

COUNCIL OF GOVERNORS MEETING

**Unconfirmed** Minutes of the meeting held in public on 13<sup>th</sup> February 2024 at 17:30  
in Lecture Theatre 2, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Angie Jackson	Appointed Governor	AJ
	Dean Wilson	Public Governor	DWi
	Ian Holden	Public Governor	IH
	Jane Stubbings	Public Governor	JS
	John Dove	Public Governor	JDov
	Kevin Stewart	Appointed Governor	KS
	Liz Barrett	Public Governor	LB
	Pam Kirby	Public Governor	PK
	Sam Musson	Staff Governor	SM
	Shane O'Neill	Public Governor	SO
	Vikram Desai	Staff Governor	VD
<b>In Attendance:</b>	Paul Robinson	Chief Executive	PR
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Manjeet Gill	Non-Executive Director	MG
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Richard Clarkson	Divisional Director of Nursing for UEC	RC
	Sally Whittlestone	Corporate Matron	SW
	David Ainsworth	Director of Strategy and Partnerships	DA
	Kevin Gallacher	Associate Director – Business Planning & Partnerships	KG
	Jess Townsend	KPMG	JT
Sue Bradshaw	Minutes		
<b>Apologies:</b>	David Walters	Appointed Governor	DWa
	John Wood	Public Governor	JWo
	Linda Dales	Appointed Governor	LD
	Nikki Slack	Appointed Governor	NS
	Peter Gregory	Public Governor	PG
	Tracy Burton	Public Governor	TB
	Steve Banks	Non-Executive Director	SB
<b>Absent:</b>	John Doddy	Appointed Governor	JDod
	Justin Wyatt	Staff Governor	JWy
	Neal Cooper	Public Governor	NC
	Ruth Scott	Public Governor	RS
	Steven Hunkin	Public Governor	SH

Item No.	Item	Action	Date
<b>24/001</b>	<b>CHAIR'S WELCOME, APOLOGIES FOR ABSENCE AND QUORACY CHECK</b>		
1 min	<p>The meeting being quorate CW declared the meeting open at 17:30.</p> <p>It was CONFIRMED that apologies for absence had been received from:</p> <p>David Walters, Appointed Governor John Wood, Public Governor Linda Dales, Appointed Governor Nikki Slack, Appointed Governor Peter Gregory, Public Governor Tracy Burton, Public Governor Steve Banks, Non-Executive Director</p>		
<b>24/002</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>24/003</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the meeting held on 14 <sup>th</sup> November 2023, the Council APPROVED the minutes as a true and accurate record.		
<b>24/004</b>	<b>MATTERS ARISING FROM THE MINUTES/ACTION LOG</b>		
1 mins	The Council NOTED there were no actions due for review.		
<b>24/005</b>	<b>PATIENT STORY - PAUL'S STORY – RECOGNISING THE SYMPTOMS OF A HEART ATTACK</b>		
12 mins	<p>RC joined the meeting.</p> <p>RC presented the patient story which highlighted how to recognise the symptoms of a heart attack.</p> <p>JS advised when she had a heart attack, she was initially brought to King's Mill Hospital, but was subsequently transferred to Nottingham City Hospital and queried why this was, given there is a cardiac unit at King's Mill Hospital. RC advised some patients have to be transferred to Nottingham, dependent on the procedure which is required as some procedures are not carried out by the Trust and the pathway is for patients to go to Nottingham University Hospitals (NUH).</p> <p>AJ advised her understanding, from previous experience in healthcare, is that heart attacks can present differently in women than men and queried if the Trust does any work to educate women about how a heart attack may present. RC advised the symptoms are similar in men and women. However, heart attacks are more common in men.</p> <p>KS advised he volunteers in the cardiac rehabilitation clinic and noted the fantastic service provided by the clinic.</p>		

