

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 3rd October 2024
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Staff Story – Expect respect, not abuse - the importance of reporting staff abuse	Assurance	Presentation
5.	09:20	Minutes of the meeting held on 5th September 2024 To be agreed as an accurate record	Agree	Enclosure 5
6.	09:25	Action Tracker	Update	Enclosure 6
7.	09:30	Acting Chair's Report	Assurance	Enclosure 7
8.	09:35	Acting Chief Executive's Report	Assurance	Enclosure 8
Strategy				
9.	09:45	Strategic Objective 1 – Provide outstanding care in the best place at the right time <ul style="list-style-type: none"> Maternity Update Report of the Director of Midwifery <ul style="list-style-type: none"> Safety Champions update Maternity Perinatal Quality Surveillance Model Learning from Deaths Report of the Acting Medical Director 	Assurance	Enclosure 9.1
			Assurance	Enclosure 9.2
10.	10:15	Strategic Objective 2 – Empower and support our people to be the best they can be <ul style="list-style-type: none"> Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual report Report of the Chief Nurse Medical Workforce Staffing – bi-annual report Report of the Acting Medical Director 	Assurance	Enclosure 10.1
			Assurance	Enclosure 10.2

	Time	Item	Status	Paper
		<ul style="list-style-type: none"> Freedom to Speak Up Report of the Freedom to Speak up Guardian 	Assurance	Enclosure 10.3
11.	11:15	Strategic Objective 4 – Continuously learn and improve <ul style="list-style-type: none"> Research Strategy Update Report of the Chief Nurse (presented by the Research Operations Manager) 	Assurance	Enclosure 11.1
12.	11:30	Strategic Objective 5 – Sustainable use of resources and estate <ul style="list-style-type: none"> Financial Improvement Performance 2024 / 2025 Update Report of the Chief Financial Officer 	Assurance	Enclosure 12.1
BREAK (10 mins)				
Operational				
13.	11:40	Winter Plan Report of the Chief Operating Officer	Approve	Enclosure 13
Governance				
14.	11:55	Assurance from Sub Committees <ul style="list-style-type: none"> Audit and Assurance Committee Report of the Committee Chair (last meeting) Finance Committee Report of the Committee Chair (last meeting) Quality Committee Report of the Committee Chair (last meeting) People Committee Report of the Committee Chair (last meeting) 	Assurance Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3 Enclosure 14.4
15.	12:15	Outstanding Service – SFH Exceeding National Average for Ambulance Handover Times.	Assurance	Presentation
16.	12:20	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
17.	12:25	Any Other Business		
18.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 7th November 2024, Boardroom, King's Mill Hospital		
19.		Chair Declares the Meeting Closed		
20.		Questions from members of the public present (Pertaining to items specific to the agenda)		

	Time	Item	Status	Paper
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

The following information items are included in the Reading Room and should have been read by Members of the meeting.

Enc 10.3	•	FTSU Planning Tool
Enc 14.1	•	Audit and Assurance Committee – previous minutes
Enc 14.2	•	Finance Committee – previous minutes
Enc 14.3	•	Quality Committee – previous minutes
Enc 14.4	•	People Committee – previous minutes

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 5th September 2024, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Steve Banks	Non-Executive Director	SB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	David Selwyn	Acting Chief Executive	DS
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Shantell Miles	Director of Nursing and Deputy Chief Nurse	SM
	Paula Shore	Director of Midwifery	PS
	Navtej Sathi	Guardian of Safe Working	NS
	Clare Jones	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	2 members of the public		
Apologies:	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
24/273	WELCOME		
1 min	<p>The meeting being quorate, GW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
24/274	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/275	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Sally Brook Shanahan, Director of Corporate Affairs, and Phil Bolton, Chief Nurse. It was noted Shantell Miles, Director of Nursing and Deputy Chief Nurse, was attending the meeting in place of Phil Bolton.		
24/276	PATIENT STORY: THE IMPACTS OF PAIN AND THE DISCHARGE PROCESS		
25 mins	<p>SM introduced the Patient Story, highlighting Kevin's journey as described by his wife Gwen.</p> <p>SM advised how Kevin's story had affected the team and reflected on the changes made, ensuring an improved journey for other patients. MG expressed thanks for the courage and honesty on presenting to the Trust Board of Directors, noting team embracement. SM responded that the team are passionate and committed.</p> <p>NM noted the link to recent maternity cases, querying whether Kevin's story had been shared appropriately since filming in winter to highlight and alter issues with cultural attitude. SM responded it has been shared alongside other incidents at various forums as part of the investigation process throughout the year. SM reported the team sense check and apply Confirm and Challenge alongside monitoring the various measures that are now in place.</p> <p>AH expressed thanks for presenting and enquired in terms of the approach to variation of care within a stretched system alongside confidence with the front-line approach to identify. SM acknowledged the challenge for all Emergency Departments (ED) to identify in a timely manner and Sherwood Forest Hospitals Foundation Trust (SFHFT) are working closely with partner organisations to ensure pathways are clear, triggering the appropriate approach. SFHFT have been working closely with Nottingham University Hospitals (NUH) to ensure pathways are clearly identified for spinal cord compression.</p>		

	<p>SM stated in terms of variation in care, all techniques are applied to improve on a day-to-day basis however, modelling is key to committing to the consistency of care and changing the culture. Such cases need unpicking to ensure standards are met and exceeded whilst incorporating the CARE values. People's behaviours can't be ruled out but can be addressed.</p> <p>AH enquired in terms of the immediate escalation of incidents. SM responded in addition to ward rounds, daily safety huddles are doubled and ensuing rapid reviews take place if required to ensure the safest course of action is carried out.</p> <p>SB provided assurance via the People Committee where the Urgent Care Team presented a report which was noted within the August 2024 Board of Directors report. SB then enquired in terms of front door pressures, flow and discharge that could sometimes result in wrong decisions being made. SM responded whilst staff were under pressure, fundamental care is uppermost, and balance is key. In this instance a catalogue of incidents occurred. All agreed standards of care should be priority.</p> <p>RE highlighted the Flow meetings which take place 5 times per day, 7 days per week, where these questions are addressed. RE enquired whether the discharge lounge and the cohort of patients are included. SM responded this cohort of patients are under the same standards of care and same guidelines. Acknowledging a high number of Bank and Agency staff, SM stated a robust induction process is in place. ARB queried whether there is an intention to employ substantive staff. RE responded the financial pressures associated with increased demand is an ongoing concern. RE noted the plan to present options at the next Trust Management Team meeting (TMT).</p> <p>DS expressed apologies, recognising as a Board we don't always get things right. DS encouraged staff to be empowered to be professionally curious despite the pressures they are under.</p> <p>GW summarised the importance of highlighting when things don't go right, acknowledging the ongoing challenges and the impact of pain.</p>		
24/277	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 1 st August 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/278	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors NOTED there were no actions due for review.		

24/279	ACTING CHAIR'S REPORT		
5 mins	<p>GW presented the report, providing an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective. GW highlighted the upcoming Excellence Awards on 12th September 2024, reporting over 500 nominations received. GW then emphasised the generosity of our sponsors who recognise the importance of this event.</p> <p>GW reported 2 Non-Executive Director (NED) appointments have been approved at the Councillor of Governors meeting; an Associate in terms of research and innovation will be sought alongside a finance NED.</p> <p>GW reported ongoing engagement with the system at Patient-Led Assessments of the Care Environment (PLACE) level alongside engagement with NUH and Nottinghamshire Healthcare Foundation Trust (NHFT). A Chairs' meeting recently took place where items were shared.</p> <p>Council of Governors Highlight Report</p> <p>The Board of Directors RECEIVED and took the report as READ. GW expressed thanks for the support of Governors at the Council of Governors meeting on 13th August 2024 where attendance and participation were strong.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/280	ACTING CHIEF EXECUTIVE'S REPORT		
33 mins	<p>DS presented the report, providing an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.</p> <p>DS reported on the progress of Paul Robinson, noting his improvement and ongoing support of his recovery.</p> <p>DS stated demand and performance metrics are reporting positively, noting the British Medical Association (BMA) collective action in General Practice has resulted in limited impact to date. Resident Doctors referendum on their pay offer commenced 19th August to 15th September.</p> <p>DS reported the 4-hour ED performance at 82%; the highest since February 2022, then reported the reduction of planned care patient waiting lists and improved diagnostic performance. DS expressed thanks to all concerned</p> <p>DS reported the NHS Oversight Framework (NOF) remains in Segment 2 with the position accurately reflected. DS requested the Board of Directors note the implementation of a new Oversight Framework, resulting in Quarter 1 remaining in Segment 2.</p> <p>DS reported the Newark Urgent Treatment Centre (UTC) extended hours continues to be monitored alongside the Integrated Care Board (ICB).</p>		

	<p>DS reported on a recent visit, followed by a return visit to attend the Maternity Unit by Lee Anderson (MP) and that he had subsequently held a round table parliamentary discussion in terms of baby loss – SFHFT provided factual evidence.</p> <p>In terms of the recent riots across the country, DS expressed proudness of SFHFTs diverse workforce and desire to work in a diverse organisation. Walkarounds and listening events have taken place, noting the concerns of staff across the Trust. Vigils for peace have also taken place in Faith Centres across all 3 sites.</p> <p>DS requested the Board of Directors note the Annual General Meeting (AGM) will take place 24th September 2024 with the Step into the NHS event following immediately after.</p> <p>DS reported construction work in terms of the Community Diagnostic Centre is ongoing, noting the environmental impact. DS highlighted the Comms team are capturing the history of the site, identifying the last baby born in the old hospital.</p> <p>BB queried the reference to being an ‘anchor institute’ within the letter from the ICB regarding segmentation. DS referenced the role in supporting the health and inequalities work within the letter. CH added the statements don’t always provide reflection, noting the challenge of highlighting the work that is being undertaken, employing local providers and working alongside Organisational partners. DS highlighted the significant evidence provided at the recent Board to Board meeting.</p> <p>NM referenced the financial section of the letter and enquired in terms of the Financial Improvement Plan (FIP), Elective Recovery Funding (ERF) alongside the impact of NOF3 segment. DS responded external scrutiny has been increased alongside ICB scrutiny and demands as a result. NM then enquired how a sense of urgency can be instilled to ensure resources are acquired to deliver and achieve end of year. RM responded the sense of urgency is constant, highlighting the weekly efficiency programme updates to Executives, alongside the ongoing visibility at TMT to ensure financial obligations are met. RM compounded the segmentation results in terms of support in addition to scrutiny, referencing the NHS Investigation and Intervention Phase 1 Final Report. RM noted a weekly system Financial Recovery Group has been implemented. DS added this week’s meeting included what assurance is given to the Board of Directors in terms of the Financial Recovery Plan alongside recognising the balance between financial improvements and patient safety.</p> <p>RE referenced the Grant Thornton financial review, noting the high level of ownership reported. RE then highlighted issues reported at the Financial Recovery Group and detailed the measures put in place to address. RE reported positive progress, highlighting the huge amount of work taking place within the divisions to address. CH stated in terms of pace, SFHFT were noted to be very responsive, providing examples of how the recommendations made are being addressed; tangible outcomes will be included within the next phase.</p>		
--	--	--	--

	<p>SB enquired whether the same assurance can be provided in terms of support function ownership and understanding. DS reported a Trust wide approach. RS referenced the People directorate measures that are taking place and noted a collaborative approach in terms of delivery. RM referenced the separate support function targets in place.</p> <p>MG queried what is taking place in terms of the culture around recurrent and non-recurrent savings. RM advised a paper will be presented during today's meeting highlighting non-recurrent savings. RM then provided examples of the processes in place to remove non-recurrent costs.</p> <p>ARB expressed thanks from East Midlands Ambulance Service (EMAS) crews who reported improving handover times. DS added a Board of Directors video is in development.</p> <p>AH queried staff attitudes towards the financial position. DS responded a consistent message is regularly circulated, providing visibility to staff. SFHFT have asked staff for ideas which are being fed back, and Dragon's Den has been implemented, therefore DS felt staff do have an understanding. DS then referenced the imminent Staff Survey in terms of measurement. RM compared the process during the Covid pandemic, acknowledging the change in mindset. CH noted a definite shift between segments and staff have been approached to ask about changes. CH then compounded the communications to staff and provided examples of the ideas that are being developed to address the culture.</p> <p>GW summarised by acknowledging the challenges and requested an update of the impact of the financial recovery measures take place at the October 2024 Public Board of Directors meeting, incorporating the Quality Impact Assessment review. GW referenced the contact made with all local MPs and expressing thanks to Lee Anderson MP for his visits.</p> <p>Action</p> <ul style="list-style-type: none"> • To present a Financial Recovery Measures Impact Update at the October 2024 Public Board of Directors meeting. <p>The Board of Directors were ASSURED by the report.</p>	RM	03/10/24
24/281	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
19 mins	<p>PS joined the meeting to provide a Maternity Update.</p> <p>Safety Champions Update</p> <p>The Board of Directors RECEIVED and took the report as READ. PS presented the report, highlighting the annual Care Quality Commission (CQC) survey and ongoing focus on action plans. Results will be released shortly and have been shared with various agencies.</p>		

	<p>PS welcomed NM as the new Non-Executive Safety Champion, highlighting a recent walkaround undertaken. NM referenced his first walkaround, expressing thanks to staff for their work. NM challenged managers and the Estates team to repair minor works within the Maternity unit. NM has requested an enhancement of Governance within the team, moving away from verbal requests. GW acknowledged the challenges in terms of outstanding minor works.</p> <p>PS referenced the emotive round table parliamentary discussion in terms of baby loss, resulting in 5 key areas of focus during their tenure; saving baby's lives care bundle, maternity incentive scheme, inequalities and equity, research and innovation, learning lessons.</p> <p>AR queried the stark sentences within the annual survey in terms of no significant change in trust scores as a learning organisation. PS responded whilst the scoring stays the same, the categories within the survey have changed; pain relief is included within this survey, scoring higher than average. Some areas are not improved but the areas differ each year; the survey is anonymous therefore it is difficult to understand and address, and the survey is national so the timing cannot be changed. A discussion ensued in terms of the appropriate questions and processes. NM noted the opportunity to listen to first hand feedback every month as part of his role.</p> <p>BB enquired in terms of the increase of acuity. PS responded a scoring tool is used to monitor acuity, adding a doctor noted the rise in acuity of women at the parliamentary debate. PS advised a new matron is in place to address and smoking cessation and weight management services were highlighted to mitigate acuity. PS reported Lee Anderson MP was also keen to support. Programmes are still in their infancy; however, the hope is these services will impact and updates will be reported at the Trust Board of Directors meeting once developed.</p> <p>ARB enquired whether actions from the last CQC inspection in 2020 have been embedded. PS responded the 'must do's' have been embedded, the 'should do's' are being currently addressed and embedded. PS then advised a paper will be presented at the September 2024 Quality Committee.</p> <p>AH advised in relation to a recent EMAS conference that higher acuity can result in increased investigations. PS is meeting with Midwives who attended this conference to discuss the agenda and areas of collaboration.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance Model</p> <p>PS presented the report, noting the reduction in obstetric haemorrhage alongside 3rd and 4th degree tears. 4 home births in July 2024 were reported and issues in terms of impending staff maternity leave are being addressed.</p> <p>The Board of Directors were ASSURED by the report.</p>		
--	---	--	--

	PS left the meeting.		
24/282	STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
24 mins	<p>NS joined the meeting.</p> <p>Guardian of Safe Working</p> <p>The Board of Directors RECEIVED and took the report as READ. NS presented key highlights of the report, referencing the support from Executives and Rebecca Freeman, alongside the feedback provided by the Board of Directors. NS addressed AR in terms of supporting trainees, detailing the measures taken.</p> <p>AR queried the plan to increase uptake in exception reporting, noting the misleading percentages. NS stated the intention to recirculate the survey to capture the appropriate information once the proper processes are in place. SR compounded the survey was undertaken by a very small number of Resident Doctors during a difficult time due to industrial action. SR raised the importance of engaging with Resident Doctors, ensuring appropriate measures are taken.</p> <p>AH recognised the effort to increase visibility, enquiring if Resident Doctors have been asked what questions need to be included within the survey. AH then acknowledged the difficulty in terms of exception reporting.</p> <p>MG enquired what the key headlines were from the NHS England (NHSE) report that refers to improving Doctor's lives. DS responded the report has been presented in other forums. RS reported 3 main headlines following presentation at People Committee: colleague sense of belonging and engagement within the organisation whilst working within the Trust, the opportunity to voice concerns and resulting action during a short period of time working within the Trust, finally the moving of one organisation to another and the resulting lack of passporting in terms of mandatory training. RS then raised ensuring individuals are paid appropriately and timely whilst moving between organisations. MG queried the key dialogue taking place to ensure these principles are met. SR noted the corporate induction process to address who to contact to mitigate any of the aforementioned circumstances, alongside the speciality level induction focusing on engagement during the short period of time they are with SFHFT. SR then highlighted the visibility of the Medical Director and Deputy Medical Director, alongside the appropriate forums in place. NS highlighted the Medical Managers meeting alongside in reach, providing further assurance.</p> <p>DS noted during his latest walkaround the approach to Resident Doctors where positive feedback was given. DS acknowledged the ongoing work to provide improvements, highlighting the lengthy delay in works to the Doctor's Mess. GW compounded the intention to ensure this work will continue expressing apologies for the length of time taken. DS noted the financial implications. BB noted the positive increase in Speciality Trainee (ST) 3 levels and the collaborative work with the Freedom To Speak Up Guardian.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	NS left the meeting.		
24/283	STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE		
27 mins	<p>NHSE Investigation and Intervention Process</p> <p>RM presented the process report, prompted by the reporting of month 2 financial results nationally showing an overspend £237 million across 42 systems. Nottingham and Nottinghamshire ICS has been selected for the first wave of the process. Phase 1; a 4-week investigation process, Phase 2; a 12-week intervention process. The phase 1 report has been shared within the ICS, phase 2 is due to commence.</p> <p>RM advised Programme Leads are reviewing non-recurrent finances. Work to apportion saving opportunities associated with cost cutting schemes at divisional level is taking place. The FIP tracker is being reviewed to ensure compliancy and a rigorous governance process has been established via the monthly Financial Recovery Cabinet and weekly Financial Efficiency Review meetings that report to the Cabinet. RM encouraged NED and Quality Committee member attendance to provide further assurance, an Integrated Care System (ICS) representative also attends. RM stated the next steps are to strengthen the Financial Recovery Plan prior to reporting to NHSE, alongside reporting to ICS partners to confirm the scope of phase 2 work and how to take the 12-week process forward.</p> <p>GW noted the use of the Comms strategy in order to disseminate information and increase understanding and commitment to deliver.</p> <p>SB queried whether the focus is on in-year savings or large interventions that would be more longer-term. RM responded initially savings are in-year focused however, some areas may expand into longer-term interventions, highlighting transformation projects. RM noted regular transformation meetings are taking place within the ICS. DS added internal workstreams and multi-year saving plans are in place.</p> <p>MG queried leaver incentives for divisional staff in terms of recurrent savings. RM noted the difficulties of offering clear incentives due to the financial constraints, however acknowledged the bigger picture and the financial sustainability by March 2026. CH raised the Improvement Faculty service redesign, the Bank and Agency constraints and the recruitment of substantive staff at the first stage. MG noted the risk to safety. DS raised the targets for the following year and discussed the incentives to staff nationally in terms of quality and safety alongside the improvement of colleague's working lives. DS noted caution in terms of comparing to previous years and the rule changes.</p> <p>MG queried how other Trusts and ICBs are operating and have they given insight to SFHFT. RM responded it has provided insight in terms of holding a mirror up to SFHFT compared to other organisational approaches. RM stated wider learning across the NHS has been limited to date however, ICB colleagues are reaching out to other systems for feedback which would be welcomed. MG queried whether more challenge can be made. GW added he would have liked to have seen more systemwide transformation delivery within the report. DS highlighted the East Midlands Acute Provider Network in terms of</p>		

	<p>financial information sharing.</p> <p>MG enquired in terms of interlinking with the 360 audit which took place earlier this year. RM clarified this was a self-assessment, and an internal audit took place as a result. RM reported a positive result which was shared as part of the investigation process and has been built upon.</p> <p>MG raised the PA Consulting work with other ICBs, querying whether triangulation of results and ideas from different parts of the country can be shared. GW agreed. RM shared he is part of the Chief Financial Officer Forum where similar information is shared and will provide any feedback shared.</p> <p>BB queried how this report sits within the Financial Strategy. RM responded the current Financial Strategy is delayed pending the outcome of the intervention phase. BB queried the timeline for delivery of the Financial Strategy. RM responded the October 2024 Finance Committee will discuss the medium-term strategy and an update will be provided to the Board of Directors.</p> <p>GW summarised by recognising the amount of pressure all are under and acknowledged there are no easy outcomes.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/284	CONSTITUTION REVIEW		
2 mins	<p>DS presented the report, noting minor amendments to the Constitution, the modernisation of the voting arrangements and replacing the unused opportunity for the Placed Based Partnership to nominate a Governor, with the opportunity for the new Combined Authority to make a nomination. The Constitution is in line with NHSE best practice, noting no impact to the power of the Council of Governors meeting or the Council of Governors duties.</p> <p>The Board of Directors APPROVED the revised Constitution.</p>		
24/285	ASSURANCE FROM SUB-COMMITTEES		
18 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting the discussions already undertaken. A workplan to invite divisional staff to Finance Committee is in development. Internal audit reports in terms of Capital provided assurance. The Theatre productivity Business Case was approved, and the impact is being monitored. Renewal of the NHIS contract Business Case was approved. The Board Assurance Framework (BAF) was reviewed, resulting in no changes being made.</p> <p>MG queried the position in terms of cashflow and overdraft charges. RM responded there are risks around this, highlighting the Public Dividend Capital and the complexities around managing payments. RM assured the Board this is managed as a monthly process and decisions are made daily to provide assurance. GW highlighted the difficulties surrounding the process. RM raised the impending payment of the</p>		

	<p>backdated pay rise to staff. DS clarified this cash is not additional, however it is being drawn early to streamline outgoings.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report, highlighting the insufficient capacity to engage with external partnerships effectively, impacting on the Health Inequalities agenda and fragile services. BB raised there are currently 3 different workstreams in terms of fragile services, providing limited assurance.</p> <p>BB reported positive assurance in terms of rephrasing the overall risk for Principal Risk (PR) 6 to 12, alongside positive work in support of anchor organisation.</p> <p>BB raised the Partnerships and Communities Committee Terms of Reference, requesting a Board workshop take place to focus on partnerships and the review of controls and gaps for PR6. GW responded the workshop concept would be developed offline.</p> <p>BB requested a presentation from the recent Quality Committee in terms of Digital Inequalities.</p> <p>NM advised a decision should be made in terms of which workstreams to support and at what level. DS recognised this, noting the complexity of providing the most appropriate forum to address fragile services. A discussion ensued in terms of the appropriate levels of workstream reporting.</p> <p>Action</p> <ul style="list-style-type: none"> • To develop a Board Workshop focusing on partnerships. <p>The Board of Directors were ASSURED by the report.</p>	CH	03/10/24
24/286	OUTSTANDING SERVICE – ORGAN DONATION - CHANGING AND SAVING LIVES		
10 mins	<p>A short video was played highlighting the work of the Organ Donation Team.</p> <p>SR reflected on his career, stating how organ transplants change lives and sharing the statistics. SR encouraged everyone to discuss organ donation.</p> <p>AH queried deprivation in terms of local transplant waiting lists SR responded the national allocation system is equitable however, there is evidence of disparity in terms of deprivation and equality within the work up process and the listing. A review is underway and health knowledge, alongside well-informed families are important.</p> <p>GW summarised by acknowledging a powerful film, highlighting the impact on the lives of the whole family.</p>		

24/287	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Organ donation film and organ donation week commencing 23rd September 2024 • Impacts of Pain and the Discharge Process patient story • Winners of Excellence Awards promotion • Financial climate awareness – Phase 1 of NHS Investigation and Intervention report • Volunteer work and Dragon's Den • Newark UTC extended hours • Medical Lead for Sepsis 		
24/288	ANY OTHER BUSINESS		
	No other business was raised.		
24/289	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3rd October 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:02</p>		
24/290	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Graham Ward</p> <p>Acting Chair Date</p>		

24/291	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>GW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
24/292	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD 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
24/039	01/02/2024	Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports.	Public Board of Directors	None	01/08/2024 03/10/2024	S Brook Shanahan	K Bosworth	Update 15/07/2024 Report deferred to October Board meeting Update 25/09/2024 Included in report Complete	Green
24/108.2	04/04/2024	Report to be provided to the Quality Committee in relation to the work of the Lower Pelvic Floor Team, particularly the impact of their work on third and fourth degree tears.	Public Board of Directors	Quality Committee	04/07/2024 03/10/2024	P Bolton	P Shore	Update 17/04/2024 On agenda for June meeting of the Quality Committee Update 20/06/2024 The Perinatal Pelvic Health Service paper will be presented at the August 2024 meeting of the Maternity Assurance Committee before presentation at the Quality Committee in September 2024 Update 25/09/2024 Report presented to Quality Committee on 23/09/2024 Complete	Green
24/183.2	06/06/2024	Sub-committee annual reports to follow same format	Public Board of Directors	None	Apr-25	S Brook Shanahan			Grey
24/221.1	04/07/2024	Information in relation to the number of Equality Impact Assessments undertaken and their impact, etc. to be reported to the People Committee.	Public Board of Directors	People Committee	03/10/2024	R Simcox		Update 24/09/2024 Item presented at People Committee on (24/09/2024) Complete	Green
24/223	04/07/2024	Information in relation to the cost of maintaining the current IT landscape, and what the costs are likely to be in five years' time, to be reported to the Finance Committee.	Public Board of Directors	Finance Committee	07/11/2024	D Selwyn	N Turner		Grey
24/251.1	01/08/2024	Report outlining progress in relation to Quality, Service Improvement and Redesign (QSIR) training, including lessons learned, etc. to be presented to the Quality Committee.	Public Board of Directors	Quality Committee	05/12/2024	C Hinchley		Update 21/08/2024 Improvement will be the 'Hot Topic' at the November Quality Committee meeting.	Grey

24/252.1	01/08/2024	Plans for forthcoming flu vaccinations to be shared with the People Committee.	Public Board of Directors	People Committee	03/10/2024	R Simcox		Update 15/08/2024 Item to be included on next People Committee agenda (24/09/2024) Update 25/09/2024 Report presented to People Committee on 24/09/2024 Complete	Green
24/252.2	01/08/2024	Graph to be included in the IPR showing agency spend as a financial cost.	Public Board of Directors	None	07/11/2024	R Eddie	M Bolton		Grey
24/280	05/09/2024	To present a Financial Recovery Measures Impact Update at the October 2024 Public Board of Directors meeting.	Public Board of Directors	None	03/10/2024	R Mills		On agenda for October Board meeting Complete	Green
24/285	05/09/2024	To develop a Board Workshop focusing on partnerships.	Public Board of Directors	None	03/10/2024	C Hinchley		Update 26/09/2024 To be discussed at the Board of Directors Time Out session in November. Complete	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chair's report				Date:	3 rd October 2024
Prepared By:	Rich Brown, Head of Communication					
Approved By:	Graham Ward, Acting Chair					
Presented By:	Graham Ward, Acting Chair					
Purpose						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective.					Approval	
					Assurance	Y
					Update	Y
					Consider	Y
Strategic Objectives						
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	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
AHP = Allied Health Professionals ICS = Integrated Care System NHS = National Health Service NUH = Nottingham University Hospitals SFH = Sherwood Forest Hospitals						
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective.						

Trust hosts annual *Excellence Awards* to say ‘thank you’ to staff

The hard work and dedication of colleagues at Sherwood Forest Hospitals was celebrated at the Trust’s 2024 *Excellence Awards* ceremony on Thursday 12th September 2024, as the event shone a light on individuals, teams, and community partners who go above-and-beyond for the Trust.

Over 500 nominations were received this year for colleagues working in clinical and non-clinical roles across the Trust’s King’s Mill, Newark, and Mansfield Community Hospital sites.

The big award of the evening was the Lifetime Achievement Award, which is reserved for colleagues who have made significant career and lifetime contributions to the Trust.

Dr Elizabeth Carlin, Service Director for Sexual Health, was the winner of that prestigious award. A longstanding supporter of the Trust, Elizabeth was appointed Service Director for Sexual Health in 2012 and has since led a successful bid for SFH (alongside NUH) to provide high-quality sexual health services for the whole of Nottinghamshire.

She was commended for her passion for the Sexual Health services at SFH, in which she has invested so much of her working life – spending most of her career improving the quality of the Sexual Health services for our local population.



Dr Elizabeth Carlin receives her Lifetime Achievement Award

Elsewhere, the Midwifery Bereavement Team were the deserving winners of The People’s Award, which is the only award of the evening that attracts nominations from the public.

Louise Heath and Amy Dewar in the team were commended for the support groups that they run for bereaved families and for organising memorial services three times a year for families who have been under their care. The nomination highlighted the care and compassion they gave to a family who experienced the loss of a child.



The Midwifery Bereavement team accept their People's Award

Volunteers are an integral part of the day-to-day running of the Trust and the Volunteer of the Year Award honours this amazing team of selfless individuals.

The Mealtime Volunteers (pictured below) were the deserving winners of this category, having been nominated for dedicating their valuable time to supporting our patients with their nutritional and hydration needs and bringing a wide range of qualities, skills, and expertise to the role they do.



It was also my pleasure to join the Trust's former Chair and the Mayor of the East Midlands, Claire Ward, in presenting the *Step into the NHS* team with the prestigious Chair's Award.

The award, which acknowledges a person or team who truly deserves to be honoured for all they do for the Trust, recognises the team's work in being instrumental in recruiting learners from the local community and building strong connections with local partners and education providers to drive forward the Trust's recruitment efforts.



Our Trust *Excellence Awards* are our single greatest way of saying 'thank you' to the many colleagues who work selflessly throughout the year to ensure that our patients are looked after with the utmost care and respect. The winners and those shortlisted truly demonstrate the passion that our colleagues put into their roles every day.

The full list of this year's Trust *Excellence Awards* winners are listed below:

- Multidisciplinary Team of the Year - Young Adult Diabetes Service
- Most Improved Team - Chatsworth Ward, Mansfield Community Hospital
- Chris McFarlane - Beth Isle, Radiology team
- Rising Star - Dr Laura Pugh, Geriatrics team
- Non-Clinical Team of the Year - Newark Hospital Security team
- Non-Clinical Individual of the Year - Maria Vernon, Chaplaincy team
- Nursing, Midwifery & AHP Team - Lotus Team
- Nursing, Midwifery & AHP Individual - Kimberley Whysall, Respiratory Medicine team
- Doctor and Consultant Team - Acute Paediatrics
- Doctor and Consultant Individual - Dr Kashif Hussain, Emergency Department team
- Specialist Healthcare Team Pharmacy Team
- Specialist Healthcare Individual Alison Barnett, Cardiovascular team
- Outstanding contributions to Equality, Diversity and Inclusion - Jacqueline Wix for her work with DFN Project Search
- Volunteer of the Year - Mealtime Volunteers
- Lifetime Achievement - Dr Elizabeth Carlin
- Community Hero - Angela McCreddie and Wendy Broughton, Breast and Balls
- Community Partner of the Year - Grant Roberts, Nottingham Road Clinic
- The Chief Executive's CARE Values Award - Paula Shore
- The Chair's Award - Step into the NHS team
- The People's Award - Midwifery Bereavement Team

The awards ceremony was funded entirely by charitable donations, funding and support from the Sherwood Forest Hospitals Charity and corporate sponsors, Kier and Managed Healthcare Services.

Recognising the difference made by our Trust Charity and Trust volunteers

September was another busy month for our Trust's Community Involvement team, both in how they encouraged financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

In September alone, 380 Trust volunteers generously gave over 4,600 hours of their time to help make great patient care happen across the 32 services they have supported during the month.

Long Service Awards were presented to four volunteers during the month, including Georgina (pictured right) who was proud to receive her 15-year award from the Trust's Director of People, Rob Simcox.



Other notable developments from our brilliant Community Involvement team and our team of volunteers during the month include:

- The Community Involvement team's support for successful Dragons' Den applicants, including progressing the financial, procurement and publicity arrangements to support each successful scheme.
- The Tissue Viability Team (pictured right) are delighted to have received demonstration models to be used to training both staff and patients. The models showcase different types of pressure ulcers, wounds and skin conditions.
- The team have enjoyed a busy month of events including the Staff Excellence Awards where they held a raffle and raised a fantastic £780.
- Colleagues also attended a Governor Workshop to provide an update on charity development plans.
- The team also enjoyed meeting some prospective new volunteers at the Step into the NHS recruitment event and engaging with colleagues at the Reach Out event.



We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

Other notable engagements:

- Midlands NHS Leadership meeting, which is a meeting of Trust Chief Executives and Chairs from across the region. Topics of discussion included updates on productivity, developing Local Improvement Networks and how organisations are working to meet future health needs and challenges.
- During the month, I also met with other Chairs in the Nottingham and Nottinghamshire Integrated Care System (ICS).

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chief Executive's report				Date:	3 rd October 2024
Prepared By:	Rich Brown, Head of Communication					
Approved By:	David Selwyn, Acting Chief Executive					
Presented By:	David Selwyn, Acting Chief Executive					
Purpose						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.					Approval	
					Assurance	Y
					Update	Y
					Consider	Y
Strategic Objectives						
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	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
None						
Acronyms						
<div> AGM = Annual General Meeting BAF = Board Assurance Framework BMA = British Medical Association CDC = Community Diagnostic Centre EMAP = East Midlands Acute Provider </div> <div> NSDC = Newark and Sherwood District Council PIFU = Patient Initiated Follow Up RTT = Referral to Treatment SFH = Sherwood Forest Hospitals UK = United Kingdom </div>						
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.						

Operational updates

Overview of operational activity

Demand across our urgent and emergency care pathway eased in August 2024, which supported a significant improvement in our emergency access performance (otherwise known as four-hour performance) to 82% -- the highest monthly position since February 2022. The improved performance demonstrates that with manageable levels of demand, our underlying systems and processes are robust.

We continue to benchmark among the best trusts in the country for ambulance handovers, recognising the emphasis we place on releasing ambulance crews to respond to the needs of our local community. The Trust's success in this area is due to be shared in the *Outstanding Service* video at October's Public Board meeting.

We are seeing a continued reduction in the number of planned care patients on our waiting list, including those patients waiting over 52-weeks. Unfortunately, both these metrics are behind planned levels in August 2024. We have also fallen behind our plan for 65-week waits in August 2024, which is in-part driven by the support we are offering across the system, together with the interplay between Referral to Treatment (RTT) and cancer pathways and staff availability over the holiday period.

At the end of September 2024, the Trust has no patients waiting more than 78-weeks for treatment.

In outpatients, activity levels remain strong and favourable to plan for outpatient firsts, follow-ups and procedures. We consistently exceed the 5% Patient Initiated Follow Up (PIFU) target and benchmark within the top 15 trusts nationally. In July 2024 and August 2024, we exceeded our plan against the new outpatient metric measuring the proportion of outpatient attends that are first or follow-up with a procedure.

