

# MEETING: FULL COUNCIL OF GOVERNORS AGENDA

Date: Tuesday 19<sup>th</sup> May 2026

Time: 17:30 – 20:00

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

	Time	Item	Status (Do not use NOTE)	Paper
1.	17:30	<b>Apologies for Absence</b> <i>Quoracy Check (50% of public Governors present)</i>	Agree	Verbal
2.	17:30	<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interest <i>Check – Attendees to declare any potential conflict or items listed on the agenda to Head of Corporate Affairs &amp; Company Secretary on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.	17:30	<b>Minutes of the meeting held on 10<sup>th</sup> February 2026</b> <i>To be agreed as an accurate record</i>	Agree	Enclosure 3.1
		<b>Minutes of the meeting of the Extra-Ordinary Council of Governors held on 26<sup>th</sup> March 2026</b> <i>To be agreed as an accurate record</i>	Agree	Enclosure 3.2
4.	17:30	<b>Matters Arising/Action Log</b>	Approve	Enclosure 4
5.	17:35	<b>Patient Story – Finding support: How the Newark SFHT Macmillan Cancer and Information and Support Centre is helping us</b> Andrea Murphy, Macmillan Cancer Information Lead, and Michelle Richardson, Macmillan Lead Cancer Nurse	Assurance	Presentation
6.	17:55	<b>Chair's Report</b> Graham Ward, Chair	Assurance	Enclosure 6
7.	18:05	<b>Chief Executive's Report</b> Jon Melbourne, Chief Executive	Assurance	Enclosure 7
8.	18:15	<b>Lead Governor Report</b> Liz Barrett, Lead Governor	Assurance	Enclosure 8
9.	18:20	<b>15 Steps Feedback</b> Grace Radford, Patient Experience Manager	Assurance	Enclosure 9
10.	18:25	<b>Operational Plan 2026/2027 to 2028/2029</b> Richard Mills, Chief Financial Officer	Assurance	Enclosure 10
11.	18:40	<b>Improving Lives – Strategy Refresh</b> Report of the Director of Strategy and Partnerships	Assurance	Enclosure 11
12.	18:55	<b>Improvement Faculty Update</b> Jim Millns, Associate Director of Transformation	Assurance	Enclosure 12

	Time	Item	Status (Do not use NOTE)	Paper
13.	19:10	<b>Report from Board Sub-Committees</b> <ul style="list-style-type: none"> <li>• <b>Audit &amp; Assurance Committee</b> Manjeet Gill, Non-Executive Director Peter Gregory, Governor Observer Neal Cooper, Governor Observer</li> <li>• <b>Quality Committee</b> Lisa MacLean, Non-Executive Director Julie Kirkby, Governor Observer Pam Kirby, Governor Observer</li> <li>• <b>Finance Committee</b> Richard Cotton, Non-Executive Director Sam Musson, Governor Observer Iain Peel, Governor Observer</li> <li>• <b>People Committee</b> Steve Banks, Non-Executive Director Dean Wilson, Governor Observer John Dove, Governor Observer</li> </ul>	Assurance	Enclosure 13.1
			Assurance	Enclosure 13.2
			Assurance	Enclosure 13.3
			Assurance	Enclosure 13.4
14.	19:30	<b>Council of Governors Matters/Statutory Duties</b> <ul style="list-style-type: none"> <li>• <b>Membership and Engagement Group</b> Liz Barrett, Lead Governor</li> <li>• <b>External Auditors Procurement Process</b> Bob Truswell, Strategic Head of Procurement</li> <li>• <b>Report of the Remuneration Committee</b> <ul style="list-style-type: none"> <li>○ <b>Chair Appraisal</b> Barbara Brady, Senior Independent Director, and Liz Barrett, Lead Governor</li> </ul> </li> </ul>	Assurance	Enclosure 14.1
			Approval	Enclosure 14.2
			Approval	Enclosure 14.3
15.	19:45	<b>Spotlight on – Clinical Research Facility</b>	Assurance	Presentation
16.	19:50	<b>Questions from Members of Public</b> Graham Ward, Chair	Consider	Verbal
17.	19:50	<b>Escalations to the Board of Directors</b> Graham Ward, Chair	Agree	Verbal
18.	19:55	<b>Any Other Business</b> <i>(items to be notified to the Director of Corporate Affairs 3 clear working days before the meeting)</i>		
19.		<b>Date &amp; Time of Next Meeting</b> <b>Date:</b> Thursday 6 <sup>th</sup> August 2026 <b>Time:</b> 5:30pm – 8:00pm <b>Venue:</b> Lecture Theatre 2, King's Mill Hospital		

COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 10<sup>th</sup> February 2026 at 17:30  
in Lecture Theatre 2, King's Mill Hospital

<b>Present:</b>	Graham Ward	Chair	GW
	Ann Gray	Public Governor	AG
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Iain Peel	Public Governor	IP
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JDov
	Julie Kirkby	Public Governor	JK
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
<b>In Attendance:</b>	Jon Melbourne	Chief Executive	JM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Steve Banks	Non-Executive Director	SB
	Neil McDonald	Non-Executive Director	NM
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aimee Allsop	Senior Respiratory & Sleep Assistant	AA
	Emma Crookes	Respiratory and Sleep Science Service Manager	EC
	Richard Mills	Chief Financial Officer	RM
	Jess Townsend	KPMG	JT
	Sue Bradshaw	Minutes	
<b>Apologies:</b>	Angie Jackson	Appointed Governor	AJ
	Justin Wyatt	Staff Governor	JW
	Kevin Stewart	Appointed Governor	KS
	Linda Dales	Appointed Governor	LD
	Mitchel Speed	Staff Governor	MS
	Nabeel Khan	Public Governor	NK
	Pam Kirby	Public Governor	PK
	Tracy Burton	Public Governor	TB
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Richard Cotton	Non-Executive Director	RC
	Lisa Maclean	Non-Executive Director	LM
<b>Absent:</b>	John Doddy	Appointed Governor	JDod

Item No.	Item	Action	Date
<b>26/001</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate GW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor Justin Wyatt, Staff Governor Kevin Stewart, Appointed Governor Linda Dales, Appointed Governor Mitchel Speed, Staff Governor Nabeel Khan, Public Governor Pam Kirby, Public Governor Tracy Burton, Public Governor Barbara Brady, Non-Executive Director Manjeet Gill, Non-Executive Director Richard Cotton, Non-Executive Director Lisa Maclean, Non-Executive Director</p>		
<b>26/002</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	ARB declared an interest in agenda item 26/013.3		
<b>26/003</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the meeting held on 11 <sup>th</sup> November 2025, the Council APPROVED the minutes as a true and accurate record.		
<b>26/004</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
2 mins	<p>The Council AGREED that actions 25/077.1, 25/077.2, 25/077.3, 25/082, 25/085.1 and 25/085.2 were complete and could be removed from the action tracker.</p> <p>PG referenced action 25/011 in relation to a patient story being developed highlighting the work of Reach (local learning disability charity) and their links with the Trust. PG noted this action had been marked as complete, but the Council had not yet seen this story. GW advised this would be followed up.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Patient Story highlighting the work of Reach (local learning disability charity) and their links with the Trust, to be followed up.</b></li> </ul>	<b>SBS</b>	<b>19/05/26</b>

26/005	<b>PATIENT STORY – THE LAUNCH OF NEW SPIROMETRY TESTS AT MANSFIELD COMMUNITY HOSPITAL, AS PART OF THE COMMUNITY DIAGNOSTICS CENTRE PROJECT</b>		
12 mins	<p>EC and AA joined the meeting.</p> <p>EC introduced the Patient Story, which highlighted the launch of new spirometry tests as part of the Community Diagnostics Centre (CDC) project.</p> <p>SO reflected on the positive experience he had as a recent user of the spirometry tests.</p> <p>PG noted the positive references to parking capacity at Mansfield Community Hospital and sought assurance there would be sufficient parking capacity when the CDC becomes fully operational. JM advised it is a recognised risk and explained the modelling suggests a likely growth in demand when the CDC opens. JM noted public transport links are strong, but car parking shortages are possible. This was explicitly recognised as a challenge across all the Trust’s sites.</p> <p>AA advised Mansfield Community Hospital is more convenient for people to attend on foot, due to its proximity to housing. She advised over half of the patients she had seen the previous day attended on foot or via public transport.</p> <p>JDov queried if tests required referral or were available for walk-ins. EC clarified walk-ins are not permitted and outlined the two referral pathways, namely via the breathlessness pathway and the diagnostic pathway. EC advised support would be provided to GP practices to train practice nurses to complete spirometry testing, rather than removing this provision from GP surgeries.</p> <p>EC and AA left the meeting.</p>		
26/006	<b>CHAIR’S REPORT</b>		
7 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair’s perspective, highlighting forthcoming governor elections, Swing and Sing concert on 27<sup>th</sup> February 2026, the work of the Trust’s volunteers, volunteers’ long service awards, fundraising events for the Trust’s charity and support for the Trust’s breast cancer services from the Amazon Breast Cancer Support Group.</p> <p>GW acknowledged the work and support of Kevin Stewart, Appointed Governor, who reaches the end of his maximum term of office on 28<sup>th</sup> February 2026, having served two, three-year terms as a Public Governor and a further three-year term as an Appointed Governor for the Trust’s volunteers. It was noted Kevin intends to continue in his role as a volunteer for the Trust.</p> <p>GW expressed thanks to Sue Bradshaw, Corporate PA, for her support to the Council of Governors, noting this is her last Full Council of Governors meeting before she takes early retirement and leaves the Trust on 30<sup>th</sup> April 2026.</p>		

	<p>DWi sought assurance regarding continued support for the governors following Sue's departure. SBS advised the post has been advertised internally and shortlisting for interview has taken place. The Corporate Secretariat Team Leader is looking at the team's workload to decide who is best placed to pick up work associated with the governors.</p> <p>The Council was ASSURED by the report.</p>		
<b>26/007</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
7 mins	<p>JM 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 reflections on his first 100 days at the Trust, Staff Survey, operational pressures, critical incident in January 2026, digital transformation plans, ED expansion plans and delivery plan for the second half of the Trust's Strategy.</p> <p>The Council was ASSURED by the report.</p>		
<b>26/008</b>	<b>LEAD GOVERNOR REPORT</b>		
2 mins	<p>LB presented the report, acknowledging the significant operational pressures experienced across the Trust and expressing gratitude to staff on behalf of the governors. LB highlighted 15 Steps visits, attendance at governor meetings and LD's contributions to the Meet Your Governor (MYG) initiative.</p> <p>LB expressed thanks to Kevin Stewart for his longstanding contributions as a Governor.</p> <p>The Council was ASSURED by the report.</p>		
<b>26/009</b>	<b>15 STEPS FEEDBACK</b>		
2 mins	<p>It was noted that neither Grace Radford, Patient Experience Manager, or Sally Whittlestone, Deputy Director of Nursing Quality and Governance, were able to attend the meeting to present the report. Therefore, the report was taken as read.</p> <p>PG advised he had recently completed a 15 Steps visit to the birthing unit, advising that due to the nature of the environment, it had not been possible to speak with patients at the time of the visit. PG suggested a visit to the ward where patients go after delivery, when appropriate, be combined with any future visits to the birthing unit as this would offer more rounded insights and strengthen assurance.</p> <p>JM offered reflections from organisational walk-arounds, emphasising staff across the Trust recognise the 15 Steps programme and value it highly. JM expressed thanks to governors for being involved in 15 Steps visits.</p> <p>GW noted the importance of visiting corporate service areas as well as clinical areas.</p> <p>The Council was ASSURED by the report.</p>		

26/010	<b>OPERATIONAL PLAN 2026/2027 TO 2028/2029</b>		
25 mins	<p>RM joined the meeting.</p> <p>RM presented the report, highlighting quality of care, elective care, cancer and diagnostics, urgent and emergency care, workforce and financial priorities. RM advised the plans need to be submitted to NHS England (NHSE) by 12<sup>th</sup> February 2026. The Trust's plan will be largely compliant in all areas, with the exception of the financial position. The plan will be reported to the Board of Directors meeting held in Public in April 2026, with an update to the Council of Governors in May 2026.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update on operational plan for 2026/2027 to 2028/2029 to be presented to the May 2026 meeting of the Council of Governors.</b></li> </ul> <p>NC queried if the Trust's current sickness absence levels were satisfactory. SB advised the position reported to the recent meeting of the People Committee was 5.9%, which is in line with the average for trusts across the East Midlands for December 2025. However, the Trust ranks 91<sup>st</sup> of 130 organisations in the national NHS Operating Framework. A lot of work has gone into managing the process in relation to sickness absence, but the position is not as it should be.</p> <p>SO queried if the reasons for sickness absence were linked to any wellbeing issues, noting the operational pressures faced by the Trust. SB advised the two main causes of sickness absence are musculoskeletal and wellbeing/anxiety-related issues. The wellbeing service has been relaunched and future work will focus on measuring the impact of the changes.</p> <p>IP noted the plan feels like a 'numbers plan' and while productivity metrics are clear, it does not capture quality, satisfaction or patient experience. IP queried how these metrics could be captured. RM advised although the planning submission does not include a separate quality submission, quality metrics are part of the Trust's integrated performance report which is monitored through the Board of Directors. All efficiency or productivity schemes undergo quality impact assessments (QIAs) to ensure there is no adverse effect on patient care. JM acknowledged that, as planning deadlines approach, focus can shift toward metrics, but emphasised the Trust will not compromise on quality of care or safe staffing and that culture remains central.</p> <p>AG sought assurance the Trust can deliver the necessary digital change, including the Electronic Patient Record (EPR), given that digital projects are known to be challenging. RM acknowledged digital projects are extremely challenging and within the NHS there are example of digitalisation reproducing inefficient processes, rather than improving them. However, the digital processes which are on the Trust's 'roadmap' have been introduced elsewhere, meaning the Trust can 'follow fast' and learn from other organisations.</p>	RM	19/05/26

	<p>Nikki Turner has taken up post as the Trust's new Chief Digital Information Officer (CDIO) and she has developed a sequenced roadmap to avoid making too many changes at once. Business cases for digital innovation include clear benefit expectations, not just financial but also staff and patient benefits, with governance in place to ensure benefits are delivered. It is important to embed digital innovation across the organisation.</p> <p>JM advised the scale of digital change is huge, noting few projects affect almost every colleague in the way EPR will. The Trust will make governance changes to support successful delivery and will ensure learning is taken from other organisations. It was noted Nikki Turner is scheduled to present an item on EPR to the Governor Workshop in March 2026.</p> <p>SO queried if the operational plan accounts for industrial action, acknowledging that it is a major planning uncertainty and can significantly affect activity delivery. RM advised national planning guidance requires plans to exclude industrial action, meaning it is not built into the main submission. However, operationally, the Trust has learned from previous rounds of industrial action and improved mitigation plans. Industrial action primarily impacts the workforce numbers, elective activity and financial position, although national allocations have partially supported costs during the current year.</p> <p>The Council was ASSURED by the report.</p> <p>RM left the meeting.</p>		
<b>26/011</b>	<b>EXTERNAL AUDIT PLAN</b>		
3 mins	<p>JT joined the meeting.</p> <p>JT presented the report, highlighting audit risks and value for money.</p> <p>The Council was ASSURED by the report.</p> <p>JT left the meeting.</p>		
<b>26/012</b>	<b>REPORT FROM BOARD SUB COMMITTEES</b>		
21 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>ARB presented the report, highlighting overdue high risk internal audit actions in relation to fire safety, learning from deaths and failure to prevent fraud work.</p> <p>PG advised the meetings are well chaired by MG and acknowledged the amount of work and effort which goes into preparing reports for the meeting.</p>		

	<p><b>Quality Committee</b></p> <p>LM was not present at the meeting. However, she presented the report via a pre-recorded video, highlighting 12-hour waits in ED and the link to Patient Safety Incident Investigations, deep dive into C. difficile, review of patient safety across the health and care landscape in England (Penny Dash Report) and the high standard of papers presented to the Committee.</p> <p><b>Finance Committee</b></p> <p>ARB presented the report, highlighting the financial position at the end of Month 9, delay in ledger implementation, non-compliant financial plan for 2026/2027 and reduction in the deficit within Medicine Division.</p> <p>SM advised meetings are well chaired and commented positively on the quality of reports presented.</p> <p><b>People Committee</b></p> <p>SB presented the report, highlighting impact on staff of industrial action and ongoing pressures, staffing levels, noting approval of the nursing establishment review, resourcing required for the CDC, Freedom to Speak Up (FTSU) and stabilisation of the Pharmacy workforce.</p> <p>AG noted the reduction in non-clinical staff and queried if this has caused any issues in relation to service delivery. SB advised the Committee has not yet had sight of sufficient data to understand the full impact of this. It is anticipated more information will emerge in the Staff Survey results.</p> <p>JM advised removing roles, without removing the associated work, inevitably creates pressure. Deeper analysis is underway in specific areas, such as clinic and discharge letter turnaround times. SB advised he would add this issue to the agenda for the March meeting of the People Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>The impact of reductions in non-clinical staff on service delivery to be considered by the People Committee.</b></li> </ul> <p><b>Partnerships and Communities Committee</b></p> <p>GW acknowledged that BB, MG and RC were not present at the meeting to present the report. Therefore, the report was taken as read. GW advised the Partnerships and Communities Committee will become an increasingly important committee, noting the direction of travel towards more collaborative ways of working.</p> <p>AG felt the environment is uncertain and advised JM's questioning at the last meeting of the Committee had helped clarify where workstreams might require re-focusing, noting the Trust may need to analyse committee structures and subgroups, to determine which are still needed and which may require reshaping to remain fit for purpose in the new operating context.</p>	<p>RS / SB</p>	<p>19/05/26</p>
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	<p>JM advised while partnership and neighbourhood models are “the right thing to do”, the challenge lies in making these intentions practical and tangible. AG felt there is a need to determine where the Trust can lead and where others need to step up.</p> <p><b>Charitable Funds Committee</b></p> <p>ARB presented the report, highlighting capacity and resource levels required to support and grow the charity, fundraising events and recommendation that the charity’s accounts are not consolidated into the Trust’s accounts.</p> <p>The Council was ASSURED by all Board Sub Committees’ reports.</p>		
<b>26/013</b>	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
1 min	<p><b>Membership and Engagement Group</b></p> <p>LB presented the report, highlighting Meet Your Governor and links with the Improvement Faculty.</p> <p>The Council was ASSURED by the report.</p>		
5 mins	<p><b>Governor Election Update</b></p> <p>SBS presented the report, highlighting the potential change to Advanced Foundation Trust status, governors due for re-election, election timetable and procurement.</p> <p>The Council was ASSURED by the report.</p>		
4 mins	<p><b>NEDs’ re-appointment</b></p> <p>ARB left the meeting.</p> <p>SBS presented the report, advising Andrew Rose-Britton (ARB) comes to the end of his tenure on 30<sup>th</sup> March 2026, having served 4 years as a NED. In line with the Trust’s constitution, ARB is eligible for reappointment.</p> <p>The Council APPROVED the reappointment of Andrew Rose-Britton for 2 years to 30<sup>th</sup> March 2028.</p> <p>ARB re-joined the meeting</p>		
7 mins	<p><b>Chair Recruitment Update</b></p> <p>SBS presented the report, highlighting the timetable for recruitment. SBS advised availability constraints mean that only four governors could attend on the required day, which would not provide the breadth or representativeness normally expected. Therefore, the available governors will be integrated into the external stakeholder panel, which will run on the interview day. This will preserve a robust process, ensure governors’ voices are included and allow the panel to operate at an appropriate size.</p>		

	<p>It was noted an extraordinary meeting of the Council of Governors will be scheduled for 26<sup>th</sup> March 2026 to approve the recommendation of the interview panel on who to appoint as the next Chair for the Trust.</p> <p>The Council was ASSURED by the report.</p>		
<b>26/014</b>	<b>SPOTLIGHT ON – HEALTHY WELCOME: THE FRUIT AND VEG STALL AT KING’S MILL HOSPITAL</b>		
9 mins	<p>A short video was played highlighting the fruit and veg stall at King’s Mill Hospital.</p> <p>IP queried if the Trust charges a pitch fee for the stall. GW advised this is not the case, stressing the priority is to encourage the stall’s presence and enable public access to fresh produce.</p>		
<b>26/015</b>	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No questions were raised.		
<b>26/016</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 min	<p>The Council AGREED the following escalation to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• Patient Story highlighting the work of Reach (local learning disability charity) and their links with the Trust.</li> <li>• Re-appointment of Andrew Rose-Britton for 2 years to 31<sup>st</sup> March 2026</li> </ul>		
<b>26/017</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>26/018</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 19<sup>th</sup> May 2026. Time: 17:30 Venue: Lecture Theatre 2, King’s Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:25.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		



Note: These minutes were prepared with the assistance of Copilot.