	<p>LB noted the aftercare provided is important to help patients live their best possible life.</p> <p>RC left the meeting.</p>		
<b>24/006</b>	<b>CHAIR'S REPORT</b>		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past quarter from the Chair's perspective. CW advised she is the Labour Party candidate for the forthcoming East Midlands Mayoral elections.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/007</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
8 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 operational pressures, reintroduction of the requirement to wear facemasks in clinical areas, industrial action, partnership update, Urgent Treatment Centre (UTC) opening hours, additional health tests introduced at Newark Hospital, audiology services at Newark Hospital and additional health checks carried out at the Community Diagnostics Centre (CDC). PR expressed thanks to the Vaccination Centre Team.</p> <p>PR advised the Trust is currently working with NHS England (NHSE) in relation to the Electronic Patients Record (EPR) system. This is a very tightly controlled process and the procurement exercise is in the early stages.</p> <p>KS requested an update in relation to Friends and Family reporting and how this triangulates with other aspects of feedback. PR advised there are two systems used to record feedback and these are not compatible with each other. However, a Patient Experience Committee has been established to ensure triangulation with all aspects of patient feedback. An update on this work will be presented to the Council of Governors when there are some results to share.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Update on the work of the of the Patient Experience Committee to be provided to the Council of Governors.</b></li> </ul> <p>IH queried if the introduction of IFRS16 will affect the Trust. PR advised there is a change to the International Financial Reporting Standards, which affects how leases are accounted for. This will impact on the presentation of the PFI accounting arrangements. There is a change to the accounting treatment which will impact the accounts and is likely to increase the Trust's deficit. However, this is an accounting deficit, not one which is recognised by NHSE.</p> <p>GW advised the interest rate and payment mechanism within the PFI contract is linked to inflation. Therefore, there will be an impact each year.</p>	PR	14/05/24

	The Council was ASSURED by the report.		
<b>24/008</b>	<b>LEAD GOVERNOR REPORT</b>		
1 min	<p>LB presented the report, highlighting the forthcoming Governor Conference and the opportunity to provide feedback on the Trust's Strategy.</p> <p>The Council was ASSURED by the report.</p>		
<b>24/009</b>	<b>15 STEPS FEEDBACK</b>		
4 mins	<p>SW joined the meeting.</p> <p>SW presented the report, highlighting the number of visits which took place over the past quarter, visit areas and themes and trends. SW advised actions were escalated and addressed at the time of the visit. Feedback from 15 Steps has been triangulated with Friends and Family Test results. Moving forward, 15 Steps will be aligned with peer reviews.</p> <p>AJ noted an Admiral Nurse (dementia specialist nurse) has joined one of the 15 Steps teams and sought more information about the role. SW advised this is a new role within the Trust and they have only recently taken up post. They will be working within dementia services, looking at assessments, supporting patients, etc.</p> <p>KS advised 15 Steps is a very useful thing to do.</p> <p>The Council was ASSURED by the report.</p> <p>SW left the meeting.</p>		
<b>24/010</b>	<b>LAUNCH OF 2024-2029 TRUST STRATEGY</b>		
10 mins	<p>DA joined the meeting.</p> <p>DA outlined the engagement activities which have been undertaken in relation to the 2024-2029 Trust Strategy, advising there has been a robust approach to internal communication across the organisation, as well as with external partners. DA expressed thanks to the governors who helped with the stands to gather feedback. The Trust wrote out to all members and there were drop-in sessions across all three Trust sites. In terms of colleague engagement, the team developing the Strategy has attended meetings of all the staff networks. DA outlined details of some of the feedback received.</p> <p>KS advised he was on one of the stands at King's Mill Hospital and felt it was very useful.</p> <p>AJ advised the Strategy was presented to the recent meeting of the Health Partnership Board, noting what you do 'out there' impacts on what happens 'in here'.</p>		