In terms of our cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard exceeding the national standard. As of July 2024, we have consistently delivered against our planning trajectory for cancer 31-day treatments. Unfortunately, we were off-track against our planning trajectory for the cancer 62-day treatment standard in July 2024, after previously having set a very ambitious plan for that month. Despite this, we remain better than the England average position and above the interim standard of 70% for the cancer 62-day standard.

While the Trust has not been notified of any further periods of planned industrial action during the past month, we have welcomed the news that the British Medical Association (BMA)'s junior doctors committee (JDC) in England has accepted the Government's pay offer, with 66% of resident doctors (also known as junior doctors) voting in favour of the deal. We hope that this agreement will bring an end to the ongoing industrial action that has affected NHS organisations across the country for more than a year.

A more comprehensive update on our operational performance is due to be presented at the November 2024 Trust Board meeting, where we are due to reflect on our quarter two 2024/25 performance.

“Martha’s Rule” initiative launches at King’s Mill Hospital



King’s Mill Hospital has become one of the first in the UK to introduce Martha’s Rule – a scheme which provides patients and their families with easy access to an urgent review if their condition worsens. The site is one of 143 in the country who have chosen to pilot the first phase of the major patient safety initiative – six months ahead of the deadline of March 2025.

Martha’s Rule provides a clear and consistent way for patients, their families and carers to seek an urgent review if they feel a patient’s condition is deteriorating and not being responded to quickly enough by staff.

It will apply to all inpatients across all areas of the hospital, including Maternity, Paediatrics and the Emergency Department from the point when a decision is taken to admit the patient.

The acute hospital already has an established 24/7 Critical Care Outreach Team, which enables staff to escalate concerns about a patient’s condition. This will now be extended and, for the first time, the specialist team will be directly available to patients and their families, so they too can escalate care concerns if they feel there has been a noticeable change or deterioration in a patient’s condition.

Patients, their families and carers should first raise their concerns with the teams who are caring for the patient. If they remain concerned then they are now able to call a dedicated phone number – 07385 115 574 – to activate Martha’s Rule and speak to the Critical Care Outreach Team, who will listen to their concerns and act immediately to review the patient.

Clinicians will also record daily information about a patient’s health directly from them or their families. This will ensure that the vitally important concerns of those who know the patient best are listened to and acted upon and allow the teams caring for them to be responsive to the patient’s needs sooner.

The need for this escalation of care will hopefully only be needed in a limited number of cases but will provide an extra safety net.

We are delighted to be supporting this vitally important national initiative working together with our patients for better communication and to ensure that the concerns of our patients and their families are really

listened to. We want to be known as an outstanding local hospital that delivers quality services for our patients, delivering consistently outstanding care by compassionate people.

This is an important step forward for patient care and safety, which will always be our priority.



Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

MARTHA'S RULE

Are you worried about a change in a patient's condition?
Have you asked your patient how they are feeling today?
Are their relatives and carers also concerned?

**Learn how you and they
can now activate Martha's Rule**

Call 07385 115 574

To speak to our Critical Care Outreach Team (CCOT) who will listen to your concerns

Go to **'Martha's Rule'** on the Intranet to find out more

#HearMeHelpMe

Trust staff flu vaccination campaign begins

Another key component of the Trust's preparations for winter are the roll-out of free flu vaccinations to Trust colleagues. This year's staff flu campaign has now begun: the campaign has made a great start, with hundreds of colleagues already having received their free flu vaccinations in the campaign's first week.

Each year, we see a great uptake from Trust colleagues who come forward in their thousands each year to receive their free flu vaccines. Last year, the Trust's staff flu vaccine uptake was among the best in the East Midlands.

We know that vaccines are among our best defence against flu and the Australian flu season suggests that this year's UK flu season is predicted to be one of the toughest in recent years following the pandemic.

As someone who works in a hospital setting, I have been involved in the care of patients requiring critical care support as a result of Influenza virus. Choosing to protect myself, my family, my colleagues and patients, I have received my free flu vaccine and would professionally advise all colleagues to do the same. Those members of the Trust Board not already vaccinated will be offered their vaccines on the day of October's Trust Board meeting.

Partnership updates

Provider collaboratives

The Trust is increasing its contribution to its two provider collaboratives, with both collaboratives' 2024/25 workplans are progressing well.

The Nottinghamshire collaborative is focusing on key priorities of elective care, people, corporate back-office efficiencies and sustainable estates. The regional East Midlands Acute Provider (EMAP) collaborative is heavily focused on fragile services, digital opportunities and procurement.

In October, Chief Executives and Chairs are due to meet to discuss further opportunities for collaboration.

Working more closely with general practice

The Trust's Medical Director, with the support of the Strategy and Partnerships Team, has established an interface group linking SFH consultants with general practitioners in Mid Nottinghamshire.

The group aims to improve patient's experience of care as they move from primary into secondary care and back by developing collaborative working, agreeing improvements, reviewing progress and promoting successes.

Early work has focused on those areas where small changes can improve efficiencies, including work to streamline the interface between primary care and urgent and emergency care teams by clarifying their respective responsibilities, the appropriate prescribing practice and the process for onward referrals.

Supporting partner district councils in developing local plan for towns vision

The Trust's three local district councils have been preparing their local plans for their towns' vision – the next step in the levelling-up programme to regenerate local towns across the country. Local towns identified are Kirkby-in-Ashfield, Mansfield and Newark-on-Trent.

The Plan allocates up to £20million per town, focused on safety and security; high streets, heritage and regeneration; and transport and connectivity.

Following the forming of the new government, the local plan for towns programme is under review by the Secretary of State. Once the future of the programme is confirmed, SFH – through its membership of the place boards – will continue to support its local partners in progressing this work for the benefit of the local communities it serves.

Working with Newark and Sherwood District Council (NSDC) to improve hospital discharge

The Trust and NSDC recently hosted a workshop to focus on improving hospital discharge for Newark and Sherwood patients.

It was well-attended by the Council and the Trust, along with wider partners from primary care networks. The commitment and compassion of all partners was evident during the session, with all attendees focused on the needs of patients and citizens and what can be done to support them.

The event established valuable relationships between council and hospital teams, agreed a small number of quick wins with a long-term action plan developed.

Other Trust updates

Trust hosts Annual General Meeting (AGM) and latest *Step into the NHS* event

On Tuesday 24th September 2024, the Trust hosted its 2023/24 Annual General Meeting at King's Mill Hospital to provide an in-depth look at the Trust's performance over the past financial year, as well as highlighting how the Trust is planning to meet the challenges it will face for the remainder of 2024/25 and beyond.

The Trust's Annual Report and Accounts for the year ending 31st March 2024 were also formally presented at the meeting, with our annual report already having been published on the Trust's website at www.sfh-tr.nhs.uk/about-us/publications-and-reports/ along with our Quality Report.

As with last year's Annual General Meeting, this year's event was again hosted alongside the Trust's latest *Step into the NHS* careers showcase event to give anyone attending the event an opportunity to find out more about the work that is going on across our hospitals.

Our Step into the NHS events are a fantastic opportunity for individuals to explore the range of career opportunities within the Trust with potential job seekers, in a range of both clinical and non-clinical roles.

The event also continued our work with our partners from West Notts College and Nottingham Trent University as two local education providers who can support anyone looking to explore a career within their local NHS.

Revised plans approved for Nottinghamshire's first Community Diagnostic Centre



In early September 2024, we welcomed the news that revised plans to build a state-of-the-art Community Diagnostic Centre (CDC) at Mansfield Community Hospital have been approved by planners at Mansfield District Council.

Once built, the new facility will serve as a one-stop shop for patients across Nottinghamshire to access tens of thousands of health checks and tests in a single visit, reducing referral times and enabling patients to receive diagnoses more swiftly.

The plans for the building have been carefully revised to move from a two-storey design to a single-storey design, which has helped to reduce construction costs and make better use of existing space at the Hospital – without reducing the benefits to patients.

The redesign incorporated feedback from clinical colleagues to better meet the needs of local people and the services they will access there, while making more effective use of the existing Mansfield Community Hospital buildings.

The move will ensure that the Trust is spending public money as efficiently as possible, helping to focus more of the budget for the project on providing the vital tests that will eventually be delivered there.

This news is another significant and exciting milestone for our local NHS and the patients we serve. With demolition work now complete on the derelict building that has been removed to make way for the new facility, work to create a permanent home for Nottinghamshire's first Community Diagnostic Centre is on-course to provide our local communities with modern, efficient healthcare facilities that complement the existing services they can already access across our local NHS.

Since the project began in October 2023, the Trust has worked to deliver almost 40,000 blood tests from existing NHS sites as part of the Community Diagnostic Centre programme. They include a range of blood tests, heart scans and ultrasound scans that are already being delivered from a range of sites, including Mansfield Community Hospital, Newark Hospital and the Nottingham Road Clinic in Mansfield.

The Trust's commitment to sustainability has also played a significant role in shaping the revised design, with the new building to meet high environmental standards. Importantly, those environmental benefits have been achieved without benefiting the range of services being offered at the Centre.

The design of the new building has been developed following extensive consultation with the doctors, nurses and other healthcare professionals who have been able to design the new Centre to meet the needs of the new services that will be offered there.

The Centre is due to open in 2025 and will also offer a wide range of diagnostic services - including blood testing, ultrasound, and endoscopy services. It will be great to see the positive impact this will have on patient care in the future.

The revised planning application was unanimously approved by Mansfield District Council's Planning Committee on Monday 2 September, subject to a 'Section 106' agreement being implemented to secure a £18,400 contribution towards improvements to local bus stop infrastructure, a proposal to secure a 10% net gain of biodiversity in the area and a contribution towards local travel plan monitoring.

For more information about the planning application, the project and the services that will be provided there, please visit the CDC website at www.sfh-tr.nhs.uk/cdc

You can also speak to one of our Trust's growing number of passionate 'CDC Ambassadors' who are helping to spread the word about this exciting project among our patients, their colleagues and our local communities.

Update on the Trust's involvement in the national Thirlwall Inquiry

I have previously updated the Trust's Board on the Trust being asked to contribute evidence into the Thirlwall Inquiry into examining the events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital.

To date, the Trust's involvement has included:

- To complete and return its response to the Rule 9 Request
- To complete the data sharing agreement in relation to the Inquiry's requirement for a list of midwives, doctors, nurses and managers in SFH's neonatal unit so they could be asked for their views on the culture in the unit

- To issue a notice to staff informing them that the Inquiry will commence its sittings on Monday 16 September 2024 and to offer appropriate avenues for staff to discuss any concerns and source support.

The Inquiry's terms of reference detail the three broad areas it will investigate, which are:

- A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.
- B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently, including:
 - i. whether suspicions should have been raised earlier, whether Lucy Letby should have been suspended earlier and whether the police and other external bodies should have been informed sooner of suspicions about her
 - ii. the responses to concerns raised about Lucy Letby from those with management responsibilities within the trust
 - iii. whether the trust's culture, management and governance structures and processes contributed to the failure to protect babies from Lucy Letby
- C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

The Trust will continue to support the inquiry when approached, with updates being formally fed via the Trust's People Committee for ongoing Trust oversight of its involvement in the Inquiry.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – 'A major disruptive incident' – for which the Risk Committee is the lead committee, has been scrutinised by the Trust's Risk Committee.

Committee members discussed the risk scores and assurance ratings but decided that they should remain unchanged.

The full and updated Board Assurance Framework (BAF) is next due to be presented at the Public Meeting of the Trust's Board of Directors in November.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Winter Plan 2024/25				Date:	3 rd October 2024
Prepared By:	Mark Bolton, Associate Director of Operational Performance					
Approved By:	Rachel Eddie, Chief Operating Officer					
Presented By:	Rachel Eddie, Chief Operating Officer					
Purpose						
Trust Board is requested to review and approve our 2024/25 Winter plan.					Approval	✓
					Assurance	
					Update	
					Consider	
Strategic Objectives						
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	
✓	✓	✓	✓	✓	✓	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						✓
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
Draft considered by: Executive Team, Trust Management Team, Divisional Leadership Team and Winter Planning Group.						
Acronyms						
<p>CARE – SFH values (Communicating and working together; Aspiring and improving; Respectful and caring; Efficient and safe).</p> <p>CAU – Childrens' Assessment Unit</p> <p>CRE – Carbapenem-Resistant Enterobacterales</p> <p>CT – Computed Tomography</p> <p>D&V – Diarrhoea and Vomiting</p> <p>EAU – Emergency Assessment Unit</p> <p>ERF – Elective Recovery Fund</p> <p>MRI – Magnetic Resonance Imaging</p> <p>PCI – Percutaneous Coronary Intervention</p> <p>PPM – Permanent Pacemaker</p> <p>QDS – Package of care with four visits per day</p> <p>RSV – Respiratory Syncytial Virus</p> <p>SAIU – System Analytical Intelligence Unit</p> <p>SDEC – Same Day Emergency Care</p> <p>SSU – Short Stay Unit</p>						

All other acronyms are defined within the paper.

Executive Summary

The attached presentation describes our key principles and approach to Winter Planning at SFH in 2024/25 and is based on the Integrated Emergency Management approach structured under the four headings:

1. Anticipate and assess
2. Prevent
3. Prepare
4. Respond and recover.

We have learnt from previous years and started the planning process early in 2024/25 with engagement across corporate and divisional teams. Outputs of the annual bed modelling exercise and proposed priority mitigations within the allocated financial envelope (both bedded and non-bedded) are presented. The proposed schemes represent the 'best offer' available and together with some exceptional actions (such as running bed occupancy at 96% and reconfiguring elective orthopaedics for a short period in early 2025) leave us with a peak bed gap of 47 beds in Dec-24.

Summary information is also presented around vaccination plans, our communications approach, areas of system focus, and escalation and contingency plans.

It should be noted that our winter plan may continue to evolve, and it forms part of a wider process across the Integrated Care System (ICS) which is not yet complete.

Trust Board is asked to note the progress in developing our 2024/25 winter plan and approve the plan. Work will continue to operationalise and monitor the plan. Specific Christmas and New Year plans will be developed in Nov-24 and early Dec-24.

Following Trust Board approval, an update to the Council of Governors will take place in Nov-24.

Winter Plan 2024/25

This document describes the SFH winter plan for 2024/25.

Trust Board | 03.10.2024



Key Principles for Winter Planning

- Health and care partners across the Integrated Care System (ICS) will work together to offer appropriate services to our population in the right place at the right time
- Appropriate services are available for patients requiring care in the acute setting
- Patient safety is optimised, and quality of care is maintained. Patients are not exposed to unnecessary clinical risk (inc. Covid-19)
- The health and wellbeing of staff is maintained
- Any adverse impact on elective activity and associated patient experience, income and performance is minimised. Cancer and clinically urgent activity is preserved
- An agile approach is adopted with plans in place to respond to a potentially rapidly changing environment due to infectious disease outbreaks e.g. Influenza, Covid-19, Strep A, Norovirus, CRE etc.

Approach to Winter Planning

SFH winter plan based on the Integrated Emergency Management approach:

1. Anticipate and assess issues in maintaining resilient services:

- Key winter pressure drivers identified – likely epidemiology of winter 2024/25
- Lessons learned from 2023/24
- Demand modelled
- Risks identified

2. Prevent the likelihood of occurrence and effects of any such issues:

- Prevent and manage infection including vaccination and patient/staff testing
- Effective population, patient and staff communications (system approach)

3. Prepare by having appropriate mitigating actions, plans and management structures in place:

- Mitigating actions and flow priorities inc. staff and support service plans; staff well-being
- Non-elective (NEL) surge plans and the extent to which elective activity is protected
- Specific plans for Christmas and New Year period

4. Respond and recover by enacting plans and contingencies as required:

- Escalation triggers and actions
- Contingency plans.

Key Winter Pressure Drivers

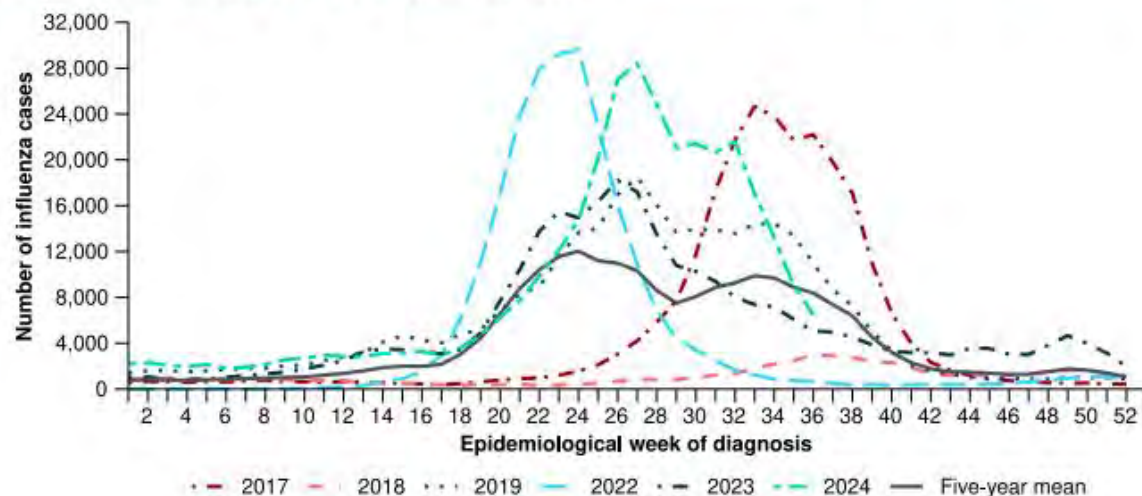
Traditionally, key drivers for our winter pressures relate to:

- Higher acuity
- High prevalence of influenza
- Increase in attendance/admissions in Respiratory (inc. RSV) and Healthcare of the Elderly
- Increase instances of infection (norovirus, D&V, CRE etc)
- Increase in number of beds occupied for patients that have been medically safe for transfer (MSFT) for greater than 24 hours awaiting discharge

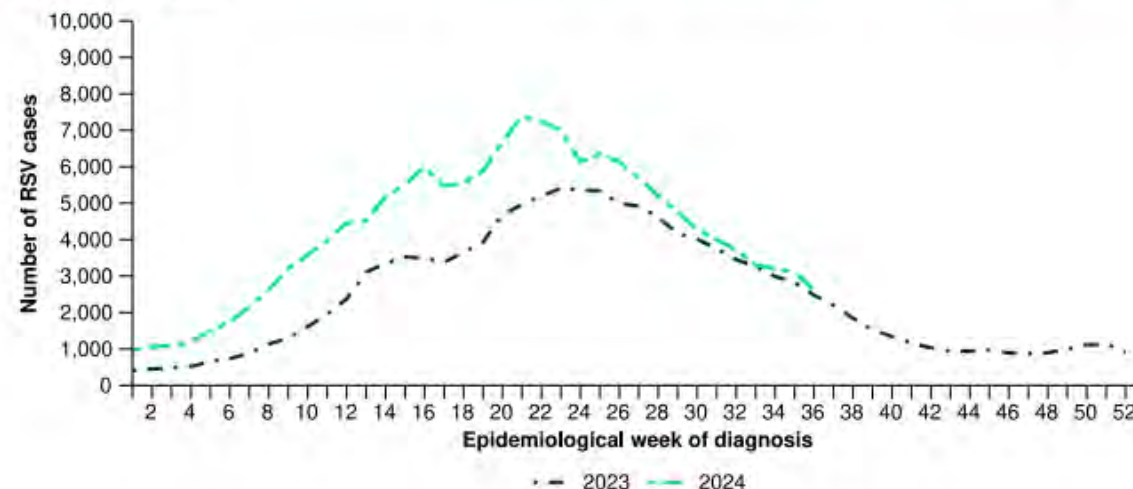
In the 'living with Covid-19' era there is a degree of uncertainty around what the epidemiology of winter may be like in 2024/25. We will learn from the Southern Hemisphere.

Australia Influenza Season

Influenza cases notified to the NNDSS and five-year mean* by year and week of diagnosis, Australia, 2017 to 8 September 2024



RSV cases notified to the NNDSS by year and week of diagnosis*, Australia, 2023 to 8 September 2024



- In Australia they have seen:
 - A bigger influenza wave than last year akin to 2022 (skewed later in the season). Influenza cases have remained at an elevated level for longer than 2022.
 - A bigger RSV peak than last year (and earlier in the season)
 - A range of viral infections including Whooping Cough, Covid and Influenza impacting on hospital and intensive care occupancy
- Current modelling has a small uplift in Dec-24 and Jan-25 due to the mild influenza season in 2023/24.

Lessons Learned from 2023/24 (1/2)

Headline performance observations from winter in 2023/24 are:

- Ambulance 15-minute performance improved significantly from Nov-23 following the implementation of STREAM process changes
- Emergency Department (ED) attendances were at very high levels in Jan to Mar-24 (step change), comparable to levels seen during STREP A surge in Dec-22
- With the increased attendances, maximum occupancy in ED at King's Mill Hospital (KMH) reached unprecedented levels
- 4-hour performance has seen a step-change deterioration each winter; this occurred in 2023/24 with improvement in Mar-24 because of 'sprint' actions
- 12-hour Length of Stay (LOS) performance exhibits strong seasonality and deteriorated during winter
- Median total time in ED increased in winter, particularly for non-admitted patients
- Non-elective (NEL) activity rises during winter and rose above plan in 2023/24; however, there was less volatility in monthly levels compared to the previous year
- NEWS2 scores indicate seasonal rise in acuity. Winter 2023/24 had a lower peak but longer period of elevation than previous winters
- Bed occupancy has remained well above 92% (circa 95%) throughout the last few years, averaging close to 96% on weekdays
- MSFT was higher in Q1-Q2 than in Q3-Q4 in 2023/24; contrary to usual trends, with greater discharge focus since Sep-23
- Elective and daycase activity increased through winter, with lower levels of Industrial Action contributing to this rise. Activity levels increased in Nov-23 following the opening of the Newark theatre as part of the Targeted Investment Fund (we also had no Industrial Action in Nov-23).

Lessons Learned from 2023/24 (2/2)

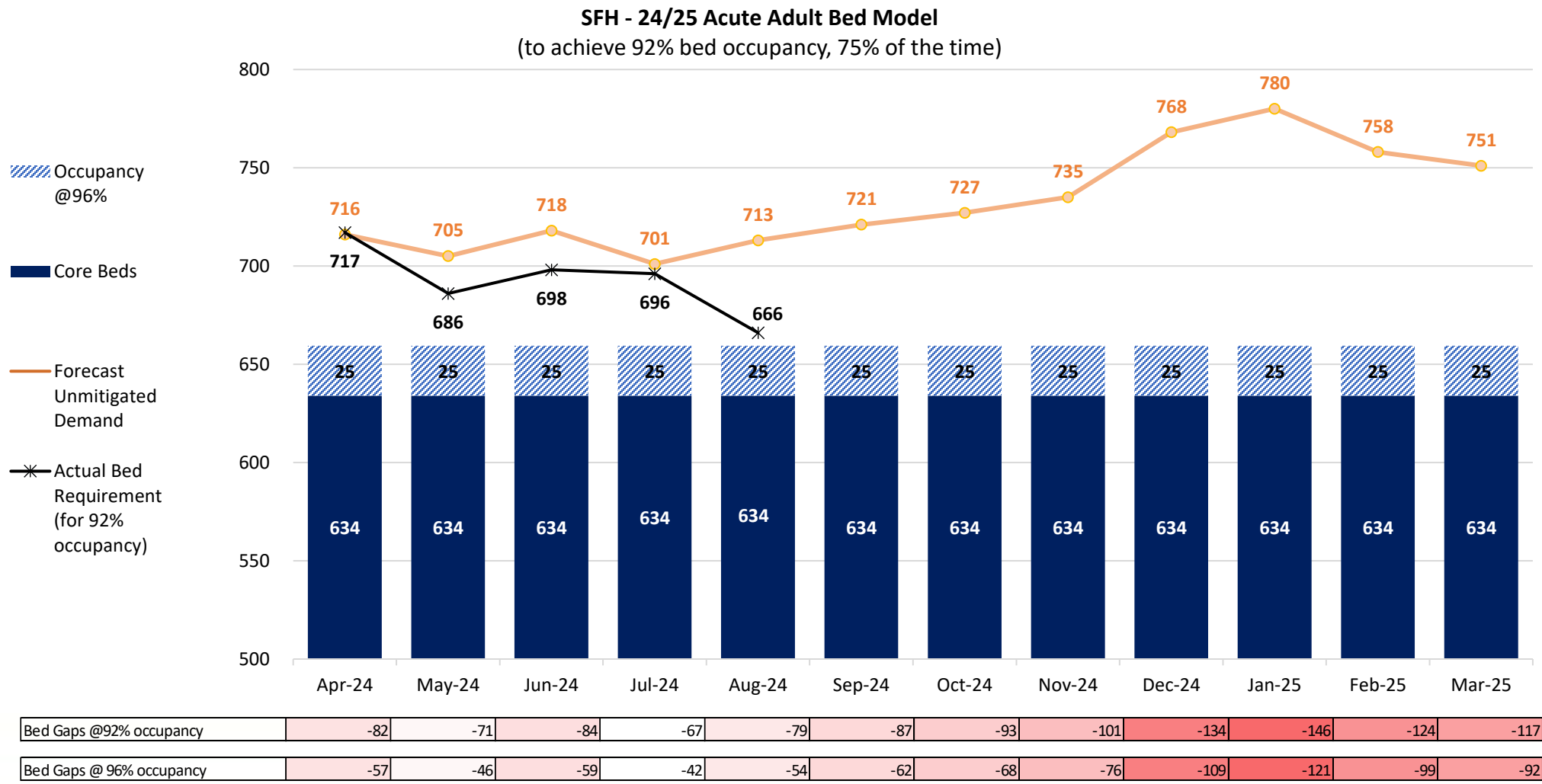
What worked well	Areas for improvement
<ul style="list-style-type: none"> ▪ Bedded schemes opened as planned with wrap around services. In some instances, we had to mobilise the schemes early due to demand pressures ▪ Flexible use of medical and surgical day case overnight and during weekends supported overall patient flow ▪ Surge and escalation plans (including full capacity protocol [FCP]) when enacted supported de-escalation. Further work in 2024/25 to ensure soft facilities management team have equipment needed in all areas open during surge e.g. hostess, overbed tables and dishwashing facilities ▪ Some smaller schemes such as weekend MRI inpatient reporting were successful ▪ Extending weekend trauma operating lists supported our response to increased trauma demand preventing patients waiting in beds for surgery ▪ Orthogeriatric scheme (reserve scheme) was supported at the end of winter period utilising slippage in other schemes with very positive clinical feedback ▪ Clinician feedback very positive regarding surgical (day case use and trauma lists), medical (frailty rapid access and Orthogeriatric junior doctors) and paediatric schemes (CAU increased hours and increase paediatric bed base) with strong desire to repeat approach in 2024/25 	<ul style="list-style-type: none"> ▪ Capital works for new discharge lounge meant that this new area was not available over the winter period. The new discharge lounge is now open with 24/7 staffing model being trialled ▪ Additional Ashmere rehab beds became challenging to fill adhering to the admission criteria. We curtailed scheme early and reinvested funds to maintain Mansfield Community Hospital (MCH) bedded capacity. The opening of additional Lindhurst beds mitigated this ▪ Some of our people chose to work additional hours over and above contract, including clinical bank shifts and overtime. Look to agree 2024/25 schemes early to support recruitment to support wellbeing of existing staff ▪ A&E attendance surge (12% growth) was beyond levels forecasted and was challenging to respond to. System work undertaken by the System Analytical Intelligence Unit to understand the drivers for elevated urgent care demand ▪ We were required to curtail elective orthopaedic operating for 5-6 weeks to release capacity for NEL demand. Preference is to maintain year-round elective operating ▪ Consistency in surge and escalation actions across the ICS e.g. protecting elective operating.

Bed Model: 2024/25 Approach

- Separate models for adult, paediatric, maternity and critical care demand/bed bases
- Bed requirement in adult and paediatric models is based on:
 - 75th percentile of hourly demand
 - Goal to achieve 92% bed occupancy. Consider 96% bed occupancy scenario as mitigation
- **Capacity:** Operational view of core capacity based on beds that were consistently open in 2023/24. Beds that flex up and down in line with demand considered as escalation beds and not part of core bed stock. Note: as in 2023/24 there is no provision for a decant ward due to no physical space being available; deep cleaning will be facilitated through a rolling bay by bay programme.
- **Demand Assumptions:** 2023/24 outturn adjusted as follows for the adult bed model:
 - 3% growth in elective and non-elective activity on 2023/24 actuals; currently tracking circa 7% growth year to date for non-elective activity
 - Winter orthopaedic demand maintained during December and January
 - Medically Safe for Transfer (MSFT) during April to August 2024 adjusted down to reflect reductions in MSFT since September 2023
 - December and January demand increased to reflect 2023/24 mild influenza season
 - A&E bed waiters capped at 30-minutes from decision to admit. Balance of A&E bed wait added to Urgent and Emergency Care demand
 - Where day case length of stay exceeds 16 hours, demand included in inpatient bed model.

Adult Bed Model: 2024/25 Pre-Mitigated Chart

Significant bed gaps exist to meet forecast unmitigated demand at both 92% and 96% bed occupancy based on the use of our 'core' bed base without any mitigations.



Bed Model: Paediatric and Critical Care

Occupied beds in paediatrics, NICU and CCU is projected on the basis that **2024/25 is a repeat of 2023/24**

2024/25 year to date actuals broadly in line with forecast with no significant capacity concerns to escalate.

		2024									2025		
Month		Apr	August	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Paeds (Ward 25)	Forecast (23/24 repeat)	17	22	18	21	18	21	24	26	26	26	26	26
	24/25 Actual	23	22	21	22	17							
	Difference	+6	0	+3	+1	-1							
NICU	Forecast (23/24 repeat)	13	13	13	13	12	15	16	14	14	15	14	15
	24/25 Actual	11	13	13	13	12							
	Difference	-2	0	0	0	0							
Critical Care Unit	Forecast (23/24 repeat)	11	10	11	12	12	10	11	9	12	12	10	10
	24/25 Actual	14	13	14	12	13							
	Difference	+3	+3	+3	0	+1							

Bed Model: Day case

- This table shows the capacity requirements in each of the three day case wards. It is based on the 75th percentile of demand at midday
- Only patients with a length of stay of 0-16 hours are included within the analysis
- There are no specific capacity concerns to escalate.

		2024									2025		
Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Day Case Unit	Forecast (23/24 repeat)	23	28	26	28	27	25	26	27	25	25	23	24
	24/25 Actual	25	26	22	26	23							
	Difference	+2	-2	-4	-2	-4							
Medical Day Case Unit	Forecast (23/24 repeat)	4	5	3	4	5	4	4	8	5	4	4	5
	24/25 Actual	2	3	3	4	3							
	Difference	-2	-2	0	0	-2							
Minster	Forecast (23/24 repeat)	10	10	14	11	12	13	11	12	11	15	13	12
	24/25 Actual	10	9	8	10	8							
	Difference	0	-1	-6	-1	-4							

Winter Risks

IF

- Physical space is insufficient to meet demand
- Unable to provide sufficient medical, nursing or support services staff to meet demand
- Unable to maintain a resilient workforce
- Insufficient equipment to meet demand
- Insufficient system capacity to maintain system flow and the timely transfer of medically safe patients (including impact of any decommissioning discussions)
- Experience an influenza pandemic or significant norovirus or CRE outbreak (or any other infectious disease)
- Experience any significant issues with the fabric of our buildings or other infrastructure e.g. ICT

THEN

May not deliver
resilient services over
winter

RESULTING IN

- Adverse impact on patient safety
- Inability to deliver appropriate services to our patients (particularly on elective pathways)
- Adversely impact on our reputation causing undesirable media coverage and a loss in confidence from the population we serve
- Reduced staff morale, resilience and retention
- Lack of compliance with national performance standards or local planning commitments causing undesirable regulatory action

Existing dashboards, systems and process exist to identify when the risk items are triggering a live issue.

Prevent and Manage Infection

- SFH has in place a series of guidance and policies that are followed throughout the year to avoid, manage and contain infections including any cases of Diarrhoea and Vomiting (D&V), Influenza and Norovirus

Influenza vaccination plan

- Led by Occupational Health, based on previous seasons
- No CQUIN target for 2024/25. Internal target set at 75% based on average uptake over the last 5 years
- Strong and innovative Communication strategy which will be responsive to the progress with uptake
- Trained teams of peer vaccinators
- Drop-in 'grab a jab' pop-up flu clinics in high traffic staff areas
- Incentives include hot drink voucher (jabs before 31-Dec) and entry into monthly prize draw (jabs before Christmas). Ward/peer vaccinators can claim a £20 high street voucher when they have vaccinated 50 colleagues

Covid-19 vaccination plan

- NHS England have included NHS frontline staff in the 2024 eligible cohorts
- Bookings can be made via [the NHS booking website](#) from 23-Sep
- SFH staff can access Covid-19 vaccination via their GP or participating pharmacies
- We are exploring hosting the system mobile vaccination unit at King's Mill Hospital and Newark Hospital. The mobile vaccination unit can deliver Influenza, Covid-19 and MMR vaccines

RSV vaccination plan

- As set out in the UK Health Security Agency (UKHSA) and NHS England [bipartite letter](#), RSV vaccinations programmes will be implemented from Sep-24. The older adults programme has been commissioned via Community Pharmacies. SFH are delivering the vaccine for pregnant women at 28-weeks gestation and above (at King's Mill and Newark hospitals).

Communications

SFH will work with system partners to deploy consistent messaging over winter

The focus will be on Influenza and Covid-19 vaccination campaigns and supporting people to get the help they need at the right time, in the right place. Educating the public about which services are most appropriate for their needs will empower the public to keep well this winter, and support a reduction in pressure on services

SFH communications will:

- Draw on national and system-produced material wherever possible
- Mobilise our system and place partners to support our activity
- Be bold and proactive in how we communicate pressures – encourage and support understanding of operational pressures among all audiences
- Support Team SFH colleagues' wellbeing and show we CARE (our values).

Approach to Identifying Mitigating Schemes

- Winter reserve for 2024/25 is £2,364,200. Apr-24 spend of £87,400. Balance for winter 2024/25 is £2,276,800
- Winter scheme log and scoring matrix created and agreed
- Long list of winter schemes created. 51 schemes/ideas submitted which were a blend between bedded and non-bedded schemes
- The Winter Planning Group (with outputs reviewed by the Divisional Leadership Team meeting):
 - Reviewed list based on scheme score (against the winter planning principles)
 - Shortlisted 22 schemes. The cost of some schemes was risk adjusted to reflect confidence in spend (as schemes all costed based on full shift fill at agency cost). Where possible the risk adjustment was based on 2023/24 actual spend profile. The risk adjusted cost of the 22 schemes is £2.273m (unadjusted £2.797m). Using the risk adjusted cost there is presently a small surplus of £3.5k against the winter reserve balance
 - Archived 15 schemes either at the request of the submitting division or because the schemes could be explored as ERF initiatives
- A further 14 schemes remain in reserve, and we will select from these schemes should there be slippage or external funding secured
- Quality Impact Assessments (QIAs) are being completed on shortlisted schemes.

