Sherwood Forest Hospitals
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 1st February 2024
Time: 09:00 – 12:30
Venue: Boardroom, Newark 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 4th January 2024** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Action Tracker**	Update	Enclosure 5
6.	09:10	**Chair's Report**	Assurance	Enclosure 6
7.	09:15	**Chief Executive's Report**	Assurance	Enclosure 7
	Strategy			
8.	09:30	**Strategic Objective 1 – Provide outstanding care in the best place at the right time** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 8.1
9.	09:50	**Strategic Objective 3 – Empower and support our people to be the best they can be** • **Freedom to Speak Up** Report of the Freedom to Speak Up Guardian	Assurance	Enclosure 9.1
10.	10:10	**Partnership Strategy** Report of the Director of Strategy and Partnerships	Approval	Enclosure 10
11.	10:25	**Staff Story – National Apprentice Week, how our people have thrived** Rob Simcox, Director of People	Assurance	Presentation

	Time	Item	Status	Paper
	BREAK (10 mins)			
	Operational			
12.	10:55	**IPR (Integrated Performance) Report – Quarterly** Report of the Executive Team	Consider	Enclosure 12
	Governance			
13.	11:40	**Board Assurance Framework** Report of the Chief Executive	Approve	Enclosure 13
14.	11:50	**Use of the Trust Seal** Report of the Director of Corporate Affairs	Assurance	Enclosure 14
15.	11:55	**Assurance from Sub Committees** • Audit and Assurance Committee Report of the Committee Chair (last meeting) • Finance Committee Report of the Committee Chair (last meeting) • Quality Committee Report of the Committee Chair (last meeting) • People Committee Report of the Committee Chair (last meeting) • Partnerships and Communities Committee Report of the Committee Chair (last meeting) • Charitable Funds Committee Report of the Committee Chair (last meeting)	 Assurance Assurance Assurance Assurance Assurance Assurance	 Enclosure 15.1 Enclosure 15.2 Enclosure 15.3 Enclosure 15.4 Enclosure 15.5 Enclosure 15.6
16.	12:15	**Outstanding Service – Virtual Wards – getting the care you need, at home**	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 **7th March 2024, 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)		
		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 13	• **Significant Risks**
Enc 15.1	• **Audit and Assurance Committee – previous minutes**
Enc 15.2	• **Finance Committee – previous minutes**
Enc 15.3	• **Quality Committee – previous minutes**
Enc 15.4	• **People Committee – previous minutes**
Enc 15.5	• **Partnerships and Communities Committee – previous minutes**
Enc 15.6	• **Charitable Funds Committee – previous minutes**

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 4th January 2024 via video conference

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	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
	Barbara Brady	Non-Executive Director	BB
	Neil McDonald	Non-Executive Director	NM
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	David Ainsworth	Director of Strategy and Partnerships	DA
	Phil Bolton	Chief Nurse	PB
In Attendance:	Chris Dann	Deputy Chief Operating Officer	CD
	Paula Shore	Director of Midwifery	PS
	Katie Summers	Specialist Physiotherapist	KS
	Vanessa Greenwood	Specialist Physiotherapist	VG
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Liz Barrett	Public Governor	
	Rich Brown	Head of Communications	
	Laura Keeling	Communications Officer	
	Faye Eastwood	NHS England	
	Anna Whittaker	Notts TV	
	1 member of the public		
Apologies:	Rachel Eddie	Chief Operating Officer	RE

The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
24/001	**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. The meeting was held, via video conferencing 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. All participants confirmed they were able to hear each other.		
24/002	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/003	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Rachel Eddie, Chief Operating Officer. It was noted Chris Dann, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.		
24/004	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 7th December 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/005	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 23/357 and 23/392 were complete and could be removed from the action tracker.		
24/006	**CHAIR'S REPORT**		
2 min	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 work of the Trust's volunteers during 2023 and donations received from members of the public and community groups. The Board of Directors were ASSURED by the report.		
24/007	**CHIEF EXECUTIVE'S REPORT**		
13 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, expressing thanks to colleagues for their work over the busy Christmas period and to members of the local community for their support and generosity.		

	PR highlighted operational pressures, the impact of industrial action and closure of the Vaccination Hub at King's Mill Hospital. PR advised a system-wide critical incident was called on 3rd January 2024, following an internal critical incident being called at Nottingham University Hospitals (NUH), which resulted in ambulances being diverted to SFHFT to assist the situation. BB noted the Trust has been awarded the NHS Pastoral Care Quality Award for the high-quality pastoral care provided to internationally educated nurses and midwives and queried if the same level of support and care is provided to other health care professionals who join the Trust from overseas. PR confirmed the wraparound support is in place for all international colleagues. RS advised the award is in recognition of the support provided to colleagues from overseas with a nursing background. This work provides the blueprint to adopt and take forward in other areas. There is a need to recognise how important it is for all colleagues to feel supported and there are generic offers in place which are available to everyone. This is reinforced by the Trust's levels of retention and low levels of turnover. However, there is always more work to do in terms of retention. MG sought assurance in relation to current staff morale and queried what positive actions are being undertaken. RS advised it is recognised Winter is a busy time for the Trust and, therefore, annual Winter wellness approaches are prepared and these are available for all colleagues to access. In addition, during periods of industrial action, there are designated wellbeing areas in place across the organisation, where people can decompress, get a warm drink, etc. The importance of visibility of the Executive Team and the importance of a 'thank-you' is recognised and this has created conversations identifying where tailored support can be offered to specific areas. It is acknowledged colleagues are struggling from a fatigue perspective. PB acknowledged the pressure is relentless. Staff feedback is that they appreciate the visibility of the senior leadership team, the agile responsiveness to their needs and knowing people listen to them and respond to practical issues which might make the pressures easier to manage. MG noted the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital are subject to a review and the options are being considered by the Integrated Care Board (ICB). MG queried what the timeline is for a decision to be made. PR advised discussions are taking place within the ICB, which will be presented to an ICB Board meeting in January 2024. PR advised he would update the Board of Directors once that meeting has taken place. MG felt, in light of the pressures faced by the organisation, it would be beneficial for assurance to be provided to a future Board of Directors meeting in relation to understanding any harm and the mitigations which are in place.		

	DS advised a report will be presented to the Quality Committee in relation to the impact of industrial action, which will provide this information. In addition, a report will be prepared for the Quality Committee in relation to the activity levels over the Christmas and New Year period. **Action** • **Report to be presented to the Quality Committee in relation to the impact of industrial action and to provide information in relation to the activity levels seen over the Christmas and New Year period.** The Board of Directors were ASSURED by the report.	**DS**	**01/02/24**
24/008	**STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME**		
12 mins	PS joined the meeting. **Maternity Update** ***Safety Champions update*** PB presented the report, highlighting feedback from the maternity survey and antenatal education programme, increase in activity levels, improvement and quality initiatives, re-launch of maternity forums, Safety Champion walkarounds and Ockenden insight visit. PS noted the higher levels of activity and advised the teams have felt well supported. AH noted the Trust has a very strong maternity voices partnership and acknowledged the feedback this provides. AH queried if this feedback has highlighted any areas for improvement. PS advised there has been a focus on induction of labour as this has been a key area of challenge when complaints are triangulated with maternity voices feedback. A midwife now leads on this service and has looked at revising processes, with the next step being outpatient induction of labour. There is an emerging theme in relation to pain relief and this will be an area of focus going into 2024. BB noted the positive feedback received in relation to the reintroduction of face-to-face antenatal education and queried if women and their birthing partners have the opportunity to visit the site. PS advised currently there is a virtual tour of the unit and the plan for 2024 is to reintroduce onsite visits. Online education is still available if this is requested. The option of having antenatal education in other languages is currently being explored. Antenatal education is alternated between King's Mill Hospital and Newark Hospital. The Board of Directors were ASSURED by the report.		

	Maternity Perinatal Quality Surveillance PB presented the report, highlighting obstetric haemorrhage and recruitment to two vacant obstetric posts for Foetal and Maternal Medicine. PB advised there was one suspension of service in November 2023. NM noted almost 40% of births are by caesarean section and queried if there was link to the overall rate of third and fourth degree tears and what training is in place which may reduce the rate. PS advised the Trust's caesarean section rate has increased, in line with national increases. This increase has been noted since a change in national guidance in relation to choice. A report will be presented to the Quality Committee in February 2024, which outlines the rise in obstetric haemorrhage is attributed to the increase in caesarean births. The Trust has a package of training in place in relation to the measurement of blood loss, etc. Third and fourth degree tears are monitored and it is acknowledged the Trust is slightly above the national average. However, the number of cases is low and each case is reviewed, noting no themes or trends have been identified. Midwives receive training in relation to the OASI (obstetric anal sphincter injury) care bundle. Cases of tears are not attributed to lack of training or to an individual. The Trust has improved the diagnosis and management of third and fourth degree tears, thus ensuring women receive the correct ongoing perinatal care. DS sought clarification if third degree tears are preventable. PS advised there are measures which can be taken in terms of identifying cases where it is anticipated a tear will occur. However, there are cases which are not predictable. There are generally no commonalities with these cases. DS noted it is key to recognise when a tear has occurred and to take the appropriate action. DS advised he recently met with one of the Trust's technology partners and there is the possibility of an app which will help in obtaining a better indication of the amount of obstetric haemorrhage. This is being investigated further. The Board of Directors were ASSURED by the report.		
5 mins	**NHS Resolution (NHSR) Maternity Incentive Scheme Year 5 Safety actions sign off** PB presented the report, advising this is an annual submission. PB confirmed the submission has been through internal governance processes and has also been externally validated. PS advised four of the ten safety actions have been externally validated. MG queried if the ten safety actions align with the Care Quality Commission (CQC) key lines of enquiry and, therefore, does this submission assist with the Requires Improvement element for CQC.		

	PS advised the Requires Improvement element of the latest CQC inspection of maternity services relates to mandatory training. Safety Action 8 is part of that, but this was compliant when the CQC visited. The elements which were looked at by the CQC related to the Trust's mandatory training. NM queried if the CQC inspection was to be carried out today, what effect would this excellent report have on the CQC inspection. PS confirmed when the CQC visited, the issue related to the Trust's mandatory training. The obstetric mandatory training has always been above the 90% threshold which is required for the Maternity Incentive Scheme. It will support the 'safe' element of a CQC inspection. However, the Trust's mandatory training is also currently above the 90% threshold. The Board of Directors APPROVED the NHSR Maternity Incentive Scheme Year 5 Safety Actions for submission. PS left the meeting.		
24/009	**STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE**		
12 mins	**Guardian of Safe Working** It was noted the report was presented to the December Board of Directors meeting, but due to technical difficulties, it was not possible to ask any questions of DS on the paper. Therefore, discussion relating to the report had been deferred to this meeting. DS provided a brief recap of the report, highlighting medical staffing, exception reports, industrial action and a fine levied by the Guardian of Safe Working. AR queried how the money from the fine is utilised. DS advised the amount of the fine levied is subject to a complex formula. Once the figure is established, the money is not paid to one specific person, but is for the goodwill of the junior doctors. Therefore, the junior doctors are asked what they would like the money from the fine to be spent on. They are currently considering the options. AH noted the Maternity Perinatal Quality Surveillance Scorecard indicates the number of incidents resulting in low and no harm has increased. In addition, it was noted the Women and Children's Division has had the most exception reports over the last quarter. AH queried if these two factors are an indication of an issue the Trust needs to be aware of. DS advised a number of months ago there were some training concerns raised by obstetric trainees, which related to increased activity. As a result, a rapid listening event was held as there were concerns the increase in obstetric workload was impacting on training. This led to some immediate changes being made, for example, strengthening the rota. While there was some improvement, there is still more work to do.		

	It was noted the exception reports are from paediatrics rather than obstetrics and this relates to demand on paediatric services. The Trust has recently been successful in a bid for neonatal Level 2 beds and this will help address the issue. ARB queried how the missed training opportunities during periods of industrial action will be caught up. DS advised NHS England (Education) has not provided any information in relation to this. Noting there have been 30 days of industrial action by junior doctors in the past ten months, it will have a significant impact on training, in addition to the impact on the consultant workforce. CW felt it would be useful for an update to be provided to the Board of Directors at some point in the future in terms of where the gaps will be for junior doctors. DS advised there is currently no national stance. However, any updates will be provided via the People Committee. SB noted there was considerable disruption to Foundation Years 1 and 2 during the Covid pandemic and felt this adds to a wider issue of capability in terms of confidence, as well as competence, going forward. DS advised the impact of industrial action also extends to current medical students as they have had a year of disruption to their training. The Board of Directors were ASSURED by the report.		
24/010	**PATIENT STORY – THE COMMUNITY STROKE SERVICE: THERAPY TAILORED FOR YOU IN YOUR HOME**		
11 mins	KS and VG joined the meeting. KS and VG presented the Patient Story, which highlighted the work of the Community Stroke Service. CW felt this is an excellent example of taking the services available in the hospital out into the community, noting the service is of great value to those who need it. NM noted the team hope to transition to a full stroke team in the future and queried what would be required to achieve this. KS advised it is recognised there are gaps in the local area for stroke services and, therefore, the Team were pleased to receive funding to become a partially integrated stroke service. To become a full service would require further recruitment, which would require more funding. The Trust is nearing the end of recruitment for the partial phase and this is going well, noting there are a lot of training needs currently. The Team would like to be able to open the service to all patients who have rehabilitation needs. AH queried what are the issues in relation to equity of access to services for stroke patients after hospital across Nottinghamshire and what is the Trust doing for those populations in more deprived communities to ensure there is equity of access for them. KS advised a development the Team wish to undertake is to roll out the exercise group more widely, particularly into Newark. The Team wish to be fair and equitable to all patients.		

	PB expressed thanks to KS, VG and the Team for their work. GW suggested the video should be circulated widely, particularly to GP surgeries. KS and VG left the meeting		
24/011	**ASSURANCE FROM SUB-COMMITTEES**		
2 mins	**Finance Committee** GW presented the report, highlighting the Trust's financial position at the end of Month 8, H2 Financial resubmission, Financial Recovery Cabinet, cash position, PFI Settlement, approval of Phoenix Team (Tobacco Dependence Treatment Service) business case and approval of business case for Clinical Research facility. The Board of Directors were ASSURED by the reports.		
24/012	**OUTSTANDING SERVICE – THE LIME GREEN FEEDING TEAM**		
6 mins	A short video was played highlighting the work of the Lime Green Feeding Team.		
24/013	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be disseminated to the wider organisation: • Thanks to colleagues given the current pressures on services. • Thanks to members of the community for their generosity over the Christmas and New Year period. • Work of the Community Stroke Services Team. • Work of the Lime Green Feeding Team.		
24/014	**ANY OTHER BUSINESS**		
	No other business was raised.		
24/015	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st February 2024 in the Boardroom at Newark Hospital. There being no further business the Chair declared the meeting closed at 10:20.		

24/016	**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**		

24/017	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
1 min	CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting. No questions were raised from members of the public.		
24/018	**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.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

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
23/255	03/08/2023	Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete	Public Board of Directors	None	01/02/2024	S Brook Shanahan		**Update 25/01/2024** A verbal update about the final two open Actions (13 and 15) will be given to the meeting. A paper reporting on all actions will be brought to the March 2024 meeting.	Amber
23/315.1	05/10/2023	Comparative data in relation to obstetric haemorrhage to be included in future maternity update reports to the Board of Directors	Public Board of Directors	None	~~02/11/2023~~ ~~04/01/2024~~ 07/03/2024	P Bolton		**Update 25/10/2023** Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data **Update 21/12/2023** Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage.	Grey
23/315.2	05/10/2023	Further information on quality indicators linked to obstetric haemorrhage to be included in maternity reports to the Quality Committee	Public Board of Directors	Quality Committee	~~02/11/2023~~ ~~04/01/2024~~ 07/03/2024	P Bolton		**Update 25/10/2023** Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data **Update 21/12/2023** Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage.	Grey
23/356.1	02/11/2023	Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors	Public Board of Directors	None	02/05/2024	D Selwyn / P Bolton			Grey

23/358.1	02/11/2023	Report on the relationship between agency usage, elective recovery and industrial action to be presented to Finance Committee following discussion at People and Culture Committee in November	Public Board of Directors	Finance Committee	01/02/2024	R Simcox		**Update 28/11/2023** Item to be presented to the January meeting of the Finance Committee **Update 23/01/2024** Report presented to the January meeting of the Finance Committee **Complete**	Green
24/007	04/01/2024	Report to be presented to the Quality Committee in relation to the impact of industrial action and to provide information in relation to the activity levels seen over the Christmas and New Year period	Public Board of Directors	Quality Committee	~~01/02/2024~~ 04/04/2024	D Selwyn		**Update 22/01/2024** Report will be presented to the March meeting of the Quality Committee	Grey

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date:** 1st February 2024	
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	**Y**
		Update	**Y**
		Consider	**Y**

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	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

Acronyms

NICU = Neonatal Intensive Care Unit
SFH = Sherwood Forest Hospitals

Executive Summary

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

Recognising the difference made by our Trust Charity and Trust volunteers

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

In January alone, 392 Trust volunteers generously gave over 4,220 hours of their time to help make great patient care happen across the 35 services they have supported during the month.

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

- The King's Mill Hospital Volunteers are delighted to have funded the refurbishment of the Clinic 7 children's area from cafe and fundraising stall profits, with the results of their efforts pictured below. Colourful artwork and wall-mounted toys provide a welcome distraction for children waiting in clinic.
- A team of response volunteers have been deployed to support the Pathology Team throughout the period of the spine corridor closure, including by supporting frontline colleagues by accepting samples and manning a temporary reception desk.
- Debra from Ward 24 popped to the Community Involvement Hub to pay in the £100 takings from the ward Christmas raffle to the Medicine Division Charitable Fund.
- SFH Hospitals Charity were delighted to provide three feeding dolls to NICU. The dolls will enhance training and provide feeding support to patients, including by helping to demonstrate positioning and attachment.
- Breast Care Nurses, Yvonne and Charlotte, were delighted to meet local fundraiser Daisy Stevenson who has raised £50 to support breast care patients at King's Mill Hospital. The funds have been used to purchase pens for the patient information packs.

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

I thank them all for their support and I am delighted that this month's *Outstanding service* video shines a spotlight on the incredible work of our Trust volunteers.

Newark Hospital's longest-serving colleague celebrates 50 years' service

Newark Hospital's longest-serving colleague has been recognised for achieving a remarkable 50 years of service.

Margaret Michie, who is a clinic receptionist mainly in Eastwood Centre at Newark Hospital, had requested that no fuss be made of her special milestone – but we couldn't let the occasion pass without marking it in some small way.

Members of our Executive Team and the Newark Hospital leadership team presented her with a framed certificate and a letter to show their thanks and appreciation.

As a Trust, we award our colleagues pin badges for reaching certain milestones but a 50-year badge had to be specially ordered because Margaret is believed to be the first colleague at the Trust to reach five decades.

Margaret has worked in various departments since starting work as a radiology secretary in 1973. She has worked in Medical Records and on Minster Ward, roles that have given her a wealth of knowledge.

Margaret is a valued member of the clinic reception team, looking after her consultants, the staff around her and, ultimately, the patients. She takes great pride in her work and is a very conscientious person who has a vast knowledge of medical terminology.

It is truly amazing that Margaret has given 50 years of service to the Trust and to Newark Hospital. I thank her for her incredible service.

Margaret Michie receives her certificate of long service

Other notable engagements:

- I was delighted to meet with our partners at Newark and Sherwood District Council to continue our discussions on how we can support greater health and wellbeing across the community. Since becoming Chair, I have championed the partnerships with our local councils and others as a key way to deliver better outcomes and better value for our patients and public.

- I continue to take part in regular visits to different parts of our Trust. In my role as Non-Executive Maternity Safety Champion, this includes a monthly visit around our birthing unit, maternity services and our Neonatal Intensive Care Unit (NICU).

It is always a pleasure to meet our colleagues, parents and our smallest of patients. These visits allow us to continually review our services and consider how we can improve.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date:** 1st February 2024	
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.		**Approval**	
		Assurance	**Y**
		Update	**Y**
		Consider	**Y**

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	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

Acronyms

BAF = Board Assurance Framework
CDC = Community Diagnostics Centre
JFP = Joint Forward Plan
IPR = Integrated Performance Report
NHS = National Health Service
TMT = Trust Management Team

Executive Summary

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

Operational updates

Facemasks re-introduced in clinical areas of our hospitals following rise in respiratory infections

Facemasks were reintroduced in all clinical areas of our King's Mill Hospital, Newark Hospital and Mansfield Community Hospital sites in January. The decision follows an increase in respiratory conditions – including COVID-19 and flu – among Trust patients and colleagues.

Patients, visitors and employees at the Trust's hospitals are now asked to wear masks at all times in clinical areas and waiting areas to protect themselves and others.

Masks are available free-of-charge from mask stations throughout our hospitals, with those areas requiring people to wear a mask clearly signposted.

People who are preparing to visit are urged not to do so if they have any signs of illness, particularly if they have any cold, flu or Covid-like symptoms, diarrhoea and/or vomiting in the past three days, or if they have been in contact with anyone who has had these types of illness.

It is vital that we take decisive action to protect our most vulnerable patients, visitors and colleagues to ensure we can keep vital services running for all those that need them over the coming weeks.

Rates of infection are kept under constant review and studies indicate that re-introducing the wearing of masks is one of the ways to prevent the spread of infection.

Colleagues, patients and visitors are also encouraged to wash their hands frequently with soap and water and use the alcohol gel provided, in addition to wearing facemasks to help reduce the spread of infections.

The Trust will continue to keep its facemask requirements under regular review.

Industrial action updates

In addition to the comprehensive operational update that is due to be provided in the Integrated Performance Report (IPR) of this meeting, I felt it important to update the Board about the continuing impact of industrial action across the Trust.

This latest update is provided following two further periods of industrial action that took place during December and January – first from Wednesday 20th to Saturday 23rd December 2023 and then from Wednesday 3rd to Tuesday 9th January 2024.

During the December and January strikes, we were required to postpone over 1,400 outpatient, day case and inpatient appointments, in order to prioritise safe urgent and emergency care during those two periods of industrial action.

Despite that disruption, Trust colleagues still managed to go ahead with over 10,000 similar appointments as planned during that same period, thanks to the commitment and forward planning of our teams across the Trust.

Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 8,326 appointments, procedures and operations.

In addition to the operational impact that industrial action has on our services, the financial cost of this year's industrial action up to and including an estimation of January's impact totals £7.7million. This includes the spend to cover lost shifts, lost income opportunities and missed efficiency saving opportunities. To date, the Trust has received £3.4million of national funding to mitigate the impact of this.

Another significant impact that ongoing industrial action continues to have on our Trust colleagues, who we are continuing to support through an enhanced wellbeing package during each period of industrial action. We remain so grateful to our Trust colleagues for their continued hard work, skill, commitment and forward planning in helping to manage these extraordinary pressures.

Although we are yet to learn of any announcements of further industrial action, we remain disappointed about the continuing lack of progress over the negotiations that are happening to help bring this continuing industrial action to a close.

We continue to hope for a resolution to be found to this national issue that continues that cause real pain locally for our Trust colleagues and patients alike.

Partnership updates

Trust Strategy engagement

During December and January, the Trust has been entered a listening exercise for the content of its new five-year Trust Strategy.

The Trust's staff networks – including the Trust's ethnic minority and disability networks – have received presentations, along with divisional teams, trust staff briefing, governors, members, and the senior leadership groups such as the Board and Trust Management Team (TMT).

That feedback has been invaluable in helping to guide how we are planning our work over the next five years, as well as ensuring that the appropriate emphasis is being placed on those areas that our Board, governors, partners and patients have told us are important to them.

Friends of Vision West Notts College

The Trust was represented at the launch of this new network. During the launch, the College paid tribute to the support of partners over the last two years, explaining that the organisation had moved in positive ways as a result of inputs from those in the room, who included councils, voluntary organisations and Sherwood Forest Hospitals.

Our work to inspire young people and to provide career opportunities for people living locally were recognised by the college as significant steps to make a difference in our area.

Review of the Integrated Care Strategy for Nottingham and Nottinghamshire (2023-2027)

The Trust has been asked to feedback on proposals to review the JFP (Joint Forward Plan), as part of the role we play in the wider Nottingham and Nottinghamshire Integrated Care System (ICS).

That plan sets out how the Integrated Care Strategy will be delivered through the NHS Joint Forward Plan and the Joint Local Health and Wellbeing Strategies. It was proposed that a simple review of the Integrated Care Strategy is conducted at the end of the financial year.

The Trust's feedback will be considered by the Trust's Partnerships and Communities Committee and fed back to the Nottingham and Nottinghamshire ICB, as per their request.

Other Trust updates

Open for business: Thousands access extra health checks provided at new Community Diagnostics Centre

More than 5,000 patients have now accessed a range of additional health checks that have been introduced across Mansfield and Newark, as part of work that has seen us bring Nottinghamshire's first Community Diagnostics Centre to our area.

Since the additional tests began being offered at the beginning of October, the Trust has now delivered over 5,000 blood tests, heart scans (echo), MRI and ultrasound scans since our first Community Diagnostics Centre services opened their doors to the public.

That programme is now proudly offering hundreds more health checks to patients each week – with many, many more tests to be introduced as the project continues to grow towards the full range of services being made available.

While the full Community Diagnostics Centre is not expected to open its doors in its new home until March 2025, Sherwood Forest Hospitals has been proactive in making many of the vital health checks it will offer sooner – long before the 'bricks and mortar' of the full Centre are in place.

Those tests and checks are now being offered from a number of locations across the area, including Mansfield Community Hospital, Newark Hospital and the Nottingham Road Clinic in Mansfield.

A number of Saturday sessions are now also being offered as part of this programme of tests, making it more convenient than ever for our local communities to access the tests and health checks that they need.

A new building will eventually be built to house the new services alongside Mansfield Community Hospital in Stockwell Gate, with work due to begin at the site in spring 2024 ahead of opening its doors in its new home in 2025.

For more information about the Trust's work to bring Nottinghamshire's first CDC to our area, please visit our dedicated CDC webpage at www.sfh-tr.nhs.uk/cdc

Submission of Thirlwall Inquiry response

I have previously updated the Board that NHS England had made a request to Sherwood Forest Hospitals to provide evidence to support the national Thirlwall Inquiry. The full terms of reference for the inquiry are available to view on the gov.uk website.

The Inquiry was announced following the trial of Lucy Letby, who was sentenced to life imprisonment and a whole life order on each of seven counts of murder and seven counts of attempted murder. That trial, which concluded on 21st August 2023, considered offences that took place at the Countess of Chester Hospital – part of the Countess of Chester Hospital NHS Foundation Trust.

I can confirm the Trust has responded to the request for evidence, which took the form of a questionnaire that was sent to Trusts across the country, and the Inquiry Team have confirmed receipt of that evidence.

As a Trust, we are now awaiting further correspondence from the Inquiry Team in case any further information or clarification is required. I will commit to keep the Board updated about this important work.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) risks for which the Risk Committee is the lead committee 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

At the meeting it was noted that, as previously agreed, Principal Risk 6 (PR6) would be overseen by the Trust's Partnerships & Communities Committee from February 2024, with the full and updated Board Assurance Framework (BAF) being presented later in this meeting.

