH Charity dementia fund has purchased activity equipment for dementia patients receiving treatment on our Woodland Ward, including dolls, a parachute, colour light up balls and exercise pedals.
- The Trust's Charity has funded bespoke badges that recognise volunteers who have completed training and support for the Trust's Mealtime Assist Initiative, with the new role being piloted on Wards 12 and 51. Volunteers have been trained by the speech, language and nutritional team to make mealtimes a positive experience for our patients. The role involves supporting patients nutritional needs, encouraging them to eat and hydrate and helping with hand hygiene.
- Volunteers have been deployed to support the Covid vaccination centre with their autumn campaign.
- Stroke Ward colleagues were also delighted to receive a range of activity equipment, including scrapbooks, fidget toys, CDs and dolls, utilising kind donations to charitable funds. These activities will support stroke patients during their recovery.
- 12 dolls for dementia services funded by Harron Homes. King's Mill Hospital was chosen in recognition of excellent care recently received by one of their team.
- West Burton Power Station (EDF Energy) recently ceased operations. A member of their staff nominated the diabetes team at Newark Hospital to receive £2,000 from remaining Sports & Social Club funds.
- Rainbow lanyards have been funded by the KMH volunteer fundraisers for the maternity bereavement service. This idea came from a family who suggested these lanyards be given to families who have suffered a loss and could be worn at subsequent appointments, helping to discreetly indicate the loss to maternity colleagues.
- The King's Mill volunteers have also funded acorn badges to recognise and celebrate preceptorship nurses.

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

Patient experience of the Trust's Urgent and Emergency Services named in country's 'top 10'

Sherwood Forest Hospitals' Urgent and Emergency Care services were named among the country's 'top 10' for patient experience in the results of a recently published Care Quality Commission (CQC) survey over recent months.

The Urgent and Emergency Care survey looked at the experiences of people who attended Type 1 or Type 3 urgent & emergency care (UEC) services across the country, with 122 trusts taking part in the survey.

The results revealed Sherwood Forest Hospitals to be in the top 8% of hospitals that were surveyed, benchmarking 10th out of the 122 Trusts that took part.

The Trust was rated 'better or somewhat better' than the majority of Trusts in the following areas by patients who had their say in the survey:

- Patients' overall view was a good experience (80% agreed)
- Patients felt they were given the respect and dignity they deserved and their privacy was respected (93% agreed)
- Total length of visit did not last too long (62% agreed)
- Patients felt they were given a clear explanation in a way they could understand (85% agreed)
- They were involved in decisions about their care and treatment (80% agreed)
- Families, friends and carers were given time to talk (81% agreed)
- Providing information on waiting times. (59% agreed)

Seeking feedback from patients is an essential part of improving our services and we are grateful to everyone for the feedback and support they provided by taking part in this survey.

These results are also testament to the skill and dedication of our colleagues working in our Urgent and Emergency Care team for the commitment they have shown in providing great care to patients when they need it most.

Other notable engagements:

- Local partnership meetings have been ongoing with all of our local district councils, recognising the importance that Sherwood Forest Hospitals plays as a local anchor organisation in helping to work together with other organisations locally to improve health and wellbeing and attract national funding to support that important agenda.
- We have also met with other Chairs across Nottinghamshire's NHS over recent months.
- I attended the Health and Care Awards in Nottingham and Nottinghamshire ICS in October.
- I visited Newmedica ophthalmology Clinic in Barlborough to see how some of our patients receive treatment through our relationship with external partners.
- Discussions with Mansfield Mayor and Chief Executive on our progress working together
- I supported the Trust's PRIDE celebrations at King's Mill Hospital in July
- I continue represent Sherwood Forest Hospitals at the Nottingham and Nottinghamshire NHS's Provider Collaborative group meetings.

Council of Governors - Cover Sheet

Subject:	Chief Executive's report		Date: 14 th November 2023		
Prepared By:	Rich Brown, Head of Communications				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items from August, September, October and November 2023 from the Chief Executive's perspective.			Approval		
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
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PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
<p>ATTFE = Academy Transformation Trust Further Education BMA = British Medical Association COPD = Chronic obstructive pulmonary disease CDC = Community Diagnostics Centre ICB = Integrated Care Board MRI = Magnetic Resource Imaging (MRI) NHS = National Health Service NJR = National Joint Registry SFH = Sherwood Forest Hospitals UTC = Urgent Treatment Centre</p>					
Executive Summary					
An update regarding some of the most noteworthy events and items from August, September, October and November 2023 from the Chief Executive's perspective.					

Operational updates

Industrial action updates

Over recent months, we have been monitoring national developments with interest around the ongoing discussions between the government and the British Medical Association (BMA) concerning the prolonged industrial action that continues to affect our NHS.

Whilst no further industrial action has been called by the time of writing, the impact of recent months' industrial impact continues to be felt across our hospitals.

At the time of writing, the Trust has needed to postpone over 6,348 appointments, procedures, and operations during 2023 in order to prioritise safe urgent and emergency care across all periods of industrial action.

The resulting reduced elective activity levels contribute to our growing waiting lists, including for those patients who are waiting the longest for the treatment they need.

It should also be noted that while these figures reflect the impact of this industrial action on our services, they do not take account of lost opportunities where appointments were not booked once we had received notification that strikes had already been called.

At the time of writing, the financial cost of this year's industrial action to Sherwood Forest Hospitals stands at over £1.8million – a figure that will continue to rise, unless a resolution to this national dispute can be found.

I reiterate my hope that we see an end to this national dispute as quickly and painlessly as possible in the interest of the colleagues, patients and the communities we are proud to serve.

Trust confirms comprehensive winter plan for the coming months

Sherwood Forest Hospitals NHS Foundation Trust's plans for what is likely to be a challenging winter have now been approved by the Trust's Board of Directors, following its October meeting.

The winter plan sets out a range of measures aimed at ensuring there is sufficient capacity to meet winter demands; with patients more likely to be admitted only if it is essential and also helping to reduce the length of time they need to stay in hospital.

The majority of the funding will provide at the peak 44 extra beds for adults and children, rising to 60 at weekends, between October and March. Nurses, doctors, therapists, pharmacists and administration staff will be employed to support these extra beds. The funding will also be used to provide:

- A Children's Assessment Unit from November, providing extended opening hours (10am to 10pm) seven days a week – giving children and their parents better access to urgent and emergency care when they need it.
- A Frailty Rapid Access clinic to ensure frail patients are seen in a purpose designed way quickly – helping to prevent deterioration which can often result in hospital admission.

- Doubling the number of Respiratory Physicians at weekends – helping patients with seasonal conditions get faster treatment and shorter stays in hospital.
- Weekend MRI scan reporting which can often cause delays to patients going home.

We want our patients to have confidence that we can provide the care they need. Keeping patients safe and the quality of the care we provide is our priority.

We know that winter can be a busier time than usual for our hardworking colleagues but through rigorous planning, we hope we can reduce the impact and ensure a more positive experience and better outcome for our patients.

Sherwood Forest Hospitals' staff flu campaign now underway, with Trust also continuing to support county-wide COVID public vaccines campaign

The 2023 autumn seasonal COVID-19 vaccination campaign has officially begun, with Sherwood Forest Hospitals once again playing its part in supporting vaccinations across Nottinghamshire.

Our vaccines 'hospital hub' is now running at King's Mill Hospital alongside several other, smaller sites across the Nottingham and Nottinghamshire area that will each be playing their part in encouraging members of our local communities to come forward to get their COVID-19 vaccines over the coming weeks.

As a Trust, we are clear that COVID-19 remains a dangerous illness that can have life-threatening impacts – especially for the most vulnerable people in society.

We are continuing to support the system-wide efforts in encouraging everyone who is available for a flu and COVID vaccine to make sure they take up the offer as soon as possible to help boost their protection ahead of winter.

This year, Covid-19 vaccinations are being offered to people aged 65 and over, along with people who have certain underlying health conditions, household contacts of people who are immunosuppressed, frontline health and social care workers and carers.

Some underlying health conditions which make people eligible include diabetes, Chronic obstructive pulmonary disease (COPD), chronic heart, kidney or liver disease and patients undergoing treatments more cancer.

In addition to supporting the COVID vaccination campaign to protect our local communities, the Trust's flu vaccination campaign has also begun to protect Trust colleagues this winter.

Since the campaign began on Wednesday 20 September, over 36.4% of our Trust colleagues have already come forward by the time of writing to receive their free flu vaccines within Sherwood Forest Hospitals – a take-up rate which shows a real vote of confidence for the faith our NHS colleagues have in the role vaccines play in protecting them against flu this winter.

Reviewing the county's health and social care provision as a system

As a Trust, we are now working with the Nottingham and Nottinghamshire Integrated Care Board (ICB) to actively review our patient pathways to consider how all partners can work together more effectively to better support one another.

A dedicated piece of this work will focus on discharging patients from acute hospital settings as soon as they have received the hospital care they need and are medically fit to return to wherever they call home.

This work will be led by Amanda Sullivan as Chief Executive of the ICB, Melanie Williams as Chief Executive of Nottinghamshire County Council and I, representing acute hospital providers in the system.

This important work is all aimed at working more effectively as a truly integrated care system across individual organisations.

Updates from Newark Hospital

The engagement from the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) on the overnight opening hours of Newark Hospital's Urgent Treatment Centre (UTC) has now come to a close

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) led a number of public engagement events to discuss the best permanent opening hours for the UTC. Residents were also given the opportunity to feedback via an online survey that was available on the ICB website.

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

The UTC is currently open for 13 hours a day between 9am to 10pm, slightly exceeding the national minimum standard of 12 hours per day.

Those opening hours were put in place in March 2020 as a temporary measure to address ongoing staffing issues made worse by the COVID-19 pandemic.

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

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

As a Trust, we have been supporting the ICB in promoting these important discussions – including by attending and helping to lead their engagement discussions with local residents.

As part of that engagement period, we worked alongside ICB and NHS England colleagues to host a 'clinical senate' to give credibility to these discussions around the longer-term opening hours of the facility.

The senate saw a collective set of independent clinical advisors receive a presentation about proposals, as well as allowing the independent experts to visit and talk to several Newark Hospital colleagues about their experiences.

The output of that senate will form part of the written report that will contribute to the overall feedback that will be considered by the county's Health Scrutiny Committee before proceeding with next steps and before any decision is made.

Newark Elective Hub opens its doors



By the time the Board of Directors meets, our multimillion pound expansion of our theatres at Newark Hospital will have celebrated its official opening and will be preparing to welcome its first patients.

The £5.6million project is due to result in up to 2,600 extra operations and procedures taking place at Newark Hospital each year. It will also provide a modern environment, contribute to reductions in waiting times and create new jobs for nursing and healthcare staff.

The extra capacity in elective care will improve patient choice and help to address access to health services for those who would previously have had to travel further afield for treatment.

The new suite, which includes a recovery area, anaesthetic room and scrub facilities, is being built beside the existing two theatres. The first operations are expected to take place in the new theatre this autumn.

As well as increasing capacity at the site, the new theatre will also allow the scope and range of services provided from the site to expand, with the laminar flow especially for orthopaedic operations helping to expand from hip and knee to shoulder surgery.

The site will also provide a range of ear, nose and throat treatments, as well as urology, gynaecology and ophthalmology, overall improving the range of services available to our local communities at Newark Hospital.

Work underway to create more parking spaces at Newark Hospital



Our plans to further improve patient access to Newark Hospital has been turned into reality over the past month, as contractors officially started work on a new 80-space car park.

The initiative has been made possible due to our partnership with Newark and Sherwood District Council. The Council has purchased the land on Bowbridge Road with the intention of converting it into additional hospital car parking to ensure residents have greater access to even more health care provision locally.

There are currently 170 pay and display spaces plus 20 spaces for blue badge holders in the main Newark Hospital car park. The new car park, which will have electric charging points, will provide parking for staff on site which will free up spaces in the main car park for patients and visitors.

It's exciting to see all our plans for Newark Hospital come to fruition and we are very grateful to the team at Newark and Sherwood District Council.

Newark Hospital team goes the extra mile for patient's birthday

The Theatres team at Newark Hospital took a few minutes out from their busy surgery list recently to help a patient celebrate their 101st birthday, as patient Eileen Milner, who was at Newark Hospital for a minor operation, turned 101 on Saturday 23 September.

Consultant Plastic Surgeon Ciaran O'Boyle surprised Eileen with a cake as members of the Theatres team sang Happy Birthday.

This is another great example of how our colleagues go the extra mile for our patients – and for one another. These lovely photographs really pulled on our heartstrings and reminded us just how valued Newark Hospital and our colleagues who work there are to our local communities.

We want more people to be like Eileen and receive their treatment at Newark Hospital.

With an ever-increasing range of outpatient appointments, procedures and operations available at Newark, we will be asking as many patients as possible to 'Ask for Newark' when being referred for hospital treatment by their GP and practice team.



Weekend appointments at Newark Hospital providing a success for patients

Patients are benefiting from more convenient appointments ahead of their planned operations, as part of our ongoing commitment to making Newark Hospital a valued and vibrant asset for local people.

Newark Hospital is now offering appointments for pre-op assessments between 8am and 4pm on alternate Saturdays, as well as from 8am to 6pm on Mondays to Fridays.