Elective Activity over Winter 2024/25 (1/2)

- Our ambition is that any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient-risk basis
- It is recognised that in 2023/24 it was necessary to reconfigure the surgical bed base and transfer elective orthopaedic beds to Medicine in the peak of winter (from Christmas to end of January). This was enacted in a planned manner with all appropriate elective orthopaedic activity transferring to Newark. Unsuitable or time-critical patients remained at King's Mill Hospital (KMH) and were managed through isolation or nursing-barriers on the Surgical Day Case Unit, or in side-rooms or cubicles on Ward 12
- Whilst it is a last resort action, we have allocated winter reserve funds to enable similar reconfiguration to take place in the peak of winter 2024/25 so that additional beds can be released to care for medical patients for a short period of time. To do this we will proactively:
 - Increase medical staffing between Christmas and the end of January. Should this resource not be required it will be stood down
 - Increase nursing staff to enable the overnight and weekend opening of surgical day case to the full 18 beds to ensure sufficient capacity for Orthopaedic Trauma
- The detail of the operational plan is being created based on lessons learned from 2023/24 (and to reflect increased activity levels at Newark in 2024/25).

Elective Activity over Winter 2024/25 (2/2)

Risks

- Orthopaedics 52-week wait backlog is currently off trajectory, and any curtailments will be a further risk to compliance
- Increases year-to-date in Newark estate usage means that the uplift in Newark orthopaedic activity seen last January will be very challenging and unlikely to be facilitated this winter

Financial Implications

- Reduced elective operating will result in lower Elective Recovery Fund (ERF) income generation through the affected period. It is hard to quantify what this might be as the equivalent period last year saw suppressed activity due to Industrial Action
- Changes to the patient case mix is expected (due to less inpatient and greater day case operating); this will further adversely affect ERF income generation.

Winter Mitigations: Shortlisted Bed Schemes (1/2)

- Limited options as entire bed base frequently mobilised as part of Full Capacity Protocol (FCP)
- Proposal for continuous and planned use of escalation beds over winter (full 6-month period):
 - Stroke – 6 beds
 - Lindhurst – 5 beds
- Proposal does not include planned opening of EAU beyond 46 beds (40 core beds plus 6 escalation beds recently substantivised).
A further 6 beds on EAU (taking ward to 52 beds) could be mobilised as part of our Full Capacity Protocol (FCP) following the completion of flooring works
- Proposal includes overnight and weekend use of medical and surgical day case units:
 - Acute Frailty Unit is planned to be located on medical day case over winter
 - Surgical day case unit will provide additional capacity (up to 18 overnight beds) of surgical emergency patients due to increased prevalence of medical outliers over winter.

Winter Mitigations: Shortlisted Bed Schemes (2/2)

Scheme	Beds	Timeframe	Risk Adjusted Cost
Stroke escalation beds	6	Oct-24 to Mar-25	£307k
Lindhurst escalation beds	5	Oct-24 to Mar-25	£213k
Surgical day case overnight use (impact risk adjusted due to overnight element)	8	Oct-24 to Mar-25	£208k
Medical day case overnight and weekend use (impact risk adjusted as above)	5	Nov-24 to Mar-25	£210k
Additional soft facilities management for extra beds	-	Oct-24 to Mar-25	£50k
Peak Total Beds: 24 adult beds			
Total Spend (on bed schemes)			£988k

Winter Mitigations: Shortlisted Flow Schemes (1/2)

Scheme	Impact (on beds)	Timeframe	Risk Adjusted Cost
Reduce demand on our services			
Complex endoscopy pathway improvements	1	Oct-24 to Mar-25	£10k
Cardiology afternoon PCI (to allow morning PPM insertion)	1	Oct-24 to Mar-25	£67k
Bridging of care packages for complex QDS (during Christmas and early New Year period only)	2.6	End of Dec-24 to early Jan-25	£12k
Improve our processes/ways of working			
Orthogeriatric Resident Doctors	1	Oct-24 to Mar-25	£52k
Frailty SDEC	9	Oct-24 to Mar-25	£195k
Strategic enhancements in staffing			
Discharge Coordinator on SSU	1	Nov-24 to Mar-25	£28k
Additional portering	2	Oct-24 to Mar-25	£27k
Peak Impact on beds: 17.6			
Sub Total Spend			£391k

Winter Mitigations: Shortlisted Flow Schemes (2/2)

Scheme	Impact (on beds)	Timeframe	Risk Adjusted Cost
Increase our capacity			
Additional weekend Consultant on SSU	0.5	Oct-24 to Mar-25	£64k
Doubling respiratory Physicians at weekends	N/A In place last year	Dec-24 to Feb-25	£23k
Expansion of surgical SDEC	3	Oct-24 to Mar-25	£320k
Weekend Trauma Theatre Operating Lists	1.5	Nov-24 to Feb-25	£102k
Children Assessment Unit (CAU) operational hours	N/A In place last year	Nov-24 to Mar-25	£220k
Medical staffing increase to cover medical patients in surgical bed base (by reconfiguring elective orthopaedics)	11	Christmas to end of Jan-25	£166k
Peak Impact on beds: 16			
Sub Total Spend			£895k
Total Spend (on flow schemes)			£1,286k

Winter Mitigations: Indicative Workforce Implications

- The table to the right expresses a summary of the workforce needed, by staff group, to support the proposed winter schemes
- To support the growth, we plan to primarily engage with staff on bank and agency contracts
- We have the detail by scheme to support the engagement of staff. Where we note slippage, we will adapt our plans accordingly.

Staff Group	WTE
Administrative	2.7
Unregistered Nurse	16.7
Registered Nurse	19.8
Medical Staff	17.8
Physiotherapy	4
Total	61

Winter Mitigations: Reserve schemes

Strategic enhancements in staffing

- Sunday Medical Matron
- Healthcare Assistant for Ward 31 (to support increased ward acuity)
- Speech and Language Therapy front door and outreach service
- Radiology – CT Imaging Assistants – nightshift and ED flow; CT ED reporting; MRI reporting at weekends and bank holidays
- Pharmacy – Discharge Pharmacist; increased dispensary assistants; extended cover on EAU

Reduce demand on our services

- Specialist nurses front door facing to avoid admissions (e.g. asthma) - *Our nursing team is presently exploring the use of existing specialist nurses over the winter period which may mitigate this scheme*
- Speciality Clinician in reach for Gastroenterology in ED to mitigate demand
- Extend Virtual wards.

Total cost of reserve schemes	£894k
-------------------------------	-------

Adult Bed Model: 2024/25 Capacity Mitigations

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Capacity Mitigations	6	6	6	6	6	6	25	30	30	30	30	30
<i>Seasonal use of escalation beds</i>	6	6	6	6	6	6	17	17	17	17	17	17
- Ward 53/54 Stroke							6	6	6	6	6	6
- Lindhurst MCH							5	5	5	5	5	5
- EAU (to 46 beds)	6	6	6	6	6	6	6	6	6	6	6	6
<i>Overnight/weekend use of day case</i>							8	13	13	13	13	13

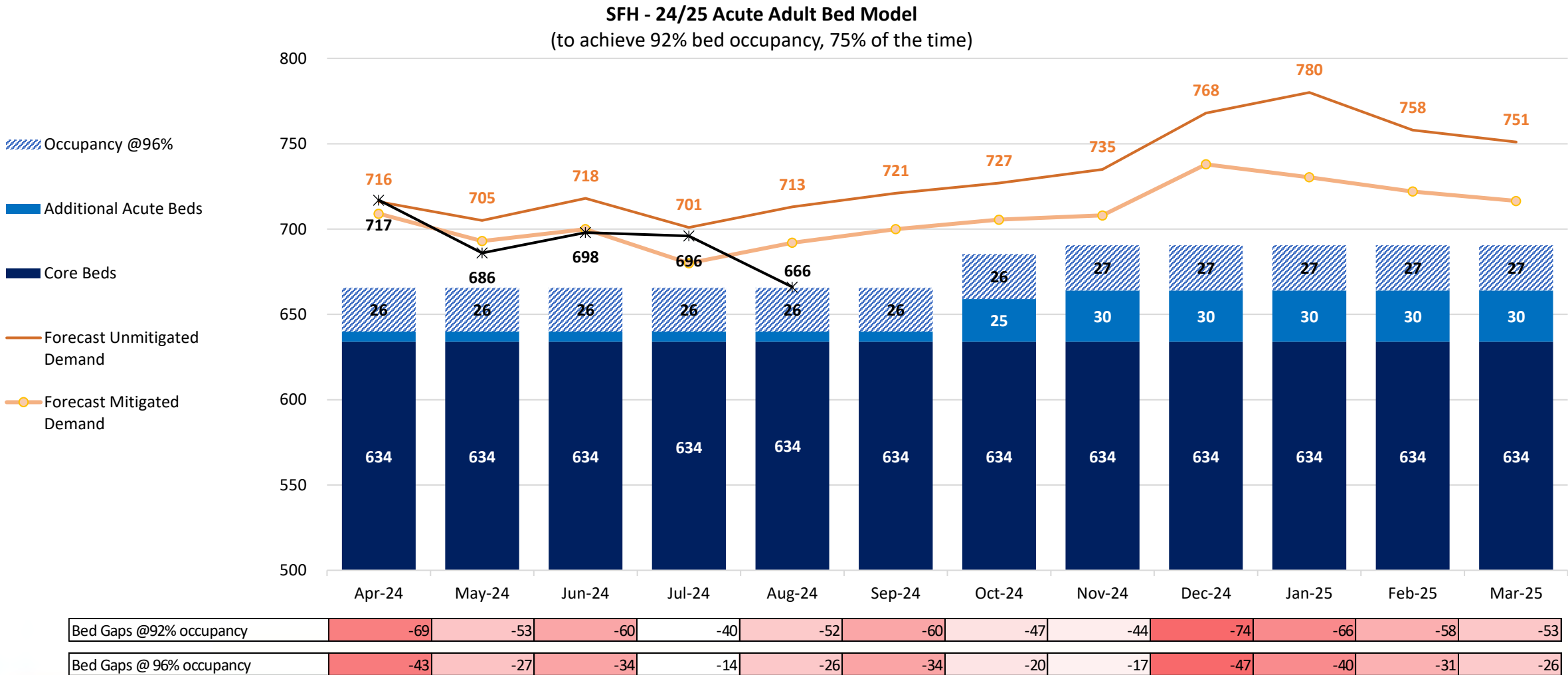
- Bed model assumes season use of EAU over winter to 46. Use of EAU to maximum capacity of 52 would be considered under the Full Capacity Protocol (FCP).

Adult Bed Model: 2024/25 Demand Mitigations

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Demand Mitigations	7	12	18	21	21	21	22	27	30	50	36	35
<i>Opening discharge Lounge</i>	1	6	12	12	12	12	12	12	12	12	12	12
<i>Surgical SDEC</i>	4	4	4	4	4	4	5	6	7	7	7	7
<i>Frailty SDEC (excluding impact captured in medical day case)</i>							3	5	7	9	9	9
<i>Orthogeriatric Resident Doctors</i>							1	1	1	1	1	1
<i>Additional weekend Consultant on SSU</i>							0.5	0.5	0.5	0.5	0.5	0.5
<i>Additional weekend trauma lists</i>								1.5	1.5	1.5	1.5	
<i>Discharge Co-ordinator on SSU</i>								1	1	1	1	1
<i>Additional portering</i>							2	2	2	2	2	2
<i>Complex Endoscopy</i>							1	1	1	1	1	1
<i>Cardiology afternoon PCI</i>							1	1	1	1	1	1
<i>Bridging care packages for complex QDS</i>										2.6		
<i>Reconfiguring elective orthopaedics</i>										11		
<i>Ashmere bed reduction (additional pressure)</i>							-12	-12	-12	-12	-12	-12
<i>Length of stay improvements and NC developments</i>	2	2	2	4	4	4	6	6	6	8	8	8
<i>System mitigations: (1) P1 D2A referrals and (2) P2 LOS</i>				1	1	1	2	2	2	4	4	4

Note: The last two rows in the above table are mitigations as per the 2024/25 ICS service delivery plans.

Adult Bed Model: 2024/25 Chart with Mitigations



Key Areas of System Focus

- Nottingham and Nottinghamshire Integrated Care System are overseeing the system winter plan
- Initial drafts of provider 'plans on a page' have been shared with review sessions in August and September
- Key features of system partner plans that could support SFH are:
 - Reminders via primary care of alternative pathways to reduce urgent care demand
 - Flex the balance between on the day a routine GP appointments according to demand, particularly on the days after the bank holidays
 - Concerted effort on care home residents including provide care home ward rounds and community multi-disciplinary teams to support and maintain patients in the community
 - Maintain and improve Urgent Community Response waiting times and review of Category 3 patients before conveyancing to ED
 - Mental health crisis service (as an alternative to ED)
 - Vertical integration and optimisation of Virtual Ward services to prevent hospital admission
 - Optimise Discharge to Assess service to deliver timely patient flow.

Existing Interventions that Support Maintaining Quality of Care

- Enhanced Emergency Department staffing to support increased attendance demand including paediatric Registered Nurses 24/7
- Extended Newark opening hours from Oct-24
- Phase one launch of surgical SDEC in Apr-24
- Enhanced staffing in our Hospital Out Of Hours team
- Re-introduction of Discharge Coordinators across many of our base wards in 2024/25 quarter one
- Our new discharge lounge opened in Apr-24 with current 24/7 offer (since May-24) supporting ward transfers and transport waits from our Emergency Department

Please note that several of the above initiatives are not yet substantively funded.

Staff Wellbeing

TLC-Talk, Listen, Care

- Support managers to have effective wellbeing conversations
- Provide Wellbeing Conversations Training and REACT Mental Health Awareness Training
- Act upon the feedback in the Wellbeing Survey Q3
- Schwartz Round topics include managing risk in busy area and the frequently hospitalised patient

Wellbeing Spaces and Breaks

- Lead by example by taking breaks, planning breaks and supporting colleagues to rest, refuel and rehydrate
- Promotion of the wellbeing spaces outside of work areas
- Reminder of how to report maintenance needs to ensure spaces are safe and inviting

Burnout and Stress

- Promote use of new Stress Management Policy to proactively support colleagues
- Target promotion and support areas with high anxiety, stress depression sickness absence and high burnout score in Staff Survey
- Promotion of financial wellbeing resources and support to reduce and address money worries

"Boost" Vaccinations

- Promote annual Influenza campaign and signpost staff to Covid-19 vaccination through national offer
- Ongoing communications support
- Wide-ranging wellbeing offers and incentives for vaccination
- Team and individual support
- Compassionate support during pressured times

Escalation Plans and Contingencies

- **Full Capacity Protocol (FPC)** and **Operational Pressures Escalation Levels (OPEL) 4 action cards** in place
- **SFH command centre** six times daily email status updates shared seven days a week and viewable 24/7 by SFH colleagues in SQL Server Reporting Services (SSRS)
- **System control centre** in place; escalation status of system partners visible
- **On call structure** in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team.

Concluding Remarks

- This document summarises the key components to our 2024/25 winter plan and is the cumulation of work undertaken by Divisional and Corporate colleagues over the summer period
- Winter mitigations have been presented that fit within the winter reserve. This should be regarded as our 'best offer'. Back-up schemes are in place for any underspend or should further funds become available e.g. from external bids. Our plans may continue to evolve over the coming weeks/months
- The proposed schemes together with exceptional actions (bed occupancy of 96%) leave us with a peak bed gap of 47 beds in Dec-24 (from an unmitigated peak of 121 in Jan-25). We have not achieved a route to bridging the whole gap over winter. The consequences of not bridging the bed gap include: (1) bed occupancy being higher than 96%; (2) patients waiting for admission in ED with associated patient experience and safety concerns; and (3) the need to enact Full Capacity Protocol actions
- Specific Christmas and New Year plans will be developed in Nov-24
- Trust Board is requested to approve the 2024/25 Winter Plan. Further work will continue to operationalise and monitor the plan. Following Trust Board approval in Oct-24, an update to the Council of Governors will take place in Nov-24.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date:	16 th September 2024	
Prepared By:	Sarah Ayre Head of Midwifery, Women and Childrens				
Approved By:	Phillip Bolton, Executive Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Phillip Bolton, Executive Chief Nurse				
Purpose					
To update the board on our progress as maternity and neonatal safety champions			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
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
X	X		X		
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where items have been presented before					
<ul style="list-style-type: none"> Nursing and Midwifery AHP Committee Perinatal Assurance Committee (PAC) Divisional Governance Meeting Maternity and Gynaecology Clinical Governance Paediatric Clinical Governance Service Line DPR Perinatal Forum Divisional People Committee Senior Management Team weekly meeting 					
Acronyms					
<ul style="list-style-type: none"> Maternity and Neonatal Safety Champion (MNSC) Maternity and Neonatal Voice Champion (MNVP) Perinatal Assurance Committee (PAC) Care Quality Commission (CQC) Local Maternity and Neonatal System (LMNS) 					

Executive Summary

The role of the maternity and neonatal safety champions is to support the regional and national Safety Champions as local champions for delivering safer outcomes for pregnant women, birthing individuals, and their babies. At provider level, local safety champions should:

- Build the maternity and neonatal safety movement in your service locally, working with your clinical network safety champions, continuing to build the momentum generated by the maternity transformation programme and the national ambition.
- provide visible organisational leadership and act as a change agent among health professionals and the wider perinatal team working to deliver safe, personalised care.
- act as a conduit to share learning and best practice from national and international research and local investigations and initiatives within your organisation.

This report provides highlights of our work over the last month.

Summary of Maternity and Neonatal Safety Champion (MNSC) work for August 2024

1. Service User Voice

A key focus in August for Maternity service user feedback has been communication, particularly in terms of how midwives and doctors explain details of care to women and birthing individuals to ensure they are able to make an informed choice. Our MNVP have been collaborating with staff on setting and managing realistic expectations for service users; for example, in the antenatal period, how often they will see a midwife, in addition to information on postnatal care when on the ward and what to expect around receiving pain medication, mealtimes and mobilising post a theatre admission. The MNVP are also working on how we can best ensure consistent messaging across the MDT – however we recognise this is nationally acknowledged as an issue in service user feedback.

Neonatal feedback has also been predominantly positive. There has been a theme again around communication. One parent did comment that in a conversation about discharge, she did not like the phrase "don't want to set you up to fail." Whilst she understood the sentiment and knew it was not meant with any negative intent, she felt it was insulting and implied the parents were not competent to take their babies home even though they had gone through all the necessary 'training'.

Overall feedback through August has been positive especially surrounding breast/chest feeding and midwives on the wards in terms of 'bedside manner.'

On 27th September we are pleased to be welcoming the MNVP team to our Kingsmill Hospital maternity site for the 15 Steps service user initiative.

Clare and Tara	Manda and Volunteer	Emma and SFH personnel
Transitional care	Bereavement suite	Neonatal unit
Postnatal unit	Labour suite	Antenatal ward
Clinics/antenatal appointments	Triage	

On the day the MNVP will provide face to face feedback, and they will also submit a detailed written report. This will be presented at the MNVP board meeting in October and at the MNSC meeting in November. We will work together to agree any actions and later in the year the MNVP team will organise a follow-up meeting to assess progress.

2. Staff Engagement

The planned monthly MNSC Safety Champions Walk around took place on Thursday 12th September 2024. In support of our new Non-Executive Director (NED) for Women and Childrens, Neil McDonald's (NM) request to observe and understand the pregnancy journey as experienced by our service users, this month's focus was community and specialist midwifery.

NM and Paula Shore (PS), Director of Midwifery and Divisional Director of Nursing (DoM/DDN) spoke with staff from the service, and they outlined area's which they are proud off, particularly the homebirth service and the continuity they can provide all women during the antenatal and postnatal period. They also spoke the challenges they face with estates within community, notable the eviction of midwifery services from GP practices. They spoke about the main concerns around ensuring that women, especially those with a high deprivation index, can access midwifery services. NM and PS took an action away to look at offers for transport and engagement with GP services.

The next walkaround is planned for Tuesday 8th October and will focus on our antenatal ward and induction of labour care.

The monthly Maternity Forum took place on 19th September 2024. PS has provided the following overview:

This monthly meeting was attended by members of staff across the service who took the opportunity to welcome Nicole Bulley our new Intrapartum Matron who has started an 18-month secondment with SFH on the 16th of September 2024. We spoke about the actions from previous meetings, a parking update around the planned works was provided to the teams, which has been raised as an ongoing issue. We also spoke about the revised plan for staff support, following listening to the teams and how this model will look moving forward.

We also took the time to acknowledge the recent Excellence Awards from our staff across the division who received nominations to the Lotus and Bereavement Teams who won their categories. We had an update from the Infant Feeding Lead, Consultant Midwife, Recruitment and Retention Lead Midwife and Induction of Labour Lead Midwife. All discussed the progress within their roles and the Induction of Labour Lead Midwife plans to present the quality improvement work at the upcoming Celebrating Excellence Event on the 16th of October 2024.

The next Maternity Forum is planned for the 25th of October 2024.

3. Governance Summary

We currently have two live risks associated to Triage scoring 12, and these are held by Head of Midwifery Sarah Ayre (SA) with a review date for 18th October 2024. An full update will be provided at the November meeting.

ID	Handler	Division	Risk title:	Opened	Closed date	Risk Type	Approval status	Risk Subtype	Rating (current)	Review date
2893	Sarah Ayre	Women and Children's Division	BSOTS triage system has not been fully embedded within Maternity Triage.	28/03/2024		Patient harm	Service level risk	Modify - take action to improve control of the risk	12	18/10/2024
2892	Sarah Ayre	Women and Children's Division	Maternity Triage Telephone Service	25/03/2024		Patient harm	Service level risk	Modify - take action to improve control of the risk	12	18/10/2024

Risk 2893 Embedding BSOTS

Currently our Digital Lead Midwife Nicola Armstrong (NA) is leading on data quality analysis pulled from Badgernet to ensure we can evidence the impact of embedding BSOTS.

Risk 2892 Maternity Telephone Triage Service

Current focus is on ensuring all calls into Triage are recorded. This facility should be live by the end of September.

Three Year Maternity and Neonatal Delivery Plan (March 2023):

The Maternity Team continue to collaborate with the LMNS on the 4 main themes and the 12 objectives of the delivery plan:

Theme 1: Listening to and working with women and families with compassion

Objective 1: Care that is personalised

Objective 2: Improve equity for mothers and babies

Objective 3: Work with service users to improve care

Theme 2: Growing, retaining, and supporting our workforce

Objective 4: Grow our workforce

Objective 5: Value and retain our workforce

Objective 6: Invest in skills

Theme 3: Developing and sustaining a culture of safety, learning, and support

Objective 7: Develop a positive safety culture

Objective 8: Learning and improving

Objective 9: Support and oversight

Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care

Objective 10: Standards to ensure best practice

Objective 11: Data to inform learning

Objective 12: Make better use of digital technology in maternity and neonatal Services

The current focus as a system is the 7 day a week bereavement care provision, specifically with the counselling support available for families. For us at SFH this includes the introduction and development of the Rainbow Clinics in collaboration with Consultant Obstetrician Ms Alicia Hills and our award-winning Bereavement Midwives, Louise Heath (LH) and Amy Dewar (AD). This follows the nationally accredited model developed in Manchester. The team will be visiting the Manchester clinic in December 2024 and currently propose a joint approach to support families at appointments offering continuity to the families.

The Rainbow Clinic

This is a specialist service for women and their families in a pregnancy following a stillbirth or neonatal death. Becoming pregnant after a stillbirth is an incredibly daunting prospect. Around half of all stillbirths are unexplained, leaving parents feeling powerless in a following pregnancy to stop it happening again. The standard of care given to women who have suffered a stillbirth varies across the country, often with no continuity of care. Parents have to endure the distress of having to explain their previous loss to health professionals over and over again.

Ockenden:

The report received following our annual Ockenden visit in October 2023 forms the basis of the robust action plan currently overseen by Head of Midwifery SA. The visit findings supported the self-assessment completed by the Trust. Areas have been identified from the visit to strengthen the embedding of the immediate and essential actions however, important to note the continuing progress as a system around bereavement care provision, specifically with the counselling support. This is being progressed now through the systems Transformation Committee attended by Head of Midwifery SA.

NHSR:

The Task and Finish group for the Maternity Incentive Scheme (MIS) Year 6 is now established, meeting fortnightly to work through the evidence upload needed to meet each of the 10 Safety Actions. Each action has been allocated a nominated individual who is required to present evidence and escalate any concerns around challenges faced in achieving within the agreed monitoring period. The group is chaired by Speciality General Manager Sam Cole (SC) and in collaboration with Operations Manager Jess Devlin (JD). Several national changes have been communicated since year 5 and the team have updated their work plan accordingly.

In brief the safety actions are:

- SA1 Perinatal Mortality Review Tool
- SA2 Maternity Services Data Set
- SA3 Transitional Care
- SA4 Workforce – medical
- SA5 Workforce – midwifery
- SA6 SBLCBV3
- SA7 Service User
- SA8 Training
- SA9 Board assurance
- SA10 Maternity and Newborn Safety Investigations (MNSI) programme and NHS Resolution's Early Notification (EN) Scheme

Currently all actions are assessed as AMBER which is defined as 'on target with evidence to be submitted and reviewed.'

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) in early 2020, the evidence submitted has been rated as "green" through the QC. It is noted however that further work is needed for these actions to become embedded, and a clear action plan is being reviewed and overseen by Head of Midwifery SA and Quality and Safety Lead Midwife Hannah Lewis (HL): The "Must-Do" progress will be tracked through Perinatal Assurance Committee.

In support of ensuring we are progressing, a revised peer review programme has commenced, initially across our acute areas within maternity to review the CQC programme; a current focus on infection prevention and control across the Maternity Ward is being overseen by Matron Melanie Johnson (MJ) with escalation to MNSC.

The first Peer Review took place on Wednesday 11th September 2024 and feedback will be shared with a robust response to any actions required for the next MNSC Maternity focused meeting in November.

4. Quality Improvement

Divisional Strategy

Next steps: review of our key objectives and ambitions, benchmarking progress is underway and being overseen via the senior triumvirate at our weekly Senior Management Team (SMT) meeting.

Maternity

New Matron for Intrapartum Services commenced in post on 16th September, and we would like to formally welcome her to the team. Nicole Bulley is an external recruit joining us from Chesterfield.

Antepartum Haemorrhage (APH) and Intrapartum Haemorrhage (IPH) – we have participated in a system wide meeting, supported by the regional Midwifery, Obstetric and QI team alongside MNSI and the Health Innovation Network. This group is reviewing the evidence around APH and IPH to plan an evidence-based approach to the assessment and management of APH/IPH noting the concerns that have been raised on both sites and seen as a theme through our recent coronial cases.

The work on APH and ensuring situational awareness and appropriate clinical care by all staff from the point of a call into Triage and attendance at the Unit, has been the focus following the PFD notices. The APH Guideline has been updated, ratified, and shared with the MDT. The main amendment is noted below:

Neonatal

New Matron for Children and Young People commenced in post at the end of August, and we would like to formally welcome her to the team. Matron Sarah Jenkins is an internal appoint coming from Ward 25.

Transitional Care (safety action 3) – Task and Finish group to be launched to support embedding of the service, relaunch of SOP and staff roles and responsibilities. Collaboration across Maternity and Neonatal leadership team to undertake the work streams identified. Update on plan and progress to be shared at MNSC meeting in October.

5.Safety Culture

On Thursday 12th September we were pleased to welcome MNSI to the Trust for their Quarterly Review Meeting (QRM). The meeting was hosted by Quality and Safety Lead Midwife HL and attended by 15 MDT staff. The purpose of the QRM is to encourage an open and JUST culture around learning from incidents and to ensure all staff are afforded an opportunity to contribute.

We noted:

Sherwood Forest HFT 2018 to current date



Overview of all referred cases

Number of referrals	Number of cases rejected	Number of completed investigations	Number of live investigations
21	5- Duplicate- 1 Lack of family consent- 1 Did not meet criteria- 3	16	0

	2019	2020	2021	2022	2023	2024
IPSB	0	1	0	0	3	0
NND	0	3	0	2	1	1
HIE/Cooling	0	2	0	0	0	2
MD	2	0	3	0	1	0
Total	2	6	3	2	5	3

Overall, the QRM presented an opportunity for some insightful discussion around key national findings and an opportunity for our staff to discuss learning.

NHSE Perinatal Culture and Leadership Programme

With the aim of nurturing and growing our safety culture, enabling psychologically safe working environments, whilst continuing to build compassionate leadership, 4 of our senior leaders attend a series of workshops and action learning sets as part of a national programme focused on Cultural Safety led by NHSE. This has provided dedicated time for them to work and learn together, and embed a wider culture programme around ensuring staff voices are heard, that issues impacting the delivery of high quality and safe care are addressed openly whilst also ensuring senior leaders are accountable and active in influencing and embedding change.

The objectives identified by the team have a wider, long-term perspective but has both short and long term aims to improve our safety culture. The next step for this work is captured in the poster below:

Perinatal Staff Experience Team (PeSET)

Our vision is to enable and empower all staff to be heard

Our aim is to embed multi-disciplinary collaboration across all maternity and neonatal teams to ensure a consistent and inclusive approach to the provision of safe, high-quality care for all women, birthing individuals, their babies, and their families, whilst being the very best place to work.

Lisa Butler Deputy Head of Midwifery**Sharon Toa* Clinical Lead for Sherwood Birthing Unit**Dhaval Dave* Consultant Paediatrician and Neonatologist**Samantha Cole* Speciality General Manager for Maternity and Gynaecology**Sarah Ayre Head of Midwifery*

Earlier in the year the quad* attended a series of workshops and action learning sets as part of a national culture improvement programme. The aim of the programme is to embed a positive safety culture across perinatal services by enabling psychologically safe working environments and building compassionate leadership structures.

As part of the NHS Resolutions Maternity Incentive Scheme, PeSET are accountable for ensuring co-design of cultural improvement actions identified through the results from the thematic analysis of the Staff Score Survey results for 2023. This identified three key areas of focus for 2024/2025:

- **COMMUNICATION**
- **LEADERSHIP**
- **STAFF HEALTH AND WELLBEING**

If you would like to know more about what PeSET have done already and are planning to do next, or if you would like to become part of the working group leading on quality improvements please contact Sarah Ayre Head of Midwifery on sarah.ayre4@nhs.net

Thank you



The first action for PeSET is to embed Tree Teams. This work will commence in September and an initial update will be provided to MNCS in November. From each of the smaller teams volunteers will form the Staff Council.

6. LMNS

On 30th July Sarah Pemberton (SP) Head of Quality for Maternity & LMNS lead midwife and Marie Teale (MT) Deputy Head of Maternity Commissioning visited our Maternity Service at SFH. The key aim of their visit was to introduce themselves to the maternity staff on duty with a forward plan to undertake a regular programme of visits to the unit, to ensure our team become familiar with the LMNS team and its function.

They spoke to staff about how they are supported following incidents at work and if they feel comfortable in seeking support and raising concerns through the maternity team or through freedom to speak up (FTSU) guardians. Also, as the ICS have recently funded a larger Maternity and Neonatal Voices Partnership (MNVP) team through the LMNS they established what knowledge the staff had about MNVP with the aim of developing the MNVP workplan for 2025/2026. Finally, they spoke to staff about the implementation of BSOT's (Birmingham Symptom Specific Obstetric Triage System) in Triage.

Their report was received Mid-September and can be accessed below:



SFHT Maternity
Quality LMNS visit Ju

In summary the feedback was positive from both staff and women however some key areas of focus were confirmed, and this is around staff support and staff knowledge of the function of our MNVP.

Maternity Perinatal Quality Surveillance model for September 2024



Sherwood Forest Hospitals
NHS Foundation Trust

CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		
2022/23						
Proportion of Midwives responding with Agree" or "Strongly Agree" on whether they would recommend their Trust as a place to work of receive treatment (reported annually)						74.9%
Proportion of speciality trainees in O&G responding with "excellent or good" on how they would rate the quality of clinical supervision out of hours (reported annually)						89.2%

Exception report including highlighted fields in monthly scorecard using August data (Slide 2)

Massive Obstetric Haemorrhage (August 5.1%)		Elective Care	Midwifery & Obstetric Workforce		Staffing red flags (August 2024)																												
<ul style="list-style-type: none">MOH surveillance continues, reviewed through MDT meeting- no themes, trends or immediate action needed.		Elective Caesarean (EL LSCS) <ul style="list-style-type: none">First month of electronic diary complete – review of impact anticipated but initial feedback is positive Induction of labour (IOL) <ul style="list-style-type: none">Outpatient training complete – IOL champions on every shiftDelays in commencing and proceeding with IOL increasing – review planned for September to identify themes and solutions	Current vacancy rate (PWR data) <ul style="list-style-type: none">Midwifery workforce – recruiting into maternity leave, current at 6.5%MSW recruitment planned for September – 4 wte vacanciesBand 4 MSW and HoM overseeing HEE Strategy for B2/B3 roles and responsibilities. Review and launch planned for MSW Celebration Day in NovemberNo obstetric vacancy		<ul style="list-style-type: none">6 staffing incidents reportedNo harm reported related to staffing red flagsFull review of acute rosters and staffing metrics underway Suspension of Maternity Services <ul style="list-style-type: none">4 divers reported in August Home Birth Service <ul style="list-style-type: none">4 Homebirths in August. Emerging risk to HB service due to expected maternity leave-divisional review and planning underway																												
Stillbirth Rate (August rate 3.1/1000)																																	
2 Stillbirths reported in August. Reported through PMRT, no further escalations required at present.																																	
Complaints, Compliments and FTT	MDT Training Compliance (Target 90%)	Saving Babies Lives	Maternity Assurance		Incident reported August 2024 (169 no/low harm, 1 moderate or above*)																												
<ul style="list-style-type: none">1 complaint receivedFFT response rate below target – focus with Ward and Team Leads with support from MNVP to improve	<ul style="list-style-type: none">90% for August additional spaces for September created to accommodate staff escalated during high acuity	<div><p>Saving Babies Lives Care Bundle Version 3</p><table><tr><th></th><th>LMMS validated % of interventions fully implemented</th><th></th></tr><tr><td>All elements</td><td>87</td><td>✓</td></tr><tr><td>Element 1 - Smoking</td><td>80</td><td>✓</td></tr><tr><td>Element 2 - Fetal Growth Restriction</td><td>95</td><td>✓</td></tr><tr><td>Element 3 - Reduced fetal movements</td><td>50</td><td>✓</td></tr><tr><td>Element 4 - Fetal monitoring</td><td>100</td><td>✓</td></tr><tr><td>Element 5 - Preterm birth</td><td>85</td><td>✓</td></tr><tr><td>Element 6 - Diabetes</td><td>83</td><td>✓</td></tr><tr><td>Overall implementation level</td><td colspan="2">Partially implemented - CNST (yr 5) met</td></tr></table></div>		LMMS validated % of interventions fully implemented		All elements	87	✓	Element 1 - Smoking	80	✓	Element 2 - Fetal Growth Restriction	95	✓	Element 3 - Reduced fetal movements	50	✓	Element 4 - Fetal monitoring	100	✓	Element 5 - Preterm birth	85	✓	Element 6 - Diabetes	83	✓	Overall implementation level	Partially implemented - CNST (yr 5) met		NHSR	Ockenden	MDT reviews	Comments
	LMMS validated % of interventions fully implemented																																
All elements	87	✓																															
Element 1 - Smoking	80	✓																															
Element 2 - Fetal Growth Restriction	95	✓																															
Element 3 - Reduced fetal movements	50	✓																															
Element 4 - Fetal monitoring	100	✓																															
Element 5 - Preterm birth	85	✓																															
Element 6 - Diabetes	83	✓																															
Overall implementation level	Partially implemented - CNST (yr 5) met																																
			<ul style="list-style-type: none">Year 6 MIS now liveFortnightly task and finish group progressingNo immediate challenges anticipated	<ul style="list-style-type: none">Initial 7 IEA- 100% compliantSystem reporting for Three-Year Delivery plan in development	Triggers	14 cases reviewed																											
					* 1 moderate or above – to be taken through MDT review.																												

