

COUNCIL OF GOVERNORS MEETING

Unconfirmed Minutes of the meeting held in public on 14th May 2024 at 17:30
in Lecture Theatre 2, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	David Walters	Appointed Governor	DWa
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Doddy	Appointed Governor	JDod
	John Dove	Public Governor	JDov
	John Wood	Public Governor	JWo
	Justin Wyatt	Staff Governor	JWy
	Kevin Stewart	Appointed Governor	KS
	Liz Barrett	Public Governor	LB
	Neal Cooper	Public Governor	NC
	Nikki Slack	Appointed Governor	NS
	Pam Kirby	Public Governor	PK
	Peter Gregory	Public Governor	PG
	Ruth Scott	Public Governor	RS
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Tracy Burton	Public Governor	TB
In Attendance:	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Richard Cotterill	Associate Director of People	RC
	James Thomas	CDC Clinical Lead	JT
	Amanda Barrett	Project Manager	AB
	Sally Whittlestone	Corporate Matron	SW
	Kate Wright	Associate Chief AHP	KW
	Jim Milns	Associate Director of Transformation	JM
	Sue Bradshaw	Minutes	
Apologies:	Angie Jackson	Appointed Governor	AJ
	Linda Dales	Appointed Governor	LD
	Vikram Desai	Staff Governor	VD
	Graham Ward	Non-Executive Director	GW
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
Absent:	Steven Hunkin	Public Governor	SH

Item No.	Item	Action	Date
24/021	CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>Angie Jackson, Appointed Governor Linda Dales, Appointed Governor Vikram Desai, Staff Governor Graham Ward, Non-Executive Director Andrew Rose-Britton, Non-Executive Director Manjeet Gill, Non-Executive Director</p>		
24/022	DECLARATIONS OF INTEREST		
1 min	CW declared an interest in item 24/034.1.		
24/023	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the meeting held on 13 th February 2024, the Council APPROVED the minutes as a true and accurate record.		
24/024	MATTERS ARISING FROM THE MINUTES/ACTION LOG		
2 mins	<p><i>Action 24/007</i> – PR advised the Patient Experience Committee meets on a quarterly basis, with two meetings having been held since the Committee was established. An annual work plan is in place and the Committee reports into the Quality Committee. Plans are underway for a governor to be a member of the Patient Experience Committee.</p> <p>The Council AGREED this action was complete and could be removed from the action tracker.</p>		
24/025	PATIENT STORY - THE COMMUNITY DIAGNOSTIC CENTRE – REDUCING WAITING TIMES FOR PATIENTS		
27 mins	<p>JT, RC and AB joined the meeting.</p> <p>JT presented the patient story which highlighted the services currently being offered at The Community Diagnostic Centre (CDC) and gave a presentation outlining progress to date and future milestones for completion of the CDC.</p> <p>IH queried what the current position is in terms of funding for the CDC. PR advised the Trust did attract £5.5m per year for the first two years of the CDC as an early adopter. However, the funding has not been made available to the Trust as the activity is not focussed on a non-acute site. When the CDC opens, the Trust will be fully recompensed as the activity will then be on a non-acute site. The Trust has fought to try to obtain this funding.</p>		

	<p>RC advised the Trust has applied for NHS revenue funding to help with staffing costs and this has been provided. Where there have been slippages, this funding has been reallocated against the CDC budget. The Trust is trying to get services accredited in advance of the CDC opening. Therefore, the slippage monies have been reallocated to fund obtaining the relevant accreditations, thus ensuring the full allocation is utilised in the right way for the CDC.</p> <p>TB noted the increase in diagnostic activity the CDC will provide and queried if capacity and demand modelling for all other services, both internal and external to the Trust, has been undertaken. JT advised demand is not anticipated to grow any more than if the CDC was not in place. The building has been futureproofed so it can accommodate the predicted demand for the next five years. RC advised there will be a positive impact on waiting lists for diagnostic tests.</p> <p>TB advised other waiting lists are likely to grow as diagnostic activity increases. There is a need to increase other elements as more interventions are likely to be required. PR acknowledged the aim is to scan patients earlier and to detect and treat earlier. JT advised earlier testing means required interventions are likely to be less complex.</p> <p>JDov sought clarification if GPs will continue to undertake blood tests or if patients will be referred to the CDC. JT advised GPs should continue to undertake blood tests, noting this issue may require further discussion.</p> <p>RS advised she has experienced the current facilities at the CDC, noting how easy it was to park. Noting parking issues are a recurring theme during Meet Your Governor (MYG) sessions, RS felt parking facilities need to be factored into the plans.</p> <p>RS queried if patients will be attending both King's Mill Hospital and the CDC for endoscopy appointments. JT advised the CDC will replace the current mobile endoscopy facilities which are on site at King's Mill Hospital.</p> <p>RS queried if in future, where appropriate, patients will be able to get their test results at the same time as they attend for the test to be carried out. JT advised there will be two clinic rooms for this purpose. Patients will see a doctor, or specialist nurse, who will decide what tests are required. Patients will then have their test before going back to see the doctor for the results.</p> <p>IH felt it important capacity at Newark Hospital is taken into account. JT advised the Trust is promoting availability of tests at Newark Hospital as much as possible</p> <p>JT, RC and AB left the meeting.</p>		
<p>24/026</p>	<p>CHAIR'S REPORT</p>		
<p>2 mins</p>	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective, highlighting the recent Governor Conference.</p>		