The appointments have been introduced in response to feedback from patients that Saturday appointments are a lot more convenient to attend around work and family commitments. Our teams also notice that they are usually more relaxed at their appointment because they are not in as much of a rush.

Although patients who live locally to Newark Hospital and are having surgery there are routinely offered Saturday pre-op appointments when booking, anyone who is having surgery at King's Mill can also choose to have their pre-op checks done at Newark Hospital.

Other updates from across our hospitals



Reiterating our commitment to our Trust 'CARE' values

At recent meetings of our Board of Directors, we have spoken about the importance of ensuring we are properly supporting our colleagues as seasonal pressures across our hospitals intensify.

We recognise that it is really tough at the moment with so many competing pressures, especially after having worked under sustained operational pressure for such a long period of time.

This is precisely why we are keen to keep our 'CARE' values at the front of our thoughts as those pressures intensify as winter approaches. Those values will help steer us in continuing to be:

- C - Communicating and working together
- A - Aspiring and improving
- R – Respectful, inclusive and caring
- E - Efficient and safe

Our CARE values have been shaped through engagement with colleagues, patients, service users and volunteers to set out our ambition to provide outstanding care to the communities we serve and to support one another.

Now more than ever, it is important that we remind ourselves of our CARE values and why it is so important that we all behave in line with them.

And while we know that the vast majority of our colleagues live and breathe those CARE values every day, we know there are occasions when those values are not as visible as they could be and – in some cases – are not being followed.

In October, we have launched a Trust-wide campaign to underline the importance of those values to us all here at Sherwood. The campaign features real members of #TeamSFH telling their stories of what the values mean to them, as well as encouraging as many colleagues as possible to make their own pledges to live those 'CARE' values.

That pledge is something that I have personally made over the past month and, at our November Board meeting, it is something that I will be encouraging as many members of our Board of Directors and Council of Governors to join me on.

[Members of our Council of Governors can join me in making their pledge via the online form here.](#)

Our work is progressing to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to our area

Our work to bring the county's first Community Diagnostics Centre (CDC) to our area has continued over recent months.

The latest developments have focused on the roll-out of almost 500 health checks each week, as part of a programme of 'accelerated activity' that is helping to bring these health checks to our area longer before the full Centre is due to open its doors.

In October, we made up to 255 additional blood tests available each week at Mansfield Community Hospital. Those sessions were initially offered at drop-in clinics but have now been made available as pre-bookable appointments.

As part of this same programme of accelerated activity, we have also made a further 130 scans available each week at a mobile unit that has been installed at the privately-run Nottingham Road Clinic in Mansfield.



By the end of 2023, the Trust is expecting to have launched a total of up to 500 of these 'accelerated' health checks each week.

The full multimillion pound Community Diagnostics Centre is expected to open its doors to patients in 2025, where it will run where a derelict building currently stands alongside Mansfield Community Hospital in Stockwell Gate.

As well as delivering tens of thousands of additional health checks each month, the Centre will also create 120 jobs for local people in a range of clinical and non-clinical roles.

The Improvement Faculty hosts visit from NHS England's National Director for Transformation and Digital

We were delighted to welcome Dr Vin Diwakar to our hospitals on Friday 20 October to showcase some of the brilliant work that the Trust is involved in around research, informatics, digital, personalisation, transformation, improvement and patient safety.

As well as being a practising Paediatrician, Dr Diwakar is also the Medical Director for Transformation in NHS England's National Transformation Directorate. He also leads on the secondary care portfolio in the National Improvement Directorate.

Dr Diwakar provides clinical leadership to national improvement and transformation programmes, including those which use improvement science, technology, digital and data.

The visit was arranged to provide Dr Diwakar with an insight into how the Trust works, after Sherwood was recommended to him as a place to visit. Dr Diwakar was extremely impressed with both the scale of the work the Trust is involved in, as well as the passion of those who are leading these areas.

He particularly enjoyed speaking with patients and clinicians during the day and noted the extremely friendly welcome he received from all colleagues across the Trust.

Thank you to everyone across the Trust who helped to make this visit possible – and showcase your brilliant work in the best possible light!



Sherwood receives National Joint Registry (NJR) Quality Data Provider Scheme Award, in recognition of our commitment to patient safety

We have been celebrating being acknowledged for our commitment to patient safety for the seventh year running, after receiving the National Joint Registry (NJR) Quality Data Provider Scheme award.

The award recognises hospitals that consistently provide accurate data that help to improve patient safety, standards in quality of care and overall cost-effectiveness in joint replacement surgery.

To gain this recognition, the Trust has had to meet several specific requirements regarding the data they provide.

Only hospitals that meet the strict targets outlined by the NJR are awarded the NJR Quality Data Provider Certificate. We are proud that Sherwood Forest Hospitals Trust has achieved scores of 90% or above for seven years in a row.

Since 2003, NJR has collected information about joint operations to improve patient safety and support clinicians and suppliers. It collects and analyses data about joint replacement surgery to improve service quality and deliver timely warnings on issues relating to patient safety. This means the Trust will be contacted by the NJR and advised to contact the patient immediately if issues arise with a joint implant.

The Orthopaedic Team at the Trust are particularly pleased that all their hard work throughout the year has paid off.



Partnership updates

Trust supports Number 10 Workforce Participation ‘Deep Dive’ exercise

Sherwood Forest Hospitals recently joined other local partners from across the Mid Nottinghamshire Place-Based Partnership to take part in a Workforce Participation ‘Deep Dive’ exercise with the Government’s No10 Delivery Unit.

The session supports the government’s desire to form partnerships with ‘places’ around the country to enhance its levelling-up agenda.

The No10 Delivery Unit was proactive in contacting the Trust and other partners following the session to thank them for taking part in the review, which they said was useful in generating insights to inform policy development and support the delivery of work taking place nationally.

Supporting health discussions around the Mansfield Levelling Up Partnership

In August, the Trust’s Director of Strategy and Partnerships, David Ainsworth, met with representatives from the Government’s Department for Levelling Up, Housing and Communities to discuss the Mansfield Levelling Up Partnership and how the Trust can support this important work.

The Department is currently working with Mansfield District Council to understand the challenges and opportunities in the district, focusing specifically on the Trust’s perspectives around the health and wellbeing of the local community.

The Levelling Up Partnerships programme was setup to deliver a tailored approach to place-based working by working with key partners in local areas to understand the challenges and opportunities the place faces and then to identify practical actions to bring about change.

These latest discussions that the Trust took part in followed the publication of the [Levelling Up White Paper](#), which set out an ambition to develop policy in a different way, focused on understanding the needs and opportunities for specific places and then seeking to develop tailored solutions where possible.

We will continue to support our local partners in progressing this work for the benefit of the local communities we serve.

Council of Governors - Cover Sheet

Subject:	Lead Governor Report		Date: 14 th November 2023		
Prepared By:	Sue Holmes , Former Lead Governor and Liz Barrett, Lead Governor				
Approved By:	Liz Barrett , Lead Governor				
Presented By:	Liz Barrett, Lead Governor				
Purpose					
To provide assurance to the Council of Governors from the perspective of the Lead Governor			Approval		
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
CoG – Council of Governors CQC – Care Quality Commission NED – Non-Executive Director					
Executive Summary					
<p>From Sue Holmes</p> <p>The last 9 years have been a rollercoaster and I have unwittingly carried out every task on the lead governor spec. I have seen the worst and the best and I am pleased to say the best was recognised by the CQC. Throughout many Exec and NED changes, four chief executives and four chairs, there has been a constant – our staff who have been unfailingly kind and caring and the volunteers who provide a heart for our Trust in the public's eyes. Special recognition also to Sue Bradshaw who keeps all of the governors in line and is always willing to give her time to sort out IT, agendas, reports etc.</p> <p>I have worked with some excellent governors and I am very happy to hand the baton to Liz.</p> <p>Thank you all for your kind comments and good wishes.</p> <p><i>Sue</i></p>					

I want to take time to publically thank Sue Holmes for all that she has done and achieved in her time as Lead Governor for SFHT. Sue is well respected and admired by all and her care, commitment, time, energy and effort appreciated by all who have had the pleasure of working alongside her and benefiting from her input.

I look forward to working alongside our wonderful governing body to continue the outstanding governance that Sue has led and ensuring that we continue to serve SFHT our members and communities to the best of our ability.

Council of Governors - Cover Sheet

Subject:	15 Steps Challenge Update		Date: 14 th November 2023		
Prepared By:	Sally Whittlestone Associate Director of Nursing, Patient Experience and Complaints				
Approved By:	Candice Smith Director of Governance				
Presented By:	Sally Whittlestone Associate Director of Nursing, Patient Experience and Complaints				
Purpose					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge from July to September 2023.			Approval		
			Assurance		
			Update	x	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			x		
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation			x		
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Quality Committee					
Acronyms					
Executive Summary					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits, that have taken place from July to September 2023. This paper will detail the clinical areas visited, the feedback identified by the visiting teams, and any themes within these.</p> <p>The importance of the 15 Steps Challenge is to provide a valuable source of qualitative information that aligns patient and staff experience to promote a positive experience for all and to encourage staff to initiate local service improvement.</p> <p>During the reporting period from July to September 2023, there were a total of 19 visits confirmed as undertaken, with reports completed and returned.</p> <p>The programme of visits continues to endorse engagement and visibility of the Senior Leadership Team and Governor representation. The Governor makes a unique contribution to the 15-step process as they seek to capture real-time honest patient feedback. The outcomes of the visits continue to be positive with many examples of person-centred, compassionate care, pride and positivity, and a strong sense of CARE values being demonstrated across the organisation.</p>					

Introduction

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

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

During the reporting period, there was a total of 19 visits confirmed, with completed reports returned, visit areas were as follows:

July visits:

- Oakham Ward
- Ward 32
- Sconce Ward
- Ward 25
- Ward 52
- Patient Experience

August Visits:

- Same Day Emergency Care, (SDEC)
- New Theatre Newark
- Minster Ward
- Clinics 9 & 10
- Radiology
- Therapies Clinic 2
- Therapies Clinic 10
- Welcome Treatment Centre

September Visits:

- Sexual Health
- Short Stay Unit, (SSU)
- Intensive Critical Care Unit, (ICCU)
- Day Case
- Case Notes

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

Welcoming:

- All areas noted to be welcoming and happy to engage with the teams.
- The staff were friendly, very welcoming, and keen to share the good news of a colleague who had just passed her OSCE Exams.

- All staff greeted all visitors with a “hello”.
- A lovely ward mission statement was identified at the entrance of one ward and a detailed dementia information board was displayed.

Caring and Involving:

- All the team engaged with the doctor who was very friendly. The doctor stated that he enjoyed working on that particular ward.
- Good feedback was received from a patient.
- The Ward Sister was engaged in caring activity on the ward.
- Staff were walking with patients up and down the corridor.
- An end-of-life (EOL), patient was being cared for in a cubical, so privacy was supported but enabling the patient's relatives to be present outside visiting hours.
- A Clinical Governance Board was identified as a great communication/ education aid highlighting information such as top 3 Datix reports/ top 3 risks for area, incidents, and number of falls.
- Great to see staff achievements and feedback.
- Patients were complimentary about the staff that had been involved in their care and had no complaints.
- PALS information was clearly visible.

Safe:

- Good discussion about the new theatre at Newark, and the increase in activity from the surgical division.
- Ward maintenance was noted to be good.
- Observed appropriate IPC practice from the clinical team with patients.
- Wards were noted to be clean, and uncluttered.
- Doctors and Nurses, HCAS and Housekeepers and Receptionists working well together.

Well organised and calm:

- All areas were noted to be clean, calm, and well organised.
- There is clear signage on all doors to cubicles, bays, and toilets/bathrooms.
- Aligns with Trust uniform policy and IPC expectations.

Issues identified during the visits:

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

- Inappropriate language used in ear shot of patients and visiting Governors. Not in line with trust values and behaviours, feedback was provided to the nurse in charge.
- Nursing notes were found on top of nurse bases on both sides, feedback to the nurse in charge, ensuring notes are stored in line with IG and confidentiality expectations.
- A patient disclosed that they didn't know how long they were waiting for a procedure, and that the Nurse had not communicated with them. Immediate action – the nurse informed of the situation and went to the patient straight away to inform them of the plan.

Below is an indication of actions that require updates currently:

A Nurse in charge raised that she felt there should be a TV available because patients can be waiting for long periods in the unit. She was going to speak to the Charity and raise it with the Divisional Director of Nursing, for further discussion.

Staff commented that when they get busy, there are not enough chairs for patients, but this is restricted by the physical space, raised with the Divisional Director of Nursing.

Patient feedback:

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

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



Visiting team's feedback:

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

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



Conclusion:

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

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

Next Steps:

Moving forward visits will be planned through, December, January, February, March, and April, results will be analysed on a month-by-month basis, ensuring area owners have been made aware of any issues.