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

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			13/05/2025	12/08/2025	11/11/2025	10/02/2026			
Angie Jackson	Mansfield District Council	Appointed	A	P	P	A	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A	P	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	P	P	A	P	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P	A	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A	P	P	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P	X	X	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P	P	P	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P	A	P	3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	A	A	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	P	P	P	A	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	P	P	P	A	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P	P	A	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	P	X	P	P	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	P	A	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	P	P	P	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	P	A	P	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	A	A	P	A	3	07/07/23	06/07/26

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

NAME	AREA COVERED	CONSTITUENCY	EO COG			TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/06/2025	18/7/2025	26/03/2026			
Angie Jackson	Mansfield District Council	Appointed	P	A		4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P		3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	A	P		1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	P	P		3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	A	P		3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	P		3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed				4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	A	X		3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	A		3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P		3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	A	P		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P		1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P		3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	A	P		3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	A		3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	A	P		3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	A	X		N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P		3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	A	P		3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P		3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	X		3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	X	A		3	07/07/23	06/07/26

P = Present  
A = Apologies  
X = Absent

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held on 26<sup>th</sup> March 2026 at 16:00 via MS Teams

<b>Present:</b>	Graham Ward	Chair	GW
	Angie Jackson	Appointed Governor	AJ
	Dean Wilson	Public Governor	DWi
	Iain Peel	Public Governor	IP
	John Doddy	Appointed Governor	JDod
	Julie Scarle	Appointed Governor	JSc
	Liz Barrett	Public Governor	LB
	Mitchel Speed	Staff Governor	MS
	Nabeel Khan	Public Governor	NK
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Sam Musson	Staff Governor	SM
Shane O'Neill	Public Governor	SO	
<b>In Attendance:</b>	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Sue Bradshaw	Minutes	
<b>Apologies:</b>	Ann Gray	Public Governor	AG
	John Dove	Public Governor	JDov
	Julie Kirkby	Public Governor	JK
	Justin Wyatt	Staff Governor	JW
	Linda Dales	Appointed Governor	LD
	Tracy Burton	Public Governor	TB
	Barbara Brady	Non-Executive Director	BB
<b>Absent:</b>	David Walters	Appointed Governor	DWa
	Jane Stubbings	Public Governor	JSt

Item No.	Item	Action	Date
<b>26/019</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate GW declared the meeting open at 16:00.</p> <p>GW expressed thanks to all governors who had been involved in the recruitment process for the new Chair, highlighting the amount of time and effort contributed.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Ann Gray, Public Governor John Dove, Public Governor Julie Kirkby, Public Governor Justin Wyatt, Staff Governor Linda Dales, Appointed Governor Tracy Burton, Public Governor Barbara Brady, Non-Executive Director</p>		
<b>26/020</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>There were no declarations of interest pertaining to any items on the agenda.</p>		
<b>26/021</b>	<b>REPORT OF THE REMUNERATION COMMITTEE – APPOINTMENT OF CHAIR</b>		
18 mins	<p>SBS presented the report, highlighting the recruitment and interview process.</p> <p>LB described the decision-making process as thorough and challenging, confirming feedback from both stakeholder panels closely aligned with views formed during the interviews and provided strong triangulation. LB advised the unanimous recommendation of the interview panel and stakeholder panels was to recommend the appointment of Rukshana Kapasi as Chair of the Trust.</p> <p>PG advised there was a concern raised by the internal stakeholder panel regarding the multiple other roles currently held by Rukshana and sought assurance about whether she has sufficient time to commit to the role at SFHFT. LB confirmed this issue had been explored by the interview panel during the interview and subsequent discussions. DW added that Rukshana had indicated an intention to resign from at least two existing roles. Dale Bywater, Regional Director (Midlands), NHS England, had expressed the view she should be encouraged to continue in one of her existing roles as it was felt it would add value to her work at the Trust.</p> <p>JDod sought assurance in relation to Rukshana's ability to have a physical presence within the Trust, noting she currently lives out of area. SBS advised this issue had been a strong requirement set for the search and candidates had been asked to confirm they had no barriers to attendance on site. Rukshana has strong local connections and intends to relocate closer to the area.</p>		

	<p>PG and NS provided further reassurance from the stakeholder panels, confirming Rukshana's local knowledge and family connections in Mansfield.</p> <p>GW emphasised he had not been involved in the recruitment process, but advised he had met with all four candidates, noting Rukshana had taken the time to visit all three of the Trust's sites prior to her interview. She demonstrated strong knowledge and asked appropriate and searching questions during her meeting with GW.</p> <p>The Council APPROVED the recommendation of its Remuneration Committee to appoint Rukshana Kapasi to the role of Chair for SFHFT for an initial term of 3 years at a salary of £55,000 per annum.</p>		
<b>26/022</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>26/023</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 19<sup>th</sup> May 2026. 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 16:25.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Graham Ward</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		



*Note: These minutes were prepared with the assistance of Copilot.*

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

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			13/05/2025	12/08/2025	11/11/2025	10/02/2026			
Angie Jackson	Mansfield District Council	Appointed	A	P	P	A	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A	P	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	P	P	A	P	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	A	P	A	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	A	P	P	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed		P	X	X	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	P	P	P	P	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	P	A	P	3	01/05/25	30/04/28
Justin Wyatt	Staff	Staff	P	P	A	A	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	P	P	P	A	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	P	P	P	A	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	P	P	A	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	P	P	P	P	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	P	X	P	P	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	P	A	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P	P	P	P	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	P	A	P	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	A	A	P	A	3	07/07/23	06/07/26

P = Present  
A = Apologies  
X = Absent

**Attendance at Extraordinary COG meetings**

NAME	AREA COVERED	CONSTITUENCY	EO COG			TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			11/06/2025	18/7/2025	26/03/2026			
Angie Jackson	Mansfield District Council	Appointed	P	A	P	4	23/05/23	31/05/27
Ann Gray	Newark & Sherwood	Public	P	P	A	3	01/05/25	30/04/28
David Walters	Ashfield District Council	Appointed	A	P	X	1	23/04/20	31/05/25
Dean Wilson	Rest of England	Public	P	P	P	3	06/07/23	31/10/26
Iain Peel	Mansfield & Ashfield	Public	A	P	P	3	01/05/25	30/04/28
Jane Stubbings	Mansfield & Ashfield	Public	P	P	X	3	01/05/25	30/04/28
John Doddy	Nottinghamshire County Council	Appointed			P	4	11/07/25	31/05/29
John Dove	Mansfield & Ashfield	Public	A	X	A	3	07/07/23	06/07/26
Julie Kirkby	Mansfield & Ashfield	Public	P	A	A	3	01/05/25	30/04/28
Julie Scarle	Volunteers	Appointed			P	3	01/03/26	28/02/29
Justin Wyatt	Staff	Staff	P	P	A	3	01/05/25	30/04/28
Kevin Stewart	Volunteers	Appointed	A	P		3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	P	P	A	1	15/07/21	31/05/25
Liz Barrett	Mansfield & Ashfield	Public	P	P	P	3	01/05/25	30/04/28
Mitchel Speed	Staff	Staff	A	P	P	3	01/05/25	30/04/28
Nabeel Khan	Mansfield & Ashfield	Public	P	A	P	3	01/05/25	30/04/28
Neal Cooper	Mansfield & Ashfield	Public	A	P	P	3	01/05/25	30/04/28
Nikki Slack	Vision West Notts	Appointed	A	X	P	N/A	17/07/19	N/A
Pam Kirby	Mansfield & Ashfield	Public	P	P	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	A	P	P	3	07/07/23	06/07/26
Sam Musson	Staff	Staff	P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	A	X	P	3	07/07/23	06/07/26
Tracy Burton	Mansfield & Ashfield	Public	X	A	A	3	07/07/23	06/07/26

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
26/004	10/02/2026	Patient Story highlighting the work of Reach (local learning disability charity) and their links with the Trust, to be followed up.	Council of Governors	None	19/05/2026 06/08/2026	S Brook Shanahan	R Brown	<b>Update from SBS 15/05/26</b> - The 'Reach' video is being progressed with Peter Gregory's support, but this may not be able to proceed for financial reasons. If a Reach specific video cannot be made, then a more generic story about how patients with learning disabilities access our service will be progressed.	Grey
26/010	10/02/2026	Update on operational plan for 2026/2027 to 2028/2029 to be presented to the May 2026 meeting of the Council of Governors	Council of Governors	None	19/05/2026	R Mills	R Mills	<b>Update 14/05/2026</b> - Paper received for upcoming meeting - <b>Action Closed</b>	Green
26/012	10/02/2026	The impact of reductions in non-clinical staff on service delivery to be considered by the People Committee	Council of Governors	People Committee	19/05/2026	R Simcox	S Banks	<b>Update 24/02/2026</b> Any impact associated with workforce worked reductions, either in clinical or non-clinical, will be reviewed and considered as part of the People Committee agenda, including reference to the impact on PR3 Critical shortage of workforce capacity and capability, which is review as a standard agenda item at each committee. Further to this, from 2026 the People Committee workplan has introduced 4 Workforce Spotlights focusing on particular staff groups / professions and services, where the Trust's non-clinical workforce will feature <b>Complete</b>	Green

# Macmillan Cancer Information and Support

## May 2026 Newsletter

Between April 2025 – March 2026, we have supported 2636 people living with and beyond cancer, and 860 informal carers across Mansfield, Ashfield, Newark & Sherwood and beyond.

**ANNUAL REPORT  
HIGHLIGHTS**

**NEW CUPPA & CONNECT  
SUPPORT MEETINGS AT  
YMCA**

**SPREADING THE WORD  
ABOUT OUR WORK**

**SUPPORT FOR MEN**

**WHATS ON....**

**BRINGING HOPE AFTER  
CANCER TREATMENT**

### NEW

#### CUPPA & CONNECT

Join us for a cuppa at the  
MacMillan centre at the YMCA.

Chat with others and find out what  
support is available



### Support for Men

Face cancer with more confidence. Contact us to join our men's wellbeing workshop to get support and receive free aftershave and skincare goodies

JUN  
25

Men's Skincare and  
Grooming Workshop

Our Annual report highlights that we have -

- Supported 5871 enquiries. 4513 at KMH and 1358 at the YMCA which opened this year.
- Engaged in 2145 more interactions than last year – an increase of 57.5% from last year.
- Listened to, and supported people with 12,558 concerns.
- Made 9045 onward referrals / signposts to other valuable support services.
- Worked with over 100 organisations to help our service users to get the right support.
- Responded to 1507 requests from professionals for support.
- Hosted 133 wellbeing events.
- Developed our SFHT Cancer App to ensure it is a useful resource for our 512 current users who have accessed 6015 essential pieces of information.
- Helped support local and national cancer care improvements for our population.

## Spreading the word about our work

### SFHT BOARD OF DIRECTORS MEETING MACMILLAN PATIENT STORY

We had the pleasure of presenting a patient story video to the SFHT Board of Directors. The video was greatly received and created some fabulous discussion about the service and its value. Thank you to everyone who contributed to the video. To watch the, click on the link below. or type the address into your search engine  
<https://www.youtube.com/watch?v=lc2LJ5RSGhU>

### NATIONAL MACMILLAN PROFESSIONALS CONFERENCE 2026

We were delighted to take 2 posters and present a seminar called "Working Differently - Successful Partnerships Serving Our Neighbourhoods" at the conference. Macmillan Professionals from across the UK came together to network, learn and share best practice. We enjoyed learning from others whilst showcasing our SFHT Cancer App and our YMCA venture. It's safe to say that we were very inspired by some great teams who are delivering great services nationwide.

## What's On?

Our Cancer Information Centres at [KMh](#) and [YMCA](#) are open for people to drop in's Mon – Fri 8.30am – 4pm (excluding bank holidays). Appointments can also be made. See timetable for sessions, events and groups that are happening. **Blue = KMh events** **Green = YMCA events** R/AO = Referral / appointments only WkoM = Week of the month

	Morning	Afternoon
Mon	Hair Loss Clinic <i>(Contact Aderans Trendco 0115 947 5316 to book)</i>	
Tues	Beyond Diagnosis Wellbeing Clinic (R/AO) Beyond Diagnosis Stepping Stones Bereavement Support Group (last WkoM)	Women's Look Good Feel Better 1 <sup>st</sup> WkoM (booking essential) Cancer Support Walking Group 2 <sup>nd</sup> / 4 <sup>th</sup> WkoM Beyond Diagnosis Cancer Carers Support Group 1 <sup>st</sup> WkoM
Wed	Social Prescribing Clinic (R/AO) Cuppa & Connect (1 <sup>st</sup> WkoM)	Cancer Information and Support Events (3 <sup>rd</sup> WkoM) <i>Booking essential</i> Cancer Big Issues Support Group 2 <sup>nd</sup> WkoM (Pending)
Thurs	Hair Loss Clinic <i>(Contact Aderans Trendco: 0115 947 5316 to book)</i>	Cancer Support Walking Group 1 <sup>st</sup> / 3 <sup>rd</sup> WkoM Women's Look Good Feel Better 4 <sup>th</sup> WkoM (booking essential) Men's Look Good Feel Better – Facing Cancer with confidence (4 <sup>th</sup> WkoM quarterly, Booking essential)
Fri	Craft & Chat Cancer Support Group (Monthly)	
<b>Other Events</b> HOPE - Living Beyond Cancer Programmes ( <i>Booking essential</i> ), Citizens Advice / DWP Home visiting Service appointments ( <i>Room booking on request</i> )		

### Your Feedback Helps

It's great to hear that 97.3 % of our users said that their experience of using the service was very good or good. 99% said they would recommend us. Your feedback helps us get things right and supports positive change. To give your feedback contact us and request a form, or scan the QR code



### Bringing HOPE after cancer treatment.

Our most recent HOPE Programme was a huge success. Attendees, all who had finished their cancer treatment, said that the 6-week course had helped them to feel more useful, decisive, relaxed, optimistic about the future, closer to others and more able to think clearly. If you would like more information about attending our next course please contact us.

### Other exciting news .....

#### Welcoming Jon Melbourne SFHT CEO to the YMCA

This month Jon Melbourne (SFHT CEO) will be joining us to look around the centre, learn more about our services and meet staff, partners, volunteers and service users. This is a great opportunity to highlight the great work we do in our neighbourhood to support people affected by cancer and our local workforce who work with our patient groups.

#### Reaching more and more people – Direct patient referrals

We have been working with SFHT haematology and breast teams to support patients to access the service in Newark. Clinical nurse specialists now offer Newark patients a direct referral to us. We now contact patients, who consent, to offer an appointment to see us. We hope to roll this out to others soon.

With our community focus we also hope to expand the direct referral offer to people who visit their Newark GP's. Lombard Medical Centre are keen to learn more about our offer and we hope to work with them to offer GP direct referrals soon. If successful we hope to roll this out to other surgeries too.

#### Supporting local events

This Spring & Summer we will be supporting the conversation about cancer and the support available to those affected by their own or someone else's cancer. We will be attending Women Against Cancer – Women's Aid Event in Mansfield and the Newark Employer Wellbeing Event at Newark Show Ground. Our diary is filling up so keep an eye out for us and come and say hello when you are out and about.

Contact us – 01623 672333 or  
01636 652532

[Sfh-tr.cancer.info@nhs.net](mailto:Sfh-tr.cancer.info@nhs.net)

Download our Free Cancer App and Search  
"Sherwood Forest Hospitals Cancer App"

Android



iPhone



If you have any comments about our newsletter, or if you do not wish to receive these regular newsletters, please email us. Thank you for your support.

