MEETING OF THE BOARD
OF DIRECTORS IN PUBLIC

AGENDA

Date: **Thursday 1st December 2022**
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/ *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.*	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	**Minutes of the meeting held on 3rd November 2022** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Action Tracker**	Update	Enclosure 5
6.	09:10	**Chair's Report** • **Council of Governors highlight report** Report of the Chair	Assurance Assurance	Enclosure 6 Enclosure 6.1

7.	09:15	**Chief Executive's Report**
		
		• **ICB Winter Plan**
		   Report of the Chief Executive
		
		• **Integrated Care System Update**
		   Report of the Director of Strategy and Partnerships
			Assurance
			
			Assurance
			
			Assurance
				Enclosure 7
				
				Enclosure 7.1
				
				Enclosure 7.2

	Strategy			

8.	09:30	**Strategic Objective 1 – To provide outstanding care**
		
		• **Maternity Update**
		   Report of the Director of Midwifery
		
		   o **Safety Champions update**
		   o **Maternity Perinatal Quality Surveillance Model**
		   o **East Kent Gap Analysis**
		   o **NHSR Submission**
			
			Assurance
			
			Approval
				
				Enclosure 8.1
				
				Enclosure 8.2

	Time	Item	Status	Paper
9.	09:50	**Strategic Objective 2 - To promote and support health and wellbeing**		
		• **Covid Vaccination update** Report of the Director of People	Assurance	Enclosure 9.1
		• **Guardian of Safe Working** Report of the Medical Director	Assurance	Enclosure 9.2
10.	10:15	**Patient Story – Research through the eyes of a pandemic** Terri-Ann Sewell, Research Operations Manager / Research Nurse and Alison Steel, Head of Research and Innovation	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
11.	10:45	**Single Oversight Framework Performance – Monthly Report** Report of the Executive	Consider	Enclosure 11
	Governance			
12.	11:35	**Infection Prevention and Control Board Assurance Framework (BAF)** Report of the Chief Nurse	Assurance	Enclosure 12
13.	11:45	**ED Business Case** Report of the Chief Operating Officer	Approval	Enclosure 13
14.	11:55	**Board Agenda Review** Report of the Director of Corporate Affairs	Assurance	Enclosure 14
15.	12:05	**Assurance from Sub Committees**		
		• Audit and Assurance Committee Report of the Committee Chair (last meeting)	Assurance	Enclosure 15.1
		• Finance Committee Report of the Committee Chair (last meeting)	Assurance	Enclosure 15.2
		• Quality Committee Report of the Committee Chair (last meeting)	Assurance	Enclosure 15.3
16.	12:15	**Outstanding Service – Pathway to Excellence**	Assurance	Presentation
17.	12:20	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:25	**Any Other Business**		
19.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **5th January 2023, Boardroom, King's Mill Hospital**		
20.		**Chair Declares the Meeting Closed**		
21.		**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: *"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."*		

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 07.2	• **ICS Update - Stocktake**
Enc 11	• **SOF Dashboard**
Enc 12	• **Infection Prevention and Control Board Assurance Framework (BAF)**
Enc 15.1	• **Audit and Assurance Committee – previous minutes**
Enc 15.2	• **Finance Committee – previous minute**
Enc 15.3	• **Quality Committee – previous minutes**

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 3rd November 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA

In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Maggie McManus	Deputy Chief Operating Officer	MM
	Paula Shore	Director of Midwifery	PS
	Debbie Kearsley	Deputy Director of People	DK
	Roz Norman	Staff Side Chair	RN
	Mark Stone	Emergency Planning and Business Continuity Officer	MS

Observers:	Rich Brown	Head of Communications	
	Andrew Marshall	Deputy Medical Director	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Claire Page	360 Assurance	
	4 members of the public		

Apologies:	Rachel Eddie	Chief Operating Officer	RE

Item No.	Item	Action	Date
18/608	**WELCOME**		
1 min	The meeting being quorate, CW 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. Noting that due to the circumstances regarding Covid-19 and social distancing compliance, 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.		
18/609	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/610	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Rachel Eddie, Chief Operating Officer. It was noted Maggie McManus, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.		
18/611	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 6th October 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/612	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 18/512.2 and 18/583.2 were complete and could be removed from the action tracker.		
18/613	**CHAIR'S REPORT**		
2 mins	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the Staff Excellence Awards. The Board of Directors were ASSURED by the report		
18/614	**CHIEF EXECUTIVE'S REPORT**		
2 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the recent system wide critical incident and the re-opening of Oakham Ward at Mansfield Community Hospital. PR advised RM has been shortlisted for the Director of Finance Award by the Healthcare Financial Management Association (HFMA). The Board of Directors were ASSURED by the report		

8 mins	**Integrated Care System (ICS) Update**		
	DA presented the report, highlighting the ICS Strategy, appointment of Claire Culverhouse as Managing Director for the Provider Collaborative at Scale and the recruitment fair which is being organised by the Trust in collaboration with West Notts College.		
	AR queried if the Trust is taking the lead in pushing the ICS agenda or waiting for the ICS to approach the Trust. AR felt there are issues which are common across the patch and the Provider Collaborative needs to move at pace.		
	DA advised any system is complex, made up of multiple relationships and drivers. Through the Provider Collaborative at Scale, the Trust has been working on a discharge pathway and the system has signed off a business case to support this work. Discussions have taken place at the Place Based Partnership in relation to priorities for the future and it has been agreed there should be a 'golden thread' to the county council's health and wellbeing strategy. Partners are driving the Place agenda and relationships are mature at that level. The ICS has set their priorities and the strategy will be presented to the Trust's Board of Directors when it is published. The Trust will need to look to align its strategy to that. SFHFT is driving the agenda and helping to shape it.		
	AR felt it would be useful to have some metrics to evidence what the ICS is doing and how it is benefitting all organisations.		
	PR advised there have been two recent examples of step changes to the way in which the system is responding. As a reflection on the critical incident, chief executives of the NHS and councils met and have committed to work closer together. An end to end review of the emergency care and social care pathways has been commissioned, with the aim to build a new model for Nottinghamshire.		
	In addition, a Winter summit has taken place and all the Winter plans from partner organisations have been collated into a single document which will be presented to the Integrated Care Board (ICB) meeting week commencing 7th November 2022. There is a commitment from each partner to work together.		
	The Board of Directors were ASSURED by the report		
18/615	**2022/2023 STRATEGIC PRIORITIES QUARTER 2 UPDATE**		
12 mins	DA presented the report, highlighting the changes to the executive lead and advising the Trust is moving to a multi-year approach for Strategic Priorities. All priorities are tracked by the relevant sub committee.		
	CW queried how the Trust ensures there is no opportunity for further stretch for areas which are on target. DA advised it is important to track progress against implementation and to learn. There is a need to stop, think, learn, reflect and share. A key component at year end will be to undertake a review to identify what went well, what learning can be taken and what might be done differently going forward.		

	SB queried if consideration had been given to having a standard approach to address the areas which are underperforming, i.e. escalation processes, etc. DA advised the detail is discussed at the sub committees, with escalation and strategic conversations at the Board of Directors. MG noted a recent article in the Health Service Journal (HSJ) in relation to Winter Plan guidance which has been issued, suggesting patients who miss two outpatient appointments would be taken off the list. MG sought clarification regarding this and queried what approach the Trust is taking to ensure safe timely care. DS advised as an organisation there are a number of reasons why patients are unable to attend appointments, some of which relate to the Trust's operational aspects, notification of appointments, etc. The Trust would not want to suggest people in need of care are taken off waiting lists due to organisational processes. NHS England (NHSE) are trying to find ways of addressing the issue of people who do not attend appointments as they no longer need them and the Trust needs to improve ways of identifying these patients. Further information is awaited. DS advised the Trust has not instituted, or would want to institute, a policy of taking people off the waiting list if they do not attend appointments. MM advised the Trust's normal process, which has not changed, is to manage waiting lists in such a way that patients are contacted regularly to check they still need appointments. Every patient who comes off the waiting list is clinically reviewed. GW felt it would be useful for a summary to be provided, particularly if a priority is off track or there has been a negative movement. PR advised many of the strategic priorities are seeking to mitigate risks which are in the Board Assurance Framework (BAF). There is a thread which can be picked up and understood at each sub committee. SB sought assurance issues will be addressed in the sub committees and all priorities have been assigned to a committee. For example, it is not clear where the digital strategy will be picked up. This needs to be reflected in the notes. BB noted some priorities reference the Executive Team rather than a sub committee. CW requested an indication of where each priority sits be included in the next report. DA confirmed this information would be added, together with a narrative if an area is underperforming. **Action** • **Future strategic objective update report to include information where each priority sits and a narrative for any areas which are underperforming** The Board of Directors were ASSURED by the report		
		DA	**02/02/23**

18/616	**STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE**		
14 mins	**Maternity Update**		

Maternity Update

PS joined the meeting

Safety Champions update

PB presented the report, highlighting Service User Voice and feedback from safety champion walkarounds.

The Board of Directors were ASSURED by the report

Maternity Perinatal Quality Surveillance

PB presented the report, highlighting third and fourth degree tears and restart of home births service. PB advised the introduction of additional metrics has been discussed by the Maternity Assurance Committee and it has been agreed the number of delays on the elective caesarean section list will be included in the next report.

The Board of Directors were ASSURED by the report

Ockenden Insight Update

PB presented the report, advising the report received following the visit by the regional team is positive. There are some areas for consideration which align to the Trust's self-assessment. PS advised it was a positive visit. The team highlighted the work of the safety champions and agreed with the Trust's self-assessment.

AR queried if patients are choosing to come to SFHFT rather than Nottingham University Hospitals (NUH) and, if so, was this recognised by the regional team and has the ICS recognised this in terms of resource.

PS advised this has been escalated and this is noted through the Local Maternity and Neonatal Systems (LMNS) as a risk. Women are choosing to book at SFHFT. They have community care within what is termed as an outlier and then come to deliver at SFHFT. There is a need to identify where these cases sit as some will still sit with the community teams but others will need to move to SFHFT resource. This has been raised through the regional teams and they are looking at how resources are allocated within the region. The numbers coming to SFHFT are difficult to predict as women on the Bassetlaw border are also choosing to book at SFHFT. The Trust is monitoring the postcode analysis and doing as much as possible to support teams. It is likely to be sustained pressure, which is why the Trust has engaged with system partners to look at how resource is allocated.

DS advised there are two possible drivers to the movement from NUH, namely the negative publicity about NUH's services and the public consultation in relation to some of the service provision across the south of the county, with the proposal for a single maternity unit on the Queens Medical Centre (QMC) campus. This is likely to be a significant impact for SFHFT.

	As birth numbers increase, the Trust will tip into requiring a second tier of rotas, which will not be easy to deliver. This will affect not just maternity staff but also areas such as obstetric anaesthetic staff and neonatal provision. A series of changes will be required and some of this work has started. The Trust has highlighted the concerns to the regional team and support will be required across the system. AR felt it would be useful to see some metrics regarding increased birth numbers, etc. PS advised this data is being pulled together and will be reported to the Board of Directors. PS advised women will receive a minimum of two obstetric scans. From September 2021 to September 2022, there has been a 50% increase on scans undertaken on women from out of area postcodes. A business case is being put forward for a midwife sonographer. It was noted there are also estates issues which need to be addressed. The Board of Directors were ASSURED by the report		
18/617	**STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING**		
7 mins	**Covid Vaccination Update** RS presented the report, advising the performance of the Hospital Hub continues to exceed the programme plan. In terms of the wider programme, uptake of the vaccine by eligible cohorts is greater than or equal to the national average. However, some focussed work is underway to encourage uptake by people aged 50-69. 20% of eligible healthcare workers have been vaccinated, which is greater than or equal to the national average. A roving model is now in place to offer Covid and flu vaccination to eligible inpatients and Trust staff. SB noted the challenge in relation to uptake across all ethnicities and queried what actions are being taken, or planned, to address this. RS advised in previous phases of the vaccine programme the 'Medivan' model has been used which takes the vaccine team out to local communities. There was some success with this and the plan is to continue this approach. AH noted the current good performance, but queried if this has now plateaued. RS advised people are still coming for their vaccines. However, there has been less national messaging than previous phases. Some work has been completed at Place to remind colleagues vaccines are available. ARB queried how the vaccines are promoted to the local community. RS advised the Trust has worked in collaboration with Place teams and is working collaboratively with local media to ensure key messages promoting the importance of uptake of the vaccine are issued to local citizens. AH queried how many pregnant women have had the vaccine. PS advised uptake is not as high as expected, but both Covid and flu vaccines are being offered at antenatal clinics.		

	DA advised the tone and urgency of the messaging will be changed in the coming weeks, moving away from "it's time for your autumn booster" to "flu and Covid are in the hospital".		
	The Board of Directors were ASSURED by the report		
18/618	**STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE**		
12 mins	**Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 Monthly Report**		
	PB presented the report, advising the Trust has consistently remained above 95% of the planned staffing levels, despite continued challenges. However, there is a need to consider how this translates to staff who feel they are busy and under pressure. There is a need to be transparent with teams what the establishment levels are and the work which is undertaken to maintain those levels. There is a large reliance on bank and agency, although agency rates have reduced in August and September, mainly due to the work which has been done in terms of incentivising bank rates. There were 374 staffing related incidents since March 2022. It was noted recruitment has been positive.		
	RS advised there has been a refocus onto hard to fill areas. The Trust has a flexible bank model which is integral to supporting areas of high acuity. The health roster is important and the Trust is starting to improve efficiencies in resource in post.		
	AH noted the Trust is recruiting but queried if it is right sizing. PB advised SFHFT can recruit in certain areas such as registered midwives (RMs) and healthcare assistants (HCAs). The Trust faces the same challenge as other organisations in relation to hard to recruit groups and while there has been some national work in relation to this, the output is unlikely to be seen for a few years. While there is talk of system roles, the reality is when organisations have a shortage and their need is so great, they will organise their own workforce before they work collaboratively. There is some concern in relation to the AHP workforce and the specialist roles.		
	AH recognised the concerns raised in the report and queried what is happening in the system. RS advised there is opportunity but this requires collaboration. Readiness to collaborate is not always aligned to the Trust's thinking as an organisation. The system has supported collectively with Health Education England (HEE) and there is an opportunity to work collaboratively in terms of what can be done to introduce alternative roles or upskill individuals to compliment what might be a fragile service. There is work to be done and the Trust is well placed to take the lead.		
	PB felt the Trust can market itself better in terms of AHP roles. AH felt where there is a limited pool of people doing a specialist role, there is a need to ensure they are doing that role. PB advised there is a need to look at this through Allocate and job planning. There is a potential for 10-15% efficiency within that workforce just by ensuring they are doing the right tasks.		

	MG felt it would be useful for future reports to include information in relation to productivity and what is happening at a system level. It would also be useful for a deeper dive into productivity to be reported to the People, Culture and Improvement Committee. RS advised this could be built into the work cycle for 2023.		
	Action		
	• **Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level.**	**PB**	**04/05/23**
	• **Deep dive into productivity to be built into the work cycle for the People, Culture and Improvement Committee for 2023.**	**RS**	**01/12/22**
	The Board of Directors were ASSURED by the report		
	PS left the meeting		
10 mins	**Medical Workforce Staffing**		
	DS presented the report, highlighting aspects in relation to medical workforce regulations, medical vacancies, work to agree pay rates across the system, work to reduce reliance on locums, trainee medical staff, work to support Specialists, Associate Specialists and Specialty Doctors and horizon scanning in terms of members of the workforce who are approaching retirement age.		
	CW noted the discussions in relation to bank rates at ICS level and queried if similar discussions were taking place at a regional level. DS advised it is important to avoid escalation rates where individual trusts 'poach' staff from each other and medical directors across the whole of the Midlands have agreed to try to set unified rate cards across all different grades. There will be occasions where organisations have to go above the rate card, for example, if ED was critically staffed. However, having an agreed baseline and rules about when there can be a variance to that baseline is important. This is a big piece of work and there is a need for organisations to work together to progress this.		
	RS advised non-pay related / environmental factors can make a big contribution. It is imported to look at the overall package of terms and conditions, not just pay.		
	MG queried if there was any update in relation to the pensions issue. RS advised this is an ongoing, complex agenda. The Trust has some local interventions it is planning to implement to help colleagues with some of the taxation challenges.		
	The Board of Directors were ASSURED by the report		

18/619	**STAFF STORY – JUST AND RESTORATIVE CULTURE – SHERWOOD JOURNEY**		
16 mins	DK / RN joined the meeting		
	DK and RN presented the Staff Story, which highlighted the Trust's Just and Restorative Culture.		
	MG felt this is an example of how a process has changed to work towards a valuing culture. MG queried if this best practice is used in other areas to look at processes which work against the desired culture. DK advised the learning is shared internally, working with nursing and medical colleagues looking at serious incidents and taking the just and restorative approach. The HR Team is working to ensure the culture is embedded within all the Trust's people practice policies. The Trust is also working with system colleagues and sharing learning with other trusts. RN advised all the learning and processes have been shared with the staff council in London.		
	ARB felt this was a good story, noting the focus on the person and the no blame culture.		
	AH felt this is very good work and queried if the link to this work is made in recruitment processes. DK advised it forms part of the values based recruitment, but acknowledged more could be done to advertise this as it enhances the Trust's reputation and will make the Trust an employer of choice.		
	PB noted on returning to work for the Trust in 2022, after a two year absence, it was evident how well this is embedded and the cultural shift is noticeable. RN advised the blame culture has gone from the organisation.		
	CW queried if the Staff Survey gives the opportunity for people to reflect about the impact this may have had on them or the culture generally. DK advised the last Staff Survey saw an increase in terms of staff experience and how leaders manage. An element of this can be attributed to the Just and Restorative Culture. There has been a year on year improvement in this area of the Staff Survey.		
	RS advised the Trust has been on a journey in terms of having a person centred approach and how things are done, noting the partnership working with staff side. The HR Team have a commitment to do things the right way and in a timely way.		
	SB queried how this culture feels for doctors, nurses and other professionals and if timescales of investigations have reduced. DK advised the Just and Restorative Culture is embedded within the Trust's medical disciplinary policy. Timescales have significantly decreased. The approach is to look at the whole situation, not who is to blame. When things do not go as planned, the Trust will seek, where possible, to resolve the issue informally and learn from the incident. If something does go wrong and people need to be held to account, this is done but in a compassionate way.		

	RN advised no-one is left on their own. If a member of staff is not in a trade union, HR will notify RN as staff side chair and she will provide support to that member of staff. DS advised this is a theme which cuts across many different areas and having an open culture, where people do not feel they are to blame is important. When something does go wrong, there is very rarely any form of root cause. It is important to take learning, rather than allocate blame. CW felt this work is an exemplar for the Trust, noting this is shared across the system, which is not limited to NHS organisations. DK / RN left the meeting		
18/620	**SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT**		
46 mins	**QUALITY CARE** PB highlighted nosocomial Covid infections, MRSA and Friends and Family Test (FFT) in ED DS highlighted cardiac arrest rate and Hospital Standardised Mortality Ratio (HSMR) AR noted the gap between the national figures and the Trust's figures for HSMR has been fairly constant from July 2020 to June 2022 and queried if the gap would be the same for a similar trust to SFHFT with a similar population. AR noted there is a high vaccination rate local to the Trust and queried if that is different to a comparable trust in terms of outcomes. AR queried if it is respiratory illness which is contributing to HSMR or other areas. DS advised the data provided to the Trust includes a comparison to peer trusts and national figures. All peers are showing an increase in HSMR. It was acknowledged SFHFT has seen more of an increase than some organisations and DS advised the comparable data was included in the Learning from Deaths report which was presented to the Board of Directors in October 2022. There are some specific aspects which has led to the Trust being out with other organisations, for example, the Trust is in the lower quartile in the country for palliative care coding and this significantly skews the data. The Trust has done work to address this. The Trust has had a number of cumulative sum (CUSUM) alerts and there are some disease categories where the Trust has undertaken investigative work, for example, neck of femur, alcoholic liver disease and chronic obstructive pulmonary disease (COPD). The data does not represent any real concern in relation to quality. It is felt the figure relates to the data and coding the Trust is providing and the way data is captured, as opposed to there being an issue with quality. AH noted there are some technical issues which can influence HSMR and this may account for the gap to the national figures. However, AH noted issues in relation to coding and structured judgment case reviews (SJCRs) and sought assurance in relation to the Trust's mortality surveillance processes.		

DS advised there is no collaborative information to suggest the Trust has a quality issue in terms of HSMR. However, processes which require improvement have been identified. The HSMR data is providing indicators in terms of areas the Trust needs to look at to identify areas for improvements. There is an established SJCR process in terms of Learning from Deaths and significant improvements have been made to identify themes across organisations. However, some national support is required in relation to explaining some data.

AH felt there is a need to understand the headlines, for example, is the increase evenly distributed across the board or are specific areas flagging up. AH noted before the Learning from Deaths process was introduced, the medical examiner process would have looked at the case notes of those deaths and reviewed them. AH felt there needs to be some assurance this has happened. DS advised cases do still go through a review and assurance process, including an external, independent review process.

DS advised the Trust is seeing a lot of patients being admitted with Covid and this is being picked up as testing is still carried out. However, it is difficult to be clear if Covid is the last aspect which causes the admission or if it is the initial cause.

MG queried how the HSMR data is used to help inform the ICS strategy and to look at interventions required outside SFHFT, for example, alcoholic liver disease. BB advised there are various sources of very comprehensive information which are used at the ICS. The Joint Strategic Needs Assessment (JSNA) informs the Health and Wellbeing Strategy, which aims to try and work 'upstream'. Some of the early action taken will have an impact 'downstream'. It was noted alcohol is one of the nine priorities for the Nottinghamshire Health and Wellbeing Strategy.

DS advised there is a system wide alcohol prevention workstream, which the Trust is linked into. PR advised there is a developing ICS strategy and priorities at Place which are being informed by the Health and Wellbeing Strategy.

BB felt it would be useful if the relationship between HSMR and Standardised Hospital Mortality Indicator (SHMI) could be included in the next HSMR update to the Quality Committee as it was noted there has also been a rise in SHMI. BB felt the issue in relation to palliative care coding has been ongoing for some time and would not, therefore, be a reason for an increase in HSMR now. DS advised there has been a change in coding which has exacerbated previous issues.

Action

• **Information in relation to the relationship between HSMR and SHMI to be included in HSMR update to Quality Committee**	**DS**	**01/12/22**

PEOPLE AND CULTURE

RS highlighted appraisals, quality improvement training, staff wellbeing, menopause conference, mandatory training, vacancy and turnover rates, staff survey and the issuing of George Cross badges to staff.

TIMELY CARE

MM advised there has been a decline in 4 hour performance, largely driven by exit block in terms of the number of patients who are medically fit for discharge, which has also resulted in high bed occupancy rates. However, ambulance turnaround times remain good and the Trust is one of the top organisations in the country and region for this indicator. The Trust continues to use same day services to avoid admittance and benchmarks well regionally and nationally against this target. The Transfer of Care Hub has now opened at King's Mill Hospital and is an integral part of the system wide Discharge to Assess pathway.

In terms of elective care, SFHFT continues to benchmark well in terms of the longest waiting patients and there are currently zero 104 week waits.   The 78 week waits are on trajectory and the position is continuing to improve. Activity against plan has improved across the quarter. There has been a reduction in remote attendances and work is ongoing to understand the drivers for this. The Trust has made some reduction in follow up appointments. However, this is only a small reduction and is unlikely to improve significantly given the size of the overdue list.   However, good progress has been made against the target for patient initiated follow up.

In terms of cancer, there are currently 102 patients waiting over 62 days for treatment, which is above trajectory. However, there was a slight improvement in August performance and the faster diagnosis standard remains within target. Capacity constraints remain in relation to the treatment part of the pathway and a series of tumour site reviews has commenced.

AR felt it would be useful to include a breakdown by seniority of clinician in the work looking at the reasons for the reduction of remote attendances. AR noted there are currently 102 patients waiting over 62 days for cancer treatment and queried what the trajectory was. MM advised this was 87.

Action

• **Breakdown by seniority of clinician to be included in the work looking at the reasons for the reduction of remote attendances**	**RE**	**01/12/22**

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 6, highlighting income and expenditure position, agency expenditure and cash position.

	CW noted SFHFT has a higher level of Covid prevalence than other areas, which is reflected, to some extent, in the costs outlined. CW queried how SFHFT's Covid spend compares to similar trusts. RM advised there was a drive to remove Covid expenditure when plans were being developed at the start of the year. Some trusts have moved what would have been termed Covid expenditure back into mainstream expenditure, thus making comparisons difficult. However, Nottinghamshire was identified as being high up the list in terms of reporting on Covid. A system working group is looking at Covid expenditure to ensure the spend is justified. This links back to staff non-availability figures and patient instances of Covid. Internally the processes around Covid spend remain unchanged. CW noted the challenges in relation to cash flow and sought assurance in terms of the Trust's awareness of the impact payment terms might have on local suppliers. RM acknowledged the importance of maintaining relationships with suppliers and this has been key to the discussions with NHSE. RM advised the Trust communicates regularly with suppliers to ensure they understand when they will be paid. The Board of Directors CONSIDERED the report		
18/621	**BOARD ASSURANCE FRAMEWORK (BAF)**		
7 mins	PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report. There are three risks rated as significant, namely PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity and PR4, Failure to achieve the Trust's financial strategy. The current risk rating for PR1 and PR4 remain above the tolerable risk rating. ARB confirmed the Finance Committee had a significant discussion in relation to PR4 and the Committee agreed the risk rating for current exposure should remain at 16, with a tolerable rating of 12. This will be kept under review. RM advised work continues to reduce the current exposure risk rating. BB confirmed the Quality Committee has a robust discussion about the principal risks at each meeting. It was noted the current risk rating of 16, against a tolerable rating of 12 for PR1 has been the position since the since start of the Covid pandemic, but each time the Committee felt it could be reduced, another issue arose. AR advised there are a number of driving factors which keep the rating above the tolerable level, for example, Covid, high bed occupancy, high number of medically fit for discharge patients, etc. All of these factors can change with Winter pressures. Therefore, the Committee felt the rating could not be reduced.		

	SH queried if the Quality Committee had considered reviewing the tolerable level for PR1, as this should be an ongoing, proactive discussion. BB noted this as a challenge for the next meeting of the Quality Committee. **Action** - **Tolerable rating for PR1 to be discussed at the next meeting of the Quality Committee** The Board of Directors REVIEWED and APPROVED the Board Assurance Framework	**BB**	**01/12/22**
18/622	**USE OF THE TRUST SEAL**		
1 min	SH advised the Trust Seal has not been used in the last quarter. The Board of Directors ACKNOWLEDGED the update		
18/623	**EMERGENCY PREPAREDNESS**		
12 min	MS joined the meeting **Emergency Preparedness (EPRR) Core Standards Self-Assessment** MM presented the report, advising there has been a change this year to the way in which the EPRR Core Standards Self-Assessment is reviewed. The Trust has 11 areas of partial compliance and no areas of non-compliance, resulting in a partial compliant plan. This is only rated once per year and while some areas of partial compliance are easy to amend, there is no opportunity to amend the rating until next year. MS advised the Trust has not deteriorated in the level of compliance in any area but the process has been more rigorous this year. The confirm and challenge process does not allow for any period of amendment. There has been some regional push back on the process. ARB queried if the Trust received any guidance before the confirm and challenge process. MS advised guidance was received, but only the day before. AR queried if the Trust is doing an exercise to help prepare for possible industrial action. MS advised he is a member of the management group preparing for possible industrial action. A business continuity plan is to be produced, specific for this potential industrial action. Once completed, a table top exercise will be undertaken in early December 2022. CW noted there is some speculation the government has to prepare for potential challenges in relation to energy supplies and queried what actions the Trust are taking.		

MS advised the workplan, which is overseen by the Resilience Assurance Committee, includes regular testing. In terms of power outages, a 'black start' exercise is run once per year. This is scheduled for week commencing 7th November 2022. Any learning from this will be captured through the Resilience Assurance Committee.

GW noted the work which took place to prepare for 'Brexit' helped raise awareness across the Trust of possible issues and felt it may be useful to do something similar in preparation for possible industrial action.

MS advised there is a checklist of actions to take and communication is a key part of that. RS advised discussions about the likelihood of industrial action have been taking place for some time. A national checklist has been provided, which has enabled the Trust to undertake a readiness assessment. The planning which has been completed to date has put SFHFT in a good position, but there are always areas for opportunity. The Trust has a good partnership arrangement with trade union colleagues.

The Board of Directors were ASSURED by the report

Incident Response Plan

MM presented the report, advising the plan has been updated and has gone through the required governance process.

MS advised this is the 3 yearly upgrade of the Trust's Major Incident Plan, which has been renamed the Incident Response Plan. The changes made are outlined in the report.

The Board of Directors APPROVED the Incident Response Plan

MS left the meeting

18/624	**ASSURANCE FROM SUB COMMITTEES**		
4 mins	**Finance Committee** ARB presented the report, highlighting the adverse variance to the financial plan at Month 6 and the appointment of GW as Vice Chair of the Committee. ARB advised the Committee had a significant discussion in relation to Principal Risk 4 of the BAF. The Board of Directors were ASSURED by the report **People, Culture and Improvement Committee** MG presented the report, highlighting the appointment of SB as Vice Chair of the Committee, appraisals, mandatory training, preparations for possible industrial action and a review of the BAF risks. The Board of Directors were ASSURED by the report		

	Charitable Funds Committee SB presented the report, highlighting the appointment of BB as Vice Chair of the Committee, new risk added to the register, absence of a major fundraising appeal and the recommendation to the Corporate Trustee to approve the annual accounts and letter of representation. The Board of Directors were ASSURED by the report		
18/625	**OUTSTANDING SERVICE – CELEBRATING OUR VOLUNTEERS**		
5 mins	A short video was played highlighting the work of the Trust's volunteers.		
18/626	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Celebrating and thanking the Trust's volunteers • Staff Story – Just and Restorative Culture • Staff Excellence Awards • Staff Survey • Availability of flu and Covid vaccinations • Re-launch of 24 hour home births service • Emergency preparedness • Preparations for potential industrial action		
18/627	**ANY OTHER BUSINESS**		
	No other business was raised.		
18/628	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st December 2022 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 12:05.		
18/629	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

18/630	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
4 mins	CW advised the following question was received:		
	"Following on from DA and PR's comments on the ICS and the recent critical incident, an article in the HSJ on 11th October 2022 suggested that 'relationships have broken down between the councils and the hospitals'. Ben Bradley (MP) noted that while the ICS intended to work more collectively with councils to manage care service provision, 'At the minute, they're still doing admin and governance,....it's not quite in that space.' Has the 'golden thread' approach moved us from that position?"		
	DA advised the HSJ article referred to does not specifically reference SFHFT. There are positive relationships in Nottinghamshire. The Trust has ongoing conversations at district council level and the emerging relationship with county council colleagues is mature. There is a commitment from chief executives of sovereign organisations to work together on added value for the local communities. What this will 'look like' is yet to be determined. The Trust works with ICS partners in relation to the team, infrastructure and support which will be required.		
	PR advised the relationships are excellent and reaching a state of maturity where it is possible to map out and explore opportunities for working together.		
18/631	BOARD OF DIRECTOR'S RESOLUTION		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a 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: "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." Directors AGREED the Board of Director's Resolution.		

