

COUNCIL OF GOVERNORS MEETING
Unconfirmed Minutes of the public meeting held on 12th February 2019
5:30pm – 8:00pm, Lecture Theatre 2, Education Centre, King’s Mill Hospital

Present:	John MacDonald	Chairman	JM
	Amanda Sullivan	Appointed Governor	AS
	Angie Emmott	Staff Governor	AE
	Ann Mackie	Public Governor	AM
	Councillor Helen Hollis	Appointed Governor	HH
	Councillor John Doddy	Appointed Governor	JD
	Ian Holden	Public Governor	IH
	Jackie Hewlett-Davies	Public Governor	JHD
	Jane Stubbings	Public Governor	JS
	Jayne Leverton	Public Governor	JL
	John Wood	Public Governor	JW
	Martin Stott	Public Governor	MS
	Morgan Thanigasalam	Staff Governor	MT
	Nick Walkland	Public Governor	NW
	Ron Tansley	Volunteer Governor	RT
	Roz Norman	Staff Governor	RN
Sue Holmes	Public Governor	SuH	
Valerie Bacon	Public Governor	VB	
In Attendance:	Sue Bradshaw	Minutes	
	Richard Mitchell	Chief Executive	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Kerry Beadling-Barron	Head of Communications	KB
	Phil Harper	Head of Strategic Planning	PH
	Meg Haselden	Corporate Matron	MH
	Phil Bolton	Deputy Chief Nurse	PB
	Graham Ward	Non-Executive Director	GW
	Tim Reddish	Non-Executive Director	TR
	Barbara Brady	Non-Executive Director	BB
Matthew Elmer	PWC	ME	
Observer	Ray Buttery	Public	
Apologies:	Councillor David Payne	Appointed Governor	
	Dilip Malkan	Staff Governor	
	Jim Barrie	Public Governor	
	Louise Knott	Appointed Governor	
	Neal Gossage	Non-Executive Director	
	Claire Ward	Non-Executive Director	
	Manjeet Gill	Non-Executive Director	
Absent:	Samantha Annis	Staff Governor	

Item No.	Item	Action	Date
19/152	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate JM declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from: Councillor David Payne, Appointed Governor Dilip Malkan, Staff Governor Jim Barrie, Public Governor Louise Knott, Appointed Governor Neal Gossage, Non-Executive Director Claire Ward, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
19/153	DECLARATIONS OF INTEREST		
1 min	No declarations of interest were raised.		
19/154	MINUTES OF THE PUBLIC MEETING HELD ON 21st NOVEMBER 2018		
1 min	Following a review of the minutes of the meeting held on 21 st November 2018 the Council APPROVED the minutes as a true and accurate record.		
19/155	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
2 min	<p>The Council AGREED that actions 18/145, 18/146.1, 18/146.2 and 18/146.3 were COMPLETE and could be removed from the Action Tracker.</p> <p><i>Action 18/141</i> – JM advised he had spoken to AS regarding who might replace her and invited AS to provide an update.</p> <p>AS advised part of the national direction of travel is for CCGs to become larger and it is felt the Council of Governors would benefit from someone with a mid-Notts focus. Restructuring is in process and when this is complete the relevant person will be nominated as a governor for the Trust. AS advised she has enjoyed her time serving as a governor for the Trust.</p> <p>JM thanked AS for her considerable work and leadership of the Better Together Alliance over the last few years.</p>		
19/156	CHAIR'S REPORT		
1 mins	JM presented the report to the Council and advised he has now met all the winners of the Staff Excellence Awards, noting there is an opportunity to learn from their positive contributions. JM advised he has had a discussion with RM regarding how this may be taken forward. Suggestions for consideration are for staff to write up their stories or attend leadership events. There is a need to celebrate success, not just on the night of the awards.		