Council of Governors - Cover Sheet

<b>Subject:</b>	Chair's report		<b>Date:</b>	12 May 2026	
<b>Prepared By:</b>	Rich Brown, Head of Communications and Graham Ward, Trust Chair				
<b>Approved By:</b>	Graham Ward, Trust Chair				
<b>Presented By:</b>	Graham Ward, Trust Chair				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items from the past three months from the Chair's perspective.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	Y
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
CDC = Community Diagnostic Centre DL = Deputy Lieutenant ED = Emergency Department GP = General Practitioner HM = His Majesty's Courts and Tribunals Service			ICB = Integrated Care Board MDCU = Medical Day Case Unit NHS = National Health Service OBE = Officer of the Order of the British Empire PPG = Patient Participation Group		
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items from the past three months from the Chair's perspective.					

## Personal message ahead of my final Council of Governors meeting

May's meeting will be my last Council of Governors meeting, as I prepare to step-down as Trust Chair later this month at the end of my maximum term with the Trust.

It has been a real privilege to have been part of Sherwood's journey over the past 11 years – first as a Non-Executive Director from when I joined in 2015 and, later, as its Chair.

It has been the honour of my career to witness first-hand the work of Trust colleagues in providing the best possible care to the local communities we serve and I am grateful to everyone for their support and dedication throughout my time with the Trust.

I am grateful to all our governors for their support during my time with the Trust and I wish the Trust, our governors and our incoming Trust Chair, Rukshana Kapasi OBE, all the best for the future.

## Welcome to our new appointed volunteer governor

We have been delighted to welcome our new appointed volunteer governor to the Trust's Council of Governors over recent months.

Julie Scarle began volunteering at King's Mill Hospital in 2022 and knows first-hand the positive contribution our volunteers make to the wellbeing and experience of our patients. She is passionate about making sure that the voices of the Trust's dedicated and caring volunteer community are heard.



**New Trust governor, Julie Scarle**

Julie is registered blind and has been thrilled by the positive response she has received as a disabled volunteer from ward staff and patients at the Welcome Treatment Centre where she volunteers, and from Voluntary Services who have focused on her abilities not her sight loss to facilitate her rewarding role.

She is mindful of the tremendous difference volunteers make across our community as she also volunteers for HM Courts and Tribunals Service, and the Patient Partnership Group (PPG) of her GP practice. Prior to taking early retirement, Julie gained valuable professional experience as a Marketing and Engagement Manager for a leading local sight loss charity and spent more than a decade working in communications at Nottingham University Hospitals NHS Trust.

We have been delighted to welcome Julie to the Trust, after she took over from our former appointed volunteer governor, Kevin Stewart, who has recently completed his maximum term as a Trust governor.

We thank them both for the difference they have made as governors and Trust volunteers and we look forward to welcoming Julie to her first full Council of Governors meeting in May.

## Preparing for this year's Council of Governor elections

Preparations have been continuing to run this year's Trust Council of Governor elections, which are due to take place before July 2026. The election will consider eight positions on the Trust's Council of Governors, as a number of serving governors reach the end of their three-year term.

The process is due to officially began on Tuesday 12 May 2026 with the publication of our Notice of Election. Prospective candidates are invited to submit their nominations to stand for election before 12noon on Friday 29 May 2026.

We will, of course, keep governors updated on that process as it continues over the coming weeks.

## Other notable engagements over recent months

- I held my latest regular catch-up with the Trust's Lead Governor, Liz Barrett OBE DL.
- I undertook '15 Steps' visits to the Stroke Unit, Maternity and Pathology departments within the Trust.
- I joined the latest of our monthly catch-up meetings with the Regional Director of NHS England (Midlands), Dale Bywater, and attended the NHSE Midlands Leadership Meetings in Leicester and Birmingham.
- I had an introductory meeting with the new Chair for NHS England (Midlands), Russell Hardy MBE.
- I took part in my latest monthly catch-ups (individually and with the wider system chairs) with Dr Kathy McLean OBE, Chair of the ICB Cluster for Derbyshire, Nottinghamshire and Lincolnshire. Additionally, Jon and I met with Kathy to discuss the Trust and took her on a visit to the Urgent & Emergency Care department here at Sherwood.
- We have continued discussions on the partnering front, attending meetings with Healthwatch, having an introductory meeting with Tom Cahill, the new Chair at Nottinghamshire Healthcare NHS Foundation Trust and meetings with the ICB and Region.
- We took part in the latest Committee in Common meeting with Nottingham University Hospitals, which continues to strengthen the partnering between the two trusts.
- Jon and I took great delight in handing over a 50-year long service award to Diane Kerry – and yes, it was for 50 years of volunteering, which is a tremendous achievement!
- I was pleased to welcome our new incoming Trust Chair at our Executives and Non-Executive Director (NED) update meeting, incorporating our Board Development Workshop and an initial one-to-one handover meeting.
- And I couldn't finish without mentioning the huge joy and privilege of attending the opening ceremony for our new Community Diagnostic Centre at Mansfield Community Hospital. A tremendous asset for SFH and, more importantly, our population.

Council of Governors - Cover Sheet

<b>Subject:</b>	Chief Executive's report		<b>Date:</b>	12 May 2026	
<b>Prepared By:</b>	Rich Brown, Head of Communications				
<b>Approved By:</b>	Jon Melbourne, Chief Executive				
<b>Presented By:</b>	Jon Melbourne, Chief Executive				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items from the past three months from the Chief Executive's perspective.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	Y
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
CDC = Community Diagnostic Centre CT = Computed Tomography DM01 = Diagnostic Monitoring Standard 01 (national diagnostic waiting times standard) EPR = Electronic Patient Record			MRI = Magnetic Resonance Imaging MSK = Muscular Skeletal NOF = National Oversight Framework PR = Principal Risk RTT = Referral to Treatment UEC = Urgent and Emergency Care UTC = Urgent Treatment Centre		
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items the past three months from the Chief Executive's perspective.					

# Chief Executive's update

It has been another busy few months across our hospitals since our last Council of Governors meeting.

From the opening of Nottinghamshire's first Community Diagnostic Centre to the roll-out of more transformational digital technology across our Urgent and Emergency Care services, it is great to see projects come to life that will bring huge benefits to the Trust, our patients and our local communities.

Over the past month, I have also been delighted by the news of the appointment of our new Trust Chair, Rukshana Kapasi OBE, who will start at Sherwood Forest Hospitals in July.

I am very much looking forward to working with Rukshana and we are excited to work alongside you all to ensure that we are a great partner, a great place to work and a great place to receive care.

I would also like to place on record my sincere thanks to Graham Ward, our outgoing Chair, for his outstanding service to Sherwood Forest Hospitals over the past 10 years, as May will be his last Council of Governors meeting with the Trust.

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## Operational updates

### Trust's National Oversight Framework (NOF) position updated

In April 2026, NHS England updated its National Oversight Framework (NOF), which ranks every trust in England against a number of standards – from their performance in urgent and emergency care departments to how quickly they can progress elective operations, their cancer performance, and even the experiences that patients share each year in the NHS National Staff Survey.

That framework has been published with the aim of improving information available to the public, driving-up standards and tackling variations in care across the country.

The framework places trusts into four performance segments, with the first – segment one – representing the best-performing trusts and the fourth segment showing the most challenged.

For us here at Sherwood, the league tables see us ranked 60<sup>th</sup> place in the country, placing us in the third of the four segments, recognising that any trust working in financial deficit cannot climb any higher than segment three.

## Nervecentre module successfully rolled-out across our Urgent and Emergency Care services

Work is continuing at pace to bring Sherwood's first Electronic Patient Record to Sherwood Forest Hospitals in 2027.

Over recent months, we have reached two major milestones in the project, as we have introduced new urgent and emergency care Nervecentre modules to the Emergency Department at King's Mill Hospital and to Urgent Treatment Centre at Newark Hospital.

The system brings key patient information together in one secure digital record, helping clinical teams access the information they need more easily and supporting safer, more coordinated care. By reducing reliance on paper records, Nervecentre also helps staff spend more time focused on patient care.

The go-live follows extensive preparation and close collaboration between clinical teams in emergency and urgent care and support services across the Trust, helping ensure the system was introduced safely into day-to-day practice.

This is a positive step forward for our Trust EPR journey and is testament to the hard work of our teams. Introducing Nervecentre will help clinicians have improved visibility of the information they need and support safer, more joined-up care for our patients.

## Nottinghamshire's first Community Diagnostic Centre opens in Mansfield

We have been delighted to officially open our new state-of-the-art Community Diagnostic Centre (CDC) in Mansfield, which marks a major step forward in improving access to vital health tests across Nottinghamshire.

The purpose-built facility will enable thousands of patients to receive faster diagnoses, closer to home – delivering up to 100,000 tests each year.

The centre will offer a wide range of diagnostic pathways in a convenient community setting, including endoscopy, MRI, CT scanning, and blood testing, helping reduce waiting times and support earlier detection of serious conditions.

The Centre, located alongside Mansfield Community Hospital on Stockwell Gate, was formally opened by the Government's Parliamentary Under-Secretary for the Department of Health and Social Care on 15 April at a special event attended by representatives from the Trust, project partners, and key stakeholders.

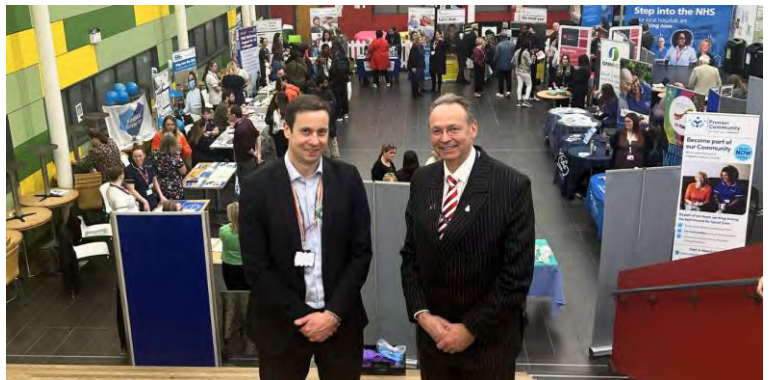
Thank you to all our trust governors who attended the official opening and enjoyed a tour of the new facility.



## Partnership updates

### Successful sixth 'Step into the NHS' careers showcase

Hundreds of aspiring healthcare professionals attended the sixth *Step into the NHS* careers showcase on Thursday 5 March, as Sherwood Forest Hospitals, West Nottinghamshire College and Nottingham Trent University joined forces once again to highlight the wide variety of career opportunities available across the NHS.



**Trust Chief Executive Jon Melbourne with West Notts College Principal, Andrew Cropley**

The event attracted hundreds of local people, students and jobseekers to the event to learn more about clinical and non-clinical roles.

Events like *Step into the NHS* are vital in helping local people understand just how many varied and rewarding career opportunities the NHS can offer, with over 350 different career pathways available across our NHS.

It was fantastic to meet so many enthusiastic individuals exploring their next steps and to see our colleagues, students and partners coming together with such energy and passion. Supporting our future workforce is one of our biggest priorities, and events like this highlight the real impact of working in collaboration with our local education providers.

The Trust's partnership with the College was again shown in full-force the very next day, when students from Vision West Notts College visited Mansfield Community Hospital to offer free

haircuts to patients, helping learners to get vital real-world experience and putting a smile on patients' faces.

## North Notts Place-based Partnerships Forum

In March, the Trust led the joint forum for the Bassetlaw and Mid Notts Place-Based Partnerships.

The forum is a quarterly event providing an opportunity for health, care, voluntary and charitable partners to come together in person to shape priorities for 2026/27.

The group provided contributions for shaping the neighbourhood target operating model focusing, which is the blueprint for how partners will work together in the future. The group considered the definition of neighbourhood and recommended priorities for the next three years. The content from the Forum is now being used to develop the model for presentation to the place-based partnerships executives.

Partners also contributed to the development of a bid for the recently announced Derbyshire, Lincolnshire and Nottinghamshire ICB Cluster Transformation Fund. The recommendations made will be woven into the bid, which is due to be submitted on 30 April.

## Healthwatch stakeholder event

Representatives of the Trust attended a stakeholder event led by Healthwatch, which provided time to discuss the future of independent voice and how community voices need to be heard despite the expected upcoming legislative changes which would remove Healthwatch as an independent function.

Stakeholders in the room shared an ongoing commitment to working with community voices to ensure experiences are not just heard, but essential in the design and improvement of services across health and social care.

During the session, 21 pledges were made by NHS colleagues, councillors, VCSE partners and public contributors, which reflected a shared commitment to protecting independent community voice.

## Ashfield District Council economic growth strategy

The Trust engaged with its local partner, Ashfield District Council, in the development of the Council's economic growth strategy.

The strategy's aim is to set a clear direction for the local economy and workforce, agreeing actions that are aligned to local intent and national policy.

As a large employer committed to improving the health and wellbeing of its communities, the Trust recognises the importance of a healthy local economy.

The Trust contributed to stakeholder interviews and attended a workshop on 28 January. The workshop was attended by local businesses, public sector and voluntary organisations, evaluated

the strengths, weaknesses, opportunities and threats and made recommendations as to priority actions.

## **MSK Together Partnership**

Sherwood continues to be an active partner in the MSK Together partnership, which includes health and care organisations across mid Nottinghamshire.

Sherwood has been working with Ashfield Voluntary Action, Active Notts, Ashfield District Council, Newark and Sherwood District Council, social prescribers from local primary care networks, Your CVS and Nottinghamshire Healthcare Trust to codesign a new MSK toolkit to empower partners, particularly in the voluntary sector, to support people with MSK conditions. It allows them to be confident they are offering sound advice, know how to access locally available support, and know when and how to reach into MSK services. The tool was soft-launched in April, before its full launch in May.

The Trust continues to support the Department of Work and Pensions-led MSK Connect venture. A second cohort of patients with complex MSK presentations who are out of work for a long time attended a MSK Connect event. It provides the opportunity for these individuals to be linked to wider support including talking therapies, citizens advice, learning opportunities and voluntary services.

Although small numbers, the venture is having a significant impact with individuals from the first cohort seeing an improved physical health and securing employment after long periods without work. The next event will be located in Newark to ensure wider geographical impact.

## **Other Trust updates**

### **‘Patients and families were at the centre of everything staff did’: Newark Hospital rated ‘Good’ following CQC inspection**

Newark Hospital has maintained its overall rating of ‘Good’ in a report issued by regulators, which also saw the site’s end of life care upgraded from ‘Requires improvement’ to ‘Good’ and receive a rare ‘Outstanding’ rating in one area of the inspection.

The new ratings were issued following an inspection of end of life services at Newark Hospital by inspectors from the Care Quality Commission, who are the independent regulators of health and adult social care services in England.

The report sharing the outcome of that inspection, which took place on Tuesday 25 and Wednesday 26 November 2025, was published by the Commission on Tuesday 7 April.

In their report, inspectors noted that Newark Hospital staff worked well together for the benefit of patients and their loved ones, working alongside other local NHS services and putting patients and families ‘at the centre of everything that staff did’ to plan and deliver patients’ care.

In assessing end of life services at Newark Hospital, the Commission rated the service as ‘Good’ overall and ‘Good’ for being safe, effective, responsive and well led. The service also received a rare ‘Outstanding’ rating in the ‘Caring’ domain, recognising that the service is performing exceptionally well for this measure.

After speaking to a number of Newark Hospital staff, patients and their loved ones as part of their inspection, the Commission noted that patients and their families felt 'exceptionally well-supported, cared for and treated with the utmost dignity and respect'.

The report also highlighted a number of areas highlighted for further improvement, which included improving how 'do not resuscitate' orders and individuals' preferences for how they receive clinical care when they are not able to make decisions themselves is discussed and documented.

We are absolutely delighted with these upgraded ratings, which recognise the improvements we have continued to make at Newark Hospital.

The recognition for those efforts is testament to the hard work, dedication and compassion of the entire team who are so proud to work here at Newark Hospital.

## Martha's Rule rolled out Trust-wide following successful pilot

A national patient safety initiative that gives patients and families the right to request a rapid review if they are worried a patient's condition is getting worse is being expanded across Sherwood Forest Hospitals.

Following the success of a pilot programme at King's Mill Hospital, Sherwood Forest Hospitals NHS Foundation Trust has extended Martha's Rule to include both Mansfield Community and Newark hospitals.

Martha's Rule gives patients, their families, and carers a clear and direct way to seek an independent clinical review if they are concerned that a patient's condition is deteriorating. It also empowers hospital staff to call for a rapid review if they feel their concerns about a patient are not being responded to.

The initiative is designed to ensure that concerns are heard, acted upon promptly, and that patients and their loved ones feel confident in raising issues.

The pilot, conducted initially across in-patient wards at King's Mill before being extended to include patients in the Emergency Department who are being admitted, proved very successful and demonstrated strong engagement from both staff and patients.

Feedback highlighted improved confidence among families to escalate their concerns, faster clinical responses in situations of uncertainty, and resulted also in strengthened collaboration between healthcare teams and those they care for.

Following this success, the Trust has implemented Martha's Rule across all three of its hospital sites. This expansion reflects a continued commitment to delivering safe, responsive, and patient-centred care.

Expanding Martha's Rule across our Trust is an important step forward in ensuring every patient and family feels listened to and supported. The pilot has shown the real difference this approach can make, and we are proud to embed it more widely into our everyday practice.

As part of the rollout, staff will be supported with the implementation, and clear information on how to access the service will be made available to patients and families at all three Trust sites.

The Trust will continue to monitor the impact of Martha's Rule as it is introduced more broadly, ensuring that learning from patients, families, and staff continues to shape and strengthen the approach.

At Sherwood Forest Hospitals, patients, families and carers should tell staff if they are worried a health condition is getting worse.

If, after speaking to the care team, they remain worried and feel their concerns are not being addressed, Martha's Rule means that they can call Sherwood Forest Hospitals' Clinical Care Outreach Team (CCOT) on [07385115574](tel:07385115574) to have the patient's condition and care plan reviewed.

## Public invited to nominate outstanding hospital staff in annual People's Award



Members of the public are being invited to nominate teams and individuals working across Sherwood Forest Hospitals who have demonstrated exceptional care, compassion, or support to them or their loved ones.