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
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/551	01/09/2022	Further information regarding gaps in the number of postgraduate doctors in training to be included in the next Guardian of Safe Working report	Public Board of Directors	None	01/12/2022	D Selwyn		Included in report **Complete**	Green
18/583.1	06/10/2022	Deep Dive into 3rd and 4th degree tears to be reported to the Quality Committee	Public Board of Directors	Quality Committee	~~01/12/2022~~ 02/02/2023	P Bolton		**Update 21/11/2022** To be presented to the January meeting of the Quality Committee	Grey
18/615	03/11/2022	Future strategic objective update report to include information where each priority sits and a narrative for any areas which are underperforming	Public Board of Directors	None	02/02/2023	D Ainsworth			Grey
18/618.1	03/11/2022	Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level	Public Board of Directors	None	04/05/2023	P Bolton			Grey
18/618.2	03/11/2022	Deep dive into productivity to be built into the work cycle for the People, Culture and Improvement Committee for 2023	Public Board of Directors	People, Culture & Improvement Committee	01/12/2022	R Simcox		**Update 17/11/22** Item included on 2023 People Culture and Improvement workplan **Complete**	Green
18/620.1	03/11/2022	Information in relation to the relationship between HSMR and SHMI to be included in HSMR update to Quality Committee	Public Board of Directors	Quality Committee	01/12/2022	D Selwyn		Update provided to Quality Committee on 14th November 2022 **Complete**	Green
18/620.2	03/11/2022	Breakdown by seniority of clinician to be included in the work looking at the reasons for the reduction of remote attendances	Public Board of Directors	None	01/12/2022	R Eddie		**Update 24/11/2022** The original survey of clinical OP users did not request grade or level of respondent. Of the 64 respondents, a fifth were doctors. The survey did however ask for what would improve usage and a number of factors including job planned time, suitable location and connectivity improvements were cited. A further information gathering exercise is planned to obtain more granular detail around staff group specific usage and enablers and patient preference **Complete**	Green
18/621	03/11/2022	Tolerable rating for PR1 to be discussed at the next meeting of the Quality Committee	Public Board of Directors	Quality Committee	01/12/2022	B Brady		**Update 23/11/2022** Discussed at November Quality Committee meeting - no change **Complete**	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	Date: 1st December 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		

Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.	**Approval**		
	Assurance		X
	Update		X
	Consider		

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	X	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	
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
Not applicable

Executive Summary
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.

Presenting the Chair's *Excellence Award* to our Sherwood Community Unit

I was delighted to join our Chief Nurse, Phil Bolton, to present a Trust *Excellence Award* to the team behind our Sherwood Community Unit – a former care home in Mansfield Woodhouse that we have converted into a hospital ward to care for patients who are waiting to be discharged from our hospitals.

Sherwood Community Unit opened in May 2022 to help free-up hospital beds for those who need them most within our existing wards at the Trust's King's Mill, Newark and Mansfield Community Hospitals.

Since welcoming its first patient in early May 2022, the 19-bedded Unit has gone on to care for over 400 patients in that six-month period. The Unit has been opened as a temporary measure but is now expected to remain open throughout this winter, with its longer-term future still to be decided.

NHS services remain really busy across the country and our hardworking NHS staff and volunteers are constantly looking for new and innovative ways to help manage those pressures and provide the best possible care to patients.

Our Community Unit is a great example of how we're thinking differently to ensure patients can receive the best possible healthcare in the right place, while keeping our essential NHS services running.

The Unit was one of 18 winners announced at Sherwood Forest Hospitals' annual *Excellence Awards* in October to celebrate Trust staff, volunteers and its community partners who have gone above-and-beyond expectations for the patients we serve.

Thank you once to the team for their excellent work in setting up the Community Unit.

Continuing to ensure Sherwood's voice is heard as the ICB defines its longer-term strategy

Since the Nottingham and Nottinghamshire ICB formed in July 2022, I – along with our Chief Executive, Paul Robinson – have been keen to ensure that the voice of Sherwood Forest Hospitals, its staff and its patients are heard at every opportunity.

That has been true throughout the regular meetings that Paul and I have with the Chair and Chief Executive of the ICB, as well as through more structured engagement – like the work that is currently ongoing across the ICB to define its longer-term strategy to shape the future of how health and care services are provided across Nottingham and Nottinghamshire.

We will continue to engage in the formation of that strategy and I look forward to bringing further updates to the Board about the progress of that work in future meetings.

Preparing for next year's Council of Governor elections

In April 2023, the Trust will be opening polls once again to elect governors to five vacancies we currently have on our Council of Governors.

The role of a governor within a Foundation Trust like ours is an essential part of ensuring that our hospitals are as responsive as they can be to the needs of our local community – including by offering actionable feedback to the Trust and our colleagues.

Early in 2023, we will be sharing details of how anyone interested in becoming a governor of the Trust can do so ahead of the next election for our Council of Governors, with more general information about how to become a governor available on our Trust website.

I would encourage anyone interested in becoming a Trust governor to check out the information on our website or to reach out to me direct to discuss those vacancies and the exciting opportunities they could lead to.

Engagements and visits over the past month: Visiting our Maternity department

In my role as Chair and also the Trust's Non-Executive Maternity Safety Champion, I am privileged to undertake a monthly walkaround of our Maternity pathway to learn about the latest developments in the service.

On our monthly walkaround this month, I was delighted to be joined by Rosa Waddingham – Chief Nurse for the Nottingham and Nottinghamshire Integrated Care Board (ICB) – who accompanied me to learn about the great work going on here at Sherwood.

The visit was an excellent opportunity for us to see first-hand some of the latest developments across our Maternity services over recent months – including the launch of new digital maternity notes for expectant families and the opening of our new feeding pod at King's Mill Hospital.

That visit was followed in quick succession by the arrival of inspectors from the Care Quality Commission (CQC), who visited the Trust as part of their national review of all maternity services.

Their visit forms part of an ongoing programme of planned visits across the country which are aiming to provide an up-to-date view of the quality of hospital maternity care across the country – as well as a better understanding of what is working well to support learning and further improvements nationwide.

We are awaiting the outcome of that inspection, which I look forward to being able to share with the Board at future meetings.

Engagements and visits over the past month: Visiting Newark Hospital

In one of my many other visits to teams across the Trust, it was my pleasure to visit Newark Hospital for a walkaround during the month to learn more about the work going on within the Trust.

During my visit, I spent time on Castle Ward learning about the work that's happening there to welcome inpatients from our other sites to free-up acute beds where they are needed most.

I also visited the Urgent Treatment Centres (UTC) to learn more about how they help to treat patients who need urgent medical attention when it's not a life-threatening situation, as well as hearing from a host of other teams about how they are bringing to life the Trust's vision to maximise the potential of Newark Hospital and make it a vibrant and valued asset for the local community.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date**: 1st December 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		

Purpose			
To update on key events and information from the last month.	**Approval**		
	Assurance		X
	Update		X
	Consider		

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	X	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	
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
Not applicable

Executive Summary
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.

Sherwood Forest Hospitals receives internal 'Pathway to Excellence®' designation

I am delighted to begin my report this month by sharing the news that Sherwood Forest Hospitals has received global recognition as an excellent place for nurses and midwives to work, after it became one of only five in Europe to be designated Pathway to Excellence® status by the American Nurses Credentialing Center (ANCC).

The designation sets a global quality standard and demonstrates the direct role that the Trust's nursing and midwifery staff have in influencing and enhancing both policy and practice for the benefit of patient care, safety, and quality.

Colleagues at all levels across all Trust sites have worked hard over the past two years to contribute towards the Trust achieving Pathway to Excellence status.

To achieve the designation, the Trust had to provide evidence that it met strict requirements in six key standards around shared decision making, leadership, safety, quality, wellbeing and professional development.

The process enabled the Trust to identify areas of excellence and quality in nursing, midwifery and Allied Health Professionals (AHPs) teams, share best practice and identify any gaps or improvements.

Nursing and midwifery colleagues smashed the minimum response rate required in a questionnaire, with a high percentage of positive responses. The Trust scored highly in 23 out of 28 categories.

Achieving Pathway to Excellence is the result of a lot of hard work and commitment from nursing and midwifery staff over the past two years.

We are so proud to be one of just four hospital trusts in the UK to hold this prestigious designation, which showcases that the Trust has among the highest standards in nursing and midwifery in the world.

This recognition will also be a huge selling point in allowing us to recruit, develop and retain the very best staff.

Thank you to all our colleagues for embracing and contributing to our Pathway to Excellence success.

#TeamSFH 'opens' virtual wards for non-COVID patients

After much hard work, preparation and working together with our health and care partners across the Nottingham and Nottinghamshire ICS, we are really excited to have launched the virtual ward service for patients with respiratory infections and those experiencing flare-ups of long-term respiratory conditions.

We first began using virtual wards to treat COVID patients during the pandemic and we have now extended our virtual wards to non-COVID patients, making use of technology to support patients to receive the care, monitoring and support they need – wherever they call home.

The initiative is also crucial in helping us to keep patients out of hospital unless they need to be there, which in-turn helps to free-up our hospital beds for those who really do need them most.

The decision to launch respiratory virtual wards in our hospitals builds on what we learned during the pandemic, as well as helping us to prepare for the rise in respiratory infections that we expect could come this winter.

Our new virtual wards have already treated their first patients, which included 56-year old Dean Brown, from Huthwaite, who received treatment for chronic obstructive pulmonary disease (COPD) and asthma shortly after the scheme launched.

Patients in virtual wards will be supported and monitored on a daily basis using remote monitoring apps, utilising technology platforms and using medical devices such as pulse oximeters, which record vital health data about blood oxygen saturation and heart rates. Patients can also receive face-to-face care from teams based in the community.

As the service develops, we hope that virtual wards could be extended to treat other patients across our hospitals.

Telling the story of how our hard-working NHS colleagues are managing winter pressures

Following a number of really busy weeks across our hospitals, we have welcomed a number of local journalists into our hospitals to 'go beyond the headlines' to explain the reasons behind some of the pressures we are seeing. Those opportunities have included a dedicated show broadcast live from *BBC East Midlands Today*, featuring on *BBC Radio Nottingham* and our continued involvement in Mansfield 103.2FM's weekly NHS Show.

Platforms like these present an important opportunity to explain the role that our Trust, our patients and our partners all have to play in helping our NHS to manage the pressures we are facing as winter approaches.

And whether it was in explaining how all our colleagues are working hard to keep our hospitals moving at a time when there were 124 patients who were medically fit-for-discharge in our hospitals or shining a light on the work of our brilliant army of volunteers, opening the doors to our hospitals through media opportunities like these are becoming an increasingly important platform for us to get closer to the communities we serve.

Thank you to everyone – including our colleagues and local media alike – who have helped to tell the story of how hard we are all working to keep services running safely this winter.

Promoting Sherwood Forest Hospitals as a great place to work

The past month has seen us step-up our recruitment efforts, as we continue to promote our Trust as a great place to work to the local communities we serve – many of whom will have a very real interest in working for their local hospitals.

Recruitment activity this month has included:

- Announcing a recruitment day to promote and recruit to the host of roles available at Newark Hospital right now

- Preparing for an exciting 'Step into the NHS' recruitment event at West Notts College in the New Year to showcase the range of routes that anyone looking to start a career in the NHS may take – including through courses at West Notts College and Nottingham Trent University.

- Hosting a dedicated recruitment event for our Theatres department, which saw us recruit six members of #TeamSFH who we are looking forward to welcoming to the Trust.

- Beginning to share our latest Trust vacancies each week on the Trust's popular Facebook Page, as well as through a dedicated recruitment 'slot' during the *NHS Show* on Mansfield 103.2FM.

Preparing for the possibility of industrial action

We now know that many of the biggest hospitals in England will see strike action from members of the Royal College of Nurses, following the outcome of their recent ballot.

The ballot result at Sherwood missed the requirements to qualify for action. That doesn't mean we are unaffected however, as many of our near neighbours – like Nottingham University Hospitals and Nottinghamshire Healthcare – are anticipating action that we know will have some impact on us, our people and the services we provide.

We value our staff and understand that good pay and conditions are important – not only for individuals and their families but for wider issues such as retention and recruitment too.

The NHS needs to be prepared for any potential industrial action to ensure there is minimal disruption to patient care and that emergency services continue to operate as normal.

From a Trust perspective, we have tried-and-tested plans to prepare for a whole range of eventualities to ensure we can continue to provide the best possible care to patients. A Trust-wide management team is now meeting on a weekly basis to monitor and respond to the latest developments and, as soon as a date is announced for any industrial action, we will communicate the impact of that to our staff, our stakeholders and the public we serve.

Trust recruiting new Director of Corporate Affairs as Shirley Higginbotham announces planned retirement

#TeamSFH has begun the process to recruit a new Director of Corporate Affairs, after Shirley Higginbotham announced her plans to retire in May 2023.

Shirley has been with the Trust since joining in April 2013 and has played a pivotal role in overseeing the Trust's journey from being placed into special measures to now being rated as 'Good' and King's Mill Hospital as 'Outstanding' by the CQC.

The portfolio for the role will continue to include corporate governance, including the Board of Directors and the Council of Governors, risk management, information governance, the Corporate Secretariat, Community Involvement, volunteers and the Trust charity.

Shirley has announced her retirement to give the Trust as much notice as possible to recruit a replacement and ensure a smooth and comprehensive handover to her successor.

[That vacancy is now being advertised on our website](), with applications being welcomed before midnight on Friday 2 December 2022.

On a personal note, I have worked with Shirley throughout my time here at SFH and she has played an incredible part in the journey we have all been on together, particularly in building trust and confidence in ourselves and the communities we serve that our local hospitals are in safe hands.

I am grateful for all that Shirley has done for this Trust and our patients and we wish her a long, happy and healthy retirement – when that day comes.

New 'BadgerNotes' app to revolutionise maternity care

Parents-to-be across Nottinghamshire are now able to access their pregnancy notes online, thanks to a project that is helping to revolutionise maternity care.

We have worked with Nottingham University Hospitals Trust (NUH) to move our paper-based maternity and handheld notes online as part of a joint project that will provide families with greater access to their pregnancy records and information via their smart phone, PC or tablet – at any time of the day or night.

The new digital record system has a whole host of features, enabling service users to view extracts of information from their pregnancy record in real time and log key pregnancy events.

They will be able to capture their choices of what they want to happen at each stage, learn about their baby's development and access information recommended by their midwife. They will also be able to view booked appointments and submit thoughts or questions about antenatal and postnatal care to review with their team at their next appointment.

It will help reduce the amount of time midwives spend capturing the same information on multiple paper records, which will free up more time to provide care. Another benefit is that information can be shared securely and more easily between the two Trusts should a patient at one Trust need to receive care from the other at any point during pregnancy.

This is a really exciting development for both families and our maternity teams that will improve the experience of expectant parents by increasing choice, personalisation and empowering them to take greater ownership of their maternity care. It will also make it easier for healthcare professionals to safely and securely access, manage and share information to make informed, timely decisions.

The Single Pregnancy Record also allows seamless transfer between NUH and SFH, ensuring information is always in the right hands.

All expectant parents who were using traditional paper notes before the launch of Badger Notes will be automatically moved over to the new system. Additional support has also been put in place to support families who are unable to use digital technology for any reason.

Specialist feeding pod introduced at King's Mill Hospital

In November, King's Mill Hospital became the first in the UK to provide a specialist pod to support visitors and staff to nurse their young children.

The MyPod™, which has been provided by a company called MumPod®, is the first of its kind to be installed anywhere in the UK. It is a purpose-built pod has been installed inside the main entrance of the hospital provides a private and comfortable place for parents to feed infants and express milk.

The lockable room, which is available 24 hours a day, contains a comfortable chair with footrest, a place to plug in a breast pump and charge a phone, dimmable lights, a bag storage area and baby changing facilities.

We have installed the pod following feedback from a member of staff and results of a staff survey, which confirmed there was a lack of suitable locations to express milk while at work.

The location of the pod, beside the Community Involvement Hub at King's Mill, means it can be used by all hospital visitors - not just staff. In addition to the pod, there are also baby feeding rooms near the main entrance of King's Mill and on the maternity ward. Parents are also welcome to feed their child anywhere on site if they feel comfortable.

The Trust holds Level 3 UNICEF Baby Friendly accreditation, meaning it demonstrates high standards of care to support families with feeding and help parents build a close and loving relationship with their baby.

As well as providing the pod, the Trust has implemented a policy for SFH employees who are breastfeeding or nursing upon returning to work, and guidance that enables managers to better support parents and their children, sharing the benefits of continued nursing for parents and children.

Nottinghamshire Integrated Care System Winter Plan

A system-wide Winter Summit was held on 26 October 2022 where it was agreed to develop a System Winter Plan to provide an overview of how local organisations are working together to meet the anticipated urgent and emergency care demands.

The completed plan is being presented to all Nottinghamshire partner NHS Boards and can be found at Appendix 7.1. It provides projections for healthcare demand and assimilates individual organisational actions and plans to increase capacity and activity, this includes the Board-approved SFH Winter Plan.

Progress will be reported to the Integrated Care Board at its next meeting in January 2023.

Risk ratings reviewed

The Board Assurance Framework (BAF) risks have been scrutinised by the Trust's Risk Committee. The Committee has confirmed that there are no changes to the risk scores affecting the following areas:

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits

- Principal Risk 7: A major disruptive incident

- Principal Risk 8: Failure to deliver sustainable reductions in the Trust's impact on climate change.

Single Oversight Framework

Reporting Period: Month 7 2022/23

Single Oversight Framework – Month 7 Overview

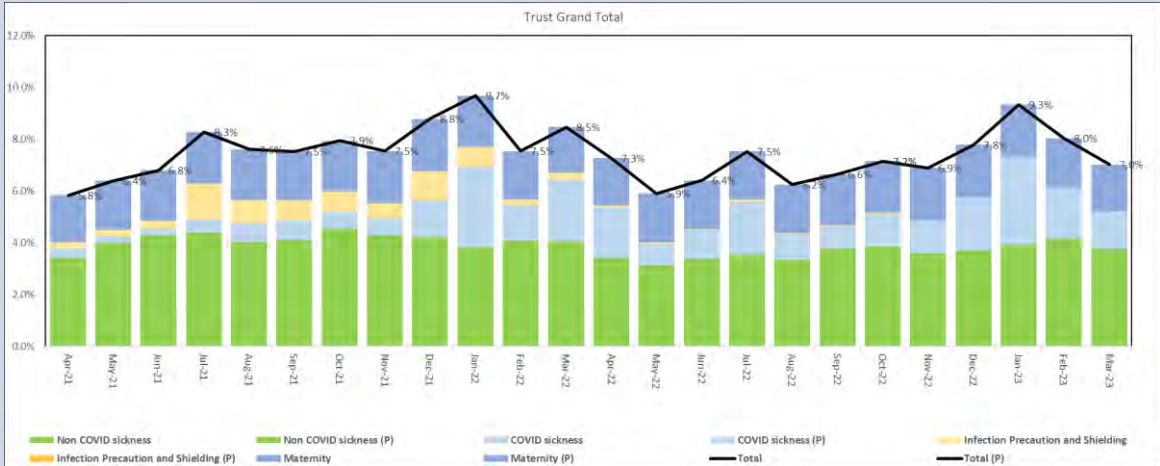| Domain	Overview & risks	Lead
Quality Care	In October 2022 the Trust continued to experience significant pressure across all services and pathways. Throughout the month additional capacity was flexed to meet the demand, the Full Capacity Protocol was enacted, and the Trust has been required to utilise super-surge.	MD, CN
	The Emergency Department has been under significant pressure and on occasions significant overcrowding, with extended waiting times for patients waiting for a bed. This has impacted on the medical and nursing staff to provide timely care and treatment of patients, and this does not allow our patients to have a good experience at the front door to our Trust. The Emergency Assessment Unit has also been impacted by the Full Capacity Protocol and have been required to increase their bed capacity to 46 beds, this has been assessed and a Quality Impact Assessment has been completed and signed off by the Chief Nurse and Medical Director to support this decision.	
	The Trust has undertaken a comparative risk assessment on the areas which are opened within the Full Capacity Protocol, and this has informed senior managers decision making in the opening of additional capacity.	
	The staff in all areas have experienced the significant pressure, which has impacted on their experience and their morale during these times, and despite these challenges medical and nursing, midwifery and AHP staff have continued to provide outstanding care and treatment.	
	There are three exception reports to note for October 2022: **Exception reports:** **Covid-19 Hospital onset** – There has been a decrease in nosocomial cases of Covid-19 within the Trust, with 14 definite hospital acquired Covid-19 and 6 possible cases. **Rolling 12 month MRSA bacteraemia infection rate as per 100,000 OBDs** – The Trust has breached the MRSA bacteraemia target for 2022/23, and the trajectory was set at '0'. There has been no further bacteraemia since July 2022. **Recommended Rate: Friends & Family Accident & Emergency** – There has been a slight improvement in the Friends & Family in the Emergency Department, the overall year to date compliance is 89.1%.	

Single Oversight Framework – Month 7 Overview

Domain	Overview & risks	Lead
People & Culture	**People** In October 2022 (M7) our sickness absence levels and overall workforce loss has increased. The current sickness level is reported as 5.1% which is an increase when compared to 4.5% in September 2022, this sits above the Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Across the ICS the sickness level for M7 are recorded at 5.5%. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.1%, this sits above the target 6.5%. As part of the Trusts Health and Wellbeing (HWB) approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. We held a successful menopause conference in October 2022 to align with World Menopause Day. Our wellbeing programme is also focusing on financial wellbeing, staff mental health and physical health, with programmes around World Mental Health Day and focuses on loneliness. For Month 7 our Flu vaccination take up is reported at 42.5%, it is acknowledged that this isn't where we have been in previous years, however nationally the NHS are reporting lower figures. To support the take up across SFH we are adopting different measures and where possible are taking the vaccine to staff. Actions we have undertaken are: we are holding pop up clinics at different locations, delivering joint vaccines with COVID that are both supported with clear communications. We have noticed an upward trajectory within our employee cases figures, analysis of this identifies 3 main areas, these include grievances and counter grievance relating to civility, ongoing concerns around clinical staff wearing face-masks and staff speaking up about racism (from both being on the receiving end or witnessing racism). Several Trade Unions have balloted or are balloting their members at the Trust for industrial action including strike action. The RCN ballot closed on the 2 November 2022. The results were published on 10 November 2022 which outlined the RCN did not meet the threshold to take strike action at Sherwood Forest Hospitals NHS Foundation Trust. Unison the Union and the Royal College of Midwives are currently conducting ballots for industrial action including strike action. The industrial action is in relation to the pay award and conditions of employment. To support the Trusts preparedness for any industrial action including strike action, an Industrial Action Group has been developed which meets weekly, this group is planning to ensure the Trust are able to respond to any notification from the Trade Unions regarding strike action to ensure essential services are delivered and staff are supported. Overall resourcing indicators for M7 are positive, our overall vacancy's has marginally reduced and is under target and turnover sits under the trust target. Supporting the winter plan and a planned reduction of our vacancy levels, we recent held successful recruitment fairs and continue to have the programme scheduled over the next few months.	DOP, DCI

Single Oversight Framework – Month 7 Overview

Domain	Overview & risks	Lead
People & Culture	**Culture and Engagement** The **National Staff Survey** for 2022 launched on Monday 3rd October remains open until Friday 25th November. Supporting teams with engagement in the survey has been the priority action for the Culture and Engagement team in month 7. In addition, the newly established OD Partner team have continued to review and revise the core OD offer into the organisation with a view to relaunching and formally introducing the team to the organisation in January. The core offers will focus on: - Embedding a coaching culture - Moving Civility, Respect and Kindness into action through our new ACTIVATE team programme offer - Team development day to include personality profiling and team charter - 360 degree facilitation - Mediation in particular support of FTSU The People Directorate Senior Leadership Team have continued their commitment to visit all sites across the organisation in pairs on a minimum of a monthly basis, although most pairs are making more frequent visits than this to support increased visibility of the team and the support that can be offered. **Reward and Recognition** continues to be a key focus for the team and Trust with regards 'getting the foundations right'. New foundations such as retirement acknowledgement and better long service acknowledgement are now in place with plans to relaunch monthly CARE values from the New Year. The SFH George Cross pin badge has also proven a positive engagement opportunity with colleagues, with excellent feedback and over 5000 now in circulation with colleagues across SFH. **Learning & Development** Our **Mandatory Training** and Development compliance currently sits at 87.0%. this is below our Trust target (90%). Training has now resumed as normal, and our Task & Finish Group have been working together to improve compliance. Training rates for our ICS are reported at 83.1% and show reductions over the last few months, within SFH we have seen a constant level showing our strong performance across mandatory training. The group is developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. The revised workbook offer is in its final stages. We expect to see an upturn in compliance during the coming months. The new induction process was introduced from mid-October and as such, increased assurance and compliance of all MAST requirements. **Appraisals** levels sit at 86% for October 2022, this is below the Trust target but favourable in comparison to National/local levels. This reflects the workforce loss during July due to COVID absences, along with Annual Leave impact during School summer holidays. A working group is in place to improve compliance and experience, the outcome of the Jul-22 meeting was the production of an options appraisal proposal (digital vs paper-based approach). This appraisal has been shared with TMT with a recommendation to implement revised paperwork from 1 April 2023. Next steps will be to introduce the new process and support ongoing development of quality of appraisals.	DOP, DCI

Single Oversight Framework – Month 7 Overview

Domain	Overview & risks	Lead
People & Culture	**COVID Absence –** The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for October 2022 was 7.2%, (September 2022 6.6%). This is expressed in figure 1. **Lateral Flow Tests –** Overall there were 14,419 test distributed, with 9,123 test registered (63.2%). Of the completed tests there has been 3,894 positive test (1.1% positive results). This is expressed in figure 2. Figure 1 – Total COVID Workforce Loss Figure 2 – Lateral Flow Tests 	DOP, DCI

Single Oversight Framework – Month 7 Overview

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care	October continued to be challenging across the emergency pathway. Bed pressures derived from excessive numbers of delayed medically safe for transfer (MSFT) patients were a key driver for performance against the 4 hour standard, which improved in October 2022 to 76.7% from 75.4% in September 2022. Whilst this is some way short of the 95% of patients being seen under the 4 hour standard, the trust continues to be one of the best performers nationally and regionally with the trust ranked 11th in the country and 3rd regionally. MSFT patient numbers improved slightly during October dropping from 111 to 103 which may be as a result of the implementation of the Integrated Care Hub and some system wide improvement schemes coming on line (D2A, VW). The data to measure success was not available at trust level to understand impact however this is being developed. MSFT remains significantly above the agreed position of 22 patients in delay. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 94.7% for 24 days out of 30, 18 of those days were over 95%. To date the reduction against the 25% follow up target, has been limited (4.8%) and due to the size of the overdue review list it is unlikely that this will change significantly. Good progress continues to be made against the 5% Patient Initiated Follow Up target with performance exceeding the target at 5.8%. Elective day case and elective inpatients fell behind plan in October, despite our highest number of day case procedures per month in this financial year. Key challenges are utilisation and staffing capacity. The number of patients waiting more than 62 days on a suspected cancer pathway in October was 107 which is over trajectory. 62 day performance for September improved slightly on the previous month increasing to 64.4% against a standard of 85%. Faster Diagnosis Standard (FDS) performance continues to be in target at 75.8% against the 75% standard. Patients waiting over 78 weeks dipped slightly in October, 35 patients against a trajectory of 31. Cardiology diagnostics and mutual aid were the main challenges in achieving trajectory.	COO

Single Oversight Framework – M7 Overview

Domain	Overview & risks	Lead

Best Value care	**Income & Expenditure:**
	
	• The Trust has reported a deficit of £2.0m for Month 7 (October 2022), which is £2.2m adverse to plan. Year-to-Date performance for the period to the end of October 2022 is a deficit of £11.5m, which is £7.0m adverse to plan.
	
	• The adverse variance in the year-to-date position is caused by:
	    • Non-receipt of expected Community Diagnostics Centre (CDC) funding
	    • Unplanned capacity costs, including the costs of additional beds and Covid-19 expenditure
	    • An out of area Elective Recovery Funding (ESRF) shortfall
	    • The net impact of Financial Improvement Programme (FIP) under-delivery, offset in part by other divisional underspends
	
	• The forecast outturn at Month 7 shows delivery of the planned £4.7m deficit for the financial year. However, a risk assessed forecast outturn suggests that this is unlikely to be delivered, due to the ongoing challenges noted above. NHS England have now published a protocol for changes to in-year revenue financial forecasts.
	
	• The Financial Improvement Programme (FIP) has delivered savings of £2.4m to the end of Month 7, which is £4.0m lower than planned.
	
	Capital Expenditure & Cash:
	
	• Capital expenditure remains behind plan, and although the phasing of the plan contributes to this an acceleration of key schemes is needed to ensure delivery. Capital leads remain confident in our ability to meet the full-year capital expenditure plan.
	
	• Although closing cash is slightly higher than planned, the year-to-date deficit means that the Trust has required working capital PDC support. A detailed daily cash flow forecast is being maintained and we are liaising with ICB partners and NHS England colleagues to ensure sufficient cash is available to manage our position.
	
	Agency Expenditure:
	
	• Additional capacity and agency covering vacancies within Divisions continues to cause pressures against the agency expenditure plan, with YTD costs exceeding plan by £2.1m. Executive led programmes to reduce overall agency expenditure, as well as price cap and framework breaches, are in place.
		CFO

Single Oversight Framework – Month 7 Overview (1)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
QUALITY CARE	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>44	Oct-22	46.57	48.72		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Oct-22	7.57	7.63		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Oct-22	17.94	20.93		A	CN	M
		Covid-19 Hospital onset	<37	Oct-22	133	17		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Oct-22	2.24	0.00		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Sep-22	96.3%	99.1%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Oct-22	8.8	8.7		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Oct-22	1.22	1.05		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Oct-22	89.1%	87.4%		R	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Oct-22	95.2%	95.3%		A	MD/CN	M
	Effective	Cardiac arrest rate per 1000 admissions	<u><1.0</u>	Oct-22	0.89	0.85		G	MD	M

Single Oversight Framework – Month 7 Overview (2)

	At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
PEOPLE AND CULTURE	Staff health & well being	Sickness Absence	<4.0%	Oct-22	4.6%	5.1%		R	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Oct-22	6.8%	7.1%		A	DoP	M
		Flu vaccinations uptake - Front Line Staff	>90%	Oct-22	45.2%	-		A		
		Employee Relations Management	<10-12	Oct-22	59	14		A	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Oct-22	4.7%	5.2%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Oct-22	0.6%	0.7%		G	DoP	M
		Mandatory & Statutory Training	>90%	Oct-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	Oct-22	85.6%	86.0%		R	DoCI	M

Single Oversight Framework – Month 7 Overview (3)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

		Metric	Target	Period			Trend	RAG	Owner	Freq
Timely Care	Emergency Care	Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Oct-22	78.1%	76.7%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Oct-22	208	207		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Oct-22	4.7%	4.0%		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	Oct-22	2.6%	2.4%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Oct-22	104	103		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Oct-22	95.4%	94.7%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Oct-22	16.4%	15.3%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Oct-22	5.2%	5.8%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Oct-22	-4.8%	-13.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Oct-22	94.2%	89.0%		R	COO	M
		Elective Inpatient activity against Plan	on trajectory	Oct-22	89.2%	86.4%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Oct-22	100.8%	95.0%		A	COO	M
	Diagnostics	Diagnostics activity increase against Plan	on trajectory	Oct-22	111.0%	110.3%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Oct-22	-	46978		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Oct-22	-	35		R	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Oct-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Oct-22	96.9%	93.1%		A	COO	M
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	75	Oct-22	-	107		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Sep-22	77.6%	75.8%		G	COO	M

Single Oversight Framework – Month 7 Overview (4)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	£0.00m	Oct-22	-£7.02m	-£2.22m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	£0.00m	Oct-22	-£3.98m	-£1.03m		A	CFO	M
		Capital expenditure against Plan	£0.00m	Oct-22	£6.57m	£0.92m		A	CFO	M
		Cash balance against Plan	£0.00m	Oct-22	£0.08m	-£0.18m		G	CFO	M
		Agency expenditure against Plan	£0.00m	Oct-22	-£2.10m	-£0.06m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Oct-22	133	17		R	CN	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Chart legend: Actuals · Lower limit · Upper limit · Target
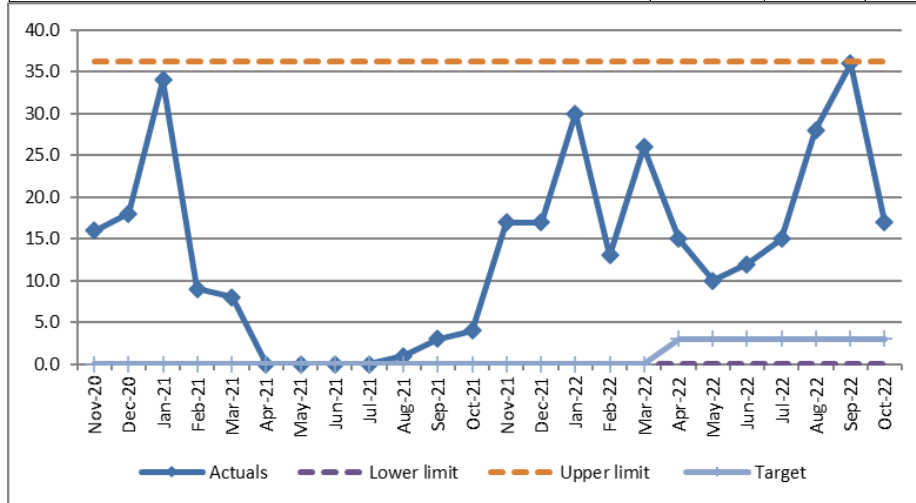
National position & overview

During October we saw 14 cases of definite hospital acquired Covid-19 and 6 probable cases. This is an decrease of 16 cases from September 2022.