Other:

- Regulation 28 report submitted to Coroner within timeframe, immediate actions taken and ongoing actions in progress within systems and regional team.
- Increased birth rate noted in August, unpredicted and associated with Pre-Term birth.
- Decrease in FTT rate in consecutive month, to be explored.

Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			56%	56%	55%	55%	51%	53%	47%	56%	49%	49%	48%	48%	46%	48%	
3rd/4th degree tear overall rate	<3.5%	3.50%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5.00%	2.10%	6.00%	4.50%	3.00%	2.80%	4.70%	
3rd/4th degree tear overall number		79	8	6	6	7	9	4	5	8	3	11	8	4	4	7	
Obstetric haemorrhage >1.5L number		127	6	11	6	11	15	17	13	6	9	9	9	11	9	15	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	2.60%	3.40%	2.60%	2.90%	4.70%	3.10%	5.10%	
Term admissions to NICU	<6%	3.10%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	2.80%	3.80%	2.60%	4.00%	2.90%	4.70%	4.00%	
Stillbirth number		10	0	1	0	0	0	2	1	2	1	0	1	1	0	2	
Stillbirth rate	<4.4/1000				1.700			2.300			3.100			2.300			
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:22	1:22	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:23	1:23	
Number of compliments (PET)		38	2	3	3	4	4	3	2	3	4	5	4	1	2	2	
Number of concerns (PET)		9	1	1	1	2	0	1	1	1	1	0	0	4	1	0	
Complaints		6	0	1	1	1	0	0	1	0	0	1	1	0	1	1	
FFT recommendation rate	>93%		89%	91%	91%	90%	91%	90%	90%	90%	90%	90%	91%	91%	88%	89%	

External Reporting	Standard	Running Total/ average	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Trend
Maternity incidents no harm/low harm		1339	86	85	107	130	158	94	148	102	102	95	130	102	125	169	
Maternity incidents moderate harm & above		10	0	1	3	2	2	1	1	0	0	0	0	0	2	1	

HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
Progress in Achievement of MIS YEAR 6		<4 <7 7 & above															

Board of Directors Meeting in Public

Subject:	Learning From Deaths				Date:	3/10/2024
Prepared By:	John Tansley, Chair Learning from Deaths Group					
Approved By:	Dr Simon Roe, Acting Medical Director					
Presented By:	Dr Simon Roe, Acting Medical Director					
Purpose						
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence.					Approval	
					Assurance	X
					Update	X
					Consider	
Strategic Objectives						
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	
X	X	X	X		X	
Identify which Principal Risk this report relates to:						
PR1	Significant deterioration in standards of safety and care					X
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					
PR4	Insufficient financial resources available to support the delivery of services					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					X
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
None						
Acronyms						
<ul style="list-style-type: none"> • SFH Sherwood Forest Hospitals • HES Hospital Episode Statistics • HSMR Hospital Standardised Mortality Ratio • SHMI Summary Hospital-Level Mortality Indicator • CuSUM Cumulative Sum • ICB/S Integrated Care Board/ System • SJR Structured Judgement Review • MCCD Medical Certificate of Cause of Death • ME Medical Examiner • PSC Patient safety Committee • SPC Statistical Process Control • MHA Mental Health Act • LD/ LeDeR Learning Disabilities/ Learning Disabilities Mortality Review • ReSPECT Recommended Summary Plan for Emergency Care and Treatment • PSIRF Patient Safety Incident Response Framework • NUH Nottingham University Hospitals 						

Executive Summary

The Board is asked to note the Summary Hospital-Level Mortality Indicator (SHMI) which remains “as-expected” at 106.0. This is now trending down (108.2 at April report). The Hospital Standardised Mortality Ratio (HSMR) which remains “higher-than-expected” at 122.1 but continues to improve towards “as expected” (127.7 at April report). The Learning from Deaths group has seen evidence in measures which we believe represent contributory factors to these improvements (documentation and coding). There appears to be small but sustained improvement in diagnosis coding (reduction in diagnoses in symptoms and signs chapter.) Capture of comorbidities (depth of coding) in elective admissions has improved and to a lesser extent in non-elective admissions. There is still work to do and some specific areas have been identified by focussed clinical reviews in gastroenterology and respiratory. Analysis of place of death has identified some areas where system working may offer some solutions and is a potential focus for the future.

The tender documents for mortality and other clinical intelligence have been prepared following extensive stakeholder engagement. The existing contract with Dr Foster (Telstra) has been extended for a year to give us time to thoroughly assess the responses from the market. This will also give us the opportunity to synchronise with NUH, who are with a different provider, if a more ICS-wide approach represents the best option for SFH. Meanwhile we await with interest the outcome of changes to the Dr Foster (Telstra) model (HSMR+). We continue our work on utilising information from our own data warehouse which will have the advantage of being more up-to-date. We have arranged a visit to the Dudley Group NHS Foundation Trust to observe and discuss their coding and mortality intelligence processes.

The DCIQ Mortality Review Tool will go live on 1st October 2024 following user testing and familiarisation processes. The Mortality Management (Learning from Deaths) Policy has been extensively updated to reflect the new processes and incorporate changes to the Medical Examiner service and our interface with the Patient Safety Incident Response Framework which has now been in place for a year. We have seen renewed interest in Structured Judgement Review methodology training across the divisions to address existing backlogs although making time for these reviews is challenging with continuing high levels of patient-facing work. The Group is supporting the Divisions to prepare more detailed job-descriptions for Mortality Leads to assist the job planning process.

Qualitative information from mortality reviews suggests that the significant majority of care received by patients in our Trust is of appropriate quality. However following inquests at the Coroner’s Court the Trust has received further Prevention of Future Deaths Notices (Regulation 28). The Learning from Deaths Group continues to work to support the Trust in interpreting these findings and joining up learning which derives from a range of perspectives and methodologies.

The Board is also asked to note our plans for the next year:

Analyse and understand the effects of changes in adjusted mortality rates.

Continue work on accuracy of records and coding

System working around place of death.

Complete tender and contracting process for provision of Mortality Intelligence either independently or as part of a system approach.

Report on findings of visit to The Dudley Group NHS Foundation Trust.

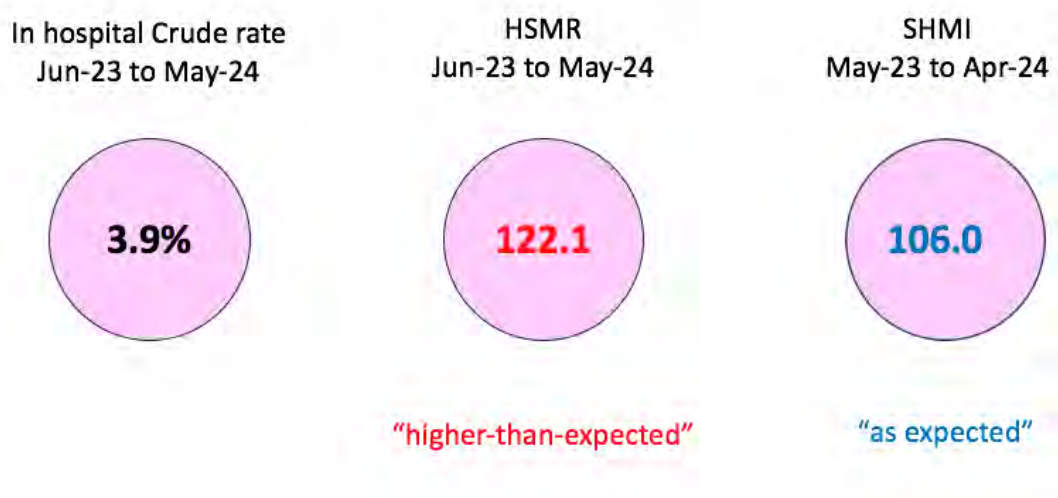
Continue to develop our in-house mortality intelligence capacity.

1 Mortality Surveillance Data

1.1 Crude and adjusted mortality rates

The most up-to-date high-level Trust mortality data is shown in figure 1.1.1 below.

Fig 1.1.1 Crude and adjusted SFH mortality rates



HSMR (Hospital Standardised Mortality Ratio), SHMI (Summary Hospital-level Mortality Indicator)

As we have reported to the Board previously, adjusted mortality rates all rely on quality of documentation and coding and they are produced by models based on a number of assumptions. Each model differs by more than one parameter which makes comparison difficult although we feel we have a robust approach triangulating outliers in HSMR, CuSUM and SHMI reports. Dr Foster (Telstra) who provide the HSMR are in the process of launching their new model (HSMR+) which removes palliative care which has been a longstanding complication in our interpretation of the measure and we believe a significant contributor to the difference between HSMR and SHMI (which does not account for it). Early information suggests that our HSMR+ will be significantly lower but we are not yet able to say where we will place in comparison to other Trusts. There have also been small changes to SHMI methodology but we are not anticipating significant effects.

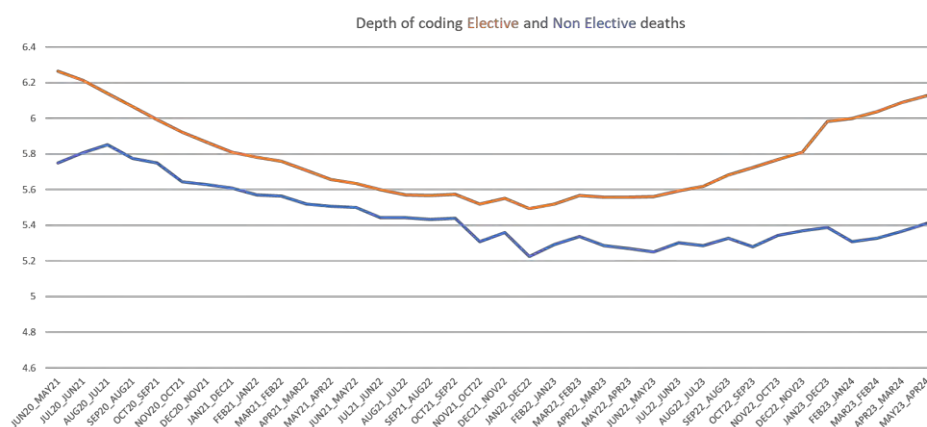
One focus of improvement continues to be a wide-ranging educational approach emphasising the importance of good documentation and coding at Grand Rounds, meetings for governance leads, Medical Managers and Clinical Chairs. A marker of good documentation is the percentage of episodes which are coded as symptoms and signs rather than diagnoses (eg chest pain vs. angina)- lower is better. Figure 1.1.2 shows a definite improvement in the form of trend downwards and signs of a new steady state in this measure for HSMR data over the last year.

Fig 1.1.2 Percentage of Spells in Symptoms & Signs Chapter (Last 12 Months | Rolling Trend)



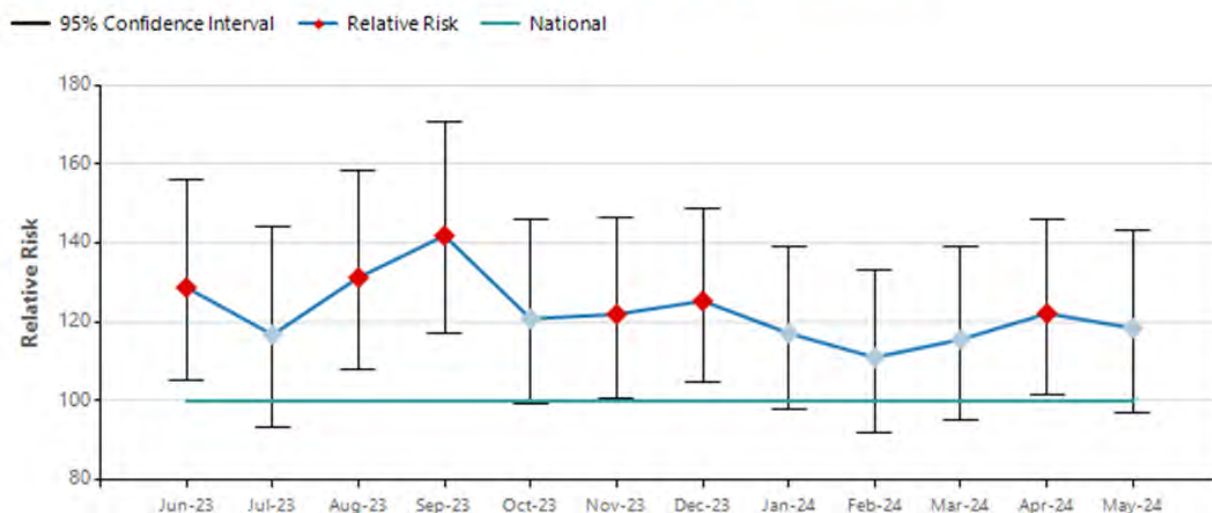
Looking at our SHMI data in Figure 1.1.3, the depth of coding (the mean number of additional codes above the acute diagnosis) which had been showing a decline has almost reversed for elective deaths and seen a small improvement in non-elective admissions. There is still work to do and this is challenging in the face of continuing workload pressures in Emergency departments however the Division has a robust plan and audit process to improve compliance with admission clerking in acute medicine as part of a wider Governance review. On the elective side the introduction of a new digital Pre-operative assessment tool may have a positive impact on capture and accuracy of information and we hope to be able to report continuing improvement in the next paper to Board (April 2025).

Fig 1.1.3 Depth of coding for Elective and Non-elective deaths (3 year trend)

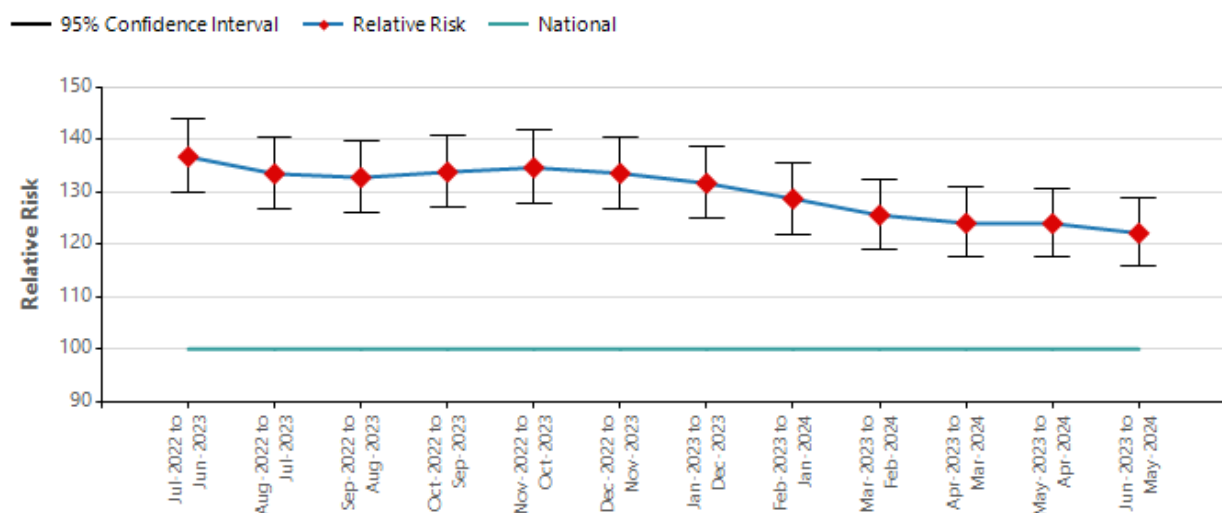


Over the last year Figure 1.1.4 shows an improvement in our in-month HSMR, with 4 of the last 6 months being "as expected." This is also reflected in the rolling 12-month trend for HSMR which continues down and the rising SHMI noted 6 months ago has returned to values we saw a year ago.

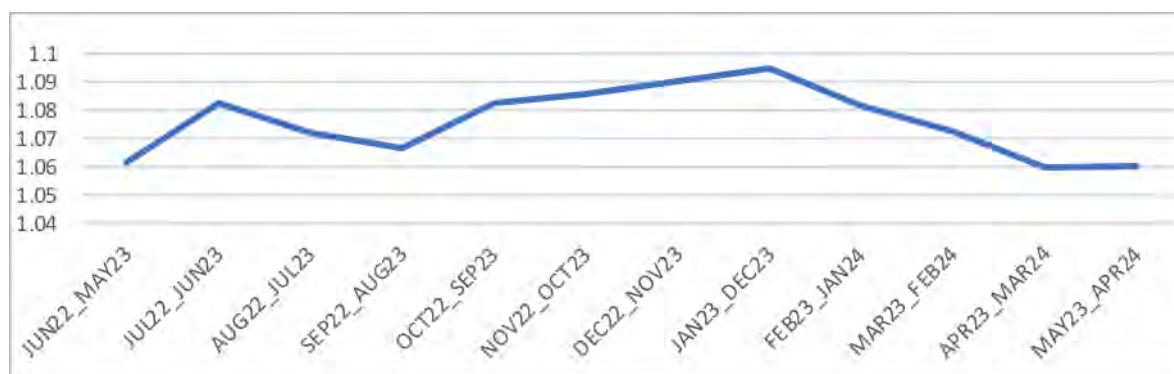
Diagnoses - HSMR | Mortality (in-hospital) | Jun 2023 - May 2024 | Trend (month)



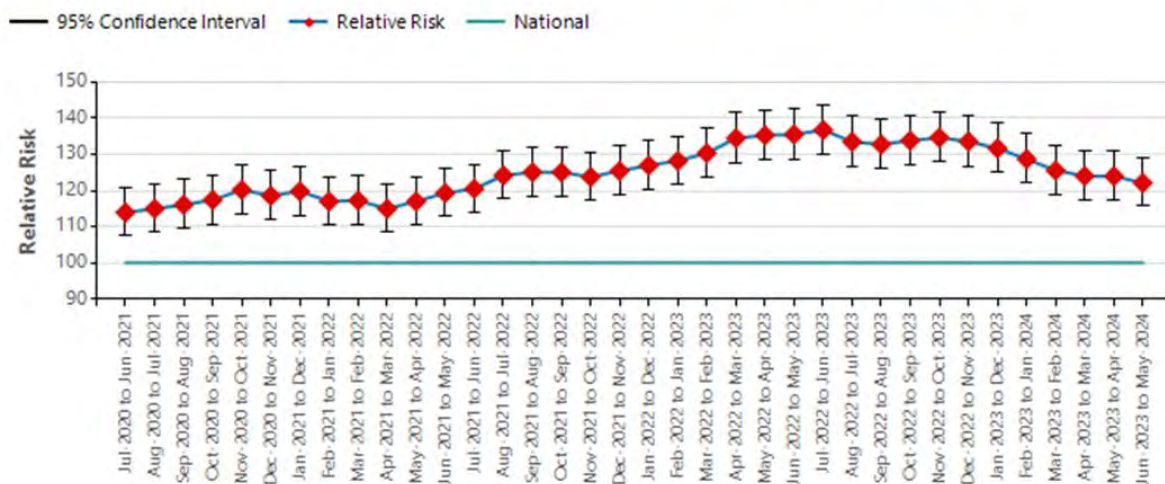
Diagnoses - HSMR | Mortality (in-hospital) | Jun 2023 - May 2024 | Trend (rolling 12 months)



Diagnoses- SMHI | Mortality | May 2023 – April 24 | Trend (rolling 12 months)



Diagnoses - HSMR | Mortality (in-hospital) | Jun 2021 - May 2024 | Trend (rolling 12 months)



SHMI | Mortality | May 2021 -April 2024 | Trend (rolling 12 months)



Figure 1.1.4 Trends for HSMR (in-Month), HSMR (rolling 12-month) and SHMI (rolling 12-month)

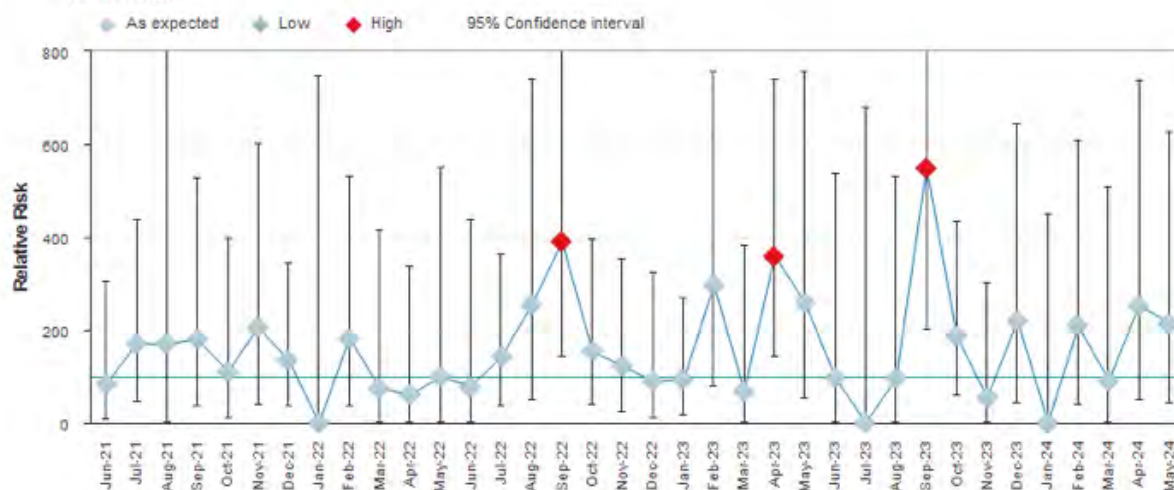
1.2 Clinical review of outlying diagnosis groups and progress on actions

1.2.1 Alcohol Related Liver Disease (ARLD)

Liver disease, alcohol-related | Mortality (in-hospital) | Jun 2021 - May 2024 | Trend (month)

Diagnosis group: Liver disease, alcohol-related

Period: Month



Mortality case note reviews have taken place following spikes in HSMR. They have not identified significant deficiencies in clinical care, rather that these patients were all profoundly ill and at high risk of death. All deaths on the Gastroenterology ward are discussed in detail at the Gastroenterology monthly governance meeting. Several areas for improvement were identified in the mortality case reviews.

“Firstly and most importantly, that patients were often not clerked in (either partially clerked or mostly not clerked at all) as they passed through the care of the acute medicine team in EAU. A complete clerking is an important patient safety step as significant illnesses and medications can be missed without it. It’s also very important for accurate HSMR calculations – particularly as chronic liver disease is one of the Charlson comorbidity index factors for calculating HSMR. Missing it also means the denominator for liver disease mortality will be underestimated potentially exaggerating the Dr Foster HSMR figures for this illness.”

This is consistent with the general issue of non-elective documentation identified elsewhere in this report for which there is a plan in place.

“The second factor identified was that the national liver care bundle was often not being completed on admission. An education programme was introduced which drove up compliance with completing the bundle, but sadly compliance has again fallen.”

The Gastroenterology specialty have proposed the following actions

- 1) Continue to engage with Emergency care leadership team to focus on completing admission clerking documentation
- 2) Re-initiate education in-reach programme into EAU to drive up completion of the liver care bundle on admission
- 3) Increase middle grade staffing in Gastroenterology service to provide additional in-reach into EAU to review patients who are waiting to come to Gastroenterology ward to ensure their care is progressing and that they are closely monitored for early signs of deterioration
- 4) Engage with DrFoster/Telstra consultant to understand calculation basis for ARLD HSMR and what factors drive this so we can ensure that accurate information is being captured
- 5) Start to use the BSG/BADL decompensated liver disease discharge bundle
- 6) These steps are on top of a broader plan to improve Gastroenterology care by
 - a. increasing substantive consultant staffing,
 - b. reducing waiting times,
 - c. recruit additional specialist liver nursing,
 - d. improve HCC and varices surveillance pathway by moving more patients to nurse lead pathway, using the Infoflex database with increased nurse and admin staffing.
 - e. We have recently opened Fibroscan provision to primary care to increase early detection of liver fibrosis and cirrhosis -this has lead to a big increase in demand and increased waiting times- staffing is being increased though there is a training lag, and it is hoped also to provide Fibroscan at the CDC when it opens.

1.2.2 Respiratory Failure and Pneumonia

Follow CuSUM alerts in these areas clinical reviews found that higher levels of respiratory failure and pneumonia were recorded as the primary diagnosis by non-specialists than would have been the case if a specialist had been involved. Work on respiratory failure is ongoing but in the area of pneumonia MDT collaboration between coders, respiratory consultants and specialist nurses, training for the clinical teams on coding requirement and training for the coding teams on respiratory notes has produced a reduction in inappropriate diagnosis. This is shown clearly in figure 1.2.2

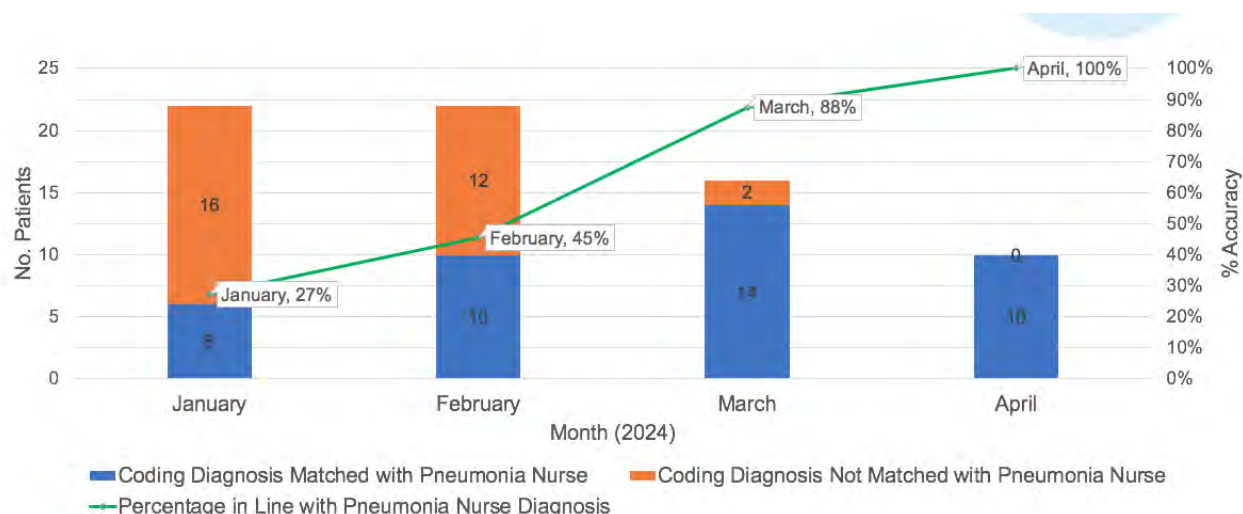


Figure 1.2.2 Audit data showing reduction in inappropriate diagnosis of pneumonia

1.2.3. Place of death

Data from earlier in the year showing in hospital vs out of hospital contributions to the SHMI is shown in Figure 1.2.3.

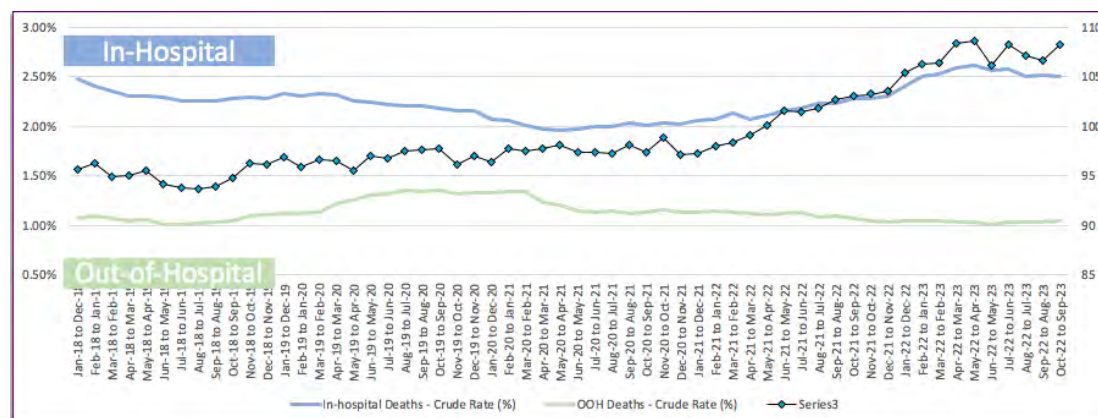


Figure 1.2.3 SHMI methodology in hospital vs out-of-hospital Crude rates

Our colleagues in the ICS have looked into this and discovered an 18% reduction in deaths registered from care homes. Given that we are not seeing an equivalent fall in death rate locally this suggests that an increasing number of people are being admitted to hospital to die. Given that there is evidence that most people who expressed a preference would chose to die at home, this is an area we have identified for further investigation.

1.2.4 End of Life Care (EoLC)

Even though the Trust remains a low-outlier in coding of Specialist Palliative Care due to local provision we continue work towards providing the best care we can to patients approaching the end of their life. The number of patients whose deaths are expected with an individualised care plan was slightly reduced from last year (86.9 vs 89.5%) but we have seen an increase in those patients who wished to be discharged from hospital returning to the community (10.6 vs 6.1%).

Our ward metrics for EoLC have improved and remain high (figure 1.2.4)

Chart 1 — Trust-wide End of Life (Ward Metrics) Audit Results for 1st April 2023 to 31st March 2024, By Calendar Month

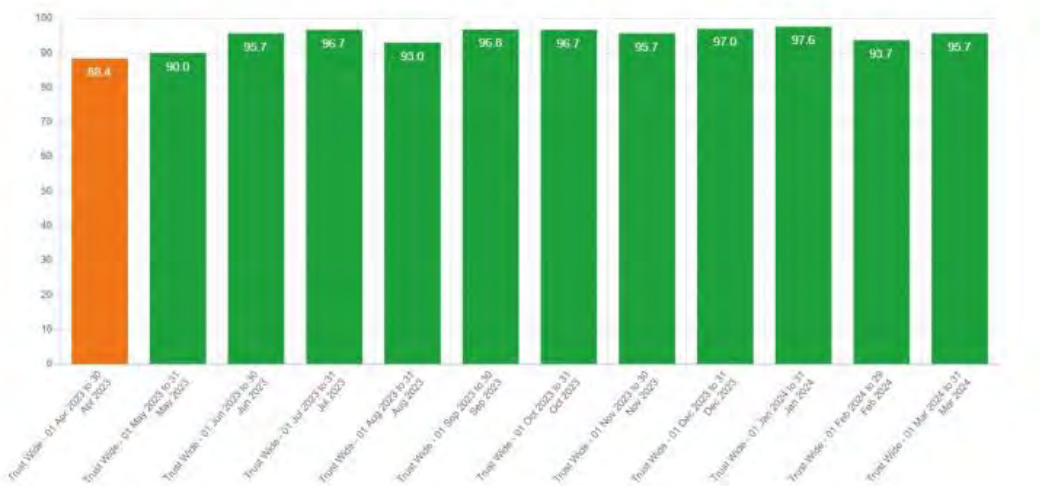


Figure 1.2.4 EoLC metrics

Early identification of patients who are dying is challenging. The last 6 months has seen significant progress with the Amber Care Bundle. The Amber Care Bundle is a tool which aims to support the identification of adult patients whose recovery is uncertain and who may be approaching the end of their life. In collaboration with The Improvement Faculty, a test of the Amber Care Bundle was completed in March 2024 and a phased rollout has begun.

1.3 External Mortality Intelligence Provider

The tender documents for mortality and other clinical intelligence have been prepared following extensive stakeholder engagement. The existing contract with Dr Foster (Telstra) has been extended for a year to give us time to thoroughly assess the responses from the market. This will also give us the opportunity to synchronise with NUH, who are with a different provider, if a more ICS-wide approach represents the best option for SFH. Meanwhile we await with interest the outcome of changes to the Dr Foster (Telstra) model (HSMR+). We continue our work on utilising information from our own data warehouse which will have the advantage of being more up-to-date.

1.4 Independent Validation

We believe we have a robust understanding of our high-level mortality metrics and the contributing factors influencing our position. We have become aware both through our discussions with Dr Foster (Telstra) and via the early stages of the tendering process which involved product demonstrations from providers that there is variation in approaches to coding which may have impact on our metrics. We have been engaging with The Dudley Group NHS Foundation Trust who were recommended as an exemplar organisation and are sending a delegation to observe their processes on 2nd October 2024. We will update in the next report.

2. Review of Deaths and Structured Judgement Review (SJR)

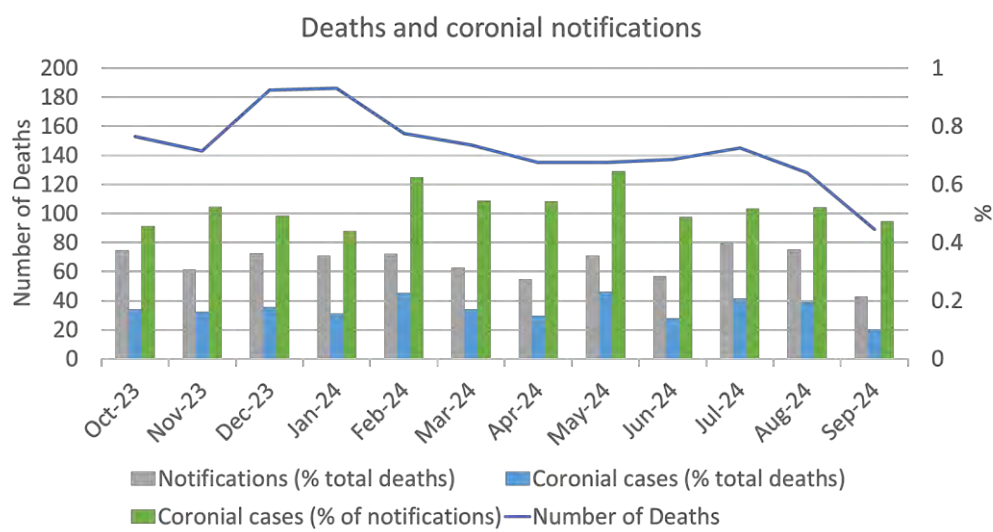
2.1 Mortality Review Tool

The Mortality review tool will go live on 1st October 2024 following user testing and familiarisation processes. The Mortality Management (Learning from Deaths) Policy has been extensively updated to reflect the new processes and incorporate changes to the Medical Examiner service and our interface with the Patient Safety Incident

Response Framework which has now been in place for a year. We have seen renewed interest in Structured Judgement Review methodology training across the divisions to address existing backlogs although making time for these reviews is challenging with continuing high levels of patient-facing work. The Group is supporting the Divisions to prepare more detailed job-descriptions for Mortality leads to assist the job planning process.

2.2 Data from Medical Examiner Service Office

Monthly mortality figures captured by the Medical Examiner service are shown in Figure 2.2.1. Since the last update to Board 769 deaths have been recorded at the time of reporting. There have been no cases of special cause variation in the last 2 quarters. The service continues to scrutinise 100% of hospital cases.