	<p>DA advised he, PR and CW meet with councils on a quarterly basis, noting some alignment work has been undertaken. All three local councils have developed community plans. It was noted the Trust's principles and values are almost aligned to those plans. Broad engagement sessions are planned with all three councils.</p> <p>The Council NOTED the update.</p> <p>DA left the meeting</p>		
<b>24/011</b>	<b>OPERATIONAL PLAN 2024/2025</b>		
5 mins	<p>KG joined the meeting.</p> <p>KG presented the report, advising the planning guidance has not yet been received. However, work is underway to complete the plans by the end of March 2024, noting the indications are there will be no major changes to previous years.</p> <p>IH queried how the Trust is accounting for periods of industrial action within planning. PR advised organisations have been informed to plan on the basis there is no industrial action, advising in December 2023, the Trust was asked to indicate the H2 plans for 2023/2024 and to do that on the basis there was no industrial action, while at the same time estimating the cost of industrial action.</p> <p>PR advised the delay to the guidance being issued is due to the Treasury. There is some difficulty agreeing what the financial settlement will be for the NHS with the Treasury and this will inevitably mean there will be greater financial constraints surrounding this planning phase. The Trust is starting to get some indications and is planning on that basis.</p> <p>The Council NOTED the update.</p> <p>KG left the meeting.</p>		
<b>24/012</b>	<b>EXTERNAL AUDIT PLAN</b>		
4 mins	<p>JT joined the meeting.</p> <p>JT presented the report, highlighting audit risks and value for money work.</p> <p>IH queried what the PFI transition to IFRS16 will mean for the Trust. JT advised KPMG have had discussions with the Finance Team at the Trust to finalise the approach. The impact of IFRS16 will be in the lease liability and the amount which is recognised. The asset will still be recognised for the Trust, and that value will not change. The change is in the nuance in terms of how the expenditure and liability is recognised. In the old model, contingent rent was recognised as an expense, but this is not the case under IFRS16. There is a need to work through how that then moves to finance costs and impacts the liability. A larger liability can be expected on the balance sheet.</p>		

	<p>PR advised this is the point which creates the reduction in available capital. Due to the value of the PFI which the Trust has recognised as a lease under the old IFRS arrangements, this has led to the Trust already having low capital availability. The Trust has relied on capital coming down from the Centre, noting capital is received from the Integrated Care System (ICS) capital 'envelope', rather than from internally generated capital sources.</p> <p>The Council was ASSURED by the report.</p> <p>JT left the meeting.</p>		
<b>24/013</b>	<b>ACCESS TO INFORMATION</b>		
1 min	<p>SBS reminded governors that any requests for information need to come through either herself or Sue Bradshaw. A log of any information requested will be maintained and responses shared with all governors.</p> <p>The Council NOTED the update.</p>		
<b>24/014</b>	<b>REPORT FROM BOARD SUB-COMMITTEES</b>		
32 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>MG presented the report to the Council, highlighting an increase in the completion rate for outstanding internal audit actions and capacity to participate in audits.</p> <p>AJ queried if audits are across all areas, for example, audits of specific services, audits of outcomes, etc. MG advised the Audit and Assurance Committee does not look at clinical audits, but deals with the Internal Audit process. There is engagement in terms of scoping audits, setting the terms of reference, following up outstanding actions, etc. Throughout that process it has been identified capacity has been challenged.</p> <p>IH advised it is good to see audit rates improving. The AAC is a central committee in terms of governance. The Committee has previously discussed changing the frequency of meetings, to have a longer time between meetings. However, it is important nothing is missed. Therefore, the meeting frequency should be kept as it currently is.</p> <p><b>Quality Committee</b></p> <p>AR presented the report to the Council, highlighting industrial action, cancer waiting times and the work of the Patient Safety Committee.</p> <p>PK advised she was impressed by the level of discussion and challenge which took place at the Quality Committee meeting and felt the Committee is patient focussed.</p> <p>KS raised a concern in relation to the discharge process, advising he has a connection with a major secondary care provider and has received verbal complaints about patient discharge issues. KS gave details of a complaint which was raised by the provider in November and is being investigated by the Trust's Patient Experience Team.</p>		

KS advised he sought assurance in relation to the effectiveness of the Trust's discharge process, subsequently having a discussion with SBS who advised this could be a topic for the forthcoming Governor Conference. However, KS advised he was not assured on these issues.