Root causes

- The majority of our cases in October were related to visitors non-compliant with mask wearing within the clinical environment or were the contact of a community positive case.

Actions

- Continuation of asymptomatic testing within the Trust;
- 48 hour testing for patients identified as care home discharges;
- Maintaining the use of chlorine for cleaning areas that have Covid-19 cases;
- Additional communications to visitors to wear masks during their visit to the hospital.
- Review of current mask wearing and testing regime guidance planned

Impact/Timescale

- To identify Covid-19 cases as early as possible and commence isolation;
- To reduce environmental contamination;
- To reduce the risk of cross infection from visitors who may be asymptomatic for Covid-19.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Oct-22	2.24	0.00		R	CN	M

NHS

Sherwood Forest Hospitals
NHS Foundation Trust
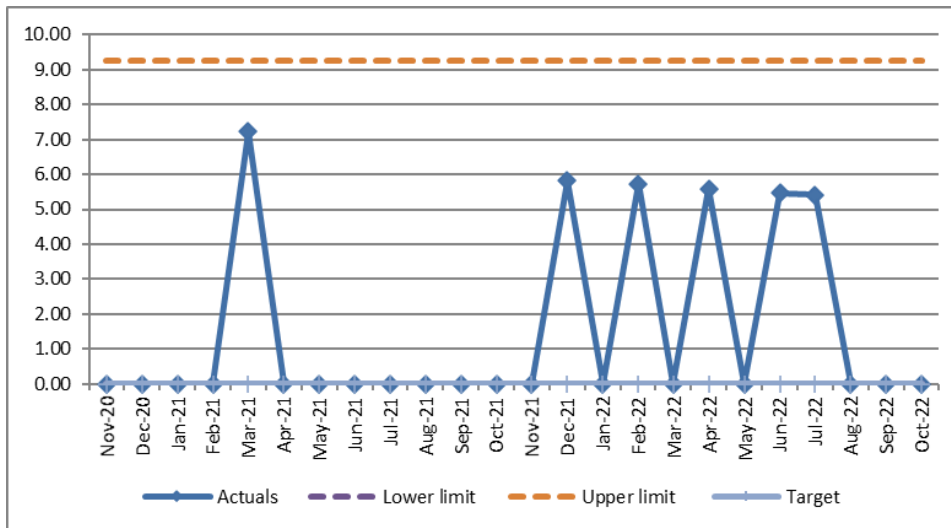
National position & overview

- The trust has breached our MRSA trajectory for the year, which was set at 0 and we have now had 3 cases. The last case being in July.

- All other organisation in our region have also breached their target and 7 of our peer Trust.

Root causes	Actions	Impact/Timescale
• There have been no further cases of MRSA bacteraemia in October.	• Fundamentals of IPC training is being carried out by the Infection Prevention & Control team on all wards and departments.	• To support all patients who are high risk getting the correct treatment in a timely manner. • Decolonisation will be on Nerve Centre which should improve compliance.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Accident and Emergency	<90%	Oct-22	89.1%	87.4%		R	MD/CN	M

Sherwood Forest Hospitals
NHS Foundation Trust
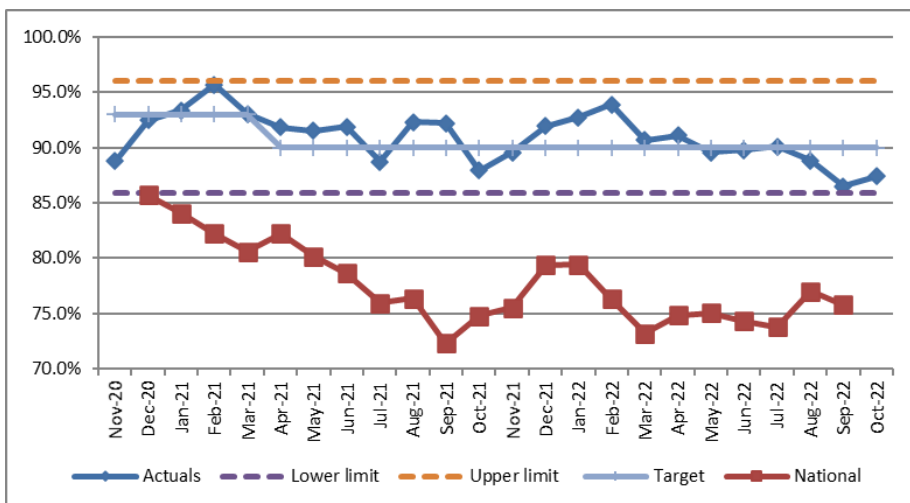
National position & overview

- Nationally all Emergency Departments are under extreme pressure and overcrowding, and the Trust's Friend & Friend reflects the national picture.

- The Trust is currently 87.4% compliant on the Friends and Family in Emergency Department and has improved slightly in month, with a year to date average of 89.1% compliance.

- Nationally the compliance year to date is 54.9% compliance.

Root causes	Actions	Impact/Timescale
• The pressures in the Emergency Department with the Full Capacity Protocol being enacted majority of the time, have not allowed the staff time to hand out the Friend & Family.	• Volunteers are supportive in ED and lead nurse/ Head of Nursing will discuss wit the Volunteer Manager to establish if this is something that is within their remit.	• Improvements by January 2023

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Oct-22	4.6%	5.1%		R	DoP	M
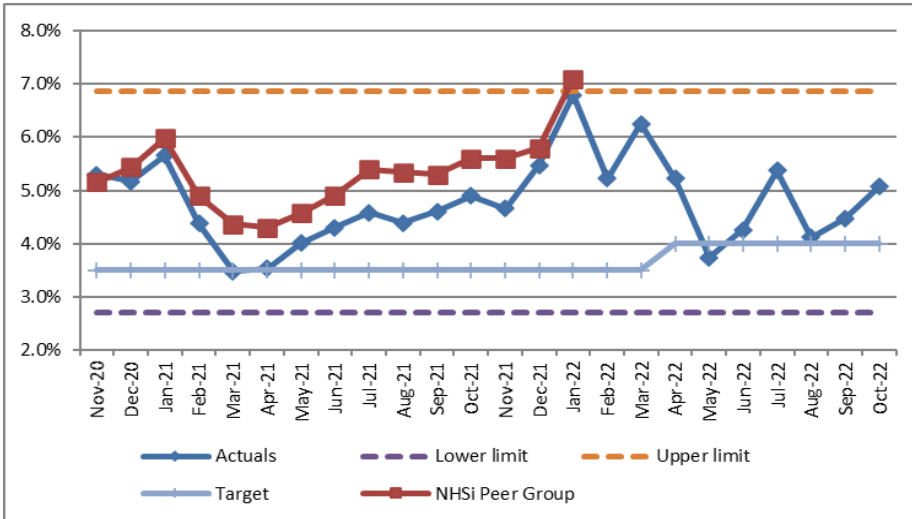
NHS
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

The Trust benchmarks favourably against a national and localised sickness figure, across NHS providers in Nottinghamshire SFH sits below the ICS average (5.5%)

Our NHSi peer group follows a similar trend to the sickness absence level at Sherwood Forest Hospitals, however the Trust level has sat below the NHSi peer group. We are currently waiting for updates to Model system so we can updated our benchmarks

Root causes

Sickness absence levels has shown a increase since August 2022 to a position of 5.1% in October 2022. This sits below the upper SPC and sits above the Trust Target (3.5%). The sickness absence levels is above the sickness absence level in October 2021 (4.9%)

The short term sickness absence rate for October 22 is 3.1%. (September 2022 – 3.1%).

The long term sickness absence rate for October 22 is 2.0%. (September 2022 – 1.4%).

COVID related absence make up 1.2% of the sickness absence level and has shown a gradual increase from last month

Non COVID related absence has seen an gradual increase, however this is an expected annual movement.

Actions

The increase in absence levels coincidences with the increase nationally with the COVID surges and sicknesses associated with the winter period (Cold, Coughs and Flu)

We have forecasted an increase in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine.

Impact/Timescale

The sickness levels are recorded above the Trust target (3.5%), and sits below the upper SPC level.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	>95%	Oct-22	85.6%	86.0%		R	DoP	M
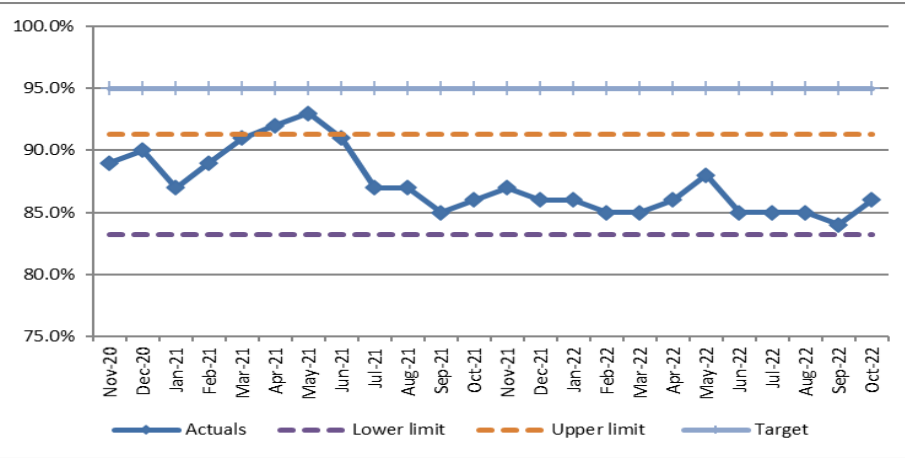
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for M7 2022 is recorded at 79.8%.

The NHS Corporate Benchmarking exercise indicates the Trust compliance level on appraisal is in the upper quartile , with the national NHS median at 76.3%, and the upper quartile at 82.2%. These figures are for 2021/22.

Root causes

The Appraisal position is reported at 86.0%, and is at a higher level than last month.

The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during August due to COVID absences, along with Annual Leave impact.

Actions

Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance.

Ongoing actions:
Options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration. Agreement to pursue a digital model was made and a first version to be commissioned and demonstrated in the coming weeks.
The move to a digital platform is thought to offer as more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches.
PLT policy will also protect time around appraisal activity to ensure that staff feel the importance of quality appraisal.

Impact/Timescale

We will continue to strive for improvements in compliance between now and September, but recognise there will be a higher level of annual leave , so will continue to monitor
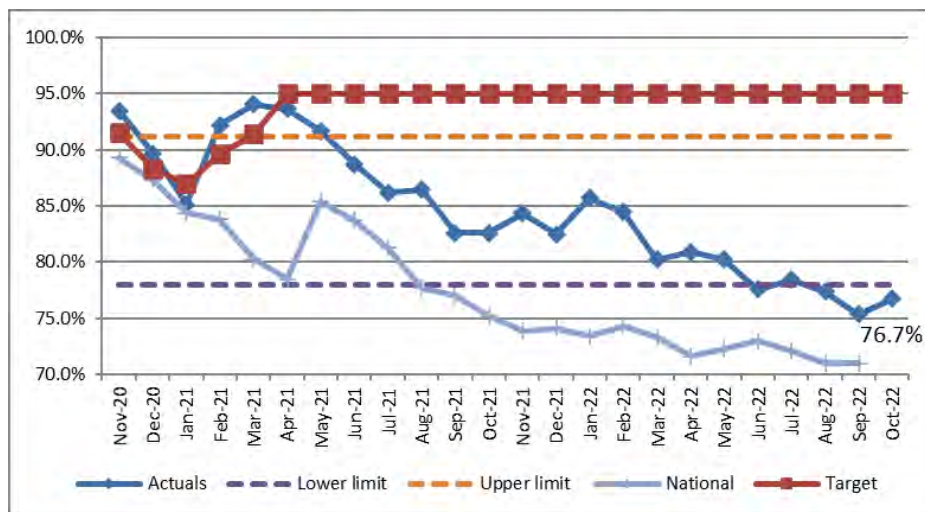
By end 22/23

Build first version of new system to showcase at next iteration of TMT.

Update PLT policy and highlight through relevant cabinets then nursing / midwifery cabinet.
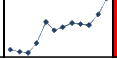
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Oct-22	78.1%	76.7%		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Chart legend: Actuals — ● ; Lower limit — ● ● ● ; Upper limit — ● ● ● ; National — ● ; Target — ■ ■ ■
Value shown on chart: 76.7%

National position & overview

- SFH performance was 76.7% for October 2022.
- Performance continues to be driven mainly by exit block and high numbers of MSFT
- Newark UTC performed well with an average 99.0% of patients seen and treated under 4 hrs.
- National rank 11th out of all comparison Trusts
- Regional rank 3rd
- Bed pressure was a key driver of performance.
- Medically Safe For Transfer is driving a total of 4 wards worth of demand against a threshold of one.
- 12 hr Discharge to Assess - 98, rank 45th out of 107 comparison trusts.
- Average attendances were 476, with 7 days of the month exceeding 500
- In the month of October, the trust hit OPEL level 4, 14 days out of 31 but was also able to hit and maintain OPEL level 2 for 3 consecutive days mid month.

Root causes	Actions	Impact/Timescale
Bed capacity pressure • The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination. **Waiting to be seen / Time to Decision** • Attendances in October were 14,751 (average of 476 per day) which continues to be more than planned capacity coupled with increased acuity.	Oakham ward was opened to 12 beds with the remaining beds to be opened early December. Utilising the UCR capacity for 'settling in' where patients who attend ED are able to be discharged safely with the UCR team to bridge any gap in smaller POC (package of care) over night/for a few hours. ED workforce capacity paper was presented and agreed at TMT. The Optimising Patient Journey (OPJ) Improvement Programme is conducting a rapid improvement cycle across all adult wards throughout November and December, with outcomes reported into the Emergency Care Steering Group.	• December 2022 • In place • Recruitment underway • On-going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Oct-22	104	103		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust
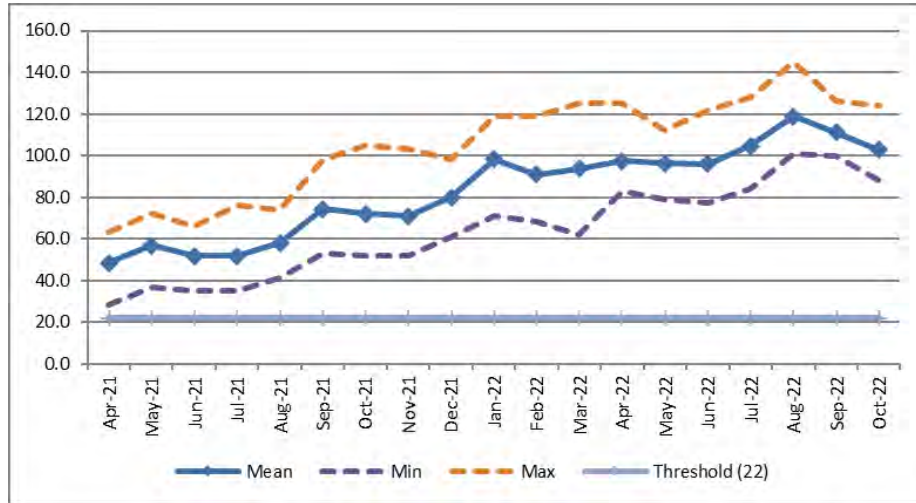
National position & overview

- Whilst there has been an improvement in October, the local position remains significantly above the agreed threshold of 22 patients in the acute trust.
- There are currently over 4 wards worth of patients in delay .
- Additional winter capacity as described in the winter plan has opened.
- The SFH and Notts Health Care Respiratory Virtual Ward pathway start date was delayed due to staffing issues with NHT.
- System D2A programme started and has had some success but not meeting the required trajectory.
- Working with system discharge lead to improve internal discharge process.
- Provider collaborative work with NHT to increase home care packages has had small success in October.

Root causes	Actions	Impact/Timescale
• Lack of staff within care agencies to support P1 discharges.	• Working with adult social care and ICB to significantly improve the interim bed offer process.	• Ongoing
• Ongoing delays for patients requiring Decision Support Tool (DST) assessment for higher level Funded Nursing Care (FNC).	• Transfer of Care Hub opened 17 October.	• Complete
	• Provider collaborative action with Notts Health Care to expand current scheme to deliver home care.	• In place
	• Internal audit of bed designation taking place to inform system wide actions.	• Complete

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Oct-22	95.4%	94.7%		R	COO	M

Sherwood Forest Hospitals
NHS Foundation Trust
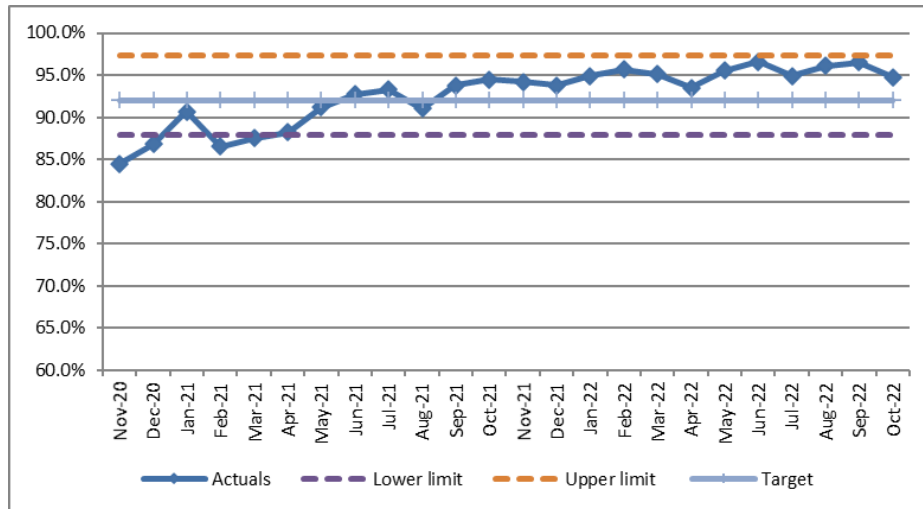
National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%.
- Delays to the onward care of medically safe for transfer (MSFT) patients continue to have a detrimental effect on capacity and flow.
- Throughout October the trust operated above 92% occupancy on 24 days out of 30 days, of those, 18 were over 95%.
- Additional winter capacity is open.

Root causes

- The Trust continues to experience delays in the discharge of patients who are MSFT.

- There are 4 wards of patients who are medically fit for transfer but have no onward destination.

- Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers and associated increasing length of stay.

Actions

- Daily MSFT calls with system to place patients. Escalation to daily system call.
- System calls attended by DCOO to ensure appropriate challenge to partners.
- Continue to utilise SDEC and Streaming pathways to turn patients around at the front door and avoid admission.
- Progressing alternative discharge pathways with system colleagues through the Provider Collaborative.
- Transfer of Care Hub opened.
- Audit to understand the numbers of delayed patients by pathway within the organisation to inform system conversation.
- Proactively working with system discharge lead to review internal discharge process and improvements.
- OPJ ward process rapid improvement cycle commenced

Impact/Timescale

- Ongoing
- Ongoing
- Ongoing

- In place

- Complete
- Complete

- Ongoing

- Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Oct-22	-4.8%	-13.1%		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust
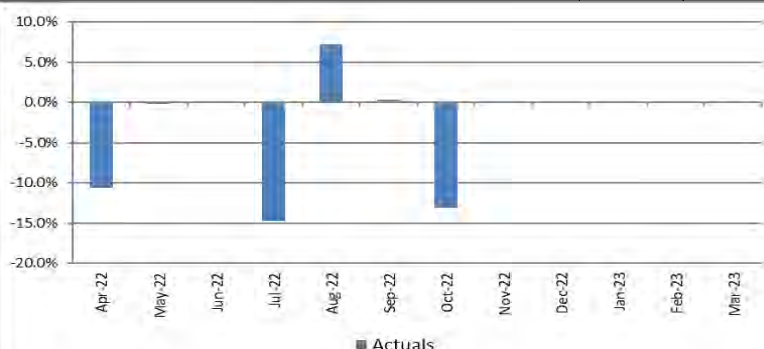
National position & overview

- 13.1% more follow-up appointments delivered in October 2022 versus October 2019, with 4.8% more follow-up appointments delivered YTD against 19/20. SFH submitted a non-compliant plan against this metric in ICS planning round.
- National target to achieve a 25% reduction in follow-up outpatient attendances; due to the volume of overdue reviews the Trust will not achieve a 25% reduction.

Root causes	Actions	Impact/Timescale

Backlog volume and overdue reviews which are driving an increase in activity.
 	
Improvement productivity worksteams to reduce backlogs.
 	
Patient Initiated Follow Up (PIFU) pathways are not in place for all specialities.
	• DNA rate of 7% in October, lowest % since November 2021:
	  - Text message reminders are now being sent to all patients at Day 5, in addition to the existing Day 10 and Day 3 reminder messages
	  - An audit of clinic codes not linked to text message reminders when they should be is being conducted; patients booked into these clinics will now receive text reminders for their upcoming appointment (46 clinic codes have been identified so far)
	  - Text reminders now include the name of the specialty the appointment relates to, which is clearer for patients who are being seen under multiple specialties
	  - Additional comms in outpatient areas is being planned to emphasise the impact of missed appointments
	• Focus on boosting outpatient productivity through tighter control of booking processes and more efficient backfill of short-notice cancellations
	• Focus on maximising utilisation of available outpatient estate – vacant sessions available across Newark Hospital have been escalated to divisional leads to understand where there is appetite/ability to deliver additional activity; additional gynae clinics to go live from mid-December, and additional Respiratory Physiology clinics to go live from early January. Process to be replicated for King's Mill in coming weeks
	• Continued work to improve use of PIFU (Trust already performing above target; 5.8% outpatient attendances added to PIFU in October) and introduce in specialties where is it not currently utilised. Comms strategy to promote PIFU both to clinicians and patients has been developed. Plan to go-live in the New Year.
	• NHSE support to pilot online forms to help validate waiting lists and support moving additional patients to a PIFU pathway
		On-going - monitored through bi-weekly outpatient utilisation meetings
		
		On-going
		
		December 2022
		
		January 2023
		
		January 2023

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Oct-22	16.4%	15.3%		R	COO	M

Remote Attendances as a percentage of Total Outpatient Attendances

Legend: Actuals, Trajectory
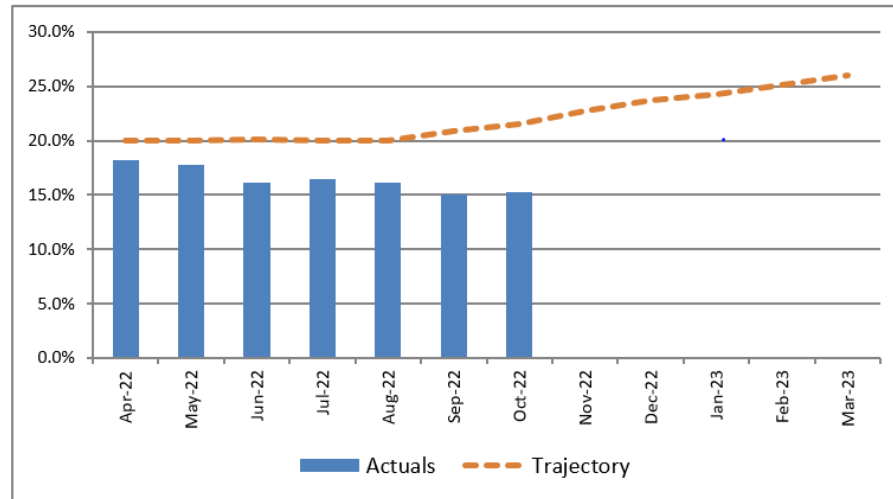
National position & overview

- National target to deliver 25% of all outpatient attendances virtually (telephone or video).

- In October 2022, 15.3% of outpatient consultations were delivered virtually against the national target of 25%

Root causes

• Clinical preference for face to face consultations.

• Infrastructure issues with regards to connectivity, space and support.

• Capacity of comms/IT colleagues to develop patient information repository to support virtual appointments.

Actions

- Project Team established o define problems and actions to address.
- Specialities are being individually reviewed to understand how we can increase virtual attendances
- The Video Appointment webpage is now live.
- Workstreams established across internal processes and clinical governance, data (reporting and recording)
- Targeted meetings with specialties with significant opportunity to improve. To provide specialties with data and discuss approaches to improving position.
- Exploring enabling approach to support accessibility in Newark area by providing a room for patients with equipment to access virtual appointment

Impact/Timescale

- Ongoing

- Underway

- Webpage providing information and reassurance to patients

- Meetings taking place November / December

- Potential being scoped in late November early December

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Day Case activity against Plan	on trajectory	Oct-22	94.2%	89.0%		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust
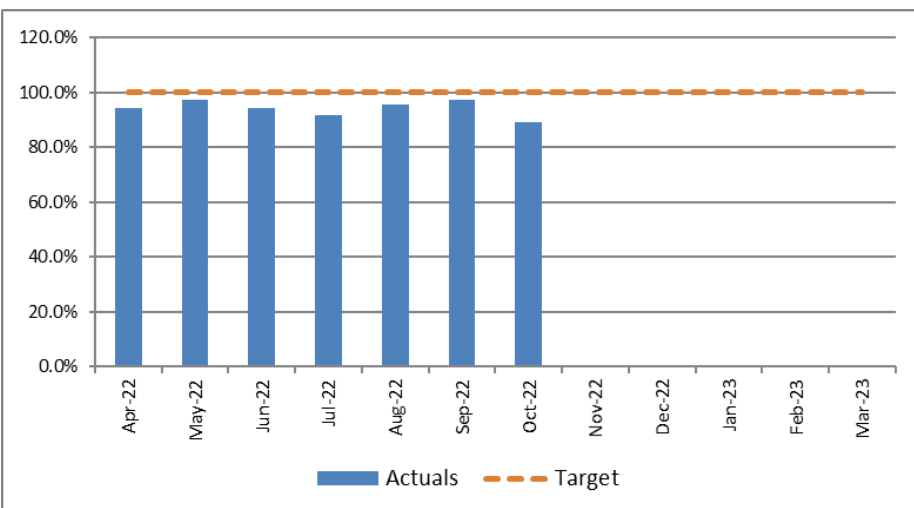
National position & overview

- For October 2022 activity performance against plan is 89%.

- Activity volume was 3345 (highest to date financial year) against the 2022/23 plan of 3757

- When comparing October 2022 projection to October 2019, activity for both years, Elective DC was 3345 V 3328 (+17)

- In October there were 8 cancellations in total, 5 were patient initiated cancellations; 2 due to clinical reasons and 1 due to non-clinical reason.

Root causes	Actions	Impact/Timescale
Insufficient activity to meet anticipated plan.	Currently assessing approaches to implement an increase in theatre utilisation by minimising the number of vacant sessions.	To be fully scoped December 2022
Theatre session utilisation.	Recruitment underway for anaesthetics and theatres and plan for further recruitment later in the year being developed.	October/November 2022
Staffing capacity across anaesthetics, theatres and specialty consultants.	Urology biopsies to be moved out of theatres into clinic to provide additional theatre capacity.	Phase 1 underway; Phase 2 December 2022.
	Target Investment Funds secured for expansion of theatres at Newark.	April 2023.
	Getting it right first time workstreams underway in Urology, Orthopaedics and Breast. ENT is due to commence soon.	Ongoing.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Oct-22	89.2%	86.4%		R	COO	M
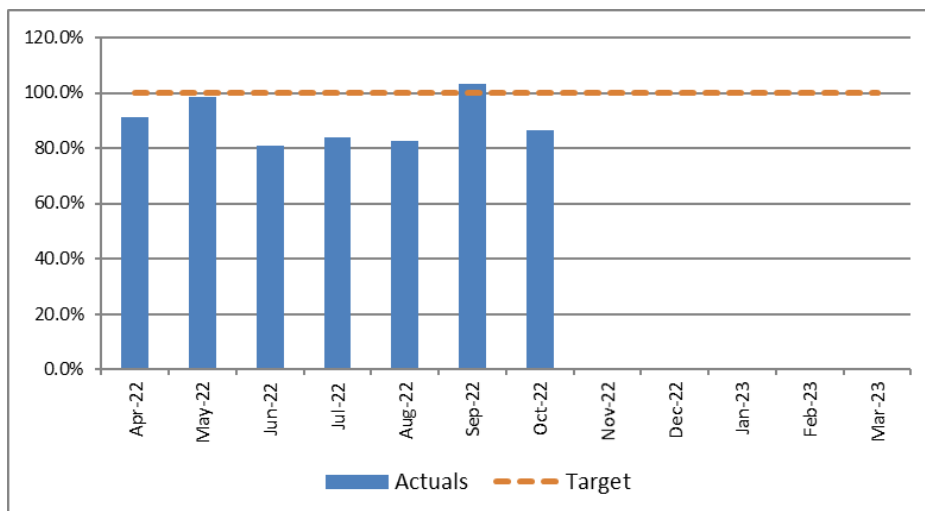
NHS
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- For October 2022 activity performance against plan is 89%.

- Activity volume was 329 against the 2022/23 plan of 381

- When comparing October 2022 projection to October 2019, activity for both years:
  - Elective IP –329 V 375 (-46)

- In October there were 5 cancellations in total, 4 patient initiated cancellations and 1 due to clinical reasons.