Council of Governors - Cover Sheet

Subject:	Development of the Trust strategy		Date: 14 th November 2023		
Prepared By:	Claire Hinchley, Deputy Director of Strategy and Partnerships				
Approved By:	David Ainsworth, Director of Strategy and Partnerships				
Presented By:	David Ainsworth, Director of Strategy and Partnerships				
Purpose					
To provide Council of Governors with an update on the process of strategy development and share a draft of the Trust strategy (including patient, public and colleague feedback) for consideration and discussion.			Approval		
			Assurance	X	
			Update		
			Consider	X	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Trust Management Team 25 th October Board workshop 26 th October					
Acronyms					
Executive Summary					
Background					
The Trust strategy for 2019-2024 comes to an end in March 2024. The new strategy for 2024-2029 has been in development since April 2023. The attached slide deck provides a history of the process undertaken to develop the strategy, and upcoming key dates before it is finalised.					
Patient and colleague engagement					
Significant patient, public and colleague engagement has been undertaken over the summer months as part of the development process. Our patients and the public told us they want to see:					
<ul style="list-style-type: none"> • Better communication from us that supports continuity of care inside and outside of the Trust in a timely way. This includes informing both our partners and patients of appointments, decisions and treatment summaries. It also includes improving our verbal communication in a way that is sensitive and inclusive to individuals. • Shorter waiting times. You want us to offer prompt appointments and a diagnosis as quickly as possible. Continue to provide the best care and to provide access to consultants and treatments without delay. • Joined up care. We've been asked to reduce inconvenience (e.g. duplication, unnecessary appointments or tests) in any form. People tell us they know resources are scarce and need to be 					

used wisely as well as correctly by delivering care together. We've been asked to **provide as much care as possible locally**.

- **Personalised care.** We need to pay attention to **people's individual needs** such as wheelchair users, people with dementia, older adults, children and young people and people with sight difficulties for example. Our service delivery and the environment should take into account that **we all have individual requirements of healthcare**. Equity and equality should drive future service improvements and estate improvements.

Our colleagues told us we need:

- **Communication** - staff members talked about communication in the light of the organisation needing a multifactorial approach to **ensuring information is shared with the correct people**, both internally and externally in a **timely** fashion. Using **varied delivery** methods.
- **Patient pathways and transformation** – team members highlighted many good areas for **improving pathways and transforming services** including strengthening and **developing our partnerships**, reviewing discharge processes, **better use of digital** and new technologies and integration.
- **People** – for colleagues to be supported through **clear career development** and good quality, appropriate and accessible training and development. Including **personalised career chats** and equitable access to development opportunities. For teams to have the **right skill mix** to both lead their services well and be well led at all levels of the organisation. So that people feel that the **trust recognises them** as our most important value they are.
- **Back to basics** – team members highlighted the importance of fundamental principles. For the need for everyone to **adhere to the CARE values** of the organisation, that our **team members feel valued** and are given sufficient time to care and for **services to be developed involving our communities and team members** from the outset.

The themes above have been fed into the draft Trust strategy document (attached) and will continue to be included in the sub-strategies and technical strategies to ensure we deliver upon them.

Draft strategy – further developments

Following TMT and a Board workshop in October, changes have been made to the strategy to reflect further feedback. This includes amending the vision to 'outstanding care delivered by compassionate people, enabling healthier communities' and the strategic objectives have been amended in order to reflect the vision, with strategic objectives 2 and 3 swapping.

The patient story in the current draft Trust strategy has not yet been included. This will be added once we have agreed the final wording of the vision to ensure it reflects that we already do provide outstanding care by compassionate people across some of our services. The strategy then sets out how we do this consistently well across all of our services.

A further amendment will be made ready for the next draft document which will change the template of the strategic objectives section to ensure they are clearer to read and understand.

The next steps for the strategy are for it to be reviewed by the Council of Governors, expanded upon at Board workshops later in November, refined and then shared with our colleagues, partners, patients and the public as a roadshow as it is signed off in March 2024.

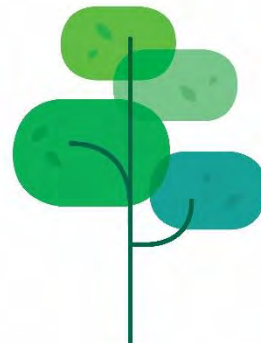
The Council of Governors is asked to:

- NOTE the process of development of the Trust strategy
- NOTE patient and colleague feedback
- DISCUSS whether the draft Trust strategy document demonstrates the feedback themes and share what could be strengthened
- AGREE to support the strategy roadshows

Trust Strategy

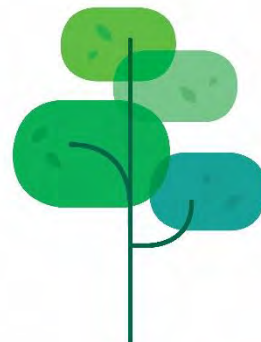
Development of the 2024-2029 strategy

David Ainsworth – Director of Strategy and Partnerships





Outstanding Care given by **Compassionate People** enabling **Healthier Communities**



In the final year of the 2019-2024 Trust strategy, we committed to develop and launch the 2024-2029 strategy



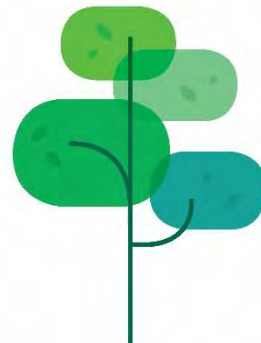
2019-2024

Future Milestones:

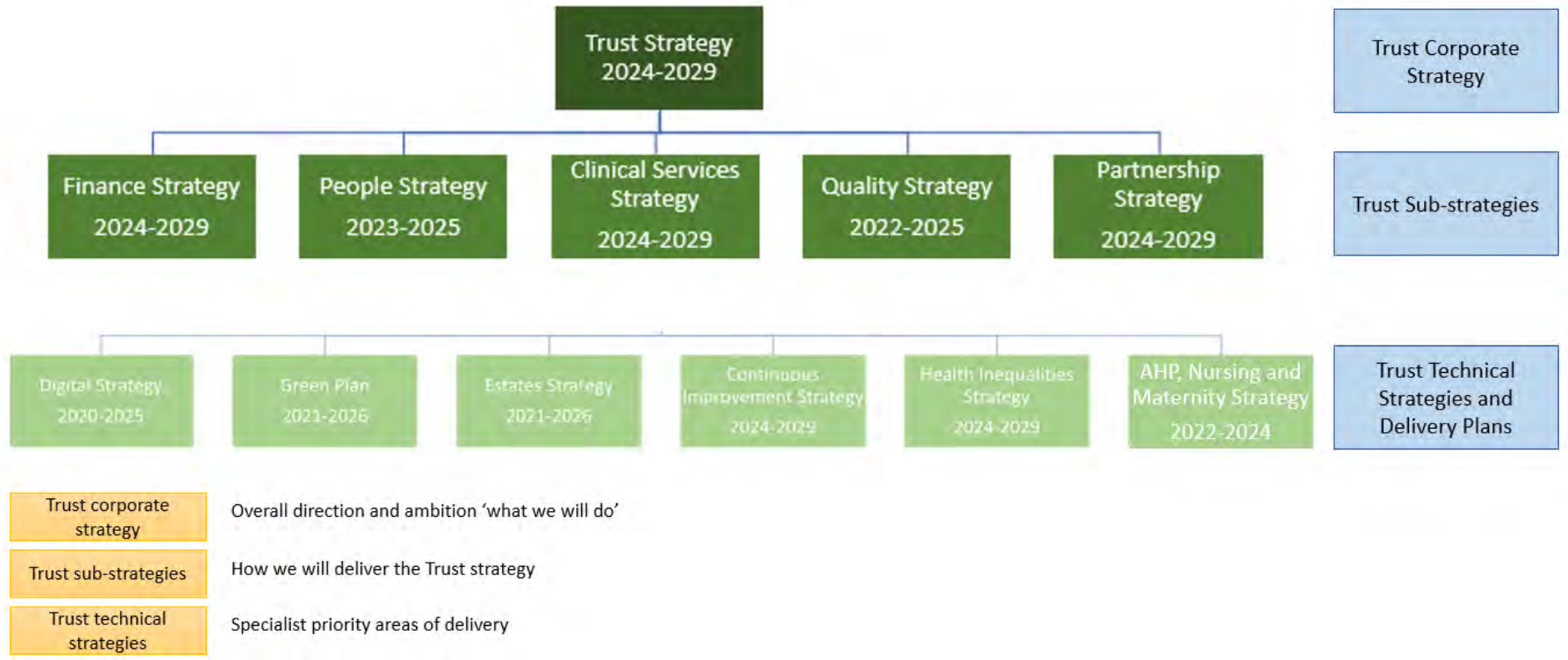
- **26th October 2023** – Draft Strategy shared at Board Workshop
- **14th November** – Council of Governors
- **15th November** – Board workshop – full day of strategy
- **January – March** – Completion of detailed strategic priorities
- **January – March** – Colleague and partner engagement and roadshow
- **1st February** – Strategy to Private Board
- **March** - Strategy Launch at Public Board



2024-2029



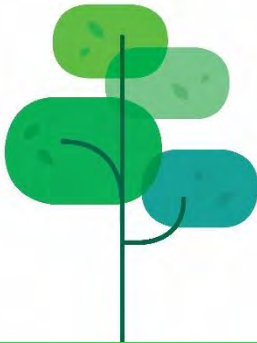
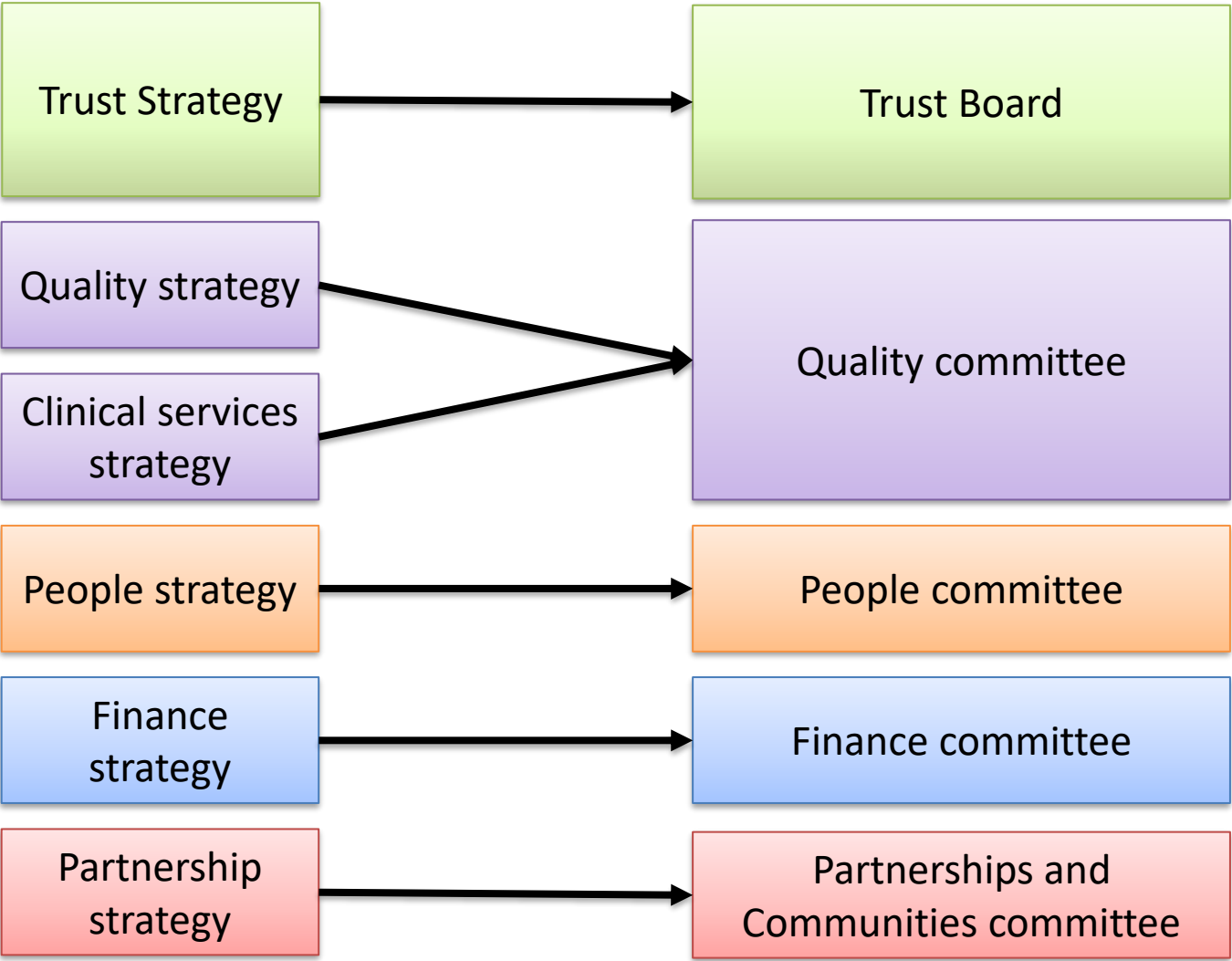
The SFH Trust strategy will be underpinned by supporting strategies. Other technical strategies will be delivered through functional meetings



The Trust strategy and sub-strategies will report into the Board and sub-committee structure



Sherwood Forest Hospitals
NHS Foundation Trust



Below is a summary of each strategy and sub-strategy development plan, and readiness for launch



Sherwood Forest Hospitals
NHS Foundation Trust

Trust Strategy

- 2024-2029 - **Draft** ready for 26th October Board Workshop
- On track for sign off at February 2024 Board
- Launch in March 2024

Clinical services strategy

- 2024-2029 – **Draft**
- On track for sign off at February 2024 Board
- Launch in March 2024