	The Council was ASSURED by the report.		
24/027	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chief Executive's perspective, highlighting the opening of the new Discharge Lounge, industrial action and opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital. PR advised he will be taking a period of planned sick leave over the summer and David Selwyn, Medical Director and Deputy Chief Executive, will be Acting Chief Executive to cover this period, with Simon Roe, Deputy Medical Director, stepping in as Acting Medical Director.</p> <p>KS advised he had been informed at an MYG session that patients were having to wait a long time to see a doctor at the UTC and queried if the change to opening hours would improve this. PR advised waiting times at the UTC are very good against the national standard, with very few patients waiting over four hours. The Trust is mostly reporting 99% compliance with the 4-hour wait standard at the UTC.</p> <p>IH advised he had recently read an article in the Health Service Journal (HSJ) in relation to a potential cut to funding for mental health service support for staff. IH noted the Trust put a lot of support in place for staff during the Covid pandemic and queried if this is continuing. PR advised the wellbeing support package has continued. The Trust receives no direct funding specifically for the provision of wellbeing support. There are no plans to reduce the current offer.</p> <p>SB advised an internal audit report, looking at the provision of wellbeing support, was recently presented to the People Committee. This report provided significant assurance but there are two areas which require further work, namely timely access to psychology services and the ability for people in clinical roles to have time away from work to attend appointments.</p> <p>The Council was ASSURED by the report.</p>		
24/028	LEAD GOVERNOR REPORT		
3 mins	<p>LB presented the report, highlighting the Governor Conference, areas of focus for the future, workshop session on mortality and Step into the NHS event. LB thanked the governors for their support in undertaking 15 Steps, MYG sessions and other activities. On behalf of the governors, LB expressed thanks to Claire Ward for her time at the Trust and wished her well in her new role as Mayor for the East Midlands.</p> <p>The Council was ASSURED by the report.</p>		

24/029	15 STEPS FEEDBACK		
8 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits undertaken, themes identified, issues identified during visits and outstanding actions.</p> <p>KS sought clarification regarding the outstanding actions and how these are followed up. SW advised she keeps a log of actions and is supported in this by the Patient Experience Team. When reports are received, SW advised they shared with the Ward Leader to ensure they are aware of any issues identified. SW advised she follows up any actions with the ward.</p> <p>KW joined the meeting.</p> <p>IH advised he has received anecdotal feedback from ward leaders that the Trust's workforce is much younger than it was a few years ago and staff lack 'basic nursing skills'. i.e. lack experience and confidence to speak to doctors, etc. IH queried if this loss of senior staff is recognised as an issue by the Trust. SW advised she would need to discuss this with the Divisional General Managers.</p> <p>KW advised some of these issues have been recognised within the younger Allied Health Professionals (AHP) workforce and Band 5 development days have been established to look at the fundamentals including how to escalate conversations and articulate on ward rounds. A fundamentals day for nursing teams has also been established to pick up issues.</p> <p>JD queried if there has been a change in the demographic of the workforce or if it is just an anecdotal observation.</p> <p>JWy advised, from his experience of working at different sites across the Trust, he has recognised a number of senior staff have left for various reasons and the workforce comprises of more junior and less experienced staff. While they have the right skills, experience has been lost and this takes time to reestablish.</p> <p>CW felt it would be useful for information in relation to the nursing workforce demographic to be presented to a future Council of Governors meeting.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to the nursing workforce demographic to be presented to a future Council of Governors meeting. <p>PG advised he has had 15 Steps visits cancelled at short notice and received requests for visits to take place on a date he has previously informed the Trust he is not available and queried if this could be improved.</p>	SW & Chief Nurse	13/08/24