Root causes	Actions	Impact/Timescale
Insufficient activity to meet anticipated plan. Theatre session utilisation. Staffing capacity across anaesthetics, theatres and specialty consultants.	Currently assessing approaches to implement an increase in theatre utilisation by minimising the number of vacant sessions. Recruitment underway for anaesthetics and theatres and plan for further recruitment later in the year being developed. Urology biopsies to be moved out of theatres into clinic to provide additional theatre capacity. Target Investment Funds secured for expansion of theatres at Newark. Getting it right first time workstreams underway in Urology, Orthopaedics and Breast. ENT is due to commence soon.	To be fully scoped December 2022 October/November 2022 Phase 1 underway; Phase 2 December 2022. April 2023. Ongoing.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting 78+ weeks for treatment	on trajectory	Oct-22	-	35		R	COO	M

Sherwood Forest Hospitals
NHS Foundation Trust

Number of patients waiting 78+ weeks for treatment

Legend: Actuals — Lower limit — Upper limit — Trajectory
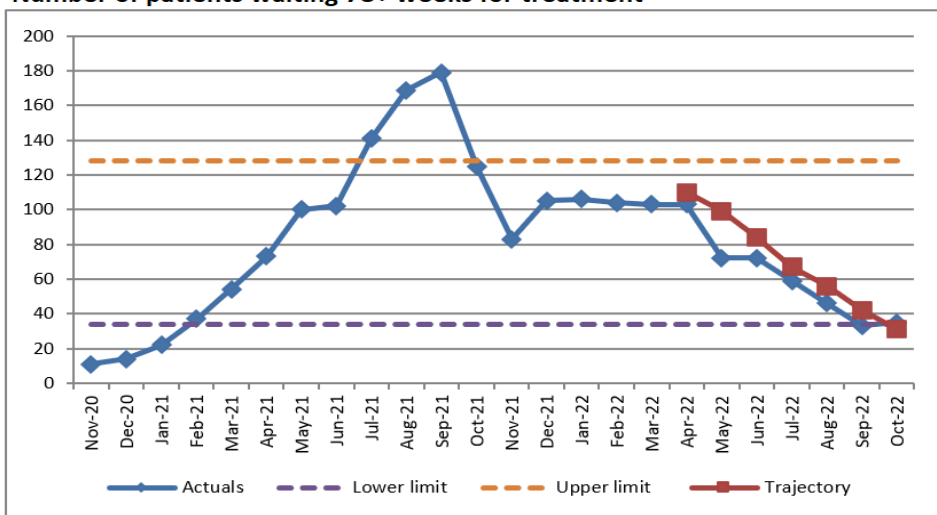
National position & overview

- In October there were 35 patients waiting over 78 weeks behind a trajectory of 31
- Working across the Integrated Care System to equalise waits

Root causes

- Insufficient capacity for Cardiology diagnostics, particularly ECHO and CT which are nationally challenged diagnostics (2 patients)

- Mutual aid in Urology and ENT have increased the size of the waiting list making it more difficult to meet trajectory in these specific specialties. (This relates to 2 patients)

Actions

- Alternative access for provision of independent sector support or insourcing to increase capacity is being explored.
- Request for mutual aid has been raised with the mutual aid hub. As nationally challenged diagnostic this has been unsuccessful so far

- Support workers to increase capacity within existing clinics being explored

- Monitoring all patients over 78 weeks and approaching 78 weeks through patient tracking and validation, including all incoming mutual aid.

Impact/Timescale

- December 2022

- Ongoing

- January 2022

- Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of local 2ww patients waiting over 62 days for cancer treatment	75	Oct-22	-	107		R	COO	M

NHS Sherwood Forest Hospitals
NHS Foundation Trust
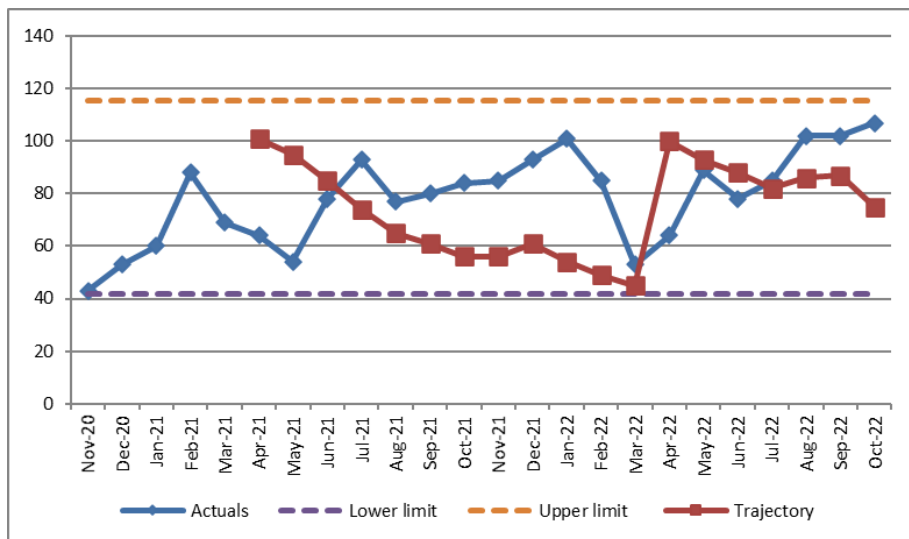
National position & overview

- October 2022 backlog is 107 against a trajectory of 75.
- 64.4% of patients in September were within 62 days against a target of 85% (97 patients in total were within target with 34.5 breaches) – the Trusts national ranking was 54 (of 127).
- The average wait for first definitive treatment in September was 64 days.
- The number of patients that waited >104 days at September month end was 28.
- The Faster Diagnosis Standard (FDS) performance was 75.8% achieving the 75% standard in August, giving a national ranking of 28 (of 125).

Root causes	Actions	Impact/Timescale
• Lower GI contributes to over 50% of the 62 day cancer backlog. • Overall increase in average number of weekly referrals from 314 pre-covid to 381, with an upper limit of 473. • Skin affected by consultant capacity. • Urology affected by prostate capacity.	• Pathway improvement project commenced. Shadowing and scoping complete. Pathway review and process mapping sessions taking place during November to agree and finalise action plans. • Clinical cancer lead appointment made and commenced in post. • Additional administrative support identified to support consultant reviews. • Locum consultant recruitment underway to increase capacity. • Locum consultant appointed and started 1 November to increase establishment to improve the capacity gap. • Optimal timed pathway improvement agreed for commencement to lead transformation improvements e.g. teledermatology and straight to biopsy. • Engaging with the NHS England workshop to learn about new solutions and resources. • Pilot of biopsies in a clinic setting as opposed to in theatres to increase capacity by 75% and reduce waiting times to deliver in line with optimal prostate timed pathways. Phase 1 commenced.	• Underway • Completed • Commences December 2022 • Interview planned for 13 December 2022 • November 2022 • Underway • 22 November • Phase 2 commences 5 December

Best Value Care

Income & Expenditure *Trust Level Performance against Plan*	In-Month	**(£2.22m)**	The Trust has reported a deficit of £1.99m for Month 7 (October 2022), on an ICS Achievement basis. This is a £2.22m adverse variance to the planned deficit.
	Year-to-Date	**(£7.02m)**	The Trust has reported a deficit of £11.53m for the Year-to-Date, on an ICS Achievement basis. This is a £7.02m adverse variance to the planned deficit.
	Forecast Outturn	**£0.00m**	The forecast outturn reported at Month 7 is aligned to the 2022/23 financial plan, as a deficit of £4.65m.
Financial Improvement Programme *Trust Level Performance against Plan*	In-Month	**(£1.03m)**	The Trust has reported FIP savings of £0.49m for Month 7 (October 2022), which is £1.03m lower than planned.
	Year-to-Date	**(£3.98m)**	The Trust has reported FIP savings of £2.35m for the Year-to-Date, which is £3.98m lower than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast FIP savings of £13.95m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m).
Capital Expenditure Programme *Trust Level Performance against Plan*	In-Month	**£0.92m**	Capital expenditure in Month 7 (October 2022) totalled £1.00m, which is £0.92m less than planned.
	Year-to-Date	**£6.57m**	Capital expenditure totals £4.59m for the Year-to-Date, which is £6.57m less than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan.
Cash Balance *Trust Level Performance against Plan*	In-Month	**(£0.18m)**	The Trust's cash balance decreased by £0.03m in Month 7 (October 2022), which is an adverse variance of £0.18m compared to the plan.
	Year-to-Date	**£0.08m**	The Trust reported a closing cash balance of £1.70m as of 31st October 2022, which is £0.08m higher than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast a year end cash balance of £1.45m for 2022/23, which is aligned to the plan, but which requires working capital borrowing support.

Best Value Care

Agency Expenditure Against Plan *Trust Level Performance against Plan*	In-Month	**(£0.06m)**	The Trust has spent £1.50m in month 7 (October 2022). This is a £0.06m adverse variance to the planned level of spend.
	Year-to-Date	**(£2.10m)**	The Trust has spent £10.40m for the Year-to-Date on agency, This is a £2.10m adverse variance to the planned level of spend.
	Forecast Outturn	**(£3.27m)**	The forecast outturn reported at Month 7 is to spend £17.88m on agency. This will be £3.27m adverse to the planned level of spend.

Best Value Care

M7 Summary

- The Trust has reported a year to date deficit of £11.53m for the period up to the end of October 2022 on an ICS Achievement basis. This is an adverse variance of £7.02m to the planned deficit of £4.51m.

- The ICS forecast outturn reported at Month 7 is a £4.65m deficit in line with the 22/23 financial plan.

- Capital expenditure for Month 7 (October 2022) was £1.00m. This was £0.92m lower than plan primarily relating to MRI where funding has yet to be formally approved. The capital plan requires PDC capital support, and the associated request has been submitted to NHSE/I for review and approval.

- Closing cash on the 31st October was £1.70m, which is £0.08m higher than planned. The cashflow forecast demonstrates that working capital PDC support is required to support the forecast cash outflow. A submission has been made to DHSC for support in November and December. This is a consequence of delays in receiving funding, current slippage to plan including delivery of cash releasing efficiency savings and utilisation of balance sheet items which are not cash backed in year. Cash support of £4.37m has been approved for November.

- The Trust has year to date expenditure of £10.40m of agency costs. This is £2.10m adverse to the planned spend of £8.30m due to additional capacity opened and agency covering vacancies within Divisions.

	October In-Month			Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.25	38.02	(0.23)	269.30	268.46	(0.84)	459.48	463.01	3.54
Expenditure	(38.03)	(40.01)	(1.98)	(273.87)	(279.95)	(6.08)	(464.23)	(467.65)	(3.42)
Surplus/(Deficit) - ICS Achievement Basis	**0.23**	**(1.99)**	**(2.22)**	**(4.51)**	**(11.53)**	**(7.02)**	**(4.65)**	**(4.65)**	**(0.00)**
Capex (including donated)	(1.92)	(1.00)	0.92	(11.16)	(4.59)	6.57	(19.46)	(19.46)	-
Closing Cash	0.15	(0.03)	(0.18)	1.62	1.70	0.08	1.45	1.45	-
Agency Spend	(1.44)	(1.50)	(0.06)	(8.30)	(10.40)	(2.10)	(14.61)	(17.88)	(3.27)

	FY23 Target	FY23 Forecast	FY23 Variance	M7 Target	M7 Actual	M7 Variance	YTD Target	YTD Actual	YTD Variance	Overall Status
	FIP £11.73m / ERF £2.21m	FIP £11.73m / ERF £2.21m	FIP £0.00m / ERF £0.00m	FIP £1.34m / ERF £0.18m	FIP £0.27m / ERF £0.22m	FIP (£1.07m) / ERF £0.04m	FIP £5.03m / ERF £1.29m	FIP £0.83m / ERF £1.51m	FIP (£4.20m) / ERF £0.22m	**R** — Red rated due to YTD shortfall to plan and potential impact on full year forecast
Total	£13.95m	£13.95m	£0.00m	£1.52m	£0.49m	(£1.03m)	£6.32m	£2.35m	(£3.98m)	

(ation Trust)

Section 2 - Financial Improvement Plan Actual Delivery (Month 7)

Year To Date Delivery

a. In-month FIP delivery is behind plan. **We have delivered £833k against a plan of £5,033k**.

b. There are currently 20 schemes in delivery (an increase of 3 from last month).

c. Procurement savings were phased to start delivering from April. There is however currently only one scheme in delivery (started in July) for pacing consumables. It is anticipated more schemes will be included from month 8.

d. The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. 3 schemes have started to deliver in August. Projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget, may now be classed as Cost Avoidance.

e. The savings planned for Ophthalmology Transformation were due to start in July. Forecast delivery for this programme is however £144k ahead of target.

f. The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. The new Programme Manager started on the 19th September.

g. Within Corporate Services, an additional opportunity re: Unitary Charge credits has been forecast for delivery of £333k.

h. Other Corporate Services projects have been delayed such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities, plus mitigate against corporate overspends which are impacting on transactional FIP delivery.

i. Operational capacity has undoubtedly been impacted by the recent critical incident (and ongoing pressure); divisional FIP engagement has therefore been understandably challenging.

Programme	Overall Trust Target v Delivery Target £'000	Actual Delivery £'000	Delivery RAG	Corporate Services Division Target £'000	Delivery £'000	Delivery RAG	Diagnostics & Outpatients Division Target £'000	Delivery £'000	Delivery RAG	Medicine Division Target £'000	Delivery £'000	Delivery RAG	Surgery, Anaesthetics & Critical Care Division Target £'000	Delivery £'000	Delivery RAG	Urgent and Emergency Care Division Target £'000	Delivery £'000	Delivery RAG	Women's & Children's Division Target £'000	Delivery £'000	Delivery RAG
Medical Transformation	£1,316	£77	R	£0	£0		£38	£0	R	£603	£0		£323	£77	R	£249	£0	R	£103	£0	R
Nursing Midwifery and AHP Transformation	£893	£173	R	£0	£3	G	£30	£0		£381	£85	R	£178	£48	R	£162	£44	R	£143	-£6	R
Ophthalmology Transformation	£22	£81	G	£0	£0		£0	£0		£0	£0		£22	£81	G	£0	£0		£0	£0	
Outpatients Innovation	£12	£21	G	£12	£21	G	£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£18	£3	R	£0	£0		£18	£3	R	£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£233	£34	R	£53	£0		£12	£0		£88	£34	R	£58	£0		£12	£0	R	£12	£0	R
Estates & Facilities	£143	£319	G	£143	£319	G	£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£604	£0	R	£604	£0	R	£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£89	£0	R	£0	£0		£89	£0	R	£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£1,702	£123	R	£391	£29	R	£271	£14	R	£409	£7	R	£342	£46	R	£151	£0	R	£138	£27	R
Total	**£5,033**	**£833**	R	**£1,203**	**£372**	R	**£457**	**£17**	R	**£1,481**	**£126**	R	**£923**	**£252**	R	**£574**	**£44**	R	**£395**	**£21**	R

Board of Directors - Public

Subject:	SOF – Integrated Performance Report – Month 7 2022/2023	Date: 1st December 2022	
Prepared By:	Shirley A Higginbotham – Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham – Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham – Director of Corporate Affairs		
Purpose			
To provide assurance to the Board regarding the Performance of the Trust as measured in the SOF Integrated Performance Report		Approval	
		Assurance	x
		Update	
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
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	x
PR4 Failure to achieve the Trust's financial strategy	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
Executive Team 23rd November 2022

Executive Summary

The SOF – Integrated Performance report provides the Board with assurance regarding the performance of the Trust in respect of the standards identified on the dashboard.

This report is for month 7 2022/23, all standards, identified on the report are RAG rated and the threshold for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard these are illustrated in the individual slides.

There are a total of 43 standards reported on the monthly SOF report, of those 15 are rated as red, 13 are rated as amber, 14 are rated as green and one is currently only in shadow monitoring form, so no RAG rating is provided.

Quality Care

Three monthly standards are rated as red for month 7 compared to four for month 6, Cardiac arrest rate per 1,000 admissions has moved from a red to a green rating in the month with monthly actuals falling to 0.85 below the 0.89 standard a reduction from 1.28 in month 6. A brief overview of the actions in relation to the three standards rated as red is given below

COVID 19 Hospital Onset

During October there were 14 definite hospital acquired COVID-19 cases and 6 probable causes this is decrease from 16 probable causes in September.

Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBD's

There has been one case in Quarter 2, in July 2022. There have been no further cases in October, the standard is zero cases for the year.

Recommended Rate – Friends and Family, Accident and Emergency

There has been an improvement of the year-to-date average in the month to 89.1% compliance against a target of <90%. The monthly actuals are 87.4% the threshold for an amber rating is 88.0%.

People and Culture

Two monthly standards are rated as red for month 7 compared to one for month 6. Sickness absence is rated as red in month 7 due to an increase from 4.5% in September to 5.1% in October, this has also impacted the Total workforce loss standard moving it from a green rating in September to an Amber rating for October. Employee relations management has also moved in the month from green to amber due to an increase in cases. A brief overview of the actions in relation to the two standards rated as red is given below

Sickness Absence

An increase in the long-term sickness absence rate from 1.4% in September to 2.0% in October has increased the overall sickness absence rate above the standard of 4.0%

Appraisals

Performance against this standard has improved in the month from 84% in September to 86% in October.

Timely Care

Ten monthly standards are rated as red for month 7 compared to six for month 6.

Two standards have moved from green in September to red in October,
- Number of patients waiting 78+ weeks for treatment, increasing from 33 to 35 patients which is higher than a 10% variation to trajectory,
- Elective inpatient activity against Yr2019/20 decreasing from 105.2% in September to 86.4% in October.

One standard has moved from amber in September to red in October,
- Elective day case activity against Yr2019/20 decreasing from 97.2% in September to 89% in October

One standard has moved from amber in September to green in October
- Mean waiting time in ED (in minutes) which has reduced from 224 in September to 207 in October

Number of patients waiting >4 hours for admission or discharge from ED
Performance of 76.7% in October 75.4% in September) ranked the Trust 11th nationally and 3rd regionally, performance is mainly driven by the high number of medically safe for transfer patients in the Trust.

Mean number of patients who are medically safe for transfer
There has been a slight improvement from the September figure of 111 patients to 103 patients in October. The system D2A programme and collaborative work with Nottinghamshire Healthcare NHS Trust to increase home care packages have had some impact during the month.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep)
Performance has improved in the month from 96.6% in September to 94.7% in October, however this is still significantly higher than the planned standard of 92%. The high number of MSFT patients in the hospital is the key driver for this performance.

Remote Attendances as a percentage of Total Outpatient Attendances
Performance against this standard remains fairly static at 15.3% and someway short of the national target of 25%

Follow up Outpatient Attendances reduce against 2019/20
Performance against this standard improved significantly in month from 0.5% in September to 13.1% in October 2022. The Trust submitted a non-compliant plan against this standard due to the volume of overdue reviews, which means the Trust will be unable to meet the 25% reduction national target

Elective Day Case activity against Yr 2019/20
This standard was RAG rated as Amber in September 2022 with performance of 97.2% this is deteriorated to 89% in October. Several actions have been identified to address this deterioration and these are noted in the attached slides.

Elective Inpatient activity against Yr 2019/20
Performance against this standard was 105.2% in September this has significantly reduced in October to 86.4%, staffing capacity across a number of different services is one of the causes for the deterioration.

Number of patients waiting 78+ weeks for treatment.
The trajectory of 31 patients was not achieved this month, meaning performance against this standard reduced from a RAG rating of green to red. The main causes were insufficient capacity in services and mutual aid in some services.

Number of local 2ww patients waiting over 62 days for Cancer treatment
Performance of 107 patients against a trajectory of 75, shows a deterioration in performance when compared to September, 102 patients against a trajectory of 87. The Trusts national ranking is 54 (of 127). 97 patients in total were seen within targets the average wait for definitive treatment was 64 days.

Best Value Care

There have been no changes in the RAG ratings of the five standards.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Board of Directors IPC Board Assurance Framework	Date: 23/11/2022	
Prepared By:	Carl Miller Deputy to the Chief Nurse and Sally Palmer Nurse Consultant IPC		
Approved By:	Phil Bolton Chief Nurse		
Presented By:	Phil Bolton Chief Nurse		

Purpose			
To update the Board on our compliance with NHS England/Improvements Infection Prevention and Control Board Assurance Framework		Approval	
		Assurance	X
		Update	X
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
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	
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 this item has been presented before
Patient Safety Committee

Executive Summary

This board assurance framework has been completed to provide assurance of our infection control management of respiratory infections. The full document has been submitted to the reading room for review. The framework was updated on 26th September 2022 and has detailed 96 key lines of enquiry under 10 headings. It has previously been submitted to PSC and IPCC and been discussed in these forums.

The latest changes continue to include all respiratory viruses and have removed most of the dedicated Covid elements. There is a plan for the framework to be updated again in March 2023 to include all Infections.

Our compliance against this remains unchanged and there remain a number of elements of this framework that we cannot give full evidenced assurance on at this time. This includes the information required on some of the ventilation section and antimicrobial management section both of which we are awaiting further evidence from the relevant teams. This is currently being gathered. We have evidence for 88 key lines of enquiry and are outstanding information for 8.

Noting the plans to deliver the exceptions described Board is asked to the be updated and approved of the current

Budgeted WTE

	2019/20 Q1	Q2	Q3	Q4	2020/21 Q1	Q2	Q3	Q4	2021/22 Q1	Q2	Q3	Q4	Opt1 Q1	Q2	Q3	Q4	Chg WTE	%	Opt2 Q1	Q2	Q3	Q4	Opt3 Q1	Q2	Q3	Q4
ED Middle grades	73.5	79.5	79.5	79.5	77.5	76.5	76.5	76.5	87.1	87.1	87.1	87.1	87.1	97.1	97.1	97.1	17.6	22.1%	87.1	97.1	115.1	115.1	87.1	97.1	115.1	115.1
ED juniors	43.5	45.5	43.5	43.5	43.5	43.5	43.5	43.5	48.0	48.0	48.0	48.0	48.0	48.0	48.0	48.0	4.5	10.3%	48.0	48.0	81.0	81.0	48.0	48.0	81.0	81.0
Medical Total	117.0	125.0	123.0	123.0	121.0	120.0	120.0	120.0	135.1	135.1	135.1	135.1	135.1	145.1	145.1	145.1	22.1	17.9%	135.1	145.1	196.1	196.1	135.1	145.1	196.1	196.1
ED band 2/3	130.8	134.5	143.4	150.6	151.8	120.8	120.8	120.8	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6	17.2	12.0%	160.6	160.6	208.9	208.9	160.6	160.6	208.9	208.9
ED band 5/6	200.9	200.9	210.3	224.1	231.3	249.5	249.5	249.5	281.2	280.3	280.3	280.3	280.3	280.3	280.3	280.3	70.0	33.3%	280.3	280.3	319.3	319.3	280.3	280.3	335.2	335.2
Nursing Total	331.7	335.4	353.6	374.8	383.2	370.3	370.3	370.3	441.8	440.9	440.9	440.9	440.9	440.9	440.9	440.9	87.2	24.7%	440.9	440.9	528.2	528.2	440.9	440.9	544.1	544.1
ED reception	33.3	36.7	36.7	36.7	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	36.6	0.0	-0.1%	36.6	36.6	42.3	42.3	36.6	36.6	42.3	42.3
ED Housekeeper	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0	3.0	50.0%	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0
Other Total	39.3	42.7	42.7	42.7	42.6	42.6	42.6	42.6	45.6	45.6	45.6	45.6	45.6	45.6	45.6	45.6	3.0	6.9%	45.6	45.6	51.3	51.3	45.6	45.6	51.3	51.3
Grand Total	488.0	503.1	519.3	540.4	546.8	532.9	532.9	532.9	622.5	621.5	621.5	621.5	621.6	631.6	631.6	631.6	112.3	21.6%	621.6	631.6	775.6	775.6	621.6	631.6	791.5	791.5

Column groups: 2019/20, 2020/21, 2021/22, 2022/23 - Option 1 (Do Nothing), Change to 2019/20 (Q3), 2022/23 - Option 2 (Partial), 2022/23 - Option 3 (Full).

Worked WTE

	2019/20 Q1	Q2	Q3	Q4	2020/21 Q1	Q2	Q3	Q4	2021/22 Q1	Q2	Q3	Q4	Opt1 Q1	Q2	Q3	Q4	Chg WTE	%	Opt2 Q1	Q2	Q3	Q4	Opt3 Q1	Q2	Q3	Q4
ED Middle grades	72.3	65.7	67.0	72.3	64.2	71.3	78.4	86.1	86.8	90.6	93.2	97.5	96.0	96.0	96.0	96.0	29.0	43.4%	96.0	96.0	96.0	96.0	96.0	96.0	96.0	96.0
ED juniors	48.5	74.8	69.6	66.0	61.6	62.0	73.7	70.8	63.8	68.0	70.4	71.1	57.1	68.3	68.3	68.3	-1.3	-1.9%	57.1	68.3	68.3	68.3	57.1	68.3	68.3	68.3
Medical Total	120.8	140.5	136.6	138.2	125.8	133.3	152.1	156.9	150.6	158.6	163.6	168.6	153.1	164.3	164.3	164.3	27.7	20.3%	153.1	164.3	164.3	164.3	153.1	164.3	164.3	164.3
ED band 2/3	141.9	149.3	160.3	169.6	184.9	165.9	171.9	180.4	176.3	189.5	193.1	247.5	239.0	232.7	232.7	232.7	72.4	45.2%	239.0	232.7	232.7	232.7	239.0	232.7	232.7	232.7
ED band 5/6	208.1	209.3	235.8	247.6	250.9	245.5	267.2	299.5	291.3	307.6	308.3	323.6	341.4	337.4	337.4	337.4	101.6	43.1%	341.4	337.4	337.4	337.4	341.4	337.4	337.4	337.4
Nursing Total	350.0	358.6	396.1	417.1	435.9	411.4	439.1	479.9	467.6	497.1	501.5	571.1	580.4	570.1	570.1	570.1	174.0	43.9%	580.4	570.1	570.1	570.1	580.4	570.1	570.1	570.1
ED reception	35.0	36.1	40.2	36.8	38.3	36.2	39.8	37.3	37.7	40.1	41.5	40.9	40.1	41.6	41.6	41.6	1.5	3.6%	40.1	41.6	41.6	41.6	40.1	41.6	41.6	41.6
ED Housekeeper	6.0	6.0	6.0	6.0	6.0	6.0	6.0	7.0	9.0	9.1	9.0	9.0	9.0	9.0	9.0	9.0	3.0	50.0%	9.0	9.0	9.0	9.0	9.0	9.0	9.0	9.0
Other Total	41.0	42.1	46.2	42.8	44.3	42.2	45.8	44.3	46.7	49.2	50.5	49.9	49.1	50.6	50.6	50.6	4.5	9.6%	49.1	50.6	50.6	50.6	49.1	50.6	50.6	50.6
Grand Total	511.7	541.2	578.8	598.2	605.9	587.0	637.0	681.1	664.8	704.9	715.6	789.6	782.6	785.0	785.0	785.0	206.2	35.6%	782.6	785.0	785.0	785.0	782.6	785.0	785.0	785.0

Budgeted Expenditure (£)

	2019/20 Q1	Q2	Q3	Q4	2020/21 Q1	Q2	Q3	Q4	2021/22 Q1	Q2	Q3	Q4	Opt1 Q1	Q2	Q3	Q4	Chg £	%	Opt2 Q1	Q2	Q3	Q4	Opt3 Q1	Q2	Q3	Q4
ED Middle grades	838,425	865,275	865,450	886,050	700,325	774,204	1,098,802	1,120,402	850,317	825,783	950,457	897,043	962,563	1,027,974			162,524	18.8%	962,563	1,027,974			962,563	1,027,974		
ED juniors	337,875	308,039	272,593	272,593	297,166	313,715	296,187	296,187	455,782	454,618	442,612	431,988	429,757	452,409			179,816	66.0%	429,757	452,409			429,757	452,409		
Medical Total	1,176,300	1,173,314	1,138,043	1,158,643	997,491	1,087,919	1,394,989	1,416,589	1,306,099	1,280,401	1,393,070	1,329,030	1,392,320	1,480,383			342,340	30.1%	1,392,320	1,480,383			1,392,320	1,480,383		
ED band 2/3	342,091	362,970	327,456	350,082	386,067	421,482	487,122	491,164	425,440	423,460	504,394	479,006	544,973	536,904			209,447	64.0%	544,973	536,904			544,973	536,904		
ED band 5/6	770,166	760,299	849,943	844,491	842,349	845,019	1,095,651	1,211,651	1,034,807	1,011,893	1,251,912	1,186,688	1,248,317	1,366,171			516,227	60.7%	1,248,317	1,366,171			1,248,317	1,366,171		
Nursing Total	1,112,258	1,123,269	1,177,400	1,194,573	1,228,416	1,266,501	1,582,773	1,702,815	1,460,247	1,435,353	1,756,306	1,665,694	1,793,290	1,903,074			725,675	61.6%	1,793,290	1,903,074			1,793,290	1,903,074		
ED reception	79,994	82,537	82,389	82,980	91,630	88,568	88,788	89,538	113,177	112,523	110,259	108,741	97,658	113,553			31,164	37.8%	97,658	113,553			97,658	113,553		
ED Housekeeper	12,026	11,625	11,624	11,625	11,831	11,787	11,808	11,808	16,951	16,949	17,750	17,750	21,465	24,365			12,741	109.6%	21,465	24,365			21,465	24,365		
Other Total	92,020	94,162	94,014	94,605	103,461	100,355	100,596	101,346	130,128	129,472	128,009	126,491	119,123	137,918			43,905	46.7%	119,123	137,918			119,123	137,918		
Grand Total	2,380,578	2,390,745	2,409,456	2,447,821	2,329,368	2,454,775	3,078,358	3,220,750	2,896,474	2,845,226	3,277,385	3,121,215	3,304,733	3,521,376			1,111,920	46.1%	3,304,733	3,521,376			3,304,733	3,521,376		

Actual Expenditure (£)

	2019/20 Q1	Q2	Q3	Q4	2020/21 Q1	Q2	Q3	Q4	2021/22 Q1	Q2	Q3	Q4	Opt1 Q1	Q2	Q3	Q4	Chg £	%	Opt2 Q1	Q2	Q3	Q4	Opt3 Q1	Q2	Q3	Q4
ED Middle grades	818,775	807,813	716,497	772,393	617,718	680,060	682,184	744,570	844,027	822,565	821,815	876,714	892,904	950,944			234,447	32.7%	892,904	950,944			892,904	950,944		
ED juniors	315,823	419,720	420,276	378,040	269,071	256,795	324,210	305,073	449,291	441,560	477,332	484,183	553,994	499,512			79,236	18.9%	553,994	499,512			553,994	499,512		
Medical Total	1,134,598	1,227,533	1,136,772	1,150,433	886,789	936,855	1,006,393	1,049,643	1,293,318	1,264,125	1,299,147	1,360,897	1,446,899	1,450,456			313,684	27.6%	1,446,899	1,450,456			1,446,899	1,450,456		
ED band 2/3	357,256	359,482	358,924	423,471	386,053	426,736	438,376	482,349	467,515	523,679	526,177	649,796	644,118	685,298			326,374	90.9%	644,118	685,298			644,118	685,298		
ED band 5/6	783,238	730,325	803,275	867,104	827,470	844,115	878,611	966,016	1,071,739	1,256,172	1,155,063	1,254,654	1,352,735	1,303,471			500,196	62.3%	1,352,735	1,303,471			1,352,735	1,303,471		
Nursing Total	1,140,495	1,089,807	1,162,199	1,290,575	1,213,523	1,270,851	1,316,987	1,448,365	1,539,254	1,779,797	1,681,240	1,904,450	1,996,853	1,988,769			826,570	71.1%	1,996,853	1,988,769			1,996,853	1,988,769		
ED reception	83,514	83,952	90,740	85,168	91,630	88,568	98,535	94,417	95,084	103,678	103,836	106,430	105,947	119,274			28,534	31.4%	105,947	119,274			105,947	119,274		
ED Housekeeper	12,070	11,711	11,595	11,595	11,831	11,787	11,787	14,571	17,248	18,543	17,932	18,217	17,969	20,687			9,093	78.4%	17,969	20,687			17,969	20,687		
Other Total	95,584	95,662	102,335	96,763	103,461	100,355	110,322	108,988	112,332	122,220	121,769	124,647	123,916	139,961			37,626	36.8%	123,916	139,961			123,916	139,961		
Grand Total	2,370,677	2,413,002	2,401,307	2,537,771	2,203,774	2,308,061	2,433,702	2,606,996	2,944,904	3,166,143	3,102,156	3,389,994	3,567,668	3,579,186			1,177,880	49.1%	3,567,668	3,579,186			3,567,668	3,579,186		

Variance to Budget (£)