The Risk Committee Annual Report was approved at the Trust's most recent Risk Committee meeting in January.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Partnership Strategy	**Date:** 1st February 2024	
Prepared By:	Paula Longden, Associate Director of Strategy and Partnerships		
Approved By:	David Ainsworth, Director of Strategy and Partnerships		
Presented By:	David Ainsworth, Director of Strategy and Partnerships		

Purpose		
The Partnership and Communities Committee has approved the partnership strategy and recommends Board ratifies this decision.	**Approval**	**X**
	Assurance	
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
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

Partnership and Communities Committee – November 2023 and January 2024
Executive Team meeting – December 2023

Acronyms

CVS – community and voluntary services
EMAPC – East Midlands Acute Provider Collaborative
ICS – integrated care system
NHT – Nottinghamshire Healthcare Trust
NNICB – Nottingham and Nottinghamshire Integrated Care Board
NNICP - Nottingham and Nottinghamshire Integrated Care Partnership
NNICS – Nottingham and Nottinghamshire Integrated Care System
NNPC – Nottingham and Nottinghamshire Provider Collaborative
NUH – Nottingham University Hospitals
MNPBP – Mid Nottinghamshire Place-Based Partnership
PCN – primary care network
VCSE - voluntary, community and social enterprise organisations

Executive Summary

Partnership Strategy

The Trust's first Partnerships Strategy sets out how we will build upon our existing relationships and create intentional partnerships to achieve the Trust's vision of outstanding care, compassionate people, healthy communities and improving lives.

Introduction

At Sherwood Forest Hospitals Trust we take our partner responsibilities seriously. We see effective collaborative working as critical in serving our population properly and ensuring the best use of our system resources.

Our experience of working with partners during the COVID-19 pandemic has proved that delivering integrated services with seamless patterns of care are essential to making the best use of available resource whilst addressing the issues that contribute to poor health.

To this effect, for the first time we have prepared a partnerships strategy. This strategy sets out:

- Our partnership vision
- Our strategic approach to partnerships
- Our definition of partnerships and our commitment to it
- Our high level partnership plan
- How we will monitor and evaluate the impact and value added of our partnerships

Strategic approach

The Partnership Strategy is a framework to achieve our vision and specifically respond to the sixth strategic objective of working collaboratively with partners in the community. It will also support delivery of all our strategic objectives.

This strategy sits as a supporting strategy alongside our Quality, People, Finance and Clinical Services sub-strategies that collectively deliver the Trust strategic objectives and vision. It will be regularly reviewed throughout its life and adjusted accordingly, ensuring that involvement from our partners influences our delivery plans leading to improved outcomes for our patients, our people and our local population.

The strategy has the following key themes and priorities:

Patient-centred seamless care

- Collaboration and pathway development
- Primary and secondary care interface
- Coordinated holistic care
- Co-production

Population health

- Understanding health needs now and in the future
- Prevention
- Health inequalities
- Community intelligence and insight

People and skills

- Developing our people
- Enabling our people to easily work across all partners
- Seeking our future workforce in our communities and encouraging them to "Step Into the NHS" for their careers

System resilience and sustainability

- Strong and positive relationships
- Best use of resources
- Organisational resilience
- Learning from partners

Social value

- Anchor role – rooted in place and connected to our communities
- Social responsibility as large employer, healthcare provider and significant institution
- Sharing best practice and knowledge

Roadmap

Page 10 sets out a roadmap for progressing partnership work and how it contributes to our strategic objectives.

Underlying the strategy is a Partnership Delivery Plan which translates the roadmap into detailed actions,

timeframe and success measures. The Partnership and Communities Committee will oversee and be assured on delivery of that plan.

Decision route

The Partnerships and Communities Committee approved the partnership strategy during the January extra-ordinary committee meeting.

Recommendations

- The Partnership and Communities Committee recommends that Board ratifies the approval of the partnership strategy.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Improving Lives Through Partnership

2024/25-2029/30

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Outstanding Care,
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1. Foreword

Partnerships never go out of style. Health and care sectors that create opportunities through relationships, partnerships, collaboration and integration add public and social value into local communities and improve lives.

Sherwood Forest Hospitals ambition is to be a valuable partner in the integrated care system and to play its role as an active anchor organisation – where real value can be added in areas such as education and employment aspirations for people who live in our area.

Our Trust vision is to deliver outstanding care by compassionate people and enabling healthier communities. To achieve this, we will intentionally connect with our partners in ways that help us to deliver our own strategic objectives and they deliver theirs.

We have already seen benefits from establishing positive relationships with key strategic partners, which then developed into intentional partnerships. A recent example is the Step into the NHS events programme with Vision West Nottinghamshire College, which has already delivered value. The Trust was able to directly offer employment to people in the local community and support and promote future workforce solutions.

There will be just as many strategic partnerships we are yet to discover and make best use of. The first year of this strategy will be a forming period strengthening existing partnerships, building new ones and developing plans.

It is without doubt that investing time and energy into strategic partnerships will bring about value. It is a continuum and can take time to build trusted relationships. Sherwood is committed to the longevity of our partnerships that create outcomes of improved lives.

Our vision

Our partnerships will enable outstanding care, delivered by compassionate people, enabling healthier communities.

Our partnerships will improve lives for our patients, our people and our local population.

2. What is driving us to do better?

Consistently outstanding care provision

We want to consistently deliver outstanding care to our patients which requires us to take a full pathway view across health and care services, including the voluntary sector.

Opportunities for us to improve the patient experience exist outside of our hospital boundaries and we can further optimise our influence amongst other care providers.

Workforce

National shortages of professional colleagues are a barrier to us delivering consistently outstanding care. Many of our partners face similar obstacles. Opportunities to continue working with local education providers and other health providers will lead to creative solutions that improve this position.

Health inequalities, population health management and use of health services

Our population's health needs are growing more complex, especially amongst younger people who are facing an increased need of health care. Locally there are several areas of deprivation and known health inequalities requiring a more holistic approach to managing existing care and reducing the future burden of ill health.

We have an opportunity to work differently with primary care and public health to prevent future ill health for our population, and to reduce health inequalities through improved access to services in the local area.

Sherwood Forest Hospitals' role in population health is to understand the health needs now and in the future of our local population and to work with our partners to reduce inequalities. We will increasingly make positive contributions to the wider determinants of health and wellbeing such as housing, employment and education.

Anchor organisation

We have a statutory duty to integrate, collaborate and work in partnership. We also recognise our wider responsibilities as a large organisation anchored in Mid Nottinghamshire.

As an anchor organisation we can positively impact on the wider issues that support health and wellbeing of the local population, our people and our patients. Significant numbers of our people and their families work and live in our area of healthcare provision and we have an ambition to support their quality of life leading to a longer healthier life.

We can work with our partners to make better use of public resources in a way that improves lives.

3. What is a partnership?

The terms 'partnership' and 'partnering' are used in different ways and can have broad definitions. For the purposes of this strategy we define partnerships as a group of people from different organisations who come together to achieve something they can only do together. This sets partnerships apart from other kinds of groups who may meet regularly but aren't formally interdependent to progress their work.

Partnering refers to the work that partnerships engage in to achieve their aims, which might relate to relationship building, logistics of project delivery, the practicalities of convening, how the partnership learns or anything else partnerships do together.

Our partners and partnerships

The Trust has many partners and is involved in many partnerships. Some are statutory or formal and others informal, some are simple and others more complex, some are documented and others more fluid.

Our current statutory and strategic partnerships are documented below. The Trust also has functional and specialist partnerships which contribute to our strategic objectives and work will continue to identify them and the value added contribution we can make to improve lives.

Our critical and most complex partnerships are:

- Nottingham and Nottinghamshire Integrated Care System (NNICS) – a statutory partnership between Nottinghamshire County and City's NHS and care organisations to support health and wellbeing, support active communities and ensure high quality joined up care when needed for the local people of Nottingham and Nottinghamshire.
- Mid Nottinghamshire Place-Based Partnership (MNPBP) – comprises of local statutory and voluntary, community and social enterprise (VCSE) organisations. MNPBP brings together over 15 health and care organisations including, local authority, commissioners, community services, primary care networks and GPs, hospitals, VCSE and citizen representatives.
- Nottingham and Nottinghamshire Provider Collaborative (NNPC) – a partnership of Nottinghamshire NHS trusts to facilitate working at scale with a shared purpose to increase efficiencies, reduce health inequalities, improve resilience and facilitate specialisation or consolidation where this will provide better outcomes.

We are ambitious to build on our reputation as a partnership organisation, one which delivers care with a focus on integration of pathways and improving our offer to the local population as an anchor organisation. To this effect we are also partners in:

- Place Boards – facilitating economic benefit where possible and contributing to local initiatives that reduce health inequalities and improve health and wellbeing through our three Place Boards.

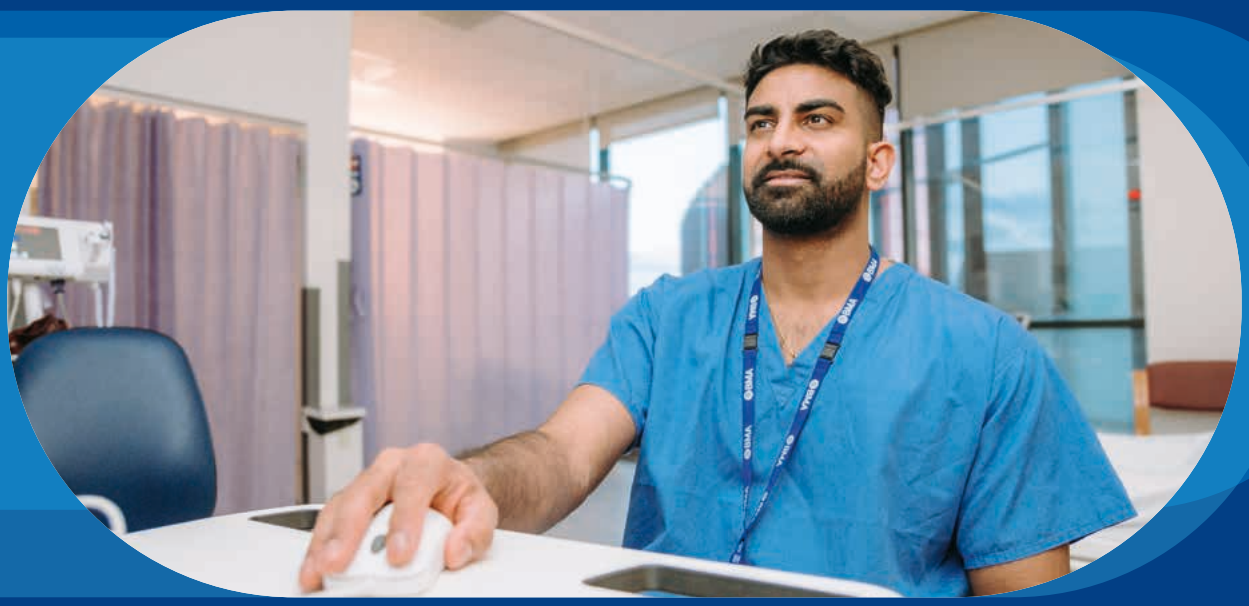
4. Trust Objectives

Sherwood Forest Hospitals' vision of providing outstanding care delivered by compassionate people, enabling healthier communities is delivered through six strategic objectives:

1. Provide outstanding care in the best place at the right time
2. Empower and support our people to be the best they can be
3. Improve health and wellbeing within our communities
4. Continuously learn and improve
5. Sustainable use of resource and estate
6. Work collaboratively with partners in the community

This strategy sets out how we will deliver strategic objective six. It acts as a statement of intent that the Trust will commit to delivering care in partnership with our local population and local services across health, care, the voluntary sector, community services and beyond.

We recognise that there are risks to the Trust from partnership working; we are relying on and being relied on by partners. As finance, operational and resource challenges increase across the public sector and wider partners there is a temptation for organisations to withdraw, becoming insular and taking one-sided decisions. We cannot achieve our ambition to improve lives if this happens and we see this strategy as our statement of intent to manage these risks. Through building positive relationships, establishing trust, and properly resourcing and delivering on our commitments we will set a strong foundation for success.



Through our intentional partnerships over the next five years we commit to:

- Improving outcomes for our patients with seamless care across organisational boundaries
- Building and maintaining relationships with healthcare providers across the ICS to share opportunities, resolve challenges and deliver robust services
- Developing opportunities for our people and future workforce to develop their skills to further their opportunities and deliver outstanding care for our patients and local population
- Make it easier for our people to work across providers
- Grow our future workforce in our communities and encourage them to explore NHS careers
- Understanding the health needs of our population now and in the future, and work with our partners to reduce inequalities using population health management tools.
- Maximise community and citizen engagement intelligence
- Learn from partners and share best practice and knowledge
- Making best use of our resources across the partnerships through alignment of pathways and resources as appropriate
- Effective collaboration contributing to sustainability and resilience
- Deliver consistent and shared communications across partners
- Define and achieve our intentions as an anchor organisation in Mid Notts

During the lifetime of this strategy we will:

Trust objective	Partnership objective	2024 / 25	2025 / 26 +
1	**Collaborating with our partners to put our patients at the centre of all we do and deliver safe, co-ordinated, holistic and outstanding patient care.**	Consider the opportunities for regular strategic board to board meetings with critical partners such as NNICB, NUH and NHT. Establish a primary and secondary care interface group and develop an engagement plan. Build relationships with all healthcare providers across the ICS.	Embed new ways of partnership working with our critical partners. Implement the primary and secondary care interface plan. Explore wider partnership opportunities with healthcare providers to align patient pathways.
2	**Seek our future workforce in our communities and encourage them to "Step Into the NHS" for their careers.** **Make it easier for our staff to work across the system.**	Establish the use of population health management tools in priority long term condition areas. Develop a process for gathering the community and citizen engagement intelligence.	Accelerate the use of population health management tools. Maximise community and citizen engagement intelligence.
3	**Understand the health needs of our population now and in the future and work with our partners to reduce inequalities.**	Identify and build appropriate relationships with all our educational and development partners Evaluate our shared purpose and contribution to the three Place Boards.	Develop and implement a proportionate action plan, aligned to the People Strategy, to reduce bureaucracy and facilitate access to staff opportunities across our system.
4	**Learn from our partners and share.**	Clarify our shared purpose for our communities and workforce.	Embed our new ways of working with partners.
5	**Improve organisational and system resilience.**	Evaluate how our key statutory partnerships of NNICP, MNPBP and the NNPC are adding value and where there are increased opportunities.	Making best use of our resources across the partnerships through alignment of pathways and more efficient collaborative working.
6	**Work collaboratively with partners in the community.**	Establish a detailed delivery plan for 2025/26 onwards contributing to delivery of this strategy. Ongoing engagement throughout the Trust to: • identify emerging partnerships, • clarify their purpose • evaluate their complexity, and • establish appropriate measures and levels of assurance. Galvanise communication mechanisms across partners to enable consistent and reliable messaging. Agree and contribute to the MNPBP 24-25 delivery plan. Review our approach to co-production, identify areas of good practice across the Trust and develop a blueprint / framework.	Implement the longer-term partnerships delivery plan. Clarify our key partnerships and establish a systematic approach to delivery and assurance. Ensure proportionate and sufficient level of partnership resource. Embed shared communications mechanisms. Establish and implement a partnership approach to co-production.
6	**Add social value as an anchor organisation.**	Define and review our anchor role within the community.	Implement a "think anchor" approach at all levels of the organisation.

Measures of success:

- Annual review of the value added outcomes achieved through our partnerships

We will allow sufficient time for our partnerships to yield results. It can take time to establish trust and joint methods of working and the more complex the partnerships the more difficult it can be to achieve outcomes.

Mid-Nottinghamshire Integrated Care Partnership

NHS Sherwood Forest Hospitals NHS Foundation Trust

Integrated Performance Report

Reporting Period: Q3

2023/24

Inspected and rated Good

CareQuality Commission

Domain Summary: Quality Care

Sherwood Forest Hospitals NHS Foundation Trust

Overview	Lead
2023/24 Q3 (Oct-Dec) seasonal pressures continue, the organisation has seen some of the highest ever attends via the emergency pathways. This prolonged, unrelenting period of operational pressure impacts on our ability to provide good, safe patient care. We continue to see long waits for admission beds and over-crowding and patient and staff impact, within the Emergency Department. The 2023 BMA Industrial Action has continued during Q3 with 2 very disruptive junior doctor strikes. The Patient Safety Incident Response Framework (PSIRF) went live on the 2nd October 2023 and during Q3, 5 Patient Safety Incident Investigations (PSII) were commissioned. Themed under: 1 - Treatment & Care to include concerns over appointments, admission, transfer & discharge 1 - Delays in care 2 - Communication - Consent / DoLS / MCA 1 - Never Event A PSIRF Oversight Group will commence in February 2023 tasked with enabling divisions to provide assurance around the incidents they have reviewed , actions taken and Duty of Candour compliance. Q3 has seen the falls rate per 1000 bed days for November & December 2023 above the national average, this can in part be attributed to a high number of medically safe patients remaining in acute beds due to reduced capacity for community care and ability to discharge. When compared to December 2022 data this represents a decrease in overall falls and we remain on track for the quarter. Themes and trends are being explored and provision of bespoke training from Falls Prevention Practitioners (FPP) continues. Project work with the digital team to ensure assessments such as lying and standing blood pressure and visual acuity are aligned to national guidance is underway as is and the use of AMAT for audits of falls risk assessments and bed rail assessments, providing assurance of compliance to policy. Investigation of all falls continues to report no of lapses in care. Venous Thromboembolism (VTE) risk assessment are on track for Q3. There was concern that the data would be reported at a lower level , linking information services and clinical informatics has identified a gap in the query where it excluded from the point of decision to admit – on the medical pathway only checking EAU onwards. As a result of EPMA, this assessment is being undertaken earlier. Work is ongoing around VTE with the link from assessment to a prescription and timing for further assessments. This represents a patient safety improvement story where VTE consideration has been moved back from some time on the admission ward to the point where decision to admit is made in ED, alongside removing the need for resources to chase completion of the paper forms. There are 5 domains during Q3 which will be reported on as off track: • Never Events - November 2023 we reported an incident relating to wrong site surgery in Dermatology: reported as a PSII – investigation underway • The Gram Negative blood stream infections: Klebsiella reported in YTD: Offtrack however our Klebsiella trajectory this year, we have a target of 22 and our current position is 12 cases at the end of Q3. At the same time last year we were on 18 cases, showing a good improvement. Currently benchmarking against our peer organisation we are showing to have the second lowest number of cases. As an ICB we are in red for our performance, we have arranged a meeting with the ICB IPC Leads from each organisation to look at any trends and themes and put a plan together to reduce these moving forwards. As a Trust we are currently working on our thematic review to support this. • Case finding question, or diagnosis of dementia or delirium: Our compliance has improved considerably, with the percentage rate consistently >80%. Dementia screening is no longer reported nationally • HSMR had followed a general and gradual upward trend; although the latest data shows an improving picture in 4 out of the last 5 months but the 12-month rolling figure will understandably continue to be elevated. The latest monthly HSMR for Sept 23 (Dec23 report) is 121.3- “within expected”. This is the fourth consecutive month where the single month HSMR has reported “within expected” (first time in over two years). • SHMI remains “as expected” at 107.19 for the rolling 12-month period August 22 to Jul 2023. The upward trend we were concerned about in the last update has not continued.	MD, CN

Scorecard: Quality Care

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3
Safe	Falls with lapse in care	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Falls per 1000 OBDs	≤6.63	✗ 6.9	✓ 5.9	✗ 7.0	✓ 6.6	✓ 5.2	✗ 6.9	✓ 6.0	✓ 6.1	✓ 5.6	✗ 6.9	✗ 6.7	✓ 6.4
	Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✗ 1
	Hospital acquired infection MRSA > 48 hours	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Hospital acquired infection C difficile > 48 hours	≤13	✓ 4	✓ 6	✓ 5	✗ 15	✓ 4	✓ 0	✓ 2	✓ 6	✓ 1	✓ 5	✓ 6	✓ 12
	Hospital acquired infection Ecoli BSI > 48 hours	≤22	✓ 2	✓ 3	✓ 5	✓ 10	✓ 2	✓ 2	✓ 6	✓ 10	✓ 0	✓ 6	✓ 5	✓ 11
	Hospital acquired infection Klebsiella BSI > 48 hours	≤1	✓ 0	✓ 1	✓ 0	✓ 1	✓ 1	✓ 1	✓ 0	✗ 2	✓ 1	✓ 1	✓ 1	✗ 3
	Hospital acquired infection Pseudomonas BSI > 48 hours	≤3	✓ 2	✓ 0	✓ 0	✓ 2	✓ 2	✓ 0	✓ 0	✓ 2	✓ 0	✓ 1	✓ 1	✓ 2
	HAPU (cat 2) per 1000 OBDs with a lapse in care		0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.2	0.1	0.0	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Venous Thromboembolism (VTE) risk assessments	≥95%	✗ 92.4%	✗ 94.6%	✗ 94.4%	✗ 93.8%	✓ 95.0%	✗ 94.7%	✗ 94.2%	✗ 94.6%	✓ 95.6%	✗ 94.9%	✗ 94.5%	✓ 95.0%
Caring	Case finding question, or diagnosis of dementia or delirium	≥90%	✗ 82.1%	✗ 84.8%	✗ 86.2%	✗ 84.4%	✗ 88.1%	✗ 84.9%	✗ 83.7%	✗ 85.6%	✗ 83.5%	✗ 85.4%	✗ 86.6%	✗ 85.2%
	Complaints per 1000 OBDs	≤1.9	✓ 1.1	✓ 1.2	✓ 1.0	✓ 1.1	✓ 1.5	✓ 1.3	✓ 1.3	✓ 1.4	✓ 1.1	✓ 1.2	✓ 1.3	✓ 1.2
	Compliments received in month		90	146	123	359	165	150	135	450	103	158	150	411
Effective	HSMR (basket of 56 diagnosis groups)	≤100	✗ 127	✗ 128	✗ 131	✗ 131	✗ 131	✗ 130	✗ 130	✗ 130	✗ 127	✗ 125	✗ 126	✗ 126
	SHMI	≤100	✗ 104	✗ 105	✗ 106	✗ 106	✗ 106	✗ 108	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 107
	Still birth rate	≤4.4	✓ 3.6	✓ 0.0	✓ 3.4	✓ 2.2	✓ 0.0	✓ 3.7	✓ 0.0	✓ 1.2	✓ 3.5	✓ 0.0	✗ 6.7	✓ 3.3
	Early neonatal deaths per 1000 live births	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 6.9	✓ 0.0	✗ 3.3	✗ 3.5	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0

Indicators in Focus: Quality Care – Never Events

Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

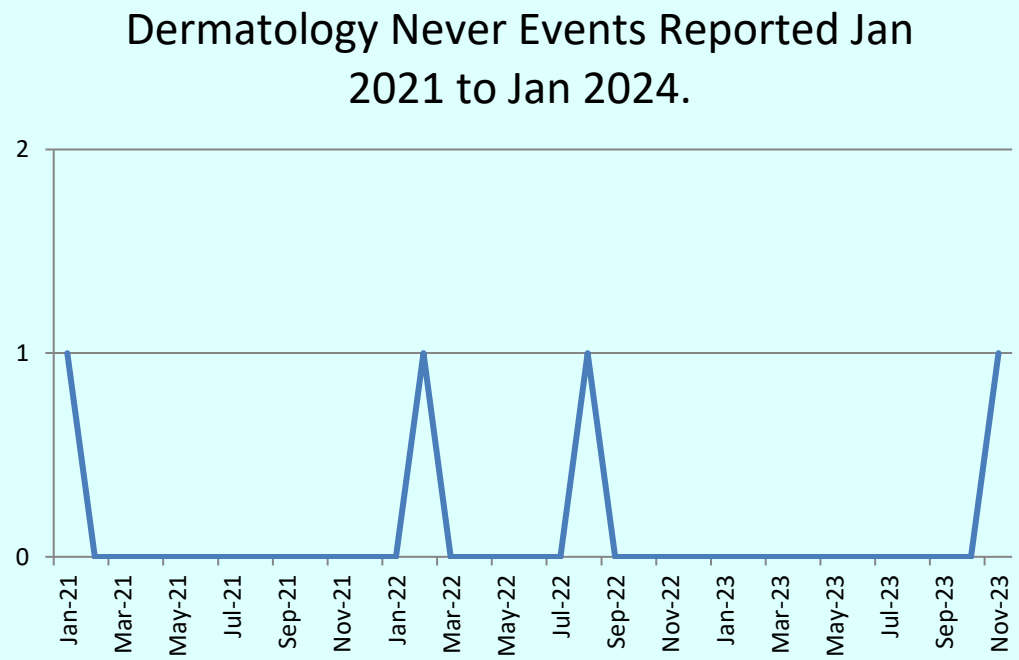
Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations.

- Nationally 247 Never Events were reported as occurring between 1 April 2023 – 30 November 2023.
- 39 of these were wrong skin lesion biopsy/removed

In November 2023 we reported an incident relating to wrong site surgery in Dermatology:
The patient was booked and consented for excision of a lesion on the mid upper back, a lesion was excised from the left scapula region.
In response to this incident the ICB & CQC were informed, and immediate learning was cascaded across the organisation.
Staff involved have been offered support and Duty of Candour undertaken with patient. An apology was given and date provided for removal of correct lesion. No / low harm identified.

This is the 4th Never Event relating to Wrong skin lesion biopsy/removed since 2021. All involved removal of the incorrect lesion from the patients back.
The Director of Nursing, Quality & Governance is the appointed investigator and expected investigation completion date is end February 2024.

Data



Root causes	Actions	Impact/Timescale
The incident is under investigation and a thorough review is underway involving staff interviews and a review of the current process.	• Review of previous Never events to understand if suggested actions were appropriately implemented and audited • Review of induction process in relation to WHO checklist and access to electronic systems • Review of Electronic systems	Complete Expected to be complete by end January

Indicators in Focus: Quality Care – Gram Negative Blood Stream Infections

Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

There is a national increase in the rates of Gram negative blood stream infections with trajectories set out by NHS England being difficult to achieve. A full review of all Hospital onset Healthcare associated (HOHA) and Community onset healthcare associated (COHA) blood stream infections is being undertaken by the IPC team

E-coli.

- This year's trajectory is set at 86.
- The trust has currently had 62 patients who have isolated E-coli with a current even split of 31 HOHA and 31 COHA infections.
- The ICB has the highest rates of E-coli blood stream infections within the region – All the leads within the ICB are undertaking a thematic review to identify any themes and trends and meeting will be undertaken on the 07/02/2024.

Pseudomonas Aeruginosa.

