

COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the public meeting held on 11<sup>th</sup> May 2021 at 17:30  
Via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Ann Mackie	Public Governor	AM
	Councillor David Walters	Appointed Governor	DaW
	David Ainsworth	Appointed Governor	DA
	Gerald Smith	Public Governor	GS
	Ian Holden	Public Governor	IH
	Jacqueline Lee	Staff Governor	JL
	John Wood	Public Governor	JW
	Kevin Stewart	Public Governor	KS
	Lawrence Abrams	Public Governor	LA
	Martin Stott	Public Governor	MS
	Philip Marsh	Public Governor	PM
	Roz Norman	Staff Governor	RN
	Sue Holmes	Public Governor	SuH
	Councillor Craig Whitby	Appointed Governor	CrW
	Paul Baggaley	Public Governor	PB
Richard Boot	Staff Governor	RB	
<b>In Attendance:</b>	Richard Mitchell	Chief Executive	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Manjeet Gill	Non-Executive Director	MG
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Francesca Jones	Ward Sister Ward 21	FJ
	Debra Elleston	Head of Service/Macmillan Lead Nurse for End of Life Care	DE
	Paul Robinson	Chief Financial Officer	PR
Sue Bradshaw	Minutes		
<b>Observer:</b>	None		
<b>Apologies:</b>	Nikki Slack	Appointed Governor	NS
	Andy Haynes	Specialist Advisor to the Board	AH
<b>Absent:</b>	Ben Clarke	Staff Governor	BC
	Maxine Huskinson	Public Governor	MH
	Councillor Kevin Rostance	Appointed Governor	KR
	Councillor Michael Brown	Appointed Governor	MB
	Dean Whelan	Public Governor	DeW
	Jayne Revill	Staff Governor	JR

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

Item No.	Item	Action	Date
<b>21/309</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30. The meeting was held by video conference. All participants confirmed they were able to hear each other.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Nikki Slack, Appointed Governor Andy Haynes, Specialist Advisor to the Board</p>		
<b>21/310</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	GW declared an interest in item 21/322.3		
<b>21/311</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 mins	<p>Following a review of the minutes of the meeting held on 9<sup>th</sup> February 2021, the Council APPROVED the minutes as a true and accurate record.</p> <p>Following a review of the minutes of the extraordinary meeting held on 23<sup>rd</sup> March 2021, the Council APPROVED the minutes as a true and accurate record.</p>		
<b>21/312</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
1 mins	The Council AGREED that actions 20/282, 21/296 and 21/299 were COMPLETE and could be removed from the Action Tracker.		
<b>21/313</b>	<b>CHAIR'S REPORT</b>		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective. CW acknowledged the coming months will be a challenging but exciting period for the NHS with the move to recovery and restoration of services, in addition to the changes taking place across the system. Andy Haynes took up post as Specialist Advisor to the Board from 19<sup>th</sup> April 2021.</p> <p>The Council was ASSURED by the report.</p>		
<b>21/314</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
15 mins	<p>RM presented the report, highlighting John MacDonald's move to University Hospitals of Leicester on a one year secondment and formally welcoming Claire Ward to the role of Chair.</p> <p>RM advised Covid infection rates have decreased, over 80,000 people have received the Covid vaccine through the hospital hub and nearly 90% of colleagues have been vaccinated. More people are returning to work but there is a need to maintain flexible working.</p>		