Quality strategy

- 2022-2025 - **Complete**
- Refresh to commence in 2024

People strategy

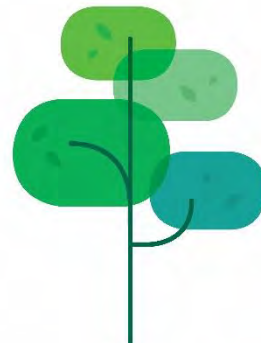
- 2023-2025 - **Complete**
- Refresh to commence in 2024

Finance strategy

- 2024-2029 - **Draft**
- On track for sign off at February 2024 Board
- Launch in March 2024

Partnership strategy

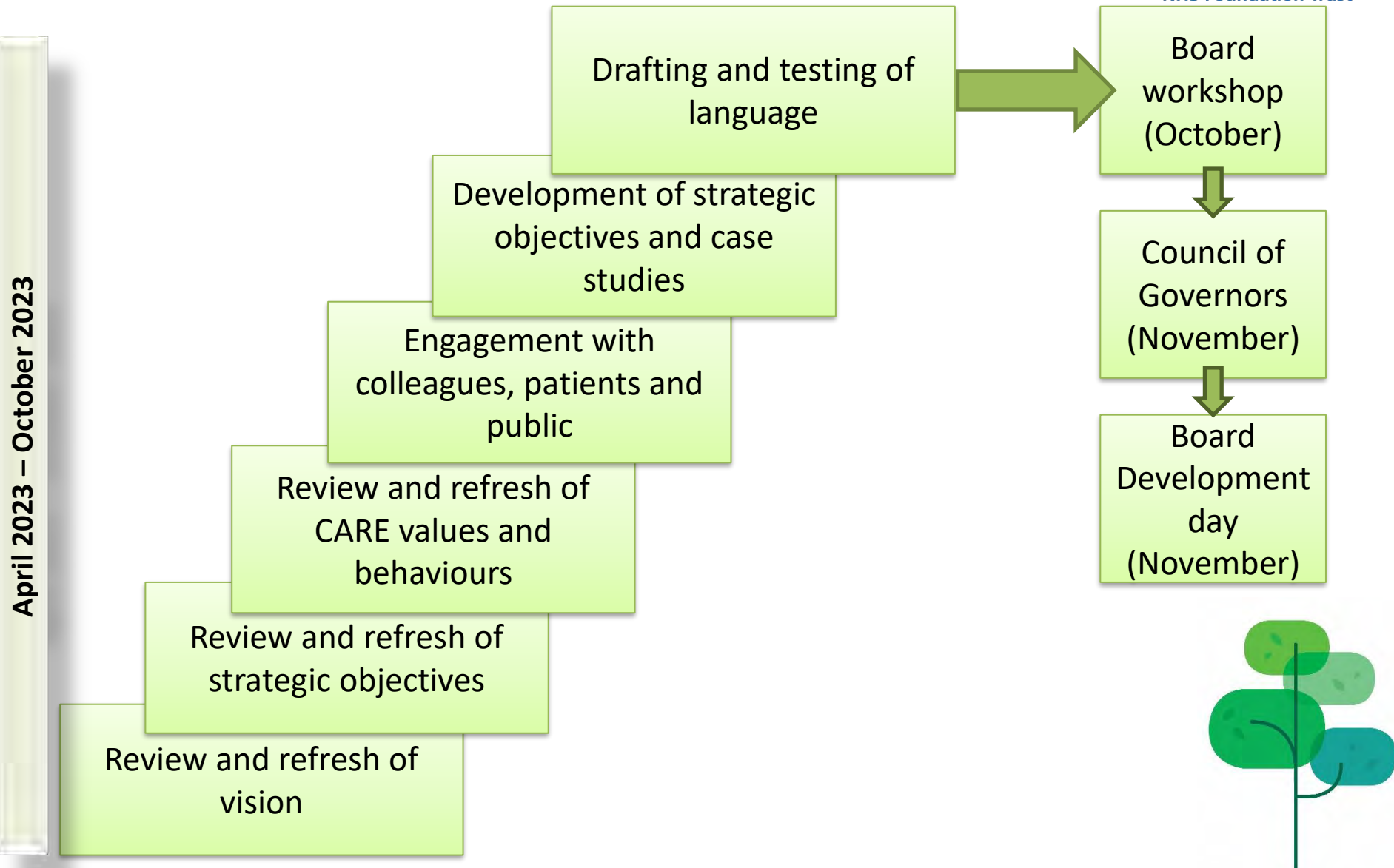
- 2024-2029 - **Draft**
- On track for sign off at February 2024 Board
- Launch in March 2024



The Trust strategy development process has taken place over several months and included the following steps



Sherwood Forest Hospitals
NHS Foundation Trust



Our vision and strategic objectives have been refreshed and updated



Sherwood Forest Hospitals
NHS Foundation Trust

Strategic objective 1:
**Provide outstanding
care in the best place at
the right time**

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

Strategic objective 3:
**Improve health and
wellbeing within our
communities**

Outstanding Care given by
Compassionate People enabling
Healthier Communities

Strategic objective 4:
**Continuously learn and
improve**

Strategic objective 5:
**Sustainable use of
resources and estate**

Strategic objective 6:
**Work collaboratively
with partners in the
community**

We have refreshed our CARE values and behaviours with a launch in October



Is
st


Sherwood Forest Hospitals
NHS Foundation Trust

Together We CARE



Irvine Makani
Public Affairs Manager




Sherwood Forest Hospitals
NHS Foundation Trust

Together We CARE

C

Communicating and Working Together
We will work as one **compassionate** and **inclusive** team, **involving, informing** and **listening** to colleagues and local communities.

A

Aspiring and Improving
We will choose to **work** or be **cared** for by **Sherwood** as we focus on **improving** patient **care** and colleague **wellbeing**.

R

Respectful, Inclusive and Caring
We will show **kindness** to all, **embrace** diversity and **challenge** inappropriate behaviours.

E

Efficient and Safe
We will be **consistent** and do the **right thing**, at the **right time, first time**.

Sherwood Forest Hospitals
NHS Foundation Trust



Our patients and the public tell us they want better communication, shorter waiting times, personalised care and joined up care



Sherwood Forest Hospitals
NHS Foundation Trust

Better communication from us that supports *continuity of care* inside and outside of the Trust in a *timely way*. This includes informing both our partners and patients of appointments, decisions and treatment summaries. It also includes improving our verbal communication in a way that is *sensitive and inclusive* to individuals.

Shorter waiting times. You want us to offer prompt appointments and a diagnosis as quickly as possible. *Continue to provide the best care* and to provide access to consultants and *treatments without delay*.

Joined up care. We've been asked to *reduce inconvenience* (e.g. duplication, unnecessary appointments or tests) in any form. People tell us they know resources are scarce and need to be *used wisely* as well as correctly by delivering care together. We've been asked to *provide as much care as possible locally*.

Personalised care. We need to pay attention to *people's individual needs* such as wheelchair users, people with dementia, older adults, children and young people and people with sight difficulties for example. Our service delivery and the environment should take into account that *we all have individual requirements of healthcare*. Equity and equality should drive future service improvements and estate improvements.

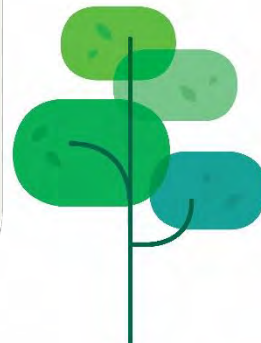
Our colleagues tell us they want timely communication, improvements to pathways, career development and to return to basics with the CARE values

Communication - staff members talked about communication in the light of the organisation needing a multifactorial approach to ***ensuring information is shared with the correct people***, both internally and externally in a ***timely*** fashion. Using ***varied delivery*** methods.

Patient pathways and transformation – team members highlighted many good areas for ***improving pathways and transforming services*** including strengthening and ***developing our partnerships***, reviewing discharge processes, ***better use of digital*** and new technologies and integration.

People – for colleagues to be supported through ***clear career development*** and good quality, appropriate and accessible training and development. Including ***personalised career chats*** and equitable access to development opportunities. For teams to have the ***right skill mix*** to both lead their services well and be well led at all levels of the organisation. So that people feel that the ***trust recognises them*** as our most important value they are.

Back to basics – team members highlighted the importance of fundamental principles. For the need for everyone to ***adhere to the CARE values*** of the organisation, that our ***team members feel valued*** and are given sufficient time to care and for ***services to be developed involving our communities and team members*** from the outset.



Strategy discussion



Sherwood Forest Hospitals
NHS Foundation Trust

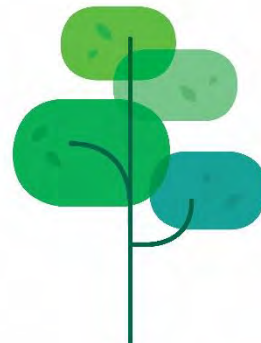
The ambition of the strategy is to demonstrate Sherwood's place as a District General Hospital (DGH) that prides itself on delivering outstanding care delivered by compassionate people, leading to healthier communities.

To deliver the ambition, we need to be robust in delivering our core services and ensure they are sustainable in future years whilst recognising some of our future opportunities may exist outside the traditional boundaries of a DGH

Having read the strategy, does the feedback we have received **align** across the document?

What could be **strengthened**?

Can you support us during the roadshows **to share the strategy** with patients, public, partners and our colleagues?



Council of Governors - Cover Sheet

Subject:	The first six months of the improvement faculty		Date: 14 th November 2023
Prepared By:	Jim Millns – Associate Director of Transformation		
Approved By:	Claire Hinchley – Deputy Director of Strategy and Partnerships		
Presented By:	David Ainsworth – Director of Strategy and Partnerships		
Purpose			
The purpose of this paper is to provide the Council of Governors with an overview of the first six months of the Improvement Faculty, share initial outcomes of a national self-assessment on improvement, and provide a high-level summary of the emerging themes that will form the basis of the Trust's Continuous Quality Improvement Strategy.		Approval	
		Assurance	X
		Update	X
		Consider	X
Strategic Objectives			
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve
X	X	X	X
Principal Risk			
PR1	Significant deterioration in standards of safety and care		
PR2	Demand that overwhelms capacity		
PR3	Critical shortage of workforce capacity and capability		
PR4	Failure to achieve the Trust's financial strategy		
PR5	Inability to initiate and implement evidence-based Improvement and innovation		
PR6	Working more closely with local health and care partners does not fully deliver the required benefits		
PR7	Major disruptive incident		
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change		
Committees/groups where this item has been presented before			
Improvement Advisory Group			
Acronyms			
QSIR = Quality, Service Improvement and Redesign QI = Quality Improvement OD = Organisational Development PDSA = Plan, Do, Study, Act CFO = Chief Finance Officer TMT = Trust Management Team CoG = Council of Governors SLT = Senior Leadership Team			
Executive Summary			
1. <u>Overview</u> 1.1 The purpose of this paper is to provide the Council of Governors with an update on the development and delivery of the Sherwood Forest Hospitals Improvement Faculty (herein referred to as ' <i>the Faculty</i> '). The Faculty was launched on 4 th May 2023; and has been operational for just over six months. 1.2 The attached slide deck provides a recap on the four pillars of the Faculty and progress against these in the last 6 months (slides 2-6). 1.3 NHS Impact is a new national body that seeks to improve and embed the culture of improvement			

across the NHS. It requested all NHS providers complete an improvement self-assessment baseline during October which had 22 questions. Each question had 4 layers of maturity to assess against: starting, developing, progressing, spreading, improving & sustaining. The assessment questions can be found here: [NHS England » NHS IMPACT \(Improving Patient Care Together\) self-assessment](#)

- 1.4 The multidisciplinary Improvement Advisory Group completed the self assessment, outcomes are included on slides 7-11. Most responses for SFH are within the 'starting' level of maturity with a handful reaching the 'developing' level of maturity. The outcomes of the self assessment will be fed into the continuous quality improvement strategy to ensure alignment with the national direction and to create a development plan for the Trust to embed continuous improvement. The outcomes of the assessment have been shared with colleagues from other NHS providers within the Integrated Care System, for shared insight and learning.
- 1.5 The paper also provides a high-level summary of the emerging themes that will form the basis of the Trust's Continuous Quality Improvement Strategy
- 1.6 Our vision is: to create an open and transparent culture where colleagues feel able to report incidents and speak up about concerns. We will listen and learn from these events collectively through shared governance and quality improvement. We will be recognised as a centre of excellence for learning and continuous quality improvement that is clinically led. This will be reflected via delivery of the strategy, underpinned by a commitment to embedding Quality Improvement skills and methodology across the Trust.
- 1.7 The approach to developing the strategy is on slides 12-15.

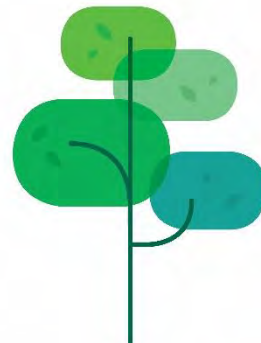
2. Recommendation

- a. The Council of Governors are asked to note the paper.
- b. The Council of Governors are asked to provide feedback on the following questions:
 - Does the vision and aims of the Continuous quality improvement strategy align to the Trust strategic vision and direction?
 - Does the vision and aims feel appropriately ambitious for SFH?
 - How do you want to help shape the developing strategy?