- This year's trajectory is set at 10, the trust is at this trajectory with 10 patients isolating the infection. With a split of 6 HOHA and 4 COHA. Our current position is 10 cases (end of Q3) at the same time last year we were on 12 cases (based on this current position we will breach our target this year). Currently benchmarking against our peer organisation we are showing to have the fourth lowest number of cases

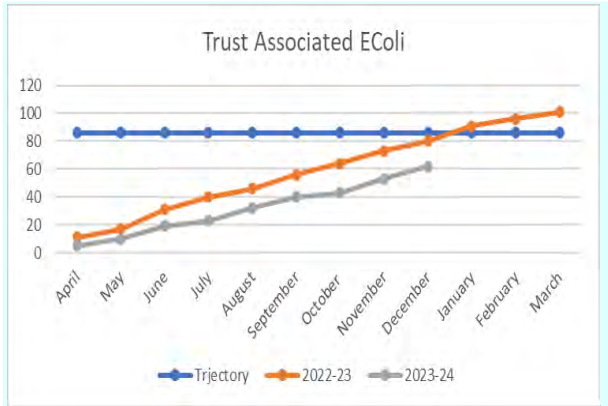
Klebsiella.

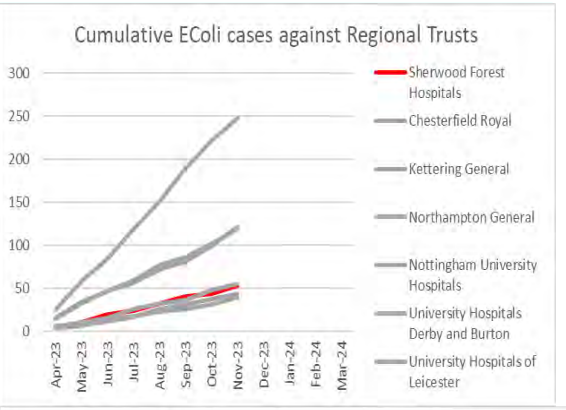
- This year's trajectory is set at 22.
- Whilst it is noted within the last 2 quarters the trust is over its standard of less than 1 per quarter, the trust overall position has improved with 12 patients isolating a blood stream infection this is an improvement of 6 compared to the end of quarter 3 last year.

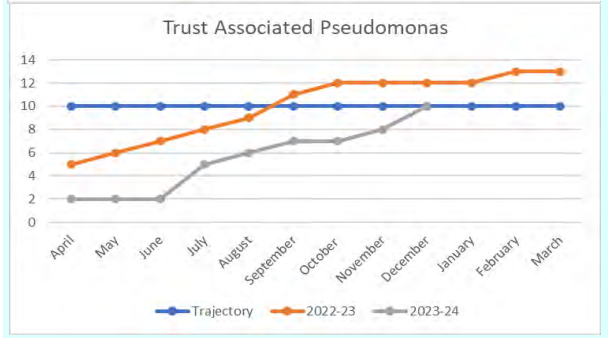
As an organisation we have seen an improvement with all of our gram negatives compared with last year's quarter 3

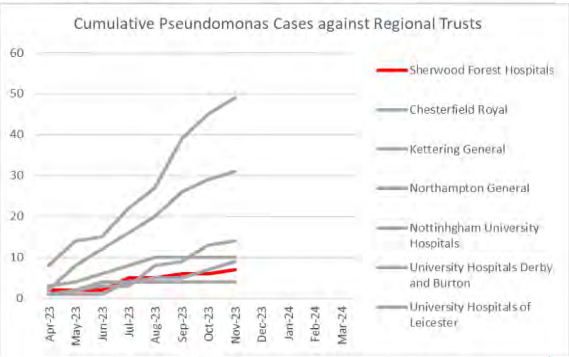
Root causes	Actions	Impact/Timescale
Thematic review being undertake by whole ICB in relation to E-Coli Blood stream infections.	• ICB to review themes and trends identified and review recommendations	Meeting 07/02/2024.

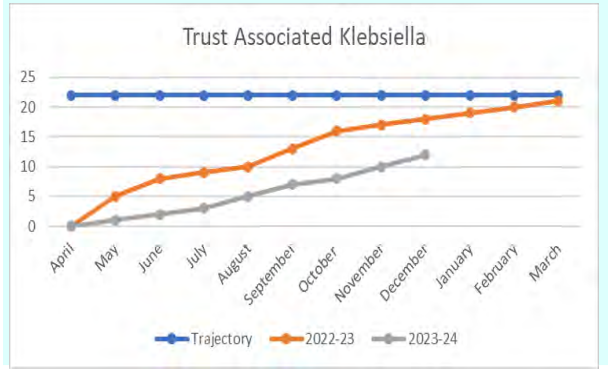
Data

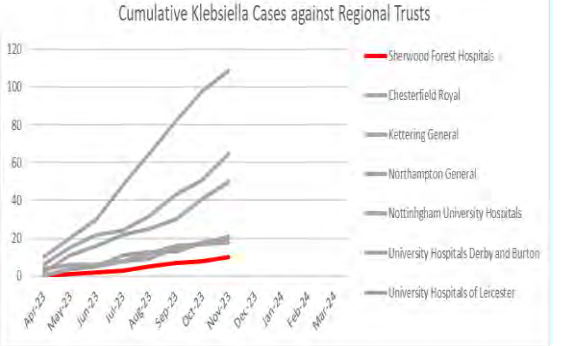












Indicators in Focus: Quality Care – Dementia or delirium case finding

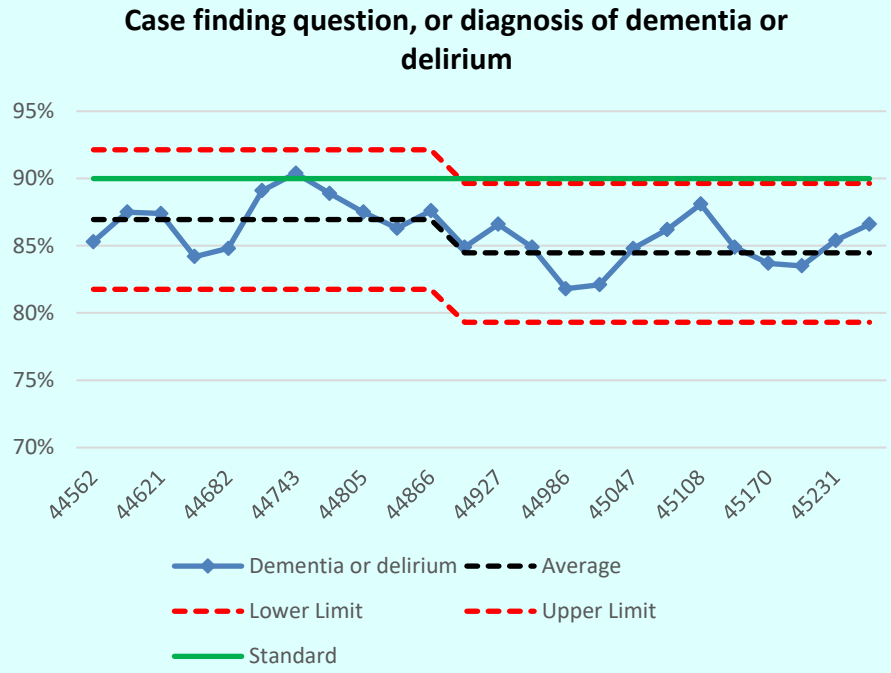
Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- All patients 65 years + admitted to the Trust for 72 hours and above are required to have a Dementia screen completed, this incorporates the SQiD screening for delirium. The screen is completed by both Nursing and Medical staff and is supported by the Dementia Team. This has seen an increase in compliance with the percentage rate consistently >80%.
- Dementia screening is no longer reported nationally (stopped since 2020) due to the pandemic and then following a consultation process, reporting has continued at Sherwood Forest Hospitals.
- Delirium assessments scores are required as part of the data submitted for the Yearly National Audit of Dementia, the team continue to focus and educate on the impact Delirium can have on a patient's journey including mortality, patient experience and length of stay.
- Sherwood Forest Hospitals has introduced the first Admiral Nurse to the organisation, part of their role will be to support patients, relatives/carers and staff.

Root causes	Actions	Impact/Timescale
Whilst we have achieved compliance >80% of Dementia screening, we have not reached the Trust target of >90%	• Emphasis on identifying patients with delirium and supporting patients with dementia, including their carers as part of the 'Dementia Well Pathway'.	Underway
	• Tier 1 Dementia training to be reinstated on the Mandatory programme	Tier 1 training will be reinstated end March 2024
	• Consider Tier 2 training for Dementia champions	Tier 2 training for Dementia champions - underway
	• Review of current Dementia service provision	Underway – working with Improvement Faculty (biannual update to PSC)

Data



Indicators in Focus: Quality Care – HSMR and SHMI

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

HSMR remains "higher-than-expected" (126.23), recognising this represents a 12-month rolling position (representing the period October 2022-September 2023) but has started to trend down. Our in-month HSMR for September 2023 which is the latest reported month is 121.3 which is "within expected" for the 4th consecutive month (and 5th in the last 6)

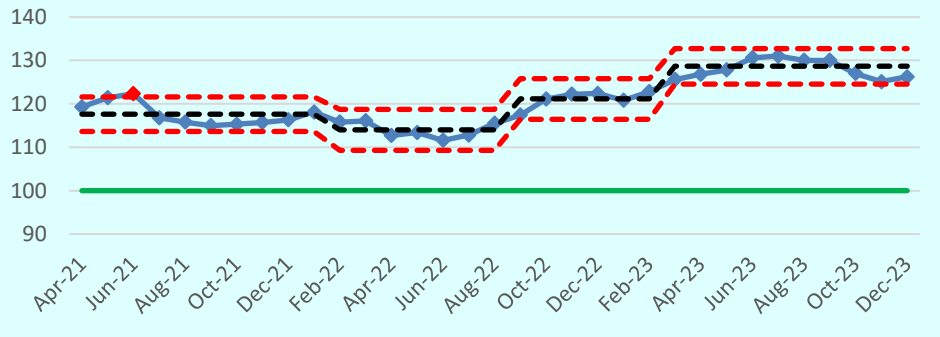
SHMI remains "as expected" at 107.19 for the rolling 12-month period August 22 to Jul 2023. The upward trend we were concerned about in the last update has not continued.

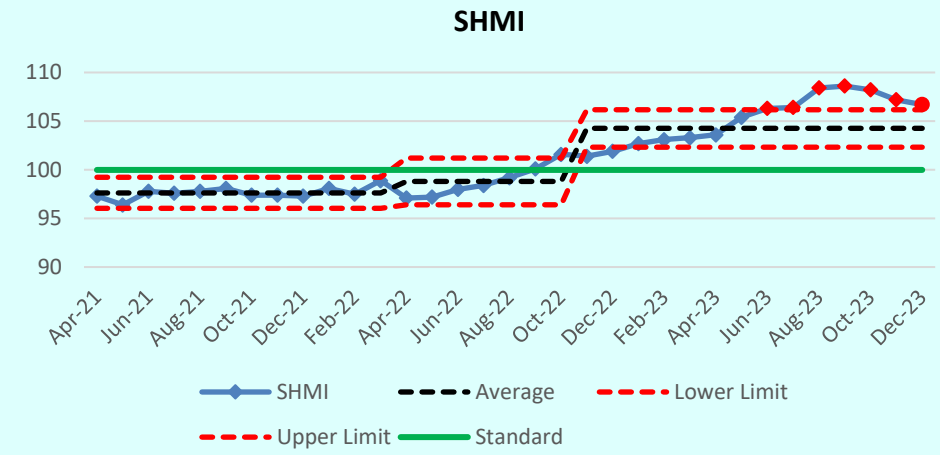
Whilst the underlying causes are complex, at this point in time it appears that the ongoing measures described and updated below are having a positive effect. The difference in the two metrics is likely attributable to data handing (specifically with respect to Specialist Palliative Care (SPC), in the HSMR) and cases included. We would not expect the gap to close (HSMR move towards SHMI) until after changes in configuration of SPC services. It is reassuring that positive changes are reflected in both metrics which is what we would expect from general interventions such as improved coding. We are additionally reassured that triangulation of mortality intelligence has identified no new concerns, but we will remain vigilant.

Engagement sessions for Non-executive Directors and Governors have been well received and we hope that an improved shared understanding of these metrics and their interpretation is providing additional assurance.

Root causes	Actions	Impact/Timescale
SPC coding	We have improved capture of SPC activity due to changes referral pathways, introduction of stickers to flag activity in notes	Small as SPC activity remains low.
Low level of SPC activity	Reconfiguration of SPC service to increase activity. Discussions are taking place at system level and there is visibility of the issue and the impact it is having on our data at ICB level	Requires significant investment at Trust/ ICB levels
Coding/ Documentation of diagnosis and comorbidities	Intensive programme of communication and education around importance of coding. Implementation of a redesigned admission workbook has begun	Will take up to 12 months due to rolling nature of metrics

Data





Domain Summary: People and Culture

Sherwood Forest Hospitals
NHS Foundation Trust

Overview	Lead
During the quarter we have seen continued events of **Industrial Action** held by the British Medical Association (BMA), there were a mix of Junior Doctors and Consultant strikes held between 2-5th October (Consultant 44% loss / Juniors 62% loss) and 20-23rd December (Junior - 77% loss). We have undertaken the National Staff Survey, we are analysing the results that are currently embargoed, as such we are unable to release these in any public forum. Over the last three months we have seen a decrease in the Trust **vacancy** level, over the quarter this is recorded at 3.7% (Q2 – 5.4%), with the rate for December 2023 at 3.6%. Our **Mandatory and Statutory Training (MaST)** position is really positive where we are continuing to report levels above the Trust targets. Currently we are reporting 55.9% of staff have had a **Flu vaccine,** nationally there is an ambitions target of 80%. To promote the take up of the vaccine we are offering drop-in clinics across all sites and different times, we are also looking at the data around low take up areas and hard to reach groups to try and maximise the overall flu vaccine level. **Appraisal** level for quarter 3 (88.1%) sits below the Trust target (90.0%), we have noted a reduction in compliance over quarter 3. During December 2023 the level sits at 88.8%, however, this is still a strong level of performance. During quarter 3 we have re-launched and embedded our revised appraisal paperwork, this should support more meaningful discussion, around a less cumbersome process. Over quarter 3 our **sickness absence** level is reported at 4.8% (Q1 – 4.4%), this is a seasonally expected increase but does sit higher than Trust target (4.2%) and between the upper and lower SPC levels. We have seen a peak in December, but this is aligned to the hospital acuity and episodes of influenza and covid. There has been an increase with **employee relations** cases over the quarter (ave. 21). We have seen a marginal reduction over the quarter with December 23 recorded at 18 cases, this sits above our target (n.12) and above the upper SPC limit. Whilst there has been an increase in the number of formal cases, we have seen an increase in support required for Managers relating to increases in stage 2 sickness cases and grievances cases, one of the key reasons for the increase in grievance cases is mainly relating to concerns being raised around attitude and behaviours and disagreement with outcomes at an informal stage. We are aware that across Nottinghamshire our ICB has been flagged for high **agency usage** and we have a system programme to review our agency usage. Across the ICB we are active in this agency working group and we do understand where we have high usage within the Trust. We also have developed internal control meetings that are supporting our financial improvements. Our current agency position is reported at 5.9%, with the quarterly position reported at 6.6%, although this does sit above the target level of 3.7% this has been impacted by the junior medical industrial action episodes and we have seen a reduction over the quarter. During quarter 3, 54.3% of total agency shifts filled were 'on framework' staff but **above the recommended NHSE price cap**, we have set a target of 30% for this metric, the majority of this sits with our medical workforce (98.6%). During the last quarter significant work has commenced that aligns to our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge. We are currently advertising a significant level of medical consultant posts and are confident this will direct impact on the levels on our agency usage. Additionally, of the agency shifts filled we have seen very low levels of those filled by **off framework** workers over the last quarter (October – December 2023). To note there has been 0.1% off framework agency workers. We have arranged medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts. As an example, we have had success with Intensive Care and Anaesthetics and are scoping out where we have risk and are developing a programme to enable these discussions and associated actions to be delivered. We are also working closely with Remedium looking at longer term medical workforce plans.	DOP

Scorecard: People and Culture

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Belonging in the NHS	Engagement Score	≥6.8%	-	-	-	✓ 7.0	-	-	-	✓ 7.0	-	-	-	-	-
Growing the Future	Vacancy rate	≤6.0%	✗ 6.9%	✓ 5.8%	✗ 6.6%	✗ 6.5%	✓ 5.4%	✓ 5.3%	✓ 5.4%	✓ 5.4%	✓ 4.0%	✓ 3.4%	✓ 3.6%	✓ 3.7%	✓ 5.2%
	Turnover in month	≤0.9%	✓ 0.80%	✓ 0.40%	✓ 0.40%	✓ 0.50%	✓ 0.70%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.40%	✓ 0.60%	✓ 0.50%	✓ 0.50%
	Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%	✗ 89.5%	✗ 89.5%	✗ 88.0%	✗ 89.0%	✗ 87.3%	✗ 88.3%	✗ 88.8%	✗ 88.1%	✗ 88.8%
	Mandatory & Statutory Training	≥90%	✓ 90.0%	✓ 90.0%	✓ 91.0%	✓ 90.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 90.8%
Looking after our People	Sickness Absence	≤4.2%	✗ 4.4%	✓ 4.2%	✓ 4.2%	✓ 4.2%	✗ 4.5%	✗ 4.3%	✗ 4.5%	✗ 4.4%	✗ 4.8%	✗ 4.3%	✗ 5.1%	✗ 4.8%	✗ 4.5%
	Total Workforce Loss	≤7.0%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.5%	✓ 6.4%	✓ 6.6%	✓ 6.5%	✓ 6.9%	✓ 6.4%	✗ 7.3%	✓ 6.9%	✓ 6.5%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	-	-	-	-	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 38.3%	✗ 38.3%
	Employee Relations Management	<12	✓ 9	✓ 11	✗ 14	✓ 11	✗ 15	✗ 18	✗ 14	✗ 16	✗ 21	✗ 23	✗ 18	✗ 21	✗ 16
New Ways of Working	Agency (Off Framework)	≤6.0%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.1%	✓ 0.1%	-
	Agency (Over Price Cap)	≤30.0%	✗ 47.7%	✗ 59.6%	✗ 53.1%	✗ 53.3%	✗ 55.3%	✗ 48.9%	✗ 50.8%	✗ 51.5%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 53.0%
	Agency Usage (%)	<3.7%	✗ 6.1%	✗ 7.4%	✗ 6.0%	✗ 6.5%	✗ 7.4%	✗ 6.5%	✗ 5.9%	✗ 6.6%	✗ 6.2%	✗ 5.5%	✗ 3.9%	✗ 5.2%	✗ 6.1%

Indicators in Focus: People and Culture – Appraisals

Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

The charts below expresses that our appraisal level sits below the Trust target (90%), we have noted a reduction in the appraisal level over quarter 3, with the average sitting at 88.1%. During December 2023 the level has increased to 88.8%, Although we are marginally under the standard this is still a strong level of performance and over the quarter we are showing an improved level.

Local benchmarking shows that the ICB provider appraisal level is reported at 81.9%. National levels within the model hospital are reported at 80.9% (October 2023).

Root causes

As stated, we have seen an increase in the overall appraisal level over the last few months, we are marginally below the standard and this lower level reduction does align to the acuity of the hospital.

In some instances, we have received feedback that managers have raised concerns how to report this via ESR.

Actions

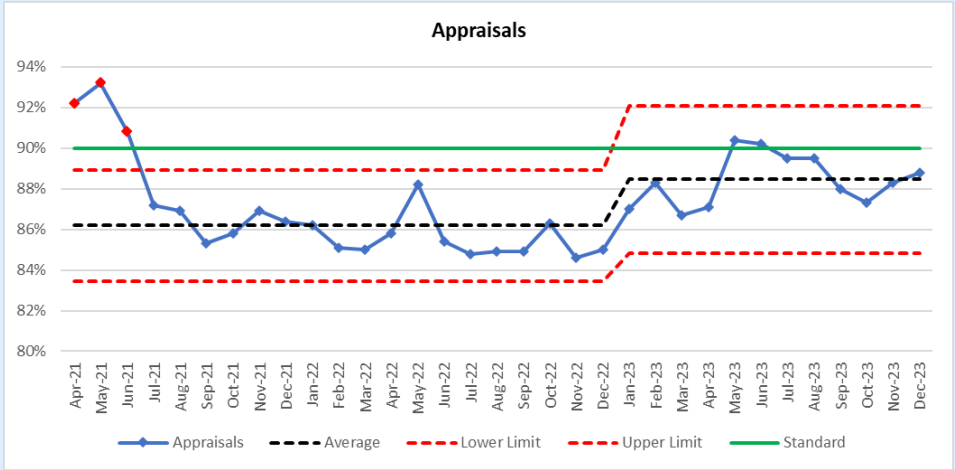
Service lines with low appraisal rates are supported to develop action plans to work on improving appraisal compliance. In addition, Service Lines are sighted on non-compliance rates and assurance is sought via Performance meetings on improving compliance. There are specific case conversations take place during monthly People & Performance reviews.

We are also supporting areas how the enter appraisals onto ESR and have developed a video clip to support our written user guidance.

Impact/Timescale

As we move into Quarter 4 winter, we expect this level to gradually increase, with an ambition to see levels above the standard.

Data



Indicators in Focus: People and Culture – Sickness Absence

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

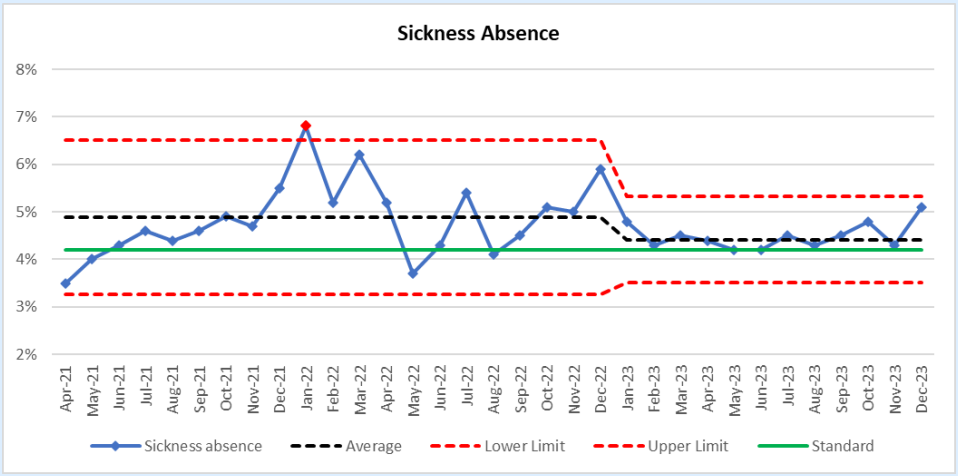
During quarter 3 our overall sickness absence level has been above our standard (4.2%) and has seen fluctuations around our rolling average sickness levels (4.8%). Sickness is seasonal and we do expect a higher level during quarter 3, however our position for quarter 3 sits between the upper and lower SPC levels

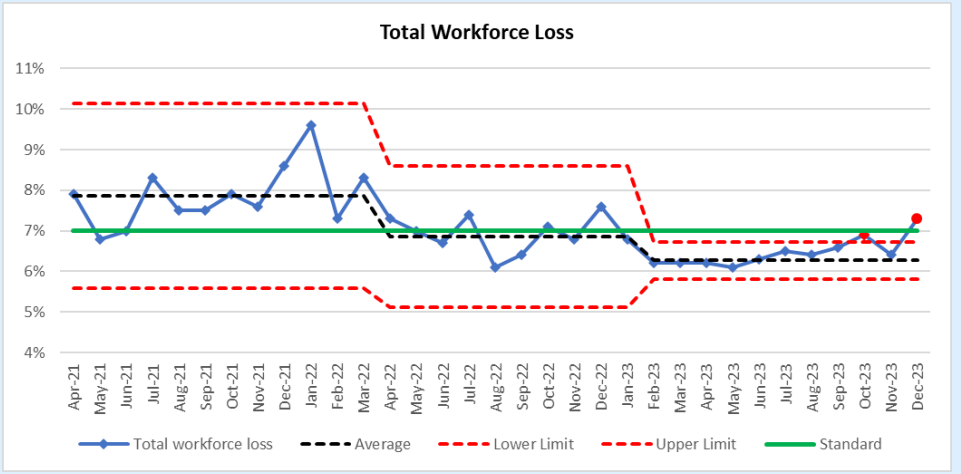
As a result of a higher sickness level, we have seen an increase in our workforce loss level, this sits above our standard (7.0%), the rate for December 2023 is reported at 7.3%, with the quarter 3 position at 6.9%. Of the workforce loss percentage 5.1% relates to sickness with 2.2% relating to Maternity absence.

Local benchmarking shows that the ICB provider sickness absence level is reported at 5.9% (December 2023). National levels within the model hospital are reported at 80.9% (October 2023 – 4.9%).

Root causes	Actions	Impact/Timescale
Our sickness level increases are as a relation to the season variations specifically norovirus and increase in COVID short term absences. Secondly, we are noting an increase due to longer waiting and treatment times.	Service lines with high sickness absence rates are supported with managing sickness cases, and these are discussed and reported via Divisional Performance Reviews (DPRs). We review short and term cases and manage sickness in line with policy. We also support where there are specific case conversations take place.	We actively manage sickness cases and are aware of outside influences that are contributing to an elevated sickness level.

Data





Indicators in Focus: People and Culture – Employee Relations

Sherwood Forest Hospitals NHS Foundation Trust

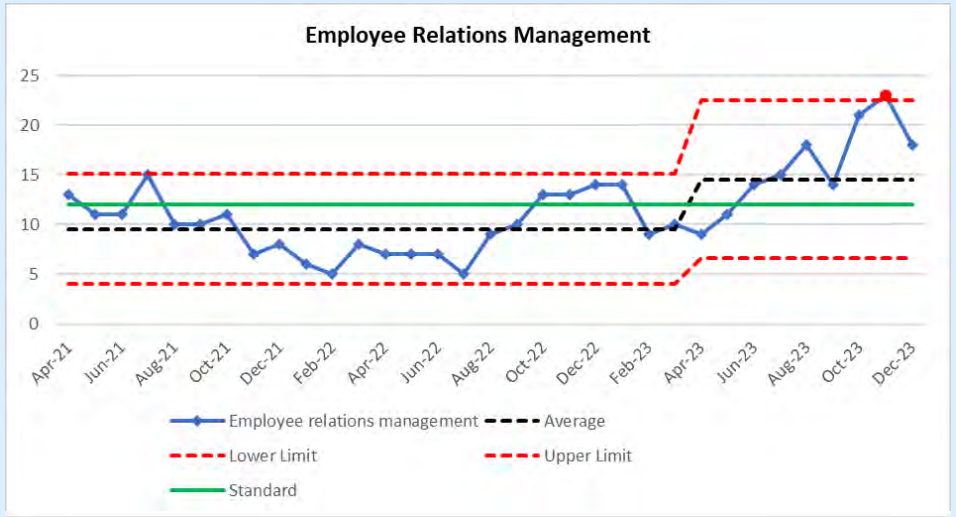
National position & overview

Since April 2023 we have seen a gradual increase to the employee relations cases, currently we are reporting 21 cases for quarter 3, however during December 23 we have noted a decrease in the overall number of cases to 18.