The Trust is once again holding its prestigious Excellence Awards to recognise the remarkable achievements of its staff over the past year.

The annual Excellence Awards shine a spotlight on colleagues who consistently go the extra mile in their roles making a difference to patients and their families, visitors and colleagues. The awards provide the biggest single opportunity to celebrate and say thanks for the hard work of the hospital staff.

Last year's People's Award winner was the Day Case Unit. The team was nominated for the care they provided for one of their patients and the dedication they showed through going above and beyond to ensure a couple, who had never spent a New Year's Eve apart, could be together for the occasion.

Nominations for this year's awards are open until 11:59pm on Sunday 17 May 2026. The awards ceremony will once again be held at Mansfield Town Football Club and will be funded through generous contributions from sponsors.

To make your nomination, please visit [The Excellence Awards 2026 People's Award – Fill in form](#). Children and families benefit from new Paediatric Emergency Department opening hours



Children and families visiting the Emergency Department at King's Mill Hospital can now rely on a dedicated, child-friendly environment around the clock, ensuring they receive the right care in the right setting whenever they need it.

The paediatric Emergency Department now operates 24 hours a day, seven days a week, meaning children no longer need to be seen in adult areas after 2am. This ensures that every child — from newborns to teenagers — has access to a calm, age-appropriate space designed to reduce anxiety and support their wellbeing.

Families with children will still need to book in at the main Emergency Department desk. From there, they will be directed to the paediatric area.

Each year, tens of thousands of children and young people come through the doors of King's Mill Hospital's Emergency Department. The move to continuous paediatric care means families can feel confident that, no matter what time they arrive, their child will be looked after by a specialist team in an environment tailored to their needs.

The dedicated children's area offers a bright, engaging space filled with activities and distractions that help put young patients at ease. An open plan waiting area allows staff to keep a close eye on children, while newly-refurbished cubicles provide privacy and comfort during treatment. Families also benefit from dedicated breastfeeding areas and mental health rooms that offer a safe, supportive space for those who need it.

This enhanced service has also improved the experience for adult patients. With additional paediatric staff supporting the department, teams can work more efficiently, reducing waiting times and ensuring that both adults and children receive timely care.

Colleagues across the Emergency Department have welcomed the extended paediatric provision, noting smoother handovers, better continuity of care, and a more reassuring experience for families.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Council of Governors	<b>Date:</b>	8 <sup>th</sup> May 2026		
<b>Prepared By:</b>	Liz Barrett				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett				
<b>Purpose</b>					
To share an overview as to the activities that Governors are engaging in and the impact of this work				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Council of Governors					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
<b>Executive Summary</b>					
An overview as to how Governors have been spending their time this quarter and the impact of this.					

## . Governor Update Report

Governors would also like to formally express their sincere thanks and appreciation to **Graham Ward**, Chair of Sherwood Forest Hospitals NHS Foundation Trust, for his outstanding service, commitment, and leadership. Graham has made a significant contribution to the Trust over many years, initially as a Non-Executive Director and subsequently in his role as Chair. His leadership during a period of considerable challenge and change has been particularly noteworthy. Graham demonstrated a willingness to “step up and step in” at a critical time, providing stability, direction, and reassurance when it was most needed. His contribution has played an important role in supporting the Trust’s progress and resilience, and this impact is recognised and deeply appreciated by governors. We extend our very best wishes to Graham for his future endeavours.

Governors were also pleased to be actively involved in the recent process to appoint a new Chair of Trustees for SFHFT. We recognise the importance and significance of this role and approached the process with the appropriate level of diligence, care, and commitment. Governors contributed their time and expertise in a variety of ways, ensuring that the process was thorough, robust, and reflective of the Trust’s values and ambitions.

Throughout the appointment process, governors were clear in their intention to identify a candidate who demonstrates strong alignment with the Trust’s mission and values, places patients at the centre of decision-making, understands the local context and its associated opportunities and challenges, and has the capability and commitment to lead the organisation forward in what continue to be nationally challenging times for the NHS. The field of applicants was strong, and the interview process was appropriately rigorous. Careful consideration was given to feedback from all stages of the process, including input from multiple panels and stakeholders, as well as colleagues from NHS England, ensuring robust triangulation and informed decision-making.

In my role as Lead Governor, I am delighted to confirm that, following a thorough and comprehensive selection process, **Rukshana Kapasi OBE** has been appointed as the new Chair of SFHFT. This decision reflects a high level of confidence in her leadership capability, values, and vision. I am confident that Rukshana will build on the strong foundations established by her predecessors and will work collaboratively with Non-Executive Directors, Executive colleagues, governors, staff, and stakeholders to ensure the Trust continues to deliver high-quality services and improved outcomes for patients and communities.

Governors look forward to working in partnership with the new Chair as SFHFT continues its journey of improvement, resilience, and service to its communities.

Governors continue to engage actively and consistently with the **15 Steps programme**, which remains an invaluable initiative in strengthening our understanding of the lived experience across Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). This structured and well-established approach provides governors with meaningful, first-hand insight into the quality of care, the care environment, and the experiences of patients, families, and staff. It enables governors to develop a clearer and more authentic perspective of day-to-day practice across the organisation, complementing formal performance data and supporting our assurance role.

As a collective, governors recognise the significant benefit of having access to such a comprehensive and impactful programme. It plays a critical role in bridging the gap between strategic governance and operational delivery, ensuring that we remain connected to frontline services and are able to provide informed oversight, constructive challenge, and meaningful support to the Trust.

There has been ongoing constructive dialogue amongst governors regarding opportunities to further enhance the effectiveness and impact of the 15 Steps programme. In particular, consideration has been given to the current allocation of visits. At present, there are occasions where the same governor revisits a service within a relatively short timeframe. While continuity of insight is acknowledged as valuable, governors have identified an opportunity to broaden participation by enabling a wider range of governors to visit different services and locations across SFHFT. This proposed approach would increase exposure to different areas of the Trust, encourage a diversity of perspectives, and support a more rounded and balanced understanding of organisational performance and culture. It is anticipated that this may further enhance collective learning and strengthen the overall value derived from the programme.

Governors are also aware of recent communication requesting that completed 15 Steps reports are more routinely shared, to support thematic analysis and enable more effective reporting to the Council of Governors. While governors are not directly involved in the production of these reports, there is a strong and shared view that providing governors with access to reports once completed—and prior to formal submission—would offer significant benefit. This would enhance transparency, enable governors to triangulate insights with other sources of information, and support more informed and effective contributions in Council discussions. This feedback has been shared constructively with the 15 Steps team as part of our ongoing commitment to continuous improvement.

Attendance at formal Governor meetings remains consistently high, reflecting a strong level of commitment, professionalism, and engagement across the membership. Governors continue to contribute actively and thoughtfully to discussions, bringing forward well-informed questions, insights, and perspectives. The quality of debate remains robust and constructive, supporting effective scrutiny and shared understanding of the Trust's priorities, challenges, and opportunities.

In addition to formal meetings, governors remain highly engaged through a range of informal and developmental activities. This includes ongoing communication through email correspondence, telephone discussions, and collaborative working to progress key initiatives. In particular, work continues to develop and enhance the *'Meet Your Governor'* initiative, with a focus on improving visibility, accessibility, and engagement with members, patients, staff, and the wider community. This initiative is an important part of strengthening the Trust's connection with its stakeholders and ensuring that community voices are heard and represented.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	15 Steps Challenge Update.		<b>Date:</b>	19 <sup>th</sup> May 2026	
<b>Prepared By:</b>	Grace Radford, Patient Experience Manager				
<b>Approved By:</b>	Candice Smith, Director of Nursing Quality & Governance				
<b>Presented By:</b>	Grace Radford, Patient Experience Manager				
<b>Purpose</b>					
This report provides a summary of the visits undertaken as part of the 15 Steps Challenge during Q4 (January to March 2026).			<b>Approval</b>		
			<b>Assurance</b>		
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>			<b>X</b>		
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				<b>X</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
N/A					
<b>Acronyms</b>					
<b>Executive Summary</b>					
<p>The purpose of this paper is to update the Council of Governors on the 15 Steps Challenge visits undertaken during Q4 (January to March 2026). It summarises the areas visited, the qualitative feedback gathered, and the key themes emerging across clinical and non-clinical environments. During this reporting period, nine areas were visited, and corresponding reports were submitted and reviewed. This represents a reduction from the previous quarter (19 visits).</p> <p>In reviewing activity for this quarter, it is important to note that the number of completed reports (nine) may not fully reflect the total number of 15 Steps visits undertaken. There are ongoing challenges in completing and returning the paper-based form, and we believe that additional visits may have taken place without feedback being formally submitted. To address this, the Trust is progressing work on a digital solution that will allow visiting teams to upload feedback in real time during the visit, removing the need for a separate form and reducing the risk of missing or incomplete returns. This development is being taken forward with our Patient Experience colleagues and digital teams to ensure the process is streamlined, accessible and supports timely learning.</p>					

## Introduction

The 15 Steps Challenge is designed to provide experience-based insight, rather than functioning as a traditional audit tool, and continues to support staff ownership of local improvements

It is essential to recognise that the 15 Steps process is not intended to function as a traditional clinical audit tool. Rather, the 15 Steps Challenge offers valuable qualitative insights that align the experiences of patients and staff, helping to create a positive environment for all. The process also encourages staff to take ownership of local service improvements.

During Q4, 9 areas were visited with corresponding reports submitted and reviewed. This represents a significant decrease from the previous quarter, which saw 19 visits completed. The areas visited during this period, with completed reports returned, are as follows:

Month	Areas Visited	Total Areas
January	Ward 41, Ward 25, Ward 24	3
February	Discharge Lounge, Castle Ward	2
March	Ward 23, Case Notes Stores, Antenatal Clinic, Ward 14B	4

Following review of all submitted reports, a number of key findings and positive themes have been identified. This summary reflects the main trends observed across the visits, recognising that it does not capture every detail from individual reports. Overall, the analysis demonstrates that the Trust's CARE Values are consistently evident in the areas visited, with staff displaying pride, leadership and active engagement in their interactions with both the 15 Steps teams and patients. The themed feedback is summarised below:

### Welcoming

- Consistently warm and friendly staff interactions across all areas visited.
- Calm, inviting environments noted on several wards, with strong use of displays and recognition boards.
- Senior presence visible, with managers engaging directly with visiting teams.

### Caring and Involving

- Staff demonstrated compassion, pride and commitment to improving patient experience.
- Positive feedback from patients and relatives, particularly around personalised care.
- Evidence of teams adapting challenging spaces and planning improvements to enhance patient flow.

### Safe

- Clean, clutter-free environments with strong IPC practice.
- Specialty-specific training and good visibility of patients in key areas.
- Staff reported feeling supported, with positive team cultures observed.

### Well-Organised and Calm

- Many areas described as calm, well-led and efficiently run.
- Equipment checks up to date and documentation well maintained.
- Staff reported satisfaction in their roles and pride in their departments.

## Issues identified during the visits:

The majority of actions identified during the visits were addressed immediately, with prompt steps taken where appropriate, following the 15 Steps process. Assurance was given that, when necessary, communication would be shared with the wider team to prevent similar issues from recurring.

## Patient and Team Feedback

When triangulated with Friends and Family Test feedback and compliments, a number of consistent positive descriptors emerge. Patients, families and visiting teams frequently highlight the Trust's staff, culture and care as compassionate, professional and supportive. Examples of the language used to describe their experiences are summarised below.



The language used throughout the reports consistently reflected the Trust's CARE values and behaviours, showing strong alignment with patient feedback. Visiting teams provided feedback to area owners, allowing them to respond to identified concerns, make necessary improvements, and communicate the positive aspects of the findings.

## Conclusion:

The 15 Steps Challenge offers valuable qualitative insights that bring together both patient and staff experiences, helping to foster a positive environment for all and empowering teams to drive meaningful local improvements. While it is an important source of feedback, it should not be used as the sole measure of quality; instead, it complements a range of clinical audits to provide a more comprehensive assessment of care delivery.

The ongoing programme of visits continues to demonstrate strong engagement and visibility from the Senior Leadership Team and Governors. Governor involvement remains a key feature of the 15 Steps process, providing a unique opportunity to gather authentic, real-time patient feedback.

Visits are scheduled for the next 12 months. Results will be analysed monthly, ensuring area owners are informed of any issues so improvements can be made promptly and positive findings shared.

Work is progressing on a digital solution to enable visiting teams to upload feedback during the visit, removing the need for paper forms and improving the reliability of the 15 Steps feedback process.

## Issues identified during the visits:

Actions identified during the visits were addressed immediately, with prompt steps taken where appropriate, following the 15 Steps process. Assurance was given that, when necessary, communication would be shared with the wider team to prevent similar issues from recurring.

**Next Steps:**

The Council of Governors is asked to note this report.

Work is also underway to update the format of future 15 Steps reports, ensuring they provide clearer thematic insight, stronger triangulation and improved usability for Governors and senior leaders.

Outstanding Care,  
Compassionate People,  
Healthier Communities



Sherwood Forest Hospitals  
NHS Foundation Trust

# SFH Plan 2026/27 to 2028/29

*'Planning is a continuous cycle that is linked to strategy, delivery and performance management.'* [NHSE Planning Framework]

Richard Mills CFO

Council of Governors  
19<sup>th</sup> May 2026



# SFH 3-Year Operational Plan - Introduction

The 10 Year Health Plan sets out the need for a significant change to the way we organise, deliver and fund services. To support this, a new model of planning was set out by NHS England (NHSE) and the 'Medium Term Planning Framework - delivering change together 2026/27 to 2028/29' guidance was published. This guidance required that SFH had shared and agreed a three-year operational plan with NHSE that delivered across a range of delivery commitments between now and the end of 2028/29.

SFH submitted our final 3-year operational plan to NHS England on 26th March 2026 with NHSE confirming on the 2nd April 2026 that the plan was accepted, noting that transforming our services remains essential to achieving the required outcomes for patients as well as productivity and efficiency improvements to ensure sustainability.

The plan is anchored in the trust's strategic vision to improve the lives of our patients, our people and our local population and to be recognised as an outstanding local hospital delivering high-quality, compassionate care enabled through digital transformation. It aligns with the trust's strategic objectives and the '10-year Health Plan for England' that sets out an exciting vision of the future.

We present a realism and ambition in our plans and are excited about the years ahead while also recognising that there is some risks to delivery in the plan especially around the urgent and emergency care pathway services that are not always in the direct control of SFH and that, in addition to our internal work, require whole system partnership working and transformation

**Our operational plan supports the NHS 10 Year plan setting out our ambition to continue to improve our clinical and operational performance, quality and safety, our use of resources, and culture.**



### **Increase in the number of patients being treated within 18 weeks**

70% of patient treatments completed within 18 weeks by March 2027 and 92% by March 2029. This supports the NHS in England to meet its national target of 70% and sits alongside reducing the number of people on our waiting list and increasing the number of people that access diagnostic tests in less than 6 weeks.



### **Earlier and faster cancer diagnosis and treatment**

Improving 62-day cancer performance to 80% by the end of 2026/27 and to 85% by 2028/29. This is in addition to maintaining and improving our performance for the 28-day cancer diagnosis standard and the number of people receiving first treatment for cancer within 31 days.



### **Improvement in 4hr A&E waiting times**

The number of patients being seen within 4 hours will increase from 71.9% in February 2026 to 82% by March 2027 with an average of 85% of patients seen within 4 hours during 2028/29.



### **Less people waiting 12 hours or more in the Kingsmill A&E department**

Despite increasing attendances and acuity (severity of illness) the number of patients spending more than 12 hours in the department will reduce from 5.3% of attendances during 2025/26 to 3.2% during 2026/27 and 2.4% by 2028/29.

# SFH 3-Year Operational Plan – Our Plan Submission



## **Reducing ambulance handover times**

Improving our ambulance handover times in our emergency department (A&E) so that at least 95% of handovers take place in under 15 minutes by 2028/29, compared to 77.8% in February 2026.



## **Planned care and emergency activity**

In 2025/26 we had nearly 420,000 planned care patient contacts and 250,000 emergency care patient contacts across our planned care and urgent care pathways. While we will see an 8% increase in first out-patient appointments to over 133,000 a year we are also planning to reduce planned care out-patient follow ups in a hospital setting by around 9% by March 2029. We will also see a 5% increase in ED attendances over the next 3 years to around 215,000 per year and around a 6.3% increase in the number of people requiring emergency overnight stays to over 33,000 per year with patients also being more acute (severity of illness).



## **Reduced reliance on high-cost temporary staffing**

SFH will see further reductions in its temporary workforce hours and expenditure in 2026/27, including a reduction in agency expenditure of 38% (£3.3m) and bank expenditure by 19% (£4.5m) compared to 2025/26 with further reductions in years 2 and 3'



## **£34.9 million efficiency programme to deliver a balanced financial plan**

SFH has submitted a balanced financial plan for 2026/27 and as part of this is planning to deliver a £34.9m efficiency programme. SFH has a strong track record, delivering a £34.5m efficiency programme in 2024/25 and a further £36.3m in 2025/26. The associated efficiency requirement in 2027/28 is £29.0m and in 2028/29 is £27.4m.



## **£59.3m capital investment in our buildings and equipment over the 3 years**

Our new community diagnostic centre at Mansfield community hospital fully opened in April and our emergency (A&E) department refurbishment has commenced alongside a number of capital enabled digital developments. The capital also enables us to replace essential medical equipment, deliver system upgrades and cyber security, to replace IT equipment to support our people to deliver their services, and to undertake building upgrades and maintenance.

## SFH 3-Year Operational Plan - Conclusion

There is much to be proud of at Sherwood Forest Hospitals and as we implement this plan, we will continue to put culture at the heart of what we do recognising the importance of our people, our patients, and our partners. We also recognise our challenges, including our financial position and the drive to improve access, quality, and the experience of working and receiving care at SFH.

We will deliver the first year of this plan by focusing on our three core priorities for the coming year:  
1) improve through change 2) drive best practice and 3) be a great place to work.