	<p>In terms of restoration of services, SFHFT is working closely with NUH in relation to elective care pathways. It is expected Nottinghamshire will be confirmed as an elective recovery accelerator site by 14<sup>th</sup> May 2021.</p> <p>Indicators in relation to quality, patient experience and safety were discussed at the Trust's Public Board of Director's meeting on 6<sup>th</sup> May 2021. In terms of the wider strategy, organisations will be working closer together through Provider Collaboratives.</p> <p>RM gave his reflections on the achievements over the last 12 months and the challenges for the next 12 months.</p> <p>CrW left the meeting</p> <p>AM sought clarification if the Integrated Care System (ICS) will be replacing the CCGs. RM advised CCGs remain a legal entity. The current plan is for CCGs to become part of the ICS from 1<sup>st</sup> April 2022. However, their functionality will be changing. There is a need to ensure the ICS plays the ICS role, rather than just being a collaborative commissioning group. It is expected some of the CCG personnel and functionality will come down into statutory organisations.</p> <p>IH noted the discussions in relation to the Trust looking outwards in terms of the ICS, etc. but in the background the Trust is trying to develop as a learning organisation. IH queried how this is being communicated to staff, advising he had recently sat in on an Improvement and Capability sub-cabinet meeting at which an outline of the training programme staff go through before they engage in improvement processes was shared and it was noted there was no module for systems thinking. Staff need to be aware of how improvement and development programmes fit into the bigger picture.</p> <p>RM advised this may have been an oversight and the absence of the module has been rectified, but this will be checked. The Trust is trying to find a meaningful way to explain to staff what system working means and the majority of programmes which are running internally tie back into the work taking place across the ICS. There are three aspects of improvement, cultural, quality and financial. If the first two of those is delivered, this should lead to financial improvement.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Confirm if module relating to system thinking added to training programme for staff engaging in improvement processes</b></li> </ul> <p>The Council was ASSURED by the report.</p>	<p>RM</p>	<p>10/08/21</p>
<p>21/315</p>	<p><b>LEAD GOVERNOR REPORT</b></p>		
<p>2 mins</p>	<p>SuH presented the report to the Council, highlighting links with Nottinghamshire Healthcare, Healthwatch and West Notts College and the work of the volunteers and Community Involvement Team. SuH advised Belinda Salt has resigned as a public governor.</p> <p>The Council was ASSURED by the report.</p>		

21/316	<b>PATIENT STORY – FINDING MARION</b>		
15 mins	<p>FJ and DE joined the meeting</p> <p>FJ and DE presented the Patient Story which related to end of life care provided to a couple on Ward 21.</p> <p>FJ and DE left the meeting</p>		
21/317	<b>STAFF SURVEY</b>		
15 mins	<p>RM presented the report, advising how colleagues are treated significantly influences care provision. The Trust's Staff Survey results have significantly improved over the last six years. However, there are still areas for improvement and these are highlighted in the report. A key area to address is reducing the experience of violence and aggression felt by colleagues and JH is leading a piece of work in relation to this. Some patients / visitors have been yellow and red carded from the Trust over the last 6 months.</p> <p>PM acknowledged there are differences between patients with dementia and a person who appears to be intoxicated attending A&amp;E and causing trouble and queried if there is a benefit to working with the local criminal justice system to highlight any issues. The justice system is keen to work with people who potentially have to give evidence in Court to enable them to understand the process.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Explore ways of working with local criminal justice system to help address issues of violence and aggression towards staff</b></li> </ul> <p>RN advised some people may not have completed the survey due to lack of time. In relation to violence and aggression, RN queried if the data had been honed to intoxicated people attending A&amp;E compared to patients with dementia.</p> <p>JL queried if bullying and harassment had been looked at in detail, advising this sometimes relates to staff being told how to do a job and re-setting being translated by staff as bullying and harassment.</p> <p>IH left the meeting</p> <p>RM advised four years ago there was nepotism and sub-optimal behaviour in the organisation. While a lot of progress has been made, there remains a bit of an undercurrent and there is more work to do to address this. There are good equality, diversity and inclusion themes running through the organisation.</p> <p>There are multiple areas for the Trust to focus on over the next 12 months but there will be two areas where the organisation will be expected to make progress, namely restoration of services and understanding the form the system will take and the Trust's role within that.</p>	RM	10/08/21