Our current level sits above the standard and sits between the SPC levels.

Root causes	Actions	Impact/Timescale
Since April we have seen a gradual increase in Employee Relation cases, we have noted an increase in stage 2 sickness cases, that have contributed to high levels. During the latter point of Q3 we have seen a reduction.	We are supporting from a people leads perspective and manage cases on an individual basis. Local intelligence indicates there has been gradual increases across other providers in Employee Relation cases showing Sherwood is not an outlier. During Q4 we are reviewing a number of policies and guidance documents to ensure they are not only in line with Just Culture but also to outline support to all involved and greater clarity on processes, these include Grievance, Dignity at Work and Sickness Absence policies.	We actively manage employee relation cases and are supporting services lines with these.

Data



Indicators in Focus: People and Culture – Agency Usage

Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

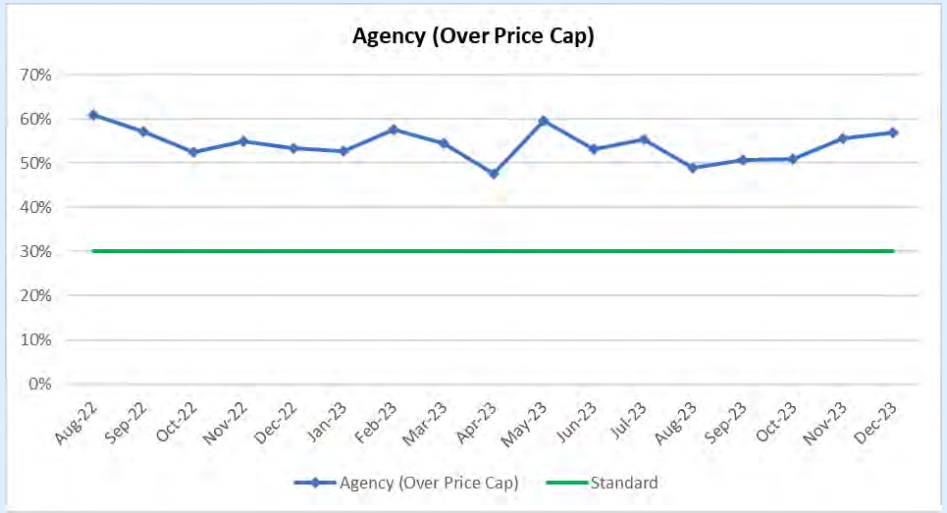
Our overall agency position across the quarter is reported at 5.2%, this does sit above the target level of 3.7%, and on framework over price cap is reported at 54.6% and is above our target 30.0%. These metrics have been impacted by the medical industrial action episodes and acuity of the hospital.

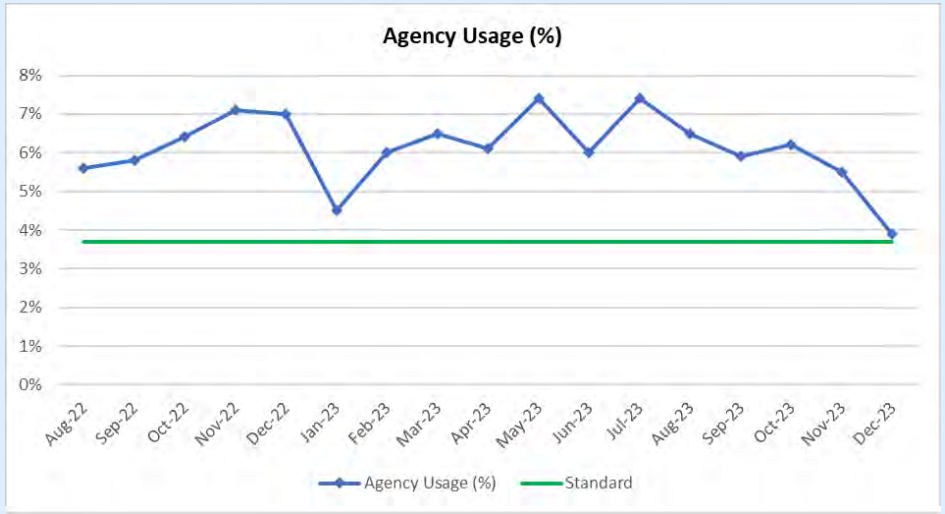
We are aware that across Nottinghamshire our ICB has been flagged for high agency usage and we have developed programmes to review our agency usage. Across the ICB we are active in this agency working group and we do understand where we have high usage within the Trust.

Local benchmarking shows that the ICB provider agency level is reported at 3.6%, with the percentage over price cap at 56.8%, however there is a relationship with off framework where the ICS figures is 0.24% (SFH report 0.1%).

Root causes	Actions	Impact/Timescale
As the data informs us our biggest risk is medical & dental staff over the NHSE price cap, these are also impacted by some of our fragile services were there are national speciality shortages.	During the last quarter significant work has commenced that aligns to our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge. We are currently advertising a significant level of medical consultant posts and are confident this will direct impact on the levels on our agency usage. We organise medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts. A strict authorisation process for approval of shifts for Thornbury has been implemented in Nursing. Detailed reports illustrating areas using all Agency with Thornbury highlighted are produced for the Deputy Chief Nurse.	We have been actively filling medical roles and have had success in some key specialities. We are continuing this work as well as provide the right level of intelligence within working groups and within DPRs.

Data





Indicators in Focus: People and Culture – Flu Vaccinations

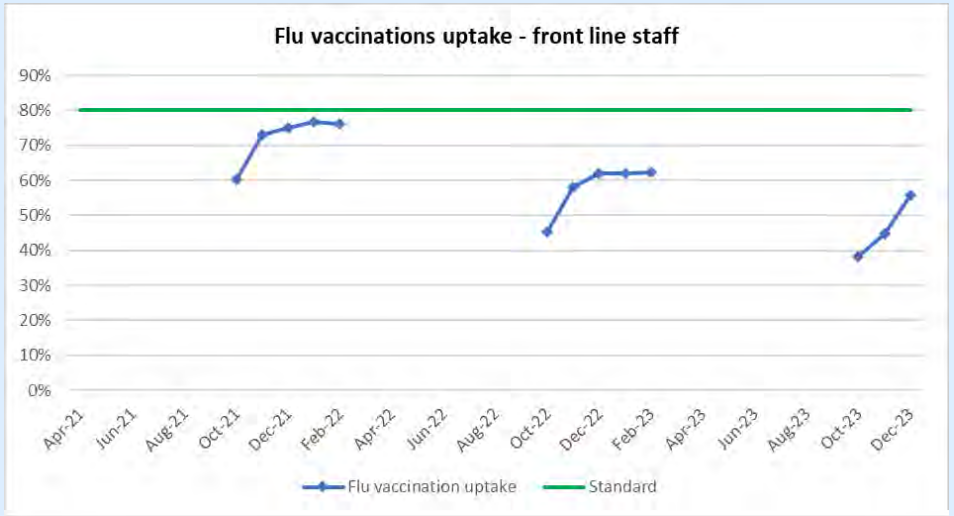
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

Our Staff Flu take up is reported at 55.9%, it is acknowledged that this is lower than in previous years (61.9% - Dec 22), however nationally the NHS are reporting lower figures, 38.5% of eligible healthcare workers nationally having had a flu vaccine.

Root causes	Actions	Impact/Timescale
Across the Trust we are actively promoting Flu vaccinations and are linking this into our Health & Wellbeing campaigns, aligning to the keeping well during winter programmes. Additionally, to support the take up across SFH we are adopting different measures and where possible are taking the vaccines to staff as we accept the acuity of the hospital has had an impact on vaccination levels. Verbal reports from regional Occupational Health colleagues echoes the experience currently at SFH. Low staff engagement with flu vaccination which is mirrored by the national picture.	Flu vaccine continues to be offered to all attendees to the Occupational Health Department and the Mass Vaccination team continue to undertake daily roving clinics taking vaccination direct to staff in clinical areas. Work in the last month of the programme to identify which staff groups have a particularly low uptake and target directly.	February 2024 to target low uptake groups. Programme ends 29th February 2024.

Data



Domain Summary: Timely Care

Sherwood Forest Hospitals
NHS Foundation Trust

Overview	Lead
In 2023/24 Q3 (Oct-Dec) seasonal pressures continued to build with high numbers of A&E attends and ambulance arrivals at the highest levels since the summer of 2022. Non-elective admission demand was unusually high for the time of year in Oct and Nov-23 resulting in the benefits of reduced Medically Safe for Transfer (MSFT) and long stay patients not translating into improved patient flow through our hospitals. The pressure on our services has been sustained for many months, much like many acute Trusts across the country. The combination of high attendance and admission demand, length of stay pressures and mismatches in admission and discharge times meant that, at times, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in us starting the day on OPEL 4 on 65 days during Q3 (23 in Oct-23, 18 in Nov-23 and 24 in Dec-23) with patients experiencing delays to admission due to a lack of beds. In response to these pressures, we enacted escalation actions and, where necessary, our full capacity protocol. Despite the challenges, we continued to provide strong ambulance handover consistently meeting the 30-minute standard and making a step change improvement against the 15-minute standard after making changes to our handover processes; and have a strong medical Same Day Emergency Care (SDEC) offer exceeding national targets. The subsequent pages highlight several key actions being taken to improve timely care, some of which are divisionally-led. Whilst the interplay between emergency and elective pathways continues to create challenges, it has been the ongoing instances of Industrial Action (IA) that have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. This can be evidenced in Q3 when considering our strong performance against planned care activity metrics in Nov-23 (the only month without IA). The national requirement to meet zero 78-week waiters continues to be missed due to capacity, complexity or patient choice. Unfortunately, the number of 65-week waiting patients has increased during Q3 as clinicians have needed to be redeployed from planned care to support urgent and emergency care services. On a positive, the new theatre opened at Newark hospital in Nov-23 as part of our Targeted Investment Fund (TIF) development to support our elective pathway. We continue to work together as a system with patients being transferred between providers as part of mutual aid arrangements; this has resulted in us inheriting some long wait patients. We are benefiting from some mutual aid to help with our Echocardiograph position; one of our underperforming diagnostic tests, which together with insourcing plans will help us reduce the significant backlog. In Outpatients, we have consistently exceeded the 5% Patient Initiated Follow Up (PIFU) target and the 16% Advice and Guidance target throughout Q3. We continue to see in the region of 15% of outpatient non-face-to-face; we recognise that we have further work to ensure that we make full benefit of remote outpatient attendances; embedding the learnings from the height of the pandemic. Key metrics relating to the delivery of timely cancer care have overall remained stable in Q3 as we saw more instances of industrial action at both the start and the end of the quarter. We continue our strong delivery of the national 28-day faster diagnostic standard exceeding the national standard. Revised national cancer waiting time standards were launched in Oct-23 with the original 10 standards reduced to three. This report has been updated to reflect the changes. Further details relating to timely care metrics are included in the following pages with metrics grouped together within the relevant care pathways.	COO

Scorecard: Timely Care – Urgent Care

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Urgent Care	Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%	✗ 48.8%	✗ 48.7%	✗ 44.0%	✗ 47.2%	✗ 42.7%	✗ 52.3%	✗ 58.8%	✗ 51.4%	✗ 47.9%
	Ambulance turnaround times <30 mins (%)	≥95%	✓ 96.0%	✓ 96.1%	✗ 94.0%	✓ 95.4%	✓ 96.5%	✓ 96.6%	✓ 95.2%	✓ 96.1%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.7%
	Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.1%	✗ 0.1%
	ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%	✓ 77.0%	✓ 76.6%	✗ 72.3%	✗ 75.3%	✗ 69.4%	✗ 67.1%	✗ 64.9%	✗ 67.2%	✗ 72.2%
	Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213	✓ 199	✓ 199	✗ 218	✗ 205	✗ 236	✗ 247	✗ 269	✗ 251	✗ 223
	ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%	✓ 1.5%	✓ 1.9%	✗ 2.3%	✓ 1.9%	✗ 3.3%	✗ 4.2%	✗ 6.5%	✗ 4.7%	✗ 3.1%
	ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246	✗ 32	✗ 58	✗ 65	✗ 155	✗ 125	✗ 147	✗ 284	✗ 556	✗ 957
	Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191	✗ 15,921	✓ 15,080	✗ 15,730	✗ 46,731	✗ 15,932	✗ 15,465	✗ 15,568	✗ 46,965	✗ 139,887
	Number of NEL admissions against plan	≤Plan	✓ 3,429	✓ 3,587	✓ 3,643	✓ 10,659	✓ 3,661	✓ 3,605	✓ 3,649	✓ 10,915	✗ 3,969	✗ 3,863	✓ 3,668	✗ 11,500	✓ 33,074
	SDEC activity (%)	≥33%	✓ 37.5%	✓ 37.6%	✓ 37.6%	✓ 37.5%	✓ 37.2%	✓ 36.5%	✓ 36.8%	✓ 36.9%	✓ 39.8%	✓ 37.1%	✓ 36.2%	✓ 37.7%	✓ 37.4%
	Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%	✗ 94.0%	✗ 98.6%	✗ 95.4%	✗ 96.0%	✓ 92.0%	✗ 96.3%	✗ 95.3%	✗ 94.6%	✗ 95.5%
	Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130	✗ 123	✗ 119	✓ 110	✗ 118	✓ 100	✗ 109	✗ 100	✗ 103	✗ 117
	Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109	✗ 107	✗ 110	✗ 93	✗ 104	✗ 90	✗ 98	✗ 92	✗ 94	✗ 102

Indicators in Focus: Timely Care – ED metrics (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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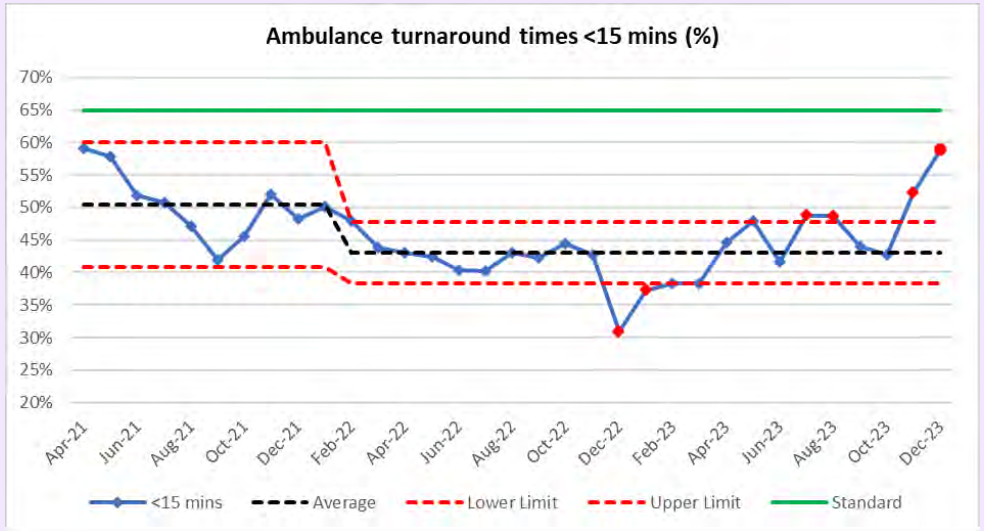

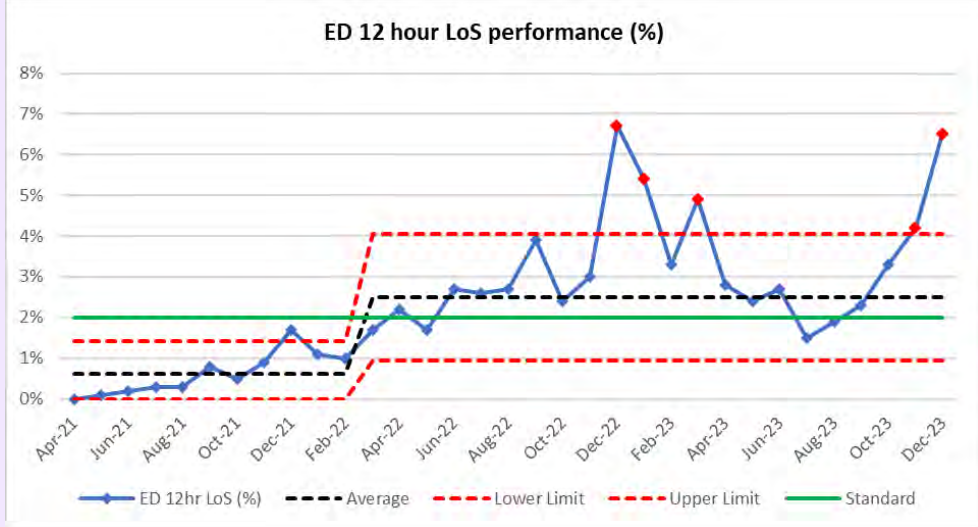

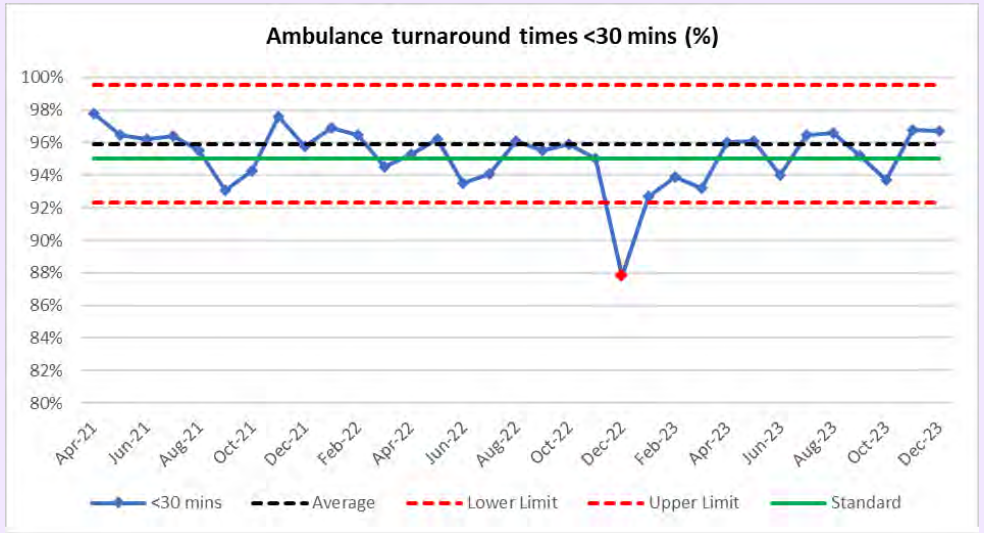

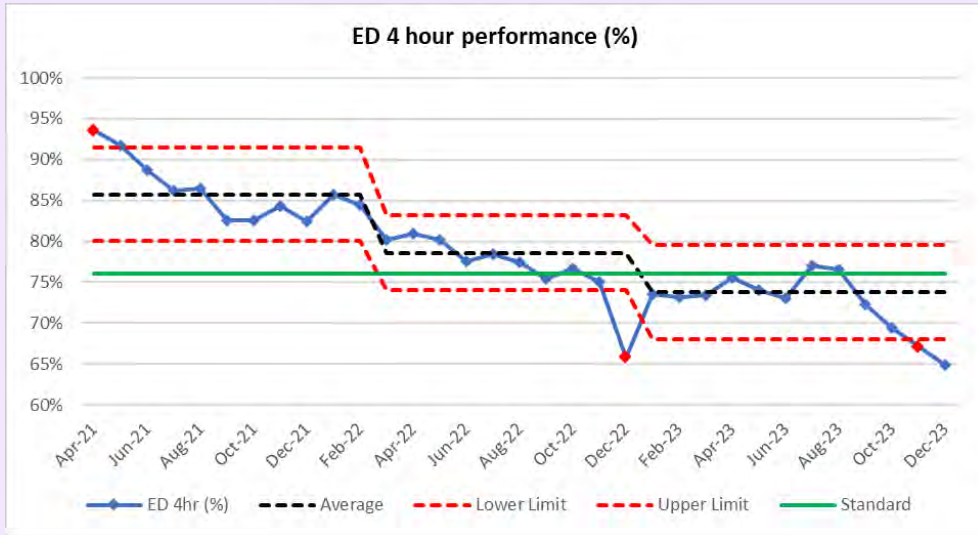

Indicators in Focus: Timely Care – ED metrics (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- Our ambulance handover position is significantly better than the EMAS average and amongst the best nationally:
  - Average regional handover time for EMAS is 41 minutes with SFH at 15 minutes with significant improvement (special-cause variation) against the 15-minute target in Dec-23 following the launch of STREAM (a new handover process) in our King's Mill Hospital ED.
  - 35% of regional EMAS ambulance handovers were over 30 minutes with SFH at 3% in Q3. At SFH the 30-minute target in the operational planning guidance is consistently being achieved.
  - Benchmark as best ambulance turnaround site in the Midlands against the 15-minute standard and fourth best nationally. Against the 30-minute standard we are the second best nationally. Against the 60-minute standard we are the best nationally.
- 4-hour benchmark position is eighth in the Midlands region and 55th nationally. Trust 4-hour performance of 67.2% in Q3 (against an operational planning target of 76% by Mar-24). Newark Urgent Treatment Centre is performing at 99%.
- 12-hour benchmark position is now 42nd nationally.
- ED attends 6.5% year to date increase compared to 2022/23 at KMH and 12% at Newark. At KMH increases across minor injury (sprains and breaks) and resuscitation (specifically lower respiratory tract infections).

Root causes	Actions and timescale	Impact
Increased ED attendance demand.	Expand hospital Same Day Emergency Care (SDEC) services through: • Expansion of medical SDEC direct access to EMAS / GP and 111 from Oct-23. • Frailty SDEC in the new Discharge Lounge currently scheduled to open Apr-24. • Surgical SDEC following surgical/medical ward reconfigurations that will take place in Q4.	• Reduction in Frail patients in ED by 20 hours per day. • Increase in SDEC will support decongestion of Emergency Department and reduce the average time spent in department supporting improved 4-hour performance.
	• Review and revision of Emergency Nurse Practitioner (ENP) working patterns extending later into the evenings/overnight due to injuries presentation patterns.	• Reduction in waiting to be seen times in ED.
	• Review of Primary Care (PC) 24 bookable appointments and Directory of Service.	• Redirection of suitable patients to PC24 to decongest ED.
	• Assist and facilitate the review of NEMS supporting EMAS.	• Reduction in EMAS conveyances.
Insufficient staffing to manage ED demand.	Implementing recruitment against ED business case: • Nursing rota from Apr-23 • Junior Doctor rota from Aug-23 • Tier 3/4 rota from Jan-24.	• Average (mean) time in Department - non-admitted patient reduction to <180 mins. • Time to initial assessment for arrivals to A&E % seen within <= 15 minutes greater than 60% in Q4.
	Develop new, expanded 'Fit to Sit' area with the 12 spaces currently situated in Minors moving to be collocated with Majors to support enhanced patient flow and with an improved staffing model. Timescale to be determined following completion of estates scoping work.	• Reduction in overcrowding in ED and timely transfer from ED.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	Develop Discharge Lounge pathways in line with new location and expanded footprint due to open in Apr-24.	• Improve patient experience as patients will be waiting to leave from discharge lounge rather than the Emergency Department.
	Post strike learning built into 2024/25 planning and service improvement initiatives.	• Improved hospital flow with an estimated impact of circa 6-8 beds.