	2024-5 Q1	2024-5 Q2
Deaths	407	362
SJR	32	30
% Reviewed	7.9	8.3

Fig 2.2.1 Mortality trends- monthly hospital deaths 2023-4 at 24/9/2024

The Lead Medical Examiner has identified a theme of anticoagulation cases which he has reviewed and collated. These cases are rarely straightforward as they involve patients with complex conditions and often conflicting requirements for anticoagulation and the ability to stop bleeding (eg emergency surgery). The need for detailed documentation of the various risks and benefits which contribute to the clinical plan and comprehensive handover have been highlighted to the clinical teams for learning.

2.3 Structured Judgement reviews

Further investigation, following scrutiny of hospital deaths, using the Royal College of Physicians’ Structured Judgement Review (SJR) Methodology remains stable as shown in Figure 2.3.1

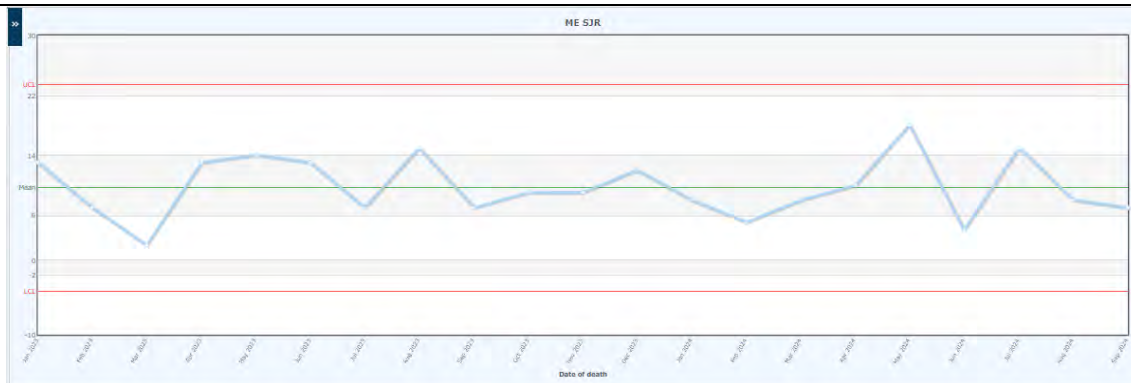


Fig 2.3.1 Structured Judgement review requests at Q4 2023/24

SJR was requested in 62 cases which includes mandatory cases such as Learning Disabilities or patient detained under the Mental Health Act. This is approximately 8% of deaths in each quarter reported here. With the launch of the new platform we expect to be able to present summary data from these review and the learning in the next report.

2.4 Feedback from LeDeR reviews

Since the last update there have been 9 deaths in patients with learning disabilities and 1 death in a patient with Autism who did not also have a learning disability (these patient have recently been added to the scope of LeDeR reviews) and we have received 7 review reports. There was no specific learning for the Trust in 4 of those cases. Feedback around referral and discharge from 2 cases has been identified and fed back to the clinical teams involved for learning. In the remaining case it was noted that an SJR had not been completed. Our LeDeR team facilitated access to the notes for the LeDeR team to allow completion of the review. The SJR has now been completed and the issue has been passed to UEC Division governance team.

3. Feedback and Learning Serious Incident Investigations and from Coroner.

We are required to report to the board an estimate of those deaths where a problem in care has contributed to a death. We believe that reviewing the cases subject to Incidents Investigations which are almost invariably taken for Coronial Investigation gives us the best insight into these rare cases.

The number of Coronial matters remains stable as shown in the up-to-date data below in Figure 3.1



Figure 3.1 number of cases taken by the coroner for further investigation.

Three inquests have concluded in the last 6 months which have identified contributory problems in care and resulted in receipt of a Prevention of Future Deaths Notice (Regulation 28).

The first case involved a baby in the Emergency department and identified problems with staffing and skill mix in both medical and nursing teams and improvements which should be made to work systems and processes, particularly those supporting escalations and handovers. The full response can be found at the following link. [Response 2024-0185 - Response from Sherwood Forest Hospitals NHS Foundation Trust \(judiciary.uk\)](#) Significant work has been undertaken by Emergency Department colleagues to improve the identification and management of sepsis in ED. This work has been brought through the executive-led Emergency Department improvement group. We have recently appointed to a Trust-wide sepsis lead (one of our Consultant paediatricians)

The remaining two of these cases both involved antepartum haemorrhage (APH). It is recognised that the management of APH is not just a local issue and this has been raised at regional forums. The Trust APH guideline has been revised. The Trust has responded to the Coroner in relation to these two PFDs. We will bring these cases through the learning from deaths forum to understand what wider learning there is for the Trust. We have also taken urgent action over one recommendation which is the capturing of individual Factual Recall of Events (FRoE) which has been added to our governance processes. This particular shortcoming has probably been contributed to by PSIRF which focusses more on general system issues rather than the specifics of individual cases. There is increased learning potential from a number of approaches and the Trust has willingly taken this instruction.

4. Learning from Deaths meetings.

4.1 Attendance at meetings

The meeting continue to be well attended by the multidisciplinary clinical teams from SFH together with representation from Palliative Care and End of life teams from the community and representation from the ICB.

5. Plans for Q3&4 2024/5

Analyse and understand the effects of changes in adjusted mortality rates.

Continue work on accuracy of records and coding

System working around place of death.

Complete tender and contracting process for provision of Mortality Intelligence either independently or as part of a system approach.

Report on findings of visit to The Dudley Group NHS Foundation Trust.

Continue to develop our in-house mortality intelligence capacity.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Learning From Deaths		Date:	3/10/2024	
Prepared By:	John Tansley, Chair Learning from Deaths Group				
Approved By:	Dr Simon Roe, Acting Medical Director				
Presented By:	Dr Simon Roe, Acting Medical Director				
Purpose					
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence.				Approval	
				Assurance	X
				Update	X
				Consider	
Strategic Objectives					
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
X	X	X	X		X
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
None					
Acronyms					
<ul style="list-style-type: none"> • SFH Sherwood Forest Hospitals • HES Hospital Episode Statistics • HSMR Hospital Standardised Mortality Ratio • SHMI Summary Hospital-Level Mortality Indicator • CuSUM Cumulative Sum • ICB/S Integrated Care Board/ System • SJR Structured Judgement Review • MCCD Medical Certificate of Cause of Death • ME Medical Examiner • PSC Patient safety Committee • SPC Statistical Process Control • MHA Mental Health Act • LD/ LeDeR Learning Disabilities/ Learning Disabilities Mortality Review • ReSPECT Recommended Summary Plan for Emergency Care and Treatment • PSIRF Patient Safety Incident Response Framework • NUH Nottingham University Hospitals 					

Executive Summary

The Board is asked to note the Summary Hospital-Level Mortality Indicator (SHMI) which remains “as-expected” at 106.0. This is now trending down (108.2 at April report). The Hospital Standardised Mortality Ratio (HSMR) which remains “higher-than-expected” at 122.1 but continues to improve towards “as expected” (127.7 at April report). The Learning from Deaths group has seen evidence in measures which we believe represent contributory factors to these improvements (documentation and coding). There appears to be small but sustained improvement in diagnosis coding (reduction in diagnoses in symptoms and signs chapter.) Capture of comorbidities (depth of coding) in elective admissions has improved and to a lesser extent in non-elective admissions. There is still work to do and some specific areas have been identified by focussed clinical reviews in gastroenterology and respiratory. Analysis of place of death has identified some areas where system working may offer some solutions and is a potential focus for the future.

The tender documents for mortality and other clinical intelligence have been prepared following extensive stakeholder engagement. The existing contract with Dr Foster (Telstra) has been extended for a year to give us time to thoroughly assess the responses from the market. This will also give us the opportunity to synchronise with NUH, who are with a different provider, if a more ICS-wide approach represents the best option for SFH. Meanwhile we await with interest the outcome of changes to the Dr Foster (Telstra) model (HSMR+). We continue our work on utilising information from our own data warehouse which will have the advantage of being more up-to-date. We have arranged a visit to the Dudley Group NHS Foundation Trust to observe and discuss their coding and mortality intelligence processes.

The DCIQ Mortality Review Tool will go live on 1st October 2024 following user testing and familiarisation processes. The Mortality Management (Learning from Deaths) Policy has been extensively updated to reflect the new processes and incorporate changes to the Medical Examiner service and our interface with the Patient Safety Incident Response Framework which has now been in place for a year. We have seen renewed interest in Structured Judgement Review methodology training across the divisions to address existing backlogs although making time for these reviews is challenging with continuing high levels of patient-facing work. The Group is supporting the Divisions to prepare more detailed job-descriptions for Mortality Leads to assist the job planning process.

Qualitative information from mortality reviews suggests that the significant majority of care received by patients in our Trust is of appropriate quality. However following inquests at the Coroner’s Court the Trust has received further Prevention of Future Deaths Notices (Regulation 28). The Learning from Deaths Group continues to work to support the Trust in interpreting these findings and joining up learning which derives from a range of perspectives and methodologies.

The Board is also asked to note our plans for the next year:

Analyse and understand the effects of changes in adjusted mortality rates.

Continue work on accuracy of records and coding

System working around place of death.

Complete tender and contracting process for provision of Mortality Intelligence either independently or as part of a system approach.

Report on findings of visit to The Dudley Group NHS Foundation Trust.

Continue to develop our in-house mortality intelligence capacity.

Trust Board

Subject:	Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report	Date:	3 rd October 2024			
Prepared By:	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Associate Chief Allied Health Professional)					
Approved By:	Rebecca Herring (Associate Director of Nursing - Workforce)					
Presented By:	Rebecca Herring (Associate Director of Nursing - Workforce)					
Purpose						
<p>The purpose of this report is to provide the People Committee and the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFH).</p> <p>It is also to assure our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p>		Approval				
		Assurance	X			
		Update				
		Consider				
Strategic Objectives						
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	
X	X				X	
Identify which Principal Risk this report relates to:						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					X
PR4	Failure to achieve the Trust's financial strategy					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
People Committee – September 2024 Nursing, Midwifery and Allied Health Committee – September 2024.						
Acronyms						
Sherwood Forest Hospital NHS Foundation Trust (SFH) ICS – Integrated Care System (ICS) Care Hours per Patient Day (CHPPD) Safer Nursing Care Tool (SNCT) NHS England (NHSE) Maternity Support Worker (MSW) Health and Care Excellence (NICE) National Quality Board (NQB) NHS Improvement (NHSI) Operating Department Practitioners (ODPs) Speech and Language Therapy (SLT)						

Executive Summary

Background

- 1.0 This report aims to provide an overview of the nursing, midwifery, and allied health professional workforce profiles to ensure we have the right number of staff with the right skills and deliver high-quality care at the right time and place. The report will also analyse the Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) expectations, and the NHSI (2018) Developing Workforce Safeguards recommendations.

Nursing and Midwifery Overview

- 1.1 Collective nursing and midwifery vacancies at SFH have remained below the national average vacancy position, but it is recognised that there is sustained fragility concerning workforce supply and demand. Furthermore, our band 5 nursing workforce is one of our largest resources, therefore ensuring we have targeted support in reducing the vacancy deficit within this cohort of staff remains our absolute priority.
- 1.2 Care Hours per Patient Day (CHPPD) at Trust level highlights our position has remained stable within the third of four quartiles at 8.6 and continues to align with an overall peer median of 8.7. Whilst this metric should not be used in isolation, it does indicate that our staffing levels reflect other similar-sized peer organisations across the NHS.
- 1.3 Agency usage since our last report has continued a positive trajectory overall, however, a sustained reliance on temporary staffing remains to support short-notice absence and enhanced observation support. Nonetheless escalated agency rates (escalation rates 2-Thornbury) usage has been eradicated with zero shifts being requested since April, and only 1 shift per month for escalation rate 1 (Pulse Short Notice) for June and July.
- 1.4 Since our last report additional resources to provide enhanced patient observations have continued to be a dominant theme within incident reporting and delays in care due to short notice absence or increased acuity and activity dominate the red flag events for nursing. The Trust has registered its interest with the regional NHS England (NHSE) Workforce Team to be part of a working group developing a national enhanced care assessment tool. The initial tabletop discussion has taken place, and we await to hear if the expression of interest has been successful.
- 1.5 Datix remains the platform of choice for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (NICE, 2014), however, we acknowledge that underreporting is recognised and other reporting processes are being explored to support our escalation processes.
- 1.6 A Chief Nurse Clinical Fellow for Safer Staffing has been appointed and is expected to be in post in October. They will lead the development of our operational safer staffing framework and governance processes, with support from the Associate Director of Nursing (Workforce). This will include implementing the SafeCare system and how this will inform our decision-making for daily staffing deployment.
- 1.7 The Divisional priority for maternity services remains providing high quality, safe and personalised care whilst being the very best place to work. The midwifery workforce requirements to deliver the

Divisional priority are clearly defined through national guidance which supports the Trust in assessing compliance against safer services and transformation programmes. This report presents the six-monthly board update as part of the assessment of progress in meeting the criteria of NHS Resolution Maternity Incentive Scheme (MIS) Year 6 safety action five, Consideration is also given to Better Births (2016), Safer Maternity Care (2016), the NHS Long Term Plan (2019) the Ockenden Report (2022) Saving Babies Lives Care Bundle (2023), Three Year Delivery Plan for Maternity and Neonatal Services (2023) and the Maternity Incentive Scheme Year 6 (2024).

- 1.8 The Board is asked to note that Continuity of Carer remains paused in line with Ockenden recommendations, and national and regional expectations. To embed the model would require significant investment in the midwifery workforce therefore an in-depth midwifery workforce review is underway and will be presented to the Board in early 2025.
- 1.9 There is one emerging midwifery staffing-related risk currently on the agenda and is to be discussed in September at Divisional Governance. This is related to the service's inability to deliver key national recommendations due to a lack of available midwifery workforce and the risk of failing to provide a choice of place of birth to women and birthing individuals as per Better Births (2016). This is related directly to the staffing of a 24/7 homebirth service.
- 1.10 Recruitment of band 6 midwives within the acute services remains a priority focus due to a 6.51 WTE deficit, which predominantly is driven by parenting leave and two recent resignations. Recognising the fragility surrounding retention, exit interview themes over the last 6 months have been reviewed and reassuringly are related to relocation or promotions.
- 1.11 Work is underway to review and strengthen escalation processes within the midwifery service, ensuring increased support is available for the Birthing Unit during out-of-hours periods, mainly weekends and nights. Work undertaken to date includes the embedding of the revised Escalation Policy, which now includes clearer guidance on OPEL status and actions associated with this.

AHP Overview

- 1.12 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing levels of a particular service. At SFH, we directly employ 9 of the 14 AHP professions as defined by NHSE.
- 1.13 The recent recruitment of a band 7 Team Leader in Occupational Therapy (OT) in Neurology/Stroke has been successful, ensuring equity with the other therapy services and showcasing the profile of the profession. The vacant band 6 OT post for Neurology/Stroke remains difficult to recruit and is currently covered by agency staffing. Three staff are pending parenting leave, and it is acknowledged that this will create significant pressure within the service. Therefore, approval for parenting backfill is being progressed as AHPs do not currently have an allowance for headroom embedded within their current establishment.
- 1.14 Ongoing concerns for recruitment nationally for Speech and Language Therapy (SLT) remain with a vacancy rate of 25-28%. SLT at SFH remains a fragile service with recent sickness-challenging service provision. Now in the recovery phase, new starters are commencing in the next few weeks. Work is ongoing with the team to ensure robust prioritisation and streamlining of caseload, job planning, and a workforce review is underway. The SLT Integrated Care Scheme (ICS) rotational scheme continues to be successful and fully recruited. SFH are part of this scheme and have a band 5 post on the ICS rotation.

- 1.15 Operating Department Practitioners (ODPs) continue to be acknowledged as a workforce risk but vacancies are beginning to reduce. Several recent appointments include an international ODP, an additional bank ODP and three ODP apprentices who successfully qualified in June 2024. Three existing Health Care Support Workers from Theatres, and one band 3 ANP commenced their ODP apprenticeship in May 2024.
- 1.16 Job planning and AHP variable pay expenditure reports into the NMAHP Transformation Programme, including transitioning all the AHPs onto the Health Roster within the Clinical Services, Therapies and Outpatients (CSTO) division. This will generate broader visibility of AHPs on the health roster and inform AHP establishments by understanding future AHP productivity and efficiencies. This project has been recognised and will be presented at a national conference in October 2024 by the Chief Nurse Clinical Fellow for AHP Job Planning Lucy Davis.

National Compliance

- 1.17 The Developing Workforce Safeguards published by NHSI in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This approach combines evidence-based tools with professional judgement and patient outcomes to ensure the right staff with the right skills are in the right place at the right time.
- 1.18 The recommendation from the Chief Nurse is that there is good compliance with the Developing Workforce Safeguards. The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.

Recommendations

- 1.19 The Board of Directors is asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 1.20 The Board is asked to note the midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 1.21 The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 1.22 The Board is asked to note the Developing Workforce Safeguards compliance standards.

Report Title:	Nursing, Midwifery and Allied Health Professional Bi-annual Staffing Report
Date:	September 2024
Author:	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Associate Chief Allied Health Professional)
Executive Sponsor:	Phil Bolton, Chief Nurse Paula Shore Director of Midwifery

Purpose

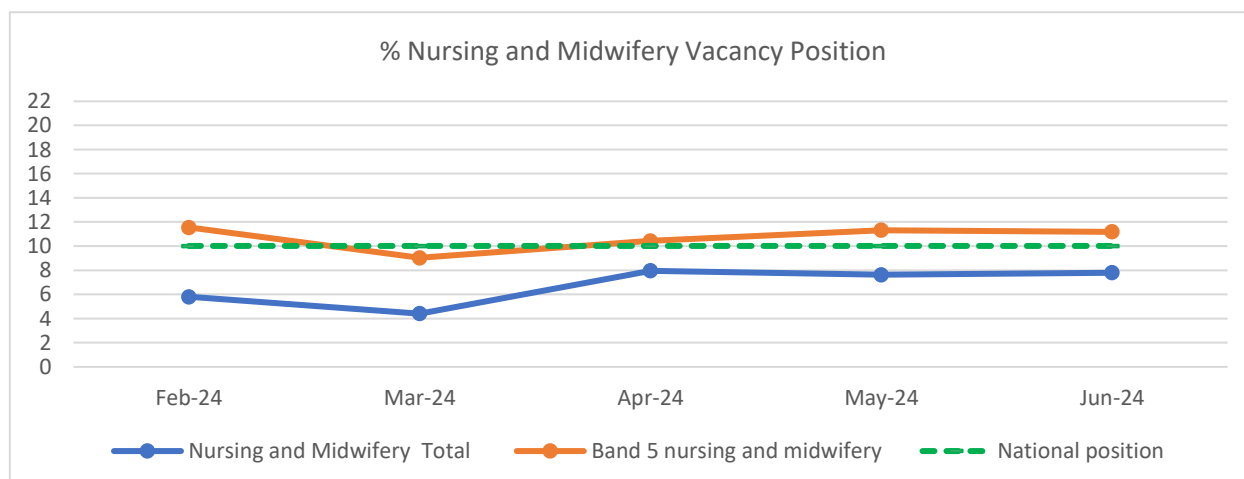
- 1.0 The purpose of this report is to provide an overview of the nursing, midwifery, and allied health professional workforce profiles to ensure we have the right number of staff, with the right skills, delivering high-quality care at the right time and in the right place.
- 1.1 The report will also analyse the Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) expectations, and the NHSI (2018) Developing Workforce Safeguards recommendations.

Nursing Overview

Workforce Position

- 2.0 Collective nursing and midwifery vacancies at SFH have remained below the national average vacancy position, but it is recognised that there is sustained fragility concerning workforce supply and demand. Furthermore, our band 5 nursing workforce is one of our largest resources, therefore ensuring we have targeted support in reducing the vacancy deficit (110 WTE) within this cohort of staff remains our absolute priority. One of the initiatives to support the recruitment of this cohort of staff has been the introduction of the Golden Ticket Recruitment Scheme, aimed at supporting managers in expediting offers of employment to final-year nursing students who have displayed outstanding professional values and behaviours.

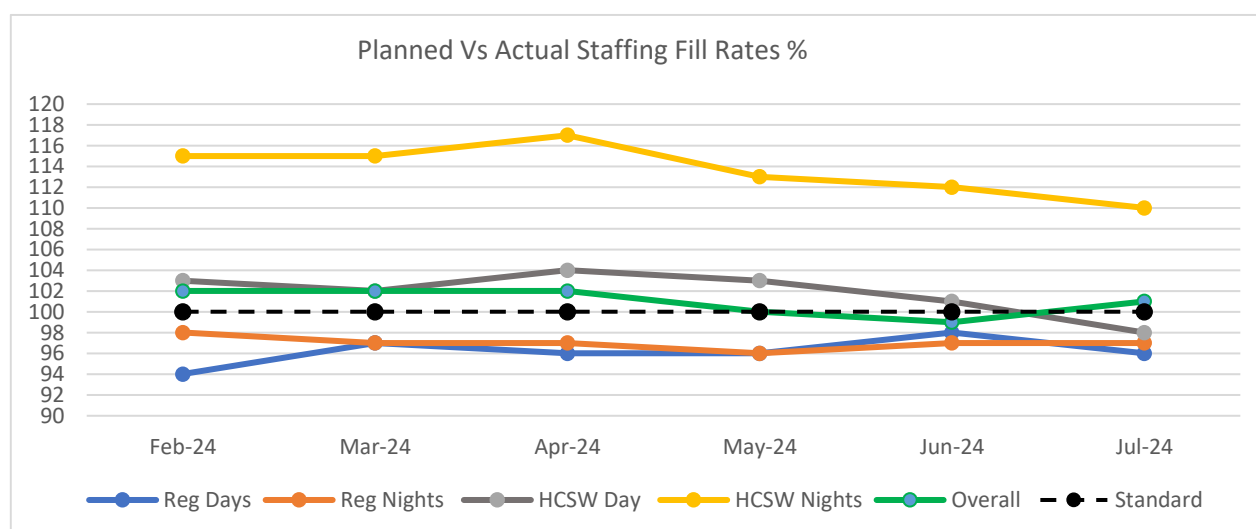
Figure 1: Nursing and Midwifery Vacancy Position



Data Source: Workforce Informatics July 2024.

- 2.1 Whilst staff recruitment remains an ongoing priority, the retention of the current workforce is equally a critical element of the workforce planning strategy. SFH continues to have active membership of the ICS System Retention Working Group co-ordinating a systems approach to flexible working, career conversations and legacy mentor support to assist in retaining nursing and midwifery colleagues.
- 2.2 As previously reported, ensuring safer staffing has remained a dynamic challenge for clinical teams due to high activity resulting in extra capacity utilisation, and sustained high levels of patients requiring enhanced care to prevent avoidable harm. Furthermore, a consistent Trust absence rate of 4% or more continues to impact the capacity to flexibly deploy staff. That said, clinical leaders continue to risk assess daily and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.
- 2.3 Through flexible and risk-assessed deployment, the Trust has remained above 94% of the planned staffing fill rates for registered staff on day duty and 96% of shifts filled for registered staff on night duty.

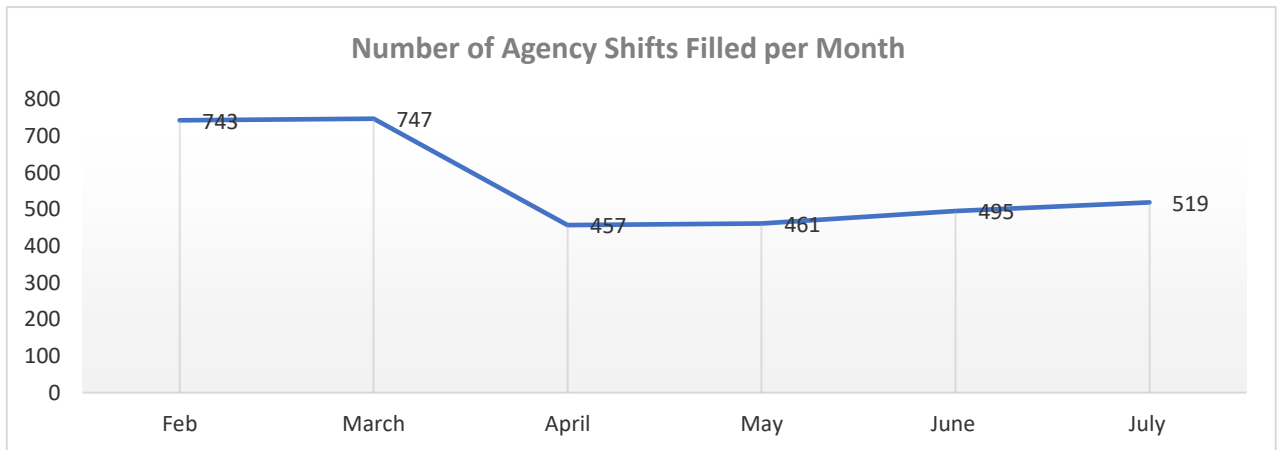
Figure 2: Planned vs Actual Fill Rates



Data Source: Strategic Data Submission NHSE 2024.

- 2.4 The actual fill rate for Healthcare Support Workers (HCSW) has continued higher than planned and is driven by the delivery of enhanced observations to reduce the risk of harm to our patients, particularly at nighttime. It is acknowledged that this element of care is dynamic and often difficult to forward a plan due to the need for constant reassessment. However, therapeutic interventions and the Carers Passport initiative are assisting with resource capacity but an essential reliance on non-registered temporary staffing remains.
- 2.5 Agency usage since our last report has continued a positive trajectory overall, however, the previous three months have demonstrated a very slight gradual increase in usage largely influenced by short-notice absence and enhanced observation support. Nonetheless escalated agency rates (escalation rates 2- Thornbury) usage has been eradicated with zero shifts being requested since April, and only 1 shift per month for escalation rate 1 (Pulse Short Notice) for June and July.

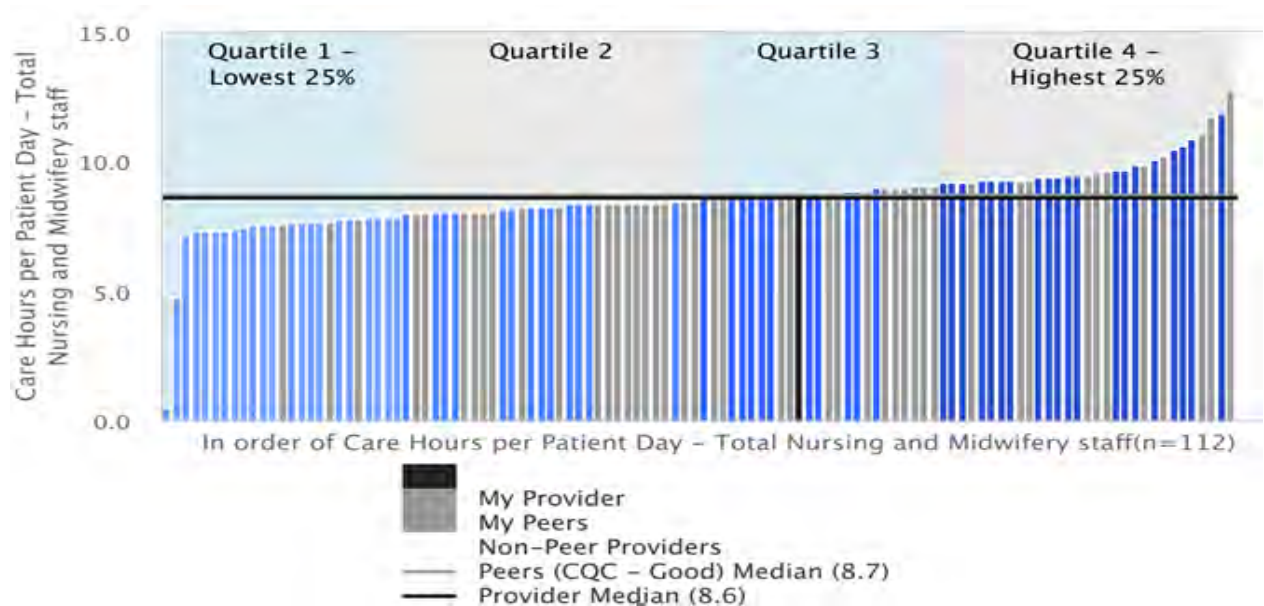
Figure 3: Agency Usage



Data Source: Temporary Staffing Office July 2024.

- 2.6 CHPPD demonstrates the average number of actual care hours spent with each patient per day, and data at Trust and ward level assists in reducing unwarranted variation by providing a transparent comparable data set. Figure 4 represents CHPPD at Trust level and highlights our position has remained stable within the third of four quartiles at 8.6 and continues to align with an overall peer median of 8.7. Whilst this metric should not be used in isolation, it does indicate that our staffing levels reflect other similar-sized peer organisations across the NHS.

Figure 4: CHPPD at Trust Level



Data Source: Model Hospital, May 2024.

- 2.7 Safer Nursing Care Tool (SNCT) for adult inpatient areas and adult assessment areas was updated in 2023 to reflect the changing complexities of patients' needs, therefore a full refresh training programme was delivered to all participating areas. The first cycle was collected in April using the new tool and the second cycle will be performed in September.
- 2.8 With the recent iteration of the SNCT, enhanced care is now identified as a separate recommendation, providing teams with valuable ward-level intelligence to inform the establishment setting reviews commencing from November.

Measurement and Improvement of Quality Care

- 3.0 Assurance that our staffing is safe and responsive is demonstrated in the quality of care being delivered to our patients, therefore the senior nursing and midwifery team review a triangulation of data sets. These include workforce metrics, incident reports, and measures of productivity within the monthly Safe Staffing Reports.
- 3.1 Datix remains the platform of choice for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (2014), however, we acknowledge that underreporting is recognised and other reporting processes are being explored to support our escalation processes.
- 3.2 Since our last report additional resources to provide enhanced patient observations have continued to be a dominant theme for reporting and delays in care due to short notice absence or increased acuity and activity dominate the red flag events for nursing. The Trust has registered its interest with the regional NHSE Workforce Team to be part of a working group developing a national enhanced care assessment tool. The initial tabletop discussion has taken place, and we await to hear if the expression of interest has been successful.

Figure 5: Staffing Incidents

2024/2025	Feb	March	April	May	June	July
Nursing Staffing Incidents	85	118	91	87	70	72
Red Flags	2	9	3	3	2	2

Data Source: Datix Reporting System 2024.

- 3.4 Essential to Role Training for Registered Nurses is underway, with 10% of nurses receiving the training. Running concurrently with this is the Fundamentals of Care Training for HCSWs which is being rolled out from September. The Essential to Role training has been evaluated in Q1 and will be reported to the People Cabinet.
- 3.5 A Chief Nurse Clinical Fellow for Safer Staffing has been appointed and is expected to be in post in October. They will lead the development of our operational safer staffing framework and governance processes, with support from the Associate Director of Nursing (Workforce). This will include implementing the SafeCare system and how this will inform our decision-making for daily staffing deployment.

Forward Planning

- 4.0 Supporting our early career nurses through their Preceptorship Programme continues, with 101 newly qualified nurses and Nursing Associates. Providing restorative supervision, focused support on clinical skills and leadership assists with the transition phase post-qualifying and has shown in national data to support ongoing retention and forms one of the NHSE High Impact Retention Interventions.
- 4.1 Over the coming weeks, the Trust will welcome 14 newly qualified Registered Nurses who have completed their apprenticeship degrees with Nottingham Trent University, across the Surgery, Emergency Care, Medicine and CSTO divisions.

- 4.2 From October 16 Student Nursing Associates will commence their 2nd and final year of training, with the previous cohort expected to qualify as Registered Nursing Associates in October. All of which have been allocated posts within SFH.
- 4.3 The Trust is celebrating the success of 3 Registered Nurses who have been awarded places on the highly competitive NIHR INSIGHT programme (Master of Science in Research) at the University of Nottingham, the successful candidates are Katherine Champ, Lauren McCormick and Daniel Housley.

Midwifery Overview

- 5.0 Our priority is to provide high-quality, safe and personalised care for all women, birthing individuals, and their babies, whilst being the best place to work. The Safety of Maternity Services in England (2021) highlights the importance of achieving the right staffing levels in maternity to ensure safe care, however, sub-optimal staffing levels have been an ongoing theme in the Care Quality Commission maternity services inspections nationally. The national priorities discussed within this report provide the key drivers for the quality, safety, and development of the maternity workforce at SFH.

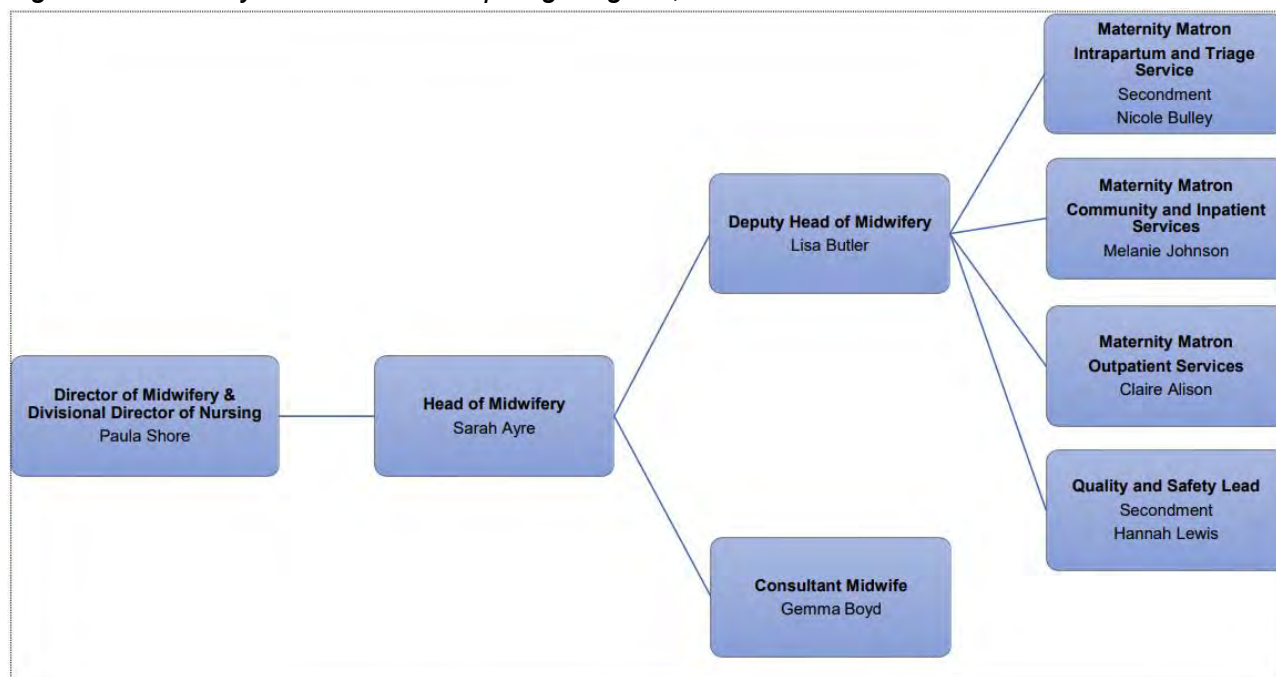
Maternity Incentive Scheme (MIS) Year

- 6.0 In February 2024, the Trust declared compliance with NHS Resolution's Maternity Incentive Scheme Year 5 and moving forward, Year 6 Safety Action 5 will require evidence that the Trust has embedded a systematic, evidence-based process to calculate midwifery staffing establishment within the last three years.