	<p>Action</p> <ul style="list-style-type: none"> • RM to provide progress report to Council of Governors in May 2019 regarding learning from staff's positive contributions <p>The Council was ASSURED by the report.</p>	<p>RM</p>	<p>14/05/19</p>
<p>19/157</p>	<p>CHIEF EXECUTIVE'S REPORT</p>		
<p>15 mins</p>	<p>RM presented the report to the Council and advised it is positive news that NHSI have moved the Trust's Single Oversight Framework (SOF) segmentation from 3 to 2. This, coupled with the 2018 CQC assessment, is positive and suggests the Trust's regulators feel progress continues to be made.</p> <p>Preparations are underway for the next CQC visit, which is hoped will take place in 2019, although no date has been provided yet. A meeting is due to take place with the new inspection manager on 25th February 2019 to discuss when the visit is likely to take place.</p> <p>Over the last 6 months, in response to staff comments at Newark Hospital, steps have been taken to strengthen the management at Newark and increase the visibility of executives and senior managers. Some changes have been made and, based on feedback so far, the changes have been well received and will improve the Trust's position in relation to the CQC assessment. Approximately 50% of services within the Trust which are likely to be visited by the CQC are based at Newark.</p> <p>RM advised that he and senior colleagues are increasingly doing work at an ICP and ICS level. The Trust is trying to reach a position where meaningful steps can be taken to work more closely with commissioners, Notts Healthcare Trust, social care and others involved in physical and mental well-being to support the quality of care that patients and the public receive.</p> <p>SFHFT has been asked to 'buddy' with Queen Elizabeth Hospital, King's Lynn. The areas they have requested support with are governance, clinical leadership and rolling out quality improvement methodology.</p> <p>There have been discussions at the Board of Directors meeting in relation to whether, as an organisation, we are stretching ourselves too thinly, given the work with King's Lynn, ICS and ICP work and CQC preparations, in addition to the day to day work. However, the primary focus is to continue to provide and strengthen the provision of safe, high quality care to patients at SFHFT.</p> <p>IH acknowledged discussions in previous meetings regarding ensuring there is sufficient resource to cover the additional work but sought assurance that RM and colleagues are not going to 'burn out'.</p> <p>RM advised this has been acknowledged as a risk that the Trust needs to be aware of. However, RM felt it isn't a personal risk for him, nor a risk for the executive team or senior leadership team, but it will be</p>		

continually monitored. Supporting King's Lynn and ICP working enables the Trust to take opportunities to strengthen the senior leadership team as there will be a sum of money associated with supporting King's Lynn which will be invested in the organisation to strengthen it.

In terms of the SOF, high performing organisations achieve a balance and SFHFT currently has a balanced portfolio. The Trust needs to continue to provide safe, high quality care to patients. Linked to that is the culture of the organisation and staff engagement. Progress has been made in relation to that and when the 2018 national staff survey results are received in the next few weeks these will show further progress has been made but it will reconfirm what is known from a cultural perspective, namely about 10% of staff continue to feel unsupported in this organisation and there are people who experience bullying and harassment on a daily basis.

From an access perspective, the Trust is performing well in relation to the 4 hour standard, cancer, elective care and diagnostics. In regards to finance, the Trust has been working closely with AS and her team over the last 12 months to making sure commissioner QIPP and financial improvement within the Trust are treated with equal importance. A lot of progress has been made in relation to that and SFHFT will deliver the control total this year.

RM acknowledged SFHFT is not perfect and there are a number of areas to improve on.

RN stated she understood the staff survey results are with the Trust but are embargoed until 26th February 2019, querying if the outcome of the survey will be shared with the Council of Governors.

RM confirmed the Trust does not yet have the staff survey results. The information available so far is impossible to interpret and the database is not yet complete. The information which will be circulated to staff will be transparent; this will include all the answers to all the questions and the thematic information that comes from the free text information. The percentages will show how SFHFT compares to other organisations. Prior to the information being circulated there will be a briefing session for staff governors.

RM advised Brexit planning has been discussed at the Risk Committee Meeting and the Public Board of Directors meeting. There are things which the organisation is being asked to do, mainly populating templates to provide assurance. The key message being received is not to stockpile medicines. It is acknowledged there are a range of risks for the Trust, health system and the country but the Trust is doing what is being asked.

JM noted some of the assurance is being provided by other organisations, for example, in relation to stockpiling of drugs; this has to be taken in good faith but the level of assurance is less than in other instances.

HH noted the Trust isn't stockpiling drugs and queried what the national plan is in relation to drugs.