	2019/20 Q1	Q2	Q3	Q4	2020/21 Q1	Q2	Q3	Q4	2021/22 Q1	Q2	Q3	Q4	Opt1 Q1	Q2	Q3	Q4	Chg £	%	Opt2 Q1	Q2	Q3	Q4	Opt3 Q1	Q2	Q3	Q4
ED Middle grades	19,650	57,462	148,953	113,657	82,606	94,144	416,619	375,833	6,290	3,218	128,643	20,329	69,659	77,030				0.0%	69,659	77,030			69,659	77,030		
ED juniors	22,052	(111,681)	(147,683)	(105,448)	28,095	56,920	(28,023)	(8,886)	6,491	13,058	(34,720)	(52,195)	(124,237)	(47,103)				0.0%	(124,237)	(47,103)			-124,237	-47,103		
Medical Total	41,702	(54,218)	1,270	8,210	110,702	151,064	388,596	366,946	12,781	16,276	93,923	(31,866)	(54,578)	29,927				0.0%	(54,578)	29,927			-54,578	29,927		
ED band 2/3	(15,165)	3,488	(31,468)	(73,389)	14	(5,254)	48,746	8,815	(42,074)	(100,219)	(21,783)	(170,790)	(99,146)	(148,395)				0.0%	(99,146)	(148,395)			-99,146	-148,395		
ED band 5/6	(13,072)	29,974	46,668	(22,613)	14,878	904	217,040	245,635	(36,932)	(244,225)	96,849	(67,966)	(104,418)	62,700				0.0%	(104,418)	62,700			-104,418	62,700		
Nursing Total	(28,237)	33,463	15,201	(96,002)	14,892	(4,350)	265,786	254,450	(79,006)	(344,445)	75,065	(238,756)	(203,563)	(85,695)				0.0%	(203,563)	(85,695)			-203,563	-85,695		
ED reception	(3,520)	(1,415)	(8,351)	(2,189)	0	0	(9,748)	(4,880)	18,093	8,845	6,423	2,311	(8,289)	(5,721)				0.0%	(8,289)	(5,721)			-8,289	-5,721		
ED Housekeeper	(45)	(86)	30	30	0	0	21	(2,763)	(297)	(1,593)	(182)	(467)	3,496	3,678				0.0%	3,496	3,678			3,496	3,678		
Other Total	(3,565)	(1,500)	(8,321)	(2,158)	0	0	(9,727)	(7,643)	17,796	7,252	6,241	1,844	(4,793)	(2,043)				0.0%	(4,793)	(2,043)			-4,793	-2,043		
Grand Total	9,900	(22,256)	8,150	(89,951)	125,594	146,714	644,656	613,754	(48,430)	(320,917)	175,229	(268,779)	(262,934)	(57,810)				0.0%	(262,934)	(57,810)			-262,934	-57,810		

Activity Levels (by HRG Acuity)

	2019/20				2020/21				2021/22				2022/23 - Option 1 (Do Nothing)				Change to 2019/20 (Q3)		2022/23 - Option 2 (Partial)				2022/23 - Option 3 (Full)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Activity	%	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
High	2,327	2,388	2,599	2,447	2,294	3,061	2,752	2,670	3,146	3,215	3,123	3,232	3,348	3,448			849	32.7%	3,348	3,448			3,348	3,448		
Medium	9,970	10,000	9,912	8,874	7,090	8,195	8,284	8,265	9,615	10,119	9,731	9,467	9,812	9,688			-224	-2.3%	9,812	9,688			9,812	9,688		
Low	29,430	30,815	29,333	25,710	16,256	22,798	19,536	19,080	28,051	30,669	28,529	28,603	32,140	31,256			1,923	6.6%	32,140	31,256			32,140	31,256		
Total	41,727	43,203	41,844	37,031	25,640	34,054	30,572	30,015	40,812	44,003	41,383	41,302	45,300	44,392			2,548	6.1%	45,300	44,392			45,300	44,392		

Activity Levels (by Category)

	2019/20				2020/21				2021/22				2022/23 - Option 1 (Do Nothing)				Change to 2019/20 (Q3)		2022/23 - Option 2 (Partial)				2022/23 - Option 3 (Full)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Activity	%	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Resus	1,734	1,750	1,914	1,726	1,478	1,762	1,595	1,481	1,606	1,677	2,298	2,436	2,483	2,336			422	22.0%	2,483	2,336			2,483	2,336		
Major	13,334	13,848	14,308	12,475	8,968	11,127	11,497	11,609	12,857	13,528	12,299	11,670	11,678	11,496			-2,812	-19.7%	11,678	11,496			11,678	11,496		
Minor	9,802	9,984	8,706	8,099	8,194	11,242	9,104	8,782	13,598	14,425	9,301	10,047	11,249	11,770			3,064	35.2%	11,249	11,770			11,249	11,770		
Minor - Medicine	0	0	0	0	0	0	1	0	0	0	0	0	0	0			0	0.0%	0	0			0	0		
Minor Injury	3,226	3,328	2,794	2,772	1,747	2,585	2,058	1,932	2,935	3,171	2,622	2,772	3,409	3,332			538	19.3%	3,409	3,332			3,409	3,332		
Children	4,032	3,773	3,656	3,143	23	4	3	0	2	82	3,577	3,727	4,341	3,500			-156	-4.3%	4,341	3,500			4,341	3,500		
Primary Care	9,373	10,152	10,168	8,574	5,155	7,247	6,188	6,052	9,616	10,972	11,119	10,508	11,946	11,774			1,606	15.8%	11,946	11,774			11,946	11,774		
NEMS	117	277	204	167	29	48	67	107	121	66	74	55	80	88			-116	-56.9%	80	88			80	88		
Dental	100	62	65	55	27	28	53	47	66	73	83	76	89	86			21	32.3%	89	86			89	86		
CDU	1	6	3	5	10	1	0	0	1	0	0	0	0	0			-3	-100.0%	0	0			0	0		
Unknown	8	23	26	15	9	10	6	5	10	9	10	11	25	10			-16	-61.5%	25	10			25	10		
Total	41,727	43,203	41,844	37,031	25,640	34,054	30,572	30,015	40,812	44,003	41,383	41,302	45,300	44,392			2,548	6.1%	45,300	44,392			45,300	44,392		

Activity Levels (by Age)

	2019/20				2020/21				2021/22				2022/23 - Option 1 (Do Nothing)				Change to 2019/20 (Q3)		2022/23 - Option 2 (Partial)				2022/23 - Option 3 (Full)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Activity	%	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
00 to 04 years	3,396	3,272	4,518	3,204	1,592	2,139	1,878	1,843	3,230	4,061	4,285	3,332	3,989	3,580			-938	-20.8%	3,989	3,580			3,989	3,580		
05 to 14 years	4,169	3,905	3,662	3,316	1,599	2,725	2,246	1,982	4,001	3,750	3,596	4,052	4,907	4,332			670	18.3%	4,907	4,332			4,907	4,332		
15 to 34 years	10,885	11,716	10,619	9,487	6,200	8,866	7,402	7,118	10,107	11,144	10,103	10,223	10,726	10,806			187	1.8%	10,726	10,806			10,726	10,806		
35 to 64 years	12,841	13,700	12,556	11,423	9,176	11,399	10,218	10,325	13,173	14,259	13,045	13,413	14,219	14,363			1,807	14.4%	14,219	14,363			14,219	14,363		
65 to 79 years	5,957	6,073	5,846	5,424	4,049	5,249	4,980	4,998	6,157	6,435	6,080	6,111	6,775	6,760			914	15.6%	6,775	6,760			6,775	6,760		
80+ years	4,479	4,537	4,643	4,177	3,024	3,676	3,848	3,749	4,144	4,354	4,274	4,171	4,684	4,551			-92	-2.0%	4,684	4,551			4,684	4,551		
Total	41,727	43,203	41,844	37,031	25,640	34,054	30,572	30,015	40,812	44,003	41,383	41,302	45,300	44,392			2,548	6.1%	45,300	44,392			45,300	44,392		

	2019/20				2020/21				2021/22				2022/23 - Option 1 (Do Nothing)				Change to 2019/20 (Q3)		2022/23 - Option 2 (Partial)				2022/23 - Option 3 (Full)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Activity	%	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Patient Hours	3,762	4,063	3,956	3,478	1,943	2,651	2,557	2,671	3,655	4,341	4,180	4,264	5,052	5,078			1,121	28.3%	5,052	5,078			5,052	5,078		

Board of Directors Meeting in Public - Cover Sheet

Subject:	Business Case to Increase Substantive ED Staffing	**Date**: 18th November 2022	
Prepared By:	Steven Jenkins – DGM, Urgent and Emergency Care		
Approved By:	Trust Management Team – 2nd November 2022		
Presented By:	Steven Jenkins – DGM, Urgent and Emergency Care		

Purpose			
The Division of Urgent and Emergency Care recommend substantive investment outlined within the paper.	**Approval**	x	
	Assurance		
	Update		
	Consider		

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
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	x
PR4	Failure to achieve the Trust's financial strategy	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	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
Trust Management Team – 2nd November 2022 **Finance Committee – 18th November 2022**

Executive Summary

ED demand has continued to grow over recent years, driven by increased attendances and longer length of stay in the department largely due to increased bed waits due in turn to poor flow through and out of the Trust.

There is a fundamental requirement to deliver the expected nurse staffing requirements and clinical decision making staff in accordance with the ECIST capacity and demand modelling to ensure safe, high quality care. In summary this includes the necessity to:

- Increase the number nursing staff - The requirements are due to increased patients attending the department, extended bed waits for patients resulting in longer time spent in ED and an increase in acuity of patients.
- Increase the number of Clinical Decision Makers - The requirements are due more patients attending ED, resulting in more clinical decisions required
- Improve run-rate – By substantively recruiting , leads to better value for money, improves well-being of staff and improved retention.

Staffing levels have been increased through the use of bank and agency however this offers poor value for money, is not sustainable and is detrimental to the health and wellbeing of existing staff

many of whom are servicing these additional shifts.

The purpose of this paper is to provide the Executive Board with a report outlining:

- The 'case for change' for the nurse staffing review and recommendations that have been made within the business case
- The current nursing workforce provision in KMH Emergency Department
- The detail of the approach taken in developing the business case including the planning assumptions, the rationale for the safe staffing tool used, the proposed revised service model and the proposed workforce implementation plan
- The proposed key metrics for workforce, quality and performance that, subject to approval, the Emergency Department would expect to be delivered
- A recommendation for the implementation that has been discussed and supported by the Senior Leadership Team is included.

The following assumptions have been made in the development of this proposal. They are as follows:

- This workforce proposal identifies the clinical decision makers required to provide a safe effective ED service in line with the nationally recognised ECIST staffing model
- This tool analyses the acuity of the number of patients in the department at any one time, displaying them by hour – the number of required clinical staff to support this is then calculated
- The proposed template for trained nursing staff reflects the requirement for the provision of specialist standard nurse to patient ratio's as summarised within the National Quality Board's report 'Safe, sustainable and productive staffing: urgent and emergency care' 2017
- The model includes assumptions about implementation of best practice – streaming/handover nurse etc.
- This model has been developed to meet the current needs/ expected standards of the departments. Further work will be required in year to assess the impact of this plan against the proposed bed modelling and impact of overcrowding due to lack of beds
- Reviewed against The College of Emergency Medicine Medical and Practitioner Staffing in Emergency Departments

Proposed vs Current Capacity for Clinical Decision Makers (85th Percentile)

The planned additional shifts are:

1 x 10pm – 8am Middle Grade – 7 days per week
1 x 12noon – Midnight – Junior Doctor – Monday to Friday
2 x 4pm - 10pm Junior shifts
1 x Consultant support (on-call switch to resident) 11pm – 12:30am
1 x 8am – 4pm ACP/ENP Shift

Nursing:

- Recruit 16.10 wte Registered Nurses to support 3 x per shift
- Recruit 16.10 wte Unregistered Nurses to support 3 x per shift
- Recruit 2.2 wte Registered Nurses to support extension of Paediatric opening hours

Admin

- Recruit 1.9 wte receptionists

Total recruitment of 54.30 wte
The Division of Urgent and Emergency Care recommend that substantive investment outlined within Option 3.

This proposal would require substantive investment of the approved winter plan of £1.04m and £130k of COVID spend. With the investment outlined in Option 3, we will reduce the divisional forecasted run-run rate by £264k FYE, therefore requesting £399k additional to budget FYE, to support the increase in attendances and workload. If approved, immediate recruitment would commence and the additional clinical decision making shifts which are not currently in the run rate will not be rostered until commencement of individuals in post in order to not worsen the current forecast.

Should demand decrease and bed waiters reduce, staffing will be adjusted accordingly on the basis of every 138 hours per day reduction in patients spending in the department, 1 RN and 1 HCA can be released.

Sherwood Forest Hospitals **NHS**
NHS Foundation Trust

Report to: Finance Committee

Date: 18th November 2022

Subject: Business Case to Increase Substantive ED Staffing

Executive Summary

ED demand has continued to grow over recent years, driven by increased attendances and longer length of stay in the department largely due to increased bed waits due in turn to poor flow through and out of the Trust.

There is a fundamental requirement to deliver the expected nurse staffing requirements and clinical decision making staff in accordance with the ECIST capacity and demand modelling to ensure safe, high quality care. In summary this includes the necessity to:

- Increase the number nursing staff - The requirements are due to increased patients attending the department, extended bed waits for patients resulting in longer time spent in ED and an increase in acuity of patients.
- Increase the number of Clinical Decision Makers - The requirements are due more patients attending ED, resulting in more clinical decisions required
- Improve run-rate – By substantively recruiting , leads to better value for money, improves well-being of staff and improved retention.

Staffing levels have been increased through the use of bank and agency however this offers poor value for money, is not sustainable and is detrimental to the health and wellbeing of existing staff many of whom are servicing these additional shifts.

The case addressed the Trust strategic priorities as follows:

To provide outstanding care	Correct staffing is the key to delivering timely and high quality care in the ED
To promote and support health and wellbeing	'ED is well-recognised as having amongst the most intense working environment for Senior Decision Makers in a healthcare system' (RCEM Workforce Recommendations 2018). Sustainable working leads to more effective working. Tired or burned-out staff are less safe, less efficient, and less effective.
To maximise the potential of our workforce	A department that adequately resourced will enable an environment that is less pressurised and therefore decision making will improve. Retention of staff?
To continuously learn and improve	With a sustainable workforce model there will be more time enabled to support, educate and train staff.
To achieve better value	Maximising the productivity of the ED workforce. In a less pressurised and crowded department, evidence shows that length of stay is reduced (ED crowding leads to a higher conversion to admission) Also agency to substantive better value for money

The risks this proposal will mitigate are:

Risk 1429: Overcrowding in ED due to High Volume and delayed patient transfer from ED to admission area – currently 20 – would reduce to 12
Risk 2522: Overcrowding in ED waiting Room – currently 15 – would reduce to 9
Risk 2568: Safety of children in the Emergency department caused temporary closure of paediatric area – currently 12 – would reduce to 9
Risk 2410: Staffing levels - medical - UTC Newark – currently 12 – would reduce to 6

The purpose of this paper is to provide the Executive Board with a report outlining:

- The 'case for change' for the nurse staffing review and recommendations that have been made within the business case
- The current nursing workforce provision in KMH Emergency Department
- The detail of the approach taken in developing the business case including the planning assumptions, the rationale for the safe staffing tool used, the proposed revised service model and the proposed workforce implementation plan
- The proposed key metrics for workforce, quality and performance that, subject to approval, the Emergency Department would expect to be delivered
- A recommendation for the implementation that has been discussed and supported by the Senior Leadership Team is included.

Background

- Capacity has not increased in line with rising levels of patient demand - There has been an increase in patient demand that at times overwhelms the staffing resource. Expectations have risen, and advanced models of care involve more front-loaded investigations and treatment, the burden for which has largely fallen on the Emergency Department (ED). Correct staffing is therefore the key to delivering safe, timely and high quality care in the ED.
- Increased Acuity - With the innovative introduction of Same Day Emergency Care Pathways and single front door streaming, the demographics and acuity of patients within the Emergency Department has seen a significant shift compared to Pre-Covid. The new SDEC unit became operational on 12th April 2021. Upon operationalising, there was a 68% increase in patients being streamed into SDEC when compared to 2019/20 and an average of 34 patients per day, which would historically have been admitted and spent a proportion of this time in ED. As these are ambulant patients, the patients which are streamed to ED are typically more complex. Patients streamed to SDEC still require clinical decision making in ED, so whilst the success of SDEC has impacted on the number of bed waits in the department, it has not impacted on the number of attendances or clinical decision making time.
- Increase in admitted bed waits – There has been an increase in the number of patients and length of time these patients spend in ED awaiting admission due a lack of capacity within social care, leading to an increase in medically safe for transfer patients, impacting on flow out of ED. Should this improve over time, UEC will be able to reduce costs by reducing the staffing.

Proposal and Options

Option 1 – Do Nothing

Under-staffing in EDs results in:

- Longer waits for initial assessment, treatment and disposition
- Crowding
- Reduction in the quality of patient care
- Greater propensity for mistakes
- Poor patient experience
- Poor staff experience including adverse health effects
- Poor experience for doctors and other clinicians in training
- Difficulty retaining and recruiting ED staff
- Lost opportunities for system efficiency (care isn't delivered right-first-time)
- Cost arising from high staff turnover, locums, mistakes, and performance failure
- Failure to innovate, develop practice, or invest time in basic departmental management and quality

Option 2 – Partial Recruitment

Nursing:

- Recruit 10.80 wte Registered Nurses to support 2 x per shift
- Recruit 16.10 wte Unregistered Nurses to support 3 x per shift
- Recruit 2.2 wte Registered Nurses to support extension of Paediatric opening hours

Clinical Decision Makers

- Recruit 11 wte x Junior Doctors / Advanced Clinical Practitioners – costed at Clinical Fellow
- Recruit 6 wte x Speciality Doctors (not CESR)
- Recruit 1 wte x Consultant

Admin

- Recruit 1.9 receptionists

Total recruitment of 49.20 wte

Option 3 – Full Recruitment to meet current demand

Nursing:

- Recruit 16.10 wte Registered Nurses to support 3 x per shift
- Recruit 16.10 wte Unregistered Nurses to support 3 x per shift
- Recruit 2.2 wte Registered Nurses to support extension of Paediatric opening hours

Clinical Decision Makers

- Recruit 11 x Junior Doctors / Advanced Clinical Practioners – costed at Clinical Fellow
- Recruit 6 x Speciality Doctors (not CESR)
- Recruit 1 x Consultant

Admin

- Recruit 1.9 wte receptionists

Total recruitment of 54.30 wte

Exit Strategy

We are actively working on demand management as a system and organisationally. The Optimising Patient Journey Programme aims to rapidly build on work happening across the Trust to improve the experience of patients from admission to discharge.   We will do this by learning from what we currently do well and will jointly build, test and learn from implementing improvement processes as part of an evidence based approach.

Our outcomes will improve the patient experience, reduce the number of ward moves and enable patients to return to their home or community in a safe and timely way. The optimising patient journey programme cycle will begin from next Monday (31 October to 30th November) focussing on ward processes.

We have created a discharge to assess hub on site at Kings Mill Hospital to support timely supported discharges.

Should demand significantly reduce (in particular if the ICS is successful in reducing the MSFT backlog to manageable levels), there are 151 wte nursing vacancies within the organisation which we would redeploy the nursing staffing into. Clinical decision makers would be managed through attrition and job planning reductions to 10PA's.

Cost

Options 2 and 3 both offer a saving on the current projected spend, however these would require an increase in budget.

Scheme	Budget £'000	Option 1 - Do nothing £'000	Option 2 - Partial Recruitment £'000	Option 3 - Full Recruitment £'000
ED middle grades *	(3,323)	(306)	(236)	(236)
ED juniors	(1,807)	(361)	(82)	(82)
ED nursing *	(7,046)	(1,167)	(948)	(1,196)
ED reception	0	0	(56)	(56)
Forecast Outturn @ month 5	(14,010)			
Total	**(1,834)**	**(1,834)**	**(1,322)**	**(1,570)**

In the table above option 1 of do nothing is the month 5 forecast outturn position.

The current overspend of the do nothing, includes divisional, COVID and winter spend as detailed below.

Broken down	£'000	Funded
Divisional overspend at FOT Mth 5	(663)	No
Winter	(1,041)	Via Winter
Swabbing team	(130)	Via COVID April 22 to August 22
Total	**(1,834)**	

The winter funding will be required to support the transformation benefits on a recurrent basis.

The swabbing team has also been included in as a full year (noting that 5 months has been paid from COVID but this will not continue into future years).

Methodology

Model Hospital Comparison

The following assumptions have been made in the development of this proposal. They are as follows:

- This workforce proposal identifies the clinical decision makers required to provide a safe effective ED service in line with the nationally recognised ECIST staffing model
- This tool analyses the acuity of the number of patients in the department at any one time, displaying them by hour – the number of required clinical staff to support this is then calculated
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- The model includes assumptions about implementation of best practice – streaming/handover nurse etc.
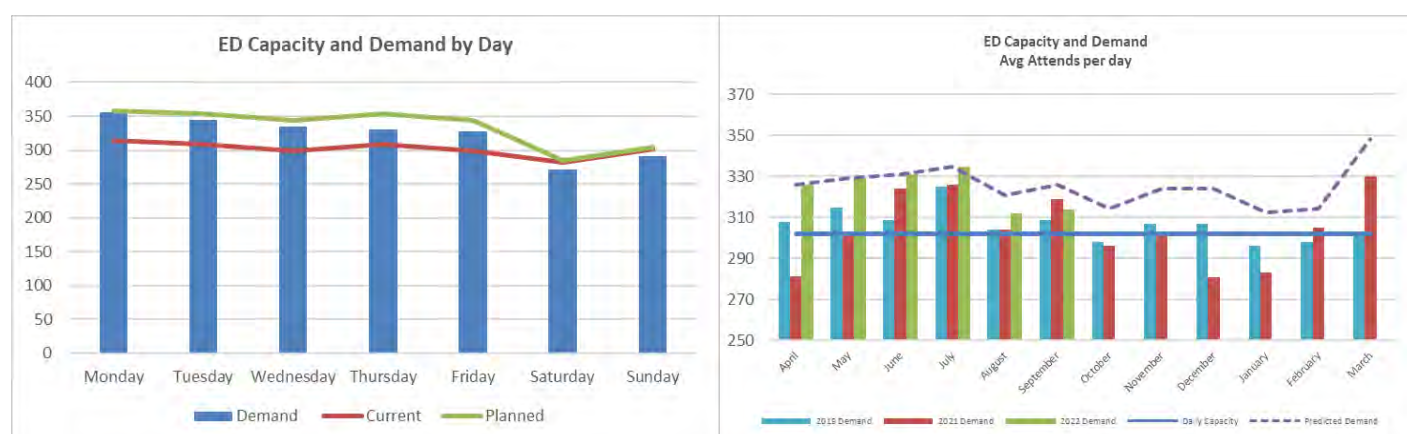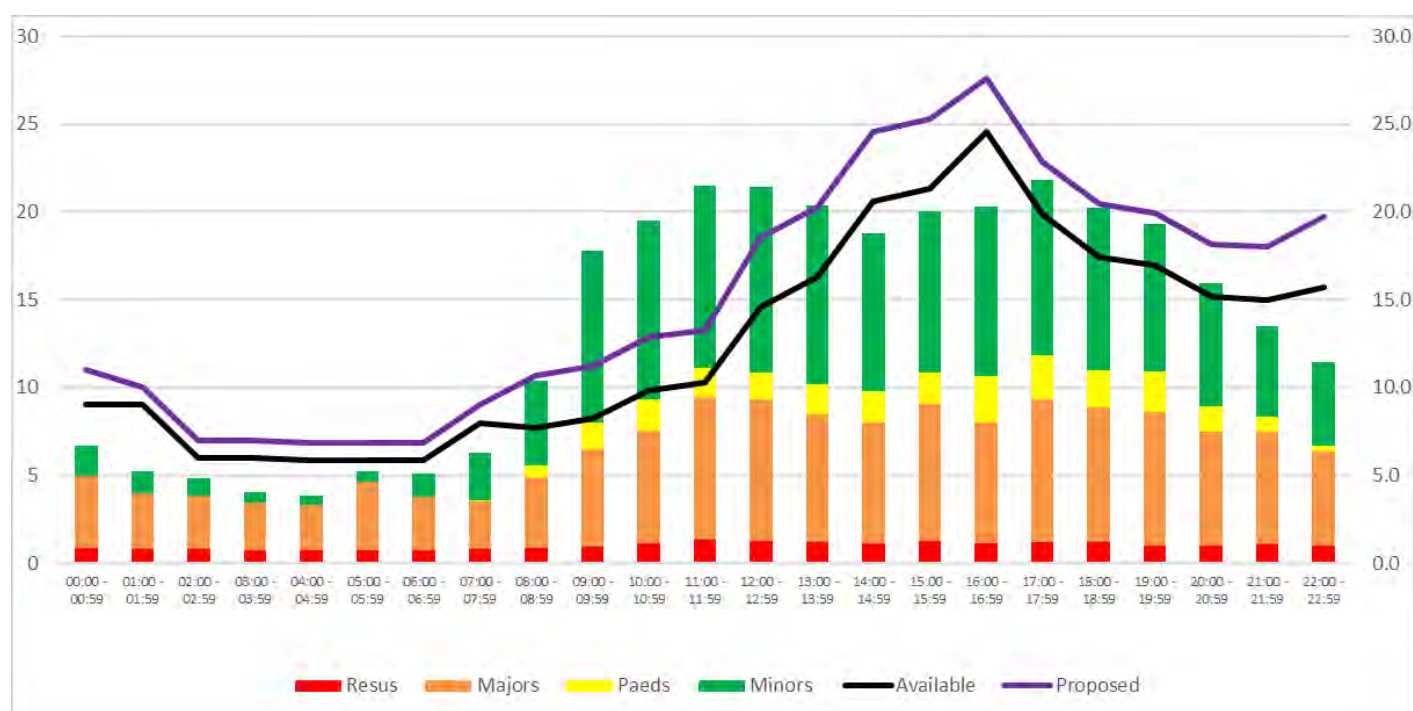
- This model has been developed to meet the current needs/ expected standards of the departments. Further work will be required in year to assess the impact of this plan against the proposed bed modelling and impact of overcrowding due to lack of beds
- Reviewed against The College of Emergency Medicine Medical and Practitioner Staffing in Emergency Departments

Proposed vs Current Capacity for Clinical Decision Makers (85th Percentile)

The planned additional shifts are:

1 x 10pm – 8am Middle Grade – 7 days per week
1 x 12noon – Midnight – Junior Doctor – Monday to Friday
2 x 4pm - 10pm Junior shifts
1 x Consultant support (on-call switch to resident) 11pm – 12:30am
1 x 8am – 4pm ACP/ENP Shift

The charts below show the exponential increase in workload for ED. The charts show the total hours of hours per day (work for staff), patients are within the ED department. Year to date, compared to 21/22 this is a 31% increase in workload for the department, and 29% increase compared to 19/20.
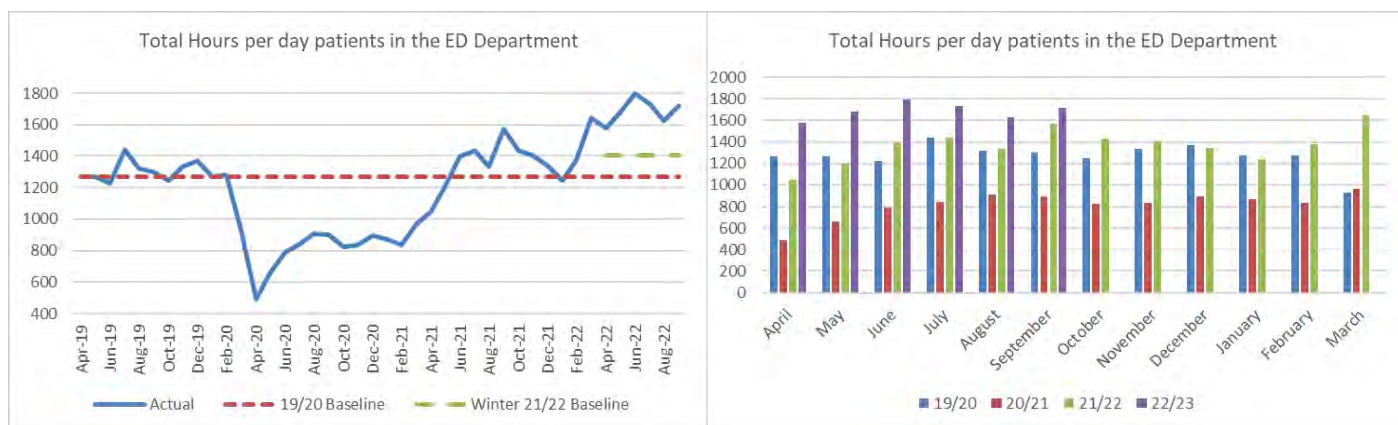
Key Outcome Metrics

Metric	Baseline (YTD)	Expected Performance
4 hour breaches	96 per day	66 per day
Time to initial assessment KMH ED - Time to initial assessment for arrivals to A&E % seen within <= 15 minutes	44.6%	64.6%
Waiting to be seen – Total time in ED (95th percentile <=4 hours, 240 minutes)	611 mins	360 mins
Average (mean) time in Department - non-admitted patients	169 mins	138 mins
Appraisal	93%	96%
Mandatory Training	87%	94%
Reduction in Patient Hours within ED	1688 hrs per day	1593 hrs per day
Ambulance Turnaround < 15 minutes	41.9%	53.1%
Ambulance Turnaround < 30 minutes	4.78%	3.93%

Recommendation

The Division of Urgent and Emergency Care recommend that substantive investment outlined within Option 3.

This proposal would require substantive investment of the approved winter plan of £1.04m and £130k of COVID spend. With the investment outlined in Option 3, we will reduce the divisional forecasted run-run rate by £264k FYE, therefore requesting £399k additional to budget FYE, to support the increase in attendances and workload. If approved, immediate recruitment would commence and the additional clinical decision making shifts which are not currently in the run rate will not be rostered until commencement of individuals in post in order to not worsen the current forecast.

Should demand decrease and bed waiters reduce, staffing will be adjusted accordingly on the basis of every 138 hours per day reduction in patients spending in the department, 1 RN and 1 HCA can be released.

Subject:	Board Agenda Review	Date: 1st December 2022	
Prepared By:	Shirley Higginbotham, Director of Corporate Affairs		
Approved By:	Shirley Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley Higginbotham, Director of Corporate Affairs		

Purpose			
To consider and agree the proposal to amend the focus of the Board Agendas	**Approval**		
	Assurance		X
	Update		X
	Consider		

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	X	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	
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
Executive Team 23rd November 2022

Executive Summary
To be effective boards must discharge a range of duties each year and additionally respond to unexpected events and changes from time to time. To do so the board must maintain a structured approach to managing its time and business effectively. The Board is responsible for formulating the strategy for the Trust and ensuring a strategic approach to decision making.

A recent discussion with the Non-Executive Directors highlighted the following:

- More focus on Performance Management – particularly the outcome of actions taken and the impact this has had on the performance against the standard.
- Strategy – a schedule of topics to allow NED's time to consider and review, examples of how the implementation is progressing and future look.
- Quarterly SOF – but with weekly/monthly live updates
- ICB/ICS/Provider Collaborative – what lead are we going to take as a Trust?
- Where is the next 'maternity' service?
- More on FIP and long/medium term financial strategy

To facilitate and improve this process it is recommended the board meeting agendas are revised to increase the focus on the strategic direction of the Trust. Therefore, it is proposed to reduce the submission of the SOF integrated performance report to quarterly, this will allow for a more informed discussion on trends and the outcome of actions taken in the period.

The format of the SOF integrated performance report may change (from April 2023) to more align with the standards reported at system level. The detail to be discussed in execs, through escalations from the meetings which report directly to the Executive team, e.g., Emergency Steering Group, Risk Committee.

The format of the SOF and the standards to be included, to be developed and agreed prior to April 2023.

Reducing the presentation of the SOF integrated performance report to quarterly will allow for more time for the Board to focus on strategy development and implementation, each of the Trusts supporting strategies will be presented together with detail on the outputs from the implementation of the strategy and a forward look of objectives to be realised.