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Improving Lives – Mid-Point Strategy Refresh	<b>Date:</b>	19 <sup>th</sup> May 2026		
<b>Prepared By:</b>	Claire Hinchley, Director of Strategy and Partnerships				
<b>Approved By:</b>	Claire Hinchley, Director of Strategy and Partnerships				
<b>Presented By:</b>	Claire Hinchley, Director of Strategy and Partnerships				
<b>Purpose</b>					
The mid-point strategy refresh is presented to the Council of Governors for update on the delivery priorities across the Trust over the next few years.				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Recommendation</b>					
The Council of Governors are asked to promote the Trust strategy refresh, highlighting the three delivery priority areas with colleagues: <ul style="list-style-type: none"> <li>• Talk with colleagues about the refreshed delivery priorities, focussing on what this means for patient care and for their day to day work</li> <li>• Help make improvements happen by supporting colleagues to be open to change, using feedback from your communities</li> </ul>					
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Indicate which strategic objective(s) the report support					
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Draft of the mid-point strategy refresh presented to the Council of Governors Forum – April 2026					
<b>Acronyms</b>					
AI – Artificial Intelligence CQC – Care Quality Commission DLN – Derbyshire, Lincolnshire and Nottinghamshire ICB Cluster ED – Emergency Department GIRFT – Getting It Right First Time ICB – Integrated Care Board IPR – Integrated Performance Report MRI – Magnetic Resonance Imaging NHS – National Health Service					

PSIRF – Patient Safety Incident Response Framework  
QSIR – Quality Service Improvement Redesign  
UEC – Urgent and Emergency Care  
WAVE – Working to Achieve Value and Efficiency

## **Executive Summary**

### **Improving Lives strategy refresh**

The Improving Lives Strategy launched in 2024 and has delivered several achievements against the original ambition, whilst navigating significant national and local policy and personnel changes.

The strategy required a mid-tenure refresh to ensure it is fit for purpose and to ensure clarity across the organisation on the priority delivery areas for years 3-5 (2026-2029).

In shaping the refreshed position, engagement was undertaken with patients, public and colleagues both in person and digitally across the three sites of the Trust.

The main areas of the strategy refresh has been in creating three priority delivery areas for the next three years, and updating the measures of success. The Trust Board has participated in this refresh through a Board workshop in March and a follow up session at Private Board in April. A draft of the strategic delivery priorities was discussed with Governors at the Governors Forum in April and fully supported.

The three priority areas have been re-ordered since the draft was presented to Governors in April but the language remains the same and a delivery plan has been drafted aligned to these:

1. Improving through change
2. Driving best practice
3. Being a great place to work

The Strategy refresh has been launched as planned across the organisation commencing last week with the Chief Executive's Blog and has been presented to Newark Hospital's Team Brief. Further engagement sessions continue across May through Trust Brief, Leaders Forum, Medical Managers forum, Trust Management Team and in-person sessions later in May and June.

Governors have supported communication and delivery of the Trust strategy and its delivery plans in a variety of ways since 2024, through existing links into the organisation, across partners and across public facing groups. This has delivered improved engagement with the strategy across colleagues and local population. It is hoped this positive engagement will continue through to the end of the Trust strategy (2029).

### **Next steps:**

- Continue to promote the strategy and ensure the deliverables are worked through into delivery plans across the organisation
- Be alert and responsive to further national or local changes that may influence or impact the delivery priorities

### **Appendices:**

Improving Lives strategy refresh presentation  
Final strategy refresh document

Outstanding Care,  
Compassionate People,  
Healthier Communities



Sherwood Forest Hospitals  
NHS Foundation Trust

# Mid-Point Strategy Refresh

2026

IMPROVING  
LIVES



# Executive Summary

## **Purpose of this refresh**

This document updates our existing 5-year (2024-2029) Improving Lives strategy as we enter the second half of its tenure. Our overall ambition, strategic objectives and drivers of change remain the same. This refresh focuses on delivery over the next three years and how we will measure success.

## **Our ambition in the Improving Lives strategy remains unchanged**

Over the lifetime of this strategy we want to be known as an outstanding local hospital that consistently delivers quality services for our patients and improves lives.

We will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals.

We additionally aim to look outside the walls of a traditional local hospital. We are already and will continue to contribute towards delivering healthier communities in the areas we serve of Ashfield, Mansfield, Newark and Sherwood (Mid Nottinghamshire) and wider.

We are accelerating our work in promoting health and preventing ill health. Supporting prevention, alongside other providers, is an important part of our business. Through the lifecycle of this strategy we want to positively impact upon prevention to reduce the need for our citizens to require healthcare in the future and to support those who already have a long term condition to manage this differently.

Building on the expertise of our colleagues, over the next few years we will drive a vibrant culture where people choose us as a place to come and work. They will access opportunities supported by us to develop their career aspirations and to thrive in the work they do. Sherwood Forest Hospitals will be a healthy place to work with choices that enhance our people's own health and that of their patients, families and friends.

## **What is different in this refresh**

- Our priorities for how we deliver the ambition and strategic objectives have been strengthened
- Our measures of success are clearer

## Our priorities for Years 3–5 of the Improving Lives strategy

This next phase of delivery focusses on scaling transformation, strengthening local partnerships and maximising the impact of digital innovation to improve outcomes for our patients, local population and for our people who work across Sherwood Forest Hospitals Trust

1. Improve through change
2. Drive best practice
3. Be a great place to work

## How we will measure success

We will use triangulated measures from different sources across the following themes to measure successful delivery of our strategic objectives and priority areas.

- The Trust delivers safe, high quality and timely access to care
- The Trust is well-led
- The Trust is a great place to work
- The Trust is responsible in managing its resources and is financially stable
- The Trust is a good anchor organisation, contributing to local development

## 2. What has changed since we launched the Strategy in April 2024

Together we have delivered significant change across all of our strategic objectives. A summary of our achievements are below.

- Delivered redesigned environments and improved pathways of care including the purpose-built discharge lounge and the frailty unit developed from a trial of new ways of working
- Taken the first steps in delivering the national shift from hospital to community with a respiratory integrated neighbourhood teams pilot, working with our partners to deliver proactive and preventative care
- Embedded an improvement culture through mechanisms such the PSIRF which seeks to identify learning from incidents
- Working closely with our partners we have provided essential work experience and apprenticeships across our services for local people
- Eliminated the use of desflurane across the Trust, contributing to delivery of our Green plan
- Adopted artificial intelligence with the introduction of Microsoft 365 Co-Pilot which supports our people to work efficiently

## What we have learned

- We are well placed to navigate change confidently and we will flex our delivery plans to meet changing requirements and available resources, whilst delivering against a strategic ambition
- Our people remain compassionate and enthusiastic for providing quality care despite challenging times
- Our patients value the service they receive, often sharing comments about the strong compassionate and personal approach taken across the Trust

## What has changed in our context

- The change of Government in July 2024 led to one of the biggest changes across health services in recent history. NHS England and the Integrated Care Boards are in the middle of a significant change resulting in new ways of working, new responsibilities and a large reduction in resources. This has changed both national and local priorities for the NHS since we launched our strategy
- The Nottingham and Nottinghamshire Integrated Care Board (ICB) has grouped together with Derby & Derbyshire, and Lincolnshire's ICBs, resulting in a new ICB Cluster called DLN (Derby, Derbyshire, Nottingham, Nottinghamshire and Lincolnshire). The commissioner is now operating as a strategic commissioner and will not be involved in supporting delivery of services in the way it has previously done so. This will change what is expected of NHS providers.
- Fit for the Future: 10 year health plan was launched in 2023 setting out how the NHS and partners who support health of the population will transform services to improve the health of the nation
- The upcoming Local Government Reorganisation will create two new unitary authorities in Nottingham and Nottinghamshire, bringing together the existing District Councils and Local Authorities. This is due to be finalised in 2028 bringing further change to our partners and how we work with them to improve the health and care of our local population
- The requirement to live within our resources has been a large focus over the last few years and continues to be a challenge. We must transform how we deliver quality, safe and efficient care to ensure we make the best use of available public money

Despite a changing landscape, we remain confident in our ability to thrive and continue delivering outstanding care.

## What we will do differently

Building on what our patients tell us is important, we will ensure our people feel empowered to make both incremental and transformative improvements to care.

We will deliver high quality, safe care outside of the walls of our hospital to drive improvements in the health of our local population – embracing digital, technological and estates based enablers in everything we do.

We will work closer than ever with our partners to ensure integrated care is delivered in the right place and that our future workforce is developed ready to meet the changing requirements of healthcare.

### 3. Our Strategic Direction (Reaffirmed)

#### Our vision

Delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best, leading improvements in the health of our local communities.

#### Our strategic objectives

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

### 4. Our Priorities for Years 3–5

Delivery of our six strategic objectives during 2026-2029 will be through three priority areas:

1. Improve through change
2. Drive best practice
3. Be a great place to work

#### *Improve through change*

##### Key delivery priorities

- Adopt a digital first approach through implementing our Electronic Patient Record, embedding AI including Ambient Voice Technology and using new data methods to drive improvement
- Deliver best practice transformation in our services in UEC, elective and diagnostic services
- Develop our infrastructure, including a redesigned ED majors area, launch of the Community Diagnostic Centre and open our new MRI facility
- Develop and expand the services we provide in our Community Hospitals
- Develop Integrated Neighbourhood Teams

#### What this means for patients

You will receive more of your care closer to home, supported by services that work together seamlessly around your needs. Care will be more timely, coordinated and straightforward to navigate, with fewer appointments and less repetition. You will not need to tell your story multiple times, and digital tools - including the Electronic Patient Record and AI enabled support - will help ensure your care is joined-up, proactive and focused on what matters most to you.

## **What this means for staff**

You will work more closely with colleagues across teams, organisations and settings, supported by simpler and clearer pathways designed around patients' needs. Digital tools, data-enabled decision making and integrated neighbourhood-based models of care will give you greater ability to coordinate care across traditional boundaries. You will have more opportunities to work in community and neighbourhood settings, contributing to more proactive, joined-up and personalised care.

### ***Drive best practice***

#### **Key delivery priorities**

- Use improvement tools including GIRFT, WAVE and QSIR to deliver efficient care
- Maximise our use of digital and AI tools
- Embed research and innovation in all that we do

## **What this means for patients**

Resources - including time, staff, equipment and facilities - will be used efficiently so we can deliver more of the care you need, when you need it. You will benefit from a financially sustainable organisation able to invest in high quality, safe services for the future.

## **What this means for staff**

You will use digital and improvement tools to deliver efficient, high quality care. Clear processes, better data and streamlined pathways will support you to provide timely, effective care and contribute to the Trust's long-term sustainability.

### ***Be a great place to work***

#### **Key delivery priorities**

- Equipping and developing our people to deliver transformation and better outcomes for patients
- Developing our future workforce in partnership with local education providers
- Ensuring our people have an environment they can thrive in including embedding an improvement and safety culture
- Being a well led, supportive and high performing organisation

## **What this means for patients**

You will be cared for by staff who feel supported, valued and empowered. When staff are able to develop, thrive, and work in a positive culture, the quality and compassion of care you receive will continue to strengthen.

## **What this means for staff**

You will be part of a workplace that invests in your development, wellbeing and ambitions. You will have opportunities to lead improvement, grow your skills and work in an environment that encourages innovation, collaboration and a strong safety and learning culture.

## Enablers that will help us to deliver our priority areas

Across all three priority areas, we will be guided by four cross-cutting themes: digital enablement, partnership, workforce development and sustainability

## 5. Measures of Success

### Improve through change

Success will be demonstrated by:

- The delivery of safe, high-quality care across community settings, monitored through the IPR and Friends & Family Test.
- Achievement of statutory performance standards, evidenced in the IPR.
- The Trust strengthening its role as an anchor institution, measured through 360-degree partner feedback and delivery of key digital priority milestones.
- Evidence of effective collaboration across neighbourhood, community and system partners, reflected in progress against digital and transformational milestones.

### Drive best practice

Success will be demonstrated by:

- The Trust managing its resources responsibly and maintaining financial stability, assessed through the medium-term planning response and delivery of digital priority milestones.
- Performance against the NHS Oversight Framework, monitored quarterly.

### Be a great place to work

Success will be demonstrated by:

- The Trust being well-led, assessed through provider self-assessments, CQC reviews and well-led reviews.
- The Trust being recognised as a great place to work, tracked through the NHS Staff Survey and related workforce indicators.

## 6. Governance and Oversight

### How we will track progress

- Our supporting strategies will continue to report into an associated committee on a 6 monthly basis. The supporting strategies are Clinical services, People plan, Quality, Partnerships, and Finance.
- Delivery from the supporting strategies is aggregated up into the Trust Board on a 6 monthly basis and aligned with our measures of success
- The Trust strategy will be reviewed annually – next due April 2027

### Summary

Through this refreshed strategy, we affirm our commitment to improving lives- within our hospitals, across our communities, and for future generations. Working together, we will realise our ambition of delivering outstanding care and contributing to a healthier Mid Nottinghamshire.

# IMPROVING LIVES

## VISION:

Outstanding care, compassionate people,  
healthier communities.

## Strategic Objectives



## Our Priority Areas



**We will prioritise improvement,** including in digital transformation and implementing our electronic patient record.

**We will learn from one another and others,** we will work in partnership and we will adopt and embrace best practice.

**We will work together,** to value, support and include all colleagues - and to be proud of what we do.

Outstanding Care,  
Compassionate People,  
Healthier Communities

# Improving Lives (2024-2029)

## Mid-Point Strategy Refresh

**Claire Hinchley**  
Director of Strategy and Partnerships  
May 2026

Outstanding Care,  
Compassionate People,  
Healthier Communities

**NHS**

**Sherwood Forest Hospitals**  
NHS Foundation Trust

## Mid-Point Strategy Refresh

2026

**IMPROVING  
LIVES**



# IMPROVING LIVES

## VISION:

Outstanding care, compassionate people, healthier communities.

### Strategic Objectives



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Sherwood Forest Hospitals  
NHS Foundation Trust

The Improving Lives strategy was launched in 2024 as a 5 year strategy

We're mid-way through the strategy and have **refreshed the delivery priorities** to align with the National 10-year plan, medium term planning requirements and the ICB population health strategy

### We will:

- Improve through change
- Drive best practice
- Be a great place to work

Focus on transformation

Focus on **leading**, in partnership

## Improving through change

- Digitise and roll out Nervecentre to UEC, inpatient care pathways, outpatient tests.
- Electronic prescribing in paediatrics.
- Patient notifications in NHS App.
- Implement ambient voice technology.
- New staff intranet.

- Open Community Diagnostic Centre
- Commence ED Majors works
- Deliver new MRI facility
- Develop and implement a site strategy for how we use all three sites

- Develop structure and governance for Integrated Neighbourhood Teams
- Refinement and expansion of Respiratory Integrated Neighbourhood Team model and launch 1-2 further specialties INT models
- Be alert to upcoming tender opportunities

## Driving best practice

- Deliver QSIR fundamentals and practitioner courses across the year
- Showcase improvement and research outcomes at quarterly intervals
- Support 2-3 specialties through WAVE
- Commence out-patients modernisation
- Embed GIRFT
- Pilot clinical trials programme in medicine
- Respiratory lead in NIHR CRF network
- Research pump priming competition
- Implement SFH research academy and drop in clinics

## Being a great place to work

- Deliver No Hate Here action plan
- Launch a Team Charter toolkit
- Embed and continuously develop the Trust's leadership development offer
- Expand the work experience and apprenticeship offer
- Grow the wellbeing champion network

# Actions to deliver the priorities

- Talk with colleagues about the refreshed delivery priorities, focussing on what this means for patient care and for their day to day work
- Help make improvements happen by supporting colleagues to be open to change, using feedback from your communities

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## Strategy Refresh 2026

**VISION:** Outstanding care, compassionate people, healthier communities.

**Our Priority Areas**

- Improve through change
- Drive best practice
- Be a great place to work

**We will prioritise improvement**, including digital transformation and implementing our electronic patient record.

**We will learn from one another and others**, we will work in partnership and we will adopt and embrace best practice.

**We will work together**, to value, support and include all colleagues - and to be proud of what we do.

Read the full strategy refresh on our website



Mid-Point Strategy Refresh 2026  
IMPROVING LIVES

**Council of Governors Meeting - Cover Sheet**

<b>Subject:</b>	Improvement Faculty Update		<b>Date:</b>	19 <sup>th</sup> May 2026	
<b>Prepared By:</b>	Jim Millns, Associate Director of Transformation				
<b>Approved By:</b>	Jim Millns, Associate Director of Transformation				
<b>Presented By:</b>	Jim Millns, Associate Director of Transformation				
<b>Purpose</b>					
<p>The purpose of this paper is to provide the Council of Governors with:</p> <p>a. An update on the work of the Improvement Faculty, including a summary of the main highlights from 2025/26.</p> <p>b. An overview of the Improvement Faculty Workplan for 2026/27.</p>				<b>Approval</b>	
				<b>Assurance</b>	
				<b>Update</b>	<b>x</b>
				<b>Consider</b>	
<b>Recommendation</b>					
<p>The Council of Governors are asked to:</p> <p>1. Note the contents of the attached report.</p>					
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
			<b>x</b>		
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				<b>x</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
None.					
<b>Acronyms</b>					
<p>TTO = To Take Out  NCTR = No Criteria to Reside  SDEC = Same Day Emergency Care  FIT = Frailty Intervention Team  GAU = Gynaecology Assessment Unit  CAU = Children's Assessment Unit  ED = Emergency Department</p>					

## Executive Summary

1. The 2026/27 Improvement Faculty Workplan sets out a clear and structured programme of priorities across four core areas: improving capability, engagement and culture; evaluating new ideas and providing solutions; programme and project delivery; and programme monitoring, evaluation and assurance.
2. These established '*pillars*' continue to provide a consistent framework for aligning resources, guiding improvement activity, and demonstrating organisational impact. The workplan reflects a balanced approach between delivering immediate operational priorities and supporting longer-term transformation objectives.
3. Looking back at 2025/26, the first half of the year continued to be dominated by financial improvement work. This transitioned to the Finance Team in September 2025, allowing the Faculty to focus on driving sustainable cultural change, building capability, and transformational change - rather than being primarily focused on financial improvement initiatives. In addition, the Faculty was repositioned under the Chief Medical Officer's portfolio, strengthening clinical leadership, credibility, and alignment with quality, safety, and service transformation priorities.
4. Looking ahead to 2026/27, the Improvement Faculty will continue to act as the organisation's central hub for improvement, change management, and transformation support - offering advice, training, development, and practical delivery support to teams across the Trust.
5. To ensure resources are used effectively however, the Faculty will adopt a methodical prioritisation approach - ensuring the Trust remains focused on a small number of high-impact objectives, avoiding duplication and '*initiative overload*'.
6. While this workplan focuses on the Faculty's core remit, it does form part of a broader organisational Improvement and Transformation Programme, which includes Research and Innovation, Estates and Facilities, and Digital. It is recognised therefore that the focus and remit of the Improvement Faculty may need to evolve in response to national policy and organisational priorities, particularly in relation to the implementation and utilisation of the EPR and the development of neighbourhood-based models of healthcare (two of the three national strategic '*left shifts*').