	<p>RM advised there will be business continuity plans in place so that patients will not see any change in the care they receive. At a national level there are discussions with the pharmaceutical industry and there is some stockpiling at a national level, which is why they don't want organisations to stockpile as well. Contingency arrangements and business continuity plans are being made.</p> <p>The Council was ASSURED of the report.</p>		
<p>19/158</p>	<p>STRATEGY UPDATE</p>		
<p>28 mins</p>	<p>KB and PH provided an update regarding the work which has been undertaken in relation to developing a new strategy for the Trust, advising the key messages are healthier communities and outstanding care, while not losing the prominence of partnership working.</p> <p>RN felt the opportunities and threats linked to the ICS are not evident.</p> <p>PH acknowledged that was difficult to include in the overview but those messages should be clearer in the full version of the strategy.</p> <p>RM felt it would be remiss not to reflect the work of the ICS and the ICP in the summary.</p> <p>JD noted the synergy which is developing across Nottinghamshire, with the Trust's strategy being an echo of one of the strategic aims of the Health and Wellbeing Board, namely healthy and sustainable places. 90% of health care exists outside hospital, with only 10% in the NHS. In order to influence that you have to go into the community. It is far better and cheaper to prevent something than to treat it.</p> <p>JHD noted the 'agreement' between the Trust and patients and queried if something similar could be developed in relation to partner organisations, showing what each partner is committed to do and how they will work together.</p> <p>KB advised it is hoped the wording of the strategy will be finalised at the end of February. The Trust will then consult with partners to seek agreement on what to work together on.</p> <p>AE queried how the Trust will deliver the messages contained in the strategy to people who use the Trust's services.</p> <p>KB advised the initial focus for 2019/2020 will be staff as the core population. Staff tend to be viewed as separate to the health population but there is an overlap. The Trust has to acknowledge it's a traditional hospital provider which doesn't have a lot of experience in going out to the community and doing prevention work. 2019/2020 is seen as focussing on staff health and wellbeing but making those links into how SFHFT is going to step into the community. From Year 2 onwards, the Trust will have the links and experience to do that.</p> <p>JM advised, in relation to healthier communities, the Trust needs to improve at reaching the hard to reach groups of patients, for example the homeless, although this is a major agenda for local authorities, etc. SFHFT needs to work with the local authorities and identify specific</p>		

	<p>things the Trust can do to support them and contribute to this agenda. Over time the Trust will play more of a role in helping to shape it.</p> <p>As staff and their families are also part of the local population it makes sense to start with staff and then expand into the wider community.</p> <p>JHD felt people coming into the Trust provides an opportunity to discuss health and wellbeing so it is not necessarily about going out into the community, but taking the opportunity while they're in hospital to offer signposting or support to prevent issues arising again.</p> <p>KB advised this is one of the reasons for focusing on staff health and wellbeing in Year 1. Making staff more confident to talk about their own health and wellbeing will give them increased confidence to have those discussions with patients.</p> <p>RM advised it is easy to write a strategy but difficult to write a good and effective strategy. The Trust has listened to a range of people and clear themes for areas to focus on have emerged. For it to be a really good strategy it needs to be the framework for the Trust for the next 5 years. Regarding the ICS and ICP, SFHFT's role is not to resolve everything in the health and social care system but take responsibility to coalesce different organisations together and take a system leadership role.</p> <p>AS welcomed how the Trust is positioning itself as a partner in the community, which is not just treating people who are ill.</p> <p>RM advised the first week of April 2019 will be a recognition week for staff, reflecting on the good and positive work which has happened in 2018/2019. This will build up to the launch of the strategy on Friday 5th April 2019.</p> <p>The Council CONSIDERED the report</p>		
<p>19/159</p>	<p>OPERATIONAL PLAN 2019/2020</p>		
<p>12 mins</p>	<p>PH presented an update regarding planning for 2019/2020 and advised the Trust is accepting the control total for 2019/2020 provided by NHSI.</p> <p>JM advised a discussion has taken place regarding how governors will get assurance about system working. This will be the topic for a future workshop but the starting point might be what assurance can governors get about planning principles and assurance that money is being taken out of the system, rather than deficits being passed around different organisations. Getting assurance about some of the planning principles and agreements on ways of working will help with understanding about how risks are being managed.</p> <p>AS advised it is a joint planning process with the CCG this year.</p> <p>PH outlined the next steps in the planning process.</p> <p>JM queried when the governors will have sight of the final plan.</p> <p>PH advised the date for the final plan submission is 4th April 2019.</p>		