Indicators in Focus: Timely Care – Hospital flow metrics (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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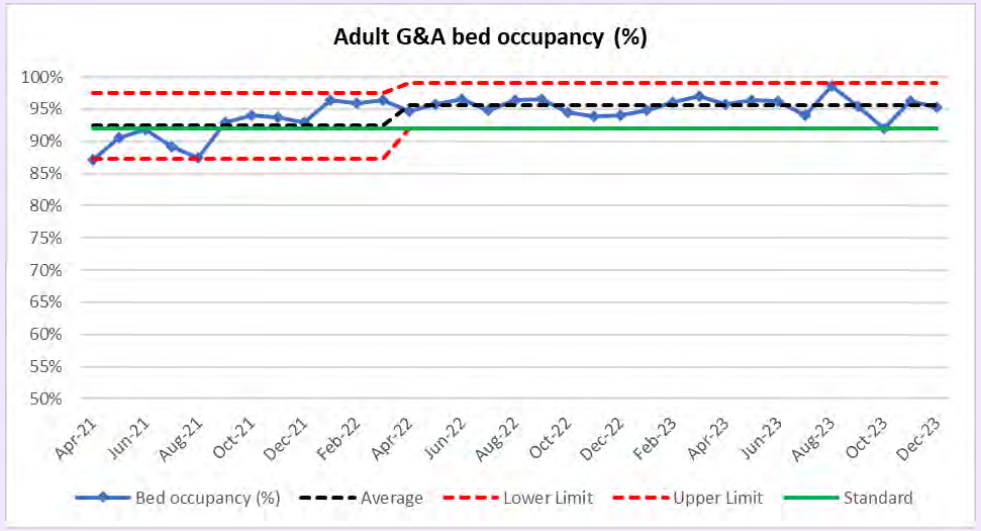

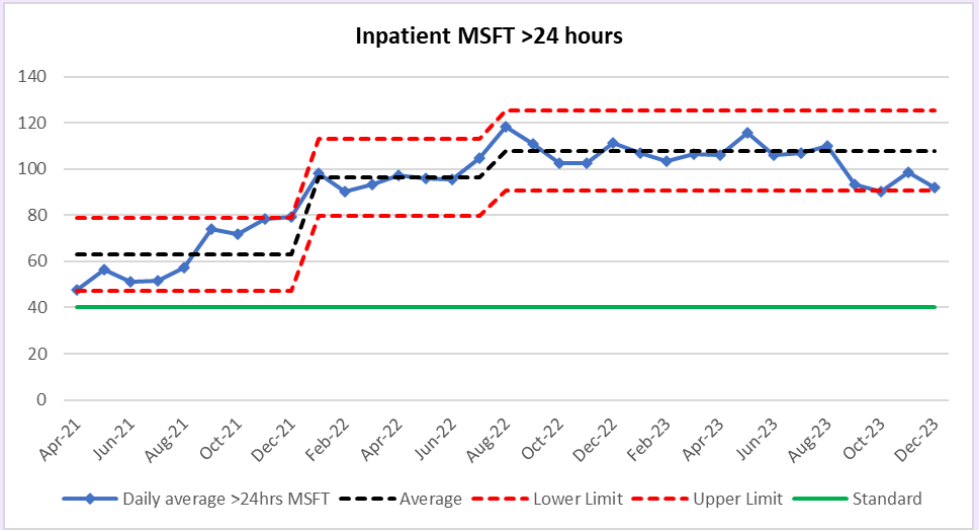

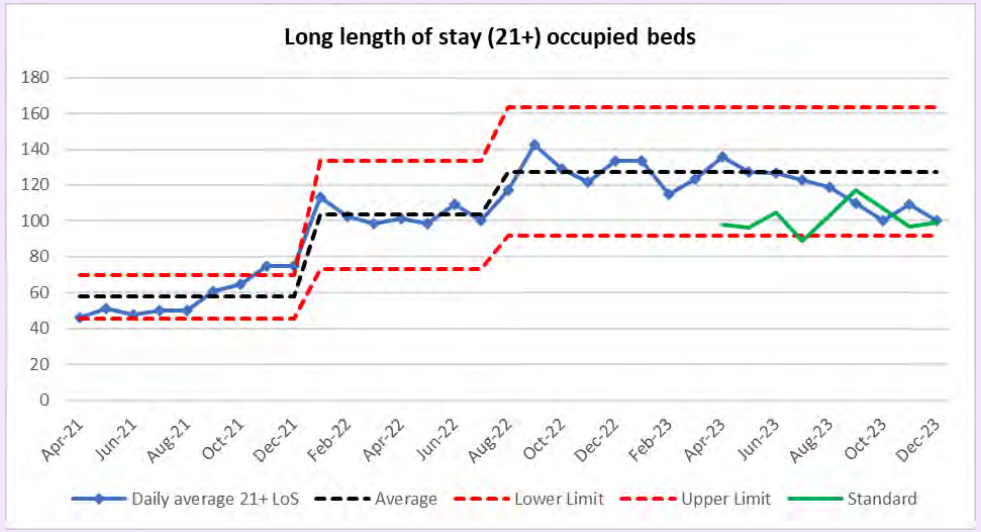

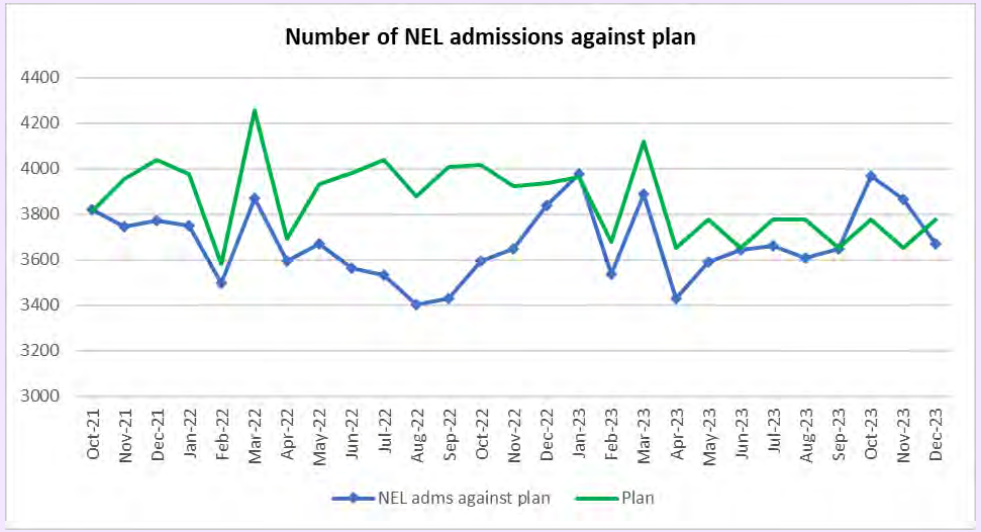

Indicators in Focus: Timely Care – Hospital flow metrics (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- All community wards remain open; three at Mansfield Community Hospital and two at Newark Hospital. In addition, 39 rehabilitation beds are available and used at Ashmere care home group.
- Despite the winter plan increasing our capacity, we continue to operate at bed occupancy levels significantly higher than 92%. Our bed occupancy is routinely higher than the Midlands average.
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours has stabilised at the lowest level seen since 2022/23 Q1. However, the improved local position remains above the agreed threshold both in terms of the 2023/24 plan value and the 2022/23 national planning guidance ambition (latter standard used on the chart).
- The number of long stay patients have followed a similar trend to MSFT inpatient numbers due to similarities in the patient cohort. We have less long stay patients than the Midlands regional average.
- Non-elective admission demand was unusually high for the time of year in Oct and Nov-23 resulting in the benefits of reduced MSFT and long stay patients not translating into improved patient flow through our hospitals.

Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	• Reinvigorated rolling programme board and ward round improvement which commenced with Stroke and Respiratory wards in Oct-23. Long length of stay (LOS) meetings for pre-medically safe patients on acute wards commenced in Dec-23 to identify early opportunities for discharge planning.	• Delivery of today's work today and early identification of potential discharge barriers will lead to reduced LOS.
	• Ongoing mapping of patient journey with focus on discharge planning from point of admission. We have now developed three new live flow pages on Nervecentre which help identify patients ready for discharge planning. These will be launched, communicated and embedded during Q4.	• Improvements to NerveCentre will enable us to track patients across the system highlighting gaps in discharge planning or resources required to facilitate timely discharge.
Delays to post-medically safe discharge processes.	• Development of a new Discharge Lounge (19 beds and 22 chairs) due to open Apr-24 (originally Oct-23; however, delayed by contractors undertaking the capital works).	• Facilitate timely flow through the hospital by freeing up beds earlier in the day to enable admissions. Based upon indicative numbers we forecast a release of 6-8 base ward beds.
	• Transfer of Care Hub is working well and now seeking to draw in further support from housing and voluntary sector in Q4 as there continues to be a small number of people delayed because of local housing issues.	• Focus on key themes in reducing delays for specific patient groups. • This will continue the downward trend in the number of long stay patients and the average LOS for the trust.
	• The Improvement Faculty continue their improvement projects around TTOs and Transport. • We are working with the Nottinghamshire ICS system to focus on patient transport issues ahead of re-contracting ready for Apr-25.	• Eliminate barriers to discharge and reduction in the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand (with a specific focus on out of area patients)	• To resolve issues with availability of Derbyshire packages of care, we have requested a member of the Derbyshire Adult social care team to have a presence in our Transfer of Care Hub during Q4. • Additional pathway three beds in Nottinghamshire commissioned in Dec-23 by Continuing Health Care team to facilitate prompt patient discharge. • Weekly SFH-specific discharge group now running with attendance from senior representatives from all system partners to problem solve live issues and current discharge delay themes. • Early escalation of out of area discharge problems via refined reporting mechanisms.	• Rapid resolution of complex issues through multi agency working to support continued reductions in number of supported discharges waiting more than 24 hours for discharge.

Scorecard: Timely Care – Electives, Diagnostics and Cancer

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Electives	Advice & guidance (%)	≥16%	✓ 26.0%	✓ 24.0%	✓ 22.0%	✓ 24.0%	✓ 25.0%	✓ 27.0%	✓ 23.0%	✓ 25.0%	-	-	-	-	✓ 24.5%
	Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 15.2%	✗ 15.3%	✗ 14.9%	✗ 15.0%	✗ 14.9%	✗ 14.9%	✗ 15.3%	✗ 14.4%	✗ 15.2%	✗ 14.9%	✗ 15.0%
	Added to PIFU (%)	≥5%	✗ 4.9%	✗ 4.7%	✓ 5.5%	✓ 5.0%	✓ 6.0%	✓ 5.7%	✓ 6.0%	✓ 5.9%	✓ 6.0%	✓ 5.7%	✓ 5.6%	✓ 5.8%	✓ 5.6%
	Average daily referrals		274	311	341	309	316	309	304	305	310	316	-	313	310
	Outpatients - first appointment against plan	≥Plan	✓ 10,131	✓ 12,349	✓ 12,513	✓ 34,993	✓ 11,992	✗ 11,540	✓ 12,004	✓ 35,536	✓ 12,786	✓ 13,793	✓ 11,415	✓ 37,994	✓ 108,523
	Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 28,397	✗ 79,143	✗ 26,597	✗ 27,584	✗ 27,343	✗ 81,524	✗ 28,170	✗ 29,993	✗ 23,828	✗ 81,991	✗ 242,658
	Daycase activity against plan	≥Plan	✓ 2,908	✓ 3,421	✓ 3,429	✓ 9,758	✓ 3,330	✗ 3,308	✗ 3,267	✗ 9,905	✗ 3,183	✓ 3,689	✗ 3,045	✗ 9,917	✗ 29,580
	Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977	✗ 297	✗ 308	✗ 336	✗ 941	✗ 323	✓ 405	✓ 361	✓ 1089	✗ 3007
	Completed admitted RTT pathways against plan	≥Plan	✗ 910	✓ 1,179	✓ 1,163	✓ 3,252	✗ 1,044	✗ 1,033	✗ 1,072	✗ 3,149	✗ 993	✓ 1,206	-	✗ 2,199	✗ 8,600
	Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618	✗ 8,402	✗ 8,207	✓ 9,214	✗ 25,823	✓ 9,209	✓ 9,821	-	✗ 19,030	✗ 69,471
	Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946	✗ 52,814	✗ 54,047	✗ 53,949	✗ 53,949	✗ 53,708	✗ 52,717	✗ 52,569	✗ 52,569	✓ 39,616
	Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186	✗ 1,349	✗ 1,532	✗ 1,728	✗ 1,728	✗ 1,851	✗ 1,858	✗ 1,933	✗ 1,933	✗ 1,933
	Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 203	✗ 203	✗ 236	✗ 308	✗ 350	✗ 350	✗ 362	✗ 337	✗ 418	✗ 418	✗ 418
	Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6	✗ 6	✗ 3	✗ 3	✗ 3	✗ 7	✗ 5	✗ 14	✗ 14	✗ 14
	Incomplete RTT pathways +104 weeks	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
Diagnostics	Diagnostics activity against plan	≥Plan	✓ 12,704	✓ 13,335	✗ 13,795	✓ 39,834	✓ 13,845	✓ 13,453	✗ 12,598	✓ 39,896	✗ 12,510	✗ 13,428	✓ 12,886	✓ 38,824	✓ 118,554
	Diagnostic DM01 Waiting List		10,952	11,476	11,462	11,462	11,121	10,155	10,377	10,377	10,238	10,563	9,377	10,563	10,563
	Diagnostic DM01 Backlog		3,737	3,538	3,508	3,508	3,704	4,101	3,928	3,928	3,761	3,726	4,055	3,726	3,726
	Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 69.4%	✗ 66.7%	✗ 59.6%	✗ 62.1%	✗ 62.1%	✗ 63.3%	✗ 64.7%	✗ 56.8%	✗ 56.8%	✗ 56.8%
Cancer	Faster Diagnosis Standard (FDS) Combined (%)	≥75%	✗ 73.4%	✓ 76.9%	✓ 79.2%	✓ 76.6%	✓ 82.8%	✓ 79.2%	✓ 75.4%	✓ 79.2%	✓ 81.3%	✓ 77.3%	-	✓ 79.3%	✓ 78.3%
	31 day combined performance (%)	≥96%	✗ 92.4%	✗ 91.6%	✗ 90.3%	✗ 90.3%	✗ 81.5%	✗ 75.9%	✗ 78.9%	✗ 78.6%	✗ 80.0%	✗ 75.2%	-	✗ 77.3%	✗ 83.5%
	62 day combined performance (%)	≥85%	✗ 76.0%	✗ 64.9%	✗ 76.5%	✗ 76.5%	✗ 70.8%	✗ 68.9%	✗ 63.6%	✗ 67.7%	✗ 52.9%	✗ 65.7%	-	✗ 59.7%	✗ 67.6%
	Number of local 2ww 62d backlog patients	≤Plan	✓ 58	✓ 58	✓ 55	✓ 55	✓ 54	✗ 88	✗ 94	✗ 94	✗ 89	✗ 86	✗ 89	✗ 89	✗ 89

Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards for Oct-23 and Nov-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Apr-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.

Indicators in Focus: Timely Care – Outpatient metrics (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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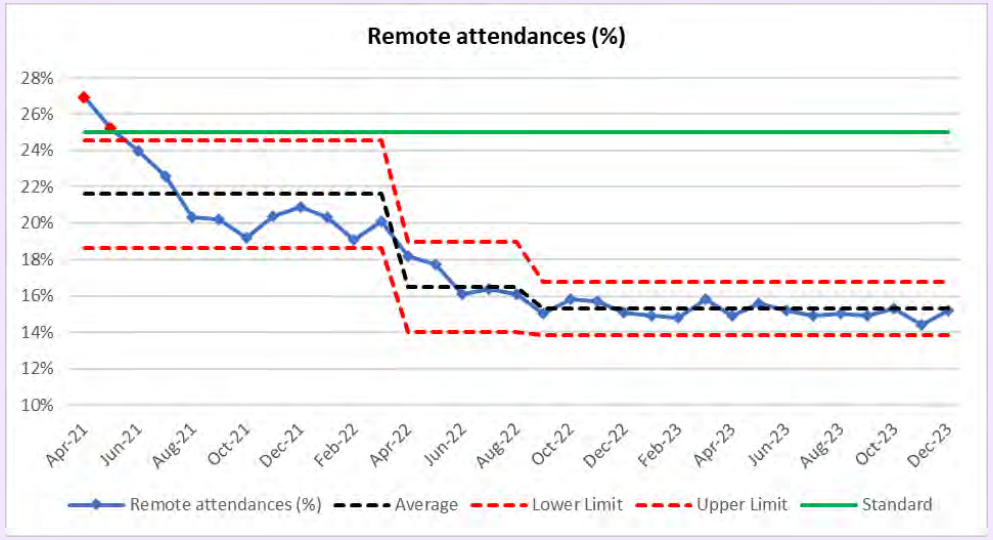
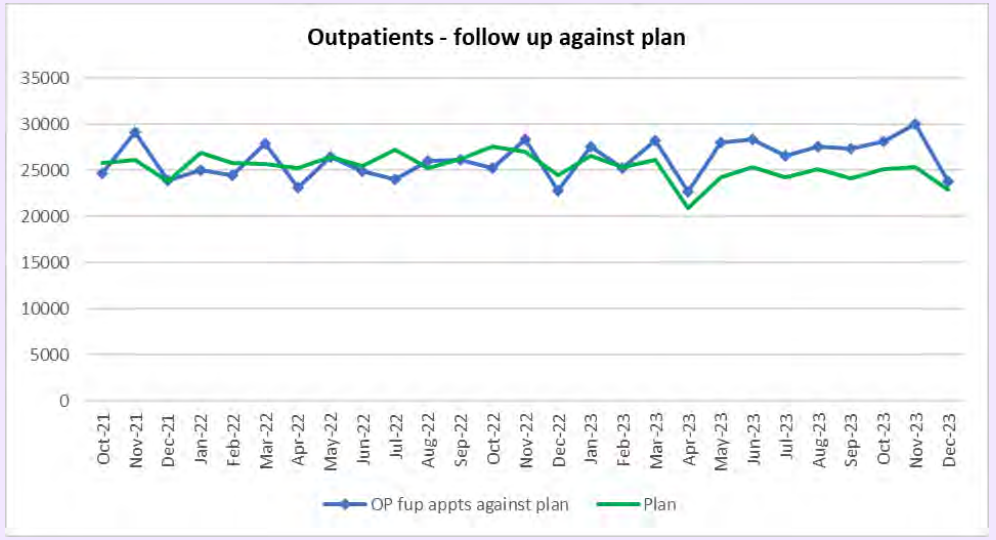
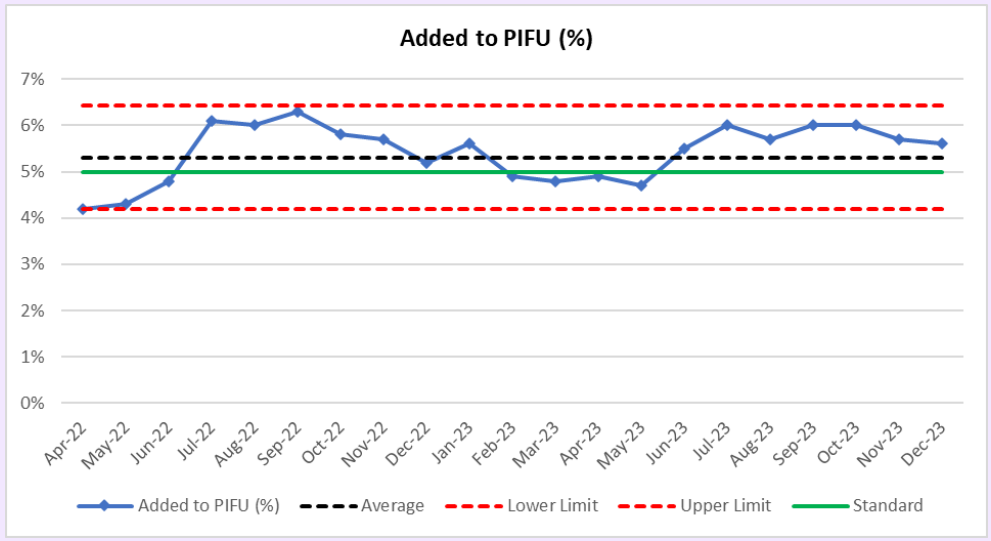
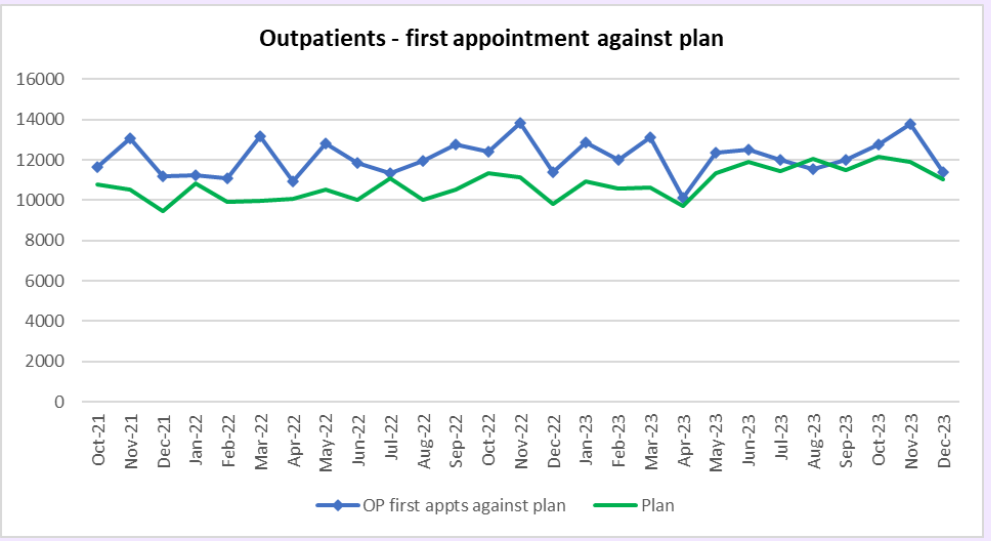








Indicators in Focus: Timely Care – Outpatient metrics (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

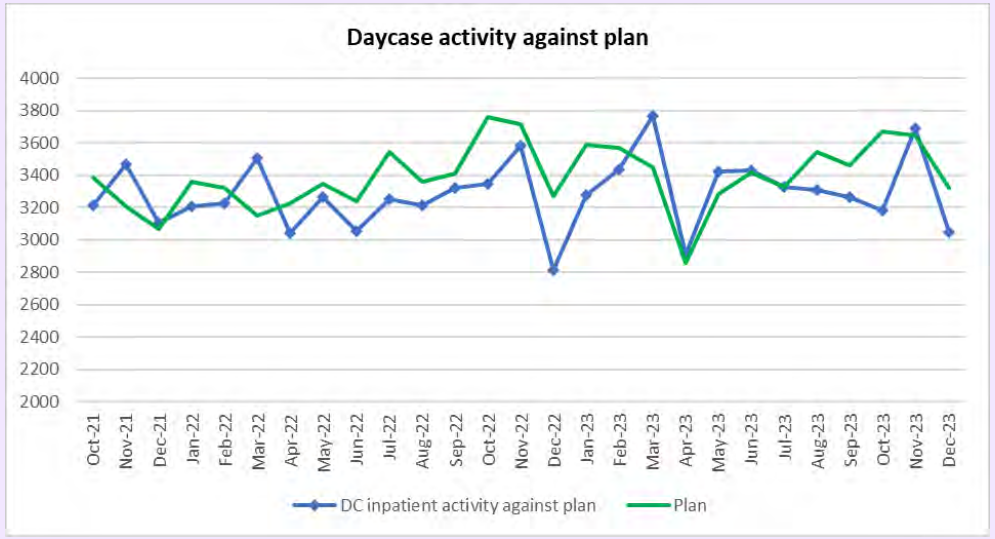
- We consistently deliver on Patient Initiated Follow Up (PIFU) and advice and guidance performance surpassing national targets.
- Trust outpatient first attendance activity levels remain consistently above planned activity levels. Nov-23 was a particularly strong month for activity levels across all planned care pathways as we benefited from a month without any Industrial Action (IA).
- SFH (and the system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 and 2023/24 planning rounds. Our outpatient follow up activity levels have been above our non-compliant plan whilst we continue to experience challenges with patients waiting for overdue follow up reviews.
- The remote appointments agenda remains an area of underperformance across the Trust. The Operational Planning Guidance indicated that at least 25% of outpatient appointments should be delivered remotely via telephone or video consultation. We are currently delivering circa 15% this has been a stable position over the past year.

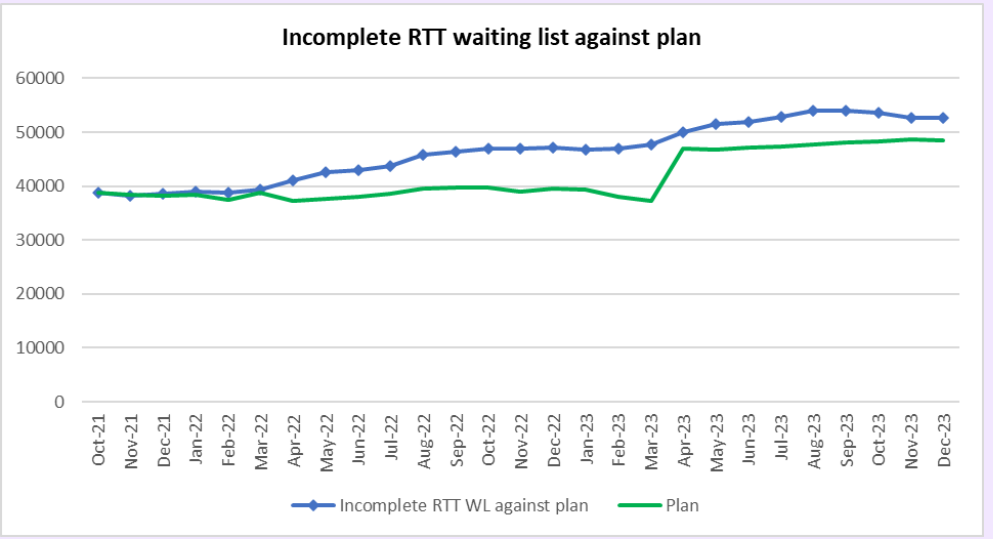
Root causes	Actions and timescale	Impact
Significant backlog of overdue reviews that developed during the Covid-19 pandemic due to lower outpatient activity levels as a result of social distancing and reduced clinician time allocated to seeing outpatients (focus on patients with higher clinical needs).	Rolling validation of the patients on the overdue review list to check if they still require their appointment.	Around 8% of patients contacted are removed from the waiting list. We typically contact 200 patients per week (approx. 16 patients removed from waiting list per week). Total Patient Tracking List (PTL) size continues to reduce.
	Insourcing in specialties with high overdue review lists. Specifically, Gastroenterology insourcing commenced in Oct-23. Insourcing to remain in place until at least Mar-24.	Insourcing to deliver circa 4,000 appointment split between new and follow up appointments by Mar-24. Whilst this will increase follow up activity it will support a reduction in the number of overdue reviews which is better for patients and will place us in a stronger position for 2024/25.
	GIRFT (Getting It Right First Time) Further Faster toolkits to be launched in Q4 to all divisions to support improvement programme and identify productivity opportunities.	Improvement across all outpatient metrics including DNA rates, reducing overdue reviews, and increasing 1st outpatient activity.
Remote attendances below target due to clinician preference to see patients face-to-face.	Toolkit developed to assess at a specialty-level the current virtual attendance position, relevant benchmarking, potential trajectories, challenges and risks to inform clinical assessment of opportunity. Toolkit launch delayed from Q3 due to re-establishment of the Outpatient Improvement Programme; the toolkit will now launch in Q4.	Incremental increase in the percentage of remote attendances with the aim to achieve 17% by the end of the financial year.

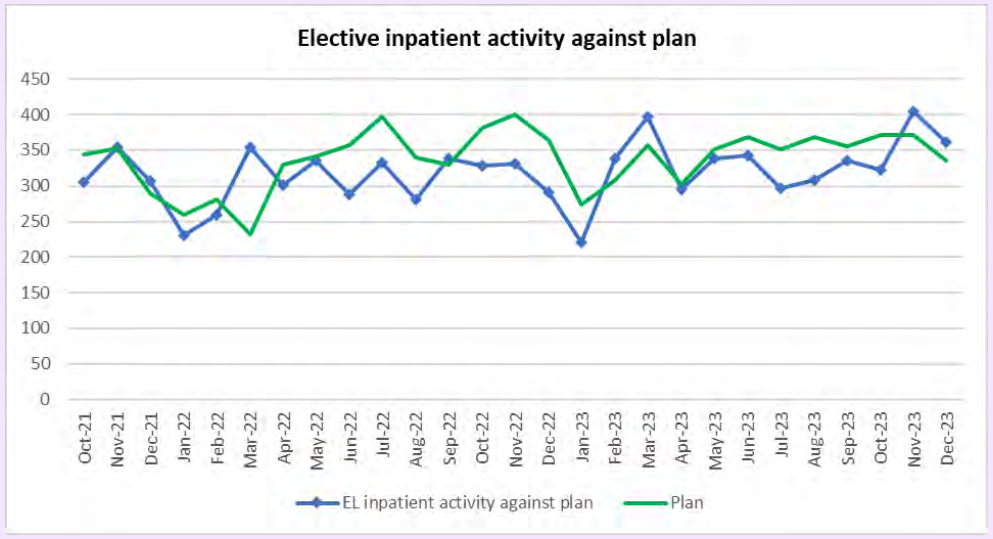
Indicators in Focus: Timely Care – Elective activity and waiting list metrics (1/2)

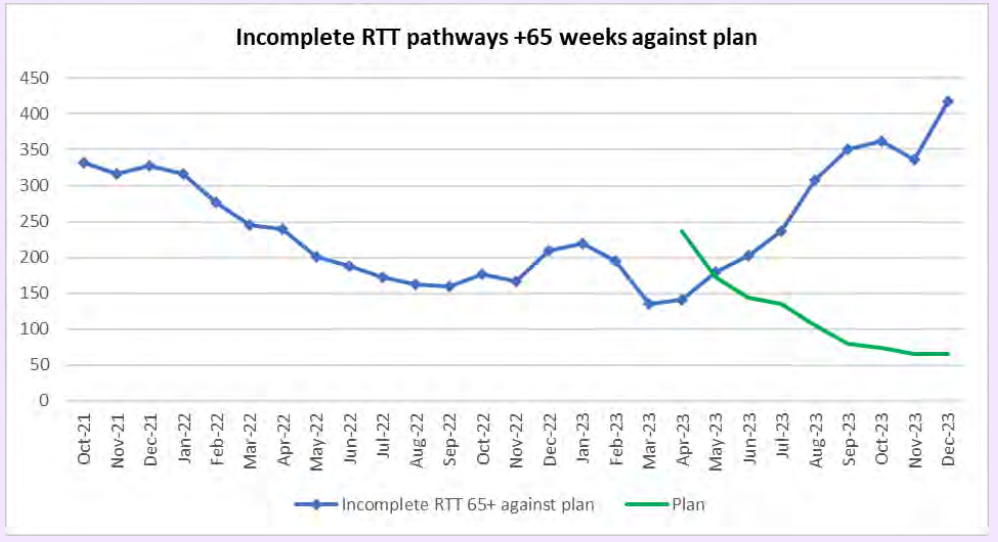
Sherwood Forest Hospitals NHS Foundation Trust

Data









Indicators in Focus: Timely Care – Elective activity and waiting list metrics (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- Elective inpatient and daycase activity has been below planned levels throughout 2023/24 primarily due to the impact of Industrial Action (IA). The increase in the Nov-23 activity position shows what SFH can achieve during a month of no IA. As seen nationally, IA has meant that available clinical time has been directed to support urgent and emergency care pathways.
- Referral to Treatment (RTT) waiting times across England continue to rise. Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this has grown to circa 7.7 million by Oct-23. At SFH the RTT waits pre-pandemic was 26,000 patients and has continued to grow to a peak of just over 54,000 at the end of Aug-23. Since Aug-23 the PTL started to slowly reduce to just over 52,500 at the end of Dec-23.
- The national requirement was to have no patients on an RTT pathway waiting greater than 78-weeks by end of Mar-23. At SFH there were 14 patients waiting over 78 weeks at the end of Dec-23 (eight patients choosing to wait, three patients awaiting cardiology diagnostics or appointments, two patients with complex diagnostic pathways and health needs, and one complex pathway where the patient will be treated at NUH in Jan-24).
- Considering Nov-23 nationally reported data from 169 providers we have the 59th largest PTL. Only seven providers with an equivalent or larger PTL have fewer longs waits (65ww and 78ww). 25 providers with smaller PTLs have more patients waiting greater than 65-weeks than SFH. When comparing SFH with 10 providers with similar sized PTLs, we are the third best in terms of the number of patients waiting more than 65-weeks.