	<p>However, the key success for SFHFT will be continuing to focus on the way we support, encourage and include colleagues. The Staff Survey data is already seven months out of date. Therefore, work is ongoing to try to find meaningful ways to get an up to date understanding of how people in the organisation are feeling.</p> <p>The Council was ASSURED by the report.</p>		
<p><b>21/318</b></p>	<p><b>OPERATIONAL PLAN 2021/2022</b></p>		
<p>25 mins</p>	<p>PR joined the meeting</p> <p>PR gave a presentation outlining the planning process for 2021/2022.</p> <p>RM asked PR what question he would ask if he was a governor hearing the presentation. PR advised he would ask about the patients on the increased waiting lists. The planning guidance asks providers to reach percentage levels of activity as compared to 2019/2020. The planning guidance does not ask hospitals to reduce waiting lists but does ask organisations to ensure they are more productive with theatre and outpatient capacity. There is an opportunity materialising to access further funding to do more in relation to this and reduce waiting lists. It is anticipated the planning guidance for the second half of the year, and beyond, will address waiting lists.</p> <p>MS advised his constituents are experiencing delays at the 'front end' and are finding it difficult to see a GP. This does not give a good impression as to how quickly they will receive a response to what is concerning them. MS advised he is aware the Trust is doing the best it can to restore the volume of work, but people remain worried about how quickly they will be seen.</p> <p>BB advised a lot of work is ongoing, led by Dave Selwyn, Medical Director, and Julie Hogg, Chief Nurse, as clinical leads in the Trust, to really understand the direct and indirect harm resulting from Covid. This is being actively managed by risk stratifying those on waiting lists, etc. Some harm is likely as a result of the impact of Covid but this will be minimised as far as possible. The Quality Committee are sighted on this work.</p> <p>DA advised part of his role within the CCG is dealing with primary care. Some communication across SFHFT and primary care may help. Connecting primary and secondary care has gone well through Covid and it is important to have a joined up system. All GP surgeries are offering face to face appointments and DA offered to pick up any particular issues off line. Some of the system messages and how people are signposted through 111 need improving and this work is ongoing.</p> <p>SuH felt people do not mind waiting if they have an indication of how long the wait will be and queried if the Trust had shared this information with patients. RM advised he has three primary concerns at work, namely, concern about how staff are feeling, concern patients do not know what the plan is for their care and the need to relentlessly focus on the most vulnerable people in society.</p>		

	<p>CW shared a letter which will be sent out to patients currently on waiting lists to provide information on the challenges faced by the Trust, what the average wait time may be and providing details on how to contact the Trust if they are concerned about their condition or if they no longer need their appointment.</p> <p>SH advised the letter was discussed at a meeting of the clinical chairs on 11<sup>th</sup> May 2021 and will be e-mailed to governors for comment, noting this will be to a tight timescale.</p> <p>The Council was ASSURED by the report.</p> <p>PR left the meeting</p>		
<b>21/319</b>	<b>STRATEGIC RISKS – BOARD ASSURANCE FRAMEWORK (BAF)</b>		
5 mins	<p>RM presented the report, advising the BAF identifies the seven principal risks which run through the organisation. All the principal risks have been discussed by the relevant sub committees. There was a discussion at the Risk Committee meeting on 11<sup>th</sup> May 2021 regarding gaining greater understanding of the relationship between some of the principal risks and the operational risks which sit within the divisions.</p> <p>PM advised he observed the Quality Committee meeting on 10<sup>th</sup> May 2021 when the principle risks were discussed and advised it was difficult for him to understand.</p> <p>RM highlighted PR1, Significant deterioration in standards of safety and care, and PR2, Demand that overwhelms capacity, advising both these risks have a current exposure rating of 20, which is significant. However, the Trust is not an organisation which is running with a significant risk of deterioration in standards of safety and care and demand overwhelming capacity. For a range of reasons there is often an over scoring of risk and this is something which needs to be kept in check.</p> <p>CW advised the BAF will be the subject for a future governor development session to aid understanding.</p> <p>The Council was ASSURED by the report.</p>		
<b>21/320</b>	<b>CONSENT PROCESS – INTERNAL AUDIT REPORT ACTIONS</b>		
2 mins	<p>SH provided an update to the Council in relation to a concern which had been raised by a former governor, who is currently a consultant for the Trust. A full investigation has been undertaken, the outcome of which was reported to the Council at the meeting on 9<sup>th</sup> February 2021. An action from the investigation was to undertake an internal audit of the consent process. The audit is complete but the Trust only has the draft report at this stage. Eight actions have been identified, of which six are low risk and two are medium risk. The action plan and steps taken to address the actions will be reported to the August meeting of the Council.</p> <p>The Council was ASSURED by the report</p>		