	<p>SW advised the senior nurse in the team manage the dates and times for visits to take place. SW advised she would send an e-mail out as a reminder of the need to manage visits efficiently.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		
24/030	QUALITY PRIORITIES		
7 mins	<p>KW presented the report, advising it is a mandatory requirement for all trusts to complete an annual Quality Account. KW highlighted what needs to be included in the Quality Account and outlined the process which has been followed for producing the Quality Account at SFHFT. It was noted the quality priorities were agreed by the Quality Committee and these are outlined in the report.</p> <p>TB noted improvement is the biggest drive from a regional and national perspective and queried if this is a theme in the Quality Account. KW advised there are sections which look at priorities for improvement. In all sections, contributors are asked to review the previous year and outline how that will be improved on during the following year. The thread of improvement runs through the Account.</p> <p>TB queried if this follows a strategic framework or if it is more focussed on projects. KW advised the guidance is specific on what can and cannot be included in the account. However, where possible, the Trust assesses itself against the previous year's position.</p> <p>The Council was ASSURED by the report.</p> <p>KW left the meeting.</p>		
24/031	IMPROVEMENT FACULTY UPDATE		
15 mins	<p>JM joined the meeting.</p> <p>JM presented the report, highlighting reflections on work undertaken over the past 12 months, development of a Continuous Quality Improvement Strategy and establishment of the Improvement Cabinet.</p> <p>IH noted previously staff have had to attend multiple meetings, which have sometimes been held at the same time, leading to conflicting demands. IH queried if the demands placed on staff have been simplified. JM advised the creation of the Improvement Faculty provides a single point of contact, advising previously there were multiple points of contact and support was often provided based on who was approached, rather than what was required. JM expressed the view the myriad of governance which underpins major programmes is correct. The Improvement Cabinet supersedes a cabinet which was in existence and, therefore, is not an additional requirement.</p> <p>PR advised work is currently underway looking at governance and meeting structures to identify if meetings can be streamlined.</p>		

	<p>RS queried if the Improvement Advisory Group is working with community partners, GPs and the broader Integrated Care System (ICS). JM advised this is an internal group, but it is in the process of proactively engaging with wider community partners. There is a need to work with partners to get the patient pathways right and there is a need to harness the relevant expertise.</p> <p>RS queried if there is a mechanism to get the views of people with different needs, for example, the deaf community and people with learning disabilities, when considering improvement. JM advised there is currently one person working with the team, focussing on engaging with the wider health and social care economy. There is a need to engage with different groups.</p> <p>TB felt the whole Trust needs to understand progress in relation to the improvement journey in order to be engaged. In terms of the patient journey, it would be useful to have a community practice in improvement. JM advised, in terms of wider engagement, he has attended various forums within the Trust and the message is to 'make it simple'. Success could be defined as creating an environment in the organisation where people can come to work curious about how they can do their job better and be given the freedom to be curious. 300 people have been through the Quality, Service Improvement and Redesign (QSIR) training and there is a need to harness their skills. Work is underway to establish a QSIR network, which will provide a forum for people to come together and share ideas.</p> <p>The Council was ASSURED by the report.</p> <p>JM left the meeting.</p>		
<p>24/032</p>	<p>FIT AND PROPER PERSON ANNUAL REPORT</p>		
<p>6 mins</p>	<p>SBS presented the report, advising an updated framework came into force on 30th September 2023. SBS highlighted the actions taken by the Trust in response to the requirements set out in the framework. The first annual submission under the new framework is due on 30th June 2024 and it was noted further work is required before the submission can be made. SBS advised there are no concerns in relation to members of the Board of Directors meeting the Fit and Proper Person Test requirements.</p> <p>To provide further assurance, an internal audit review of the process will be undertaken. In addition, it is proposed the application of the Fit and Proper Person Test requirements be extended to designed deputies of the Executive Directors.</p> <p>The Council was ASSURED by the report.</p>		

24/033	REPORT FROM BOARD SUB-COMMITTEES		
25 mins	<p>Audit and Assurance Committee (AAC)</p> <p>NM presented the report to the Council, highlighting the conflicts of interest process, progress on producing the annual report and accounts, Head of Internal Audit Opinion, implementation rate for Internal Audit actions and review of the Committee effectiveness process.</p> <p>SBS advised, following a discussion with 360 Assurance, she has been informed the Trust will get Significant Assurance for the Head of Internal Audit Opinion.</p> <p>IH advised the AAC is a strong Committee which continues to have a good level of challenge. Feedback from the external auditor at the last meeting was that the year end processes are operating well, papers are being provided in a timely manner and processes working correctly to enable the audit to proceed effectively. However, financial challenges remain. In terms of Committee effectiveness, IH requested governor's views to be sought.</p> <p>Quality Committee</p> <p>AR presented the report to the Council, highlighting sepsis, Hospital Standardised Mortality Ratio (HSMR) and breast services.</p> <p>PK advised the reports which are presented to the Committee are very detailed and lengthy. However, the Committee picks out the pertinent details to focus on. There is good challenge and questioning during meetings.</p> <p>PG agreed the meetings are detailed and lengthy. There is appropriate challenge. However, PG felt it is not easy to identify if items need to be passed to other committees for triangulation. NM advised there is a section on the committee highlight reports which identifies items for consideration by other committees.</p> <p>Finance Committee</p> <p>NM presented the report to the Council, highlighting the Financial Improvement Programme, funding for the CDC and deep dives commissioned.</p> <p>KS felt the Committee is well chaired by GW. NM brings external experience to the meeting and challenges the 'norms' of the NHS.</p> <p>SM advised there is healthy challenge from the Non-Executive Directors.</p> <p>People Committee</p> <p>SB presented the report to the Council, highlighting Staff Survey results, employee relations cases and the Violence and Aggression Improvement Plan.</p>		