Root causes	Actions and timescale	Impact
IA impacting the delivery of planned care activity levels due to medical workforce being redeployed to support urgent and emergency care pathways.	Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of patients who have their planned care delayed during IA. Focus on treating patients in order of clinical priority.
Challenges with workforce availability due to hard to fill vacancies, particularly in Anaesthetics.	Backfill in-week theatre lists and use of additional clinics and theatre lists at weekends via Waiting List Initiatives. Recruitment to anaesthetic vacancies ongoing, recent agreement to implement recruitment incentives expected to have a positive impact.	Additional clinics and theatre lists. Better theatre session utilisation continuing improving trend (from low in Jul-23 of 63%; Dec-23 position 77%).
	Outsourcing services throughout 2023/24 (e.g. Ophthalmology cataract referrals) and utilisation of local Independent Sector for Orthopaedics, General Surgery and Urology.	Ophthalmology outsourcing delivering 20 cases per month. Independent Sector delivering 40 cases per month. Independent Sector activity will support backlog reduction.
	Insourcing Gastroenterology outpatient appointments from Oct-23 to reduce long waiting pathways.	Insourcing to deliver circa 4,000 appointment split between new and follow up appointments by Mar-24. Whilst this will increase follow up activity it will support a reduction in the number patients waiting for 1st outpatient appointment.
Lack of physical space and infrastructure to enable increased activity required to reduce backlogs.	Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of Orthopaedic activity from King's Mill to Newark to release capacity for more complex, long waiting patients.	New theatre opened in Nov-23 and delivered 72 cases in the first month.
	As part of the Targeted Investment Fund (TIF) refurbish three existing procedure rooms due for completion Feb-24 to deliver increased Dermatology capacity.	Increase of four procedures per week leading to a reduction in Cancer and RTT waiting times.

Indicators in Focus: Timely Care – Diagnostic metrics

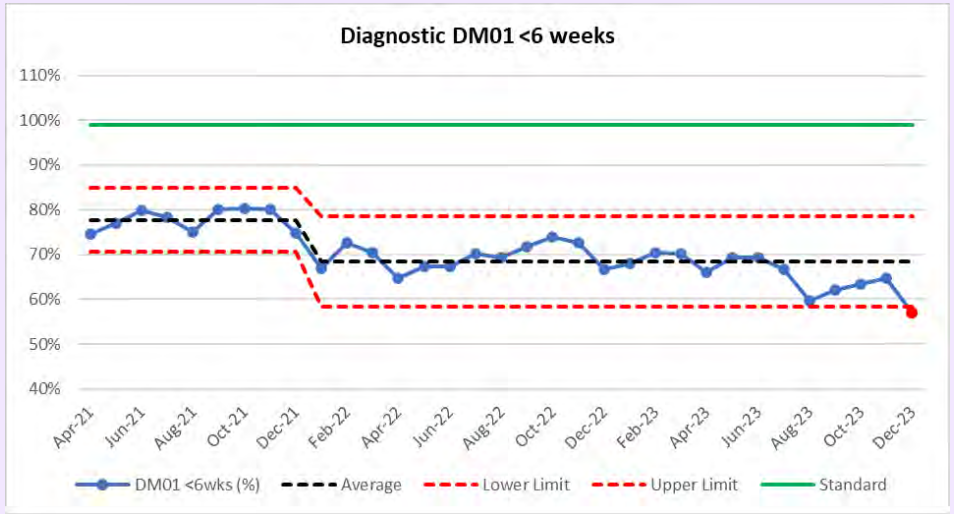
Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- Nationally, the total number of patients waiting six weeks or more from referral for one of the 15 key diagnostic tests at the end of Nov-23 was just over 375,000. This meant that circa 77% of patients nationally were seen within 6-weeks against the national standard of 99%. The local position at the end of Nov-23 was 64.7% of patients seen within 6-weeks; below the national position.
- Across SFH at the end of Nov-23 there were a total of 10,563 patients waiting for DM01 reportable diagnostic tests of which 3,726 patients were waiting greater than 6-weeks, this a reduction from a peak of 4,101 in Aug-23. Most are awaiting Echocardiography.
- Sleep DM01 performance previously reported as an issue has significantly improved following the purchase of additional devices and undertaking weekend sessions (performance increased to 92.1% in Oct-23 from 30.7% in Jan-23).

Root causes	Actions and timescale	Impact
Echo backlog and insufficient workforce to meet demand. Equipment and physical space are constraining backlog recovery alongside the workforce challenges.	Enhanced rates of pay to enable weekend working with existing teams from Jul-23 to Mar-24.	7 additional cases per week.
	Community Diagnostic Centre (CDC) funding insourcing for Newark Hospital to increase from 3 to 5 days from early Q4.	50 additional cases per week.
	Insourced activity delivered at Mansfield Community Hospital in a newly equipped facility funded through CDC slippage.	60 additional cases per week.
	Mutual aid from NUH from Aug-23.	7 additional cases per week.
	The combined impact of the above mitigations will support gradual backlog reduction. Full recovery will require actions to continue into 2024/25. DM01 performance increased to 29% in Nov-23 from 24% in Aug-23.	
CT Cardiac increase in demand (50% 2022-23) further driven by the targeted lung health check programme expansion.	Integrated Care System partial approval of capital case to increase CT Cardiac capacity through the purchase of a new scanner. Final approval for full costs and implementation subject to internal approval for 2024/25 Q1/2 go live.	Up to 20 CT Cardiac cases per day.
Equipment failure in radiology has unfortunately impacted DM01 performance across CT, MRI and Urodynamics. Mitigations were in place to prioritise inpatient activity and flow during this time.		

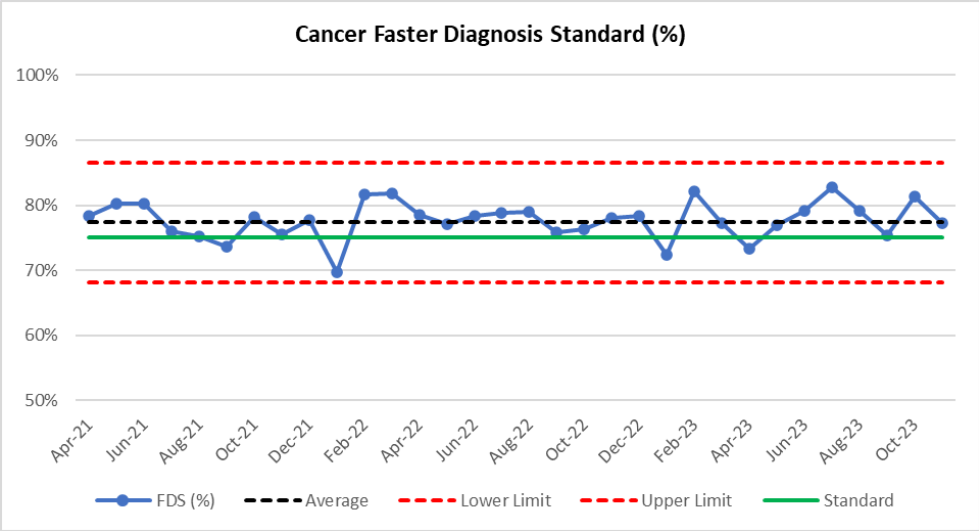
Data

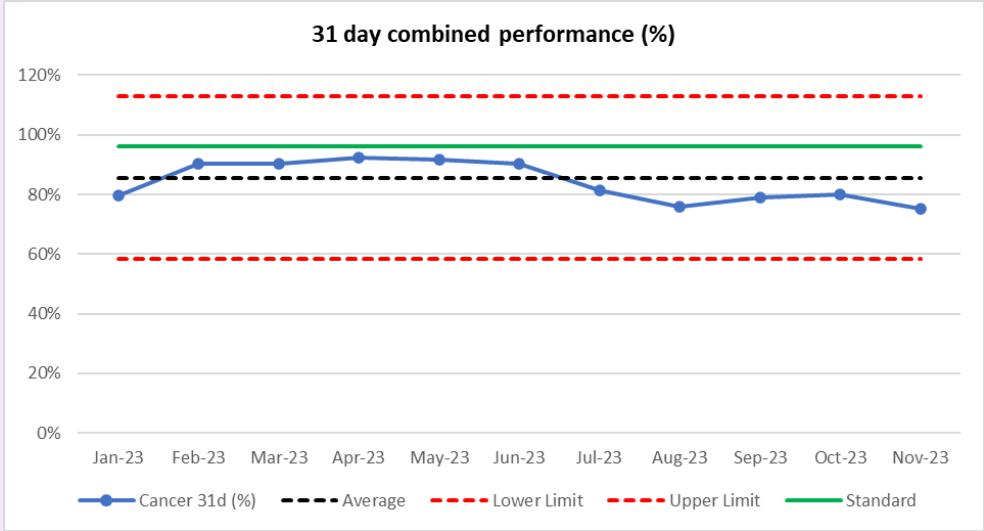


Indicators in Focus: Timely Care – Cancer metrics (1/2)

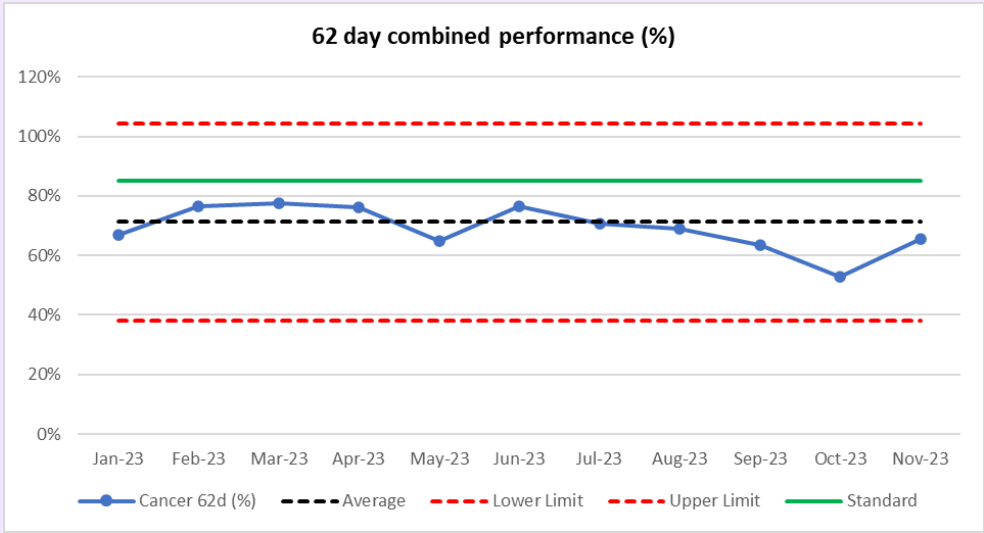
Sherwood Forest Hospitals NHS Foundation Trust

Data





Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards for Oct-23 and Nov-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Jan-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.



Indicators in Focus: Timely Care – Cancer metrics (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

Considering the latest national data (Nov-23):

- Nationally Faster Diagnosis Standard (FDS) is 71.9% against the 75% standard. Our position is performing better than the England position and meeting the national standard.
- Nationally 31-day treatment performance (first treatment) is 90.1% against the 96% standard. Our position is performing below the England position.
- Nationally 62-day performance is 65.2% against the 85% standard. Our position is performing marginally better than the England position.

Root causes	Actions and timescale	Impact
62-day standard - Lower GI has workforce challenges, high referral demand and difficulties with patient engagement.	Demand and capacity modelling complete and review with operational and clinical team underway – time out planned for Jan-24. Clinical Nurse Specialist (CNS) recruitment complete and training underway.	Improved productivity within existing resources.
	Tumour site optimal timed pathway development and working group in place since Apr-23.	Reduction in pathway delays.
	In Q4 update patient information and launch a video for supporting patients with bowel preparation. Audit completed Oct-23, script development and test video underway. Final version to be launched on Trust internet and accessible via patient information leaflet QR code in Feb-24.	Improve engagement and increase test compliance.
31-day standard - Skin tumour site referral demand.	Tele-dermatology working group established Nov-22 to be launched in Jan-24: • Bid to East Midlands cancer alliance for funding approved in July-23. • Recruitment of staff completed Nov-23. • Equipment purchased as planned and delivered Dec-23. • Quality impact assessment completed and signed off via Medicine and CSTO divisional governance. • Launch date remains on track for Jan-24.	Reduce outpatient demand. Review patients earlier in their cancer pathway and improve patient experience.
	Increase operating capacity from Feb-24 following full completion of Targeted Investment Fund programme at Newark.	Four procedures per week activity increase leading to a reduction in waiting time and improvement in 31-day performance.
Industrial Action (IA) impacting the delivery of tumour site activity levels and pathway development.	Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of cancer patients who have their pathway delayed during IA.
Performance against 62-day standards will temporarily reduce as the backlog is cleared. Once the backlog is reduced, we will be in a more sustainable position for future delivery.		

Domain Summary: Best Value Care

Sherwood Forest Hospitals NHS Foundation Trust

Overview	Lead
Income & Expenditure: • The reported financial position for Q3 shows an improving trajectory which largely relates to additional income received and a reduction in expenditure run rate. Although some of this relates to non-recurrent actions, it also demonstrates progress from the Financial Recovery Cabinet workstreams. • The Trust reported a deficit of £0.9m for the Q3 period, this represents a favourable variance to plan of £2.07m. Giving a year to date deficit of £11.39m against a plan of £11m, showing an adverse position of £0.39m. The period saw the continuation of many of the challenges faced in previous quarters with continued industrial action impact, the level of capacity open and high demand for beds and the cost of surge capacity when the Trust enacts the Full Capacity Protocol. The level of patients medically fit for discharge has remained at levels above those assumed in the 2023/24 annual plan • The costs of additional capacity remains the largest element of the adverse variance to plan, with £3.1m spent in Q3 on additional capacity and £9.2m year to date which includes beds open above levels assumed in planning, the costs of surge capacity and winter pressures. • The Q3 position also sees the continuation of unplanned costs relating to the industrial action, with a direct financial impact that includes costs of covering gaps, an estimation of lost income relating to cancelled activity and during December accounts for missed efficiency opportunity. Missed efficiency opportunity has not previously been specified however, this has been calculated in December in-line with NHS England guidance to reflect the indirect impact of industrial action on management time. • Q3 saw the continuation of assumed income brought forwards for CDC October - December element of £1.4m which was planned for later in the year • FIP is adverse to plan largely due to the missed efficiency opportunity due to impact of industrial action. In addition, FIP achievement largely relates to non recurrent underspends and non divisional FIP. • Following the H2 re-set of likely forecast outturn the trust revised outturn was agreed at £8.5m deficit. This was before the impact of the December and January industrial action. The revised forecast outturn now includes the impact of this action which increased the agreed forecast outturn by a further £4.2m revising the likely outturn to £12.7m. This position then assumes no further industrial action. . **Capital Expenditure & Cash:** • Capital expenditure is favourable to plan of £7.72m or Q3, with 2023/24 outturn expenditure currently forecast at £33.4m. This is £5.86m less than the financial plan due to changes in the CDC and EPR planned expenditure across financial years. • The year to date cash balance stands at £2.04m, which is £0.59m higher than planned. **Agency Expenditure:** • The Trust reported agency expenditure of £3.46m during Q3, with 2023/24 outturn expenditure forecast at £16.74m.	CFO

Scorecard: Best Value Care

Sherwood Forest Hospitals NHS Foundation Trust

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Finance	Income & expenditure against plan (£m)	≥£0.00m	✓ £0.00	✗ -£0.98	✗ -£0.06	✗ -£1.04	✓ £0.06	✗ -£0.43	✗ -£1.06	✗ -£1.43	✗ -£1.33	✓ £0.82	✓ £2.58	✓ £2.07	✗ -£0.40
	Financial Improvement Programme (FIP) against plan (£m)	≥£0.00m	✓ £0.01	✓ £0.03	✓ £0.00	✓ £0.04	✗ -£0.38	✗ -£0.83	✗ -£0.83	✗ -£2.04	✗ -£0.38	✗ -£0.17	✗ -£0.80	✗ -£1.35	✗ -£3.35
	Capital expenditure against Plan (£m)	≤£0.00m	✗ £0.23	✗ £1.15	✗ £4.91	✗ £6.29	✗ £3.87	✗ £1.29	✗ £3.52	✗ £8.68	✗ £3.19	✓ -£0.70	✗ £5.23	✗ £7.72	✗ £22.69
	Cash balance against Plan (£m)	≥£0.00m	✗ -£8.73	✓ £4.35	✓ £5.10	✓ £0.72	✓ £5.17	✗ -£2.52	✗ -£3.43	✗ -£0.78	✗ -£0.84	✓ £0.97	✓ £0.53	✓ £0.66	✓ £0.60
	Agency expenditure against Plan (£m)	≥£0.00m	✓ £0.02	✗ -£0.32	✗ -£0.16	✗ -£0.46	✗ -£0.20	✓ £0.06	✗ -£0.10	✗ -£0.24	✗ -£0.21	✓ £0.62	✓ £0.29	✓ £0.70	✓ £0.00

Indicators in Focus: Best Value Care – Income and expenditure

Sherwood Forest Hospitals NHS Foundation Trust

Standard & overview

- The standard is the Trust financial plan which is a breakeven position for 2023/24
- The Trust has reported a deficit of £0.9m for the Q3 period, this represents a favourable variance to plan of £2.07m. Giving a year to date deficit of £11.39m against a plan of £11m showing an adverse position of £0.39m.
- Subsequently the Trust has negotiated a deficit outturn with NHSE of £8.5m plus the financial impact of Industrial Action in December and January. The Trust is on track against this revised trajectory.

Root causes

The adverse variance is due to

- The level of demand impacting on Full Capacity measures and additional capacity open this financial year including winter capacity pressures.
- Unfunded cost and income loss relating to the industrial action, including the costs of covering staffing gaps, an estimate of lost income relating to cancelled activity and missed efficiency opportunity. To date £3.4m additional income has been received to mitigate cost pressures in excess of £5m
- Q3 improved run rate position due to additional income received and expenditure run rate reduction which is mainly non recurrent actions but does show progress from the Financial Recovery Cabinet workstreams.

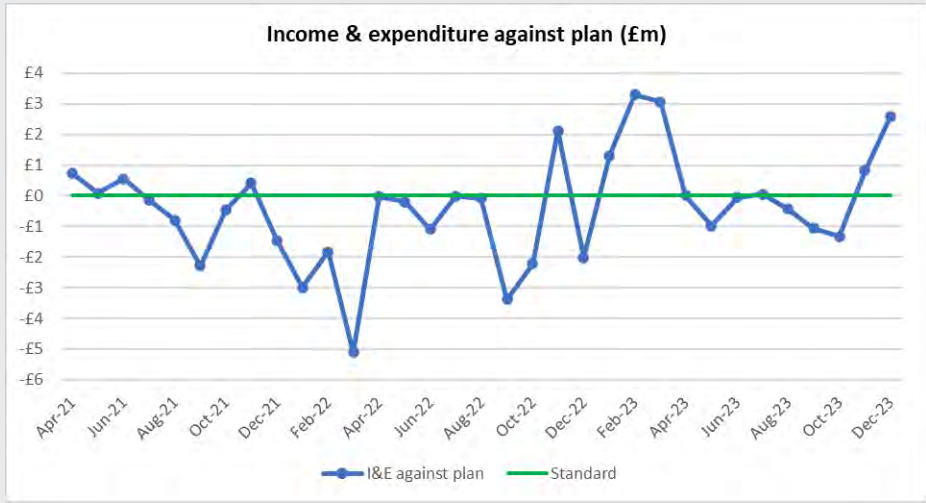
Actions

- CDC continuation of brought forward income from Q4 to be phased throughout the year ahead of plan
- Financial Recovery Cabinet in place reviewing opportunities through 100 day workstream plans
- Enhanced Financial Governance in place
- Revised forecast outturn position following H2 re-set of £12.7m deficit. This is the agreed £8.5m with the addition of £4.2m for December and January industrial action impact in line with national guidance

Impact/Timescale

- CDC income brought forward from Q4 to be phased throughout the year ahead of plan
- 100 day Financial Recovery Workstream plans being reviewed, and opportunities being worked up
- Enhanced Financial Governance
- Revised forecast outturn from Q3

Data



Indicators in Focus: Best Value Care – Financial Improvement Plan

Sherwood Forest Hospitals NHS Foundation Trust

Standard & overview

- The standard is the Trust financial Improvement Plan
- The Trust has a £10m Divisional Financial Improvement Programme which has reported year to date savings of £3.32m which is £3.38m behind plan.

Root causes

- The adverse variance is mainly due to delays in identifying schemes in time to deliver savings in line with plan. Current escalation capacity and Industrial Action will have taken time away from Divisions bandwidth to progress schemes and efficiency miss of £0.8m has been declared in December.

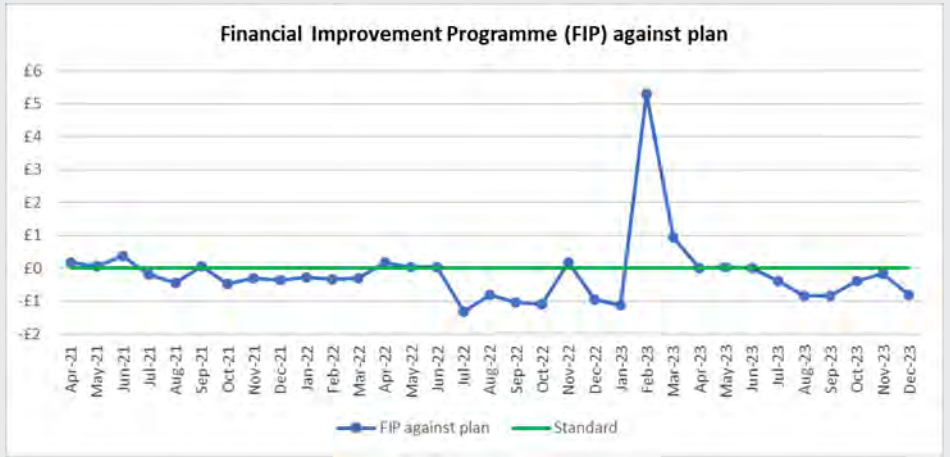
Actions

- Financial Recovery Cabinet in place with FIP being a key workstream in this process. Currently reviewing opportunities through 100 day workstream plans
- Schemes are in the process of Quality Impact Assessment sign off and do continuously move to 'In-Delivery'

Impact/Timescale

- 100 day FIP Financial Recovery Workstream plans being reviewed, and opportunities being worked up
- Pipeline schemes progress to in-delivery monthly.

Data



Indicators in Focus: Best Value Care – Cash Balance

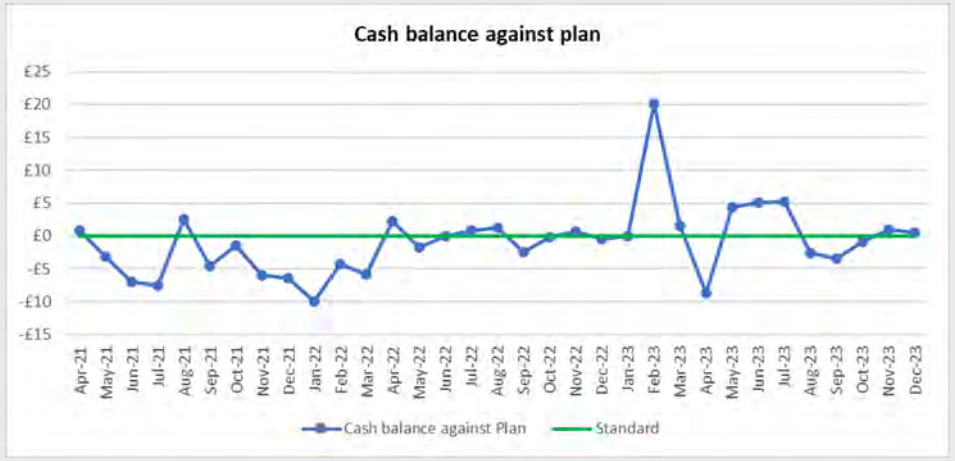
Sherwood Forest Hospitals
NHS Foundation Trust

Standard & overview

- Standard is the plan and the minimum cash balance required by DHSC of £1.45m as part of our support.
- Marginal variance year to date to plan.
- Plan and actual requires revenue borrowing PDC cash support from DHSC.

Root causes	Actions	Impact/Timescale
Planned deficit and forecast deficit is driving the need for additional cash support above plan.	• Quarterly borrowing submission submitted to DHSC • All revenue PDC for 23/24 has been requested and approved and no additional deficit borrowing above plan has been requested. • All approved capital PDC needs to be drawn down in February, March. Last date for request 10 March 2024. • A cash transfer managed by the ICB occurred through Q3 and the repayment is also being managed by the ICB through Q4.	Management of accounts payable supplier payment to match available cash.