CW queried if any issues in relation to discharge had been reported to the Quality Committee, which would suggest there are some concerns. In terms of the process, CW reminded KS that feedback will not be provided to governors on individual cases and this is being dealt with through Patient Experience. A wider view cannot be provided on the basis of one case.

KS advised the provider does not trust SFHFT. There is a need to find a working relationship with providers.

AR advised, as Chair of the Quality Committee, no concerns in relation to the discharge process have come to his attention, but he will raise this, noting if there was level of harm, the case will be brought to the attention of the Committee.

KS advised he would expect the Trust to have a contact strategy with the providers it works with, noting there is a need to improve bed flow by working with providers.

CW advised the Trust does work with providers and there are opportunities for them to engage and have a conversation with the Trust to resolve issues. CW reminded KS his role as a governor, and with his links to the provider, is to encourage them to make contact with the Trust to discuss their concerns. The one case raised is being dealt with by the Patient Experience Team and this may not be the relationship and experience of other providers. Partners can contact the Trust at any level.

PR advised the Trust works with all partners, noting the relationship is 2-way. If a partner has specific issues, they should raise them. If a contract is in place, this will provide a point of contact. In addition, there will be a point of contact through which discharges are arranged to providers.

AR advised ultimately, if one provider is unhappy with the service of another provider, they can raise the issue with the ICS.

PR advised if the provider wishes to make a complaint, they should contact him directly.

CW advised one case in one provider cannot be the basis on which a full review is conducted, noting there is no other evidence to suggest there is an issue. This highlights the importance of having an aggregated number of concerns on any issue, theme or topic.

SBS advised there are plans to have a 'hot-topic' for the quarter and for governors to ask about that topic during Meet Your Governor sessions. This will help identify if there is a concern, which will then be taken forward appropriately.

**Finance Committee**

GW presented the report to the Council, highlighting EPR governance, financial position at the end of Month 9 and review of Board Assurance Framework (BAF) Principal Risk (PR) 4 (Failure to achieve the Trust's financial strategy).

KS advised he was happy with the level of questioning by the Committee and noted the importance of good governance arrangements for the EPR project.

SM advised she has only just started observing the Finance Committee and there is a lot of learning for her. However, she felt very assured. Referencing EPR, SM advised she had been involved in discussions in relation to how that might look and what it might mean. It is, therefore, useful to have a rounded view.

DWi queried what the current run rate is for agency spend. GW advised he was unable to quote figures, but the Trust is currently over and above the agency cap. However, this has been reducing over the last three months and is close to the 3.7% target. There is also the need to monitor Bank usage. There is more work to do, but there are encouraging signs.

**People Committee**

ARB presented the report to the Council, highlighting internal audit report into staff wellbeing, waiting times for staff to access psychological support, apprenticeships and deep dive regarding the employee relations landscape.

IH noted doctor apprenticeships are to be introduced nationally from September 2024 and queried if there are any plans for the Trust to have a doctor apprenticeship scheme. CW advised there are currently no plans for the Trust to take this forward.

DWi advised it was an excellent meeting and highlighted a good report which was presented in relation to ward based pharmacy. The Staff Survey results are currently embargoed, but the initial information which was presented to the Committee indicates the Trust's response rate is higher than the national average. The initial indicators are positive.

PR advised the full Staff Survey results are due to be issued on 7<sup>th</sup> March 2024.

**Partnerships and Communities Committee**

BB presented the report to the Council, highlighting approval of the Partnership Strategy.

**Charitable Funds Committee (CFC)**

ARB presented the report to the Council, highlighting options for a major fundraising scheme aligned to the Trust Strategy and a deep dive into the volunteer workforce to support and maximise its development and utilisation.