	<p>JM advised it would be useful for governors to be provided with an update on the content of plan at the governor workshop to be held on 26th March 2019. There is a need to recognise this plan is being delivered to a regulator who is looking at this organisation. While the discussion relating to system working needs to be built into the plan, the focus will be slightly different. This is an ambiguity of the current system as the Trust, CCGs and other organisations are trying to build partnerships whilst working to regulators who are still focussing on individual organisations.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on Operational Plan for 2019/2020 to be topic for governors' workshop on 26th March 2019 <p>JD advised one of the big drivers across Nottinghamshire is to achieve parity between the approach to mental health and physical health. Staff need to have the ability to deliver mental health first aid and recognise when people have reached crisis.</p> <p>PH advised mental health and wellbeing is a specific strand within one of the strategic objectives.</p> <p>JD queried if it is possible to deliver mental health first aid training to a specific group of staff.</p> <p>PB advised mental health first aid training has started in high risk areas and, depending on available resources will be rolled out wider. A new mental health lead nurse has recently need recruited who has extensive experience across the system.</p> <p>RM advised for physical health and mental health the strategy needs to pull together all the pre-existing work which is being done and build on it.</p> <p>JHD advised she had attended an ICS planning meeting where NHSI stated that what they would be looking for in the plan is what is going to be different because SFHFT is part of an ICS. The same could apply to being part of an ICP. In terms of capacity, there are opportunities to impact on the capacity gap through some of the prevention activity to reduce demand.</p> <p>PH advised ICS and ICP forums provide opportunities to discuss issues and collectively look for solutions.</p> <p>The Council were ASSURED by the report</p>	SH	26/03/19
19/160	15 STEPS		
7 mins	<p>MH explained the 15 Steps programme to the Council and asked for governors to express an interest in becoming involved.</p> <p>RT queried if there was any flexibility in timings of the visits.</p> <p>MH advised visits are allocated via e-mail which is sent to all team members. Ideally team members should contact each other to arrange</p>		

	<p>a mutually convenient date.</p> <p>RT advised this had not happened for him.</p> <p>The Council raised various issues relating to communication, with some governors expressing they were kept well informed and other less so.</p> <p>MH advised she would re-inforce the importance of communication to all teams.</p> <p>MH advised there has been a different approach to the visits since January 2019 and reports are generated prior to the visits. MH queried if it would be useful for this information to be shared with the Council.</p> <p>JM noted individual reports go back to the teams for consideration prior to submission. It would be helpful for a summary of key themes to be presented to governors on a quarterly basis.</p> <p>PB advised a quarterly report is presented to the Board of Directors and this could be shared with governors. Work is ongoing to add 15 Steps and other visits, etc. to an iPad based system. This will help triangulate information from various audits.</p> <p>Action</p> <ul style="list-style-type: none"> • Feedback from 15 Steps to be provided to Council of Governors' meetings 	SH	14/05/19
19/161	EXTERNAL AUDIT PLAN 2019/2020		
11 mins	<p>ME presented the draft External Audit Plan for 2018/2019, highlighting the key points. Significant risks to the financial statements audit are included in the report and a lot of audit attention is focused on the significant risk areas, three of which are driven by auditing standards with the other two relating to the valuation of property, plant and equipment and the risk around going concern.</p> <p>The report explains the audit approach. ME advised the benchmarks in relation to materiality are the same as last year.</p> <p>In relation to the Quality Report, PWC will look at content, consistency and performance indicators. The regulator (NHSI) sets two mandated indicators which have to be audited. One of these is the A&E 4 hour standard, which is the same as last year. However, the second indicator is the 62 day cancer wait target, replacing Referral to Treatment (RTT). There is also a local indicator which is for governors to select. However, this year NHSI is strongly recommending the local indicator should be the Summary Hospital Mortality Indicator (SHMI) for any trust which delivers a majority of acute services.</p> <p>Details of the timetable for the audit, the team who will be working with SFHFT and fees are included in the report.</p> <p>IH sought assurance that the measures are useful and provide information which will help the Trust improve.</p>		