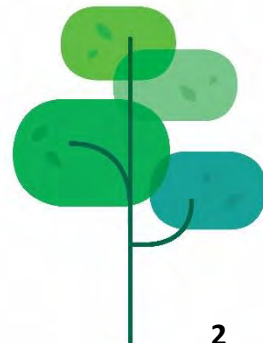
Sherwood Forest Hospitals NHS Foundation Trust

The First Six Months of the Improvement Faculty

Council of Governors Meeting 14th November 2023



Progress of the Improvement Faculty



- The Improvement Faculty was launched on 4th May 2023. It is just over 6 months old.
- It is a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. Our overarching aims are to:
 - a. Improve the quality of patient care and the experience of those who use our services;
 - b. Improve clinical outcomes;
 - c. Improve the working lives of our colleagues; and
 - d. Help us to make best use of our resources.
- We offer help, advice, training and, where required, coordinated support. We will provide an evidence-based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges. Our aim is to create a centre of excellence.
- Our work will be underpinned by the following guiding principles:

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

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

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

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



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

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

Pillar 2 - Evaluating New Ideas and Providing Solutions

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

Pillar 3 - Programme and Project Delivery

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

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

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

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

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

Pillar 4 - Programme Monitoring, Evaluation and Assurance

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

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

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

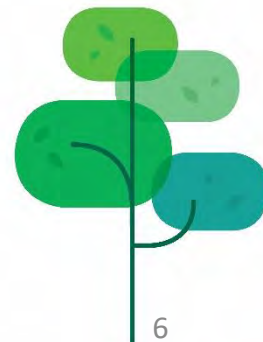
3. For those programmes that require 'coordinated' support, we will assist with the production of 'Flash Reports' and ensure that they are presented to the appropriate committee.

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

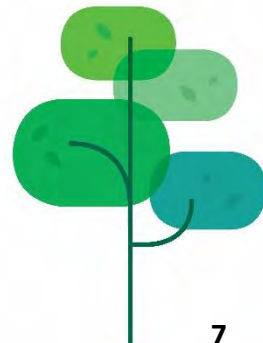
5. We will ensure that patients are involved in every aspect of the Faculties work, including the evaluation of benefits.

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

1. As well as the Improvement Faculty 'Core Teams', we have also brought together a multitude of other partner services (for whom Improvement was part of their role) **through the establishment of a multi-professional 'Improvement Advisory Group'**.
2. We currently **support 11 major Transformational Programmes** (which includes 3 capital programmes), **deliver 7 different training programmes** (including contributing to the system wide QSIR practitioner programme), **support every division** in the delivery of financial improvement and since the Faculty was launched **have responded to an additional 60+ requests for support**.
3. We have **launched a 'Live' newsletter**, which includes an 'In Conversation With' section. So far, we've had a session with David Ainsworth (Director of Strategy and Partnerships), Jen Leah (Deputy CFO), the Library and Knowledge Services Team and Alison Steel (Head of Research and Innovation).
4. We have **launched an Improvement Ambassador Award**. There have been three winners so far:
 - a. Sue Jackson and Abbey Holland (Nursing Colleagues on SAU) for a project they undertook aimed at reducing paracetamol prescribing; and
 - b. Hannah Anthony (Specialist Physio at MCH) for her contribution to the MCH Neurological Outpatients Therapy Goal Attainment Scale Audit.
5. We have **established a regular Knowledge Sharing session**, where members of the team and partners are encouraged to share a specific area which will be of interest to the wider team. So far, we've had sessions on research and innovation, patient safety, the Six Thinking Hats Model and how to get the most out of Data, benchmarking and analytics.
6. We have **commenced a series of 'road shows'** ensuring that we have a regular presence on every site.
7. We are about to launch our **Continuous Quality Improvement Strategy** (see slide 6), which will clearly articulate our aspirations of being an organisation that is underpinned by a process of continuous quality improvement which is embedded at every level of the organisation.
1. The next step on our 'evolutionary journey' is to **establish several clinical leadership roles within the Faculty** (medical, nursing and AHPs). This will undoubtedly help with engagement, the cultural aspects of our work plan and expanding the already wide skill set available to the wider organisation.



Outcomes of NHS Impact Self-Assessment Exercise



Outcomes of Self-Assessment Tool

Question	Score	Definition
1. Board and executives setting the shared purpose and vision.	Starting	We are starting to develop a shared vision aligned to our improvement methodology, although only known by a few and not lived by our Board. Our organisational goals are not yet aligned with the vision and purpose in a single, strategic plan.
2. Improvement work aligned to organisational priorities.	Starting	Our organisational purpose, vision, values and strategic priorities are in development, but not yet widely communicated to staff. Organisational goals are yet to be defined in a way that enables them to be cascaded to all our teams.
3. Co-design and collaborate - celebrate and share successes.	Starting	We are at the early stages of working out what quality or continuous improvement means in our context and how we will apply it systematically. So far engagement has been largely focused on senior leadership.
4. Lived experience driving this work (patients, staff, communities).	Starting	There is an aspiration or stated commitment to engage people using services, unpaid carers, staff and the community in further design of our shared purpose and vision, but it is not yet fully worked through or systematic.
5. Pay attention to the culture of improvement.	Starting	There is an aspiration or stated commitment at Board level to establish an improvement culture, but it is yet to be worked through even at Board and Executive level.
6. What matters to staff, people using services and carers.	Starting	Our ways of understanding what matters most to staff, people using services and unpaid carers tend to be reliant on formal mechanisms (e.g. surveys) and the link to improvement is not strong or systematic.

Outcomes of Self-Assessment Tool

Question	Score	Definition
7. Enabling staff through a coaching style of leadership.	Developing	There is an organisational endorsement of a coaching-style of leadership, but it is not applied systematically (e.g. through leadership training). There are some good examples of how a coaching-based approach can bring about improvement, and this is increasingly recognised and encouraged. Staff are often supported to make changes when doing improvement activities.
8. Enabling staff to make improvements.	Developing	Some staff and teams feel able to make improvements (e.g. if they have been trained or are supported by a central team). There may be learning locally but it is generally not shared across teams and departments.
9. Leadership and management development strategy.	Starting	Our Board, senior leaders and line managers are not yet trained in a consistent and defined improvement approach which they are expected to apply and role model.
10. Leadership and management values and behaviours.	Developing	Leadership values and behaviours are agreed across our organisation.
11. Leadership and management acting in partnership.	Developing	Most of our leaders work in partnership with their fellow leaders and managers.
12. Board development to empower collective improvement leadership.	Starting	Our Board discusses improvement at Board meetings, but it is not a regular occurrence.
13. 'Go and see' visits.	Starting	Some senior leaders spend time on the 'shop floor' from time to time to engage directly with staff and teams but it is not routine or widely practiced.

Outcomes of Self-Assessment Tool

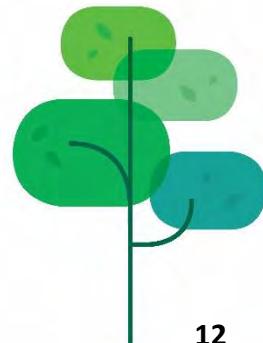
Question	Score	Definition
14. Improvement capacity and capability building strategy.	Starting	We do not have a structured training or capability building approach for improvement skills. Training is ad hoc and focused on small central teams. We have some use of external resources.
15. Clear improvement methodology training and support.	Starting	No single improvement methodology has been adopted and only limited sharing of improvement gains/learning is cascaded beyond the immediate area where improvement is underway.
16. Improvements measured with data and feedback.	Starting	Our organisational approach to reviewing and tracking progress against goals has yet to be defined, at present improvement doesn't feature in whole organisational measures.
17. Co-production.	Starting	We have small discrete teams with relevant skills operating independently from one another labelled as clinical governance, service development, clinical audit or transformation, that are working in silos reporting to various directors with no lived experience partners co-producing improvement.
18. Staff attend daily huddles.	Starting	Any huddles are only traditional shift change clinical handovers.
19. Aligned goals.	Developing	Our department goals may involve up or downstream departments; we do not share improvement planning across departments. Our business planning is an activity conducted at board and senior leadership level to produce goals that are cascaded top-down to the rest of the organisation.

Outcomes of Self-Assessment Tool

Question	Score	Definition
20. Planning and understanding status.	Developing	Our business planning and performance management processes give the Board and senior managers reasonable visibility of status and progress against our goals. There are some routines for selecting and prioritising improvement work. Although we have some resource available there is no defined process for prioritising and allocating resource.
21. Responding to local, system and national priorities.	Starting	We do not yet have a coordinated or consistent management approach to how we respond to changing needs, address problems or deliver against our plans. Instead, it is perceived as reactive or firefighting.
22. Integrating improvement into everything we do.	Starting	Improvement is seen as separate to the day-to-day delivery of services. Our performance management system is seen as separate from any improvement activity or methods we apply and may be sending conflicting signals within the organisation.



Continuous Quality Improvement Strategy - Development



Purpose

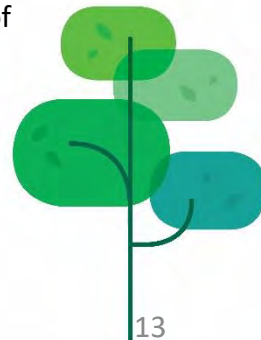
- To reinforce our commitment to continuously learning and improving.
- To outline how we will deliver safe person-centred care to our citizens and support our colleagues by providing the best possible practice environment.
- To describe how we will collaborate with colleagues across the health and social care system in Nottinghamshire.
- To help us achieve sustainability as an organisation. It is only by becoming sustainable that we will then be able to go on to innovate, improve and thrive as an organisation and achieve our aim of **providing Outstanding Care, given by Compassionate People leading to Healthier Communities.**

Our Vision

Our vision is to create an open and transparent culture where colleagues feel able to report incidents and speak up about concerns. We will listen and learn from these events collectively through shared governance and quality improvement. We will be recognised as a centre of excellence for learning and continuous quality improvement that is clinically led. This will be reflected via delivery of the strategy, underpinned by a commitment to embedding Quality Improvement skills and methodology across the Trust. **This is the Sherwood Way.**

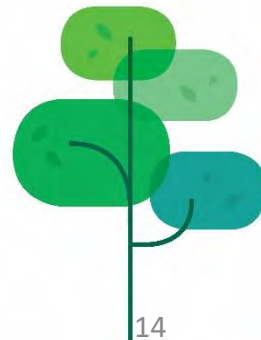
Our Aims

- 1. Building a shared purpose and vision** - The Board will set our ambition, provide direction, and allocate resources to develop an organisation-wide system and culture for continuous improvement. People at all levels across the organisation will align their work to this shared purpose.
- 2. Investing in people and culture** - We will set the expectation that all colleagues will have a common understanding of improvement, that it is a priority for the organisation and that they will be supported to make improvements in their own area of work. We will engage with our people and those with lived experience to design and implement improvements based on what matters to them.
- 3. Developing leadership behaviours** - We will have a clear leadership and management development strategy in place, outlining capability requirements and access to training.

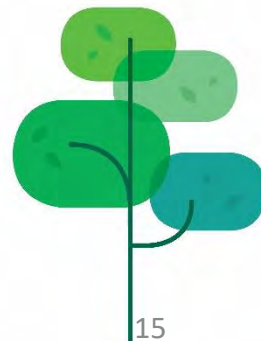
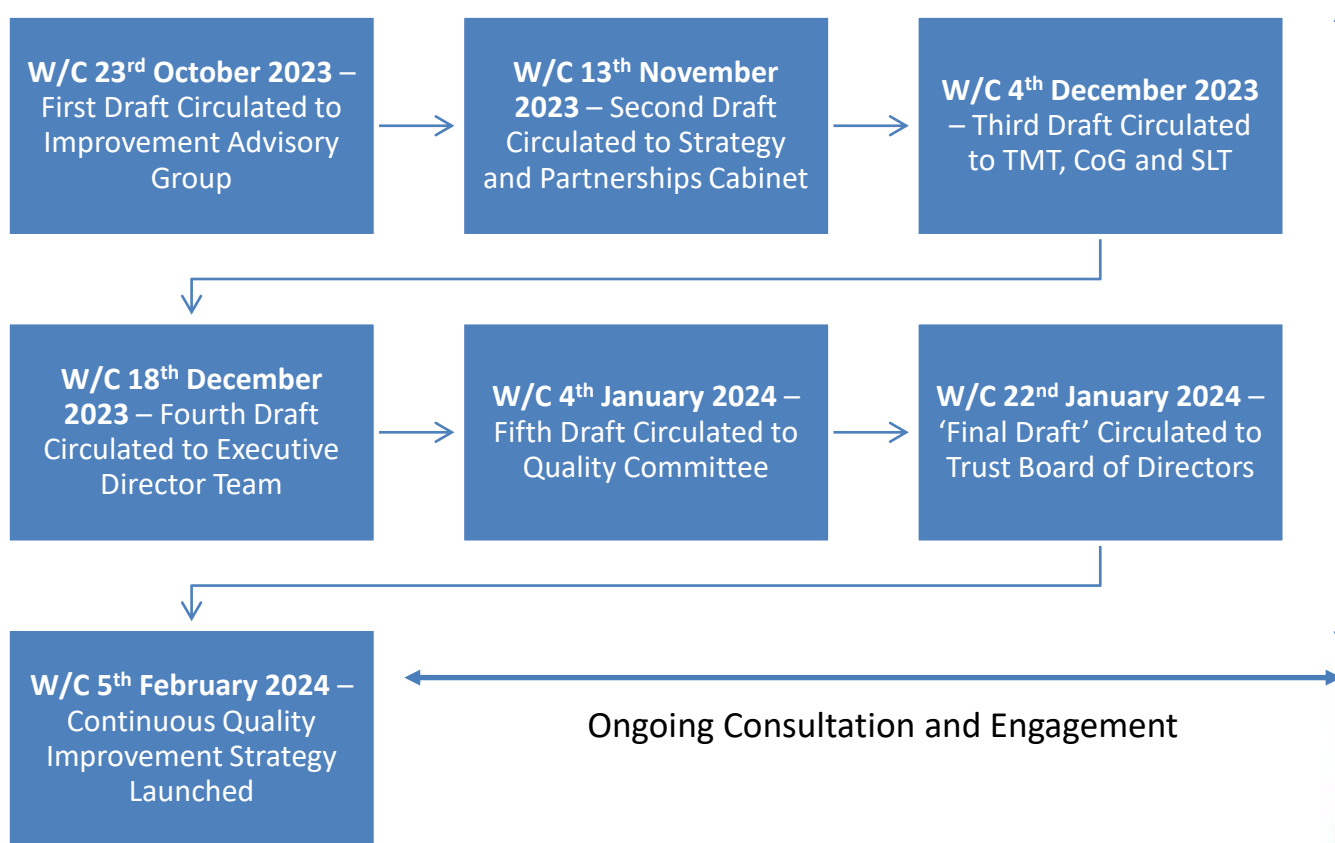


Our Aims (Cont.)