Workforce

- 7.0 Three Year Delivery Plan for Maternity and Neonatal Services (NHSE, 2023) details the expectations required to ensure maternity and neonatal care is safer, personalised, and more equitable for women, birthing individuals, babies, and families. One element of the plan concentrates on the midwifery workforce and the development of their skills and capacity to provide high-quality care. Trusts are expected to meet establishments set by midwifery staffing tools and achieve fill rates by 2027/28.
- 7.1 The Head of Midwifery is undertaking an in-depth review and analysis of the midwifery workforce to include a review of budgets, staffing establishments, roles, responsibilities, and the required additional roles needed to ensure compliance with Three Year plan (2023), Ockenden (2022), MIS Year 6, and NICE staffing guidance (2015) in line with the wider national transformation program. The conclusion of this workforce review will be presented to the Board as part of the annual paper anticipated in January 2025.
- 7.2 The Ockenden Reports (2022) and the Safer Maternity Care Progress Report (2021) highlight strong multi-disciplinary leadership teams are essential within maternity services to ensure safety, and there has been a priority focus on the of recruitment midwifery staffing at SFH. The midwifery Senior Leadership Team is outlined in figure 6 below.

Figure 6: Midwifery Senior Leadership Organogram,



Data Source: Midwifery, September 2024

- 7.3 NHSE 2021/22 priorities, requested all organisations provide a maternity service level commitment for continuity of carer to be the default model of care offered to all women and birthing individuals by March 2023. In April 2022, in recognition of acute midwifery staffing shortages nationally, the target date was extended to March 2024. Trusts were asked to assess whether their services could support existing continuity of carer provision; the decision was made by the Head of Midwifery to pause continuity of carer at this time until baseline safe staffing levels could be achieved. Continuity of Carer as of September 2024 remains paused and awaiting a further in-depth workforce review.
- 7.4 One emerging midwifery staffing-related risk is currently on the agenda to be discussed in September at Divisional Governance. This is related to the service's inability to deliver key national recommendations due to a lack of available midwifery workforce and the risk of failing to provide a choice of place of birth to women and birthing individuals as per Better Births (2016). This is related directly to the staffing of a 24/7 homebirth service.
- 7.5 Operational pressures due to midwifery vacancy, sickness absence, secondments and parenting leave continue to contribute to the significant challenges impacting staff experience as demonstrated through the staff survey responses, alongside the orientation experience of the newly registered midwives and international midwives. There is also an impact on the learning and supportive environments provided to student midwives, and both the Head of Midwifery and Lead Midwife for Recruitment and Retention are working closely with the 3 main Universities to improve student experience. These are Nottingham, Derby, and Lincoln.
- 7.6 Recruitment of band 6 midwives within the acute services remains a priority focus due to a 6.51 WTE deficit, which is predominantly driven by parenting leave and two recent resignations. Recognising the fragility surrounding retention, exit interview themes over the last 6 months have been reviewed and reassuringly are related to relocation or promotions.
- 7.7 Work is underway to review and strengthen escalation processes within the midwifery service, ensuring increased support is available for the Birthing Unit during out-of-hours period, mainly

weekends and nights, through the embedding of the revised Escalation Policy, which now includes clearer guidance on OPEL status and actions associated with this.

Maternity Support Worker (MSW)

- 8.0 Band 3 MSW are a critical part of the maternity workforce supporting midwives and the wider maternity teams. Birthrate Plus recognises that not all the clinical work in maternity services is required to be undertaken by midwives and by enriching the skill mix to include MSWs, midwifery time and expertise can be better focused and targeted. In March 2018, the Secretary of State for Health and Social Care announced a package of measures aimed at professionalising the MSW role with Health Education England leading the development of the Maternity Support Worker Competency, Education and Career Development Framework.
- 8.1 Having secured funding from NHSE to embed the framework at SFH over the coming year, the Trust is looking to support all band two healthcare support workers employed within maternity to progress to band three in line with the framework, whilst recruiting into the current six WTE vacancies. The long-term consideration will explore a 20:80 unregistered/registered workforce complement due to the decreasing university applications for midwifery and growing vacancies nationally.

Allied Health Professional (AHP) Overview

- 9.0 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing levels of a particular service. At SFH, we directly employ 9 of the 14 AHP professions as defined by NHSE.

Dietetics

- 10.0 Dietetics are in a favourable position with zero vacancies currently, however, two members of staff have recently handed in their notice (band 6 and band 7). Exit interviews with the Associate Chief AHP will be offered and the posts will be progressed through the recruitment process when agreed at the Vacancy Control Panel.

Occupational Therapy (OT)

- 11.0 OT is defined by NHSE as 'at risk' profession and is on the Home Office occupation risk register. Locally, this has been acknowledged upon the Trust risk register and has recently been reviewed and downgraded.
- 11.1 Acute placements are not mandated as part of the undergraduate training framework, but from September 2024, Nottingham Trent University have commissioned degree-level undergraduate courses and SFH will provide clinical placements. Nottingham Trent University remains the only higher educational institute to provide OT training.
- 11.2 Recruitment of OTs at SFH is improving due to the appointment of a Professional Practice Occupational Therapist. Agreement has been granted to extend this role for a further six months and, with the support of the Associate Chief AHP, the focus will remain on the workforce recruitment

and retention strategies. Currently, we are fully established for band 5 OT's and continue to be part of the Nottingham and Nottinghamshire ICS OT rotational scheme.

- 11.3 The recent recruitment of a band 7 Team Leader OT in Neurology/Stroke has been successful, ensuring equity with the other therapy services and showcasing the profile of the profession. The vacant band 6 OT post for Neurology/Stroke remains difficult to recruit and is currently covered by agency staffing. Three staff are pending parenting leave, and it is acknowledged that this will create significant pressure within the service. Therefore, approval for parenting backfill is being progressed as AHPs do not currently have an allowance for headroom embedded within their current establishment.

Operating Department Practitioners

- 12.0 Operating Department Practitioners (ODPs) continue to be acknowledged as a workforce risk but vacancies are beginning to reduce. Several recent appointments include an international ODP, an additional bank ODP and three ODP apprentices who successfully qualified in June 2024. Three existing HCSW from Theatres, and one band 3 ANP commenced their ODP apprenticeship in May 2024.

Orthoptists

- 13.0 Orthoptist posts are currently fully established, but areas of service provision concern remain due to SFH not meeting national standards in its provision for learning-disabled patients. Currently, no Screening Lead Orthoptist is providing a service locally to our community or schools and this has been highlighted at Surgical Divisional Performance.
- 13.1 Variable pay continues to be utilised to support additional clinic capacity to meet the increasing service demands.
- 13.2 The National Clinical Guideline for Stroke (2023) recommends vision screening as part of a stroke inpatient admission, therefore the Orthoptics service is undertaking an audit to identify the demand and scope of potential service provision requirements.

Orthotics

- 14.0 Orthotics is out to advert for a band 6 vacancy which equates to a 25% reduction in capacity and remains identified as a 'Small and Vital' profession due to national challenges with recruitment. To engage a broader scope of applicants the vacancy has also been advertised as a band 5-6 development post.
- 14.1 Orthotic technicians are fully established.

Paramedics

- 15.0 SFH employs four paramedics working in Advanced Clinical Practitioners roles at KMH. Two are based within ED triage, one in the Newark Hospital Urgent Care Centre and one is based in the Intensive Critical Care Unit.

Physiotherapy

- 16.0 There are no current concerns with Physiotherapy recruitment (with the exception of Neurology. Neurology is the area of concern for Physiotherapy recruitment at SFHT. A band 6 Stroke post has

been advertised three times with no applications received. This has recently been re-advertised as a band 7 but with no applicants. This post and alternative options are currently under review.

- 16.1 An ACP Physiotherapist has recently started in the Neurology rehabilitation therapy team.

Radiography

- 17.0 Despite the national trend, Radiology at SFH continues to positively recruit. A reduction in agency usage is anticipated due to the band 5 recruits commencing in posts over the coming weeks, including two posts funded by the CDC programme workstream.
- 17.1 Successful appointments also include a band 8a MRI Lead expected to commence in September, a Quality and Governance Manager who joined the team in July 2024, and a band 6 role which NHSE is funding to support the additional scanner. Unfortunately, the rotational Team Leader post responsible for Newark radiology remains vacant and has gone back out to advert for the second time due to unsuccessful interviews.
- 17.2 Increased expenditure on bank and agency staff for MRI has been successfully converted to substantive funding to provide robust and more cost-effective use of staff and resources. Furthermore, agency expenditure remains high across Ultrasound, and a robust workforce plan has been put in place. This includes a training programme for Sonographers (partly funded by NHSE), that outlines an exit strategy from agency usage and securing a stable workforce plan for the long term.

Speech and Language Therapy (SLT)

- 18.0 The SLT Head and Neck band 8A specialist post continues, in part, to be provided by an agency but has recently been agreed substantively by the Surgical Division. The service was previously provided via a service line agreement by Nottingham University Hospitals. The 0.4WTE post has been recruited, and the remaining 0.6WTE is out to advert. The band 7 post, 1.0WTE, has been recruited on a fixed-term basis until March 2025.
- 18.1 Neurology SLT had a 0.8 WTE band 6 ICSS post vacant since January 2024, however after several advertisements, the post was converted to a rotational post and has now been recruited.
- 18.2 The High Dependency Unit Paediatric band 7 post had been appointed as a job share, but one candidate has recently withdrawn. There is currently part-time cover in place and the post has been re-advertised.
- 18.3 Ongoing concerns for recruitment nationally for SLT remain with a vacancy rate of 25-28%. SLT at SFHT remains a fragile service with recent sickness-challenging service provision. Now in the recovery phase, new starters are commencing in the next few weeks. Work is ongoing with the team to ensure robust prioritisation and streamlining of caseload, job planning, and a workforce review is underway. The SLT ICS rotational scheme continues to be successful and fully recruited. SFH are part of this scheme and have a band 5 post on the ICS rotation.

Apprenticeships

- 19.0 To support apprenticeships, AHP services utilise existing support workforce posts and do not have any supernumerary apprenticeship posts established. However, there are no support staff deployed to Dietetics, SLT, Orthotics or Orthoptics meaning apprenticeships cannot be considered in these

professions currently and will have implications for implementing recommendations from the NHS long-term workforce plan.

- 19.1 Current AHP apprentices include:
- One Radiography apprentice student started training in March 2024.
 - Two Physiotherapy apprenticeships are currently in training with an additional two staff who commenced apprenticeships training in March 2024.
 - One Occupational Therapy apprenticeship is currently underway with an additional staff member commencing their training in March 2024.
- 19.2 ODPs continue to support the apprenticeship scheme and have appointed three ODP apprentices via this route. Of note: Supernumerary apprenticeship posts exist in theatres and are utilised as part of the existing nursing establishment.
- 19.3 Therapy services are working in collaboration with West Notts College to provide placements for 'T' level students in the therapy module in healthcare. The 'T' level provides entry-level requirements for AHP undergraduate degree courses (equivalent to the 'A' level). Whilst committed to supporting the scheme, this will create additional pressure on the AHP therapy professions with additional student placement requirements not previously required or catered for. Ongoing collaboration is underway to explore how this can be supported and delivered.
- 19.4 The Associate Chief AHP continues to undertake all the AHP exit interviews and is on the exit interview working group to analyse and identify themes for retention.

Chief Nurse Clinical Fellow for AHP Preceptorship

- 20.0 A Chief Nurse Clinical Fellow commenced in February 2024 to review our AHP Preceptorship provision at SFHT and ensure alignment with the NHSE Standards and Framework. SFH is currently an outlier in this area within the Nottingham and Nottinghamshire ICS. The project will also review the equity of preceptorship support by aligning our AHPs and nursing workforce to deliver multi-professional facilitated learning sessions reflecting the four pillars of clinical practice.

Chief Nurse Clinical Fellow for AHP Job Planning.

- 21.0 The secondment for this post has been extended and will continue until March 2025, ensuring all band 5 AHPs have a job plan. These are due to be transferred to the e-job plan (as required for NHSE level 1 attainment) by the end of September 2024.
- 21.1 Band 6 AHP data harvesting is now being analysed to inform job plans being created, and band 7 data harvesting has commenced.
- 21.2 Job planning and AHP variable pay expenditure reports into the NMAHP Transformation Programme, including transitioning all the AHPs onto the Health Roster within the CSTO division. This will generate broader visibility of AHPs on the health roster and inform AHP establishments by understanding future AHP productivity and efficiencies. This project has been recognised and will be presented at a national conference in October 2024 by the Chief Nurse Clinical Fellow for AHP Job Planning Lucy Davis.

National Compliance

- 22.0 The Developing Workforce Safeguards published by NHSI in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This approach combines evidence-based tools with professional judgement and patient outcomes to ensure the right staff with the right skills are in the right place at the right time.
- 22.1 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.
- 22.2 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.
- 22.3 Appendix One details the Trust's compliance with the nursing and midwifery elements of the Developing Workforce Safeguards recommendations.

Recommendations

- 23.0 The Board of Directors is asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 23.1 The Board is asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 23.2 The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 23.3 The Board is asked to note the Developing Workforce Safeguards compliance standards.

Appendix One: Developing Workforce Safeguards Compliance Standards

Recommendation:	Compliance:
Recommendation 1: Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Compliant <ul style="list-style-type: none"> ✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department. ✓ BirthRate Plus is embedded with Maternity services and a refresh of training has been undertaken.
Recommendation 2: Trust must ensure the three components are used in their safe staffing process.	Fully Compliant <ul style="list-style-type: none"> ✓ SNCT and BirthRate are in use at the Trust and provide an evidence-based benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
Recommendation 3 & 4: Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.	Fully Compliant <ul style="list-style-type: none"> ✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
Recommendation 5: As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.	Fully Compliant <ul style="list-style-type: none"> ✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.
Recommendation 6: As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable.	Fully Compliant <ul style="list-style-type: none"> ✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report.
Recommendation 7: Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.	Fully Compliant <ul style="list-style-type: none"> ✓ Annual submission to NHS Improvement
Recommendation 8: They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.	Fully Compliant <ul style="list-style-type: none"> ✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.
Recommendation 9: An assessment or resetting of the nursing establishment and skill mix (based on	Fully Compliant. <ul style="list-style-type: none"> ✓ A bi-annual review for nursing using SNCT is completed across all services;

acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	establishments are reviewed on an annual basis. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors.
Recommendation 10: There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Fully Compliant ✓ SNCT and Birthrate Plus are in use as per full license agreements.
Recommendation 11 & 12: As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.	Fully Compliant ✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.
Recommendation 13 & 14: Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.	Fully Compliant ✓ Daily staffing meetings. Staffing resource is also discussed at the flow and capacity meetings throughout the day. ✓ Staffing escalation process via Matron and Bronze on call. ✓ Safe Staffing Standard Operating Procedure. Perinatal Assurance Committee. ✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.

Developing Workforce Safeguards (NHSI, 2018)

Board of Directors Meeting

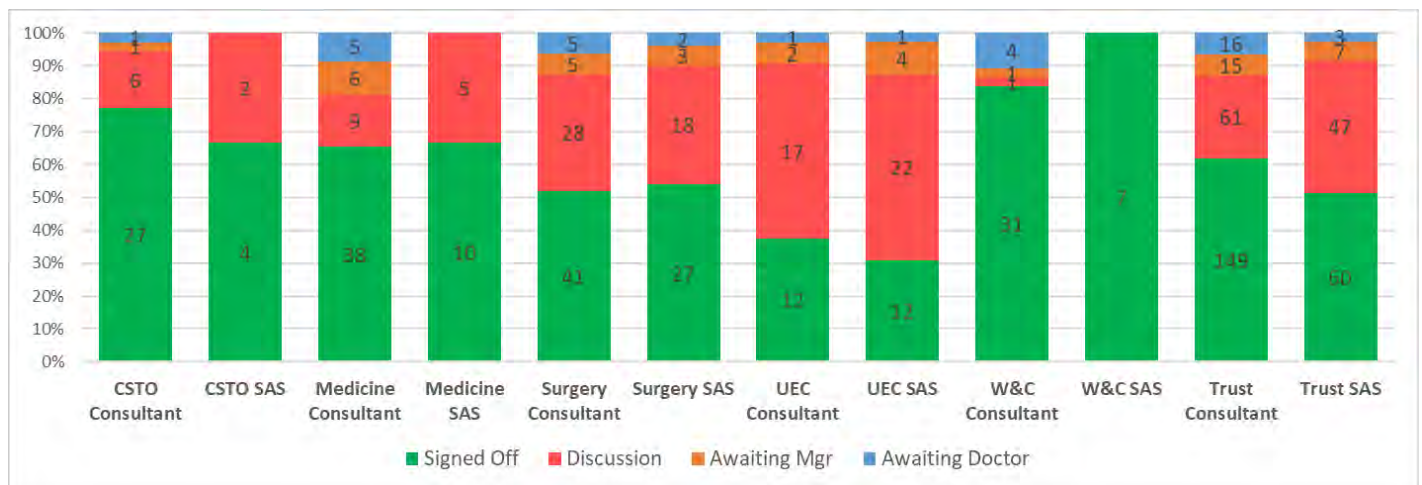
Subject:	Medical Workforce Report		Date:	03/10/2024		
Prepared By:	Rebecca Freeman – Head of Medical Workforce					
Approved By:	Simon Roe – Acting Medical Director					
Presented By:	Simon Roe					
Purpose						
The purpose of this paper is to provide an update to the Board relating to the Medical Workforce. This paper is the half yearly Medical Workforce update.				Approval		
				Assurance	X	
				Update	X	
				Consider		
Strategic Objectives						
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	
X	X					
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					X
PR4	Insufficient financial resources available to support the delivery of services.					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Joint Local Negotiating Committee						
Acronyms						
LTFT – Less than full time						
CESR – Certificate of Eligibility of Specialist Registration						
NHS – National Health Service						
ICS – Integrated Care System						
Executive Summary						
The Board is asked to take this Medical Workforce Report as an assurance item and an update from previous reports and to note the following:-						
<ul style="list-style-type: none"> - The progress with job planning, appraisal and revalidation - The increase in the number of resident doctors following the changeover in August and the compliance with elements of the Improving Working Lives Requirements for Resident Doctors. - The progress being made to recruit to the vacancies and the support that is being provided by Remedium Partners. - The work that is taking place surrounding the implementation of bank rates for Specialists and Consultants. - The progress being made relating to the annual leave audit. 						

Medical Workforce Report

Looking After our People

Job Planning

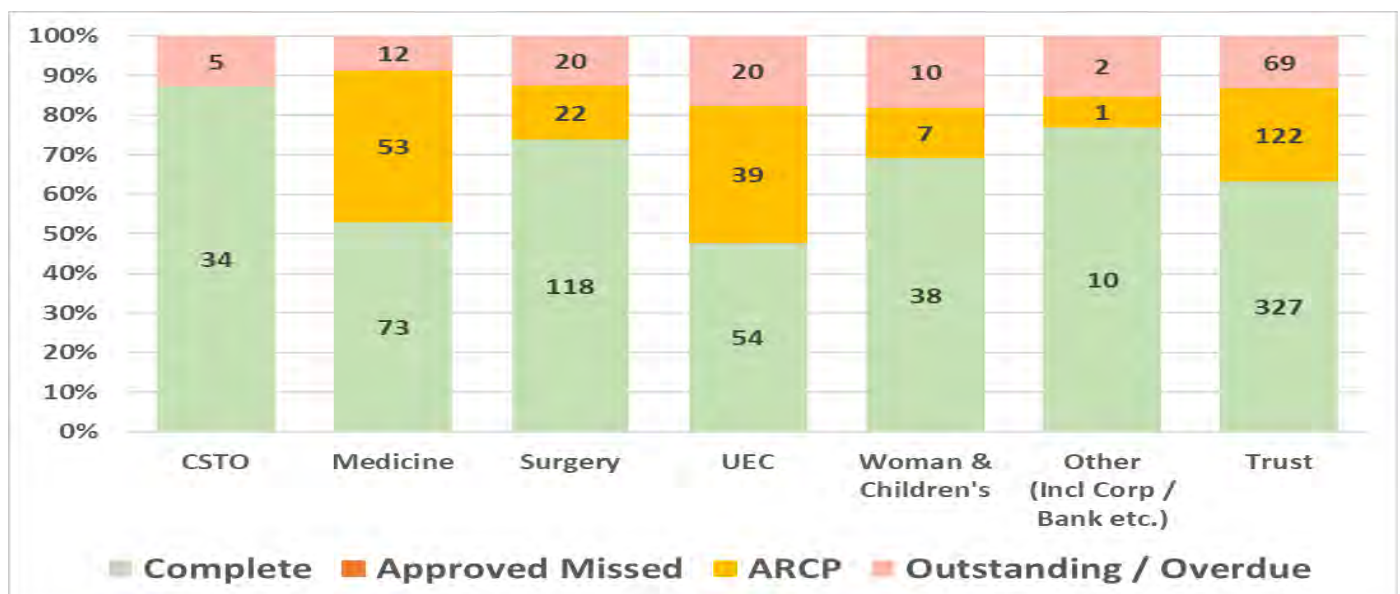
There are a small number of the services that we are continuing to support through their 2024/25 job plans. With 80% of all Consultant job plans have been agreed at the Trust Job Planning Panel and 75% of the SAS/Specialist being agreed. All the job plans going through the Divisional sign off are shown below.



A Subgroup of the LNC are currently reviewing the Job Planning Toolkit with plans for this to be in place for the 25/26 job planning round. This will include adjustments following updates for both Consultants and SAS Terms and Conditions of Service.

Appraisal

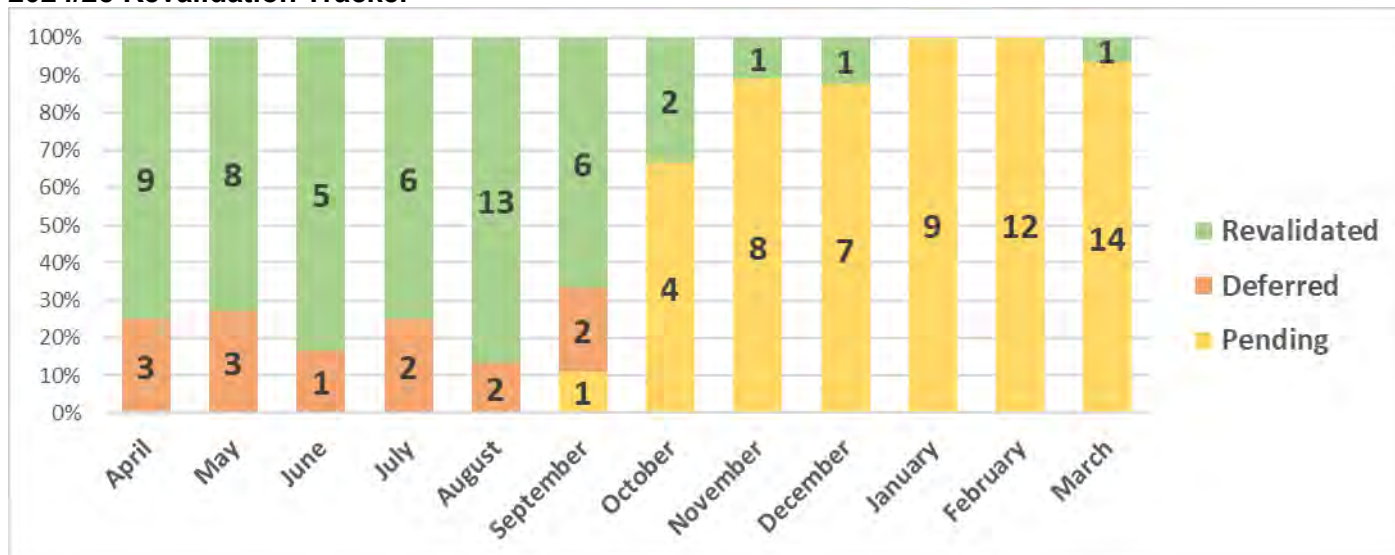
As we move into Autumn, the required numbers of appraisals due to be completed each month, reduces slightly. During the summer period, the compliance percentage has dropped from 90% to 87%.



GMC Revalidation

There are currently 120 doctors that are due GMC revalidation between April 2024 and March 2025. Of those, 52 have already been successfully revalidated. To date 13 have been deferred to a future date for having insufficient evidence for a positive recommendation. Many of which are due to the doctor joining Sherwood Forest Hospitals recently and not having enough appraisals to revalidate. We continue to work closely with those doctors to ensure they have the evidence prior to the new revalidation date.

2024/25 Revalidation Tracker



Industrial Action

Since the last report there have been a number of periods of Industrial Action, undertaken by Consultants and Resident Doctors. The most recent of which was by Resident doctors which was from 7am on Thursday 27th June 2024 until 7am on Tuesday 2nd July 2024, just prior to the General Election. The industrial action has had a significant impact on resident doctors training. A pay deal has been agreed by both Consultants and SAS doctors and more recently a pay deal has been put to the Resident doctors which has been accepted and this will be implemented in salaries in October.

It has since been agreed nationally that the monies used to fund the local Clinical Excellence Award process would be re proportioned to fund the recently agreed Consultant pay deal. Therefore, it has been confirmed by NHS Employers that there will be no further Local Clinical Excellence Award rounds and the Terms and Conditions of Service for Consultants are being updated by NHS Employers to reflect that change.

The National Clinical Impact Awards are still in place and therefore substantively employed Consultants can apply for a National Impact Award.

Junior Doctors Changeover

Junior Doctors changeover took place on Wednesday 7th August. There are now 272 established posts which is an increase of 23 posts from August 2023. 15 of these posts are Foundation Year 1 posts and relate to the Foundation Expansion Programme. There are 9 training posts that have not been filled and these vacancies are across all Divisions.

This year there have been 59 resident doctors commence who are working less than full time (LTFT). The majority are doing either 70% or 80% of a full-time post.

It is expected that the number of doctors wanting to work LTFT will increase over the next few years which in turn will extend their training period. Developing bespoke rotas for those working LTFT does impact heavily on the resources of the team within a defined period to ensure that both rotas and rosters are sent to the doctors within the code of practise timescales.

The Table below shows the number of resident doctors in post prior to August and the proportion working full time and less than full time.

May 2024		August 2024	
	Total		Total
Female	146	Female	155
Full Time	109	Full Time	114
Part Time	37	Part Time	41
Male	97	Male	126
Full Time	84	Full Time	108
Part Time	13	Part Time	18
Grand Total	243	Grand Total	281

29 Clinical Fellows have recently commenced in post.

Salary Errors

The new resident doctors received their first salary on 26th August 2024 and in line with Improving Working Lives for Resident Doctors a record is being retained of the salary errors. In August there were 7 errors reported. 6 of these errors were relating to out of hours allowances and one of the doctors wasn't paid at all. This was rectified immediately, and the doctor received their salary within 24 hours of the notification of the error. Errors will be monitored on an ongoing basis.

Resident Doctors Passport

Work has been undertaken nationally on a resident doctor's passport. Resident doctors will have a passport which will include key credentials meaning that when they rotate to other Trusts, they will no longer need to provide documentation to complete the NHS Employers Recruitment Standard Checks. All the information will be recorded on a passport and verified by the previous Trust. This is now ready to go live and discussions will be taking place between ourselves, Nottingham University Hospital NHS Trust and Derby and Burton Foundation Trust to provide rotating doctors with the credentials required prior to them rotating to another Trust.

Work Schedules

There is a requirement for Work schedules to be sent to the doctors commencing at the Trust in August a minimum of 8 weeks prior to the doctors commencing in post. NHSE East Midlands are required to advise the Trust a minimum of 12 weeks prior to the doctors commencing in post, the details of the resident doctors. For doctors in training commencing in August, 59 different work schedules were sent to 186 doctors by the deadline. Therefore 93% of the full-time doctors were issued a work schedule by the deadline.

There were 10 work schedules that were delayed (15 doctors affected) for the following reasons:

Rota	Reason	Number of WS Produced	Number of Doctors Affected	Number of Calendar Days After Deadline
Paediatrics ST4+	All doctors sent bespoke work schedules due to high number of LTFT doctors	1	3	5
Radiology ST2+	Rota change notified by the department close to the deadline	1	2	5
ENT F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	1	12
T&O F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	4	12
Ophthalmology F1	New expansion posts - notified after deadline the number of resident doctors commencing with the Trust	1	1	21
Critical Care ST6+	Resident doctor was already with the Trust and was extended. The team missed the extension by the deadline.	1	1	40
Ophthalmology ST	Rota change notified by the department close to the deadline	1	2	40
Urology ST3+	OOH is worked at NUH - late notification of OOH elements from NUH	1	1	42

In addition to the above, 53 bespoke work schedules were issued to the LTFT Resident Doctors. These were all issued after the 8-week deadline. The reason being that there is only 4 weeks to be able to build bespoke rotas for the LTFT Resident Doctors and with the numbers having increased significantly, this is no longer possible to achieve. A review of the Changeover will be undertaken over the next few weeks to establish if this can be improved and efficiencies made, however, with the individual requirements of resident doctors working LTFT and the individual discussions that need to take place with these doctors, it is extremely difficult to meet this target for LTFT resident doctors.

Resident Doctor Training

Significant progress has been made in addressing training issues across various services, with core Anaesthetics training at Sherwood Forest Hospitals successfully downgrading its Intensive Support Framework (ISF) from 1 to 0 following a positive inspection by NHS England. There are still areas with ongoing support including Trauma & Orthopaedics and EAU which have some of the more pressing challenges.

To further enhance the training experience, a dedicated faculty development programme has been implemented for supervisors, featuring training sessions, keynote speakers and workshops on leadership and well-being. This demonstrates the Trust's growing commitment to supporting our supervisors to deliver enhanced supervision.

Belonging in the NHS

Doctors Mess

Due to a change in building regulations, there has been a delay in the progress of the Doctors Mess. A plan is being produced with the aim of minimising the delay, however, the changes to install the kitchen in the mess will involve some work being required to be undertaken relating to fire compartments and this will need to be reviewed by the building Safety Regulator.

Resident Doctor Wellbeing

Resident doctors wellbeing remains a high priority. The eagerly anticipated doctors mess aims to provide a supportive and relaxing environment for our resident doctors and will be most welcomed when finished. The Medical Education team are also exploring additional well-being initiatives, including extending support to medical students on placement and piloting a “wellbeing pod” that offers relaxation and escapism through soundscapes and virtual reality.

Meetings with SAS Doctors

Individual meetings with SAS doctors have now been concluded, however, this has now been extended to Consultants in Fixed Term positions, to enable them to have the opportunity to discuss their roles, the support available for them and to understand their medium to long career aims.

A survey has been sent to the SAS doctors to establish if the doctors have found the meetings useful and nearly all have said that they did, they felt they had the opportunity to say everything they wanted and felt they would benefit from an annual meeting to discuss their career aims and development needs.

Resident Doctor Forums

Junior Doctors forums were not well attended by the last cohort of doctors, therefore a decision has been made to redesign the engagement process for Resident Doctors to create a more effective and inclusive environment. By taking these steps, we are providing a clear pathway for our resident doctors to share ideas, raise concerns and contribute to the development of training in our Trust. The plans surrounding the governance of the forums are currently being worked through by the Deputy Medical Director, the Medical Education Team and our Chief Registrar.

New Ways of Working

Vacancies

There are currently 34 Medical Vacancies that are being actively recruited to. The medical vacancies are reported at the Medical Transformation Board monthly.

Of the 34 Medical vacancies, 6 posts have been offered and 17 have start dates confirmed. For the doctors with start dates 10 are trainees and they commenced in post on Wednesday 7th August, 4 are Consultants, 1 is a Specialty Doctor and 2 are Senior Clinical Fellows.

Where agency locums have covered these vacancies that have now being filled following the changeover, the agency locums have been given notice to leave the Trust.

Task and Finish Group Progress

Work is continuing with Task and Finish Groups within Anaesthetics, Haematology and Stroke Medicine.

There has been some success in Haematology with a Fixed Term Consultant being appointed. Within Anaesthetics 1 Specialty Doctor has submitted their CESR and they are currently acting into a Consultant post. There are also 3 resident doctors in Anaesthetics that are all due to complete their training and will therefore be eligible to apply for Consultant posts within the next 18 months. These doctors have expressed an interest in working at Sherwood Forest Hospitals as Consultants in the future.

Executive Searches are also ongoing in all three specialties above. These searches are being managed by Remedium Partners.

Bank Rates for Consultants and Specialists

Work is progressing on reviewing payments that are currently being made to Consultants and Specialists for work in addition to contract. Analysis of current payments being made to these doctors has been produced and this has been discussed with the Clinical Chairs. Further work is required to understand some areas that have paid bespoke rates that have been agreed historically to support particular services.

It is understood that there is an appetite to agree bank rates for medical Staff across the ICS. However, further work is required around the rates that are currently being across the ICS to inform these discussions. This is being taken forward by Medical Directors across the ICS.

Annual Leave Audit

Work is ongoing with the medical staff annual leave audit for Specialty Doctors, Specialists and Consultants. The process and principles of the audit have been agreed with Clinical Chairs and Clinical Chairs and Heads of Service are in receipt of their audit information. The specialties that are the first to be audited are Anaesthetics, Trauma & Orthopaedics, and the Women & Childrens Division. Doctors within these areas will be in receipt of their audit information within the next few weeks. Where they have overtaken leave, individual meetings will be held with the Head of Service and an annual leave expert to discuss the detail of that particular situation and how any overtaken leave can be paid back. With each of these discussions, a person-centred approach will be taken. The audit is reviewing the leave year that incorporates 1st April 2024.

Conclusion

The Committee is asked to take this Medical Workforce Report as an assurance item and an update from previous reports and to note the following: -

- The progress with job planning, appraisal, and revalidation
- The increase in the number of resident doctors following the changeover in August and the compliance with elements of the Improving Working Lives Requirements for Resident Doctors.
- The plans relating to the wellbeing of our resident doctors and the resident doctors forums.
- The progress being made to recruit to the vacancies.
- The work that is taking place surrounding the implementation of bank rates for Specialists and Consultants.
- The progress relating to the leave audit.

Board of Directors Meeting in Public

Subject:	Freedom To Speak Up			Date:	3 rd October 2024	
Prepared By:	Kerry Bosworth – Freedom To Speak Up Guardian					
Approved By:	Sally Brook Shanahan – Director Of Corporate Affairs					
Presented By:	Kerry Bosworth - Freedom To Speak Up Guardian					
Purpose						
The purpose of this paper is to provide an update and give assurance to the SFH Board on the Freedom to Speak Up Agenda within the Trust. Also enclosed in the report are the summarised findings from the completed NGO FTSU Reflection & Planning Tool which the SFH Board and wider trust management team completed in June/July 2024				Approval		
				Assurance	x	
				Update	x	
				Consider		
Strategic Objectives						
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	
x	x		x			
Principal Risk						
PR1	Significant deterioration in standards of safety and care					x
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Insufficient financial resources available to support the delivery of services					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust’s impact on climate change					
Committees/groups where this item has been presented before						
This report was presented to the People Committee on the 24 th of September 2024 following which it has been updated to include the output from the discussion regarding the action planning from the findings of the NGO FTSU Reflection & Planning Tool that was discussed by the Committee.						
Acronyms						
FTSUG – Freedom To Speak Up Guardian NGO – National Guardians Office OD – Organisational Development EDI – Equality, Diversity & Inclusivity IEN- International Educated Nurses AHP – Allied Healthcare Professional SFH – Sherwood Forest Hospitals EM – Ethnic Minority HCA – Health Care Assistant U&EC – Urgent & Emergency Care CSTO – Clinical Services, Therapies, Outpatients OH – Occupational Health						

Executive Summary

This report provides a review of speaking up cases for Q4 23/24 and Q1 24/25 which covers the period since FTSU was last presented to the Board.