The following timetable is proposed:

January 2023 -   Draft Trust Strategy
February 2023 -   Quarter 3 SOF Integrated Performance Report
March 2023 -   ICS Strategy
April 2023 -   Trust Strategy for Approval and Launch
May 2023 -   Quarter 4 SOF and Year End
June 2023 -   Digital Strategy
July 2023 -   Estates Strategy
August 2023 -   Quarter 1 SOF
September 2023 -   Quality Strategy
October 2023 -   People Strategy
November 2023 -   Quarter 2 SOF Integrated Performance Report
December 2023 -   Trust Strategy

A draft workplan for 2023 is attached

PUBLIC BOARD ANNUAL PLANNER – SCHEDULE OF REPORTING (Rolling 12 Months)

REPORT		Assurance, approval, etc?	J	F	M	A	M	J	J	A	S	O	N	D
BUSINESS ITEMS														
Intro, apologies, declarations of interest	**Chair**		/	/	/	/	/	/	/	/	/	/	/	/
Minutes, matters arising, action update	**Chair**		/	/	/	/	/	/	/	/	/	/	/	/
Patient Story	**CN**		/		/	/	/		/	/	/		/	/
Staff Story	**DirPeople**			/				/			/			
CEO Report • Integrated Care System Update	**CEO** **DS&P**	Assurance	/	/	/	/	/	/	/	/	/	/	/	/
Chair's Report	**Chair**	Assurance	/	/	/	/	/	/	/	/	/	/	/	/
CoG Highlight Report (bullet point under Chair's report)	**Chair**	Assurance			/			/			/			/
STRATEGY AND CULTURE														
Strategic Priorities update	**DS&P**	Assurance		/			/			/			/	
STRATEGIC OBJECTIVE 1 - To provide outstanding care														
7 day Hospital Services – Board Assurance Framework *Currently Paused – February 2021*	MD	Assurance		/			/			/			/	
Maternity Update: • Safety Champions update • Maternity Incidents and Investigations overview / Maternity Perinatal Quality Surveillance Model	**CN**	Assurance	/	/	/	/	/	/	/	/	/	/	/	/
Learning from Deaths Report	**MD**	Assurance				/						/		
STRATEGIC OBJECTIVE 2 - To promote and support health and wellbeing														
Guardian of Safe working	**MD / Guardian of safe working (Martin Cooper)**	Assurance			/			/			/			/
Freedom to Speak Up	**FTSU Guardian**	Assurance		/						/				
STRATEGIC OBJECTIVE 3 – To maximise the potential of our workforce														

REPORT		Assurance, approval, etc?	J	F	M	A	M	J	J	A	S	O	N	D
Staff Survey & action plan	DC&I	Assurance					/							
Equality and Diversity Annual Report	DirPeople	Assurance						/						
Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES) *(prior to publishing on Website)*	DirPeople	Assurance										/		
Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report	CN	Assurance					/						/	
Medical Workforce Staffing – 6 monthly report	MD	Assurance					/						/	
STRATEGIC OBJECTIVE 4 – To continuously learn and improve														
Research Strategy – update (6 monthly)	**Head of Research & Innovation / Director of Research & Innovation (Alison Steel / Elizabeth Gemmill)**	Assurance										/		
Research Strategy – Annual report	**Head of Research & Innovation / Director of Research & Innovation (Alison Steel / Elizabeth Gemmill)**	Assurance				/								
STRATEGIC OBJECTIVE 5 – To achieve better value														
DELIVERY AND RISK														
~~SOF Report - Monthly~~	~~**CN,CFO, DirPeople,COO**~~	~~Consider~~	*I*		*I*	*I*		*I*	*I*		*I*	*I*		*I*
SOF Report - Quarterly	**CN,CFO, DirPeople,COO**	Consider		/			/			/			/	
Quality Strategy (prior approval by Quality Cttee) *Approved May 2022, next due 2025*	**MD/CN**	Assurance										/		

REPORT		Assurance, approval, etc?	J	F	M	A	M	J	J	A	S	O	N	D
People, Strategy (prior approval by People, Culture & Improvement Cttee) *Approved June 2022, next due 2025*	**DirPeople / DC&I**	Assurance						/						
Financial Strategy (prior approval by finance cttee) *Approved Sept 2019, next due 2024*	**CFO**	Assurance												/
Digital Strategy *Approved May 2020, next due 2025*	**CFO**	Assurance											/	
Estates Strategy *Approved Nov2015, next due 2025*	**CEO**	Assurance						/						
Draft Trust Strategy	**Director of Strategy and Partnerships**	Consider	/											
Trust Strategy	**Director of Strategy and Partnerships**	Approval					/							
ICS Strategy	**Director of Strategy and Partnerships**	Assurance				/								
Board Assurance Framework (BAF) *(prior approval by risk Cttee)*	**CEO**	Review / Approval		/			/			/			/	
Winter Plan	**COO**	Approval										/		
GOVERNANCE														
Use of Trust Seal	**Dir Corp Affairs**	Assurance		/			/			/			/	
Fit and Proper Person	**Dir Corp Affairs**	Assurance					/							
NHSI Self Certification	**Dir Corp Affairs**	Approval					/							
Infection Prevention & Control BAF	**CN**	Assurance						/						/
Emergency Preparedness (EPRR) Core Standards Self-Assessment	**Emergency Planning & Business Continuity Officer (Mark Stone)**	Assurance										/		
Escalation of any issues from Board Committees (Committee Annual Reports to be presented to first Board after April Committee meetings, alongside usual assurance report)	**NEDs**		/	/	/	/	/	/	/	/	/	/	/	/

REPORT		Assurance, approval, etc?	J	F	M	A	M	J	J	A	S	O	N	D
Audit & Assurance	**Chair of Cttee**	Assurance		/		/	/	/		/		/		/
Finance	**Chair of Cttee**	Assurance	/	/		/	/			/			/	
Quality	**Chair of Cttee**	Assurance		/		/		/		/		/		/
Charitable Funds	**Chair of Cttee**	Assurance		/			/			/			/	
People, Culture and Improvement	**Chair of Cttee**	Assurance		/		/		/		/		/		
SFIs *(prior approval by audit Cttee)*<mark>every 2 years **Due 2022/2023**</mark>	**CFO**	Approval												/
Standing Orders and Scheme of Delegation *(prior approval <mark>by audit .Cte) every 2 years **Due 2022/2023**</mark>*	**CFO**	Approval												/
Constitution Review *(as required)*	**Dir Corp Affairs**													
Committee ToR, workplans and effectiveness reviews (prior approval by appropriate committees of the Board)	**Dir Corp Affairs**	Assurance					/							
IG / Data Security Protection Toolkit Submission (assurance from A &A	**SIRO/CFO**	Approval				/								
Annual Sign Off of Declarations of Interest (assurance from Audit Cttee)	**Dir Corp Affairs**	Approval				/								
Gender Pay Gap Report	**DirPeople**	Approval				/								
READING ROOM														
Approved Minutes – Audit and Assurance Committee						/		/	/	/		/		/
Approved Minutes – Finance Committee			/	/	/	/	/	/	/	/	/	/	/	/
Approved Minutes – Quality Committee			/	/	/	/	/	/	/	/	/	/	/	/
Approved Minutes - Remuneration & Nomination Committee														
Safer Staffing Full Report					/	/	/	/	/	/	/	/	/	/
Unify submission data					/	/	/	/	/	/	/	/	/	/
Monthly Financial Data in Full					/	/	/	/	/	/	/	/	/	/

Notes

AQP removed November 2020 as advised by Dave Selwyn (Medical Director)
ICP Strategic Objectives updated so in line with when presented to ICP Board (go to ICP February, April, August, October)

Council of Governor Chair's Highlight Report to Board of Directors

Subject:	Council of Governors		**Date:** 8th November 2022	
Prepared By:	Claire Ward, Chair			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
To provide assurance to the Board of Directors		**Assurance**	Sufficient	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
ICS strategy to be discussed with Governors to enable them to gain the views of our members and the wider public	Proactive recruitment of members with a focus on youth governors
Positive Assurances to Provide	**Decisions Made**
Communication regarding the Winter Plan to the wider Health Community.	Re- appointment of NED Governor Election timeline

Comments on Effectiveness of the Meeting

- Good meeting, need to develop relationships between new governors and Non-Executive Directors

Urgent and Emergency Care
System Winter Plan 2022

1. Our approach

This paper provides an overview of how local organisations are working together to meet anticipated urgent and emergency care needs this winter. It assimilates projections for healthcare demand, organisational actions to increase capacity and activity and shows the overall impact on our hospital beds. Our winter plan prepares us to respond effectively when people need to access urgent and emergency care. We are also working to increasingly prevent ill health and to anticipate care needs, shifting our focus to prevention as well as response. In future years, our plan will include more measures to prevent illness and crises happening in the first place, working alongside communities and primary care services.

Typically, pressures increase over the winter period because people are more likely to need admission to hospital or suffer winter illnesses. However, the level of pressure has been sustained and extreme in recent months, with many people working as if they were in the middle of a difficult winter for more than two years. This plan takes into account the current situation that front line teams are facing and builds in anticipated further mitigations for added service demands over the winter.

Organisations have put in place detailed plans to manage increased demand for their services and these have been brought together as a whole system plan[1]. Additionally, our system-wide Demand and Capacity Group has developed scenarios of demand for services over the winter period; founded on current activity, previous winter demand increases, influenza levels in the southern hemisphere this year and likely COVID-19 infection rates[2].

Based on our projections of what will be required, we are putting additional capacity into many of our services, including hospital and community-based beds and increased care in home settings. We are also undertaking the Autumn vaccination programme for influenza and COVID-19 to prevent as many infections as possible. We are expanding services that can safely care for people outside of hospital and we are improving our ability to discharge people from hospital in a timely manner.

The ability of services to respond to demand levels is partly dependent on hospital / community bed and home support capacity. It also depends on the availability and skill levels of the workforce and operational processes within each organisation. A further factor is the ability of services to complete their care interventions and then work together so that people can move from one care setting to another as their needs change (known as flow). System flow is a key contributor to current service pressures, with delays and backlogs in accessing care at each point of care. The system winter plan combines actions in relation to each of these factors. All are inter-dependent in terms of overall impact and effectiveness of the plan. The table below shows the schemes that have been put in place or enhanced, over and above current services in 111, 999, general practice, community and mental health services, social care and hospitals[3].

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[1] Mitigation impacts will continue to be iterated in the coming weeks, as organisational positions change. The assumptions include all current plan schemes, but more are likely to be quantified and added to the model.
[2] This scenario is termed a challenging winter, as it has addition COVID-19 and influenza projections, with the potential for a 'twindemic'
[3] Each organisation has detailed plans, with many operational actions within them.

2. Our schemes

Preventing admission to hospital	In hospital assessment and treatment	Discharge from hospital and ongoing care
- Autumn COVID-19 and influenza vaccination programmes - Revised mental health crisis sanctuary model, with voluntary sector capacity to support statutory provision - Mental health expertise for 999 ambulance calls - Diversion of 111 ED dispositions through a Clinical Assessment Service and prevention of ED attendances 111 direct bookings into primary care appointments, mental health helpline and text messaging - Alternative ambulance pathways, avoiding ED and going straight to relevant services 2-hour urgent community response - Falls prevention, non-injury falls pathway and care homes pilots to reduce ambulance conveyances - Same day emergency care (SDEC) expansion - Hot clinics - High intensity user services and social prescribers in ED - Expansion of pulmonary rehabilitation services - Hydration in care homes	- New acute mental health inpatient unit with additional 14 beds - Opening additional acute hospital bed capacity - Rolling deep clean programme to reduce healthcare associated infections - Maintain high standards for ambulance handover times - Review of internal triggers and protocols - Reverse bed chains to improve flow from ED into the hospital - Timely clinical decision making / eliminating delays - Review of support services cover for additional capacity / weekend discharges - Staffing level reviews - Direct commissioning of additional 'step down' capacity - Ward one over processes	- Embed discharge to assess – discharge from a hospital bed with funded support and longer-term care assessments made at a more appropriate time - Development of discharge hubs to speed up discharge processes - Virtual wards with remote monitoring to reduce hospital admission / length of stay (frailty and respiratory) - Increased care home and home care capacity 100 - day discharge challenge to improve processes across organisations - Maximise community bed utilisation and flow - Criteria led discharge - Fee uplift for homecare providers

3. Overall impact of the projected demand for hospital beds and our winter plans

Our demand and capacity hospital bed modelling shows projected demand and the system mitigations that are planned to bridge projected increases in demand and activity. The baseline assumes that delayed discharges will follow current trends, with some additional seasonal increases. The grey and green bars show the impact of confirmed winter schemes; based on activity trends, implementation phases and risk. The model also includes a risk-adjusted assessment of the impact of discharge and internal hospital schemes on length of stay. This is reviewed on a weekly basis at our system bed modelling group and will be a dynamic tool, with a report produced fortnightly for review by the Demand and Capacity Group. It will be regularly tracked against actual data points, as well as projected values as we go through the winter. Individual schemes will also be tracked in terms of their progress and impact through our ICS Urgent and Emergency Care Board.
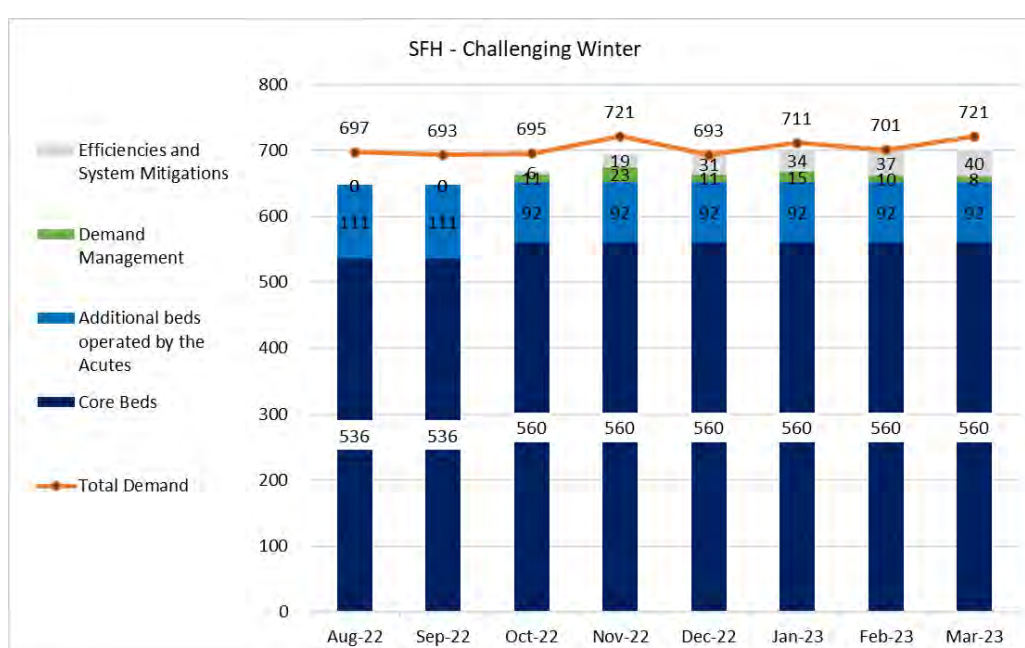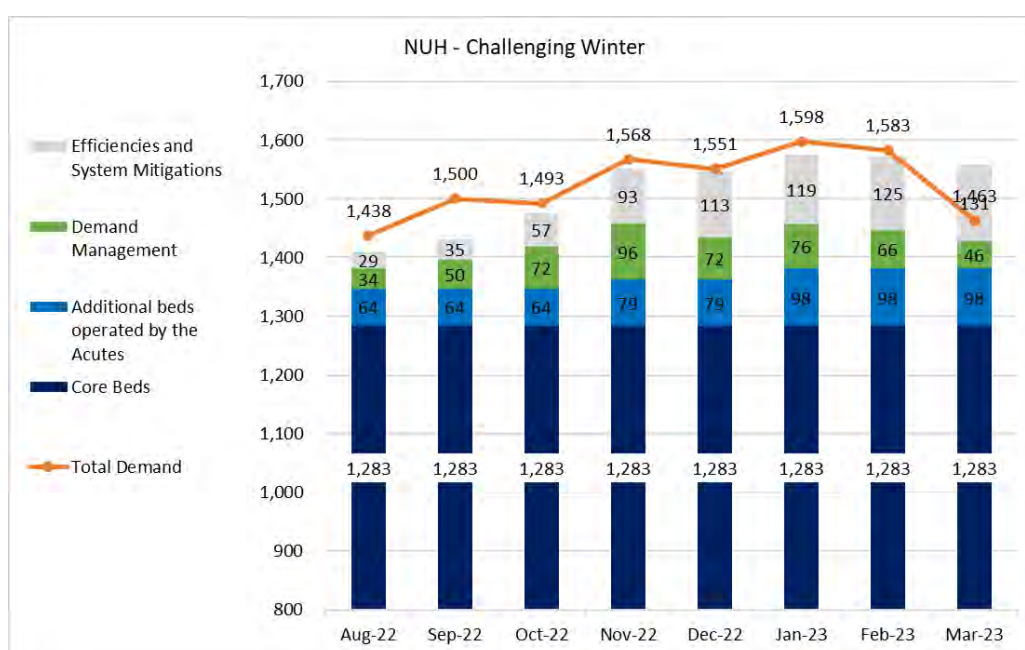
Any shortfalls in terms of demand versus capacity would result in hospital occupancy increasing above the planned 90-92% levels within the model and / or reduced capacity to reduce elective care treatment backlogs. There was a national announcement of further winter social care funding over the summer and associated schemes are scheduled to come into effect in line with the model from the end of November, pending clarity on national funding mechanisms. Should these funding assumptions change, there could be up to a 2% increase in bed occupancy in later winter months if all other factors remain constant.

Our experience shows us that mismatches in capacity and demand can arise because of peaks in demand (such as COVID-19 waves), flow issues, process issues and workforce shortages preventing timely interventions at points of care. Frequently, a combination of these factors cause increased pressure at points of care, often manifested as overcrowding and delays in our emergency departments. For example, length of hospital stay has increased locally and nationally in recent months and this has an impact on the overall availability of hospital beds. These issues are monitored closely within organisations and across the system and relate to both patient and hospital factors. Escalation and trigger actions are under review to strengthen flow and the use of our capacity further.

4. Discharge and flow from hospital into community settings when people require ongoing support and rehabilitation

Flow through our system is a key priority, since this is a significant contributor to overcrowding in our emergency departments, ambulance delays and delays getting onto the relevant ward when admission to hospital is required. Delayed discharges into home environments with supportive care result in people being less likely to maintain their independence in the longer-term and are a significant cause of system flow issues. Our analysis shows that a key constraint is the availability of home care and this has a knock-on impact on hospital and community service flow. This is a common problem across the country. Further detail on this aspect of the winter plan is therefore described in more detail.

We have been working together to understand what level of home care capacity is required to enable acute hospital discharges and recovery at home, enhance hospital flow and reduce risks and harm at all points of care. A discharge to assess business case has been approved, which builds a new model of care and the required capacity in pathway 1 (hospital to home with support). This increases capacity for hospital discharges from 214 per week to 302 per week by March 2023. We are now starting to see increases in activity levels as new capacity comes into effect.

Summary	Weekly Demand being met met today (inclusive of temporary arrangements)	Demand met by proposal per week	Weekly Activity Trajectory Shown Per Month								
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Nottinghamshire Healthcare Trust	48	103	48	55	62	68	75	82	89	96	103
Nottingham City Council	21	40	21	23	26	28	30	33	35	38	40
Nottinghamshire County Council	81	90	81	82	83	84	85	87	88	89	90
CityCare	51	57	51	52	53	53	54	55	56	56	57
CCG / ICB	8	8	8	8	8	8	8	8	8	8	8
Total	209	297	209	220	231	242	253	264	275	286	297
Nottm County Council - EDASS	5	5	5	5	5	5	5	5	5	5	5
Total	214	302	214	225	236	247	258	269	280	291	302
				11	22	33	44	55	66	77	88

The business case calculated the direct impact of increased pathway 1 capacity on delayed discharges from hospital, with increasing impact as more capacity takes effect. However, there isn't a standalone cause and effect relationship between pathway 1 capacity and reductions in delayed discharges from hospital because there are lots of different causes of delayed discharges. Capacity for home care following discharge is one key cause of delayed hospital discharges, but other internal and external factors and processes come into play and are significant. Discharges for people with ongoing care needs are in the minority in terms of overall hospital discharges, so a greater impact on overall flow will be achieved by looking at all discharge processes. We have therefore brought teams together to reduce all causes of discharge delays and have introduced hospital discharge hubs to streamline processes between different services and settings.

Taking all of this into account, our organisations have worked together to forecast the likely impact of the additional pathway 1 capacity on the levels of delayed hospital discharges (over 1 day). We will monitor this on a weekly basis and additional actions will continue to be taken to reduce delayed discharges further. Estimated impacts for NUH and SFH are shown below.
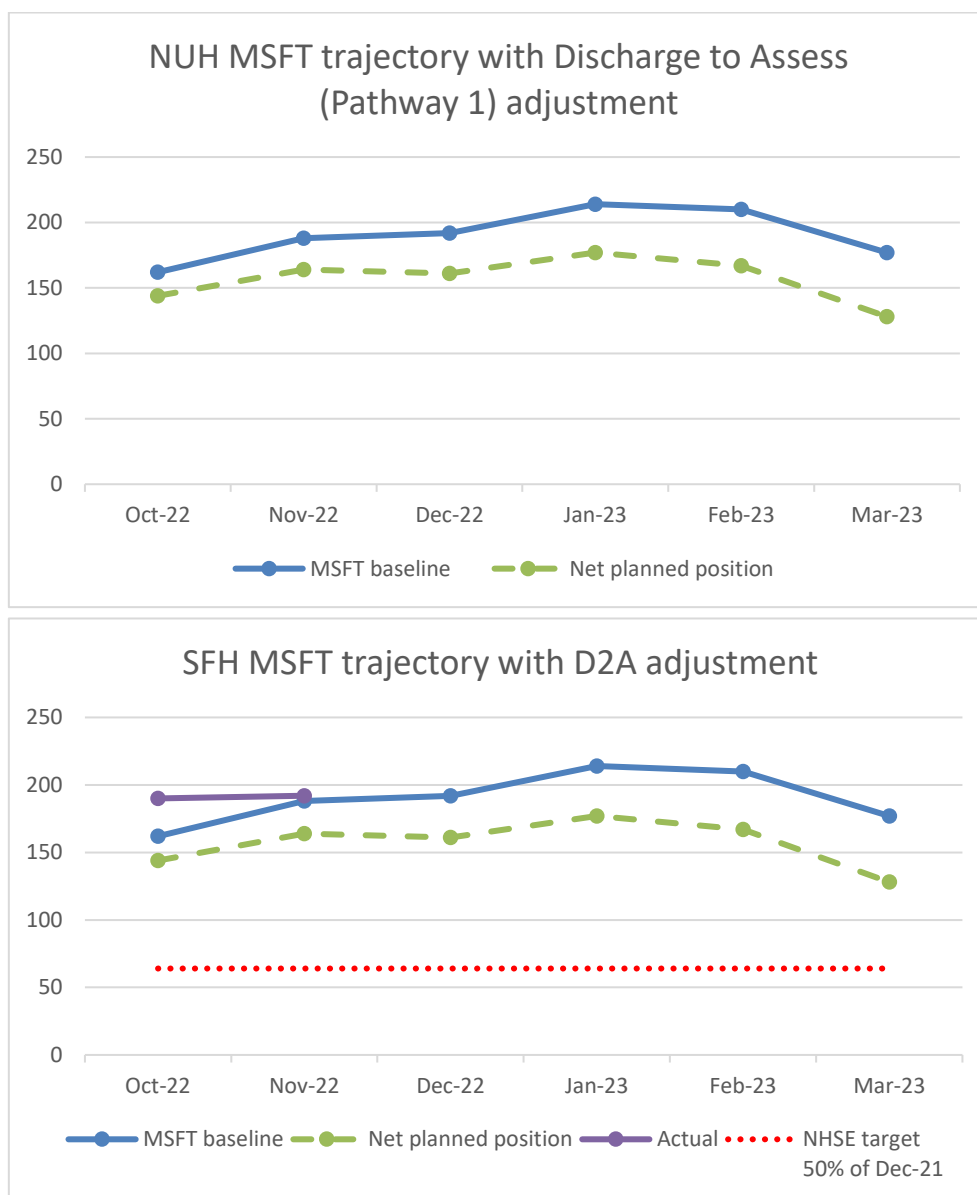
5. Plan impact and delivery

Our plan brings together the efforts and expertise of all parts of our local NHS and care system. It includes a broad range of actions in many different care settings. There are no single solutions that will resolve the level of pressure on our urgent and emergency care services. Great care has been taken to make our assumptions as robust as possible, but they are plans rather than predictions and there are many interdependencies that could affect how the system works together over the winter. We will monitor impact and progress very regularly.

National and local evidence and metrics are emerging concerning delay-related patient harm. We have analysed the impacts of serious incidents across the system and will introduce clinical delay-related harm measures into our plan monitoring processes. We will also track impacts on staff and will continue staff wellbeing offers.

Risks to delivery of the plan include workforce availability, ongoing support needs at home (reducing outflow from the additional pathway 1 capacity into step down services), infection outbreaks requiring beds to be closed to new admissions, impacts on reducing elective care backlogs, inclement weather, industrial action and health impacts associated with the increased cost of living.

However, we can take additional steps to monitor and manage risks as they arise. We will put in place a System Control Centre to ensure a consistent and collective approach to managing system capacity, demand and clinical risk. This will work closely with organisational operational controls to coordinate and mitigate pressures across the system. We also have defined escalation levels, with additional triggers as levels of pressure and delays increase. We have interim care home placements that we use to support flow from hospitals when people need somewhere to recuperate from the acute phase of their illness.

We have also learnt from previous critical incidents and have adapted operational processes as a result. We work closely together to understand and escalate actions when organisations experience high levels of pressure. We have daily operational calls, whereby partners can take supportive actions to pre-empt further pressure building up. Examples include ambulance diverts and staff redeployment. There is a high level of commitment to work across organisations to respond to increased winter demand and a strong spirit of collaboration.

Our plan is based on robust analysis and a comprehensive set of actions across all organisations. We will closely monitor implementation and impacts of the plan for the population that we serve, recognising that all elements are important and all have a part to play in the overall effectiveness of our plan.

Amanda Sullivan

ICB Chief Executive

Public Board of Directors meeting
Coversheet and Report

Subject:	Integrated Care System Update	Date: 1st December 2022	
Prepared By:	David Ainsworth, Executive Director of Strategy & Partnerships		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	David Ainsworth, Executive Director of Strategy & Partnerships		
Purpose			
To update the board on developments across the integrated care system.	**Approval**		
	Assurance		x
	Update		
	Consider		

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value

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	
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
None

Executive Summary

Integrated Care System (ICS)

The ICS is at the stage of having a draft strategy that organisations can expect to receive and comment upon. This is a key milestone for the development of the new architecture. The trust strategy will therefore be aligned to this and the health and wellbeing strategy when it comes to objective setting and priorities.

Provider collaborative at Scale

With the permanent managing director in post, we have agreed to bid for an opportunity to become a provider collaborative innovator site. Work is underway on the development of the bid.

Place Based Partnership

The Mid Nottinghamshire place executive team met this week and agreed a set of principles which have been based on individual conversations with each constituent organisation. The recommendations were based on governance, leadership and priorities. There was over riding support for the recommendations and a smaller working group will put together a plan for implementing them during quarter 4. In readiness for a 1st April re-launch. As part of this a workshop will be held in January to agree the priority areas of focus for the partnership.

Board of Directors Meeting in Public - Cover Sheet template and Guidance for all governance meetings

All reports <u>MUST</u> have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report	Date: December 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		

Purpose			
To update the board on our progress as maternity and neonatal safety champions	**Approval**		
	Assurance	**X**	
	Update	**X**	
	Consider		

Strategic Objectives

To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
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	
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

Maternity and Neonatal Safety Champions Meeting

Executive Summary

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

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

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

Update on Mandated Maternity and Neonatal Safety Champion (MNSC) work for October 2022

1.Service User Voice

During the monthly MNSC walk round for October our Non-Executive and Board Level Safety Champion, Claire Wood and Phil Bolton Executive Chief Nurse had the opportunity to present the Midwifery Team with their Staff Excellence Award- The Peoples Award.

This year the Midwifery Team and many individuals within it received a significantly high number of nominations from our Women and their Families, some are outlined below.

"For going above and beyond expectations at every single midwife appointment both antenatally and postnatally. For making me feel so at ease and making everything so much easier during what I thought was going to be a difficult time."

"She deserves this award as she helped us deliver our baby girl. After a difficult pregnancy and a horrible induction, she took all this on board, and she made it the best experience. She kept calm and respected all my wishes".

"Any family who has the privilege of having this dream team care for them at one of the most precious and life changing times of their life is very lucky indeed. They will forever be special to my family, as I'm sure they are to so many other families"

2.Staff Engagement

In addition to the above presentation the team highlighted the
increased pressures that they were experiencing from the increased activity. The MNSC outlined the actions being taken within the Maternity services but agreed to look at the ways this can be communicated more widely within the teams.

October's Maternity Forum was cancelled due to high activity. However, on the 10th of October the inaugural Maternity Support Worker (MSW) Forum was held, which was attended by the Director of Midwifery. This forum aims to help support the MSW workforce development and ensuring that their voice is heard as part of the MDT Maternity team.

As part of the Freedom to Speak up Month in October, Shirley Higginbotham Executive Director Corporate Affairs performed walk rounds within Maternity Services, speaking with staff and discussing the different avenues and processes available to staff for speaking up and highlighting the Freedom to Speak up Champions available within Maternity services.

3.Governance

The National maternity team are currently out for consultation on the creation of a single delivery plan which it is believed will combine the findings from the Ockenden and Kirk up Reports into a singular assurance framework (Maternity SOF). It is anticipated that this framework will be released in early 2023.

The findings of the East Kent Report released last month are provided to Board in a separate summary paper outlining the position of SFH, which will be shared with the LMNS.

Ockenden:

The action plan, taken from the findings from of the Regional Quality Insight Visit, have been presented both internally and to the LMNS Executive Partners. This action plan will be monitored through the MNSC meeting.

Attendance continues at both the monthly and quarterly Ockenden Assurance Panel. The outstanding action required for full compliance sits with the development of the website at SFH. This has been taken through the Digital Transformation Unit, which will mobilise once the go live of the new digital system has launched. An additional note from the regional team was to review and provide timeframes for the work to complete the agreed divergence work in regard to the SBLCB, this is underway with support from the sonography team.

NHSR:

The divisional working group continues to focus on the delivery of the scheme, meeting fortnightly to review the progress and upload progress to the shared portal. The revised timeframes have been presented through the MNSC and MAC and approved.

Following the risk raised last month we now have an interim agency manager supporting the delivery programme who started in September 2022. 360 Assurance have commenced external validation process on 4 of the 10 safety actions, noting this was an initial review with no recommendations. The highest risk area of Safety Action 8 has had a positive report this month in that four of the five training scores have reached over the 90% of staff groups trained, with the final element completed at the end of November 22.

4.Quality Improvement Approach

The early implementor site work around smoke-free pregnancy continues to gain momentum and was presented at the LMNS Executive Partners Meeting. The Divisional workgroup focusing upon the Mat/Neo work of the optimisation and the stabilisation of the pre-term infant have finalised the neonatal peri-prem passport which has been shared with our LMNS colleagues to look at a system passport for the babies born between 23- 33+6 weeks gestation.

5.Safety Culture

The Pathway to Excellence Survey has closed and we are awaiting the feedback from this survey. The staff survey is now live and staff are being encouraged to complete. These findings, along with the planned SCORE survey in Q4 2022/23 will be used to provide a local quality improvement plans.