- 4. Building improvement capability and capacity** - We will identify and promote an improvement methodology to use across our entire organisation, ensuring a local and systemic way of practising improvement. In addition, we will give all our people access to induction, improvement training and support, so that everyone can run improvement projects and continuously improve their daily work.
- 5. Embedding into management systems and processes** - We will develop a management system that aligns with the strategy, vision and purpose of our organisation at Board level and across all services and functions. The management system will help us to embed a standard way of operating that enables ongoing continuous improvement of access, delivery, quality, experience, value and outcomes whilst ensuring financial sustainability.



Timeline



The First Six Months of the Improvement Faculty – Contact Us



Sherwood Forest Hospitals
NHS Foundation Trust



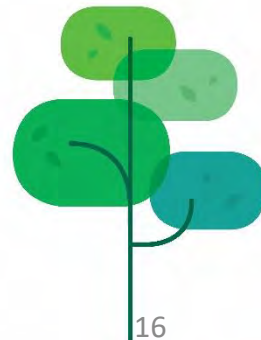
sfh-tr.sfhimprovementfaculty@nhs.net



@SFHImprovement



The Improvement Faculty Hub, Office 061039 (Opposite the Boardroom), Level 1,
Kins Mill Hospital



Council of Governors Estates update

Ben Widdowson

Associate Director of Estates & Facilities

November 2023



Presentation Aims

- PFI settlement
 - Car parking
 - Space management
 - Capital
 - Green plan
 - Fire team
-
- Questions / contact



PFI Settlement

- Subject to Board/NHSE/DoHSC/PFI funder sign off
- Remedies historic poor performance
- Estimated capital value over 5 years is ~£15m
- Made up of three parts
 - ODP – ‘resets’ the contract – sustainable until 2043
 - Contract interpretations – clarity between all parties
 - Settlement – transfer of Sch 38 ‘retained estate’ liabilities and investment of 5 years *divisional impact*



Car parking

- ANPR roll out coming - Delivery ?Q1 2425
- 80 additional spaces at Newark Hospital through innovative partnership with NSDC
- ‘Drop off’ facility at KMH not prioritised – subject to ANPR works
- Northfield car park lease Extended, ?outright purchase



Space Management



Sherwood Forest Hospitals
NHS Foundation Trust

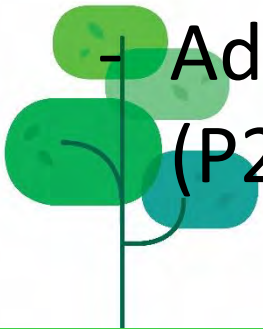
Introduction to
Paul Williams
new Space & Utilisation Manager



Capital works

Improving going forwards

- ODP/settlement has streamlined process for both Trust and Project Co.
- Upfront confirmed design, budget, programme
- Hand back process much more prescriptive
- Adoption of 'hybrid' market approach with Kier (P22) and Skanska

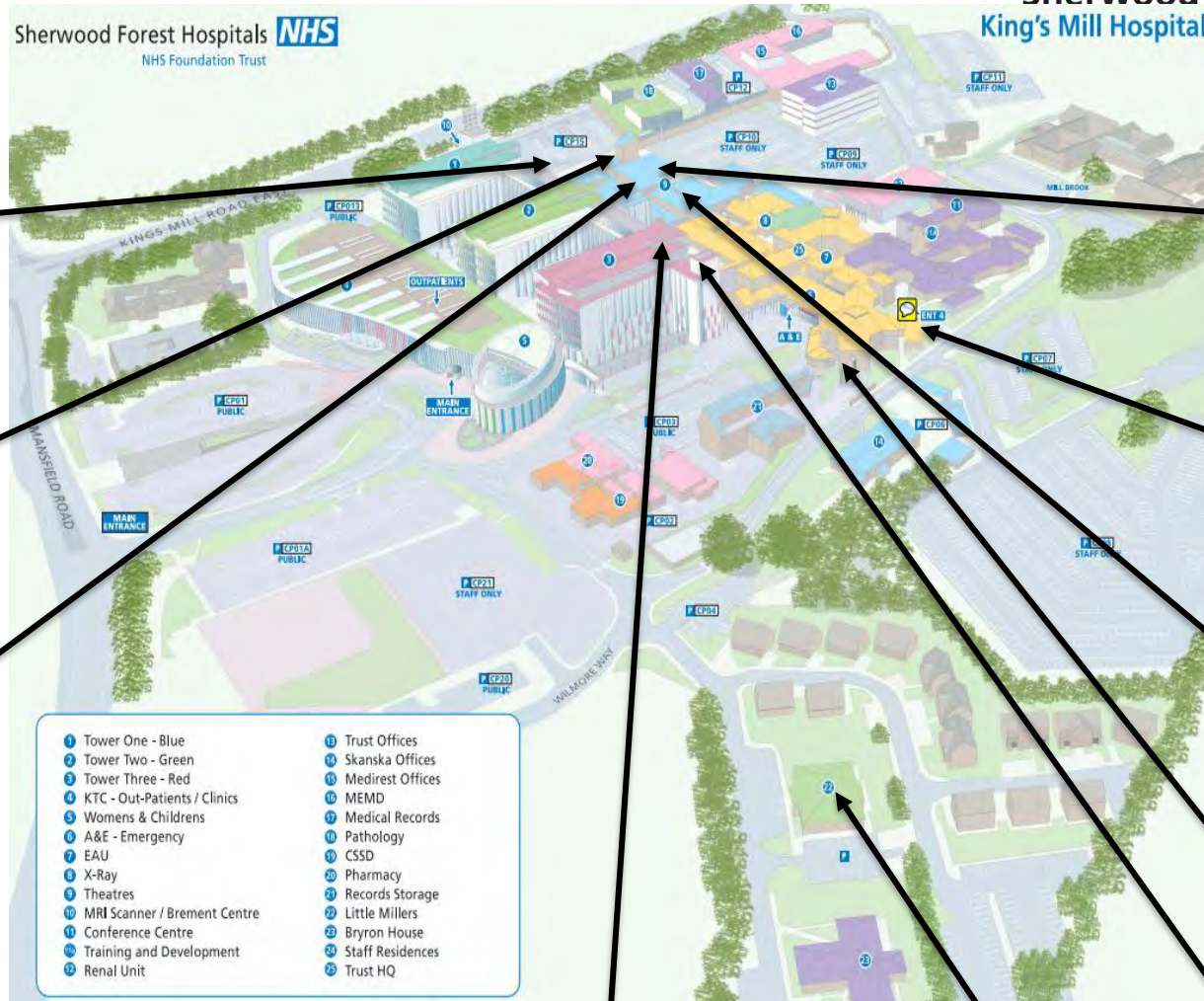


Sherwood Forest Hospital Foundation Trust

King's Mill Hospital



Sherwood Forest Hospitals
King's Mill Hospital NHS Foundation Trust



SKANSKA
Histopathology/Mortuary AHU
£1,050,000
February 24 – June 24
Histopathology/Mortuary Ventilation plant upgrade to provide air changes in compliance with HTM's, HGN's and HBN's

SKANSKA
Old Spine corridor enabling
£360,000
November 23 – March 24
Relocation of existing services within the old spine corridor, electrical and mechanical services to new location to enable continuation of spine corridor replacement

SKANSKA
Theatre door automation
£65,000
January 24 – March 24
Upgrade of two door sets with automatic opens to remove risk and increase security

SKANSKA
Health and Safety - Various
£100,000
November 23 – March 24
Anti-Ligature blinds in Clinic 11
Crash Protection outside ED
Layout revisions for CP16

SKANSKA
Fire Reports - Site Wide
£70,000
November 23 – March 24
Fire works detailing and recommendations for prevention measures including additional smoke detectors, emergency lighting and fire alarm interfaces

SKANSKA
End Of Life Rooms on 16 wards
£130,000
January 24 – March 24
End of Life rooms to be refurbished with new flooring, decoration and refreshment bays

SKANSKA
Doctors mess
£210,000.00
November 23 – January 24
Creation of a new doctor's mess on level 6, Tower C

KIER
Little Millers Upgrades
£100,000
April 23 – January 24
Little Millers additional cooling and external play area upgrades

SKANSKA
Theatre Roofs Upgrade
£450,000
July 23 – November 23
Provide watertight roofing works to CT Scanner roof & Theatre Holding Bay

SKANSKA
Entrance 4 Lifts
£350,000
January 24 – June 24
Entrance 4 Lifts to be upgraded in accordance with HTM's

SKANSKA
Theatre motion detection
£23,872
January 24 – March 24
To add motion detection to ventilation systems for energy saving efficiencies

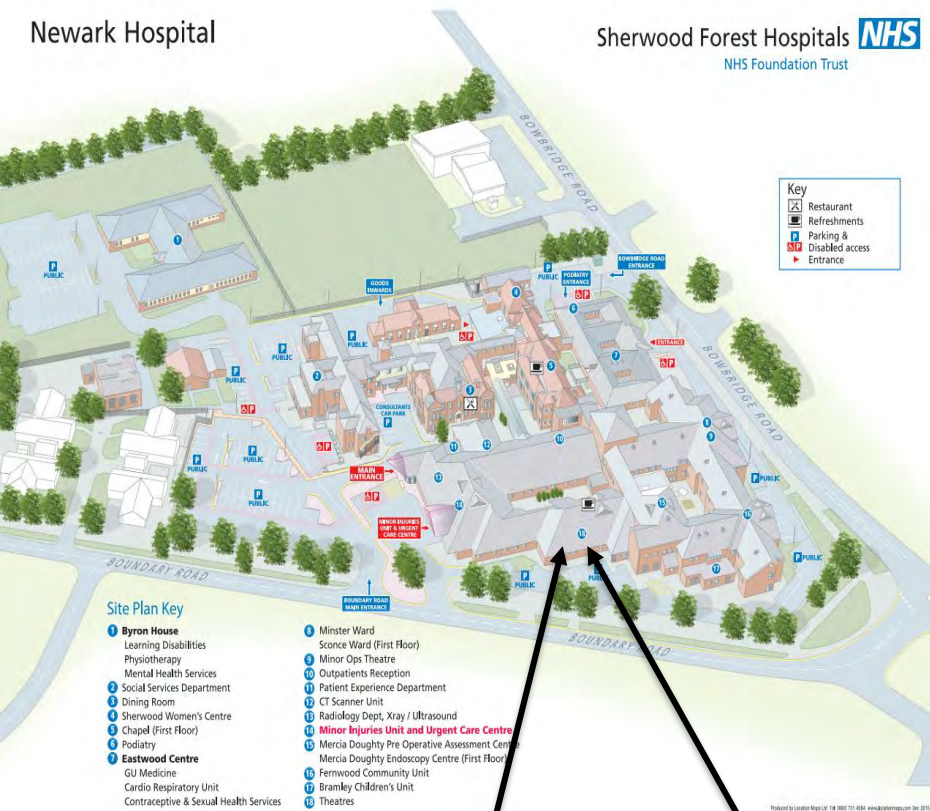
KIER
New Discharge lounge
£1,500,000
February 23 – January 24
Creation of new discharge lounge in Old Ward 3

Replacement Pharmacy Robot -
£170,000
November 23 – March 24
Upgrade of the current pharmacy dispensary (Interim Solution in KTC Fingers)