During Q4 23/24 and Q1 24/25 there were 77 concerns raised with the FTSU Guardian. Out of the 77 concerns raised in the above periods, 46 were raised openly and 31 confidentially (known to the FTSUG only). There were no anonymous concerns.

FTSU is represented across all the Divisions. Nursing / Midwifery and Admin/Clerical colleagues have raised the most concerns. Concerns have increased from Newark Hospital in this period which is encouraging and correlates with increasing Champion activity taking place on site empowering colleagues to speak up. Newly recruited ED Champions are now making active contributions to the speak up culture in this area. This was a targeted recruitment following on from discussions that front door services needed more representation in speaking up.

In terms of national benchmarking regarding FTSU concerns raised, the average cases per 1000 workers per year is 17.5 for Acute & Acute Community Trusts (Data from NGO Annual Data Report 2023/24 published July 2024). SFH had 152 concerns raised in 23/24 from its workforce of approximately 5500 that compares favourably with this metric.

Themes –

Worker Safety & Wellbeing category has the most concerns as a theme. Concerns raised in this category are frequently involving impacts on staff regarding poor relationships at work, leadership failures to resolve concerns, processes impacting colleagues and conflict with line managers. Many workers have their health significantly impacted from these type of concerns – some coming to FTSUG when on work related stress and anxiety sick leave, directed from OH or when they have taken the decision to resign. These concerns often are raised informally and outside formal HR processes.

Inappropriate Attitudes and Behaviours remains the second main cause of concerns. These concerns include incivility, engrained behaviours that go unchallenged, line managers' behaviour in processes and gaslighting behaviours when there is a power imbalance in leadership.

Concerns categorised as Bullying & Harassment most frequently arise from behaviour not managed or brought to resolution from the above themes.

Patient Safety and Quality concerns involve patients' pathways, department capacity and working hours.

Actions taken include:

FTSUG led sessions are now included in all the Leadership Development Framework Programmes and include sharing lessons learnt from FTSU cases and skills and awareness in good line management practice relating to the handling of concerns. A case study that is used now at Leadership Development training, demonstrating the costs of a poor response to behaviour concerns is included in the report.

The Sexual Safety workstream involves the FTSUG and the Champion network as a source of reporting and support.

Triangulation of all themes is maintained using existing networks within EDI, OH, People Team, OD and executive oversight if concerns relate to patient safety and quality concerns.

NGO FTSU Reflection & Planning Tool Summary Findings-

The SFH Board and Trust Management Team completed the tool at a Board Development Session with the

benefit of feedback from a prior survey. This meets the national requirement set by the NGO to review on a 2 yearly cycle. This year, due to the tool having more detailed analysis and a new framework, was the first time SFH took this approach. It was felt a positive team event and created lots of engagement and discussion.

Following the presentation of the tool and associated paper to the People Committee on 24th September 2024, the actions were discussed, and it was agreed by the committee that the action plan for the tool would be monitored through the People Committee, when the FTSU agenda item is scheduled to attend. This is currently scheduled bi-annually.

The summary findings are contained within the report that follows and the next steps to action improvements.

An update regarding the Thirlwall Inquiry is included for information.

Recommendation: That the Board receives the update and takes assurance from it and that progress against the actions identified from the collective completion of the NGO FTSU Reflection & Planning Tool on the Freedom to Speak Up Agenda will be monitored through the People Committee.

Freedom To Speak Up

SFH Board Report – October 2024

Kerry Bosworth FTSU Guardian

Purpose

This report provides an overview of speaking up cases for Q4 2023/24 and Q1 2024/25, covering the period since the FTSU report was last presented to the SFH Board. Included are developments, improvements and updates from the work of the FTSUG and the wider FTSU agenda. This report also contains the completed NHSE/ NGO Freedom To Speak Up Reflection & Planning Tool that the SFH Executive Team completed in the summer, which has now been collated and provides assurance as well as action points for the speaking up culture at SFH.

Overview

During Q4 23/24 and Q1 24/25 there were 77 concerns raised with the FTSU Guardian.

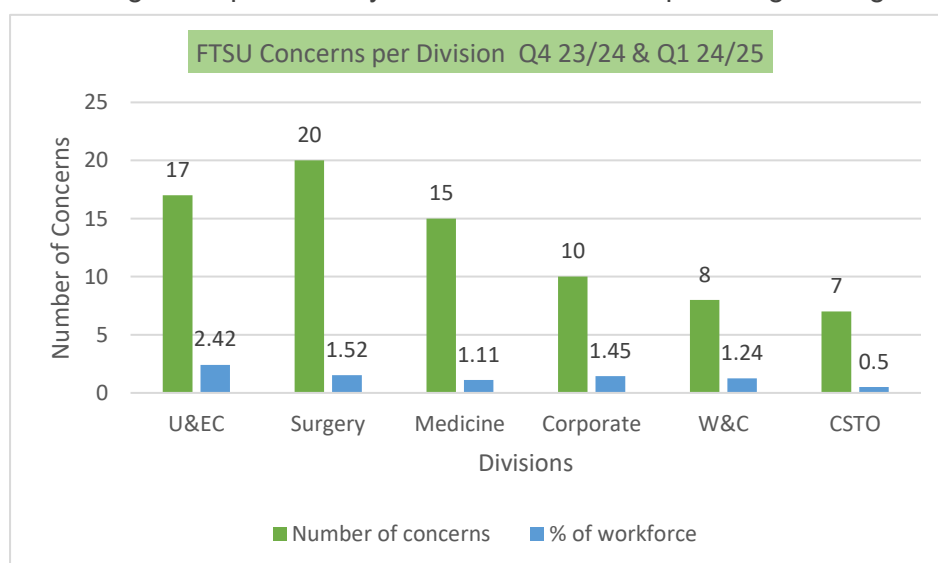
The number of colleagues raising concerns through FTSU continues to demonstrate consistent engagement with FTSU as a route for raising concerns.

Out of the 77 concerns raised in the above periods, 46 were raised openly, 31 were raised confidentially (known to FTSUG only) and there were no anonymous concerns.

The majority of concerns are escalated openly to those in a position to support and follow up FTSU concerns, this suggests colleagues feel psychologically safe in speaking up and trust in sharing the concerns beyond the FTSUG.

All Divisions continue to be represented in using FTSU, demonstrating awareness of FTSU across the organisation. Divisional numbers are presented below. Due to the variance in numbers of workforce within the divisions, cases are also presented as a percentage against the divisional workforce numbers. U&EC continues to increase in concerns raised to FTSU and this is encouraging and with the inception of 2 new FTSU ED Champions this year, will build on visibility and supporting the culture for raising concerns in U&EC.

Concerns have increased from Newark Hospital in this period which is encouraging and with increasing Champion activity on site feel this is empowering colleagues to speak up.



In terms of national benchmarking regarding FTSU concerns raised, the average cases per 1000 workers per year is 17.5 for Acute & Acute Community Trusts (Data from [NGO Annual Data Report 2023/24](#) published July 2024).

SFH had 152 concerns raised in 23/24 - workforce approximately 5500, so compares favourably with this metric.

People Profile

Nursing & Midwifery and Admin/Clerical colleagues continue to raise the most concerns through both quarters; also represented are medical, additional clinical services and AHP colleagues.

There has been an increase in concerns raised by leaders at Band 7 level, these concerns are themed around accessing support in managing challenging behaviour, sense check in support in handling concerns as well as individual concerns. This is welcomed and the FTSUG has been able to signpost support and training for leaders. This reflects the need for leaders with line management responsibility to have the necessary skills and support in listening and following up concerns.

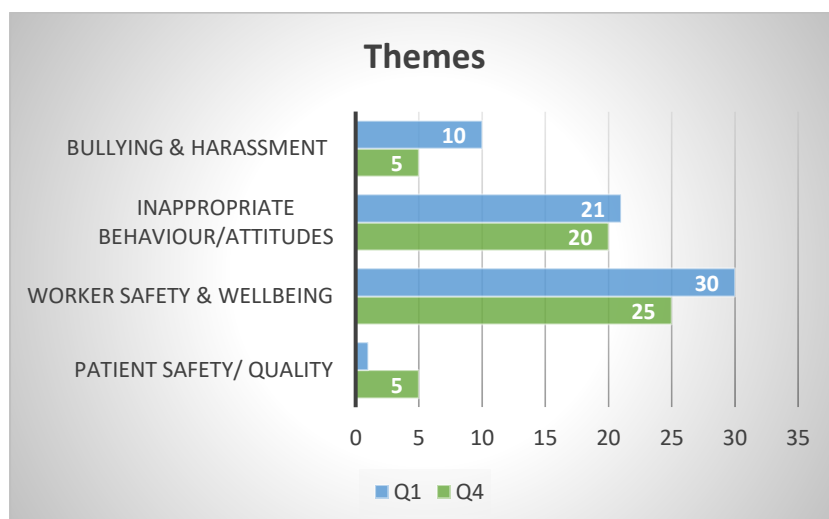
EDI Information

The majority of concerns raised are from females. Ethnicity is predominantly white British however 13% of concerns in this period have been raised from colleagues from an ethnic minority background. FTSU presence remains on the IEN cohorts and preceptorship programmes and FTSU Champions are active within the EM Staff Network and this will continue to support concerns for these colleagues.

Concerns have been raised from colleagues with a disability and usually are around individual health needs and concerns regarding the People Policies not applied to them.

The FTSUG remains engaged with all staff networks.

Themes from Q4 23/24 and Q1 24/25



The NGO updated its recording guidance in Feb 2024 – cases containing more than one theme are to be reported in each theme category the case contains. For example, if a concern about Inappropriate Attitudes & Behaviours has led to impact on colleague wellbeing, then this concern will be logged under both themes. Hence the total of themes may not directly correlate with the number of concerns raised.

Patient Safety & Quality

- Lack of senior support out of hours clinically. Working hours of dept. mean staff feel patients left vulnerable and potentially at risk. Lack of support when patients in dept awaiting transfer out.
- Processes changed without understanding of impacts on care pathways.
- Governance incidents – don't identify learning and hot spots as poor engagement with those closest to the patient or process.
- Burnout means staff concerned they are more likely to make a mistake and fear for registrations and accountability of this impacting them.
- Unresolved poor behaviour in teams affecting working and efficiency.
- Concerns raised re colleagues' practice.

Bullying & Harassment

- Bullying from a colleague/ clique.
- Bullying from a line manager- power imbalance and lack of evidence therefore can't be taken forward. Behaviour excused or mitigated by pressure of work/ bad day.
- Care values – as usually no evidence found, people not held to account for bullying behaviour.
- Power imbalance when raising behaviour concerns – how to seek support if not in unions or if in senior positions.
- Feels discriminated in recruitment process from line managers – has known disability and feels bias played out.
- Negative behaviour towards BAME staff – racism and unkind comments.
- Line managers feeling upward bullying from staff. Barriers in addressing behaviours.

Worker Safety or Wellbeing

- Informal processes to resolve concerns not worked – limited options and limited impact – often feel must leave or take sickness.
- Sickness and absence are viewed negatively and information shared inappropriately – lack of trust.
- Staying beyond finish times, poor break provision and rest areas.
- Staying after shift finishes as patients still in department and unable to get support for them to leave. Impacts next rostered shifts, AL and days off when this happens.
- Line managers not receiving concerns in line with the SFH Speaking Up Policy. Follow up and response times long and feel that this is impacting coming to work especially in informal grievances.

- Unchallenged behaviours have impact on team and individuals – unresolved or feel unsupported. Options aren't favourable to engage with. Futile in reporting as feel some behaviours engrained and easier not to challenge.
- Breakdown in relationships at work, line managers not dealing with behaviour against the Care Values, becomes ingrained and accepted – forces others out or develops culture of futility in trying to raise.
- Unjust application of HR processes by managers – improvement notes without justification or right to reply. Systems and processes the issue not workers.
- Bank staff concerns – feel processes that aren't applicable to bank workers cause detriment. Lack of opportunity – processes could be supportive to help get into substantive roles. Behaviour/ comments - viewed as only bumping numbers up and here for the money. No senior nursing oversight to help support development and understand nursing perspective on issues re bank.
- Inequitable approach from within same teams regarding HR policies and guidance – Carers Leave, S&A, AL application and Flexible Working Requests – if liked gets treated differently.
- Colleagues raising concerns about colleagues' behaviour and practice and accused of racism, upward bullying concerns.
- Protracted handling of concerns by team, leading to breakdown and sickness especially related to behaviour issues.
- Subtle repercussions from raising concerns against leader – micro insults and power imbalance.
- Leaders' health affected by lack of skills / support to manage poor behaviour and felt made wrong decisions.

Elements Of Other Inappropriate Attitudes or Behaviours

- Incivility
- Misogyny / Sexist comments.
- Gaslighting behaviours when hierarchy in roles.
- Leaders unable to challenge poor behaviours – people not taken down disciplinary only if there are practice issues.
- Favouritism / prejudgement – interview panels not inclusive, 'friends interviewing friends', no independence out of local leadership.
- Failure of team leaders and managers to deal with colleagues' poor behaviours. No action as no facts to be found but team knows these behaviours happen – deemed good at their job so no action. "It's not personal – that's how they are".

Learning from FTSU concerns and impacts.

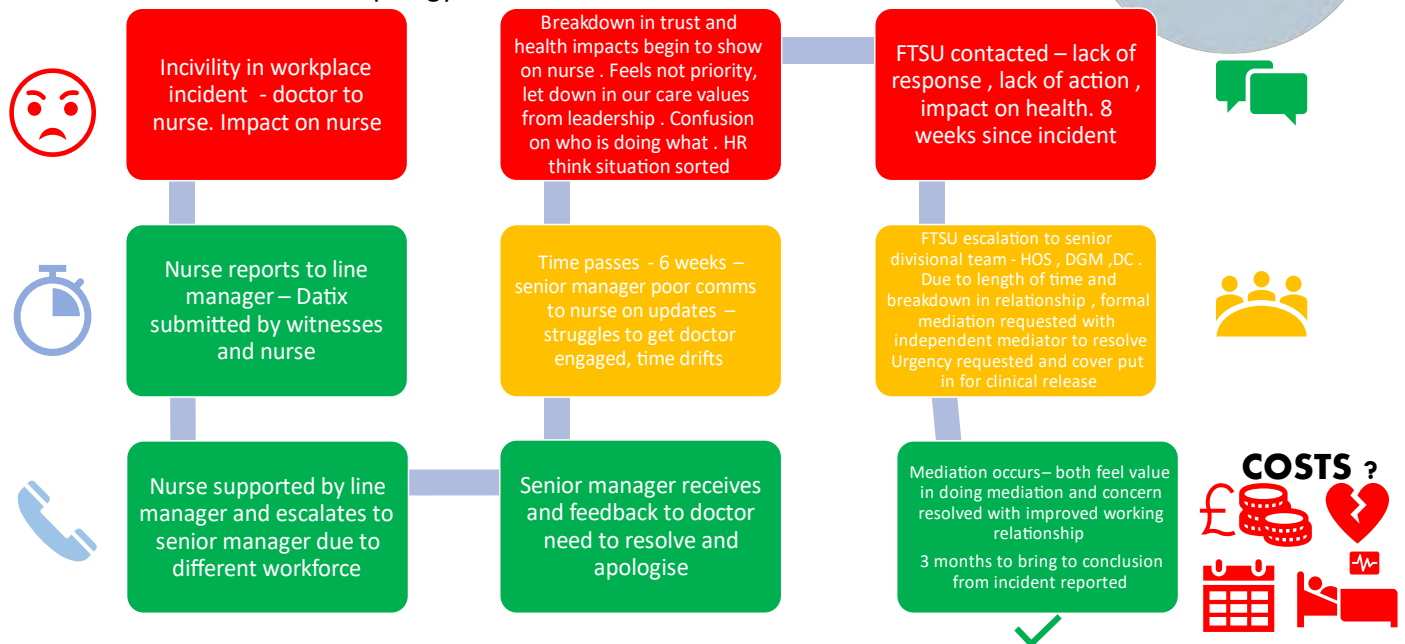
Case study Feedback to Leadership Development Programmes

Outstanding Care,
Compassionate People,
Healthier Communities

The cost of poor response to managing conflict ...

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Cases raised to FTSU consistently have themes of poor response from leaders regarding managing and acting on concerns. The 3 -month apology case



FTSU Developments, Learning & Triangulation

Patient Safety and Quality Concerns – all referred to relevant executive for action or senior nursing team.

Champions – In response to identifying no cover in U&EC and especially in ED – there are now 2 newly trained Champions active in ED supporting the culture of speaking up. With Newark Champions being in place this year, concerns from Newark have directly increased relating to their activity on the Newark site.

As part of October Speak Up Month, the Champions are having a time out day where they will be updating knowledge, having wellbeing support and opportunity to meet some of the executive team. The group will be upskilled and updated around their role in the Trust's Sexual Safety Campaign, as a route for colleagues to speak about any experiences they have and to be able to access appropriate support. This is the first face to face event for the Champions and also a great example of not only investing in the Champion group but also to demonstrate how FTSU can support trust wide campaigns and triangulation for learning.

Concerns relating to B&H, Worker Wellbeing and poor behaviours continue to be shared and triangulated with the People Partners, EDI, Wellbeing Team and the OD team. Additionally, an informal intelligence sharing session is held monthly with the EDI, OD and Wellbeing Team. This allows soft intelligence to be used to inform workstreams and visits to areas of concerns for educational and awareness support.

Work focussing on inclusive recruitment and inclusive interview panels are now developing colleagues from an EM background to become Inclusive Recruitment Champions, to sit on panels recruiting at Bandv8A and above. FTSU concerns regarding colleagues feeling panels are not inclusive from this perspective have fed into this workstream. There are FTSU Champions now trained to be an Inclusive Recruitment Champion.

In response to concerns about leadership handling of concerns, protracted time to actions and resolutions, FTSU and the FTSUG are involved in all the Leadership Development Programmes – Fundamentals of Leadership, Emerging Leaders (clinical and non-clinical) and Established Leaders programmes. Started this month, is facilitation on the Fundamentals Of Care for HCAs with FTSU presenting sessions on the value and role of speaking up. This increase in proactive work with the FTSUG and FTSU work enables conduct regarding concerns and lessons learnt, to be fed directly to our leadership teams – existing and future.

FTSU data and the FTSU service is instrumental in the SFH workstream around Sexual Safety commenced this year. The FTSUG is part of this working group and FTSU is advertised as an avenue of support for colleagues who may experience sexual harms. The FTSU team are being upskilled this month in safeguarding processes and how to support colleagues in this domain.

Surgery and CSTO have actively engaged and invited the FTSUG to visit areas of concern to support independence in raising concerns building relationships between FTSU and Divisional teams and work.

The FTSUG is a TRIM manager for the pilot scheme within the Trust. This has enabled learning from incidents reported via TRIM to enact leadership support and awareness where incidents are related to type 2 trauma, as opposed to type 1 trauma.

FTSU Assurance at SFH

360 Assurance audit of FTSU at SFH commenced September 2024. FTSUG is engaged with the audit team.

NGO FTSU Reflection & Planning Tool

In June and July 2024, the SFH Board and members of the Trust Management Team, completed the NGO Freedom To Speak Up Reflection & Planning Tool. This is an improvement tool designed to help the SFH Board identify strengths and areas for improvement within the FTSU and general speaking up culture.

The engagement and populating the tool was driven by a Board Development Session, facilitated by the FTSUG and a survey which was circulated to the Trust Management Team. Outputs were collated and the tool populated.

When the last tool was completed in 2022, the tool generated actions within the scope of the FTSUG. This time the tool is more in-depth due to the new format and the process to complete involved more senior leaders, hence more high-level actions beyond the scope of the Guardian alone.

Following presenting the tool and associated paper to the People Committee on 24th September 2024, the actions were discussed and it was agreed by the committee that the action plan for the tool would be monitored through the People Committee, when the FTSU agenda item is scheduled to attend. This is currently scheduled 6 monthly for this year. The action plan will be developed and have oversight from the executive team to allow actions beyond the scope of the FTSUG to be completed and to maintain impetus.

Tool Findings Summary

Areas of Strength to share -

1. FTSU engagement and support from the SFH Board is strong and valued. Accessible executives and non- executive directors who value the FTSU service and contribute to FTSU concerns and the agenda proactively.
2. FTSU Champion network – The value that the Champions bring is recognised internally and externally. Recruitment and investment in the Champion group is consistent.
3. Data shows consistent engagement with the FTSUG and is a used route for colleagues across SFH, with all Divisions seen in the data.
4. Increase from some Divisions in proactive engagement with FTSU – building bridges and increasing trust and support both ways, in working together to improve the speaking up culture - CSTO & Surgery.

Actions highlighted for improvement -

1. FTSUG resource – single point of failure when on leave, no cover. Perception of barriers in Maternity due to FTSUG previous role. Support – unable now to drive certain projects and actions due to capacity.
2. Leadership skills and knowledge in receiving concerns and following up. SFH hasn't mandated training to all workforce on speaking up. Leaders identified they haven't training or guidance in listening to concerns.
3. Communications around FTSU and FTSU stories. Need to share feedback loop and ensure consistent theme to workforce.
4. Data collection review to ensure most efficient way of recording cases and data. How workforce raise concerns to FTSUG for review – currently only email or phone.
5. Divisional engagements with FTSU to be improved and feedback loop from cases to FTSUG to enable trust wide learning. Including feedback loops from cases involving People processes. Currently patchy and inconsistent.

FTSU Feedback

Feedback from those who use FTSU remains positive. This is requested via MS Forms but mainly consists of personal email feedback to the FTSUG and verbal feedback.

Challenges and Opportunities from feedback-

Concern raisers feedback shows colleagues feel cared for and supported by the FTSUG and those that receive concerns, yet some feel that the length of time or lack of urgency to progress and action their issues could be improved. People value the FTSUG time and space to talk

and value the opportunity to offload to someone out of their teams. Concerns relating to behaviour sometimes feel there is no resolution and listening is welcomed but no action taken.

The FTSUG has observed the impact on colleagues of their concerns is often intense and concerning regarding to mental health, impact on confidence and direct correlation between why colleagues are on sick leave. The amount of time the FTSUG spends with concern raisers is increasing, due to the need to provide wellbeing support and also build trust in being able to take concerns forward.

Recent feedback –

"Always a scary feeling, when you just don't know where to turn to, and who will listen and help. You did. Things have turned around for us. Although I was the one putting my name in as a contact. I never once felt singled out. I thanked you for that. I just wish it hadn't got to the point where everyone was leaving, as we didn't know where to turn to. We're hoping maybe checks continue for us, and we don't become forgotten. Thank you for all your time and input for us."

"Felt listened to and gave me the confidence to be able to speak to the person I needed to without doing the wrong thing."

"I found Kerry calm, and full of advice, help and support."

"It was good to know that there is someone to go to that will listen and have empathy. It did get to the point for me that I had to decide to either put up or shut and for me and my mental health I decided to shut up. There is only so many times that you can face speaking about issues and knowing by the body language and facial expressions that you're not going to get anywhere. Sad but true."

"Contacting FFTSU was enormously helpful, it opened up avenues for me to discuss my issue and it was so good to feel that I wasn't alone and someone cared."

National Updates

Thirlwall Inquiry update

To date the Trust's engagement with the Inquiry team has been:

- To complete and return it's response to the Rule 9 Request issued on 31st October 2023
- To complete the data sharing agreement in relation to the Inquiry's requirement for a list of midwives, doctors, nurses and managers in SFH's neonatal unit so they could be asked for their views on the culture in their unit.
- To issue a notice to staff informing them that the Inquiry will commence its sittings on Monday 16th September 2024 and to offer appropriate avenues for staff to discuss any concerns and source support.

Committee members can access the Inquiry website that went live on 22nd November 2023 at [The Thirlwall Inquiry | Examining the events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital.](#) The opening statement of

its Chair Lady Justice Thirlwall can be found there together with the schedule of hearings that opened on 10th September 2024.

The Inquiry's terms of reference detail the 3 broad areas it will investigate:

A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.

B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently, including:

(i) whether suspicions should have been raised earlier, whether Lucy Letby should have been suspended earlier and whether the police and other external bodies should have been informed sooner of suspicions about her

(ii) the responses to concerns raised about Lucy Letby from those with management responsibilities within the trust

(iii) whether the trust's culture, management and governance structures and processes contributed to the failure to protect babies from Lucy Letby

C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

Recommendation from this report

That the Board receives the report and takes assurance from it and that progress against the actions identified from the collective completion of the NGO FTSU Reflection & Planning Tool on the Freedom to Speak Up Agenda will be monitored through the People Committee.

Freedom To Speak Up

People Committee– Sept 2024

Kerry Bosworth FTSU Guardian

Freedom To Speak Up

People Committee– Sept 2024

Kerry Bosworth FTSU Guardian

Board of Directors Meeting in Public - Cover Sheet

Subject:	Research and Development Performance Q1/Q2 24-25 and Annual Strategy Update Report.		Date:	3 rd October 2024		
Prepared By:	Terri-Ann Sewell Research Operations Manager Research and Innovation					
Approved By:	Alison Steel Head of Research and Innovation					
Presented By:	Terri-Ann Sewell Research Operations Manager					
Purpose						
To present the Research and Innovation Q1/Q2 24/25 Performance and annual strategy update report. Update and assurance on performance, strategic priorities, patient experience, and financial position.			Approval			
			Assurance	X		
			Update	X		
			Consider			
Strategic Objectives						
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	
X	X	X	X	X	X	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					
PR3	Critical shortage of workforce capacity and capability					
PR4	Failure to achieve the Trust's financial strategy					
PR5	Inability to initiate and implement evidence-based Improvement and innovation					X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					X
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
None						
Acronyms						
ICB = Integrated Care Board ICS = Integrated Care System EMCRM= East Midlands Clinical Research Network CRN = Clinical Research Network NIHR= National Institute Clinical Research R&I=Research and Innovation IAOCR = International Accrediting Organisation for Clinical Research NTU = Nottingham Trent University NUH= Nottingham University Hospital's GCP= Good Clinical Practice CRO= Contract Research Organisation						

Executive Summary

Performance Metrics

- 1,372 participants recruited into research studies compared to 4,277 this time last year. 89 studies on the SFH portfolio. 4 are commercial, an increase on last year.
- Confirmed £441,181.66 EMRDN 6 months budget for 2024/25. Next 6 months to be confirmed in October.
- Commercial income Q1 and Q2 24/25 £90,730.28

Research Strategy update 22-27

1-Progress:

Objectives

- Collaboration with EMCRN & commercial sponsors to increase commercial research opportunities
- Streamline the set-up process for faster delivery.

planned actions.

- Develop a divisional research model to integrate research delivery and growth across all specialties.
- Jyothi Rajeswari- Research Director, to meet service directors and help to incorporate Research into clinical fellow job plans.
- Job description devised for a permanent clinical fellow to be based in R&I's CRF spring 2025.
- Increase PI engagement and promote the PI associate scheme across the trust.

Progress

- 100% of new studies opened
- Increase in commercial studies opened
- Year 2 bronze level accreditation standard achieved.
- New role funded by CRN; Commercial Research Link Nurse role secured.

2 Place

Objectives

- Open a new Clinical Research Facility at Kings Mill Hospital in 2024 for early-phase clinical trials of new drugs, devices, and diagnostics- New space identified.
- Host the Nottinghamshire Mobile Research Unit to deliver place-based research in our community- Hosted on-site in November 2023, plans to develop our own more accessible unit in the future to meet the priority guidelines, in providing Research into hard-to-reach communities.

planned actions

- Open a new Clinical Research Facility at Kings Mill Hospital in 2025 for early-phase clinical trials of new drugs, devices, and diagnostics- New space identified.
- Secure SFH own mobile research unit to deliver research across primary care settings and hard-to-reach communities.

Progress

- Significant delays with CRF- building work to commence Dec 24
- Mobile research unit hosted Nov 23
- SFH own Mobile Research Unit supplier confirmed. Finance and Trust permissions in place.

3-People:

Objectives

- Further develop the role of the Research Academy and research opportunities for SFH staff.
- Investment in our management workforce to ensure a sustainable future for research and future developments. Study support Manager post commenced in October 2023. Lead Clinical Academic Research NMAHP post commenced January 2024. Providing leadership for nurse, midwifery, and allied health professional-led research and the academic education agenda across the Trust.

planned actions.

- Further develop the role of the Research Academy and research opportunities for SFH staff, including options for academic staff-led projects.
- Create a post for a NED to actively be present at board meetings and governance meetings.

Progress

- Training lead post in place, qualified GCP trainer
- Lead Academic Research NMAHP now in post from January 2024.
- 4 academy students enrolled in the last 12 months.
- Study support Manager commenced in post-October 23.
- JD created for NED and approved by chair

4-Partnerships

Objectives

- Increase our academic and industry partnerships to maximise mutual benefits from collaboration. Evolve joint working with primary care- secured funding for SFH/primary care research link post.

planned actions.

- Increase our academic and industry partnerships to maximise mutual benefits from collaboration. Evolve joint working with primary care.

Progress

- Access to select platforms to showcase our capabilities.
- Membership of the Global Advisory Board for GSCA IAOCR
- Joint Primary care commercial link nurse developing new relationships and interest from commercial sponsors.

Research & Innovation

24-25 Q1/2 Performance and Strategy Update

We are pleased to present the Q1 & 2, 2024/25 performance and strategy update for Research and Innovation

The research and innovation team is responsible for developing and supporting a varied research portfolio and creating better opportunities for patients and staff to participate in research activity, whilst informing the provision of high-quality, evidence-based health care.

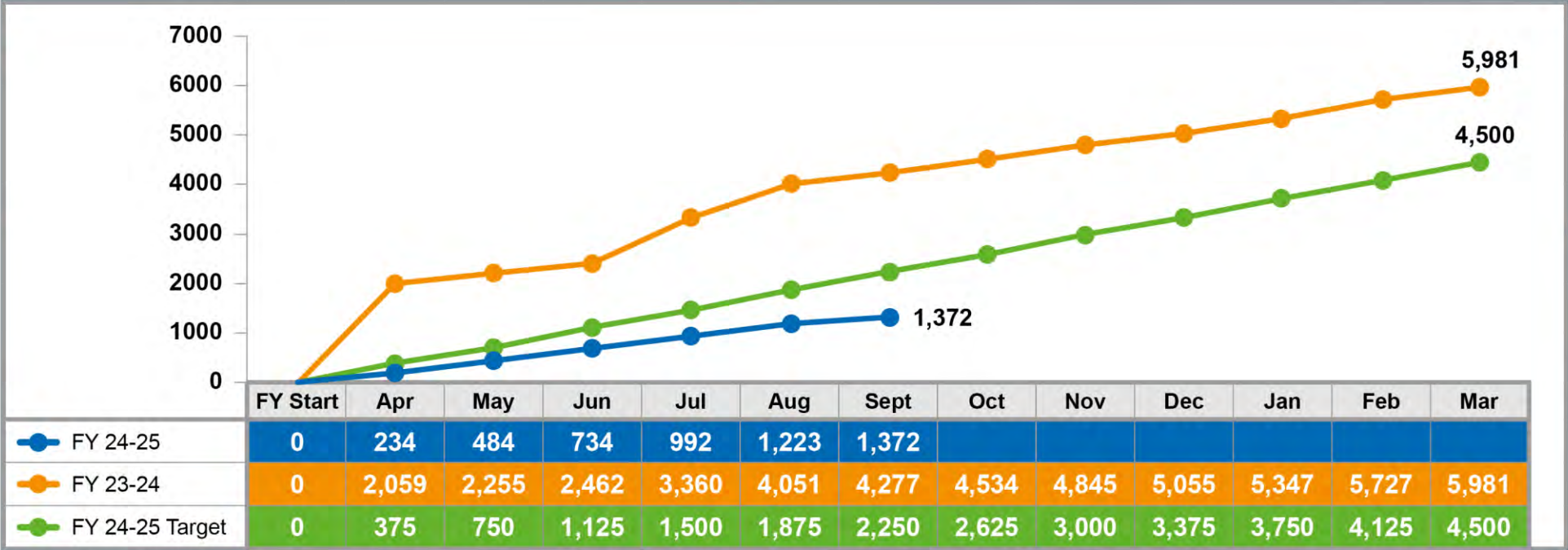
The focus for R&I in 2024/25 is to continue growing a balanced research portfolio, including attracting increased activity from commercial sponsors. The research activity will be reviewed regularly, with bi-annual reporting to the Trust board and monthly reporting to Divisional teams and research investigators.

The R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community. This includes 4 key pillars: Place, Progress, People, and Partnership. This report provides an update on recruitment activity and progress against the key strategic objectives for year 1 and 2.