	<p>ME advised the indicators relate to data quality and all three are key indicators which directors, governors and the public may look at to see how well the Trust is performing. The purpose of the audit is not to judge the quality of care or comment on that but is an observation on whether the reported performance is in line with the requirements. Last year there were a lot of comments, particularly in relation to the A&E indicator, which did add value as it pointed out some areas which needed further investigation.</p> <p>GW queried the reasoning for the strong suggestion from NHSI that the local indicator should be SHMI.</p> <p>ME advised 12 months ago NHSI were tempted to include this as one of the two mandated indicators as they wanted to bring in something which is different to wait times and with a different focus. However, concerns were raised by audit providers about whether they could give a conclusion. By making it a local indicator this provides a report and feedback to governors, but auditors don't sign an opinion on it.</p> <p>PB felt SHMI is a good indicator and a good quality measure. If the Trust chooses not to select SHMI as the local indicator, there will be a need to be really clear as to why.</p> <p>AM felt there are lot of problems looking at mortality rates. A&E and cancer waiting times are more relevant to more people.</p> <p>JM advised A&E and cancer are included as mandatory indicators. SHMI is a high profile measure. This was an issue for SFHFT in the past, given mortality rates was one of the reasons for the Trust being put into special measures. Therefore, not choosing SHMI as the local indicator would be hard to justify to NHSI.</p> <p>PB advised it provides an opportunity for the Trust to evidence the work being done.</p> <p>The Council were ASSURED by the report</p>		
<p>19/162</p>	<p>QUALITY PRIORITIES</p>		
<p>16 mins</p>	<p>PB presented information regarding the Quality Account for 2018/2019. PB advised the Council of Governors need to agree a local indicator. As advised previously by ME, NHSI have strongly recommended this should be SHMI. However, an alternative may be the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.</p> <p>The Council were asked to review and agree the suggested Quality Priorities for 2019/20, these being a 10% reduction in incidents related to unsatisfactory discharge, 85% of patients to receive End of Life care in their preferred place and a 10% improvement in completion of the learning disabilities care plan.</p> <p>IH sought clarification regarding the 10% reduction in incidents related to unsatisfactory discharge and queried what 10% represents.</p>		

	<p>PB advised this would look at the number of complaints and incidents relating to discharge. Through the programmes of work, the Trust needs to evidence an improvement in the discharge process, which might be reducing the number of readmissions, looking at discharge pathways, etc. PB advised he didn't have the numbers to hand.</p> <p>VB sought clarification regarding current performance relating to completion of the learning disabilities care plan.</p> <p>SH advised the detail is included in the quality strategy.</p> <p>PB advised the areas chosen are those where it is felt improvement is required.</p> <p>TR advised he and BB have received positive assurance in relation to re-admittance. SFHFT is in a good position compared to other trusts.</p> <p>JM felt when considering percentages it would be useful to have an absolute so the magnitude of the issue is known.</p> <p>MT sought clarification if a 10% reduction in incidents related to unsatisfactory discharge is the right measure rather than seeing more incidents being reported that can be acted on.</p> <p>PB advised he is happy to review the percentages.</p> <p>JL sought clarification why the Trust doesn't strive for 100% of patients to receive end of life care in their preferred place, rather than 85%.</p> <p>PB advised there will always be factors which prevent that. For example, a patient may choose to die at home but that may not be practically possible due to lack of family support, etc.</p> <p>AE expressed concern regarding the phrase "unsatisfactory discharge" feeling 'unsatisfactory' is not a good word to use. There is a need to be more specific.</p> <p>JM advised, in relation to quality priorities, clarification is required regarding not just percentages but the absolute figures. For clarity, some tightening up of definitions is required.</p> <p>PB will provide an update to SH for circulation to governors.</p> <p>Action</p> <ul style="list-style-type: none"> • PB to provide an update to Governors via SH when further work on the quality priorities is complete. <p>TR acknowledged the work which goes into the quality report.</p> <p>The Council AGREED SHMI should be the local indicator for 2018/2019</p>	<p>PB</p>	<p>26/03/19</p>
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19/163	REPORT FROM BOARD SUB-COMMITTEES		
30 mins	<p>JM advised that from April 2019 there will be an additional sub-committee, namely the Workforce and Culture/OD Committee which will be chaired by Manjeet Gill.</p> <p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report to the Council, advising there were a lot of challenges last year in relation to the completion of the quality account. It is hoped the process will be smoother this year. The Committee had a general discussion relating to risk. There will be a workshop session relating to risk and risk appetite in February for the Board of Directors.</p> <p>Progress is being made in relation to conflicts of interest. SFHFT is in a better position than most trusts but there is still work to do.</p> <p>The Committee are encouraged to see more internal audit recommendations are completed on time, but noted the importance of ensuring these are followed up and embedded. In 2017/2018 the Trust achieved 90% completion rate. This year the figure is currently 80% so there is more work to do before the end of the year.</p> <p>IH advised a lot of work goes on at AAC to support the process, particularly at certain times of the year in the build up to year end. IH advised he is happy with the way the committee works. IH felt understanding the Board Assurance Framework (BAF) is about getting assurance the appropriate actions are being taken but acknowledging there are some things the Trust can't control. IH advised he was assured everything is being done appropriately.</p> <p>AM felt not declaring conflicts of interest is a concern.</p> <p>SH advised a huge amount of work is ongoing to raise awareness and encourage staff to declare any conflicts of interest. The guidance changed two years ago and it is now an annual declaration. Therefore, declarations will go back to zero in April 2019.</p> <p>GW advised conflicts of interest is being built into performance assessments for staff and extra checks are being done to identify any conflicts, for example looking at Companies House records.</p> <p>Quality Committee</p> <p>BB presented the report to the Council advising she took over as Chair of the Quality Committee in January 2019. The Committee discussed the role of prescribing pharmacists, particularly on wards. It has been an aspiration that this would improve patient flow through the Trust but it doesn't appear to have had much impact. A benefits realisation report is awaited to look at this in more detail.</p> <p>Re-admission rates are a good measure of the effectiveness of the system, particularly within the Trust. SFHFT is performing well.</p> <p>There is a concern in relation to an external review of the cervical screening process which is due in February 2019. However, assurance</p>		