- | | |
|---------------------------------|---------------------|
| 1 Tower One - Blue | 16 Trust Offices |
| 2 Tower Two - Green | 17 Skanska Offices |
| 3 Tower Three - Red | 18 Medirest Offices |
| 4 KTC - Out-Patients / Clinics | 19 MEMD |
| 5 Womens & Childrens | 20 Medical Records |
| 6 A&E - Emergency | 21 Pathology |
| 7 EAU | 22 CSSD |
| 8 X-Ray | 23 Pharmacy |
| 9 Theatres | 24 Records Storage |
| 10 MRI Scanner / Bremont Centre | 25 Little Millers |
| 11 Conference Centre | 26 Bryon House |
| 12 Training and Development | 27 Staff Residences |
| 13 Renal Unit | 28 Trust HQ |

Sherwood Forest Hospitals Foundation Trust Newark Hospital

Newark Hospital



SKANSKA

Fire Reports – Site wide
£70,000
November 23 – March 24
Site wide Fire Works detailing recommendations for prevention measures including additional smoke detectors, emergency lighting and fire alarm interfaces

SKANSKA

Theatre motion detection
£23,872
January 24 – March 24
To add motion detection to ventilation systems for energy saving efficiencies

KIER

TIF Theatre Project + Internal works
£5,700,000
November 22 – December 23
Multiple projects to increase activity at Newark General Hospital. Including a new Modular Laminar Flow Theatre,

KIER

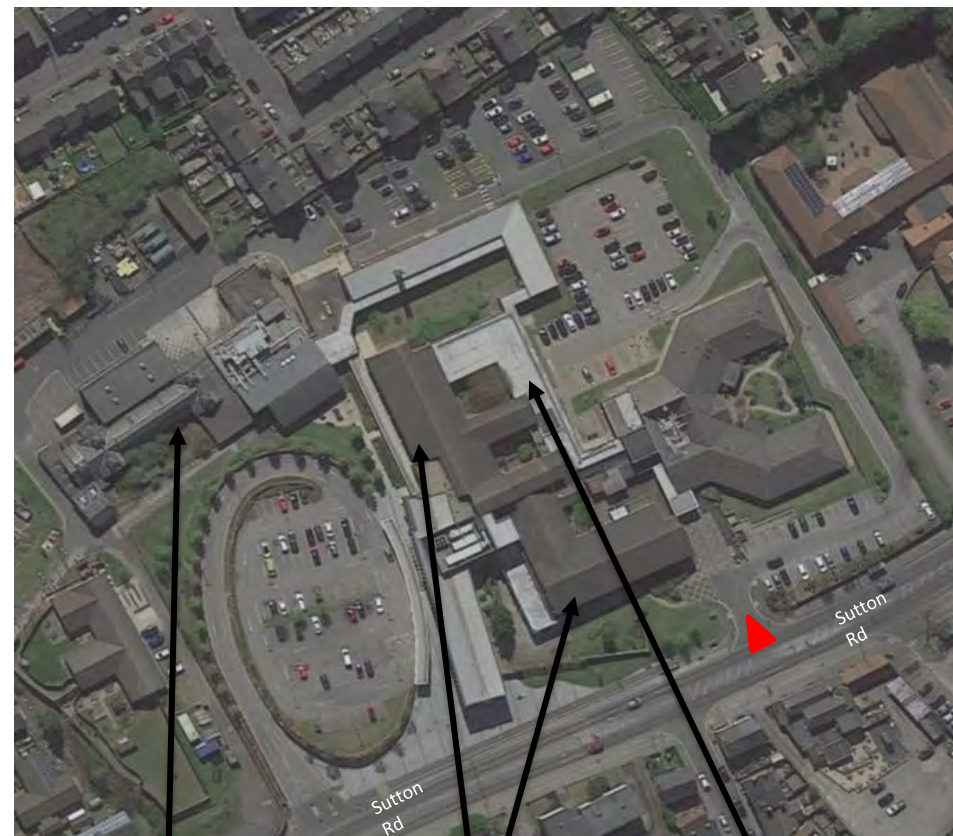
Community Diagnostics Centre (CDC)
£20,200,000
August 23 – May 2025
New centre to speed up diagnosis pathways

SKANSKA

MCH Fire Upgrades
Lindhurst and Oakham Ward
£468,000
August 21 – November 23
Firestopping upgrade, installation of misting system and installation of 4 evacuation lifts to first floor wards

PHILIPS

DXR Rooms - Radiography
tbc
April 23 – November 23
Replace equipment and full refurbishment of fluoroscopy and DXR rooms



Strategic priorities >2324

- *MRI (KMH)*
- *CDC (MCH)*
- *CSSD (KMH)*
- *Theatres & Critical Care (condition B investment) (KMH)*
- *Betterment and decant considerations as part of the PFI settlement investment*



Green plan

- Strategic and operational oversight groups established
- Recent PSDS capital bid withdrawn
- BAF 'off-track', more work to do

NHS Foundation Trust

Board Assurance Framework (BAF): October 2023

Principal risk <small>(What could prevent us achieving this strategic objective)</small>	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: Improve health and wellbeing within our communities
Lead committee	Finance	Risk rating	Current exposure	Tolerable	Target	Risk type	Reputation / regulatory action	
Lead director	Chief Financial 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	23/10/2023	Risk rating	9. Medium	9. Medium	6. Low			
Last changed	25/07/2023							

Strategic threat <small>(What might cause this to happen?)</small>	Primary risk controls <small>(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?)</small>	Gaps in control <small>(Specific areas / issues where further work is required to manage the risk to accepted appetite / tolerance level)</small>	Plans to improve control <small>(Are further controls possible, in order to reduce risk exposure within tolerable range?)</small>	Sources of assurance (and date) <small>(Evidence that the controls / systems which we are placing reliance on are effective)</small>	Gaps in assurance / actions to address gaps <small>(Insufficient evidence as to effectiveness of the controls or negative assurance)</small>	Assurance rating
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 Sustainability Development Strategy 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 Process in place for gathering and reporting statistical data Adoption of NHS Net Zero building standard 2023 for all works from October 2023 Awareness to, and applications for, funding sources both internally and externally such as the Public Sector Decarbonisation Scheme and grants from Salix Ltd 	<p>Education of Board and staff at all levels</p> <p>Dedicated capacity to implement ideas for change</p>	<p>Training of the Board, decision makers and all staff at an appropriate level to increase awareness and understanding of sustainable healthcare</p> <p>Progress: Training package developed with Notts Healthcare Trust – awaiting ratification and training dates</p> <p>Lead: Associate Director of Estates and Facilities</p> <p>Timescale: December 2023</p> <p>Proposal to ICB partners for collaborative approach and resource</p> <p>Progress: At the ICB Estates Group in March 2023 a common approach to system wide sustainability reporting and resourcing was suggested and will be reflected in revised ToR. Update on progress sought from the ICB</p> <p>Lead: Chief Financial Officer</p> <p>Timescale: December 2023</p>	<p>Management: Sustainability update report to TMT Oct 22; Green updates provided routinely to Finance Committee</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>Positive</p> <p>Last changed November 2022</p>



Fire team

- Additions to team
 - Head of Fire
 - 2 PTE fire trainers/risk assessors
- Detailed workplan to improve compliance



Questions?

ben.widdowson@nhs.net / x3933



Council of Governors - Cover Sheet

Subject:	Estates update		Date: 14 th November 2023		
Prepared By:	Ben Widdowson, Associate Director of Estates & Facilities				
Approved By:	Rich Mills, CFO				
Presented By:	Ben Widdowson, Associate Director of Estates & Facilities				
Purpose					
Update COG on the work of the Trust's Estates & Facilities team			Approval		
			Assurance		
			Update	*	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
				*	
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident			*		
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
None					
Acronyms					
PFI – Private Finance Initiative NHSE – NHS England DoHSC – Department of Health & Social Care ODP – Operational Development Plan					
Executive Summary					
Following the last Council of Governors meeting an update on the work of the Trust Estates & Facilities was requested.					
The attached slide decks summarises the significant works below:					
<ol style="list-style-type: none"> 1. PFI settlement 2. Car parking 3. Space management and utilisation 4. Capital and strategic plans 5. Green plan 6. Fire team workplan 					
<u>Recommendation</u>					
Council of Governors are asked to be UPDATED on the work of the Trust Estates & Facilities team.					

2023/24 Winter Planning

Update for Council of Governors November 2023

Inspected and rated

Good



Key Principles for Winter Planning:

- All work together to offer **appropriate services to our population**.
- Ensure **patient safety and quality of care** is optimised.
- Maintain the **health and wellbeing of staff** and support each other.
- Work to **minimise impact/compromise on planned care** services.



Approach to Winter Planning:

Full winter plan considered by Trust Board public session in Oct-23 included:

1. Anticipate and assess issues in maintaining resilient services:

- Key winter pressure drivers – likely epidemiology of winter 23/24
- Lessons learned from 22/23
- Demand modelling
- Risks

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

- Prevent and manage infection inc. vaccination; patient/staff testing
- Effective patient and staff communications (system approach)

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

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

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

- Escalation triggers and actions
- Contingency plans

Supporting Team SFH over Winter:

- Creating **wellbeing spaces** with free tea and coffee over winter 24/7.
- Relaunching our **CARE values**.
- **Flu vaccinations** and **Covid booster** for all staff.



Winter schemes for 23/24:

Increase our bed base

Over the last year we have significantly increased our bed base across all three sites. Limited options for further expansion. This winter we will have:

- **Pockets of additional beds at King's Mill** (Stroke, overnight and weekend use of daycase, overnight use of new discharge lounge)
- **5 more beds at Mansfield Community Hospital**
- **12 more beds at Ashmere** (a local care home group)

Help with appropriate patient flow

- **Increased CAU opening** - 10am to 10pm, 7 days - giving children and their parents better access to urgent and emergency care when they need it
- **Frailty rapid access clinic** - to ensure frail patients are seen in a purpose designed way quickly – helping to prevent deterioration which can often result in hospital admission
- **Weekend trauma operating** - to prevent patients waiting for surgery
- **Doubling of respiratory physicians at weekends** - helping patients with seasonal conditions get faster treatment and shorter stays in hospital.
- **Weekend MRI scan reporting** - to help avoid delays to patients going home.

Council of Governors - Cover Sheet

Subject:	Winter Plan for 2023/24		Date: 14 November 2023		
Prepared By:	Mark Bolton, Associate Director of Operational Performance				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
To provide the Council of Governors with a summary of the winter plan that was approved by Trust Board in the public session in October 2023.		Approval			
		Assurance			
		Update			
		Consider	X		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Draft considered by: Divisional Leadership Team; Winter Planning Group; Trust Management Team in September 2023. Final version approved by Trust Board in October 2023.					
Acronyms					
CAU – Childrens' Assessment Unit MRI – Magnetic Resonance Imaging					
Executive Summary					
<p>The attached presentation provides a summary of the full winter plan considered by Trust Board. The slides consider our key principles and approach to Winter Planning at SFH in 2023/24 which is structured under the four headings:</p> <ol style="list-style-type: none"> 1. Anticipate and assess 2. Prevent 3. Prepare 4. Respond and recover <p>Within the summary slides we have detailed how we are supporting Team SFH over winter and the key winter schemes we are putting in place to (1) increase our bed base and (2) help with appropriate patient flow over winter.</p> <p>The full 2023/24 winter plan slide deck is available on our website using the following link:</p> <p>https://www.sfh-tr.nhs.uk/media/lysbnhpg/enc-13-winter-plan-23-24-v5-final.pdf</p>					

Audit Chair's Highlight Report to the Council of Governors

Subject	Audit and Assurance Report	Date: 14 th November 2023	
Prepared By:	Steve Banks, Non-Executive Director		
Approved By:	Steve Banks, Non-Executive Director		
Presented By:	Steve Banks, Non-Executive Director		
Purpose:			
This paper summarises the key highlights from the Audit Committee Meeting held on 14 th September 2023		Assurance	Substantial

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Governance arrangements for MSK Services – clarity of way forward needed. 	
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> Internal Audit – Further improvement in implementation. Head of Internal audit stage 1 memo. Audit reports submitted to Board Sub-Committees. Risk Committee report – Committee assured by the work of the Committee. External Audit progress – at very early stages. 	<ul style="list-style-type: none"> Single tender waiver – approved. Losses and special payments – below approval threshold but approved for completeness. HFMA Audit output – proposal had been to repeat the exercise to provide further assurance on controls, however Committee approved proposal that the new Regional NHSE controls document superseded this Committee Terms of Reference were approved with the minor amendments proposed.
Comments on Effectiveness of the Meeting	
High quality papers, good level of discussion, overall was very assuring meeting.	

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

Subject:	Quality Committee	Date: 14 th November 2023	
Prepared By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Approved By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Presented By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Purpose:			
This paper summarises the key highlights from the Quality Committee Meeting held on 3 rd October 2023		Assurance	X

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> - Increase in mortality rates – Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator SHMI (although figures are within the expected range). An in-depth discussion was held, and it was agreed for continued internal scrutiny and external oversight of data. - The impact of continued Industrial Action, particularly in relation to Cancer, Elective and Urgent Care and the subsequent impact on patient safety. The paper provided will be shared with all Non-Executive Directors from the Medical Director ahead of Private Board for information. 	<ul style="list-style-type: none"> - Continued work commissioned in relation to Virtual Wards with updates to the Quality Committee.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> - Assurance received with regard to the Safeguarding Annual Report. - Assurance received in relation to the Patient Experience Report and decrease in complaints by 8%. - Positive progress of the Quality Strategy. - Assurance provided with regard to the Patient Safety Incident Review Policy. - Industrial Action Report and detail provided. - The agreed level of assurance provided in relation to the Outpatient Transformation Self-Assessment. 	<ul style="list-style-type: none"> - PR1- Significant Deterioration in Standards of Safety & Care – Decision made for the Risk Ratings to remain the same. - PR2- Demand That Overwhelms Capacity – Decision made for the Risk Ratings to remain the same. - PR5- Inability to initiate and implement evidence-based improvement and innovation- Decision made for the Risk Ratings to remain the same. - Maternity CQC Must Do Actions- Approved sign- off. These will be monitored through the Maternity Assurance Committee to ensure these are embedded. The Team will escalate to the Quality Committee as required going forward.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> - Excellent quality of papers provided, prompting a good level of discussion and challenge throughout the meeting. 	