Maternity Perinatal Quality Surveillance model for November 2022

NHS Sherwood Forest Hospitals — NHS Foundation Trust

CQC Maternity Ratings - last assessed 2018	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD

2019	
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	72%
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)	89.29%

Exception report based on highlighted fields in monthly scorecard (Slide 2)

3rd and 4th Degree Tears (4.3% N=8 Nov 2022)

- Rate above national threshold.
- Deep dive review into cases and comparison underway. No identifiable themes or trends found. Final report to be presented to January Quality Committee

Stillbirth rate year to date (3.3/1000 births)

- SFH stillbirth rate, for year to date now returned and remains below the national ambition of 4.4/1000 birth
- No reportable cases for October

Staffing red flags (Nov 2022)

- 7 staffing incident reported in the month, related to activity and acuity.
- No harm related incidents reported.

Home Birth Service
- Homebirth services resumed on the 19th of September.
- 7 Homebirth conducted since the writing of the paper
- Noted one overnight pause in service due to late sickness, no women affected.

Delays in Elective Care

- EL LSCS- x2 on the day cancelations both moved to the following day due to high acuity
- Ongoing work with the EL LSCS list, staffing for Theatres remains barrier- Trust Open Day for ODP's performed

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• NHSR year 4 guidance revised, Interim post in to support Reporting timeline approved through MAC • No escalations from the task and finish group	• Initial 7 IEA- final IEA is 91% compliant following evidence review at LMNS panel. • Final 15 IEA, 14 have been peer assessed pause as single oversight framework due early 2023

Incidents reported Nov 2022
(73 no/low harm, 2 moderate or above)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 15	Themes includes Category 1 LSCS, 3rd and 4th degree tears and PPH

Other

- Birth-rate comparable for October, remain increased at 307 against last three year data. Increased staffing measures in place to support higher activity days
- Noted increase in both PPH and Apgar's this month, first in over 6 months. Noted no harm or reportable cases attributed- to observe.
- Two Moderate case reported PPH, reviewed through MDT meeting and harm downgraded with no further action required.
- FFT rate remains improved with QI work, to remain on scorecard.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals		OVERALL		SAFE		EFFECTIVE		CARING		RESPONSIVE			WELL LED	
CQC Maternity Ratings - last assessed 2018		GOOD		GOOD		GOOD		OUTSTANDING		GOOD			GOOD	

Maternity Quality Dashboard 2020-2021	Alert [national standard/average	Running Total/ average	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway												
Women reccving MCOC intraprtum												
Total BAME women booked												
BAME women on CoC pathway												
Spontaneous Vaginal Birth			63%	61%	59%	55%	60%	60%	60%	58%	55%	55%
3rd/4th degree tear overall rate	>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%	6.30%	2.40%	4.30%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7	3	9	9
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%	1.10%	3.20%	3.90%
Term admissions to NNU	<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%	3.70%	3.1%	1.30%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%	1.20%	0.79%	2.10%
Stillbirth number	Actual	11	1	1	0	1	2	2	1	0	2	0
Stillbirth number/rate	0	4.63			3.727			5.952			3.300	3.300
Rostered consultant cover on SBU - hours per week	<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
Midwife / band 3 to birth ratio (establishment)	>1:28		1:29	1:22	1:22	1:22	1:22	1:24.5	1:27	1:27	1:27	1:27
Midwife/ band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:26.5	1:29	1:29	1:29	1:29
Number of compliments (PET)		0	0	0	1	1	1	1	1	1	2	3
Number of concerns (PET)		9	0	0	2	2	1	0	0	0	1	0
Complaints		11	1	1	2	1	0	2	1	0	0	0
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%	91%	91%	87%
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%	95%	96%	95%
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	92%
Core competency framework compliance			81%	81%	88*%	95%	95%	95%	95%	95%	95%	95%
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above											
Maternity incidents no harm/low harm	Actual	772	83	45	69	58	70	99	105	72	96	75
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1	0	0	0
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N

Board of Directors Meeting in Public - Cover Sheet template and Guidance for all governance meetings

All reports <u>MUST</u> have a cover sheet

Subject:	East Kent Report-Sherwood Forest Hospital Response	**Date**: 1st December 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		

Purpose			
To update the board in regards to the findings and our actions	**Approval**		
	Assurance	X	
	Update	X	
	Consider		

Strategic Objectives

To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
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	
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 this item has been presented before

Maternity and Neonatal Safety Champions Meeting

Executive Summary

Following concerns raised about the quality and outcomes of maternity and neonatal care, Dr Bill Kirkup undertook an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust. The report wanted to find the truth of what happened, so that maternity services in East Kent can begin to meet the standards expected nationally.

Through the review the report identified 4 areas for action:

- Monitoring safety performance – finding signals among noise
- Standards of clinical behaviour – technical care is not enough
- Flawed teamworking – pulling in different directions
- Organisational behaviour – looking good while doing badly

The below paper outlines the SFHT updates and actions following this report.

Background

Since the report of the Morecambe Bay Investigation in 2015, Dr Bill Kirkup summarised that maternity services have been the subject of more significant policy initiatives than any other service, yet, since then, there have been major service failures in Shrewsbury and Telford, in East Kent, and (it seems) in Nottingham.

The report into the care at East Kent concluded that had care been given to nationally recognised standards, the outcome could have been different in 97 of the 202 cases (48%), and it could have been different in 45 of the 65 cases of baby deaths (69.2%). Dr Bill Kirkup noted that if we do not begin to tackle this differently, there will be more.

For that reason, this Report is somewhat different to the usual when it comes to recommendations

This is also supported by the themes which are identifiable between the Ockenden and East Kent Report, these being;

Lack of good governance and data analysis
Culture
Multi-disciplinary Team Working
Conflict
Women's feedback on experience and involvement in investigations
Organisational behaviours
Leadership appointments
Open and honest ethos

For these reasons, the East Kent Report's recommendation are different to the usual when it comes to recommendations. Unlike the Ockenden Report, it has not provided any NHSE/LMNS lead actions. Dr Bill Kirkup notes the actions below are not likely to be easily addressed or necessarily straightforward, because longstanding issues become deeply embedded and difficult to change, which they require a broader-based approach by a wide range of experienced experts.

1. Monitoring safety performance – finding signals among noise
2. Standards of clinical behaviour – technical care is not enough
3. Flawed teamworking – pulling in different directions
4. Organisational behaviour – looking good while doing badly

SFHT Response and Actions

Currently NHS England are out for consultation nationally around a revised maternity and neonatal services refreshed single delivery plan. The expectation is that this will include a single reporting framework maternity service. Whilst awaiting the response to this the teams have.

Noted through the governance forums within the Division
Benchmark practice at SFHT against the four identified key action areas
Update the Board through the Maternity and Neonatal Safety Champion Paper

The Board are asked to note the contents of this paper.

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet template and Guidance for all governance meetings

All reports MUST have a cover sheet

Subject:	NHSR- request to Board for the delegation of responsibility for the final sign off	**Date**: 1st December 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Phil Bolton, Chief Nurse		

Purpose			
To request a planned approved delegation of responsibility for sign off the NHSR	**Approval**		
	Assurance	X	
	Update	X	
	Consider		

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
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	
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
Maternity Assurance Committee

Executive Summary
This year's Maternity Incentive Scheme had required re-adjustments due to the COVID-19 pandemic. This has led to changing reporting timeframes and deadlines, requiring adjustments to our local delivery plans.

This had led to the request for the delegation of responsibility of the evidence review to be transferred to the Medical Director and Chief Nurse before the 2nd of February 2023. |

Request to Board- Delegation of Responsibilities

The Maternity Incentive Scheme (MIS) supports the delivery of safer maternity care through an incentive element to trust contributions to the Clinical Negligence Scheme for Trust (CNST). The scheme, developed in partnership with the national maternity safety champions, rewards Trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

Year four of the scheme began on 9th of August 2021. Following the relaunch of the fourth year, NHS Resolution and the Collaborative Advisory Group (CAG) have continued to monitor the Trusts' position in relation to Covid-19, staffing and acuity and the challenges faced by Trusts in achieving the scheme's safety actions.

Due to the Covid-19 pandemic, in December 2021, a decision was made by the scheme's CAG to pause the reporting for year 4 of the scheme. Trusts were asked to continue to apply the principles of the scheme and to continue to report to MBRRACE-UK, NHS Digital and HSIB.

The scheme's CAG reconvened on 28 February 2022 and a decision was made to relaunch the scheme on 6 May 2022.

Following our communication in May 2022, the members of the maternity incentive scheme's Collaborative Advisory Group have further revised the scheme's standards in order to support trusts to continue to work towards improving quality and safety, with the submission deadline being extended to provide Trusts with extra time to achieve the standards.

The newly revised date for the Thursday 2 February 2023, has adjusted the below SFHT reporting timeframe.

21/11/2022	24/11/2022 • MAC	Sign off- MIS Y4 submission (excluding the SA which have a deadline of the 05/12/2022)
28/11/2022	29/11/2022 • NHSR Year4 meeting	Action follow up as required from MAC
05/12/2022	07/12/2022 • Extraordinary MAC	Sign off for the remaining SA with the 05/12/22 deadline
12/12/2022	14/12/2022 • NHSR Year4 meeting	
19/12/2022	21/12/2022 • MAC	
26/12/2023	28/12/2022 • NHSR Year4 meeting	Action follow up as required from MAC
02/01/2023	05/01/2023 • Trust Board	Trust Board update
09/01/2023	18/01/2023 • NHSR Year4 meeting	
23/01/2023	25/01/2023 • MAC	Final delegated sign off for MAC
30/01/2023	02/02/2023	Board declaration to be competed

Request

The request to Board for the delegation of responsibility of the evidence review to the Medical Director and Chief Nurse to the 25th of January 2023 meeting.

Phase 5 – COVID-19 Autumn Booster Vaccination Programme Update
November 2022

Robert Simcox Director of People
Kim Kirk, Operations Lead for Hospital Hub

Home, Community, Hospital.

Background

The COVID-19 Autumn Booster Vaccination Programme continues to progress with almost 10 million of eligible people receiving booster vaccines to date.

The eligibility criteria includes On 12th September 2022, Autumn Boosters were rolled out nationally inviting:
- aged 50 and over
- pregnant
- aged 5 and over and at high risk due to a health condition
- aged 5 and over and at high risk because of a weakened immune system
- aged 5 and over and live with someone who has a weakened immune system
- aged 16 and over and a carer, either paid or unpaid
- living or working in a care home for older people
- Health and social care workers

Home, Community, Hospital.

Autumn Booster Summary

Sherwood Forest Hospitals
NHS Foundation Trust

The COVID-19 Autumn Booster Vaccination Programme continues to offer eligible people receiving booster vaccines to date.

KMH Hub

- KMH Hub continues to open Monday-Friday, 8am-6pm (last vaccination 5.45pm) and Saturday 8am-2pm (last Vaccination 1.45pm) with staggered clinics offering Autumn Boosters, Ever Green Offer (primary dose) and Paediatric Clinics.
- Walk-in COVID and Flu vaccines continue to be available to SFH staff from 3rd October 2022.
- A roving service for staff and eligible patients continues to be well received in KMH with a visit to Newark planned for week commencing 28th November 2022.
- The roving service will also target ward areas from 28th November 2022 for eligible patients and staff. All vaccines will are recorded on NIMs at the point of care to ensure GP records accurately reflect vaccination status.
- Bookable appointments and walk-ins are available daily.

Home, Community, Hospital.

Autumn Booster Summary

Vaccine Supply

- National vaccine supply has transitioned to Pfizer/BioNTech (Comirnaty bivalent), and Nuvaxovid (Non-mRNA).
- Due to revised Green Book guidelines, following clinical assessment, a high number of patients previously requiring non-mRNA vaccine are suitable for the Pfizer bivalent. Appropriate counselling and observations are in place for this cohort of patients which has proved successful to date.
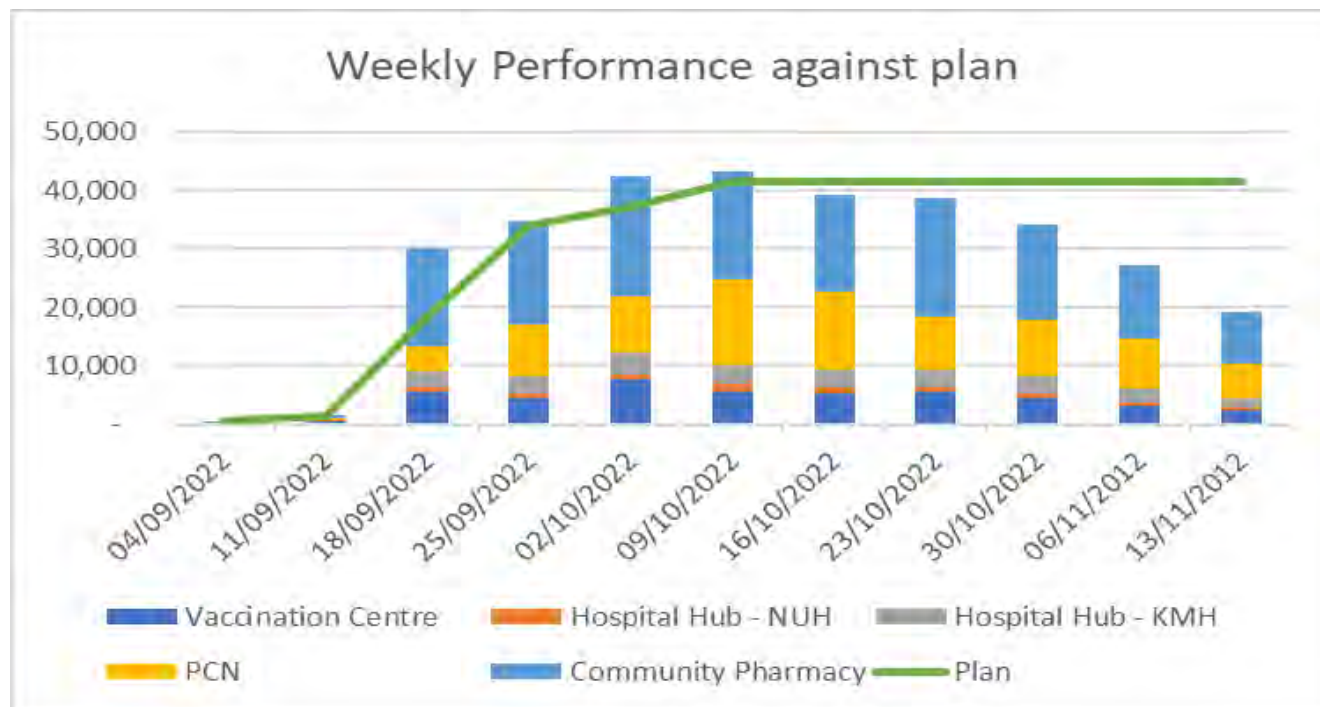
System Update

- Ashfield and Haydn Road Vaccination Centres reduced opening hours to expand home visits and satellite activity.
- System vaccine uptake: 56% (308,309 doses)
- PCN activity varies from 70% (Newgate PCN) to 25% (Radford and Mary Potter). Additional Pop-Ups and home visits scheduled to target lower uptake areas.

Home, Community, Hospital.

Autumn Booster Programme Performance (1)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Weekly Performance against plan

Legend: Vaccination Centre, Hospital Hub - NUH, Hospital Hub - KMH, PCN, Community Pharmacy, Plan

19,336 vaccines delivered
125 First doses
297 Second doses
1 Third dose
18,913 Seasonal Booster

Pillar	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	16/10/2022	23/10/2022	30/10/2022	06/11/2012	13/11/2012
Vaccination Centre	540	5,592	4,455	7,709	5,643	5,273	5,470	4,461	3,154	2,442
Hospital Hub - NUH	121	821	968	820	1,178	1,000	877	763	683	606
Hospital Hub - KMH	59	2,593	2,924	3,711	3,240	3,135	2,967	2,897	2,301	1,424
PCN	342	4,443	8,655	9,591	14,806	13,349	9,155	9,680	8,478	5,804
Community Pharmacy	536	16,741	17,672	20,558	18,347	16,386	20,101	16,222	12,705	9,040
Plan	**1,583**	**18,500**	**33,900**	**37,100**	**41,500**	**41,500**	**41,500**	**41,500**	**41,500**	**41,500**

Home, Community, Hospital.

Autumn Booster Programme Performance (2)

Booster uptake by Cohort

Flu uptake
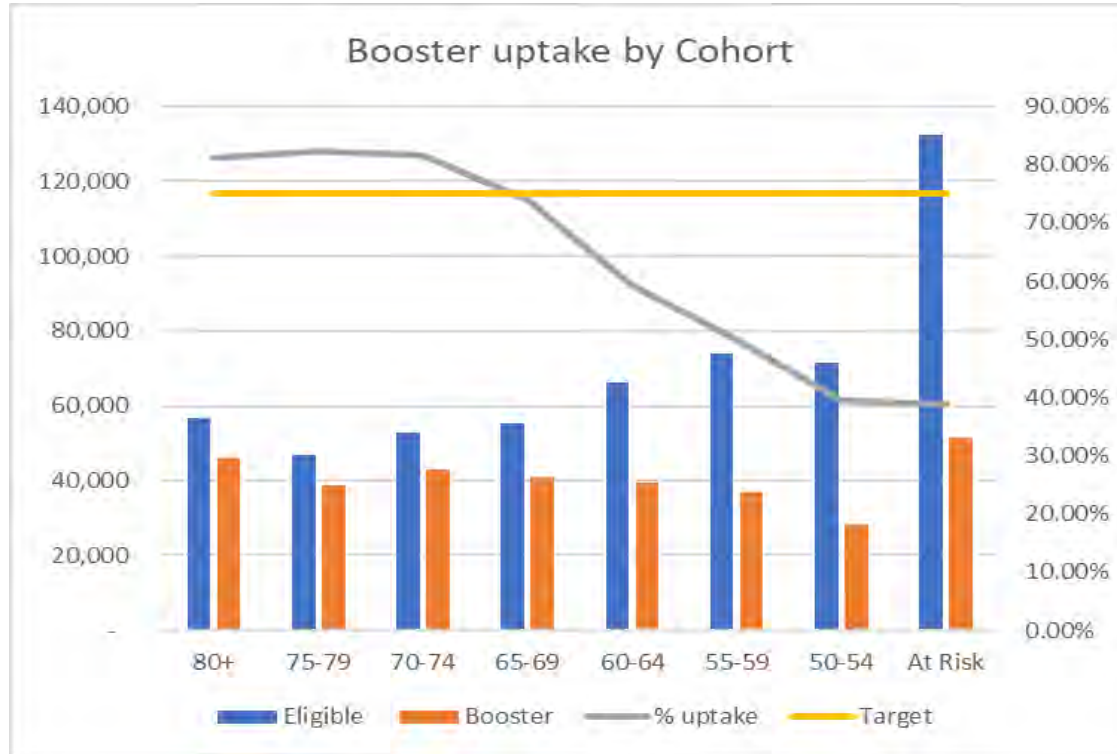
- 81% uptake of people 80+
- 82% uptake of people aged 75 and 79 years old
- 81% uptake of people aged 70 and 74 years old
- 74% uptake of people aged 65 and 69 years old
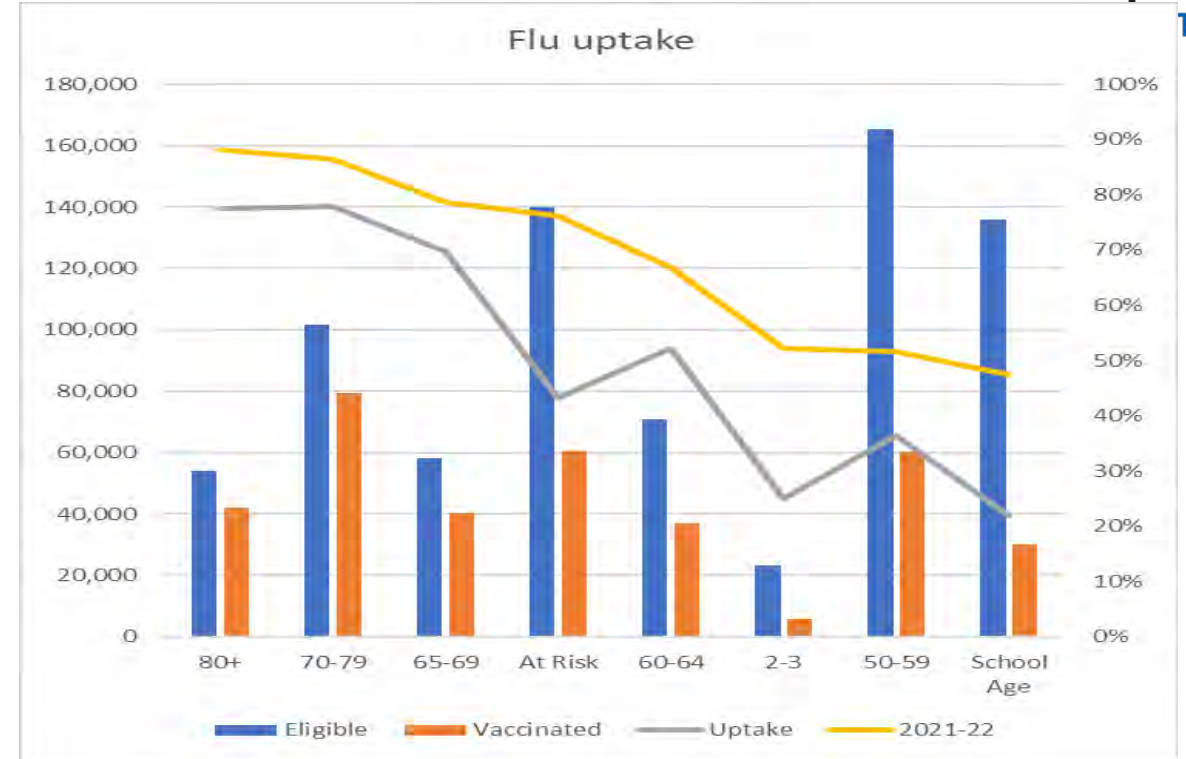
- 78% uptake of people 80+
- 78% uptake of people aged 75 and 79 years old
- 78% uptake of people aged 70 and 74 years old
- 70% uptake of people aged 65 and 69 years old

Home, Community, Hospital.

Autumn Booster Programme Performance (3)

JCVI	National	Midlands	BSOL	CW	HW	JUCD	LLR	LINCS	NHAMP	NOTTS	STW	SSOT	BC
1: Care Home Residents & Residential Care Workers	83.38%	83.02%	78.66%	85.01%	88.84%	81.41%	85.85%	86.09%	81.71%	79.08%	88.96%	85.01%	75.12%
2: Healthcare Workers	39.60%	39.45%	30.19%	39.39%	46.02%	46.86%	37.53%	47.19%	38.39%	40.80%	43.24%	42.71%	29.64%
3: Social Care Workers	31.96%	33.62%	22.85%	35.79%	37.79%	39.14%	33.07%	40.79%	34.65%	34.99%	36.34%	32.63%	26.32%
4: 80+	80.88%	80.89%	70.73%	83.60%	85.19%	82.04%	81.35%	84.40%	83.44%	81.19%	84.92%	83.12%	74.05%
5: 75-79	82.03%	82.20%	74.74%	83.72%	85.32%	83.65%	81.99%	84.51%	84.63%	82.37%	85.57%	83.75%	75.45%
6: 70-74	80.17%	80.24%	70.19%	82.24%	83.33%	82.22%	80.45%	83.35%	83.30%	81.52%	83.93%	81.92%	72.44%
7: 65-69	73.78%	73.05%	59.87%	75.31%	77.80%	76.56%	73.04%	78.00%	76.57%	73.71%	78.17%	76.30%	62.64%
8: At Risk	38.63%	38.75%	26.84%	39.24%	45.47%	44.05%	37.94%	47.44%	43.84%	39.79%	42.99%	41.71%	30.31%
9: 12-15 At Risk	15.87%	15.10%	10.98%	18.22%	15.34%	14.38%	13.70%	11.48%	13.38%	13.22%	18.75%	24.30%	13.89%
10: 12-17 Household contacts of immunosuppressed	3.17%	3.14%	2.53%	2.38%	2.47%	3.47%	3.61%	3.51%	3.83%	3.19%	3.44%	3.48%	2.49%
11: 5-11 At Risk	18.71%	19.80%	15.40%	18.47%	19.48%	18.83%	18.39%	13.76%	18.28%	20.35%	20.51%	29.19%	21.69%
12: 60-64	56.07%	55.96%	46.24%	59.45%	63.04%	57.67%	55.90%	60.74%	59.42%	55.03%	60.08%	56.80%	44.89%
13: 55-59	44.48%	45.57%	35.75%	49.45%	51.99%	48.08%	45.38%	51.77%	48.86%	44.40%	48.52%	46.77%	34.36%
14: 50-54	33.64%	34.66%	25.12%	37.93%	40.62%	37.53%	34.18%	41.95%	38.50%	33.39%	37.98%	35.78%	24.81%

Equal to or greater than National Uptake Change
Within the 70th Percentile of National Uptake Change
Below the 70th Percentile of National Uptake Change

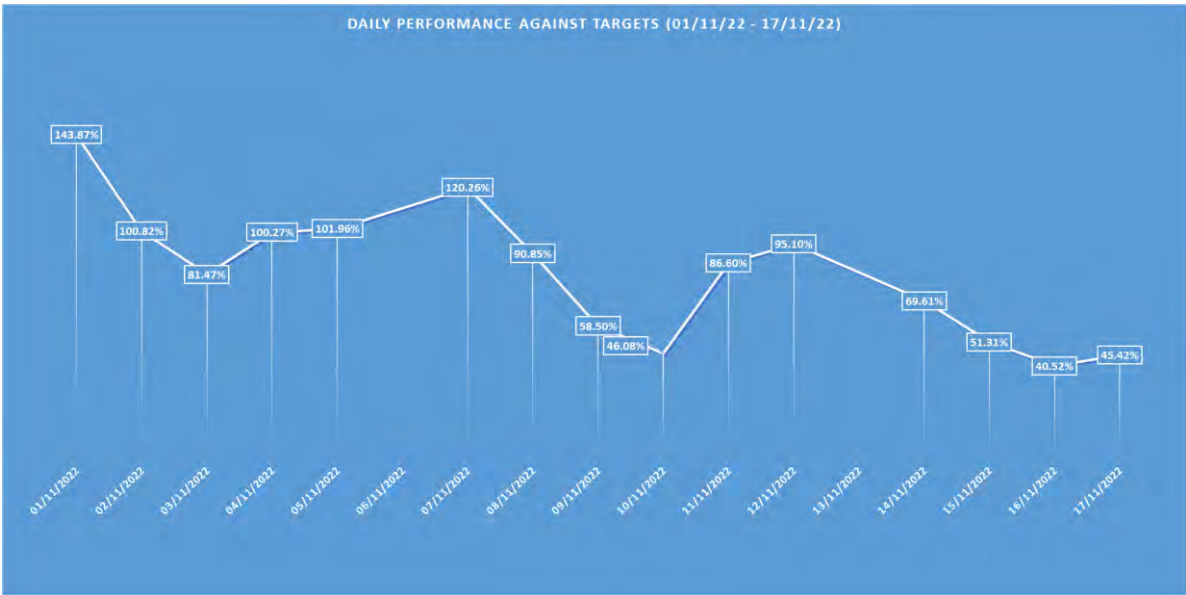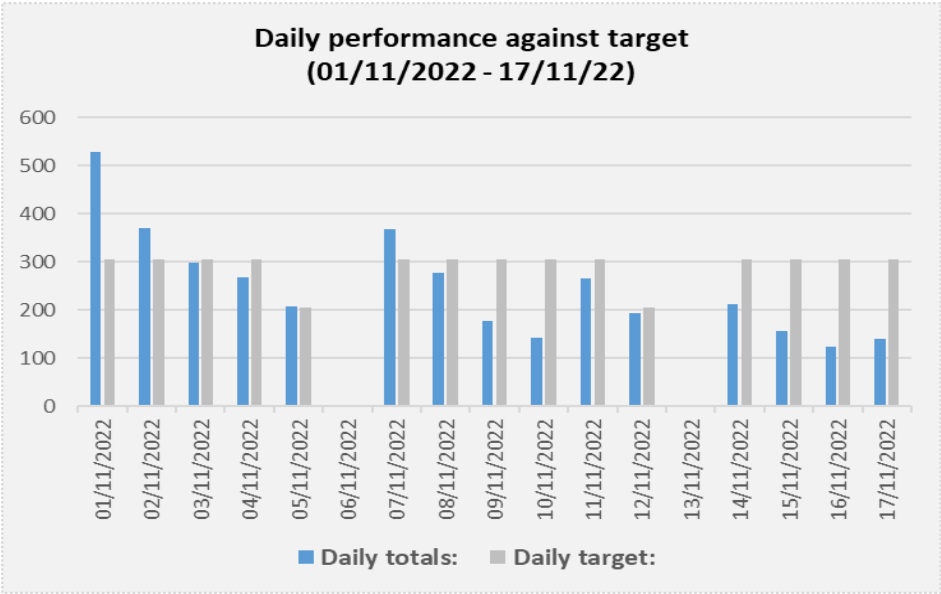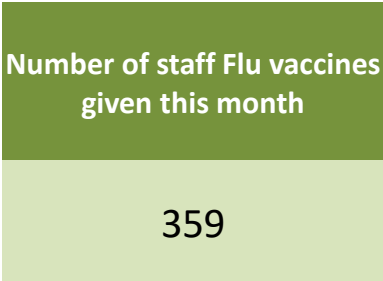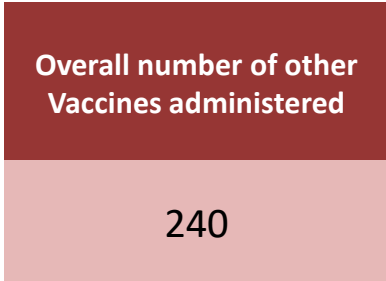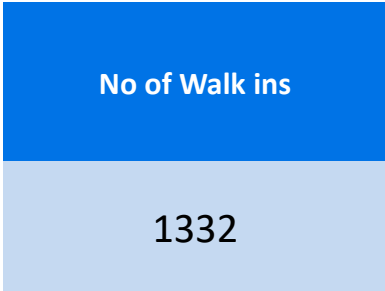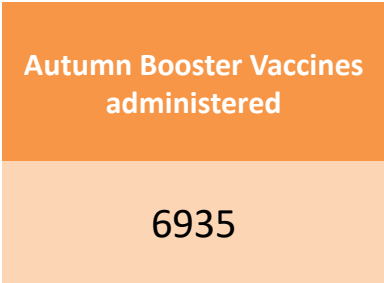Uptake higher than the national average for all cohorts except for:
- Under 65s
- 12-15 at risk

Home, Community, Hospital.

Autumn Booster Programme Performance (4)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Autumn Booster Vaccines administered	No of Walk ins	Overall number of other Vaccines administered	Number of staff Flu vaccines given this month
6935	1332	240	359

Daily performance against target (01/11/2022 - 17/11/22)

DAILY PERFORMANCE AGAINST TARGETS (01/11/22 - 17/11/22)

Home, Community, Hospital.

Revised approaches to Vaccination Uptake

NHS
Cherwood Forest Hospitals
NHS Foundation Trust

COVID IS NOT OVER +
FLU IS IN THE TRUST
Click here to find out how to get your FLU + COVID booster

Home, Community, Hospital.

Tackling Health Inequality's (A System Approach)

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

- Two Vaccination Conversation workshops delivered to community champions and CVS colleagues to support conversations around vaccination hesitancy in communities. Positive feedback from sessions regarding individuals' confidence in engaging in conversations within own communities
- Three 'Let's Talk Vaccination' clinics delivered in partnership with public health 'Health and Wellbeing Team' sessions in key areas of low vaccination uptake. Engaged with over 100 citizens, of whom approximately 25% were not fully vaccinated.
- Mobile Units planned to deliver 8 sessions every two weeks until end of December 2022, offer to include primary and booster vaccinations, overseas vaccination validation, MECC signposting and vaccination conversations to address hesitancy.
- Pre-engagement opportunities with partners to optimise uptake, including offering other services alongside COVID-19 vaccination to increase uptake.
- Evaluation of impact of place based vaccination models and learning in place.