# Improvement Faculty Workplan 2026/27

## Summary Overview

Council Of Governors Meeting  
Date: 19.05.2026

## Contents

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2. Evaluating New Ideas and Providing Solutions .....	7
3. Programme and Project Delivery .....	8
4. Programme Monitoring, Evaluation and Assurance .....	9

## Summary

### Overview

- This report provides an overview of the Improvement Faculty Workplan for 2026/27. It also provides an overview of the main highlights from 2025/26 (*see slides 4 and 5*) plus some additional context describing our overarching approach for 2026/27 (*see slide 5*).
- The workplan is structured around four established core areas of focus (formerly referred to as the '*pillars*'), which were originally developed to articulate the fundamental purpose, scope and strategic intent of the Improvement Faculty at the point of its inception. These core areas continue to provide a clear and consistent framework for prioritising activity, aligning resources and demonstrating impact. These are:
  - Improving Capability, Engagement and Culture (*see slide 6*)
  - Evaluating New Ideas and Providing Solutions (*see slide 7*)
  - Programme and Project Delivery (*see slide 8*)
  - Programme Monitoring, Evaluation and Assurance (*see slide 9*)

## Context

### Looking Back

- Although the first six months of 2025/26 remained heavily focused on delivering financial improvement, responsibility for this work formally transferred to the Finance Team in September 2025. This transition enabled a clearer separation between short-term financial recovery activity and the Trust's longer-term improvement and transformation agenda.
- At the same time, the Improvement Faculty was repositioned within the Chief Medical Officer's portfolio, strengthening its clinical leadership, credibility, and alignment with patient safety, quality, and service transformation priorities. This shift provided the Faculty with greater strategic oversight and influence, enabling a renewed focus on driving sustainable cultural change, capability building, and transformational change, rather than being primarily focused on financial improvement initiatives.
- As a result, the second half of 2025/26 marked a transition towards a more balanced and mature improvement approach, integrating quality, productivity, workforce engagement, and patient outcomes alongside financial sustainability.
- The main highlights of 2025/26 included:
  - Delivering a comprehensive programme of Improvement and Project Management training.
  - Establishing and launching a Quality Improvement (QI) Network to provide structured alumni support for QSIR graduates, enabling ongoing skills development and shared learning.
  - Supporting delivery of the Emergency Care Programme, including the '*Getting the Basics Right*' initiative to improve patient experience and flow, alongside the Diagnostics Stewardship Programme and the Mansfield Community Diagnostic Centre (CDC) Programme.
  - Providing targeted improvement support to elements of the Theatres and Outpatients Programmes, tailored to service requirements.
  - Delivering the first *Working to Achieve Value and Excellence* (WAVE) Rapid Improvement Review in partnership with the Diabetes Service. A second WAVE review commenced in December 2025 with the Rheumatology Service.
  - Responding to over 120 additional requests for improvement support including observational analysis, process mapping, and experience-based design support.

## Context

- Developing and launching the Improvement Insights Explorer Tool, a Trust-wide system that consolidates benchmarking and comparative data to support the identification of improvement and transformation opportunities, including compliance with GIRFT metrics.
- Hosting the Trust's second annual '*Improvement Week*', a structured programme of events and virtual development sessions. This included a Showcase event in the KTC, highlighting exemplary Improvement, Research and Innovation initiatives across the Trust.
- Supporting the improvement components of the Ward Accreditation Process to strengthen quality and consistency of care.
- Advancing the integration of patient safety learning into improvement priorities, including active participation in the Trust's Patient Safety Incident Response Group.
- Strengthening clinical leadership within the Improvement Faculty through the appointment of three Clinical Transformation Leadership roles.
- Initiating a collaborative programme with the Council of Governors to embed patient and public involvement across all improvement activity within the Trust.
- Recognising and celebrating colleagues' contributions to improvement through the presentation of Improvement Ambassador Awards.

## Looking Forward

- We will continue to operate as a single (visible) point of contact for all colleagues and teams seeking support or guidance on all aspects of improvement, change management and transformation activity.
- We will continue to deliver an evidence-based improvement offer that supports the Trust to embed a culture of continuous improvement, address immediate organisational priorities, and plan for longer-term strategic challenges. It will operate as a centre of excellence for improvement and transformation across the organisation.
- We will adopt a structured prioritisation process to make best use of available resources and avoid pursuing too many priorities at once; focusing instead on delivering a small number of '*high-impact goals*', but doing so well. This will involve aligning resources to agreed objectives, setting clear 'guardrails' around discretionary work, and reducing duplication and initiative overload.
- Finally, it is recognised that the focus and remit of the Improvement Faculty may potentially evolve in response to national policy and organisational priorities, particularly in relation to the implementation and utilisation of the EPR and the development of neighbourhood-based models of healthcare.

## 1. Improving Capability, Engagement and Culture



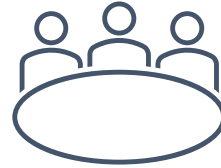
1. We will continue to offer a structured, accessible training programme covering Quality, Service Improvement and Redesign (QSIR), leadership-focused Quality Improvement modules, Project Management, Human Factors, Creativity in Improvement, Clinical Audit, and Audit Management and Tracking (AMaT) training for all colleagues.
2. We will introduce and implement a structured training dosing model that defines graduated levels of improvement training, aligned to role and responsibility, with our aim being that at least 80% of identified priority staff groups complete the appropriate level of training,
3. We will, where required, provide refresher training sessions, continue to develop online sources of support and provide coaching sessions. This includes ongoing development of the QI Network.
4. We will continue to develop and continuously review online sources of help and support available via our Intranet pages. This includes self-help documentation.
5. We will use social media and internal communications to share improvement activities, celebrate successes, and capture lessons from less successful projects at both individual and team levels.
6. We will coordinate (in partnership with the Research and Innovation Team) regular 'show-case' events.
7. We are planning to deliver our third 'Improvement Week'. This will be based on a combination of feedback received following the first two events (what worked well, what didn't), new ideas for delivering certain aspects differently and through seeking and embracing approaches that have worked well elsewhere.

## 2. Evaluating New Ideas and Providing Solutions



1. We will continue to promote an ‘open-access’ Improvement Hub; where colleagues from across the Trust can seek advice, share ideas and discuss any aspect of Improvement activity. We will continue to hold drop-in sessions at Newark and Mansfield Community Hospital for those unable to access the Kings Mill Hospital based Improvement Hub.
2. 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 and creative thinking.
3. We will continue to provide benchmarking information, comparative data and costing information as required.
4. We will continue to develop the ‘Working to Achieve Value and Excellence’ Programme (WAVE), undertake a robust evaluation of the first two PDSAs (Plan, Do, Study, Act), and, if agreed, substantiate the programme as a core component part of the Improvement Faculty offer.
5. We will ensure that Getting It Right First Time (GIRFT) recommendations are used by way of identifying new opportunities and are used to define project and programme objectives (where relevant). We will remain proactive participants in the Trusts GIRFT Oversight Group.
6. We will continue to be proactive participants in the Ward Accreditation process and will provide support and advice to teams undertaking quality improvement project work.

### 3. Programme and Project Delivery



#### Planned Care Transformation Programme

1. Outpatients:
  - Further Faster Follow-up Collaborative, Unwarranted Variation, Capacity Creation
2. Theatres:
  - Efficiency Programme, Managed Equipment Service (MES), Robotic Surgery Project
3. Newark:
  - Making the Best Use of Facilities, Surgical Hub Accreditation
4. Diagnostic Improvement Programme
  - Stewardship Programme, Mansfield Community Diagnostic Centre (CDC)

#### Emergency Care Transformation Programme

1. Getting the Basics Right:
  - Board rounds, TTOs, Weekend discharge.
2. Discharge Improvement:
  - NCTR bed days lost reduction, Complex Discharges, Trusted Assessor, Hub processes, Transport.
3. Frailty:
  - Frailty SDEC, Integration with FIT Team, Interoperability with Care Homes.
4. Inter-Speciality Working:
  - Adherence to Standards, New Bed Models.
5. Admissions Avoidance/Streaming/Front Door SDEC:
  - Ambulatory Pathways, Surgical SDEC, PC24, Virtual Wards, GAU/CAU.
6. ED Improvement:
  - Command and Control, Clinical Decisions Unit, ED Build.

#### Opportunity Identification Programme

1. Getting it Right First Time (GIRFT):
  - Divisional priority metrics where improvement is required with agreed improvement plan monitored.
2. Working to Achieve Value and Excellence (WAVE):
  - Continuation of WAVE reviews, identifying opportunities for specialty level improvements.
3. Speciality Service Reviews:
  - Provision of a service review methodology.
  - Utilisation of the Improvement Insights Explorer Tool to identify opportunities.
4. Learning from Patient Safety Incidents:
  - Improvement Projects based on Outcomes of Patient Safety Incident Investigations.

## 4. Programme Monitoring, Evaluation and Assurance



1. We will continue to provide expert advice and support across key improvement disciplines, including balanced scorecard development, modelling and simulation, performance management, PDSA cycles and the Model for Improvement, Statistical Process Control, and the identification and management of variation.
2. For those projects and programmes that require *'coordinated'* support, we will assist with the production of *'Flash Reports'* and ensure that they are presented to the appropriate committee.
3. For programmes that require *'coordinated'* support we will undertake a full programme closure evaluation (online resource available via Intranet).
4. We will establish a structured and consistent patient and public engagement process that will underpin every aspect of this workplan (including the evaluation of benefits).

**Audit and Assurance Committee Chair’s Highlight Report to Board**

<b>Subject:</b>	Audit and Assurance Committee	<b>Date:</b>	17th March 2026
<b>Prepared By:</b>	Manjeet Gill – Chair of Audit and Assurance Committee		
<b>Approved By:</b>	Manjeet Gill		
<b>Presented By:</b>	Manjeet Gill		
<b>Purpose:</b>			
		<b>Assurance</b>	

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
	Amend and circulate final Committee Annual report for virtual approval. Further assurance on the final fire safety audit action as proposed amendment to seek assurance on contractors’ implementation. Review any recommendations arising from the recent CQC inspection
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<b>Assurance received on:</b> Failure to prevent Fraud checklist Counter Fraud Progress Report, with an effective balance of days for training, proactive work and referrals for investigation. Internal Audit progress report External Audit Progress update. Outstanding Audit actions including the completion of fire safety actions, with one remaining under review. Draft Going Concern Assessment Register of Interest with good progress made.	<b>Approved the Annual Counter Fraud Plan</b> <b>Approved the Annual Internal Audit Plan</b> <b>Approved the unamended Committee Terms of Reference.</b> <b>Approved the Losses and Payments report.</b>
Comments on effectiveness of the meeting	

**Items recommended for consideration by other Committees**

**Finance Committee has reviewed single tender waivers following prompts from last Audit Committee and confirmed assurance on controls and related discussions.**

**Escalate wider considerations of the Nottingham Inquiry report to Quality Committee.**

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

### Quality Chair's Highlight Report to the Trust Board of Directors

<b>Subject:</b>	Quality Committee	<b>Date</b>	<b>Monday 23<sup>rd</sup> March 2026</b>
<b>Prepared By:</b>	Esther Smith, PA to Deputy Chief Nurse & Director of Nursing Quality & Governance		
<b>Approved By:</b>	Lisa Maclean, Non-Executive Director/Committee Chair		
<b>Presented By:</b>	Lisa Maclean, Non-Executive Director		
<b>Purpose:</b>	Assurance report to the Trust Board of Directors following the Quality Committee Meeting		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>- Ongoing dependence on additional capacity, including 25<sup>th</sup>/26<sup>th</sup> beds and continued use of escalation beds on Ward 53.</li> <li>- Care package delays continue to impede discharges, Notts Healthcare capacity remains a challenge leading to prolonged length of stay and poor patient experience.</li> <li>- AMG contract for external care package support is ending with no successor arrangement yet in place.</li> <li>- Increasing mental health delays due to lack of appropriate mental health beds, several cases require system-level escalation.</li> </ul>	<ul style="list-style-type: none"> <li>- Improvement group established with the ICB and system partners to address discharge performance and AMG withdrawal.</li> <li>- Continued roll-out and optimisation of Nervecentre EPR including successful go-live at Newark and upcoming ED go live post April 1<sup>st</sup>.</li> <li>- Audit programme strengthened to address medicines management issues raised during CQC review.</li> </ul>
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <li>- Positive assurance from the Hot Topic exploring the correlation between deprivation, patient safety and experience in Maternity. Specifically noting the major improvement programmes for smoke free pregnancies and preterm birth prevention sustained with substantive staffing in place.</li> <li>- Positive assurance taken from the Patient Safety Committee Report.</li> <li>- Positive assurance from the update relating to EPR progress</li> <li>- Positive assurance from the progress with the quality account</li> </ul>	<ul style="list-style-type: none"> <li>- APPROVAL of the Quality Committee Annual Workplan following removal of IPR for Timely Care as this will be moved under the Finance and Performance Committee as of April 2026.</li> <li>- APPROVAL of the Quality Committee Terms of Reference following removal of IPR for Timely Care as this will be moved under the Finance and Performance Committee as of April 2026.</li> <li>- APPROVAL of the Quality Committee Governance Health Check.</li> </ul>

- Positive assurance from the PSIRF oversight group update

- APPROVAL of BAF Principal Risks 1, 2 and 5 with no changes proposed to current risk scores.
- APPROVAL of the Integrated Performance Reports for Timely and Quality Care ahead of presentation to the Board of Directors.

#### **Comments on effectiveness of the meeting**

The high quality of papers were noted, prompting well thought through discussions and positive contributions from attendees.

#### **Items recommended for consideration by other Committees**

None

#### **Progress with Actions**

Number of actions considered at the meeting – 2

Number of actions closed at the meeting – 0

Number of actions carried forward - 0

Any concerns with progress of actions – **No**

If Yes, please describe –

**Finance Committee Chair’s Highlight Report to Board of Directors**

<b>Subject:</b>	Finance Committee (“FC”) Meeting	<b>Date:</b>	02/04/2026
<b>Prepared By:</b>	Marie McAllister, Corporate PA		
<b>Approved By:</b>	Richard Mills, Chief Financial Officer		
<b>Presented By:</b>	Andrew Rose Britton, Finance Committee Chair		
<b>Purpose:</b>	To provide an overview of the key discussion items, risks, assurances, decisions and actions from the Finance Committee (core) meeting held on 31 March 2026, for the Board of Directors and other relevant committees.		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>• Business case recommendations (see Decisions Made).</li> <li>• Challenging discussion on proposed contract awards, due to timeliness of requests and the balance of financial opportunity, supplier resilience and clinical preference.</li> <li>• 2025/26 financial forecast variance to plan (as previously notified to NHSE).</li> <li>• 2025/26 efficiency shortfall; savings of £33.8m expected against £45.8m plan, i.e. a shortfall of £12.0m.</li> <li>• For 2026–27 the efficiency requirement of 6.1% is highly challenging.</li> <li>• 2026/27 plan demonstrates a need to deliver on cash-releasing efficiency schemes early in the financial year, as cash limits are close to thresholds between June and October.</li> <li>• BAF PR4 (Financial Resources) and PR8 (Climate Change) remain above tolerable levels.</li> <li>• For 2026–27 the efficiency requirement of 6.1% is highly challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion to Finance &amp; Performance Committee to commence from Apr-27, with additional clinical representation and oversight of operational performance.</li> <li>• Ongoing triangulation between finance, activity and workforce plans.</li> <li>• Further assurance on the balance between clinical preference, supplier resilience and financial opportunity associated with the proposed Cardiology Pacing contract.</li> <li>• Annual review to be undertaken on the 2025/26 financial position following year-end closedown.</li> <li>• Financial ledger implementation programme ongoing.</li> <li>• Further development of the 2026/27 efficiency programme, noting the aim to reach 75% fully developed by the end of March 2026.</li> <li>• 2026/27 Contract with ICBs to be finalised and signed.</li> <li>• Quality implications of Capital Expenditure Plan to be reviewed and reported to Quality Committee.</li> </ul>
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <li>• Understanding of Martyn’s Law requirements and proactive approach to preparedness.</li> <li>• Improvement actions underway following debrief of Business Continuity and Critical Incidents.</li> <li>• Contract Forward View in place to identify upcoming decisions.</li> <li>• Although short of the target, the forecast efficiency delivery is just under 6.0% for 2025/26.</li> </ul>	<p>Items approved within Finance Committee delegated authority:</p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p>Items recommended for approval within Board delegated authority:</p> <ul style="list-style-type: none"> <li>• Nottinghamshire Health Informatics business case</li> <li>• ME2 Pathology Contract</li> <li>• Cardiology Pacing Contract</li> </ul>

- Presented cases demonstrate opportunities to deliver additional financial savings.
- 6.0% year-on-year productivity improvement to Nov-25 by NHSE measures, including a real-terms cost reduction of 3.1%.
- Financial ledger implementation on track for 'go-live' in October 2026.
- Financial Recovery Cabinet (FRC) and Capital Resources Oversight Group (CROG) highlight reports demonstrate robust discussions on relevant issues.
- Provider Board Capabilities Self-Assessment (Nov-25 submission) considered and scores deemed relevant.
- Cross-Committee information sharing evident through circulation of People Committee AfC Uplift paper and relevant internal audit reports.
- 2026/27 Plan Resubmission exercise completed, with additional cash-backed funding allocations identified to improve the planned financial position.
- Additional capital has been secured to enable the progression of works to address some long-standing infrastructure risks.