21/321	<b>REPORT FROM BOARD SUB-COMMITTEES</b>		
25 mins	<p>RN left the meeting</p> <p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW presented the report to the Council, highlighting the draft Head of Internal Audit Opinion, Internal Audit Plan for 2021/2022, two reviews with limited assurance opinions and Covid-19 audit.</p> <p>GS left the meeting.</p> <p><b>Quality Committee</b></p> <p>BB presented the report to the Council, highlighting maternity services, anticoagulation improvement plan and the loss of the United Kingdom Accreditation Service (UKAS) Accreditation for the Haematology laboratory.</p> <p>JL left the meeting.</p> <p>BB advised the Quality Committee also met on 10<sup>th</sup> May 2021, advising issues discussed included the BAF and work in relation to capturing direct and indirect harm caused by Covid. The Committee noted the Trust is hosting the contract for the majority of staff delivering the Covid vaccination programme, which means any incident arising from the programme is linked back to the Trust. The Committee discussed the risks and implications of this.</p> <p>PM advised he continues to be impressed by the work of the Committee, noting members are not afraid to ask the difficult questions.</p> <p><b>Finance Committee</b></p> <p>NG presented the report to the Council, highlighting planning for 2021/2022 and advising the deficit for 2020/2021 was £5.5m, which was £3.7m better than the Phase 3 plan.</p> <p>KS advised he was assured the right questions are being asked during meetings of the Finance Committee. The PFI contract continues to be a 'subject of discussion' but KS advised he was assured the executives are asking the right questions in relation to this. KS noted at the last meeting of the Finance Committee TR raised a question about a financial risk in relation to maternity and sought clarification on this.</p> <p>NG advised there is no specific financial risk. However, the Trust does receive some benefit from the maternity fund which is built into the plan. If anything 'goes wrong' the Trust will lose all or part of that funding.</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report to the Council, highlighting staff wellbeing, improvement plans, Staff Survey, People, Culture and Improvement Strategy, Freedom to Speak Up, digital inclusion and safer staffing.</p>		

	<p><b>Charitable Funds Committee</b></p> <p>TR presented the report to the Council, highlighting Newark One Stop Breast Clinic, End of Life project and the Committee Annual Report and Healthcheck. TR acknowledged the work of the volunteers and the Community Involvement Team.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
21/322	<p><b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b></p>		
6 mins	<p><b>Membership and Engagement Group</b></p> <p>SuH presented the report, highlighting the resumption of Meet Your Governor (MYG) sessions, young member project and potential collaboration with Nottinghamshire Healthcare, Healthwatch and West Notts College.</p> <p>RM acknowledged people who have not regularly been on site over the last year may feel anxious about returning to a clinical environment. Dave Selwyn, Medical Director and Julie Hogg, Chief Nurse, have offered to have a 1:1 conversation with anyone who may feel anxious or who wishes to understand the expectations of being on site.</p> <p>SuH queried if governors need to wear masks for the MYG sessions to be held outside. RM advised this would be clarified and communicated to governors.</p> <p>CW advised her understanding is the healthcare sector will not necessarily follow the same timetable in relation to mask wearing and social distancing as the rest of the population. RM advised for the foreseeable future (at least the remainder of 2021) face masks will be required inside the hospital buildings.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Clarify if face masks will be required to be worn for MYG sessions to be held outside</b></li> </ul> <p>The Council was ASSURED by the report</p>	SH	31/05/21
3 mins	<p><b>Chair's Appraisal Outcome</b></p> <p>TR presented the report, advising this relates to John MacDonald's appraisal. TR outlined the appraisal process and thanked the governors for their input in completing the survey.</p> <p>TR advised the appraisal has been discussed by the Remunerations and Nominations Committee who reviewed the Chair's appraisal. It was recommended the Council accept the Committee's view the appraisal reviewed was excellent. Objectives for Claire Ward, as the current Chair, will be agreed by the Remuneration and Nomination Committee and reported to the Council of Governors in August.</p> <p>The Council APPROVED the Chair's appraisal as recommended</p>		



2 mins	<p><b>Appointment of Vice-Chair</b></p> <p>GW left the meeting</p> <p>CW presented the report, advising a Vice Chair of the Trust is required for a period of 12 months while CW is Chair covering for the substantive Chair's secondment. The Remuneration and Nomination Committee are recommending Graham Ward be appointed to this role.</p> <p>The Council APPROVED the appointment of Graham Ward as Vice Chair for a period of 12 months</p> <p>GW re-joined the meeting</p>		
21/323	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No members of the public were present		
21/324	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• Governors to receive sufficient support to understand the BAF</li> <li>• Restoration of services</li> </ul>		
21/325	<b>ANY OTHER BUSINESS</b>		
2 mins	<p>RM advised closer working with health and care partners will evolve and an update will be provided to governors at the next workshop to ensure they have a clear understanding of the changes.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Closer working with health and care partners to be discussed at the Governors workshop in June</b></li> </ul>	RM	22/06/21
21/326	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 10<sup>th</sup> August 2021 Time: 17:30 Venue: MS Teams (TBC)</p> <p>There being no further business the Chair declared the meeting closed at 19:35</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Claire Ward</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		

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

P = Present  
A = Apologies  
X = Absent