	<p>was provided that there is now improved rigour of the governance processes.</p> <p>BB advised “blue forms” are used to demonstrate that recommended actions are embedded. The Committee reviewed 12 forms in January and accepted 10 of these. The information presented on the two forms which were not accepted did not provide the required level of assurance. This is a good example of the confirm and challenge which takes place at the Quality Committee.</p> <p>The Committee discussed the risks which are allocated to it through the BAF process. The risk assessment overall score is a combination of the likelihood of said risk happening and the impact. Arguably the impact can’t be changed but the likelihood can be influenced. There was a particular discussion regarding the risk in relation to demand overwhelming capacity. The Committee changed some aspects but not the overall risk score.</p> <p>RN advised she wasn’t aware of the blue form process so she found that useful. In relation to pharmacy prescribing, BB asked for the three key issues, rather than just going through the report. There was good two way questions and challenges. RN advised she found the amount of work which passes through the Quality Committee eye-opening.</p> <p>JL noted the Patient Safety Quality Group provided an update of the positive work being undertaken in Maternity, specifically the increase in magnesium sulphate administration, and queried if this was for women admitted with particular conditions.</p> <p>TR advised the specific information was not provided.</p> <p>JL noted the drop in breast feeding rates on discharge and queried if the Trust is a baby friendly organisation.</p> <p>BB advised there is an award but she didn’t think it is accredited. To take the strategy forward, things like this need to be picked up.</p> <p>JM felt, in relation to risk probability and impact, the impact is what the contingency plan is if this happens; if there is a good contingency plan, the potential impact could be decreased.</p> <p>BB advised the area where there was particular discussion was in relation to demand overwhelming capacity. One of the challenges for the Trust is that demand for services is a reflection of how the system is working and what is happening in the community.</p> <p>JM advised there will not be many cases where there isn’t a contingency plan but acknowledged there may be constraints due to workforce issues, etc.</p> <p>SH advised risk management can be subjective. The issues raised will be taken forward to the Board of Directors Workshop in February.</p>		
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Finance Committee

GW presented the report, reminding the Council that Ernst and Young (EY) had been brought in to identify ways to improve the Trust's financial position. A financial recovery plan (FRP) was produced which, together with the financial improvement plan (FIP), will bring the Trust back on track to meet the control total at year end. While there is more work to do, the Trust is on target to meet the control total for 2018/2019. GW acknowledged the huge amount of work which has been done across the organisation.

EY have also been commissioned to undertake a review of the overall position within the system at ICS level. There is an overall system risk for 2018/2019 of £36.9m. Better Together is 16% behind plan for the delivery of QIPP. This impacts on SFHFT as part of the Provider Sustainability Fund (PSF) money paid to the Trust is linked to system delivery. £1.1m of PSF money will not be received by the Trust but this has been included in the plans.

It was noted that overall the Trust is in a good position.

The Trust's 5 year financial plan has been shared with NHSI. The Trust has now received the targets for 2019/2020, which are in line with what is contained in the plan. The resultant FIP is manageable. In addition to looking at the Trust's FIP, there will be a need to look across the ICP at all the improvement requirements. The aim is to put together an overall FIP programme.

The reference cost index is 104, which is the same as last year. This is an area for improvement. Achieving the same level of activity to space ratio that some trusts achieve is difficult. However, this provides ideas for areas to target for further financial improvement. PLICS is now implemented which will assist in planning.