- Trauma & Orthopaedics Contract
- IT Hardware Recycling Contract

Business items approved:

- 2026/27 Capital Expenditure Plan
- Committee Annual Report
- Committee Governance Health Check
- Committee Terms of Reference
- Committee Work Programme
- Committee Maturity Assessment Action Plan (follow up)

BAF PR4 (Financial Resources) remains at a score of 20 (Significant) and PR8 (Climate Change) remains at a score of 12 (High).

### Comments on effectiveness of the meeting

- Members considered the meeting effective, with good attendance and constructive challenge from both executive and non-executive members.
- The Committee was able to interrogate complex business cases (digital services, pathology, procurement contracts) and request appropriate additional assurance before Board decisions.
- Data and papers were generally of good quality, although members requested that future procurement reports include clearer clinical rationale and quantified comparison of options to support value for money judgements.
- The alignment between the work plan, financial performance reporting and planning papers was noted as positive, with a further ask to ensure consistent workforce data across committees.

### Items recommended for consideration by other Committees

#### People Committee

- Workforce reporting triangulation, particularly WTE movements and workforce assumptions underpinning the financial plan.
- Staff implications of digital services expansion (TUPE, recruitment and retention).

#### Quality Committee

- Review of 2026/27 capital programme, including schemes not prioritised, with explicit linkage to quality and safety risks.

### **Progress with Actions**

Number of actions considered at the meeting – 6

Number of actions closed at the meeting – 5

Number of actions carried forward – 3 actions not yet due.

Any concerns with progress of actions – No

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

**People Committee Chair’s Highlight Report to Board**

<b>Subject:</b>	Chair’s Report	<b>Date:</b>	24 <sup>th</sup> March, 2026
<b>Prepared By:</b>	Steve Banks Non-Executive Director		
<b>Approved By:</b>	Steve Banks Non-Executive Director		
<b>Presented By:</b>	Steve Banks Non-Executive Director		
<b>Purpose:</b>	For Assurance		

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p><b>Areas of Concern or Key Risks Escalated for Update:</b></p> <ul style="list-style-type: none"> <li>• A slightly shortened People Committee allowed for an development workshop on the results National Staff Survey (NSS), (See Reading Room)</li> <li>• Continuing impact of financial challenges and demand pressures on staff morale and wellbeing, compounded by Industrial action, and now reflected in NSS</li> <li>• On-going work required to understand delivery plans by area of actions to achieve 26/27 WTE and financial targets</li> <li>• Continuing concern of likely impact and potential knock-ons across the Agenda for Change workforce as part of the Fairer Deal for Nurses announcement</li> <li>• Positive progress in some IPR measures, however agency, turnover and absence remain above target</li> </ul>	<p><b>Area of focus and update in advance of the next People Committee included:</b></p> <ul style="list-style-type: none"> <li>• High level response to NSS already communicated Trust Wide, with Executive champions. Analysis by team and theme begun which is on-going. Agreed regular updates through People Committee across the rest of the year</li> </ul>

**Positive Assurances to Provide****Decisions Made** *(include BAF review outcomes)***There was much positive assurance provided including:**

- Progress on 10 point plan for improving Doctors lives, including welcomed news of the newly opening Doctors mess
- Process to minimise payroll errors and ongoing monitoring
- Early indicators of morale in corporate services following the MARS programmes ran in 2025 are not significantly worsening (absence, engagement and appraisal levels), committee agreed to keep this under review
- Gender Pay Gap report and requirement met
- Organisational Development and Equality, Diversity and Inclusion update
- Resident Doctors Bi-Annual update including Guardian of Safe Working

**Decisions made at the March People Committee included:**

- 26/27 Priorities to support the delivery of year 2 People Strategy approved (see Reading Room)
- BAF reviewed and mitigating actions considered; risks and assurance levels remain as is

**Comments on effectiveness of the meeting**

Good preparation and papers led to right debate and actions

**Items recommended for consideration by other Committees****Following the March People Committee, the following items**

- Finance Committee and Quality Committee with regard to continued triangulation of financial imperative, quality delivery and staff morale.
- Finance Committee to be informed regarding the continuing concern of likely impact and potential knock-ons across the Agenda for Change workforce as part of the Fairer Deal for Nurses announcement
- Audit Committee to ensure ongoing monitoring of over and under payments.

## Progress with Actions

Number of actions considered at the meeting - 4

Number of actions closed at the meeting – 4

Number of actions carried forward - 0

Any concerns with progress of actions – No

If Yes, please describe –

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

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Membership and Engagement		<b>Date:</b>	8 <sup>th</sup> May 2026	
<b>Prepared By:</b>	Liz Barrett				
<b>Approved By:</b>					
<b>Presented By:</b>	Liz Barrett				
<b>Purpose</b>					
To share an overview of the activity being discussed and debated in the Membership and Engagement committee			<b>Approval</b>		
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Membership and Engagement Committee					
<b>Acronyms</b>					
SFHFT (Sherwood Forest Hospital Foundation Trust) MYG (Meet Your Governor)					
<b>Executive Summary</b>					
<p>An overview as to how Governors are currently engaging in Meet Your Governor and the impact / next steps of this.</p> <p>An overview as to postcode mapping linked to governors and patients to ensure the strongest representation possible is in place.</p>					

## Membership and Engagement

### Meet Your Governor (MYG) Update

The dedicated working group, led by Linda Dales, is now progressing the next phase of Meet Your Governor (MYG) activity following the completion of a comprehensive review of the MYG process. The purpose of the review was to ensure that the MYG programme is more streamlined, agile, responsive, and effective in its overall delivery, while continuing to provide meaningful opportunities for engagement across the communities served by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).

As previously communicated, a key objective of the revised MYG approach is to extend activity beyond the traditional hospital setting and further into the local communities and neighbourhoods served by the Trust. By widening the scope of engagement, governors aim to ensure that a broader and more representative range of voices can be heard. This includes patients, carers, families, staff, community groups, stakeholders, and members of the public whose experiences and perspectives can provide valuable insight into the delivery of services across SFHFT. The intention is that this wider engagement will strengthen the intelligence and feedback available to the Trust, helping to inform decision-making, support service improvement, and enhance the overall patient and staff experience.

As reported previously, the working group has continued to work closely with Richard Brown and Paula Longdon to ensure that the revised MYG process operates within clear governance arrangements and remains aligned to existing SFHFT initiatives led by the Executive Team and wider staff body. A significant emphasis has been placed on ensuring that the time voluntarily given by governors through MYG activity is purposeful, constructive, and supportive of the Trust's wider strategic priorities and objectives. The group remains committed to ensuring that MYG activity complements, rather than duplicates, existing engagement work already taking place across the organisation.

In addition, work is continuing to align the MYG programme with the valuable work being undertaken by Jim Millns and his team. This collaborative approach will enable governors to contribute more effectively to ongoing engagement activity while also supporting and enhancing the work already taking place across the Trust. By working together in this way, there is an opportunity to strengthen communication, improve the sharing of feedback and intelligence, and ensure that areas of concern, good practice, and emerging themes are identified and escalated appropriately.

As a team of governors, we are also highly aware of several key themes and "hot topics" that have emerged from this year's staff survey, which was undertaken during the autumn period and reported on in the spring. Governors recognise that national pressures across the NHS continue to place significant demands on staff at all levels within Sherwood Forest Hospitals, and that these pressures can have a direct impact on staff wellbeing, morale, and organisational culture. We fully acknowledge the challenges currently being faced by colleagues across the Trust and understand the importance of creating opportunities for staff to feel heard, listened to, and supported.

Governors are therefore keen for MYG activity to provide a safe and approachable opportunity for staff, as well as patients and members of the public, to share their experiences, concerns, suggestions, and reflections. Through the MYG process, governors will act as a listening ear and ensure that feedback received is appropriately noted, collated, and thematically reviewed. Key themes, trends, and areas of concern will then be shared back with the Executive Team through established governance processes to support the Trust's ongoing commitment to improving organisational culture, staff experience, communication, and engagement across SFHFT.

A number of MYG sessions have now been scheduled throughout this month, with governors actively supporting and participating in these engagements. Careful consideration has been given to the planning of these sessions to ensure that MYG activity is delivered across the different SFHFT sites, enabling patients, staff, carers, stakeholders, and visitors from all areas of the Trust to have access to the initiative. The intention is to ensure that engagement opportunities are inclusive, visible, and accessible to as many people as possible.

I would like to place on record my sincere thanks to fellow Governor Linda Dales for her leadership, dedication, and continued commitment in driving this important work forward. The considerable time, care, and energy she has invested in developing and progressing the MYG programme is greatly appreciated. I would also like to extend my thanks to all governors who continue to generously give up their time to support MYG activity and contribute positively to strengthening engagement across Sherwood Forest Hospitals NHS Foundation Trust.

**Council of Governors- Cover Sheet**

<b>Subject:</b>	Contract Award Recommendation- External Audit Services		<b>Date:</b>	19 <sup>th</sup> May 2026		
<b>Prepared By:</b>	Bob Truswell, Strategic Head of Procurement					
<b>Approved By:</b>	Richard Mills, Chief Finance Officer					
<b>Presented By:</b>	Bob Truswell, Strategic Head of Procurement					
<b>Purpose</b>						
The Trust is nearing the end of its current External Audit contract with KPMG. The procurement team has tested the market for a new three-year contract. Following an evaluation of both Quality and Cost measures, the evaluation team is able to recommend a winning bid.				<b>Approval</b>	<b>X</b>	
				<b>Assurance</b>		
				<b>Update</b>		
				<b>Consider</b>		
<b>Recommendation</b>						
Council of Governors approves the award of the External Audit contract to KPMG for three years (financial years 2026/27, 2027/28 and 2028/29).						
<b>Strategic Objectives</b>						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
				<b>X</b>		
<b>Principal Risk</b>						
<b>PR1</b>	Significant deterioration in standards of safety and care					
<b>PR2</b>	Demand that overwhelms capacity					
<b>PR3</b>	Critical shortage of workforce capacity and capability					
<b>PR4</b>	Insufficient financial resources available to support the delivery of services					<b>X</b>
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits					
<b>PR7</b>	Major disruptive incident					
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change					
<b>Committees/groups where this item has been presented before</b>						
None						
<b>Acronyms</b>						
<b>Executive Summary</b>						
This report provides Council of Governors with an overview of the tender process for the procurement of External Audit services for the Trust. It includes a recommendation for the appointment of KPMG as External Auditors for a three-year contract following evaluation of tenders.						

## Procurement of External Audit Services

### 1. Purpose of Report

- 1.1 To provide Council of Governors with an overview of the tender process for the procurement of External Audit services for the Trust.
- 1.2 To request approval for the appointment of KPMG as the Trust External Auditor for the financial years 2026/27, 2027/28 and 2028/29.

### 2. Background

- 2.1 The Trust is nearing the end of its existing agreement for External Audit services. This contract has been in place for three years and the supplier is currently KPMG. KPMG also held the previous three-year contract from 2021-2024.
- 2.2 The service was tendered in 2023 at the end of the previous contract, but no bids were received from the market. KPMG were reappointed for a further three years following a price renegotiation.
- 2.3 The cost of the audit for 2026/27 by KPMG is £232,560 (including VAT). The price has remained constant over the past three years but has increased annually in line with the Retail Price Index.

### 3. Tender Process

- 3.1 The procurement team determined that the best route to market was to re-open competition via the East of England Collaborative Procurement Hub framework for Statutory Audit Services. This framework contains fourteen pre-approved suppliers.
- 3.2 The tender was based on a Quality / Cost split of 70% / 30%. Price was to be assessed on the total value of the three-year contract. Quality was assessed by the supplier responses to six questions. The scoring of these responses was weighted according to the importance of the subject matter. A copy of the tender documentation is attached to this report as a Schedule.

Please provide details of the methodology you will use for the delivery of the service. This should include liaison with Internal Audit, Audit Committee, Director of Finance etc.
--

Please provide details of your experience of delivery External Audit services to similar NHS organisations
--

Please provide full details (including mini-CVs) of the team who will be assigned to Sherwood Forest work
---

Please provide a detailed case study from at least one current NHS client
---

Please outline your proposed work plan and timescales for the first year of the contract (from 01/07/26 to 30/06/27)
--

Please describe how your organisation will deliver social value under this contract. This should include your approach to supporting local communities, how you will minimise environmental impact and contribute to local and national sustainability goals
--

- 3.3 The procurement team wrote to all suppliers on the framework to gauge interest in the Trust project. Four bidders responded positively- KPMG, EY, Mazars and BDO.
- 3.4 The tender documentation was issued to all framework members via the Atamis e-tender portal on 23<sup>rd</sup> April 2026. Bidders were invited to ask any clarification questions and BDO took up this opportunity to ask a question about any current non-audit work that had been provided for the Trust.

3.5 The tender deadline was noon on 7<sup>th</sup> May 2026. Following the opening of the tender vault, we had received three bids: BDO, KPMG and Mazars.

#### 4. Evaluation

4.1 A tender evaluation panel was convened consisting of: Manjeet Gill (Chair of Audit & Assurance Committee), Mitchel Speed (Governor) and Bob Truswell (Head of Procurement).

4.2 The tendered prices are shown in the table below

	<b>BDO</b>	<b>KPMG</b>	<b>Mazars</b>
Year 1	£ 246,000.00	£ 240,000.00	£ 210,000.00
Year 2	£ 228,000.00	£ 244,800.00	£ 219,450.00
Year 3	£ 228,000.00	£ 249,696.00	£ 229,325.00
<b>Total</b>	<b>£ 702,000.00</b>	<b>£ 734,496.00</b>	<b>£ 658,775.00</b>

4.3 The evaluation panel scored the responses to the Quality questions in line with the Scoring Criteria issued as Appendix C of the tender pack. Quality scores (70%) were added together with Pricing scores (30%) to arrive at a total mark out of 100 for each bidder.

#### 5. Evaluation Outcome

5.1 The table below shows the consolidated Quality and Cost scores for each supplier

<b>Pricing Section (30 marks)</b>			<b>BDO</b>		<b>KPMG</b>		<b>Mazars</b>	
	<b>Total</b>		£712,000		£734,496		£658,775	
<b>Quality Section (70 marks)</b>								
Each scored out of 5			Raw Score	Weighted	Raw Score	Weighted	Raw Score	Weighted
1	Methodology	3	4	12	5	15	2	6
2	Experience	1	3	3	5	5	5	5
3	Team	2	4	8	5	10	4	8
4	Detailed Case Study	3	3	9	3	9	3	9
5	Year 1 Plan	3	4	12	5	15	3	9
6	Social Value	2	4	8	4	8	5	10
<b>Quality Points</b>			52		62		47	
<b>Pricing Points</b>			28.2		26.9		30	
<b>TOTAL POINTS</b>			80.20		88.90		77.00	

5.2 Based on the evaluation, the Most Advantageous Tender is from KPMG

5.3 It is therefore recommended that the contract for the provision of External Audit services for the years 2026/27, 2027/28 and 2028/29 is awarded to KPMG

#### 6. Recommendation

6.1 Council of Governors approves the award of the External Audit contract to KPMG for three years (financial years 2026/27, 2027/28 and 2028/29).

Bob Truswell

Strategic Head of Procurement

**Council of Governors - Cover Sheet**

<b>Subject:</b>	Chair's Annual Appraisal		<b>Date:</b>	19 <sup>th</sup> May 2026	
<b>Prepared By:</b>	Sally Brook Shanahan, Director of Corporate Affairs				
<b>Approved By:</b>	Barbara Brady, Non-Executive Director and Senior Independent Director and Liz Barrett, Lead Governor				
<b>Presented By:</b>	Barbara Brady, Non-Executive Director and Senior Independent Director and Liz Barrett, Lead Governor				
<b>Purpose</b>					
To seek approval from the Council of Governors for the Chair's annual appraisal for 2025/26 on the recommendation of its Remuneration & Nomination Committee.			<b>Approval</b>	<b>X</b>	
			<b>Assurance</b>		
			<b>Update</b>		
			<b>Consider</b>		
<b>Recommendation</b>					
That the Committee approves the Chair's final annual appraisal for 2025/26 on the recommendation of its of Remuneration and Nomination Committee noting that the appraisal will then be submitted to NHS England to conclude this year's process.					
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				<b>X</b>
<b>PR2</b>	Demand that overwhelms capacity				<b>X</b>
<b>PR3</b>	Critical shortage of workforce capacity and capability				<b>X</b>
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				<b>X</b>
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				<b>X</b>
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				<b>X</b>
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
Governor Remuneration and Nominations Committee 11 <sup>th</sup> May 2026.					
<b>Acronyms</b>					
CoG - Council of Governors NHSE – NHS England					
<b>Executive Summary</b>					
Following Board appraisal guidance issued by NHS England, the Lead Governor and Senior Independent Director met with the Chair in May 2026. Informed by responses from a multi-source feedback tool, a comprehensive review of his performance in 2025/26 was completed and can be found appended to this paper. As the Chair's final term of appointment ends on 25 <sup>th</sup> May 2026 priorities for the remainder of his term of office, including around an effective handover to his successor, were included in the appraisal discussion instead of objectives for the coming year. The summary appraisal in the format prescribed by NHSE on form "Appendix 3" appraisal is also appended to this paper.					

Upon approval by the full CoG the Chair's annual appraisal summary will be submitted to NHS England to conclude the process for 2025/26.

# Appendix 3: NHS chair appraisal reporting template

This template should be used to formally record a summary of the key outcomes from the appraisal discussion between chairs and appraisal facilitators.

Name of organisation:	Sherwood Forest NHS FT
Name of chair:	Graham Ward
Name and role of appraisal facilitator:	Barbara Brady Senior Independent Director
Appraisal period:	April 2025 – March 2026

## Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

### a. Summary of significant emergent themes from stakeholder assessments:

Another good year for Graham as our Chair. He has been our substantive Chair since 11<sup>th</sup> February 2025. Due to limitations set nationally Graham must finish his time with SFHT by 25th May 2026.