Home, Community, Hospital.

Next Steps

- KMH Hub Pop Up and Roving Service to extend to include wards and visit to Newark.
- Review of vaccination activity across ICB exploring additional roving options and maximise utilisation of substantive and fixed term staff.
- KMH Hub staff to support maternity services to offer vaccinations to pregnant women from 21st November 2022.
- Medivans continue to focus on inequalities, targeting asylum, refugee and homeless communities.
- Additional communities satellite clinics commenced in City and South Notts.
- Newark satellite clinic assured to commence booster delivery.

Home, Community, Hospital.

Subject:	Covid-19 Vaccination Programme Autumn Booster Update	**Date**: 1st December 2022	
Prepared By:	Robert Simcox, Director of People Kim Kirk, Operations Lead for Hospital Hub		
Approved By:	Robert Simcox, Director of People		
Presented By:	Kim Kirk, Operations Lead for Hospital Hub		

Purpose			
The paper updates the Executive Team on the COVID-19 Vaccination Autumn Booster Programme Performance and Plan.	**Approval**		
	Assurance		X
	Update		
	Consider		

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	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
None

Executive Summary

Background

The KMH Hospital Hub continues to provide COVID-19 vaccines to eligible people locally, and co-administration of COVID-19 and Flu vaccines to SFH staff.

A roving service for staff and eligible patients continues and will include targeted visits to inpatient areas and has brought some success.

The attached slides provide operational programme details and performance noting:

- The uptake of autumn boosters' doses given by ICB Programme for patients age 70+ are above 80% for each individual cohort and the uptake for those age 65-69 are at 74%.
- 40.8% Healthcare workers received COVID-19 vaccine exceeding national uptake (39.6%)

Recommendation

The Trust Board is asked to take assurance from the report and to note the significant contributions made by colleagues at Sherwood Forest to enable the successful delivery of vaccinations to the citizens of Nottinghamshire and colleagues working at Sherwood and surrounding NHS Trusts.

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	**Date:** 1st December 2022
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Specialist	
Approved By:	David Selwyn - Medical Director	
Presented By:	David Selwyn - Medical Director	

Purpose			
This report is a Mandatory requirement for assurance of safe working as per the Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.	**Approval**		
	Assurance	X	
	Update		
	Consider		

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
	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	**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
This item was presented at the Joint Local Negotiating Committee on 17th November 2022

Executive Summary

The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1st August 2022 and 31st October 2022.

The report gives an overview of the exception reports that have been received by Division and grade of doctor and the reasons for the exceptions, making comparisons against previous years.

There have been no fines or work schedule review requests during this period.

The report also describes actions that have been undertaken during this quarter and actions that are planned for the next three months.

The report outlines the reasons for the 4 immediate safety concerns that were reported during this period, all 4 relate to ward cover, 3 are in Medicine and 1 in Trauma & Orthopaedics. All describe very busy shifts where the number of doctors on the ward has been reduced to 2 due to short term absence and in on case a doctor being called away from the wards to undertake other tasks.

Trust Board is asked to note:

- The increase in exception reports particularly from Foundation Year 1 doctors from the same quarter in 2021. This number of exception reports is expected from this group of trainees who are settling into their first job as a doctor in the NHS.
- That the new rota in Medicine was implemented in August and that a questionnaire will be sent to the junior doctors within the next 4 weeks asking for their views of the new rota. The rostering team are aiming to have a minimum of 3 doctors per ward and from the analysis of the rota coverage report, that is being achieved in most cases. There are some exceptions to this where there is short notice absence.
- That the Internal Quality Assessment has been completed by the Medical Education Team with support from the Medical Workforce Team and any actions relating to the safe working of the trainees and the Clinical Fellows will be shared in the next guardian of safe working report.

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Introduction

This report provides an update on exception reporting data, from 1st August 2022 to 31st October 2022. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the below, 208 postgraduate doctors in training have been allocated to the Trust by Health Education East Midlands (HEEM). The Trust has an establishment of 228 trainees posts, so this year there are 20 vacant trainee posts, this is due to HEEM not being able to fill these posts for a number of reasons, including doctors being on maternity leave, not passing their exams, doctors leaving the training programme or there not being enough trainees following a particular training pathway to fill the posts across the country. Further information is included in the vacancies section.

High level data

Number of doctors in training (total):	208
Number of doctors in training on 2016 TCS (total):	208
Number of training posts unfilled by a doctor in training:	20
Number of unfilled training posts filled by a clinical fellow/locum:	3
Total number of non-training doctors including teaching fellows:	73
Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PAs per trainee

Exception reports From August 2022 (with regard to working hours)

The data from 1st August 2022 to 31st October 2022 shows there have been 109 exception reports in total, 106 related specifically to safe working hours while 2 were related to educational issues and 1 related to the rota pattern.

Four of the exception reports were categorised by the postgraduate trainees as immediate safety concerns. Further details of the immediate safety concerns can be found in Table 2.

By month there were 24 exception reports in August 2022, 40 in September 2022 and 45 in October 2022.

Of the 106 exception reports relating to safe working hours, 101 were due to working additional hours, 2 were due to natural breaks and 1 was due to rest.

Of the total 109 exception reports 70 (64%) have been closed with 39 (36%) still open and all 39 of these are overdue. Of the 39 overdue exception reports, 33 are still waiting for the initial meeting to take place, the other 6 are unresolved.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 6 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 72 (66%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting.   Whilst the system does send a notification to the supervisor that an exception report requires action, further notifications from the system would help to remind the supervisors of exception reports requiring their attention and the time limit by which they need to respond. Currently manual reminders are sent from the Guardian of Safe Working and the Medical Workforce Team.

Where an outcome has been suggested there are 52 (68%) with time off in lieu (TOIL), 23 (30%) with additional payment and 1 (2%) with no further action.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce Team, a report is completed for the rota coordinators to ensure that time off in lieu is added to the doctors record or any payment is made.

Reasons for ER over last quarter by specialty & grade

ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding
Immediate patient safety issues	Acute Medicine	FY2	0	1	0	1
	General medicine	FY1	0	2	1	1
	Surgical specialties	FY2	0	1	1	0
	Trauma & Orthopaedic Surgery	FY2	1	0	0	1
Total			**1**	**4**	**2**	**3**
No. relating to hours/pattern	Accident and emergency	ST5	4	0	0	4
	Acute Medicine	CT1	0	6	6	0
	Acute Medicine	CT2	2	0	2	0
	Acute Medicine	CT3	1	3	1	2
	Acute Medicine	FY2	0	2	0	2
	Anaesthetics	FY1	0	1	0	1
	Diabetes & endocrinology	FY1	0	5	2	3
	Gastroenterology	FY1	1	2	3	0
	General medicine	CT1	0	2	0	2
	General medicine	FY1	10	44	27	26
	General medicine	FY2	1	1	1	1
	General medicine	ST1	1	6	3	4
	General medicine	ST6	3	0	1	2
	General surgery	FY1	0	2	1	1
	Geriatric medicine	FY1	0	2	1	1
	Haematology	CT1	1	0	0	1
	Obstetrics and gynaecology	FY1	2	0	0	2
	Obstetrics and gynaecology	ST1	1	0	1	0
	Obstetrics and gynaecology	ST4	1	0	1	0
	Otolaryngology (ENT)	ST1	0	1	0	1
	Paediatrics	CT1	0	1	1	0
	Paediatrics	FY1	0	2	0	2
	Paediatrics	FY2	1	0	1	0
	Paediatrics	ST2	3	0	3	0
	Paediatrics	ST4	3	0	0	0
	Paediatrics	ST6	0	2	0	2
	Respiratory Medicine	FY1	1	0	1	0
	Surgical specialties	FY1	4	12	5	8
	Surgical specialties	FY2	0	4	4	0
	Trauma & Orthopaedic Surgery	FY2	4	6	1	5
	Trauma & Orthopaedic Surgery	ST1	0	3	0	3
	Trauma & Orthopaedic Surgery	ST7	8	0	0	8
Total			**52**	**107**	**66**	**81**
No. relating to educational opportunities	Anaesthetics	CT1	1	0	1	0
	General medicine	FY2	0	1	0	1
	Obstetrics and gynaecology	FY2	0	1	0	1
	Paediatrics	ST4	1	0	1	0
	Trauma & Orthopaedic Surgery	FY2	1	0	0	1
Total			**3**	**2**	**2**	**3**
No. relating to	Trauma & Orthopaedic Surgery	FY2	1	0	0	1
Total			**1**	**0**	**0**	**1**

## Table 1. Exception Reports for Working Hours by Grade and Division

Acute Medicine shifts involve doctors from the Medical Division

The majority of the exception reports received during this period - 73 (67%) in total - are from postgraduate doctors working in the **Medical Division**. Although the doctors are within the Medical Division their Acute Medicine shifts are within the Urgent and Emergency Care Division. Therefore, of the 73 exception reports, 11 were whilst doing acute medicine shifts and 62 whilst doing specialty specific or ward-based work in Medicine. (Figure 1).
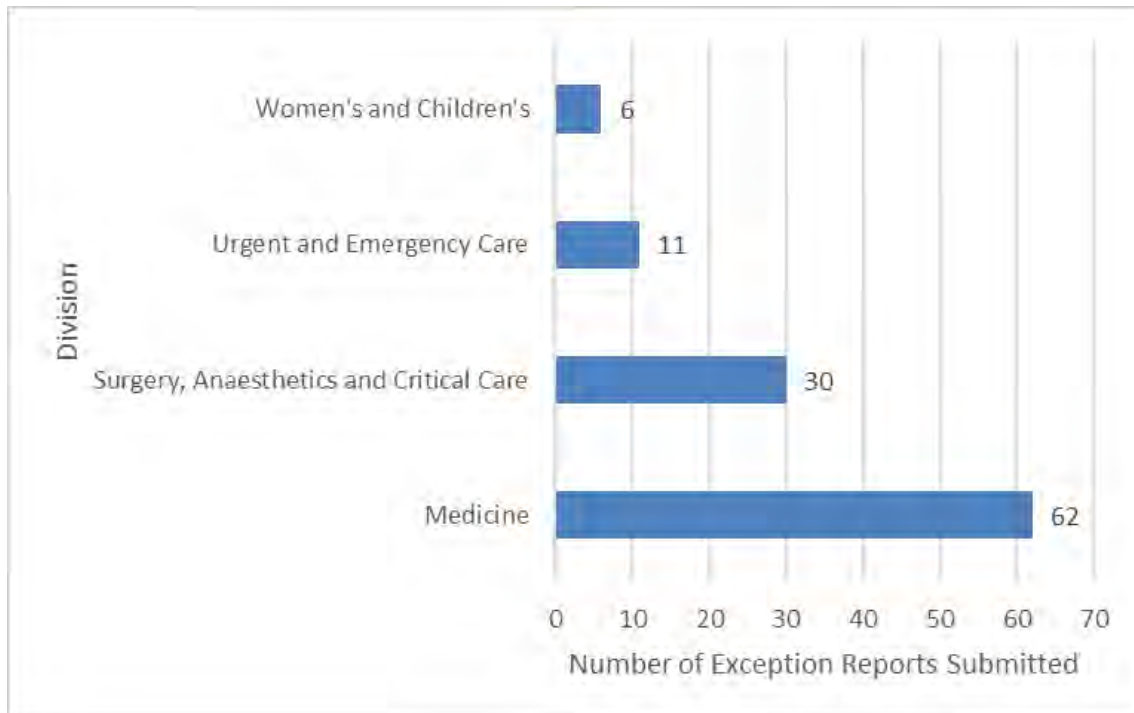

Figure 1. Exception reports by Division for Trainees

In total 70 (64%) of the exception reports have come from the Foundation Year 1 Doctors, 15 from the Foundation Year 2 Doctors, 19 from the CT1/2 and ST1/2 doctors, 3 from CT3 doctors and 2 from the ST4+ Trainees. (Figure 2).
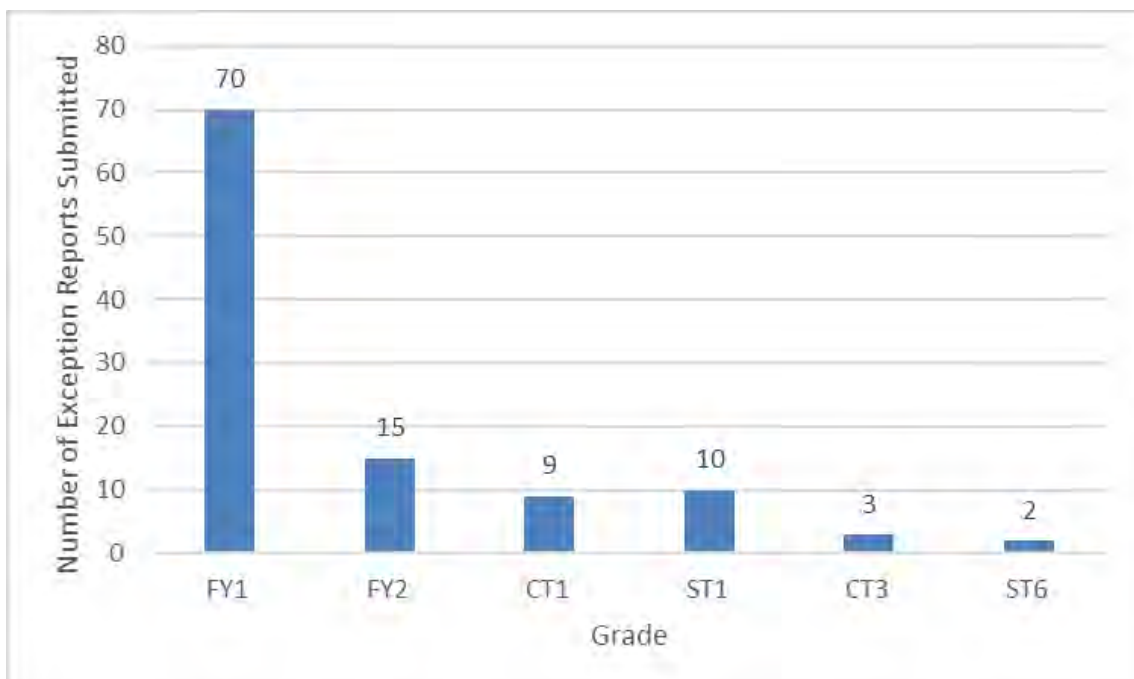
Figure 2. Exception reports by Grade for Trainees

Figure 2 shows that there has been a high number of exception reports received from Foundation Year 1 doctors which is to be expected as this is their first placement as a doctor in the NHS and history has shown that Foundation Year 1 doctors tend to stay after the end of their working day to complete tasks. It is likely that this number will reduce in the next report as the doctors learn more about prioritising tasks.
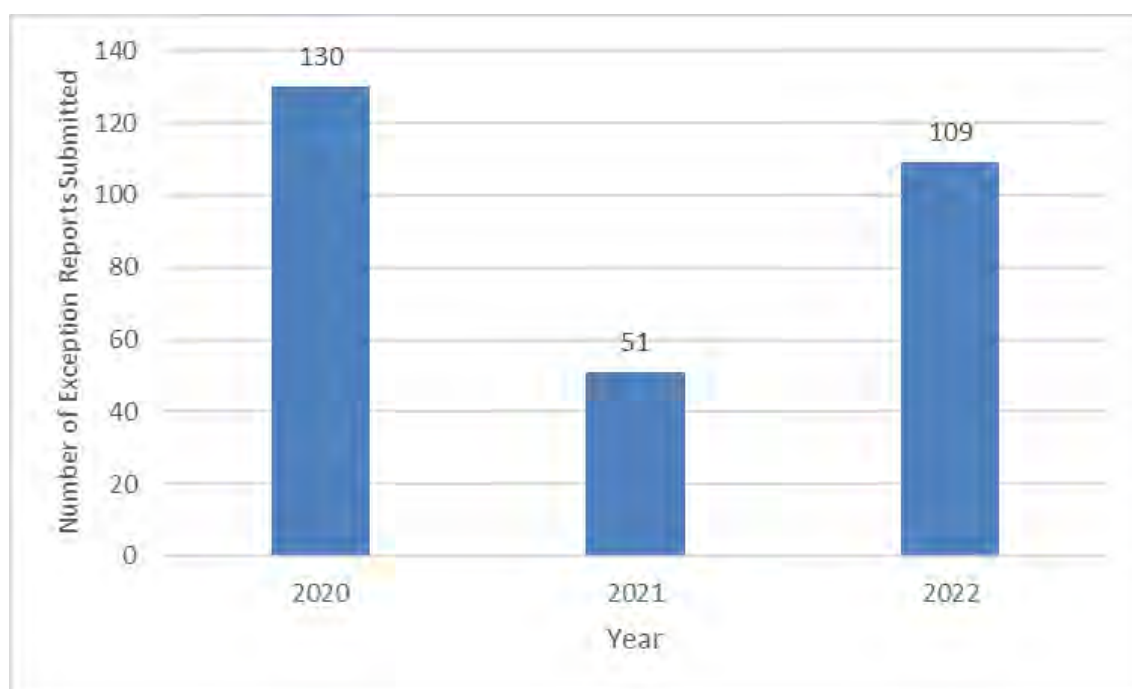

Figure 3. Comparison of number of exception reports for the same period between 2020, 2021 and 2022

Before the Pandemic, in 2018 for the same quarter, this number was 66 and in 2019 it was 91.

Date	Grade and Specialty of Doctor	Details of Immediate Safety concern reported by the Trainee	Action Taken	Status of the Concern
15.09.22	F2 Trauma & Orthopaedics	Worked two hours more than scheduled as the twilight doctor did not arrive, so was covering ED and the wards. Very busy shift	Registrar and on call consultant were made aware. Time off in lieu was given to the doctor.	The exception report was closed.
04.10.22	F1 Medicine	Worked an additional hour. A consultant was on leave and the registrar had to spend time with the Medical Examiner and was not available. Busy shift.	A discussion was held with the doctor and payment was given for working the extra hour worked.	The exception report was closed

| 06.10.22 | F1 Medicine | Worked overtime due to ward pressures and staffing issues. Missed usual train home as worked an additional hour | A discussion was held with the Head of Service and time off in lieu given to the doctor. | On the system the concern remains unresolved. |
| 27.10.22 | F2 Medicine | Stayed late due to staffing on the ward. One doctor was absent. Additional support was requested which arrived at 2pm. | A discussion was held with the supervisor and Head of Service. Time off in lieu was given to the doctor. | The exception report was closed. |

Table 2. Immediate Safety Concern Concerns Raised
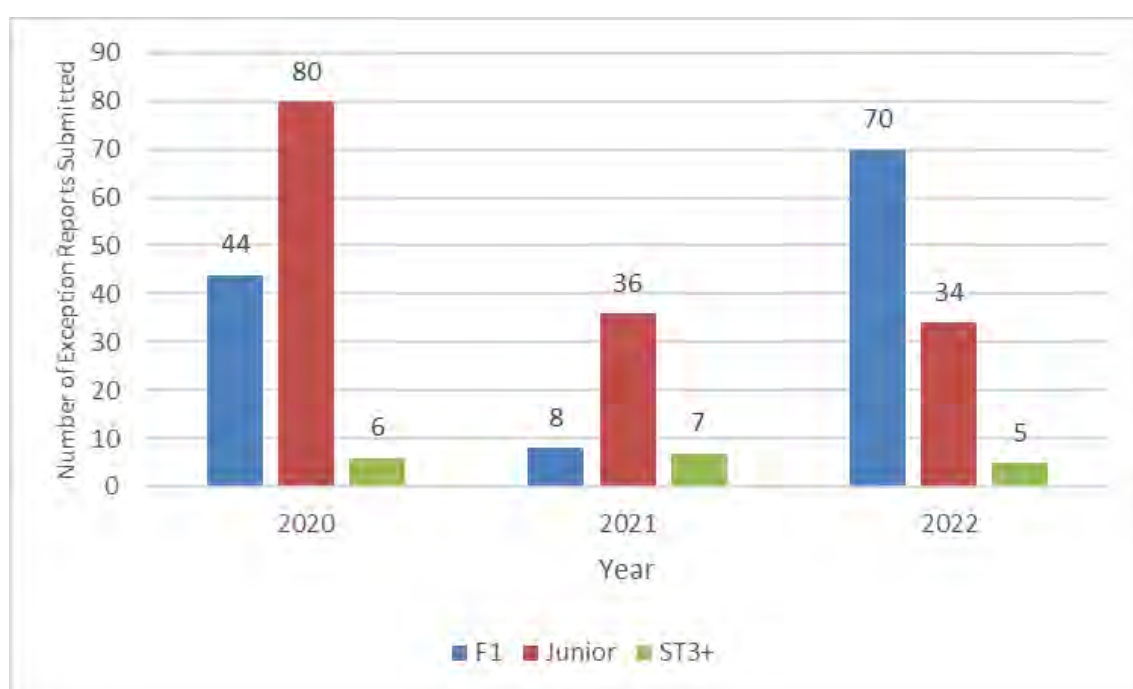
Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2020, 2021 and 2022.

Figure 4 shows that this year there have been more exception reports from the Foundation Year 1 doctors than in 2021, for other trainees the numbers remain within a consistent pattern.

Exception Reports from Clinical Fellows

There are 73 Clinical Fellows and other non-training doctors. 58.75% are male and 41.25% are female. During this quarter there have been 8 exception reports received from Clinical Fellows. 4 reports were from the doctors in Acute Medicine, 2 were from doctors in Medicine and 2 were from doctors in the Emergency Department (ED).   6 reports were due to working additional hours and 2 were due to missing breaks, both of these were in ED. For those that worked additional hours, they worked an average of an additional hour and 15 minutes each at the end of a normal working day, the exception reports have been reviewed by the clinical supervisors, all were supported and time in lieu or pay to the doctors. All are now closed.

The Clinical Fellows are regularly reminded about completing exception reports.

Work Schedule Reviews

There have been no work schedule reviews. Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent.

Fines

There were no fines issued this quarter.

Vacancies

In August the Trust was allocated 208 doctors in training. 53.5% are female and 46.5% male. As mentioned in the introduction, there were 20 vacancies in August where the Trust had not been allocated trainees by HEEM, the reasons for these posts not being filled were also mentioned in the introduction, 3 of the vacancies were filled by Clinical Fellows and an additional 4 vacancies have subsequently been recruited to. Two further posts have been offered to successful candidates. Of the remaining vacancies, Anaesthetics/Critical Care have 3 vacancies and Trauma & Orthopaedics also have 3 vacancies.

It is important to note that there were only three vacancies within the Medical specialties at the changeover in August which is a considerable reduction on previous years, one of these vacancies has since been filled.

These remaining gaps will be filled by doctors on the bank.

Qualitative information

The number of exception reports made by the more Senior trainees level still remains low with 5 being reported during this period. Although the overall number of exception reports has increased particularly amongst the F1 doctors, the hospital has remained extremely busy, therefore it is felt that there is still under reporting. The response to the exception reports by Educational and Clinical Supervisors within the required 7 days has deteriorated.   Table 3 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year. Despite reminders, this number has increased considerably.   In addition, the median time to the first meeting is 6 days which has also increased.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
August 2022 – October 2022	66% of all reports received 72 reports
May 2022 – July 2022	25% of all reports received 10 reports
February 2022 – April 2022	56% of all reports received 38 reports
November 2021 – January 2022	50% of all reports received 15 reports
August 2021 – October 2021	52% of all reports received 15 reports

Table 3 Exception Reports <u>not</u> responded to within 7 days

As described in the previous report a great deal of work was undertaken within the Medical Division to review the rotas for the more junior postgraduate trainees and the Clinical Fellows. This new rota has been implemented from August 2022. A report has also been developed showing the coverage of junior doctors across the wards on a daily basis and this shows that in most areas there are 3 doctors on each ward on a daily basis. The rota coordinators aim to ensure there are a minimum of 3 doctors on each ward and where the number falls below 3 where possible they will move a doctor from another ward to provide additional support. The rota coordinators will prospectively review the rotas for the weeks ahead to ensure that the minimum of 3 is maintained.

Both Trauma & Orthopaedics and Obstetrics & Gynaecology have made slight changes to the shifts on their rotas and the new rotas will be implemented from December 2022. Paediatrics are still in the process of reviewing their rota.

The Guardian of Safe Working has visited a number of wards in Medicine and has noticed that despite there being an increase in the number of doctors available, the doctors are still finding the volume of work difficult to manage. Whilst it is appreciated that the Trust has been particularly busy, on observing the doctors on the ward, the Guardian was particularly concerned about the doctors' organisational skills and the lack of team work amongst some of the junior doctors on the wards. This observation has also been made by the Clinical Chair in Medicine. The more senior trainees are working with those at a junior level to encourage them to be more organised and to work as a team to enable them to complete the jobs that they need to do in a timely manner.

The internal Quality Assessment was carried out with members of the Medical Education and Medical Workforce team. This is an annual event where the team ask trainees and Clinical Fellows about their experience as a junior doctor at the Trust. Exception reporting was raised and it was very clear that whilst doctors know how to exception report and have the appropriate access to exception report, they often choose not to exception report.

It has also been reported that there is one area that is discouraging doctors from exception reporting. This will be captured in the full report of the Internal Quality Assessment . This has been explicitly discouraged in separate communication from the Clinical Chairs, GoSW and MD.

The Medical Education Team are also keen to ensure that an exit interview is undertaken with trainees to find out about their experience as a Trainee at the Trust. Although this is currently carried out with some of the Foundation Programme doctors and with all of the Clinical Fellows, an exit interview isn't undertaken with all trainees due to resources. This is currently being considered by the Medical Education Team to develop a suitable quality feedback process.

The Guardian of Safe Working will be attending the Guardians conference on 28th November 2022

Conclusion

Trust Board is asked to:

- Note the increase in exception reports particularly from F1 doctors from the same quarter in 2021.

- Note that the new rota in Medicine was implemented in August and that a questionnaire will be sent to the junior doctors within the next few weeks asking for their views of the new rota.

- Note that the Internal Quality Assessment has been completed and any actions relating to the safe working of the trainees and clinical Fellows will be shared in the next report.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	Action Taken (to be taken)	Date of completion
Feedback from Junior Trainees in Medicine regarding the new rota	Act on any relevant feedback from the questionnaires sent to the junior trainees in Medicine regarding the new rota.	31st January 2023
Exception reports being responded beyond the first 7 days.	Remind the supervisors on a weekly basis of the exception reports that are outstanding and require action, escalating those that have not been responded to within the required 7 days to the Head of Service/Service Director	ongoing
Feedback from the Internal Quality Assessment	Act on any relevant feedback from the Internal Quality Assessment report.	31st January 2023

Extraordinary Audit & Assurance Committee Chair's Highlight Report to Trust Board

Subject:	Audit & Assurance Committee (AAC) Report	**Date:** 24th November 2022
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
- Internal Audit – Implementation of internal audit recommendations continues to be an issue – currently at 55% (down from 57% at last report) implemented by due date (needs to be >75% for Head of Internal Audit Opinion to be significant assurance). Implementation of agreed recommendations is a clear demonstration of Quality Improvement. At the moment the implementation on time rate does not give assurance of a Quality Improvement driven organisation. - Internal Audit – Concern was raised on a number of potential changes being proposed to the Internal Audit Programme, without adequate explanation (see Major Actions as well). - HfMA Financial Sustainability Audit – this wasn't completed in time for this meeting. However, is on track for completion before the 30th November deadline and all data was provided by the Trust on a timely basis.	- Counter Fraud Service – a number of potential frauds have been raised recently and it was agreed that any recommended process and control changes required as a consequence will be handled in the same way as Internal Audit recommendations. - Internal Audit – all proposed internal audit programme changes to include clear request with evidence for the change by the responsible officer prior to consideration of the proposed change. - Non-Clinical Policies – good progress on updating/amending overdue policies, however there are a small number where no progress is apparent. The responsible officer for these will be asked to attend the next Audit Committee Meeting.

Positive Assurances to Provide	Decisions Made
- <u>Counter Fraud</u> – All of the functional standards continue to be assessed as Green. Only 49% of trusts have achieved this. In addition there is an increase in the number of potential frauds being raised (very few anonymously) which helps show the culture of openness within SFH. - <u>External Audit </u>– KPMG gave a positive update on progress and next steps. Which included a visit to site for the first time in a couple of years. - <u>Register of Interests</u> – outstanding registers of interests continues to decline, especially with the clinicians. - <u>Non-Clinical Policies</u> – Significant reductions have been made in the number of out of date non-clinical policies. - <u>Procurement </u>– the Strategic Head of Procurement presented the single tender waivers with detailed explanations on each – the process continues to show maturity giving strong assurance that single tender waivers are used appropriately and value for money has been properly assessed. - <u>Speaking Up </u>– the annual review of the speaking up process was presented and showed the huge strides made in this area. - <u>Management of Suppliers </u>– an update on the development of this work was presented showing excellent progress, though recognising that there was more to do.	- <u>Internal Audit Programme </u>–Approval of proposed changes deferred until detailed explanations for changes presented by the responsible officers. - <u>Standing Orders</u> – these were approved.

Comments on Effectiveness of the Meeting

- All papers were of a high quality and clear which helped the meeting run smoothly.

Finance Chair's Highlight Report to Trust Board

Subject:	Extraordinary Finance Committee Meeting	Date: 18ᵗʰ November 2022	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, Chair of the Finance Committee		
Presented By:	Andrew Rose-Britton, Chair of the Finance Committee		
Purpose			
The paper summaries the key highlights from the Finance Committee meeting held on 18ᵗʰ November 2022		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
In accordance with the Trust Scheme of Delegation final approval is required by the Board of Directors for: • MRI Replacement business case • Pharmacy Robot Replacement business case • Emergency Department Resourcing business case • E-Rostering and Job Planning contract extension These cases have been added to relevant agendas for consideration.	• Review of 2022/23 financial forecast ahead of December 2022 Finance committee meeting, including further details on cash and creditor management. • Further Executive Team oversight on the mitigation of any risks arising from temporary Pharmacy arrangements. • Post implementation reviews to be undertaken on the supported business cases. • Engagement with ICB partners on the business cases considered.
Positive Assurances to Provide	**Decisions Made**
• Robust cases produced to ensure that business risks can be mitigated. • A good understanding of the Month 7 financial position, as well as the risks and opportunities associated with the 2022/23 financial forecast.	In accordance with the Trust Scheme of Delegation support was provided for: • MRI Replacement business case (subject to available funding) • Pharmacy Robot Replacement business case • Emergency Department Resourcing business case • E-Rostering and Job Planning contract extension
Comments on Effectiveness of the Meeting	
• Good discussions and challenge on the business cases. • It was useful to be able to concentrate on the above business cases in one meeting.	

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Quality Committee - Chair's Highlight Report to Trust Board

Subject:	Quality Committee Meeting	**Date:** 14th November 2022
Prepared By:	Barbara Brady, Non -Executive Director	
Approved By:	Barbara Brady, Non -Executive Director	
Presented By:	Barbara Brady, Non -Executive Director	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
- Capacity of Pharmacy team – implications for 'On call' arrangements and medicines reconciliation - Progress on CQC 'Must Dos'	- Ongoing work on HSMR - Estates Quality Dashboard, with particular emphasis on water quality
Positive Assurances to Provide	**Decisions Made**
- Review of Never Events - Learning from Serious Incidents - Quality Impact of Industrial Action - Deep Dive into 3rd and 4th degree tears (maternity) concluded with no themes identified	- Approved revised workplan - Dr Aly Rashid agreed as Vice Chair - BAF, PR1 and PR2 to risk rating to remain unchanged. Discussed regarding tolerable risks and agree these remain unchanged

Comments on Effectiveness of the Meeting
Good discussion and debate on wide ranging issues related to Clinical Quality, enabled by good quality papers