Data



Indicators in Focus: Best Value Care – Capital expenditure

Sherwood Forest Hospitals
NHS Foundation Trust

Standard & overview

- Standard is the plan.
- Significant variance year to date to plan due to the phasing of EPR, Mansfield CDC and Newark Car Park lease.
- Plan requires capital borrowing support of £6.49m from DHSC, which presents a risk to the forecast expenditure if not approved, due to cash position of the Trust.
- Known forecast overspends in relation to discharge lounge and Newark TIF capital schemes.

Root causes	Actions	Impact/Timescale
Variance is primarily being driven by the phasing of Mansfield CDC, EPR and Newark Car Park lease.	• Agreed with NHSE reprofiling of the expenditure and associated borrowing relating to CDC, £2m and EPR £6.31m removed form 2023/24 and rephased into 2024/25. • Capital plan has been reforecast in year to cover known overspends in relation to Discharge lounge and Newark TIF. • Monthly monitoring via Capital Resources Oversight Group. • Capital loan submitted and with NHSE for approval and submission to DHSC. • 5 year capital plan currently being refreshed as part of financial planning.	Risk to capital plan delivery and cash until capital borrowing confirmed. If rejected would require capital spend already incurred to be managed within overall cash balances and may impact of planned delivery in Q4, due to availability of funds. Would present an increased risk to underlying cash balances in 2024/25.

Data

Indicators in Focus: Best Value Care – Agency expenditure

Sherwood Forest Hospitals NHS Foundation Trust

Standard & overview

- The standard is the planned agency spend
- The Trust has reported agency expenditure of £3.46m for Q3, this is £0.7m favourable to the planned level of spend. This is primarily due to backdated accrual releases

Root causes

- Mainly due to the additional capacity that has remained open above planned levels which is covered by variable pay (including agency). As beds have become substantivised this level of expenditure has reduced.
- ERF scheme agency usage equates to £0.45m during Q3 for which there was minimal spend in previous quarters. This expenditure is offset by additional ERF income.

Actions

- Executive approved changes to substantivise 'priority 1 & 2' beds will mean a reduction on reliance of variable pay cover in these areas.
- Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews, Divisional Finance Committee's and Financial Recovery Cabinet
- Focussed reduction in off framework usage
- Continued reviews of direct engagement bookings

Impact/Timescale

- Revised divisional governance structures to include agency spend & compliance reviews
- Continued reviews of long line bookings and market re-test as required

Data

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Integrated Performance Report – Q3 2023-2024	**Date:** 1st February 2024	
Prepared By:	Domain leads and Neil Wilkinson, Risk & Assurance Manager		
Approved By:	Executive Team		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To provide assurance to the Board regarding the Performance of the Trust as measured in the Integrated Performance Report		**Approval**	
		Assurance	
		Update	
		Consider	X

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	**X**	**X**	**X**	**X**	**X**

Principal Risk		
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 - 24th January 2024

Acronyms

SOF – Single Operating Framework

Executive Summary

The Integrated Performance Report (IPR provides the Board with assurance regarding the performance of the Trust in respect of the performance Indicators allocated to four domains: Quality Care, People and Culture, Timely Care and Best Value Care.

This report is for Quarter 3 2023/24. The performance indicators identified on the report are marked as "met" or "not met" via a green tick and red cross, respectively. Further details, including trends and actions to improve, are provided for each standard that is not met.

Maintaining good performance against the key indicators contained in the report has been challenging for Trust during the quarter, and for the NHS as a whole. In this winter period urgent care demand has been at its highest ever levels and there have been extensive periods of disruptive Industrial Action. However, the Trust's performance compares favourably across the NHS in key areas of vacancy and sickness absence rates, emergency care access, ambulance turnaround times, cancer and diagnostics.

There are a total of 65 indicators reported on the Q3 IPR report (61 in Q2), of those 27 are rated as met (25 in Q2), and 38 are rated as not met (36 in Q2). These are reported by individual Domains as follows:

Quality Care
Of the total 16 indicators (15 in Q2), 11 are rated as met (10 in Q2) and 5 as not met for Quarter 3 (5 in Q2).

People and Culture
Of the total 11 indicators (11 in Q2), 5 are rated as met (6 in Q2) and 6 as not met for Quarter 3 (5 in Q2).

Timely Care
Of the total 33 indicators (30 in Q2), 8 are rated as met (9 in Q2) and 25 as not met for Quarter 3 (21 in Q2).

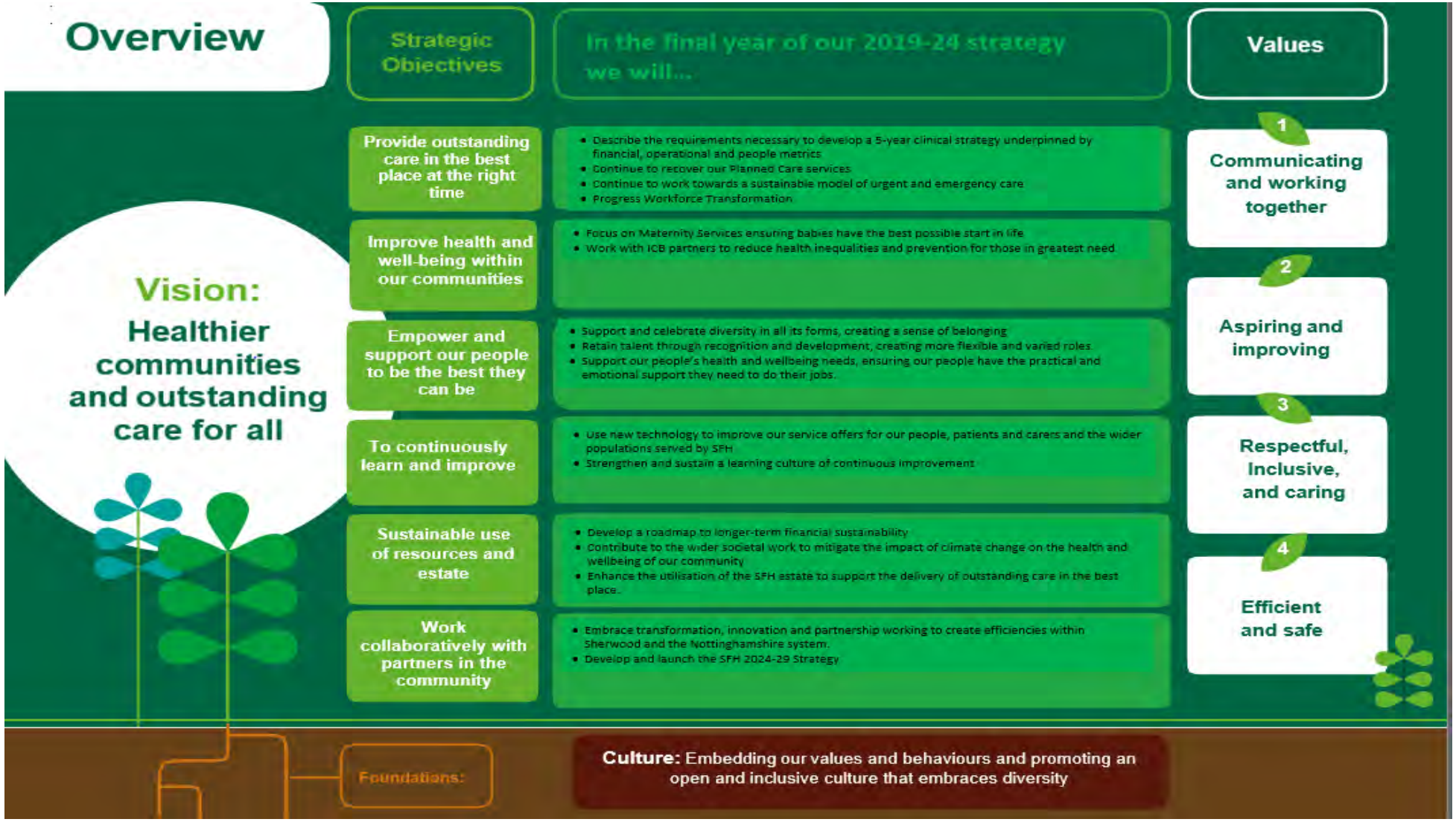
Best Value Care
Of the total 5 indicators (5 in Q2), 3 are rated as met (0 in Q2) and 2 as not met for Quarter 3 (5 in Q2).

Domain	Total indicators		Met		Not met	
	Q3	Q2	Q3	Q2	Q3	Q2
Quality Care	16	15	11	10	5	5
People and Culture	11	11	5	6	6	5
Timely Care	33	30	8	9	25	21
Best Value Care	5	5	3	0	2	5
Total	**65**	**61**	**27**	**25**	**38**	**36**

Recommendation

- The Board of Directors to take assurance for the Performance of the Trust, against the background of the new quarter, including noting the periods of high demand and industrial action.

Appendix 1


Overview
Strategic Objectives
In the final year of our 2019-24 strategy we will...
Values
Vision:
Healthier communities and outstanding care for all
Provide outstanding care in the best place at the right time
Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics
Continue to recover our Planned Care services
Continue to work towards a sustainable model of urgent and emergency care
Progress Workforce Transformation
Improve health and well-being within our communities
Focus on Maternity Services ensuring babies have the best possible start in life
Work with ICB partners to reduce health inequalities and prevention for those in greatest need
Empower and support our people to be the best they can be
Support and celebrate diversity in all its forms, creating a sense of belonging
Retain talent through recognition and development, creating more flexible and varied roles
Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.
To continuously learn and improve
Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH
Strengthen and sustain a learning culture of continuous improvement
Sustainable use of resources and estate
Develop a roadmap to longer-term financial sustainability
Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community
Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.
Work collaboratively with partners in the community
Embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.
Develop and launch the SFH 2024-29 Strategy
1
Communicating and working together
2
Aspiring and improving
3
Respectful, Inclusive, and caring
4
Efficient and safe
Foundations:
Culture: Embedding our values and behaviours and promoting an open and inclusive culture that embraces diversity

Board Assurance Framework (BAF): January 2024

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, which forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – current (residual), tolerable and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low-risk options; **Cautious** = preference for low-risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales

Key to lead committee assurance ratings:

Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity

- no gaps in assurance or control AND current exposure risk rating = target
  OR
- gaps in control and assurance are being addressed

Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

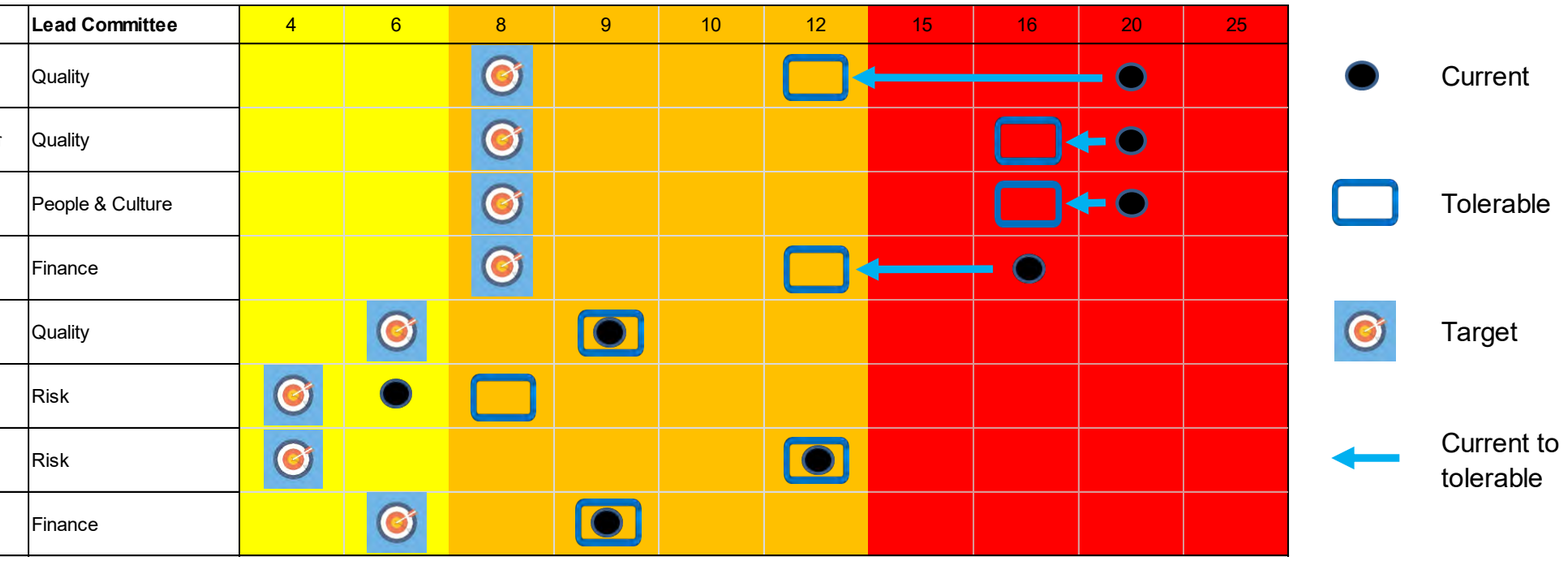
Red = Negative assurance: the Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

Likelihood score and descriptor					
	Very unlikely 1	**Unlikely 2**	**Possible 3**	**Somewhat likely 4**	**Very likely 5**
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not necessarily a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)
Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating					

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities and the risk scores:

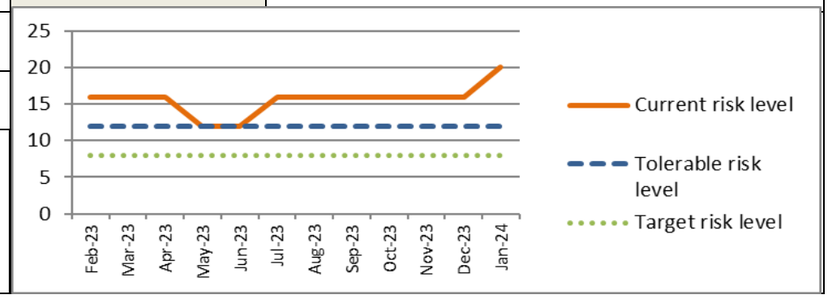
		Lead Director	Lead Committee
PR1	**Significant deterioration in standards of safety and care**	Medical Director	Quality
PR2	**Demand that overwhelms capacity**	Chief Operating Officer	Quality
PR3	**Critical shortage of workforce capacity and capability**	Director of People	People & Culture
PR4	**Failure to achieve the Trust's financial strategy**	Chief Financial Officer	Finance
PR5	**Inability to initiate and implement evidence-based improvement and innovation**	Director of Strategy and Partnerships	Quality
PR6	**Working more closely with local health and care partners does not fully deliver the required benefits**	Director of Strategy and Partnerships	Risk
PR7	**Major disruptive incident**	Director of Corporate Affairs	Risk
PR8	**Failure to deliver sustainable reductions in the Trust's impact on climate change**	Chief Financial Officer	Finance



Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 1: Significant deterioration in standards of safety and care** Recognised deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes						
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm
Lead director	Medical Director	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Minimal
Initial date of assessment	01/04/2018	**Likelihood**	~~4. Somewhat likely~~ 5. Very likely	3. Possible	2. Unlikely		
Last reviewed	22/01/2024	**Risk rating**	~~16~~20. Significant	**12. High**	**8. Medium**		
Last changed	22/01/2024						

Strategic objective	1. To provide outstanding care in the best place at the right time



Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Inability to maintain patient safety and quality of care leading to increased incidence of avoidable harm and poor patient experience	▪ Clinical service structures, accountability & quality governance arrangements at Trust, division & service levels including: ▪ Monthly meeting of Patient Safety Committee (PSC) with work programme aligned to CQC registration regulations ▪ Nursing and Midwifery and AHP Business meeting ▪ Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems ▪ Clinical audit programme & monitoring arrangements ▪ Clinical staff recruitment, induction, mandatory training, registration & re-validation ▪ Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) ▪ Ward assurance/ metrics and accreditation programme ▪ Nursing & Midwifery Strategy ▪ AHP Strategy ▪ Patients Safety Incident Response Framework (PSIRF) ▪ Review, oversight and learning from patient safety incidents Internal Reviews against External National Reports ▪ Getting it Right First Time (GIRFT) localised deep dives, reports and action plans ▪ CQC quarterly Engagement Meetings ▪ Operational grip on workforce gaps reporting into the Incident Control Team ▪ People, Culture and Improvement Strategy ▪ Continued focus on recruitment and retention in significantly impacted areas, including system wide oversight ▪ Digital Strategy Group	Lack of real time data collection Medical, nursing, AHP and maternity staff gaps in key areas across the Trust, which may impact on the quality and standard of care Difficulty in maintaining the safety of our existing in-patients during prolonged periods of industrial action Inability to re-provide MDT or appointments in a timely way impacting on cancer pathway metrics and overall patient care	Review of informatics function and development of informatics strategy **SLT Lead:** Chief Digital Information Officer **Timescale:** March 2024 Progress: business case supported and progressing with recruitment	**Management:** Learning from deaths Report to QC and Board; Quarterly Strategic Priority Report to Board; Divisional risk reports to Risk Committee bi-annually; Guardian of Safe Working report to Board qrtly Quality and Governance Reporting Pathway; Patient Safety Committee → Quality Committee Reports include: - DPR Report to PSC monthly and QC bi-monthly - PSC assurance report to QC bi-monthly - Patient Safety Culture (PSC) programme - EoLC Annual Report to QC - Safeguarding Annual Report to QC - CYPP report to QC quarterly - Medical Education update report to QC - Medicines Optimisation Annual Report to QC Outputs from internal reviews against External National Reports including HSIB and HQIP National and local Reports; Digital risks reported to Risk Committee 6-monthly and DSG monthly **Risk and compliance:** Quality Dashboard and SOF to PSC Monthly; Quality Account Report Qtrly to PSC and QC; SI & Duty of Candour report to PSC monthly; CQC report to QC bi-monthly; Significant Risk Report to RC monthly **Independent assurance**: CQC Engagement meeting reports to Quality Committee bi-monthly Screening Quality Assurance Services assessments and reports of: - Antenatal and New-born screening - Breast Cancer Screening Services - Bowel Cancer Screening Services - Cervical Screening Services External Accreditation/Regulation annual assessments and reports of; - Pathology (UKAS) - Endoscopy Services (JAG) - Medical Equipment and Medical Devices (BSI) - Blood Transfusion Annual Compliance Report (MHRA)	Unmitigated risk associated with the continuation and escalation of industrial action, the lack of progress towards a negotiated solution and the impact across professional groups who inevitably step up to provide cover in service gaps Palpable harm to staff due to work pressures, and the longevity and impact of the ongoing demands Running at OPEL4 for a protracted length of time and full capacity protocol, exceeding full capacity protocol and system-wide critical incidents ICB PSIRF process awaiting go-live	Positive No change since April 2020

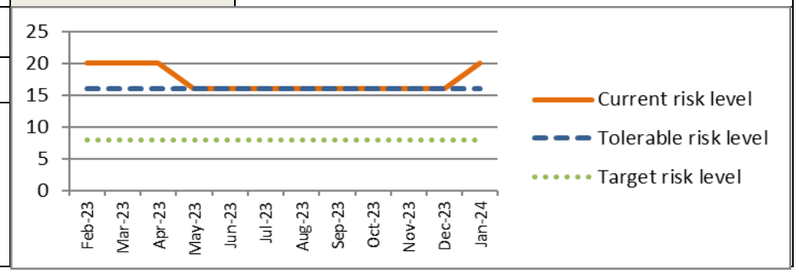
Board Assurance Framework (BAF): January 2024

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
An outbreak of infectious disease that forces closure of one or more areas of the hospital	▪ Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits ▪ PFI arrangements for cleaning services ▪ Root Cause Analysis and Root Cause Analysis Group ▪ Reports from Public Health England received and acted upon ▪ Infection control annual plan developed in line with the Hygiene Code ▪ Influenza and Covid vaccination programmes ▪ Public communications re: norovirus and infectious diseases ▪ Coronavirus identification and management process ▪ Infection Prevention and Control Board Assurance Framework ▪ Outbreak meeting including external representation, PHE, Regional IPC ▪ CQC IPC Key lines of enquiry engagement sessions ▪ Maintaining mask wearing and screening of patients on admission, and ensuring maintenance of pre-existing IPC requirements	Increasing numbers of respiratory infections FIT mask testing compliance rate below required rate	Autumn Covid and influenza vaccination programme **SLT Lead:** Director of People **Timescale:** ~~December 2023~~Complete Implement the use of face masks in clinical areas **SLT Lead:** Chief Nurse **Timescale:** January 2024 Increase compliance to target rate **SLT Lead:** Director of People / Chief Nurse **Timescale:** March 2024	**Management:** Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board; Water Safety Group; IPC BAF report to PSC and QC **Risk and compliance:** IPC Committee report to PSC qtrly; SOF Performance Report to Board monthly; IPC Clinical audits in IPCC report to PSC qtrly; Regular IPC updates to ICT; PLACE Assessment and Scores Estates Governance bi-monthly **Independent assurance:** Internal audit plan: UKHSA attendance at IPC Committee; Independent Microbiologist scrutiny via IPC Committee; Influenza vaccination cumulative number of staff vaccinated; ICS vaccination governance report monthly; IPC BAF Peer Review by Medway Trust; HSE External assessment and report; CQC Maternity Review Dec 22		Positive Last changed November 2022

Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 2: Demand that overwhelms capacity** Demand for services that overwhelms capacity resulting in a deterioration in the quality, safety and effectiveness of patient care						
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm
Lead director	Chief Operating Officer	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Minimal
Initial date of assessment	01/04/2018	**Likelihood**	~~4. Somewhat likely~~ 5. Very likely	4. Somewhat likely	2. Unlikely		
Last reviewed	22/01/2024	**Risk rating**	~~16~~20. Significant	16. Significant	8. Medium		
Last changed	22/01/2024						

Strategic objective	1. To provide outstanding care in the best place at the right time



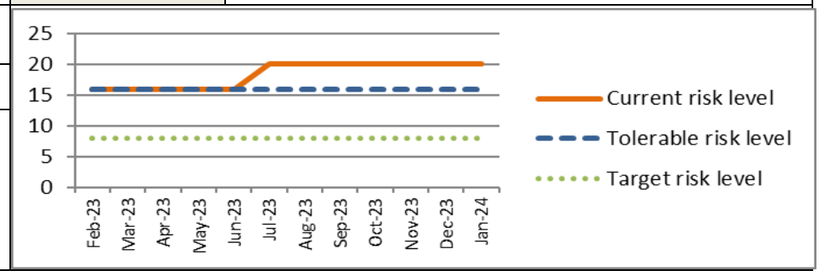
Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Growth in demand for care caused by: • An ageing population • Further waves of admissions driven by Covid-19, flu or other infectious diseases • Increased acuity leading to more admissions and longer length of stay	▪ Emergency admission avoidance schemes across the system under oversight of the Urgent and Emergency Care (UEC) Board ▪ SFH Medical Same Day Emergency Care service (SDEC) in place to avoid admissions into inpatient facilities ▪ Single streaming process for ED & Primary Care and SDEC direct access -– regular meetings with NEMS ▪ Trust and System escalation policies and processes, including Operational Pressures Escalation Level (OPEL) Framework, Full Capacity Protocol and Pandemic Surge Plan ▪ Trust leadership of and attendance at ICS UEC Delivery Board ▪ Inter-professional standards across the Trust to ensure we complete today's work today ~~e.g. turnaround times such as diagnostics are completed within 1 day~~ ▪ SFH annual capacity plan with specific focus on the Winter period via the Winter Planning Group ▪ ~~Patient pathways, some of which are joint with NUH~~ ▪ Referral management systems shared between primary and secondary care ▪ ~~Optimising Patient Journey~~ UEC Improvement Programme focussing on internal flow ▪ Theatres, Outpatients and Diagnostics Transformation Programmes ▪ ~~Elective~~ Planned Care Steering Group ~~to steer the recovery of elective waiting times~~ ▪ Emergency Care Steering Group ~~to steer improvement across the emergency pathway~~ ▪ Cancer Services Steering Group	Physical staffed capacity/estate is insufficient to cope with surges in demand without undertaking exceptional actions that are part of our full capacity protocol e.g. reducing elective operating, bedding patients in alternative areas i.e. daycase	Winter Planning documents for 23/24 to identify clear demand and capacity gaps/bridges to be presented to Board in September and October 2023 **SLT Lead:** Chief Operating Officer **Timescale:** ~~October 2023~~Complete PA Consulting to complete process mapping in relation to patient discharge to identify areas for improvement **SLT Lead:** Chief Operating Officer **Timescale:** ~~November 2023~~Complete Utilising the outputs from the process mapping, as a system we are implementing improvements to SFH discharge information and processes including the re-introduction of discharge co-ordinators **SLT Lead:** Chief Operating Officer **Timescale:** March 2024 Complete the Implementation of expanded long length of stay review meetings with wards to consider pre-medically safe patients as well as MFFD **SLT Lead:** Chief Operating Officer **Timescale:** March 2024 **Progress:** process commenced in December 2023 and will be fully embedded during Q4	**Management:** Performance management reporting arrangements between Divisions, Service Lines, Executive Team and Board on an at least bi-monthly basis **Risk and compliance:** Divisional risk reports to Risk Committee bi-annually; Significant Risk Report to RC monthly; Integrated Performance Report including national rankings to Board quarterly **Independent assurance:** Performance Management Framework internal audit report Jun 22		Positive Last changed December 2020