AE advised there is robust questioning at the Finance Committee.

AS clarified that the £1.1m PSF money referred to in section 2.3 of the report is not linked to the Better Together QIPP but relates to the non-delivery of the system control total.

GW advised some of the £6.5m PSF money for 2019/2020 will be linked to system performance but the split is not yet known.

Charitable Funds Committee

TR presented the report to the Council, advising the Committee met on 28th January 2019 but unfortunately the meeting was not quorate so no decisions could be taken. However, TR assured the Council that this has not affected the day to day business of Charitable Funds.

The Trust has opted for non-consolidation of the charitable funds accounts based on materiality since 2013/2014. It is recommended by the Charitable Funds Committee to continue to report in non-consolidated form in the Trusts Annual Accounts. This was approved by TR and NG, as members of the Charitable Funds Committee, outside the meeting and ratified by the Board of Directors, as trustees of

	<p>the charity, on 31st January 2019.</p> <p>The Gamma Scanner appeal is a major project for the Trust and this currently stands at over £200k.</p> <p>Internal audit recommendations have been followed up and actioned. The actions from external audit will be linked to the action log.</p> <p>A draft risk register is being developed and this will be looked at in more detail at the next Committee meeting.</p> <p>The Council was ASSURED by all Board Sub-Committees reports.</p>		
19/164	COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES		
4 mins	<p>Governor Observers of Board Sub Committees</p> <p>SH presented the report, advising a task and finish group was implemented in Autumn 2017 to review how governors undertook their two mandatory requirements, one of which being holding non-executive directors (NEDs) to account. The role of governor observers was implemented as a result of this work.</p> <p>In general the role has worked well and is appreciated by the chairs of the committees. It was noted as best practice in the recent well-led review. Cambridge use governor observers and SH advised she is in discussion with them to identify any shared learning.</p> <p>Governor observers have reported their views on how the committees work to the full Council of Governor meetings and have the opportunity to meet with committee chairs twice per year, in addition to before and after the committee meeting.</p> <p>The role of observers will form part of the induction process for new governors and expressions of interest will be rolled out in May 2019 once the election process is concluded and all governors are in post.</p> <p>JM advised the aim is to engage governors in the appraisal process for NEDs. It is envisaged observers will provide feedback in relation to the chairs and NEDs who serve on the different committees which will feed into the appraisal process. A proposal will be developed for presentation to the Remuneration Committee for approval.</p> <p>IH sought clarification regarding timescales.</p> <p>JM advised this would be taken forward quickly given the forthcoming governor elections.</p> <p>The Council CONSIDERED the report</p>		
5 mins	<p>Lead Governor Report</p> <p>SuH presented the report advising she has undertaken a review of governors' attendance at meetings and Meet Your Governor sessions. She expressed disappointment at attendance rates, noting 14 of 17 governors have an attendance rate of less than 75%. While</p>		

<p>2 min</p> <p>1 mins</p>	<p>acknowledging governors are required to have 75% attendance at full Council of Governor meetings, SuH felt this should apply to all meetings and noted not all constituencies are represented at all meetings. SuH urged governors standing for re-election to consider their commitment to undertake the duties required.</p> <p>The Rotary Club at Sutton-in-Ashfield have adopted the Trust's charity as one of their charities and have donated £1,000 to the Gamma Scanner appeal. Additionally, their president is 70 this year and has asked for donations to the Gamma Scanner Appeal in lieu of presents.</p> <p>SuH and JL have attended the leisure centre at Sutton-in-Ashfield with the aim of recruiting new members and have had some success with that.</p> <p>The Council CONSIDERED the report</p> <p>Exceptional circumstances for allowing Governors to serve longer than 9 years</p> <p>SuH presented the report, advising AE would like to stand for a further year to provide continuity at Newark Hospital as there are two staff governor vacancies. This was discussed at the Governor Forum on 15th January 2019 and it was agreed it would only be exceptional circumstances if there were no other nominations.</p> <p>The Council APPROVED the exceptional circumstances for AE to serve longer than 9 years, noting this would only apply if there were two or fewer nominations. This is only applicable in this circumstance and is not to be established as a principle.</p> <p>Re-appointment of Non-Executive Director</p> <p>SH advised Claire Ward (CW) comes to the end of her 6 year tenure on 30th April 2019. There is provision in the constitution for exceptional circumstances for CW to be appointed for a further 12 months. The Remunerations Committee are recommending to the Council that CW's tenure be extended for 12 months.</p> <p>JM advised the exceptional circumstances are two new NEDs have recently been appointed. It is felt some stability is required and, therefore, it is felt inappropriate to have a further change at this time. Additionally, CW has had positive appraisals over the last few years.</p> <p>The Council APPROVED the reappointment of CW for a period of 12 months.</p>		
<p>19/165</p>	<p>QUESTIONS FROM MEMBERS OF PUBLIC</p>		
<p>1 mins</p>	<p>Ray Buttery (RB) thanked the Council for the opportunity to observe proceedings. He noted the discussion about prevention and felt this should be raised in schools. Additionally, RB queried if the Trust offer apprenticeships.</p>		