A 360-degree feedback approach was taken. Approximately 90% of the responses for each of the domains were either in the almost always or frequently category. The vast majority of the free text comments were very positive. Graham has been a great asset to the Trust.

### b. Highlighted areas of strength:

The bullet points below summarise the free text from the 360 process.

- He demonstrates strong strategic leadership, particularly during challenging financial circumstances and periods of transition.
- He fosters stability, continuity, and a positive atmosphere, enabling effective collaboration among Board members.

- His leadership style is calm, compassionate, approachable, and empowering, with a focus on patient-centred decisions.
- He leverages his extensive NHS knowledge and experience to guide the Board through difficult discussions and long-term planning, such as the Improving Lives Strategy 2024-2029.
- He is a visible leader, strong communicator, and effective in building external relationships and strengthening internal teams.
- He values staff engagement, respects diverse viewpoints, and utilizes individual skills within the Board effectively.
- His impactful leadership has been instrumental in stabilizing the Board and driving sustainability during a period of substantial change.

### **c. Identified opportunities to increase impact and effectiveness:**

- **Greater Visibility:** Increasing his presence throughout the Trust to enhance engagement and connection.
- **Enhanced Challenge:** Providing more robust challenges in areas of underperformance and where recovery plans lack confidence.
- **Refining Board Discussions:** Reflecting on private board session dynamics and ensuring discussions remain focused, balanced, and not dominated by a few individuals.
- **Triangulating Risk and Decisions:** Continuing to ensure the Board balances risk and decision-making effectively.
- **Strengthening Relationships:** Developing closer working relationships with executive colleagues beyond the CEO.
- **Promoting Diversity:** Supporting efforts to increase diversity within the Board.
- **Balancing Priorities:** Ensuring an appropriate balance between finance, performance, and quality in Board discussions and topic selection.
- **Encouraging Quiet Members:** Actively seeking input from quieter Board members to ensure all viewpoints are considered.
- **Sharing Experience:** Sharing more of his extensive experience to inform the Board's approach to tackling complex issues.
- **Securing a Smooth Transition:** Supporting a secure handover to the incoming Chair and ensuring continuity in financial governance and Board stability.

## **Part 2: Self-reflection (for completion by chair)**

### **Summary of self-reflection on multisource stakeholder assessment outcomes:**

It has been a privilege to work with Sherwood Forest Hospitals as both a NED and Chair over the past 10.5 years (not sure where that time has gone).

This last year has exemplified that privilege and I believe SFH is now in a strong position to move forward under the guidance of the recently appointed CEO and the incoming Chair.

The multisource stakeholder assessment outcomes reflects well both what I believe I have contributed and highlighting many areas of continual need to challenge oneself to get the right balance in all aspects of the role, both internally and externally. I am sure I have not been perfect in achieving that balance but hopefully have been there or thereabouts in most circumstances.

Most important of all is to thank all of the Board and the Governors for all of their support throughout my tenure and to wish SFH all the best for the future.

### Part 3: Personal development and support (for completion by chair and appraisal facilitator)

#### Personal development and/or support needs identified:

Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success
This has not been completed as Graham will be leaving the Trust in May this year having served his maximum term of office with us.			

### Part 4: Principal objectives (for completion by chair and appraisal facilitator)

#### 3 principal objectives identified for next 12 months:

Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement
This has not been completed as Graham will be leaving the Trust in May this year having served his maximum term of office with us.		

## Part 5: Suitability for appointment (for completion by chair and appraisal facilitator)

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. [Regulation 5: Fit and proper persons: directors - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/regulation-5)

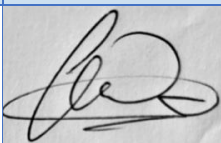
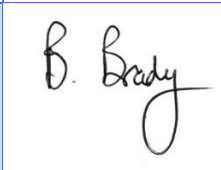
This assessment has been completed and is satisfactory

## Part 6: Overall Assessment Rating and Confirmation

Assessment ratings:


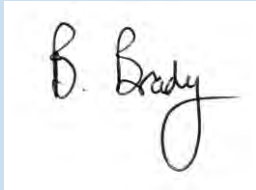
- 1) **Satisfactory** (they are meeting their formal expectations)
- 2) **Cause for concern** (they are not meeting their formal expectations and will be formally logged and addressed)

**Confirmation of overall assessment rating and confirmation (please circle and sign below)**

1) Satisfactory		2) Cause for concern	
Confirmed by	Signature	Date	
Chair		6 <sup>th</sup> May 2026	
Senior Independent Director, Deputy Chair or Regional Director		9 <sup>th</sup> April 2026	

## Part 7: Confirmation

**Confirmation of key outcomes of appraisal discussion:**

Confirmed by	Signature	Date
Chair		6th May 2026
Appraisal facilitator		9th April 2026

**Part 8: Submission**

**a. Copy submitted to [england.chairsappraisal@nhs.net](mailto:england.chairsappraisal@nhs.net) who will forward to your regional director for review**

Name	Date

**b. Endorsement by NHS England Chief Operating Officer (NHS England will action)**

Name	Date

## **Chair's Annual Appraisal**

### **Review Period: April 2025-March 2026**

The process reflects guidance published by NHS England. The Senior Independent Director (appraisal facilitator) along with the Lead Governor met with the Chair on the 10<sup>th</sup> March. This paper captures the discussion and has two parts; review of last year, and priorities for the final few months of Graham's term of office

#### **Part 1: Review of 2025/26**

##### **Overview**

Graham has been with the Trust since December 2015 and as substantive chair since 11<sup>th</sup> February 2025. Due to limitations set nationally on the total period that any Non-Executive and/or Chair can serve, Graham must finish his time with SFHT by 25<sup>th</sup> May 2026. This means that Graham has only a short period left with us. So, the appraisal process has been largely focused on the look back over the last year, alongside discussion regarding the focus for the remaining few months. Following discussion, a Personal Development Plan for the last few remaining months did not seem appropriate.

In summary Graham has had another successful year. Helping to steer the Trust through yet another challenging year including the appointment and subsequent start of our new Chief Executive.

##### **Framework for conducting annual appraisal of NHS Chairs**

The National guidance issued last year has been used albeit with some amendments to reflect the context described above. So, the look back has two main components; a review of Graham's performance using a 360-degree assessment approach, using the 6 domains identified in the Chairs leadership framework and a review of progress against the particular priorities for action agreed with Graham last year.

Just as a reminder the leadership framework has 6 domains

- Driving high quality, sustainable outcomes
- Setting strategy and delivering long term transformation
- Promoting equality and inclusion and reducing health inequalities
- Proving robust governance and assurance
- Creating compassionate, just and positive culture
- Building trusted relationships with partners and communities

Each domain has a number of questions, in total there are 64 questions. The final section of the framework asks respondents to identify how the Chair might increase their impact and effectiveness, identify what the Chair does particularly well and finally there is an opportunity to make additional comments.

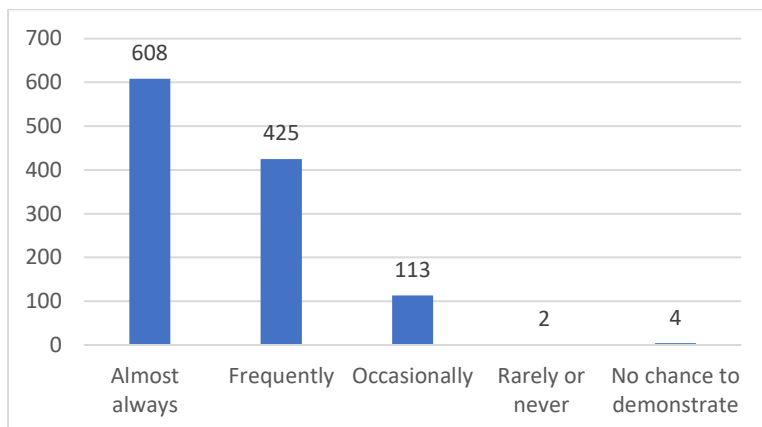
In accordance with the guidance, the questionnaire was sent to all Board members, the Lead Governor and 3 system partners. The questionnaire was sent to a total of 21 people. There were 5 possible responses to each question.

Almost always – Frequently – Occasionally - Rarely or never - No chance to demonstrate

## Responses

A total of 18 people responded, generating 1,152 individual responses. The majority (90%) of these were in the 'Almost always' or 'Frequently' categories.

**Figure 1: All Responses by Category**



When considering the responses by domain it was impossible to identify a particular domain as stronger or weaker.

**Figure 2: Response by Domain**

Domain	Almost always	Frequently	% Almost always or Frequently
1. Driving high quality, sustainable outcomes	117	63	91%
2. Setting strategy and delivering long term transformation	113	100	91%
3. Promoting equality and inclusion, and reducing health inequalities	62	50	89%
4. Providing robust governance and assurance	150	106	89%
5. Creating a compassionate, just and positive culture	110	66	89%
6. Building trusted relationships with partners and communities	56	40	89%

## Free Text Responses

Rather than considering every individual response to each of the three questions at the end of the questionnaire, the responses have been analysed and themed. When strengths were mentioned in the additional section, these have now been included in the analysis of strengths. All of the raw data has been shared with Graham.

### What the Chair does particularly well.

- He demonstrates strong strategic leadership, particularly during challenging financial circumstances and periods of transition.
- He fosters stability, continuity, and a positive atmosphere, enabling effective collaboration among Board members.

- His leadership style is calm, compassionate, approachable, and empowering, with a focus on patient-centred decisions.
- He leverages his extensive NHS knowledge and experience to guide the Board through difficult discussions and long-term planning, such as the Improving Lives Strategy 2024-2029.
- He is a visible leader, strong communicator, and effective in building external relationships and strengthening internal teams.
- He values staff engagement, respects diverse viewpoints, and utilizes individual skills within the Board effectively.
- His impactful leadership has been instrumental in stabilizing the Board and driving sustainability during a period of substantial change.

**How might the Chair increase their impact and effectiveness?**

- Greater Visibility: Increasing his presence throughout the Trust to enhance engagement and connection.
- Enhanced Challenge: Providing more robust challenges in areas of underperformance and where recovery plans lack confidence.
- Refining Board Discussions: Reflecting on private board session dynamics and ensuring discussions remain focused, balanced, and not dominated by a few individuals.
- Triangulating Risk and Decisions: Continuing to ensure the Board balances risk and decision-making effectively.
- Strengthening Relationships: Developing closer working relationships with executive colleagues beyond the CEO.
- Promoting Diversity: Supporting efforts to increase diversity within the Board.
- Balancing Priorities: Ensuring an appropriate balance between finance, performance, and quality in Board discussions and topic selection.
- Encouraging Quiet Members: Actively seeking input from quieter Board members to ensure all viewpoints are considered.
- Sharing Experience: Sharing more of his extensive experience to inform the Board’s approach to tackling complex issues.
- Securing a Smooth Transition: Supporting a secure handover to the incoming Chair and ensuring continuity in financial governance and Board stability.

The below is a summary provided by Graham of his progress against last year’s plan.

Key Area	Priority for 25/26	Progress
Chair the SFHT Board to become an outstanding Board	To facilitate the development of the ‘Preferred Model for SFHT’ that: <ul style="list-style-type: none"> <li>• Embraces the ‘Three Shifts’</li> <li>• Is consistent with the 10-year plan</li> <li>• Addresses health inequalities; and</li> <li>• Has Patients at its core.</li> </ul>	This has continued to develop and be shaped, following the publication of the 10 Year Health Plan and now recognising the development of the ICB’s commissioning intentions.  Would like to have seen it further progressed, though relationships have developed further and NHSE Region has been very supportive in helping shape the preferred model.

Key Area	Priority for 25/26	Progress
	<p>Holding to account the executive directors for the progress on delivery of:</p> <ul style="list-style-type: none"> <li>• Financial sustainability</li> <li>• Operational delivery</li> <li>• The 'SFHT Preferred Model'</li> <li>• EPR programme development</li> <li>• Transfer of MCH from NHS PS to SFHT</li> </ul>	<p>2025/26 has been an extremely challenging year. Progress has been made, however general NHS challenges and increased activity and acuity has had a considerable impact. There is as a result still a lot to do:</p> <ul style="list-style-type: none"> <li>• Finances – despite delivering over £30M in FIP (and over 70% recurrent) the finances will show a significant deficit this year and delivery of the 3 year plan to financial sustainability by 2028/29 will be an enormous challenge.</li> <li>• Performance – Not where we would like it to be but despite challenges we are holding our own. Great performance in diagnostics, RTT and cancer in reasonable shape, ambulance turnaround continues to be strong but challenges on 4 hour target continue. Look to have secured funding to improve the Majors area in ED and have started to look to get funding for enhancing the ambulance handover area, plus to push for a UTC at KMH.</li> <li>• EPR – this is on track and have secured business plan approval. First implementation at Newark UTC went well.</li> <li>• MCH Transfer – progressing but not yet completed. Important to complete all due diligence and progress on this front has been challenging with slow responses from NHS PS.</li> </ul>
	<p>Ensure implementation of the Well Led Review recommendations</p>	<p>Well Led Review recommendations now either implemented or on track for implementation. Board approved progress in February.</p>
	<p>Ensure effective two-way communications from Board to Ward continue.</p>	<p>This has continued well. 15 steps in particular has continued strongly throughout the year. Given pressures I have personally made sure I have visited and spoken with staff in ED at least every two months.</p>
	<p>To recruit and embed the substantive Chief Executive Officer</p>	<p>Successfully recruited a new CEO, who has hit the ground running since he started, both internally and externally.</p>
	<p>To support the transition to a new Chair</p>	<p>Now actively supporting the new Chair recruitment process</p>

Key Area	Priority for 25/26	Progress
	To involve Board in emerging key partnerships and the CIC with NUH.	Board have been involved in all key partnership updates with regular strategy development updates at all private board/development sessions (ie at least monthly).  CIC development has been slow but has helped further develop a strong working relationship with NUH.
	Ensure the CEO and all NEDs have appraisal and objectives, plus give support to their personal development plans.	In progress now and will all be completed by the end of April.
	Conduct a review of the effectiveness of the Board's sub committees.	This has been ongoing throughout the year with discussions with sub-committee chairs and my observing meetings.  A few changes now being made – Finance Committee will start to include performance and need to continue to flex and refine Partnerships and Communities terms of reference as 'preferred model' for SFH develops.
	To meet with the EDI leads and consider how Board can best support them	Have supported a number of the forums throughout the year – and want to give this area additional focus over my last three months in role.
Leadership and support for Chief Executive and Executive team in order for them to be highly effective.	Provide support and counsel as a critical friend for the Chief Executive and Executive Directors (especially the new incoming COO and potential new CEO)	Hopefully this has been done successfully..... have met regularly with the COO and have fortnightly catch-ups with the CEO, plus frequent conversations every week.
	To develop strong links between relevant Executives and NEDs including a buddying arrangement.	New buddying arrangements now in place between Executives and NEDs.
Chair Council of Governors and ensure good	Enhanced engagement with governors, especially the new ones, and focus on their roles	Have regularly met with Governors throughout the year and responded to any concerns they have raised. Maintained regular contact with the Lead Governor throughout the year.

Key Area	Priority for 25/26	Progress
governance by enabling them to carry out their roles effectively and efficiently.	To ensure the effectiveness of the governors and their ongoing engagement	Have discussed this at CoG meetings, both with respect to their roles and also NED interaction with Governors.
	Ensure governance strengthens to accommodate system working implications as they evolve.	Governance continues to work well, but will need to evolve further as system working becomes increasingly important.
Visible leadership across the Trust in order to reinforce our vision, strategy and culture of improvement	To keep supporting the PFI negotiations and relationship	Hopefully very close to finally achieving the settlement agreement. A lot of work then to help ensure the partnering arrangements work better going forward and to address the 'market testing' of both soft and hard Facilities Management services.
	Participate in 15 steps walk about, etc.	Have undertaken regular 15 steps visits, visits to corporate areas and frequent walk arounds in ED. Visits have taken place at all three sites.
	To maintain visible leadership throughout the organisation and across all 3 sites	See above.
Engage with external stakeholders in the emerging new System in order to secure improved outcomes for our population	Develop opportunities to make tangible improvements in quality of care and value for money through our partnerships.	This is ongoing, but has included regular meetings with the District Councils, the ICB (including monthly 1 : 1 with the ICB Chair), NHSE, NUH, NHCT, Chesterfield Royal and Doncaster & Bassetlaw.
	Target and embed relationships and opportunities that promote SFHT as an anchor institution supporting the community across education, training and as a key employer in the community, as part of the narrative of improving health through well-being.	In addition to the above have been involved in regular meeting with West Notts College, ATTFE, Nottingham Trent University and University of Nottingham on the education, training and key employer issues.
	Build relationships with partners outside Nottinghamshire in recognition of the expected changes to the ICS footprint.	This has started, primarily with the now clustered ICB, EMCCA and Chesterfield Royal.

Key Area	Priority for 25/26	Progress
	Position SFHT to be an effective voice as the new System emerges.	SFHT has maintained and built on its overall strong reputation and hopefully I have helped in that development.
	Attend NHSE and NHS Provider chairs events	Regularly attend all NHSE Chair and CEO meetings (on Teams and face to face); ICB led meetings and appropriate NHS Provider events.
	Ensure progress in our partnerships' strategy through work of Partnership and Communities committee	Still developing as strategy is formalised and adjusted to reflect current requirements (e.g. 10-year health plan and changes in the ICB's commissioning intentions). Maintained regular update discussions with the Chair of the Partnership & Communities Committee and the Director of Strategy and Partnerships.

## Part 2: Priorities until Leaving in May

Following a discussion, we have agreed 4 priority areas for Graham to complete before leaving us. These are captured in the bullet points below.

- Completion of Annual Appraisals for all Non-Executive Directors and the Chief Executive
- Oversee the development of a plan for 2026/7 that ensures that SFHT is sustainable.
- Support the recruitment of a new Chair for SFHT and effective handover.
- Secure the transfer of Mansfield Community Hospital to SFHT from NHS property services and ensure the sign off the new contractual arrangement relating to the PFI along with a satisfactory settlement relating to our legacy estate.