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

Subject:	Finance Committee (FC) Highlight Report	Date: 14 th November 2023
Prepared By:	Graham Ward – FC Chair	
Approved By:		
Presented By:	Graham Ward – FC Chair	
Purpose:		
To provide an overview of the key discussion items from the Finance Committee meeting held on 31 st October 2023.		Assurance Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>Month 6 Finance Report</u> – The deficit year to date is £10.5M (£2.5M adverse to plan). Recognised that plan is going to be increasingly difficult to deliver. Key issues include the running costs of keeping the escalation beds open, ERF, agency spend and having adequate cash resources. <u>Financial Recovery Plan</u> – This is progressing through the ‘cabinet’ and the four workstreams. A detailed review of the developing plans will be reported back to the Committee at the November and December meetings. These in turn will feed into a reforecasting exercise ahead of Month 9 reporting. <u>ICB Month 6 Finance Report</u> – The deficit year to date is £79.3M, £61.8M adverse to plan. 	<ul style="list-style-type: none"> <u>Procurement Forecast</u> – forthcoming IT system and rent/lease procurement and extensions to be brought to future Committee meetings 12 months ahead of any renewal / procurement with a recommended strategy for approval.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>NHIS Performance</u> – Financially NHIS is on track to break-even. Slight deterioration in average speed to answer and calls abandoned was noted. Further work on improving access and content for self-service is being looked at to help address. <u>Trust Strategic Priorities Update</u> – progress on the financial strategy, Green Plan and Multi-Year Capital Plan were noted and RAG ratings of 	<ul style="list-style-type: none"> <u>Imaging Transformation Additional Asset Bid</u> – this business case was approved subject to assurances that the capital cost will be fully funded and that the revenue implications at least show a break-even position. Agreed that final approval would be ‘virtual’ if assurance can be given. <u>Byron Court Lease</u> – business case for lease extension for 5 years with

Green (no change) for the financial strategy and Capital Plan agreed. Slight worsening of the RAG rating due to limited resource availability noted for the Green Plan.

- Procurement Forecast – assurance gained on the steps being taken to have increased and earlier control of future IT system procurements (including contract 'roll-overs'). Approach agreed to be extended to rent/lease agreements.
- PFI Governance – assurance gained on the progress being made on the Operational Development Plan and the Settlement Agreement. Further work to be undertaken on future contract management (both by CNH and the Trust), this is a key focus area raised by DHSC. It was noted that the settlement paper is expected to be tabled at the next Committee meeting.

a 3-year break clause approved.

- BAF – Current risk ratings of 20 for PR 4 (failure to achieve the Trust's financial strategy) and 9 for PR 8 (failure to deliver sustainable reductions in the Trust's impact on climate change) were reviewed and discussed with agreement that the current risk score for PR 4 was appropriate and a request that PR 8 be further reviewed due to the concerns over future resource availability.
- Terms of Reference and Work Plan – changes were approved.

Comments on Effectiveness of the Meeting

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

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

Subject:	People & Culture Committee	Date: 14 th November 2023	
Prepared By:	Steve Banks, Non-Executive Director		
Approved By:	Steve Banks, Non-Executive Director		
Presented By:	Steve Banks, Non-Executive Director		
Purpose:			
To provide a summary overview from the People and Culture Committee’s meeting held on 26 th September 2023		Assurance	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Continuing Industrial action is increasingly impacting on Trust staff as well as patient care. Strike fatigue is leading to increased risk of burnout and loss of goodwill. Despite assurance around mitigating actions the risk increases the longer strike action continues with no sign of a resolution. Employee relations cases continue to increase. 	<ul style="list-style-type: none"> Ongoing assurance with regard to the work to understand and support the fragile and challenged services with significant recruitment plans. Likewise with safe staffing for Nursing, midwifery & AHPs, and for medical workforce staffing.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> Looking after our people through the Health and Wellbeing campaign Preparation for the staff survey The rigour of consultant selection Alignment of the people strategy with the NHS long-term workforce plan, and progress on strategic priorities in Q2 Progress seen in the WRES and WDES reports, with challenges remaining captured in the EDI improvement plan Progress with heat maps to support services on culture development The self-assessment of the NHS Education contract 	<ul style="list-style-type: none"> PR3 of the BAF was reviewed and the risk rating held at 20. Gaps in assurances due to co-ordinated strike action result in inconclusive assurance of the strategic threat of short-term loss of staff availability, morale and engagement.

- The improved understanding and reporting on agency usage
- The plans for the flu vaccination campaign
- Positive actions to respond to violence and aggression in the workplace.
- The Committee Chairs attendance at the People Cabinet of 12th September 2023

Comments on Effectiveness of the Meeting

Governor observer commented positively on the actions underway with regard to violence and aggression. A very packed agenda provided assurances through well written and presented papers.

Charitable Funds Committee Highlight Report to the Council of Governors

Subject:	Charitable Funds Committee Update	Date: 14 th November 2023	
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Andrew Rose-Britton, Committee Chair		
Presented By:	Andrew Rose-Britton, Committee Chair		
Purpose			
To update the Council of Governors about key matters discussed at the Charitable Funds Committee held on 24 th October 2023.		Assurance	Good

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Delays with progress to create 16 enhanced End of life rooms. Final costings and designs awaited. Full attendance required at the reconvened meeting on 13th November 2023 to ensure progress is not further delayed. 	<ul style="list-style-type: none"> A Working Party to be set up to review patients' access to TV and its cost to ensure this is equitable across all SFH hospital sites New charitable funds enquiry form developed and process for monthly review of requests by Charitable Funds Request Group. Option appraisal to be brought to the next meeting about the extension of the use of the Harlequin CRM software from Finance Department to include Charitable Funds staff as well. Review of the process for the use of charitable funds for individuals' training to ensure it is consistent and fair, including the provision for re-payment, where appropriate. A Review of Charitable Funds investments to take place prior to the expiry of the current Investment Managers' contract
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Introduction of new form for applications for charitable funds NHS Together Stage 3 recovery grant of £43K awarded for OPUS music therapy and outdoor seating for the KTC courtyard. Agreement to recommend the Annual Report and Accounts and Letter of Representation to the Corporate Trustee for approval. 	<ul style="list-style-type: none"> NEW Policy approvals: External Fundraising on Hospital Site Policy and Charity Privacy Policy ANNUAL Policy updates and approvals: Charitable Funds Investment and Reserves Policy, Charitable Funds Expenditure Policy, Charitable Funds Governance Framework Policy, Charitable Funds Income Policy, Charitable Funds Legal and Statutory

	<p>Information Policy and Charitable Funds Administration, Investments and Reporting Policy.</p> <ul style="list-style-type: none">• Approval of updated Committee Terms of Reference• Two funding request Approvals: Recliner chairs for Maternity Overnight stays and an Ultrasound scanner for Ward 22 (noting VAT Exemptions to be utilised where applicable)
Comments on Effectiveness of the Meeting	
Meeting under its new chairship went well with good discussion.	

Council of Governors - Cover Sheet

Subject:	Membership and Engagement Committee		Date: 14 th November 2023		
Prepared By:	Sue Holmes , Former Lead Governor and Liz Barrett, Lead Governor				
Approved By:	Liz Barrett , Lead Governor				
Presented By:	Liz Barrett, Lead Governor				
Purpose					
To provide an update to the Council of Governors regarding the work of the Membership and Engagement Committee				Approval	
				Assurance	X
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
None					
Executive Summary					
<p>Much time has been spent in this quarter linking with contacts made at the Mansfield CVS breakfast meeting and finding groups willing to have a governor 'attached' to them. Very positive results with contacts being made with Childrens' Services, a group for adults with mental disabilities, Inspire libraries and many others.</p> <p>I paid a very interesting visit to 20/20 at Kirkby-in-Ashfield, a charitable community centre where engagement with SFHT will be positively welcomed. There are many minority groups who use the centre, a nursery, and a club for OAPs to mention just a few. I have compiled a list and circulated this to all governors.</p> <p>The AGM was sparsely attended by members but the following 'Step into the NHS' event was a huge success.</p> <p>At the Membership meeting feedback was received from MYG events – very little as not many governors were taking part, hopefully this will improve as new governors join in.</p>					

Following on from the Membership meeting, there was a long discussion at the Forum about ways to make membership more meaningful and ways to encourage young members which I am sure will be taken up by the excellent Communications Team.

Council of Governors

Subject:	Re-appointment of a Non-Executive Director		Date: 14 th November 2023		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs				
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
The Council of Governors is invited to approve the recommendation from the Governor Remuneration and Nominations Committee for the re-appointment of Graham Ward as Non-Executive Director for a further and final term to 30 th November 2024.			Approval	X	
			Assurance		
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
		X	X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Governor Remuneration and Nominations Committee on 31 st October 2023.					
Acronyms					
None					
Executive Summary					
<p>The Roles and Responsibilities of Governors are set out in Paragraph 7.15 of the Trust Constitution and include that non-executive directors are to be appointed/reappointed by the Council of Governors at a general meeting.</p> <p>On 30th November 2023, the tenure of Graham Ward will come to an end after 8 years serving as a Non-Executive Director. Graham has confirmed his willingness to continue for a fifth and final term of office. Graham is eligible for reappointment and has had a positive appraisal. He is a highly experienced and effective NED with significant knowledge about the Trust's history, performance, finances, quality imperatives, governance requirements and strategic intent. Further, and of significant importance, Graham is the Vice Chair of the Trust and so is able and willing to act as interim Chair, when required, during the additional term that is proposed, pending the appointment of a successor to Claire Ward as Chair whose own term of office ends on 30th September 2024.</p> <p>It is proposed to re-appoint Graham for a period of one year to 30th November 2024.</p>					

At the expiry of that term Graham will not be eligible for re-appointment. This is in line with section 8.6.3.4 of the Trust's Constitution that provides: 'At the discretion of the Council of Governors re-appointment is permitted up to a maximum of 9 years.'

Council of Governors

Subject:	Appointment of a Non-Executive Director				Date: 14 th November 2023
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	Claire Ward, Chair, Sue Holmes, Lead Governor to 31 st October 2023 and Liz Barrett OBE, Lead Governor from 1 st November 2023				
Presented By:	Claire Ward, Chair				
Purpose					
To ask the full Council of Governors to agree to the appointment of Neil Mc Donald as a new Non-Executive Director on the recommendation of the Governor Remuneration and Nominations Committee following its meeting held on 31 st October 2023.				Approval	X
				Assurance	
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Governor Remuneration and Nominations Committee on 31 st October 2023.					
Acronyms					
NED – Non-Executive Director					
Executive Summary					
At the meeting of the Governor Remuneration and Nominations Committee held on 20 th July 2023 the requirement for and process to recruit an additional Non-Executive Director were considered and agreed for recommendation to the full Council of Governors at its meeting on 31 st July 2023 where they were approved.					
Process					
The recruitment process was conducted jointly by the HR and Corporate Affairs functions with the first stage comprising review of the job description and person specification to ensure it was fit for purpose, including bringing it up to date to include, as desirable attributes, experience of partnership working, communications and digital skills and strategies. With the revised job description and person specification approved by the Remuneration and Nominations Committee, the advertisement was placed on NHS Jobs (both the general and NED specific areas), LinkedIn and Women on Boards, in September 2023 for 4 weeks during which time the Trust received 26 applications. Two applicants were not within the constituency for the Trust area and therefore not applicable for appointment. Eight candidates were invited to attend for interviews which took place on 25 th October 2023. The panel comprised a majority of					

Governors: Sue Holmes, Lead Governor, Ian Holden, Public Governor for Newark and Sherwood and Tracy Burton, Public Governor for the Rest of the East Midlands together with the Trust Chair, Claire Ward and Chief Executive, Paul Robinson.

Recommendation of appointments

Following a strong interview, it was recommended to the Governor Remuneration and Nominations Committee at its further meeting on 31st October 2023 that Neil McDonald be appointed as the new NED. As the Trust's Constitution requires all NED appointments to be approved by the full Council of Governors, this paper recommends to the full Council of Governors that it agrees the appointment for an initial three-year term. Neil will bring a new and refreshing perspective from his non-NHS background having a career including both senior Executive and NED appointments where he has gained extensive experience of digital systems and strategies, and partnership working in a number of different settings.

Neil has accepted the offer of appointment subject to ratification by the Council of Governors (and a satisfactory outcome to all the necessary pre-employment checks).

All seven unsuccessful candidates have been contacted and feedback provided where requested.

The Council of Governors is asked to approve the recommendation of the Remuneration and Nominations Committee to appoint Neil McDonald as a new Non-Executive Director post for an initial three year term.