	The Council was ASSURED by all Board Sub Committees' reports.		
<b>24/015</b>	<b>COUNCIL OF GOVERNORS MATTERS / STATUTORY DUTIES</b>		
2 mins	<p><b>Membership and Engagement Group</b></p> <p>LB presented the report, advising the last meeting was vibrant in terms of discussion and content. There are emerging agenda themes to take forward.</p> <p>The Council was ASSURED by the report</p>		
<b>24/016</b>	<b>OUTSTANDING SERVICE – SHERWOOD FOREST HOSPITALS CARE VALUES – TOGETHER WE CARE</b>		
8 mins	A short video was played highlighting the Trust's CARE Values.		
<b>24/017</b>	<b>QUESTIONS FROM MEMBERS OF PUBLIC</b>		
	No questions were raised.		
<b>24/018</b>	<b>ESCALATIONS TO THE BOARD OF DIRECTORS</b>		
1 min	<p>The Council AGREED the following escalations to the Board of Directors meeting:</p> <ul style="list-style-type: none"> <li>• External audit process</li> <li>• Planning update</li> <li>• Engagement in developing the Trust Strategy for 2024-2029</li> </ul>		
<b>24/019</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>24/020</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>Date: Tuesday 14<sup>th</sup> May 2024 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 19:05.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Claire Ward</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		

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

NAME	AREA COVERED	CONSTITUENCY	FULL COG MEETING DATES				TERMS OF OFFICE	DATE ELECTED	TERM ENDS
			09/05/2023	31/07/2023	14/11/2023	13/02/2024			
Angie Jackson	Mansfield District Council	Appointed		P	P	P	4	23/05/23	31/05/27
Ann Mackie	Newark & Sherwood	Public	A				3	01/05/22	30/04/25
Craig Whitby	Mansfield District Council	Appointed	X				4	21/05/19	31/05/23
David Walters	Ashfield District Council	Appointed	A	A	A	A	1	23/04/20	31/05/24
Dean Wilson	Rest of East Midlands	Public		A	A	P	3	06/07/23	31/10/26
Ian Holden	Newark & Sherwood	Public	P	P	P	P	3	01/05/22	30/04/25
Jane Stubbings	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
John Doddy	Nottinghamshire County Council	Appointed	P	P	X	X	4	14/07/21	31/05/25
John Dove	Rest of East Midlands	Public		P	A	P	3	07/07/23	06/07/26
John Wood	Rest of East Midlands	Public	P	A	P	A	3	01/05/22	30/04/25
Justin Wyatt	Staff	Staff	X	P	P	X	3	01/05/22	30/04/25
Karen Nadin	Newark & Sherwood	Public		P			3	07/07/23	06/07/26
Kevin Stewart	Volunteers	Appointed	P	P	A	P	3	28/02/23	28/02/26
Linda Dales	Newark & Sherwood District Council	Appointed	A	P	P	A	1	15/07/21	31/05/24
Liz Barrett	Rest of East Midlands	Public	P	P	P	P	3	01/05/22	30/04/25
Michael Longdon	Rest of East Midlands	Public	X				3	01/05/22	30/04/25
Neal Cooper	Rest of East Midlands	Public	P	P	P	X	3	13/05/22	30/04/25
Nikki Slack	Vision West Notts	Appointed	A	P	A	A	N/A	17/07/19	N/A
Pam Kirby	Rest of East Midlands	Public		P	P	P	3	07/07/23	06/07/26
Peter Gregory	Newark & Sherwood	Public		P	A	A	3	07/07/23	06/07/26
Ruth Scott	Rest of East Midlands	Public	X	P	A	X	3	01/05/22	30/04/25
Sam Musson	Staff	Staff		P	P	P	3	07/07/23	06/07/26
Shane O'Neill	Newark & Sherwood	Public		P	P	P	3	07/07/23	06/07/26
Steven Hunkin	Rest of East Midlands	Public		P	X	X	3	07/07/23	06/07/26
Sue Holmes	Rest of East Midlands	Public	P	P			3	01/11/20	31/10/23
Tracy Burton	Rest of East Midlands	Public		P	P	A	3	07/07/23	06/07/26
Vikram Desai	Staff	Staff	A	X	A	P	3	01/05/22	30/04/25

P = Present  
A = Apologies  
X = Absent