	JM advised the Trust work closely with West Notts College. In relation to the point about prevention, these issues will be discussed with the local authorities and partners.		
19/166	ESCALATIONS TO THE BOARD OF DIRECTORS		
2 mins	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> • Recognise staff's contribution to performance in 2018/2019 • Governance in relation to system working, particularly assurance in relation to planning principles • Welcome the wider strategy but a recognition more thought is required • Communication in relation to 15 Steps is variable 		
19/167	ANY OTHER BUSINESS		
1 min	SH advised the governor election process commenced on 4 th February 2019. There a number of aspirant governor events which governors were invited to attend. 20 expressions of interest have been received to date. Governors were provided with an election timetable.		
19/168	DATE AND TIME OF NEXT MEETING		
mins	<p>Date: Tuesday 14th May 2019 Time: 5:30pm - 8:00pm Venue: Lecture Theatre 2, Education Centre, King's Mill Hospital</p> <p>There being no further business the Chair declared the meeting closed at 19:55</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald Chair</p> <p style="text-align: right;">Date</p>		

NAME	AREA COVERED	CONSTITUENCY	FULL COUNCIL OF GOVERNORS MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			16.05.18	15.08.18	21.11.18	20.02.19			
Amanda Sullivan	M&A and N&S CCG	Appointed	P	P	A	P	1	01.06.17	31.05.18
Angie Emmott	Newark Hospital	Staff	P	P	P	P	3	01.05.16	30.04.19
Ann Mackie	Newark & Sherwood	Public	P	P	P	P	3	01.05.16	30.04.19
Councillor David Payne	Newark & Sherwood District Council	Appointed	P	P	A	A	1	15.05.18	15.05.19
Councillor John Doddy	Nottinghamshire County Council	Appointed	X	X	P	P	4	25.07.17	31.05.21
Councillor Helen Hollis	Ashfield District Council	Appointed		P	A	P	1	14.05.18	24.05.19
Dilip Malkan	King's Mill Hospital	Staff	P	X	X	A	3	01.05.16	30.04.19
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01.05.16	30.04.19
Jackie Hewlett-Davies	Ashfield	Public	P	P	P	P	3	01.05.16	30.04.19
Jane Stubbings	Ashfield	Public	P	P	P	P	3	01.11.17	31.10.20
Jayne Leverton	Ashfield	Public	P	P	P	P	3	01.05.16	30.04.19
Jim Barrie	Newark & Sherwood	Public	P	P	P	A	3	01.05.16	30.04.19
John Roughton	Mansfield	Public	A	P			3	01.10.17	30.09.20
John Wood	Mansfield	Public	A	P	P	P	3	01.05.16	30.04.19
Keith Wallace	Mansfield	Public	P	P	P		3	01.05.16	31.04.19
Louise Knott	Vision West Notts	Appointed	P	A	P	A	3	01.03.15	31.03.18
Martin Stott	Newark & Sherwood	Public	A	P	P	P	2	01.05.16	30.04.19
Morgan Thanigasalam	King's Mill Hospital	Staff	P	P	P	P	3	01.10.17	31.10.20
Nick Walkland	Rest of East Midlands	Public	P	P	A	P	3	01.05.16	30.04.19
Ron Tansley	King's Mill Hospital	Volunteer	P	A	P	P	3	01.05.16	30.04.19
Roz Norman	King's Mill Hospital	Staff	P	P	P	P	2	01.05.16	30.04.19
Samantha Annis	Newark Hospital	Staff	X	X	X	X	3	01.05.16	30.04.19
Susan Holmes	Ashfield	Public	P	P	P	P	3	01.11.17	31.10.20
Valerie Bacon	Derbyshire	Public	P	P	A	P	3	01.08.16	31.07.19