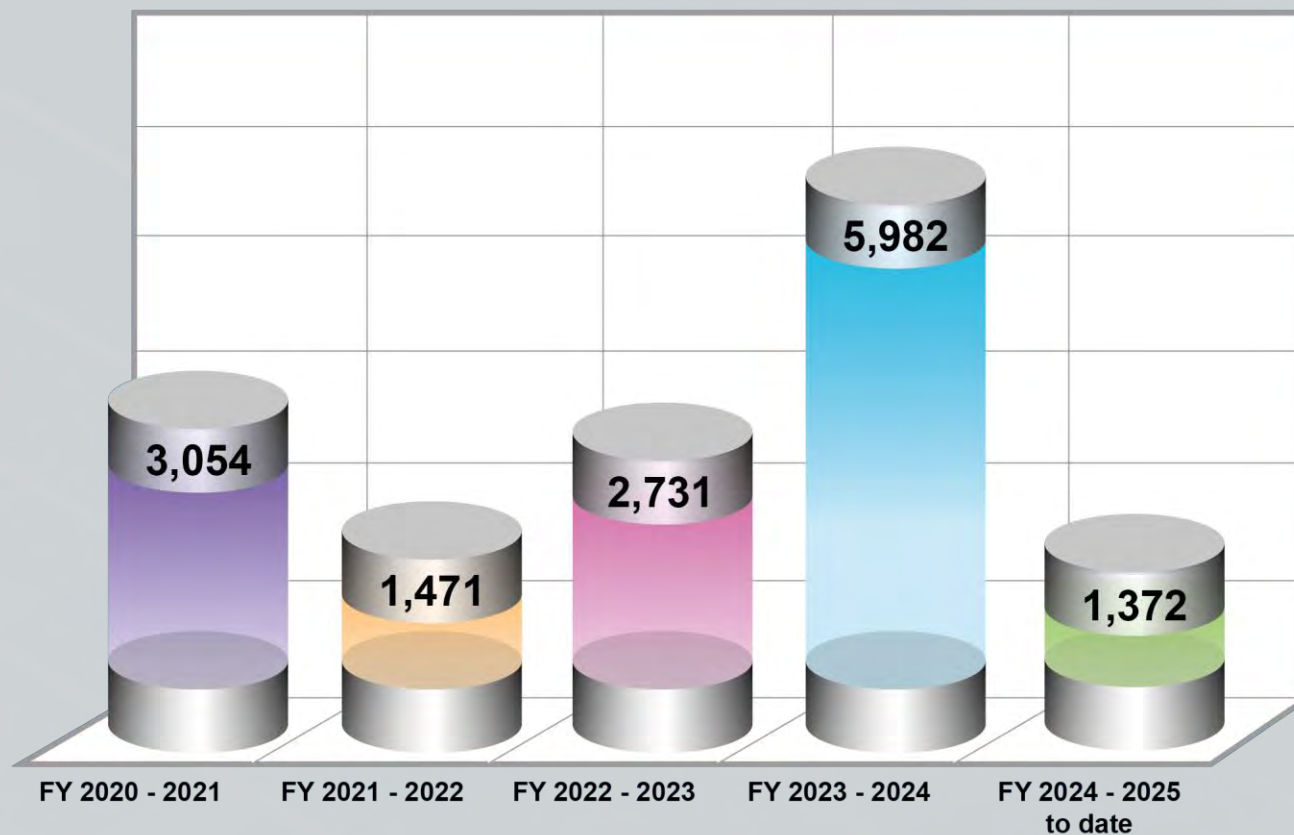
Performance

FY 2024 - 2025 Cumulative Monthly Recruitment

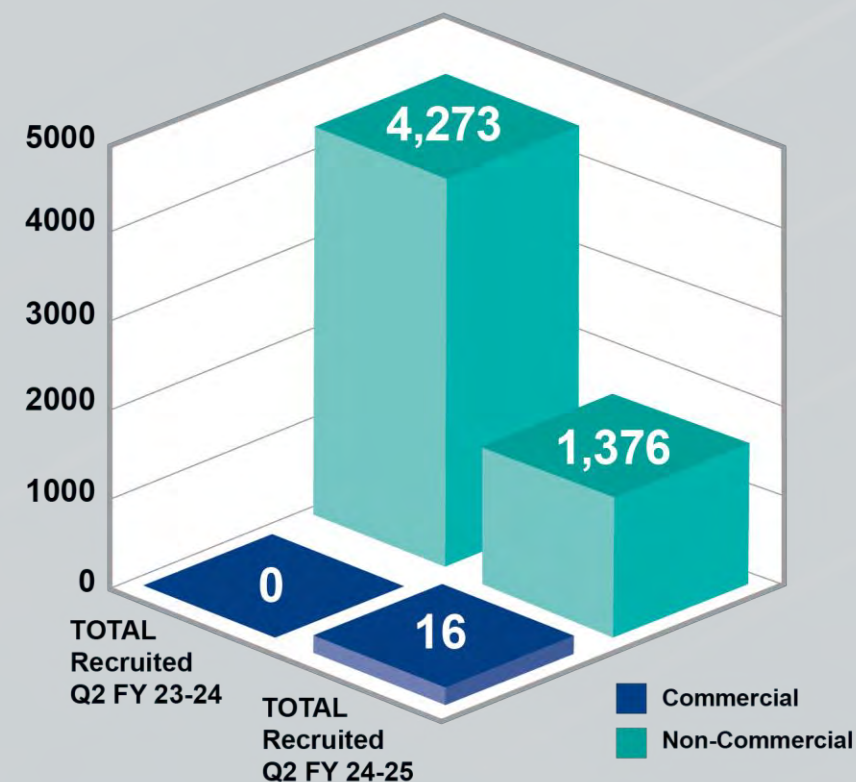


Recruitment

Total recruitment across the last five years

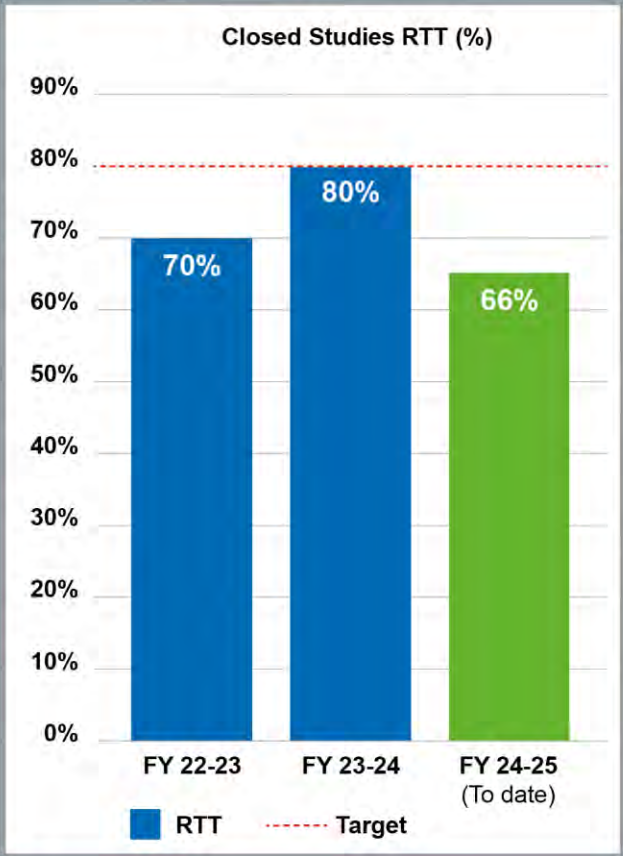
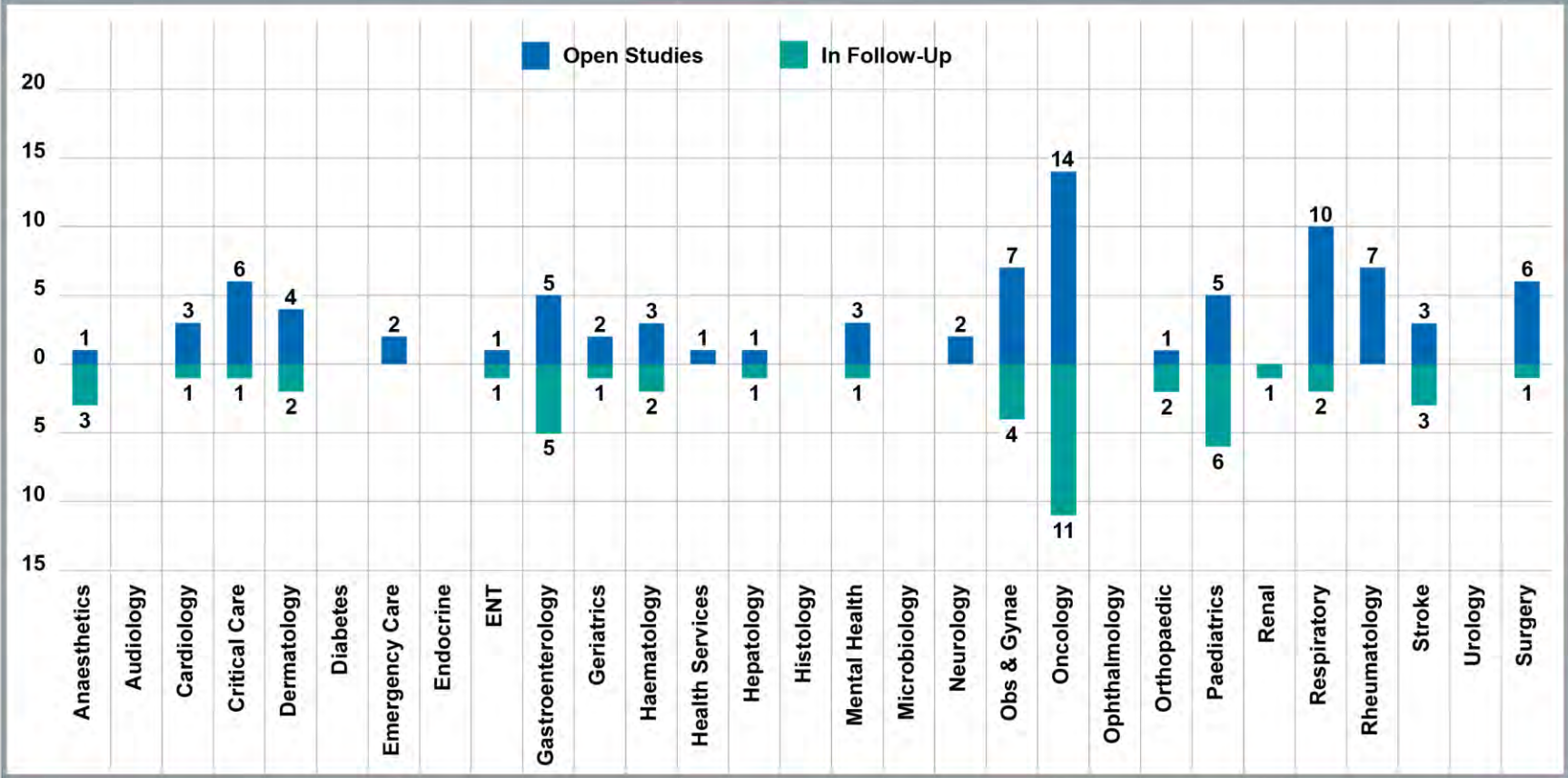


Recruitment 23-24 & 24-25 at Q2



Performance

Total studies open & in, follow-up 2024 – 2025 Q1 - NEW



Finance

2023/24

**CRN
East Midlands
Income**

Indicative budget

2023/24

**Q1 & 2
Commercial Income
£ 31,318.23**

For re-investment into future
research capability
and capacity
across SFH

**Department of
Health Funding**

£20,000

To maintain research
capability and capacity

£15,000

CRN successful
bid for small
equipment

Patient Research Experience



FY 2024/2025
Responses: 11

Strategy Update

	Progress	Place	People	Partnerships
Objectives	<p>1.1 Collaboration with EMCRN & commercial sponsors to increase commercial research opportunities</p> <p>1.2 Streamline the set-up process for faster delivery</p>	<p>2.1 Open a new Clinical Research Facility at Kings Mill Hospital in 2023 for early phase clinical trials of new drugs, devices, and diagnostics</p> <p>2.2 Host the Nottinghamshire Mobile Research Unit to deliver place based research in our community</p> <p>2.3 Secure SFH mobile research unit to deliver research across primary care settings and undertake "Research Ready" engagement with our communities</p>	<p>3.1 Further develop the role of the Research Academy and research opportunities for SFH staff</p> <p>3.2 Investment into our management workforce to ensure a sustainable future for research and future developments</p> <p>3.3 Research to be a fundamental element of NED role</p>	<p>4.1 Increase our academic and industry partnerships to maximise mutual benefits from collaboration</p> <p>4.2 Collaboration with Chesterfield Royal NHS Trust in securing and utilising the mobile research unit</p> <p>4.3 Pursuing NTU collaboration as part of EMERGE bid</p>
Risks	<p>1.1 Reduction in access to novel interventions and medicines. Loss of income, reputation, and future growth as a research system partner</p> <p>1.2 Loss of repeat business, reduction in portfolio size. Failure to meet CRN targets</p>	<p>2.1 Significant impact on achieving objectives 1.1 and 4.1. Negative impact recruitment and retention and ability to fulfil our partnership with NUH for NIHR CRF bid 2026</p> <p>2.2 Unable to work efficiently across Mid Notts ICS and provide equity in access to research opportunities</p> <p>2.3 As 2.2, but also lack of response to the changing research landscape and popularity for de-centralised trials will have a negative impact on commercial activity</p>	<p>3.1 Unable to offer the development and training opportunities to SFH staff reduce research engagement. Negative impact on staff satisfaction</p> <p>3.2 Inadequate career pathways for research staff, impact on recruitment and retention. Loss of expertise to develop R&I at SFH</p> <p>3.3 Missed opportunity to engage in high level leadership and promotion of SFH's growing positive research culture</p>	<p>4.1 Fail to secure and sustain business from industry and showcase SFH research capabilities, linked to 1.1. Reduced access to research expertise and training for our staff. Inability to be an equitable research partner across the system</p> <p>4.2 As 2.2 and 2.3</p> <p>4.3 Missed opportunity to co-create in the Med Tech space</p>
Progress	<p>IAOCR Bronze level accreditation achieved- year 2 Bronze level achieved for 24/25.</p> <p>100% of the portfolio target for new studies met.</p> <p>Increased number of commercial studies opened- new sponsor relationships formed.</p> <p>New role funded by CRN; Commercial Research Link Nurse role</p>	<p>Significant delays with CRF. – New space identified- building work to commence Dec 2024</p> <p>Hosted mobile Research Unit on-site Nov 2023.</p> <p>Mobile Research Unit supplier confirmed. Finance and Trust permissions in place. Early engagement with SFH clinical teams and community in process. Unit delivery Feb/Mar 2024</p>	<p>Training lead post in place, qualified GCP trainer</p> <p>Lead Academic Research NMAHP now in post from January 2024.</p> <p>4 academy students enrolled in the last 12 months.</p> <p>Study support Manager commenced in post- October 23.</p> <p>JD created for NED and approved by chair</p>	<p>Access to select platforms to showcase our capabilities</p> <p>Membership of the Global Advisory Board for GSCA IAOCR</p> <p>Joint Primary care commercial link nurse developing new relationships and interest from commercial sponsors .</p>

Preventing ill health

31

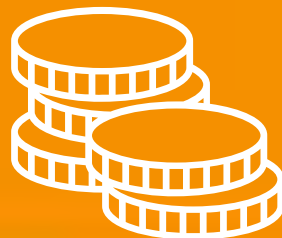


Work collaboratively with the community



Productivity & value for money

15



Health inequalities

15



Increase in healthy life years

15



Delivering digital care

9



Improve maternity care

5



Staff availability reducing workload

4



Hypertension / Cardiovascular

3



Reduce bed occupancy

3



COPD/COVID/FLU/RSV Vaccine

2



Reducing falls

5



Reduce overall length of stay

7



Frailty

2



Smoking cessation

1



Staff retention

1



Smoking cessation

1



Board of Directors - Cover Sheet

Subject:	Financial Improvement 2024/25		Date:	3 rd October 2024	
Prepared By:	Jim Millns, Associate Director of Transformation				
Approved By:	Richard Mills, Chief Financial Officer				
Presented By:	Richard Mills, Chief Financial Officer				
Purpose					
To update the Board of Directors on the Financial Improvement Programme for 2024/25.			Approval		
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
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
			X	X	
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					X
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
The Financial Efficiency Programme is discussed at every Trust Management Team, Executive Team and Finance Committee meeting.					
Acronyms					
<ul style="list-style-type: none"> NHSE – NHS England I&I – Investigation & Intervention ERF – Elective Recovery Fund 			<ul style="list-style-type: none"> QIA – Quality Impact Assessment FY – Full-Year SRO – Senior Responsible Officer 		
Executive Summary					
<p>The Trust's financial plan for 2024/25 included a challenging Financial Efficiency Programme of £38.5m. The delivery of this level of savings is necessary to enable the Trust to meet its financial obligations for the year, i.e. a £14.0m deficit as agreed with NHS England.</p> <p>Financial efficiency targets are incorporated into budgets across divisional and corporate functions, with schemes covering pay and non-pay expenditure as well as income. The overall programme can be broadly categorised into four areas:</p> <ul style="list-style-type: none"> Vacancy Factor – the management of vacancies across the organisation, to maintain the overall workforce levels in line with 2024/25 plans. 					

- Financial Improvement – divisional and corporate savings required to meet the standard NHS efficiency requirement, as well as the full-year effect of prior years.
- Income Stretch – ensuring that income levels match those of the previous financial year in real terms, or that costs are removed where income streams are no longer available.
- ERF Stretch – additional contribution from delivering additional elective activity, which attracts income on a per case basis.

Weekly updates on performance are presented to the Trust Executive Team and monthly updates are presented to the Finance Committee.

To the end of Month 5 (August 2024) the Trust had reported savings of £10.2m for the year-to-date, meaning 26% of the full-year plan had been delivered. This is compared to the £11.6m target (30% of plan) for the period.

As of 25th September, the Trust has identified plans to deliver £38.9m of savings, against the full-year target of £38.5m. Although these plans exceed the target, it is important to note that they are at various stages of development. Approximately 70% (£27.2m) are in the Implementation or Delivery phase, with the other 30% (£11.6m) no further than the Design and Plan stage.

The Trust also produces a 'weighted' efficiency forecast, which is risk adjusted based on the stage of development and the likelihood of schemes delivering on time and in full. The latest weighted forecast is £25.6m, which is 67% of the full-year target.

A summary of the 2024/25 Financial Efficiency Programme performance is attached as *Appendix 1*.

The Trust is taking action to support the delivery of the full-year plan. This includes an ongoing de-risking exercise, to ensure that all financial efficiency schemes are appropriately weighted and to identify any key issues that might be impacting on delivery confidence. This includes a review of all schemes to ensure that the recurrency of identified opportunities are recorded correctly.

Finance and Improvement colleagues are also working hard to quantify all pipeline schemes, to ensure that we target resource to areas of maximum impact. We continue to identify, scope and quantify new schemes through the identification of best practice (local and national) and using benchmarking and productivity data, along with collaborative work with system partners.

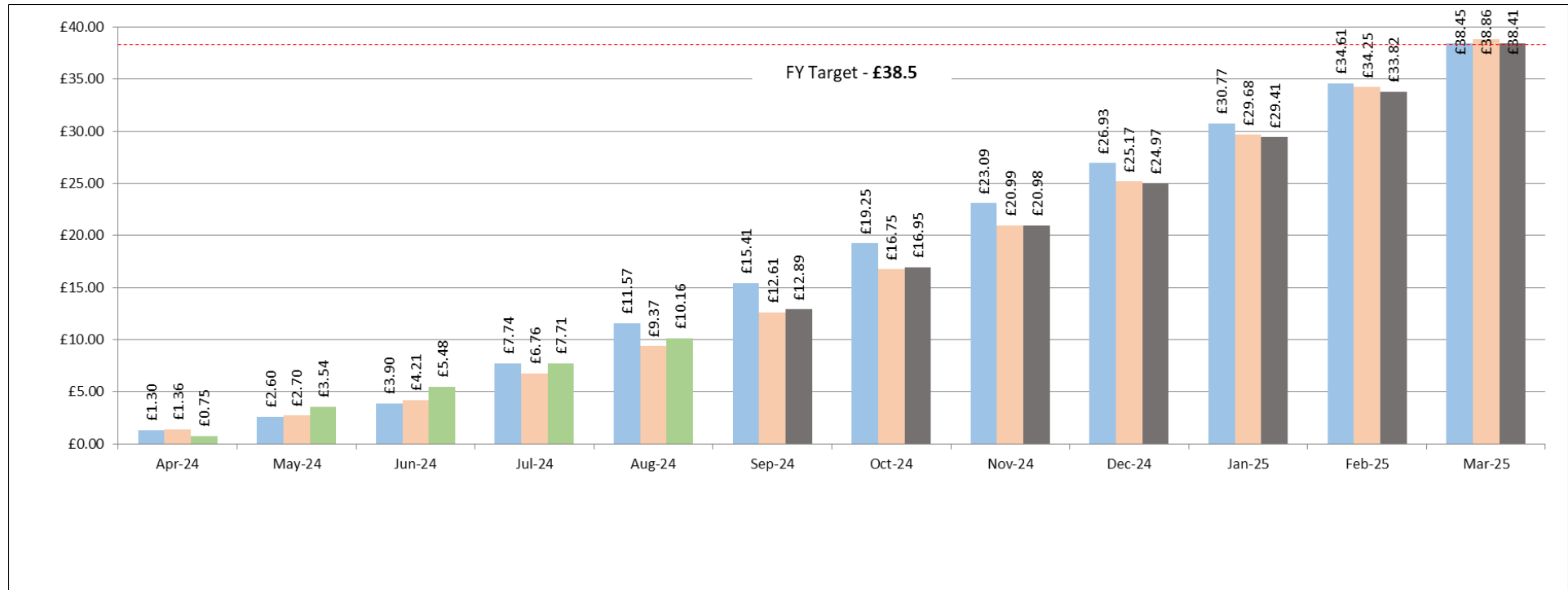
Over the past month the Trust has taken steps to enhance financial governance and address the findings of the NHSE Investigation and Intervention report. This includes the establishment of a weekly Financial Efficiency Group, which is chaired by the Chief Financial Officer and attended by all programme leads, and refreshed controls in relation to discretionary spend.

The Executive Team have been clear that financial improvement that is detrimental to patient care is not acceptable; therefore, given the scale of the Financial Efficiency Programme, a robust Quality Impact Assessment (QIA) process is in place. This includes a requirement to complete a QIA for every Financial Improvement Scheme, which needs to be signed off, as a minimum, by the respective divisional triumvirate team before any identified saving is transacted. The QIA is measured in terms of patient experience, patient safety and clinical quality. It also includes details of appropriate mitigations. A summary of the QIA process is attached as *Appendix 2*.

A summary of the refreshed financial efficiency governance process is attached as *Appendix 3*.

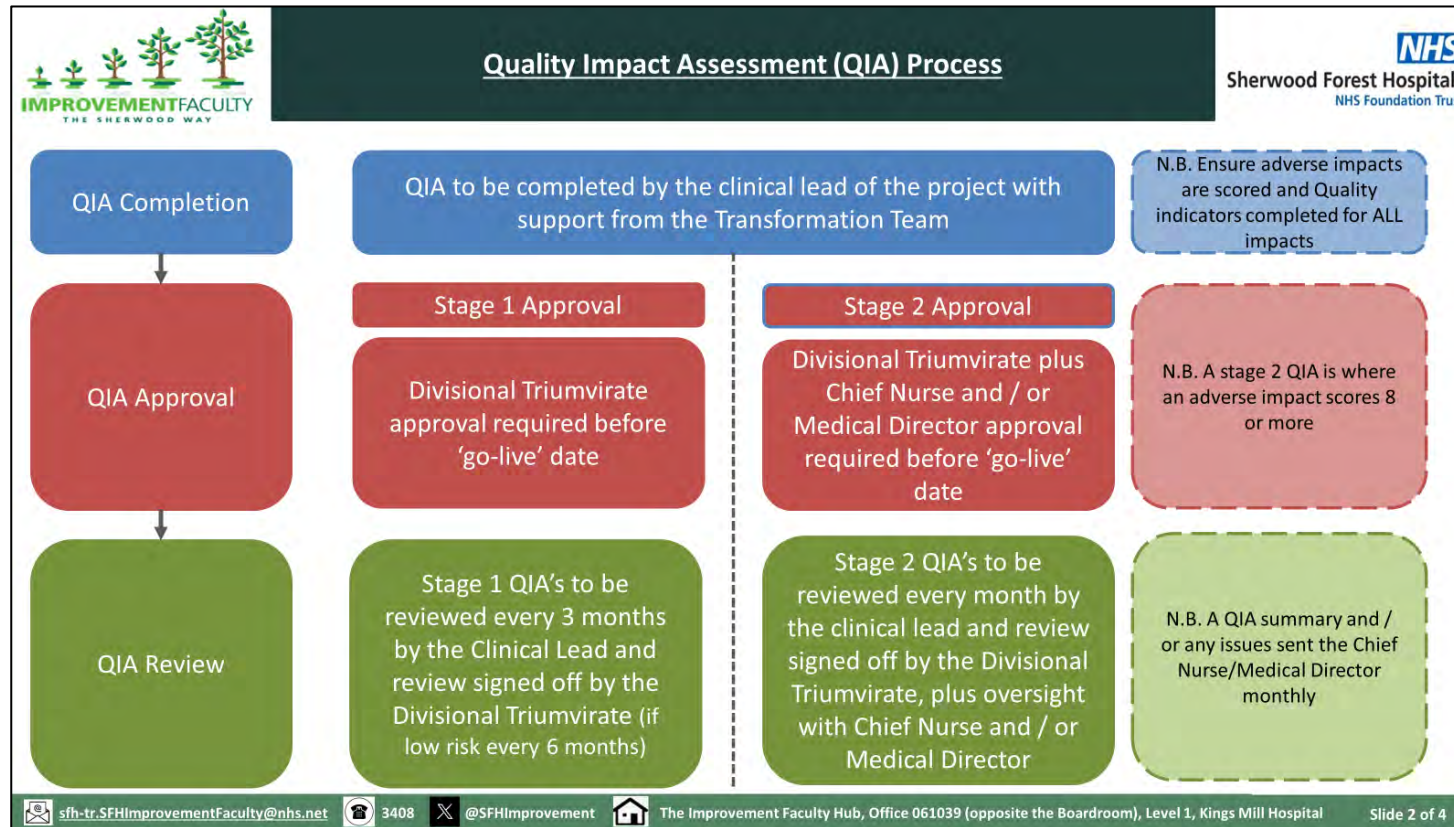
The Board of Directors are asked to note the update on the 2024/25 Financial Efficiency Programme and consider any further assurance to be addressed through the Finance Committee.

Appendix 1 - Financial Efficiency Programme 2024/25 – Plan vs Target vs Actual (£m)

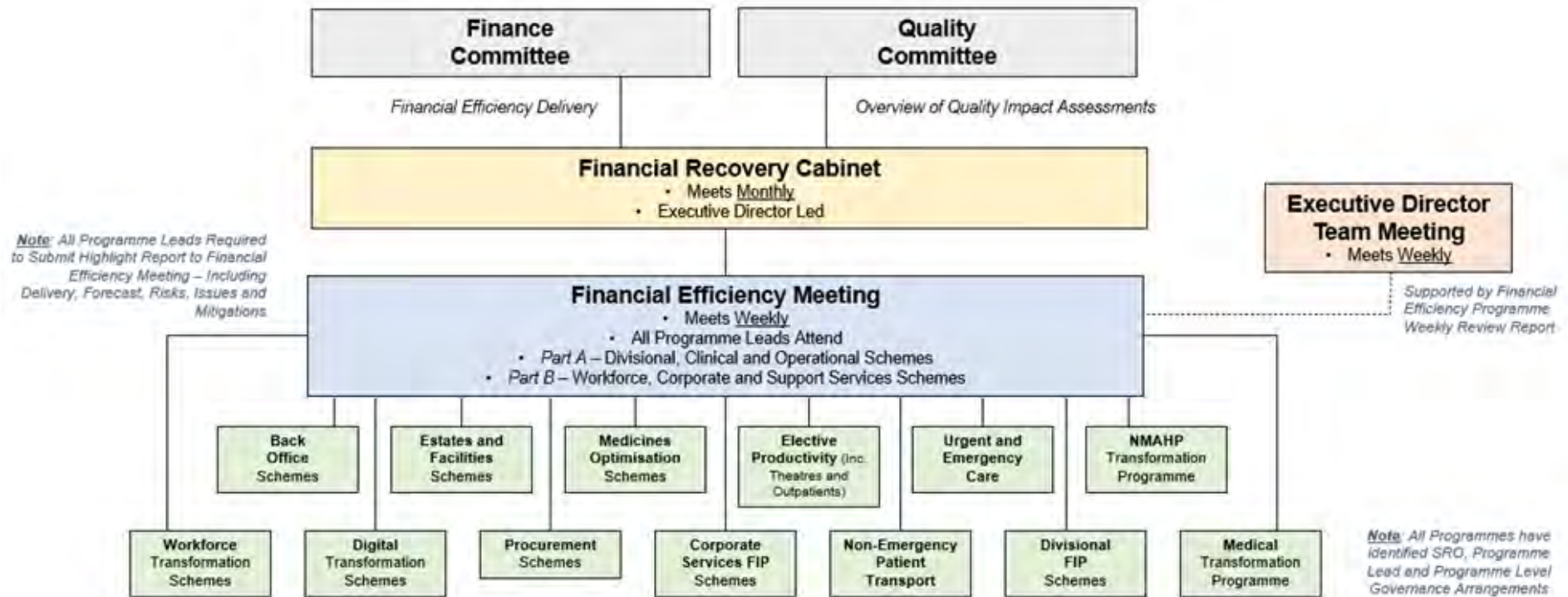


	NHSE Target
	Efficiency Plan
	Actual Delivery
	Forecast Delivery

Appendix 2 - Quality Impact Assessment (QIA) Process



Appendix 3 – Revised Financial Efficiency Governance Process



Audit and Assurance Committee Chair's Highlight Report to Board

Subject:	Audit and Assurance Committee	Date:	19 th September 2024
Prepared By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
		Assurance	Substantial Assurance

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<p>External Audit Digital Fees – A proposed increase in the external audit fees due to digital costs were questioned and escalated for clarification of process for fees increase, VFM and decision-making process.</p>	<p>Further assurance on the PA consulting Intervention and Investigation work, particularly about 'grip and control.'</p> <p>Following on from the emerging themes report as part of the counter fraud assurance, further consideration was requested of the emerging themes and benchmarking information to identify areas for further proactive work.</p> <p>Further assurance on how actions commissioned in high light reports assured as completed. Assurance on process for operational risks and strategic risk. It was recognised this needed to be proportionate.</p>
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<p>Substantial Assurance for the Internal Audit Progress report, Register of Interest, outstanding Internal Audit Actions, Speaking Up Activity, Counter Fraud Progress report, Non-Clinical Policies, single tender waivers and losses and payment reports.</p> <p>Positive Assurance for the external audit progress report, other than the area of digital fees escalated above.</p> <p>Positive assurance on the Risk Committee quadrant report</p>	

<p>Limited Assurance for the Outpatients, Appointments and Remote Consultations audit. Assurance was proved on the management response and actions to address audit recommendations.</p>	
<p>Comments on effectiveness of the meeting</p>	
<p>Feedback from Grant Thornton as part of the well led review observation would be provided to the Chair and part of the final report. Governor feedback was around the external audit additional fees, importance of emphasis on SMART objectives and capacity related risks.</p>	
<p>Items recommended for consideration by other Committees</p>	
<p>Finance Committee to note the additional fees indicated in relation to external audit.</p>	

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

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	Date:	3 rd October 2024
Prepared By:	Graham Ward – FC Chair		
Approved By:	Graham Ward – FC Chair		
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the informal Finance Committee meeting of 24 th September 2024.		Assurance	Significant

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> • <u>Band 2 to 3</u> (to NOTE) – On going review, discussions and negotiations with NHS Unions are taking place with respect to the potential evaluation of Band 2 Health Care Supporter role to Band 3. This presents a potential unfunded cost pressure for the Trust. • <u>FIP Deep Dive</u> (to NOTE) - FIP requirement of £38.5M. Programme has identified £39.6M unweighted/£25.3M weighted improvements to date. At Month 5 £1.41M adverse variance. • <u>Cash</u> (to NOTE) – Availability of cash continues to be a key issue, with less than 20% of invoices paid in accordance with the Better Practice Code (BPC) in August. Revenue deficit support funding is due on 15th October which will help the current position. • <u>PFI</u> (to NOTE) – Soft FM Deed now agreed (subject to lender sign off). • <u>Internal Audit Report on Operational Planning</u> (to NOTE) – Significant Assurance with 2 medium and 2 low risk recommendations. All agreed and in process of being implemented. 	<ul style="list-style-type: none"> • <u>FIP</u> – Continued close focus on the plans and progress tracking on delivery, with additional analysis and work requested on: <ul style="list-style-type: none"> ○ Trajectories and progress by main FIP area with commentary; and ○ Increasing focus on levels of recurrent savings. ○ <u>SME Payments</u> – reporting back on progress of making improvements to increase percentage BPC compliance of numbers of invoices paid.

Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> • <u>Investigation and Intervention (I&I) Review</u> – Progress on governance changes noted. • <u>Medical Interoperability Gateway (MIG) Contract Renewal</u> – business case noted as approved by executives and below requirement for formal Committee approval. • <u>PFI</u> – Continued progress on settlement deed noted, though concerns raised on ongoing performance, especially re hard FM. This is being escalated and addressed. • <u>Planning Guidance</u> – Assured that of the 92 actions that were directly applicable to the Trust only one area identified as having no clear ownership and this is being addressed. There is an issue that has arisen with the ICB in relation to Value Based Commissioning policies. This is subject to ongoing discussion and escalation with the ICB. 	
Comments on effectiveness of the meeting	
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	
Items recommended for consideration by other Committees	
<ul style="list-style-type: none"> • To Audit Committee that the Internal Audit Reports were thoroughly discussed and implemented of recommendations will be monitored. • To People Committee that close monitoring of sickness levels is needed to help control agency and bank costs. 	

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

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

Subject:	Quality Committee	Date	23 rd September 2024
Prepared By:	Aly Rashid, Non-Executive Director/Chair		
Approved By:	Aly Rashid, Non-Executive Director/Chair		
Presented By:	Aly Rashid, Non-Executive Director/Chair		
Purpose:			
Assurance report to Board		Assurance	Substantial Assurance
Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"> - Importance of the Clinical Services Strategy and the balance between finance, quality, and safety. - The bed capacity gap heading into winter posing a significant risk. 		<ul style="list-style-type: none"> - Launch of Martha's Rule 23rd September 2024. 	
Positive Assurances to Provide		Decisions Made (include BAF review outcomes)	
<ul style="list-style-type: none"> - Positive Assurance taken from the Patient Safety Committee, Nursing, Midwifery & AHP and Perinatal Assurance Committee Reports. - Assurance provided in relation to the Perinatal Pelvic Health Service and education surrounding 3rd and 4th degree tears. - Assurance in relation to the responses to the two Maternity PFD's. - Positive initial feedback from the CQC visit. - Good level of discussion in relation to the IPR Reports for Timely Care and Quality. - Assurance provided in response to the Limited Assurance Report into Outpatients, Appointments and Remote Consultations. 		<ul style="list-style-type: none"> - Approval of IPC BAF - Approval of BAF with no changes to Principal Risks 1,2 and 5. - Approved Patient Safety Incident Response Plan. 	

Comments on effectiveness of the meeting

Positive meeting held with a high quality of papers provided. Good level of discussion and challenge with assurance provided against concerns raised.

Items recommended for consideration by other Committees

N/A

People Committee Chair's Highlight Report to Board

Subject:	People Committee Chair's Highlight Report	Date:	24 th September 2024
Prepared By:	Steve Banks, Non Executive Director		
Approved By:	Steve Banks, Non Executive Director		
Presented By:	Steve Banks, Non Executive Director		
Purpose:	To update the Board on the People Committee highlights from the September meeting		
	Assurance	Significant	

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Vacancies in midwifery and. AHP positions, especially ODPs and SLTs Organisation need for clinical psychology support is outstripping availability Despite assuring work, cost implications of agency and bank overspends continue. Complexity of resolution of healthcare support workers banding Risk from implications of potential employment legislation change 	<ul style="list-style-type: none"> Violence and aggression workstream, with progress on track National Staff Survey Planning ahead of 2024 programme commencing
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Much positive assurance was provided, including from:</p> <ul style="list-style-type: none"> Healthcare Worker Flu Vaccination Approach for 2024/25 Approach to new legislation Scaling up people services vanguard approach across ICS Improving working lives of doctors in training Freedom to Speak Up report Staffing and employment relations updates 	<p>PR3 of the BAF was reviewed.</p> <p>Positive assurance now received re the strategic threat of a short term lack of staffing availability, linked to conclusion of strike action.</p> <p>However assurance for the strategic threat of inability to attract and retain staff is now inconclusive due to financial pressures. PR3 overall remains at 20</p>

Comments on effectiveness of the meeting

Effective meeting with full agenda, facilitated by good quality of papers and good discussion

Items recommended for consideration by other Committees

Productivity, agency and bank usage require working across People and Finance committees to ensure FIP targets are met. Impact of Healthcare Support Workers resolution also being monitored in both Committees. People Services vanguard potential for inclusion in Partnership Committee.

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