	<p>DW advised the presenters are well briefed and professional and the Committee is well run. The Staff Survey results are excellent.</p> <p>KS advised he was part of an update with the End of Life Team on 13th May 2024 and noted there is currently a push to provide more end of life training for nursing staff to equip them with the necessary skills. KS queried if the Committee could support the Team with this. SB advised he would discuss this with Rob Simcox, Director of People.</p> <p>Action</p> <ul style="list-style-type: none"> • Consideration to be given to how the People Committee can support the End of Life Team in their aim to increase the end of life training provision for nursing staff. <p>Partnerships and Communities Committee</p> <p>BB presented the report to the Council, highlighting the ongoing challenge of the resources required to support partnership work.</p> <p>TB advised the meeting was very interesting and noted the amount of work underway. There was a good level of scrutiny and challenge at the meeting.</p> <p>JDov advised there was a lot of experience and knowledge in the meeting, which was well chaired by BB.</p> <p>The Council was ASSURED by all Board Sub Committees' reports.</p>	<p>SB</p>	<p>13/08/24</p>
<p>24/034</p>	<p>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</p>		
<p>8 mins</p>	<p><u>Report of the Remuneration Committee</u></p> <p>Chair's Appraisal</p> <p>CW left the meeting.</p> <p>BB presented the report, outlining the process for undertaking the Chair's appraisal and advising this was a positive appraisal for CW. The Chair's objectives for 2024/2025 have been set and given CW will now be leaving the Trust, these will pass over to the Acting Chair.</p> <p>LB thanked governors for their contributions to the Chair's appraisal.</p> <p>The Council APPROVED the Chair's appraisal for 2023/2024 and objectives for 2024/2025</p> <p>CW rejoined the meeting.</p> <p>Appointment of Vice Chair as Acting Chair</p> <p>SBS presented the report, which recommended the approval of the appointment of Graham Ward, Vice Chair, to the post of Acting Chair for a period of 12 months. In addition, approval was sought to recruit a Non-Executive Director with a strong accountancy/finance skillset.</p>		

	The Council APPROVED the appointment of Graham Ward, Vice Chair, to the role of Acting Chair for a period of 12 months, commencing on 25 th May 2024 and the recruitment of a Non-Executive Director with a strong accountancy/finance skillset.		
24/035	OUTSTANDING SERVICE – MEALTIME VOLUNTEERS – SUPPORTING NUTRITION AND HYDRATION ACROSS THE TRUST		
5 mins	A short video was played highlighting the work of the volunteers in supporting patients at mealtimes across the Trust.		
24/036	QUESTIONS FROM MEMBERS OF PUBLIC		
	No questions were raised.		
24/037	ESCALATIONS TO THE BOARD OF DIRECTORS		
2 mins	The Council AGREED the following escalations to the Board of Directors meeting: <ul style="list-style-type: none"> • Appointment of Graham Ward as Acting Chair and agreement for the recruitment of a new Non-Executive Director. • Chair's appraisal. • Quality Account priorities. • Assurance required nursing staff have the appropriate level of skills. 		
24/038	ANY OTHER BUSINESS		
1 min	No other business was raised.		
24/039	DATE AND TIME OF NEXT MEETING		
	Date: Tuesday 13 th August 2024 Time: 17:30 Venue: Lecture Theatre 2, King's Mill Hospital There being no further business the Chair declared the meeting closed at 19:30.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Graham Ward Acting Chair		Date

Attendance at Full COG (scheduled meetings)

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			14/05/2024	13/08/2024	12/11/2024	Feb 2025			
Angie Jackson	Mansfield District Council	Appointed	A				4	23/05/23	31/05/27
David Walters	Ashfield District Council	Appointed	P				1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public	P				3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P				3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P				3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P				4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public	P				3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P				3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	P				3	01/05/22	30/04/25
Kevin Stewart	Volunteers	Appointed	P				3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A				1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P				3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	P				N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public	P				3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public	P				3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	P				3	01/05/22	30/04/25
Sam Musson	Staff	Staff	P				3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public	P				3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public	X				3	07/07/23	06/07/26
Tracy Burton	Rest of East Midlands	Public	P				3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A				3	01/05/22	30/04/25

P = Present
A = Apologies
X = Absent