Board Assurance Framework (BAF): January 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Constraints in availability of hospital bed capacity caused by elevated numbers of MFFD (medically fit for discharge) patients remaining in hospital	▪ Engagement in ICB Discharge Operational Steering Group ▪ ICS Discharge to Assess business case being implemented ▪ Multidisciplinary Transfer of Care Hub opened at SFH Oct 22 ▪ Use of additional beds ▪ Mansfield Community Hospital (3 wards) ▪ Newark General Hospital (2 wards) ▪ Use of Ashmere Group Care Homes	Lack of consistent achievement of the mid-Notts threshold for MSFT patients of 40	Delivery of ICS Discharge to Assess Business Case **SLT Lead:** Chief Operating Officer **Timescale:** throughout 23/24 Virtual ward programme implementation **SLT Lead:** Chief Operating Officer **Timescale:** expanding throughout 23/24 PA Consulting to complete process mapping in relation to patient discharge to identify areas for improvement **SLT Lead:** Chief Operating Officer **Timescale:** ~~November 2023~~Complete Complete the development of and open a new discharge lounge **SLT Lead:** Chief Operating Officer (19 beds and 22 chairs) **Timescale**: To open in April 2024	**Management:** Daily and weekly themed reporting of the number of MFFD patients in hospital beds - reports into the ICS UEC Delivery Board and ICS Demand and Capacity Group monthly **Risk and compliance:** Exception reporting on the number of MFFD into the Trust Board via the Integrated Performance Report quarterly		Inconclusive No change since threat added in January 2022
Operational failure of General Practice to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'	▪ Visibility on the ICS risk register / BAF entry relating to operational failure of General Practice ▪ Weekly Chief Officer calls across ICS, including Primary Care ▪ ICS Primary Care Strategy Group, with responsibility for overseeing delivery of the Primary Care Access Recovery Plan			**Management:** Routine mechanism for sharing of ICS and SFH risk registers – particularly with regard to risks for primary care staffing and demand; ICS reports available on the System Analytical Intelligence Unit portal	~~Lack of visibility in primary care demand and capacity~~ ~~**Action:** Continue to push via ICS UEC Delivery Board and ICS Demand and Capacity Group the importance of system-wide oversight of demand and capacity~~ ~~**SLT Lead:** Chief Operating Officer~~ ~~**Timescale:** Ongoing during 2023~~	Inconclusive No change since April 2020
Drop in operational performance of neighbouring providers that creates a shift in the flow of patients and referrals to SFH	▪ Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development. ▪ Horizon scanning with neighbour organisations via meetings between relevant Executive Directors ▪ Mechanism in place to agree peripheral and full diverts of patients via EMAS			~~Management~~**Independent assurance:** Weekly reports provided by NHSE Regional Team showing performance against key Urgent and Emergency Care metrics	Lack of control over the flow of patients from the surrounding area, including decisions by EMAS to undertake strategic conveyancing **Action:** Continue to work with system partners within ICS forums e.g. ICS UEC Delivery Board and System Flow Meetings **SLT Lead:** Chief Operating Officer **Timescale:** Ongoing during 202~~3~~4	Positive Last changed November 2022
Growth in demand for care in our maternity services (population growth and increase in out of area referrals)	▪ Over-established midwifery by 10% from 2021/22 ▪ Additional antenatal clinics based on overtime/bank ▪ Maternity assurance group (monthly) ▪ Director of Midwifery providing Board-level oversight	Midwifery staffing vacancies No increase in junior medical staffing Nursing gaps in neonatal unit No standalone junior out-of-hours on-call for neonatal (as per critical care review) Physical capacity/estate will be insufficient should growth trends continue in the coming years	Maternity and Neonatal service review document in development **SLT Lead:** Chief Operating Officer **Timescale:** Q~~2~~4 23/24	**Management:** Maternity dashboard that includes all relevant KPIs and quality standards (live and reviewed monthly at performance meetings) **Risk and compliance:** Maternity and gynaecology and divisional performance meetings (monthly)		Positive New threat added January 2023

Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 3: Critical shortage of workforce capacity and capability** A shortage of workforce capacity and capability resulting in a deterioration of staff experience, morale and well-being which can have an adverse impact on patient care							**Strategic objective**	3. Empower and support our people to be the best they can be
Lead committee	People	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of People	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Likelihood**	**5. Very likely**	4. Somewhat likely	2. Unlikely				
Last reviewed	17/01/2024	**Risk rating**	**20. Significant**	**16. Significant**	**8. Medium**				
Last changed	17/01/2024								



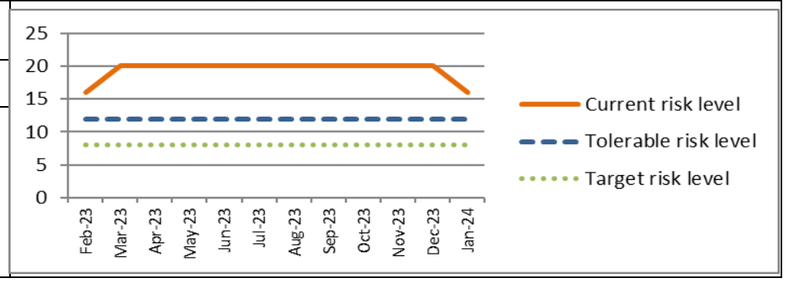
Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Inability to attract and retain staff due to market factors, resulting in critical workforce gaps in some clinical and non-clinical services	▪ People Strategy 2022-2025 ▪ People Cabinet ▪ Activity, Workforce and Financial plan ▪ 5-year strategic workforce plan supported by associated Tactical People Plans ▪ ICS People and Culture Strategy (2019 to 2029) and Delivery Group ▪ Vacancy management and recruitment systems and processes ▪ TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation ▪ Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure ▪ Temporary staffing approval and recruitment processes with defined authorisation levels; Activity Manager to support activity plans and utilisation of Consultant job planning ▪ Education partnerships with formal agreements in place with West Notts College and Nottingham Trent University ▪ Director of People attendance at ICS People and Culture Board ▪ Workforce planning for system work stream ▪ Medical Transformation Board ▪ Nursing & Midwifery Transformation Board ▪ ICB Agency Reduction Group ▪ Communications issued regarding HMRC taxation rules on pensions and provision of pensions advice ▪ Pensions restructuring payment introduced ▪ Risk assessments for at-risk staff groups ▪ Refined and expanded Health and Wellbeing support system ▪ Communication of daily SitReps (Situation Reports) for workforce gaps ▪ CDC Workforce Group ▪ CDC Steering Group	Workforce gaps across key areas such as Medical, Nursing, AHP and Maternity, which may impact on the quality and standard of care Lack of consistency across the system about recruitment and retention, creating competition and not maximising opportunities ~~Staff mental health issues as a result of psychological trauma~~	Deliver the People, Culture and Improvement Strategy – Year 2 **SLT Lead:** Director of People **Timescale:** March 2024 Work with the Chief People Officer to form a provider collaborative forum for recruitment and retention **SLT Lead:** Director of People **Progress:** Retention Lead post recruited to at ICB, and provider collaborate workforce programmes being worked up **Timescale**: ~~November 2023~~Complete Work with provider collaborative colleagues to deliver the Vanguard programme in relation to workforce portability / passporting recruitment KPIs **SLT Lead:** Director of People **Timescale**: September 2024 Implementation of a standard operating procedure for Trauma Risk Management Practitioners to support staff following traumatic events **SLT Lead:** Deputy Director of People **Timescale:** ~~December 2023~~Complete	**Management:** Quarterly Strategic Priority Report to Board; Nursing and Midwifery and AHP six monthly staffing report to ~~PCI~~ ~~People and Culture~~ Committee; Workforce and OD ICS/ICP update quarterly; Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People ~~and~~ ~~Culture and Improvement~~ Committee; Recruitment & Retention report monthly; ~~Strategic Workforce Plan to PCI Committee Jun 22~~ Strategic People Plan to People, Culture and Improvement Committee May 23; Employee Relations Quarterly Assurance Report to People and~~,~~ Culture ~~and Improvement~~ Committee; People Plan updates to ~~PCI~~ ~~People and Culture~~ Committee bi-monthly; Leadership Development Strategy Assurance Report to PCI Committee ~~Jun 22~~ Jul 23; Assurance Report to People~~,~~ ~~and Culture and Improvement~~ Committee quarterly **Risk and compliance:** Risk Committee significant risk report Monthly; HR & Workforce planning report Risk Committee; SOF – Workforce Indicators to People Cabinet (Monthly) - Quarterly to Board; Bank and agency report (monthly); Guardian of safe working report to Board quarterly **Independent assurance**: Well-led report CQC; NHSI use of resources report; Recruitment of agency staff audit report Jun 23;		Positive Last changed June 2022

Board Assurance Framework (BAF): January 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
A significant loss of workforce productivity arising from a short-term reduction in staff availability or reduction in morale and engagement, which could lead to a detremental impact on patients and service users	▪ People Strategy 2022-2025 ▪ People Cabinet ▪ Chief Executive's blog / Staff Communication bulletin / Weekly #TeamSFH Brief ▪ Engagement events with Staff Networks (BAME, LGBTQ+, WAND, Carers, Women in Sherwood Wellbeing Champions) ▪ Schwartz rounds ▪ Learning from COVID ▪ Key recognition milestones and events ▪ Annual Staff Excellence / Admin Awards ▪ Divisional action plans from staff survey ▪ Policies (inc. staff development; appraisal process; sickness and relationships at work policy) ▪ Just and Restorative culture ▪ Influenza vaccination programme ▪ COVID-19 vaccination programme ▪ Staff wellbeing drop-in sessions ▪ Staff wellbeing support ▪ Staff counselling / Occ Health support including dedicated Clinical Psychologist for staff ▪ Enhanced equality, diversity and inclusion focus on workforce demographics ▪ Freedom to Speak Up Guardian and champion networks ▪ Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action and extreme weather event) ▪ Combined violence and aggression campaign across system partners ▪ Anti-racism Strategy ▪ Industrial action group further developing preparedness for the Trust, system and the wider community ▪ Winter Wellness Campaign	Inequalities in staff inclusivity and wellbeing across protected characteristics groups Continued staff exposure to violence and aggression by patients and service users	Implement the actions from the Equality, Diversity and Inclusivity improvement plan **SLT Lead**: Deputy Director of People **Timescale**: March 2024 Violence and Aggression Working Group to establish an action plan in relation to the V&A agenda **SLT Lead:** Director of People **Timescale:** ~~October 2023~~Complete Implement the actions from the Violence and Aggression Working Group action plan **SLT Lead:** Director of People **Timescale:** March 2024 Review with Provider Collaborative Colleagues wellbeing offers and identify areas of duplication and gaps, developing recommendations for delivery at a system level – vanguard programme **SLT Lead:** Director of People **Timescale**: September 2024	**Management:** Staff Survey Action Plan to Board May 23; Staff Survey Annual Report to Board Apr 23; Equality and Diversity Annual Report Jun 22; WRES and WDES report to Board ~~Sep 22~~ Oct 23; Quarterly Assurance reports on People Cabinet to People ~~Culture and Improvement~~ Committee; Wellbeing report to People, Culture and Improvement Committee Dec 22; People Plan updates to People~~, and Culture and Improvement~~ Committee quarterly **Risk and compliance:** EPRR Report (bi-annually); Freedom to speak up self-review Board Aug~~22~~ 23; Freedom to Speak Up Guardian report quarterly; Guardian of Safe Working report to Board quarterly; Significant Risk Report to RC monthly; Gender Pay Gap report to Board Apr 23; Assurance Report to People~~, and Culture and Improvement~~ Committee quarterly; ~~People Plan to People, Culture and Improvement Committee Apr22~~ NHS Long Term Workforce Plan to People and Culture Committee Sep 23; Health and Wellbeing Campaign presented to People and Culture Committee Sep 23; Anti-Racism Strategy to Board Mar 22; Mental Health Strategy to PCI Committee Jun 22 **Independent assurance:** National Staff Survey Mar 23; SFFT/Pulse surveys (Quarterly); Well-led report CQC; Well-led Review report to Board Apr 22; NHS People Plan – Focus on Equality, Diversity and Inclusion internal audit report Jun 22	Potential impact of cost-of-living issues on staff morale and wellbeing Industrial action up to and including strike action from all NHS unions, affecting all system partners Co-ordinated strike action by consultants, SAS doctors and junior doctors – on strike days Christmas Day cover only	Inconclusive Last changed October 2022

Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 4: Failure to achieve the Trust's financial strategy** Failure to achieve agreed trajectories resulting in regulatory action							**Strategic objective**	5. Sustainable use of resources and estate
Lead committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory action		
Lead director	Chief Financial Officer	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Likelihood**	~~5. Very likely~~ 4. Somewhat likely	3. Possible	2. Unlikely				
Last reviewed	23/01/2024	**Risk rating**	~~20~~16. Significant	**12. High**	**8. Medium**				
Last changed	23/01/2024								



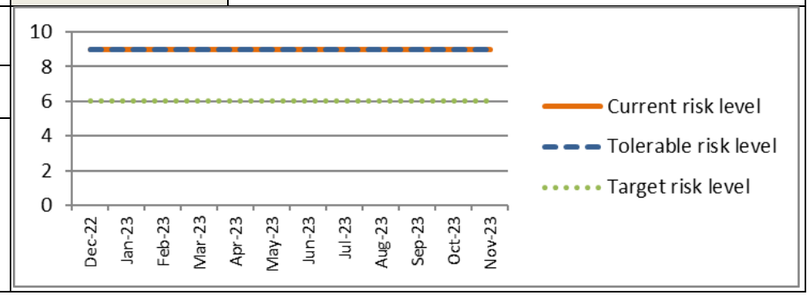
Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A reduction in funding or change in financial trajectory or unexpected event resulting in ~~an increased Financial Improvement Plan (FIP)~~ a requirement to reduce the scale of the financial deficit, without having an adverse impact on quality and safety	~~5 year long term financial model~~ ▪ Working capital support through agreed ~~loan~~PDC arrangements ▪ Annual financial plan and budgets, based on available resources and stretching financial improvement targets. ▪ Improvement Faculty established to support the development and delivery of transformation and efficiency schemes ▪ Budgetary Control Procedure Document, ~~D~~delivery of budget holder training workshops and ~~enhancements to~~ monthly financial reporting ▪ Close working with ICB partners to identify system-wide planning, transformation and cost reductions ▪ Scheme of Delegation, Standing Financial Instructions and Executive oversight of commitments ▪ Development of a three-year Transformation and Efficiency Programme covering 2022-25 ▪ Forecast sensitivity analysis and underlying financial position reported to Finance Committee ▪ Capital Resources Oversight Group (CROG) overseeing capital expenditure plans ▪ Divisional Performance Reviews (monthly) ▪ Divisional Finance Committees established in most divisions ▪ Financial Recovery Cabinet (monthly) and Financial Recovery Plan workstreams established ▪ Financial controls self-assessment completed and working group set up to undertake improvement actions ▪ Vacancy Control panels established ▪ Financial re-forecast undertaken in line with NHSE process	Medium/Long Term Financial Strategy was developed pre-pandemic and does not reflect the current financial framework Revenue business case process may not adequately represent the longer-term priorities and potential consequences of future years Financial recovery opportunities require the completion of Quality Impact Assessments (QIAs)	Financial strategy for 3-5 years to be developed at a Trust and Integrated Care Board level **Progress:** Longer-term financial in development as part of strategic priorities, in line with clinical and operational strategies, annual planning for 2024/25 in progress **SLT Lead:** Chief Financial Officer **Timescale:** March 2024 Review and implement enhanced business case process for 2023/24 planning and in-year prioritisation **Progress:** Business case process for 2023/24 planning completed. Limited resources mean that business cases are currently paused, however in-year cases are managed through the Financial Recovery Cabinet and Trust Management Team on an exceptional basis. All paused cases are managed through the risk management framework A further review of the business case process will be undertaken as part of the 2024/25 Planning round **SLT Lead:** Chief Financial Officer **Timescale:** March 2024 QIA process to be undertaken on financial recovery opportunities. Progress: QIAs in progress SLT Lead: Chief Nurse Timescale: January 2024	**Management:** CFO's Financial Reports and Transformation & Efficiency Summary (Monthly); Quarterly Strategic Priority Report to Board; ICS finance report to Finance Committee (monthly); Capital Resources Oversight Group quadrant reports to Execs; Divisional Performance Reviews and Divisional Finance Reviews (monthly); Divisional risk reports to Risk Committee bi-annually; Monthly Agency reports to Trust Management Team; Financial Recovery Cabinet quadrant reports to Finance Committee (Monthly) **Risk and compliance:** Risk Committee significant risk report monthly **Independent assurance**: ~~Deloitte audit of COVID-19 expenditure;~~ NHS England Financial Controls Assessment (Sep 23); External Audit Year-end Report 2022/23 Internal Audit reports: - Key Financial Systems - Asset Register Jan 22 - Improving NHS financial sustainability Dec 22 - Key Financial Systems – Pay Expenditure Jul 23	2023/24 run-rate forecast falls short of the break-even financial plan, and NHSE expectations Action: Finance re-forecast completed in-line with NHSE process demonstrating an improvement to the financial run-rate. SLT Lead: Chief Financial Officer Timescale: March 2024	~~Positive~~ Inconclusive Last changed ~~July 2022~~ December 2023

Board Assurance Framework (BAF): January 2024

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
ICB system deficit results in a negative financial impact to the Trust	▪ Full participation in ICB planning ▪ SFH plan consistency with ICB and partner plans ▪ ICB DoFs Group ▪ ICB Operational Finance Directors Group ▪ ICB Financial Framework ▪ ICB Agency Reduction Group (Chaired by SFH CFO) ▪ NHSE Re-forecasting Process ▪ ICB Financial Recovery Group	ICB Medium/Long Term Financial Strategy to be developed	Financial strategy for 3-5 years to be developed at a Trust and Integrated Care Board level **SLT Lead**: Chief Financial Officer **Timescale:** March 2024 (dependant on NHSE/I and ICB Guidance)	**Risk and compliance:** ICS financial reports to Finance Committee; ICS Board updates to SFH Trust Board	2023/24 forecast falls short of the break-even financial plan, and NHSE expectations **Action:** ICB engagement with NHSE on opportunities to further improve financial position **SLT Lead:** Chief Financial Officer **Timescale:** March 2024	Positive Last changed July 2022

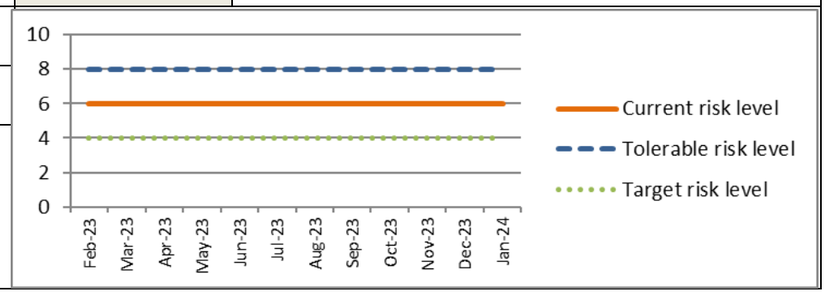
Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 5: Inability to initiate and implement evidence-based improvement and innovation** Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care							**Strategic objective**	4: To continuously learn and improve
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of Strategy and Partnerships	**Consequence**	**3. Moderate**	3. Moderate	3. Moderate	**Risk appetite**	Cautious		
Initial date of assessment	17/03/2020	**Likelihood**	**3. Possible**	3. Possible	2. Unlikely				
Last reviewed	13/11/2023	**Risk rating**	**9. Medium**	**9. Medium**	**6. Low**				
Last changed	13/11/2023								



Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Lack of understanding and agility resulting in reduced efficiency and effectiveness around how we provide care for patients	▪ Digital Strategy ▪ People, Culture & Improvement Strategy ▪ Quality Strategy ▪ People, Culture & Improvement Committee ▪ Leadership development programmes ▪ Talent management map ▪ Programme Management Office ▪ Culture & Improvement Cabinet ▪ Transformation Cabinet ▪ Ideas generator platform ▪ Improvement Faculty ▪ Financial Recovery Programme	The improvement function needs to be organisationally embedded following the restructure	Continue communications to promote further engagement while the Continuous Improvement Strategy is being developed **SLT Lead:** Director of Strategy and Partnerships **Timescale:** March 2024 Develop a process for clinical input for public and colleague engagement in improvement and transformation activities **SLT Lead:** Director of Strategy and Partnerships **Timescale:** March 2024	**Management:** Monthly Transformation and Efficiency report to FC; Clinical Audit & Improvement report to Advancing Quality Group quarterly; Culture & Improvement Assurance Report to PC&IC bi-monthly **Risk and compliance:** SFH Trust Priorities to Board quarterly **Independent assurance:** 360 assessment in relation to Clinical Effectiveness - report May '22	Lack of capacity for colleagues to engage with improvement Promote the training an ongoing support available to all colleagues via the Improvement Faculty **SLT Lead:** Director of Strategy and Partnerships **Timescale:** September 2023 Lack of organisational clear direction in terms of continuous improvement across the Trust Develop and roll out a Continuous Improvement Strategy **SLT Lead:** Director of Strategy and Partnerships **Timescale:** March 2024	Inconclusive Last changed October 2022

Board Assurance Framework (BAF): January 2024

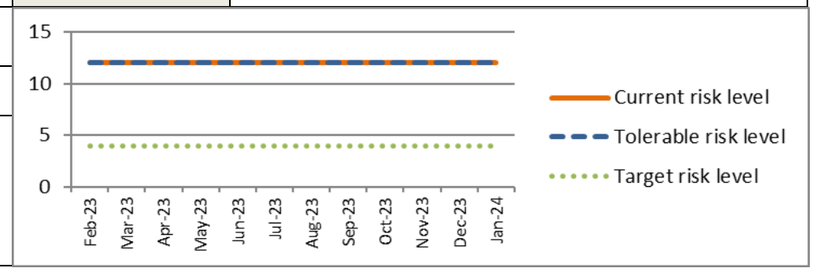
Principal risk (What could prevent us achieving this strategic objective)	**PR 6: Working more closely with local health and care partners does not fully deliver the required benefits** Influencing the wider determinants of health and improving our collective financial position requires close partnership working							**Strategic objective**	6. Work collaboratively with partners in the community
Lead committee	Risk	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services	
Lead director	Director of Strategy and Partnerships	**Consequence**	**2. Low**	2. Low	2. Low	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2020	**Likelihood**	**3. Possible**	4. Somewhat likely	2. Unlikely				
Last reviewed	09/01/2024	**Risk rating**	**6. Low**	**8. Medium**	**4. Low**				
Last changed	12/12/2023								

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, mental, primary and social care	• Mid-Nottinghamshire Integrated Care Partnership • Mid-Nottinghamshire ICP Executive formed May 2020 • Mid-Nottinghamshire ICP annual work plan • Nottingham and Nottinghamshire Integrated Care System Board • Continued engagement with ICP and ICS planning and governance arrangements • Quarterly ICS performance review with NHSE • Joint development of plans at ICS level • Finance Directors Group • ICS Planning Group • Alignment of Trust, ICS and ICP plans through the joint forward plan • Full alignment of organisational priorities with system planning • Independent chair for ICP • Approved implementation plan for establishing system risk arrangements • ICS Provider Collaborative • ICS System Oversight Group • SFH Chief Executive is a member of the ICB as a partner member representing hospital and urgent & emergency care services ~~(both formally established on 1st July 2022)~~ • New Place-based Partnership (PBP) leadership arrangements in place • PBP priorities and work plan agreed for 2023/24 • New PBP executive providing oversight and leadership • Distributed Executive Group • East Midlands Acute Providers (EMAP) Network - attendance at both the Chief Executive Forum and Executive Group • Partnerships and Communities Committee			**Management:** Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to Finance Committee (as meeting schedule); Finance Committee report to Board; Nottingham and Nottinghamshire ICS Leadership Board Summary Briefing to Board; Planning Update to Board; East Midlands Acute Provider Collaborative report to Board Sep 23 **Risk and compliance:** Significant Risk Report to Risk Committee monthly **Independent assurance**: 360 Assurance review of SFH readiness to play a full part in the ICS – Significant Assurance		Positive Last changed May 2022
Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities, which limits our ability to care for patients	▪ Continued engagement with commissioners and ICS developments in clinical service strategies focused on prevention ▪ Partnership working at a more local level, including active participation in the mid-Nottinghamshire ICP ▪ ICS Clinical Services Strategy ~~now complete~~ ▪ ICS Health and Equality Strategy ▪ ICS Clinical Services workstreams are well established across elective and urgent care and SFH is represented and involved appropriately ▪ Clinical Directors and PCN Directors clinical partnership working	~~The needs of the population will not be fully understood or aligned to our clinical services until the ICS Clinical Services Strategy is implemented~~	Refreshed ICS Clinical Services Strategy led by the ICB Medical Director **SLT Lead:** Medical Director **Timescale:** ~~September~~ November 2023 Complete	**Management:** Mid-Notts ICP Objectives Update to Board**;** Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Planning Update to Board **Independent assurance**: none currently in place		Positive Last changed October 2022

in the right place, at the right time	▪ ~~A new health inequalities fund has been launched across the ICS targeting funding towards prevention activities~~ ▪ Partnerships and Communities Committee		~~Desktop analysis of service lines is under way in preparation for meetings with clinical teams~~ To be presented to November Board meeting Complete A new sub strategy to be presented to the first Partnerships and Communities Committee inaugural meeting on 6th November **SLT Lead:** Director of Strategy and Partnerships **Timescale:** November 2023 Complete Board workshop to review the high-level principles for the clinical services strategy which will inform the future of service lines **SLT Lead:** Director of Strategy and Partnerships **Timescale:** November 2023 Complete			

Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 7: Major disruptive incident** A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community							**Strategic objective**	1: To provide outstanding care in the best place at the right time
Lead committee	Risk	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of Corporate Affairs	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Likelihood**	**3. Possible**	3. Possible	1. Very unlikely				
Last reviewed	09/01/2024	**Risk rating**	**12. High**	**12. High**	**4. Low**				
Last changed	12/12/2023								

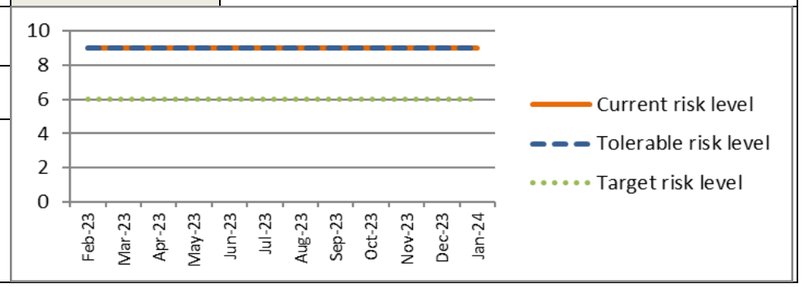


Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Shut down of the IT network due to a large-scale cyber-attack or system failure that severely limits the availability of essential information for a prolonged period	▪ Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy ▪ Cyber Security Programme Board & Cyber Security Project Group and work plan ▪ Cyber news – circulated to all NHIS partners ▪ High Severity Alerts issued by NHS Digital ▪ Network accounts checked after 50 days of inactivity – disabled after 80 days if not used ▪ Devices that have failed to take the most recent security patch checked after 21 days of inactivity – disabled after 28 days ▪ Major incident plan in place ▪ Periodic phishing exercises carried out by 360 Assurance ▪ Spam and malware email notifications circulated ▪ Periodic cyber-attack exercises carried out by NHIS and the Trust's EPRR lead	~~Systems connected to the network are not all supported by the respective software suppliers, so are not receiving the latest security updates~~	Ensure all systems have support in place, or the cyber risk is assessed and appropriately mitigated **SLT Lead:** Chief Digital Information Officer **Timescale:** ~~November 2023~~Complete	**Management:** Data Security and Protection Toolkit submission to Board Jul 23- compliant on all 113 elements; Hygiene Report to Cyber Security Board bi-monthly; Cyber Security Assurance Highlight Report to Cyber Security Board bi-monthly; NHIS report to Risk Committee quarterly; IG Bi-annual report to Risk Committee; Cyber Security report to Risk Committee – increased levels of attack due to the war in Ukraine Mar 22 **Risk and compliance:** **Independent assurance**: ISO 27001 Information Security Management Certification Mar 23; 360 Assurance Data Security and Protection Toolkit audit Jun 23–moderate assurance; Cyber Essentials Plus accreditation Dec 22		~~Inconclusive~~ Positive Last changed ~~February~~ December 2023
A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire, flood or other climate change impact, security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period	▪ Premises Assurance Model Action Plan ▪ Estates Strategy 2015-2025 ▪ PFI Contract and Estates Governance arrangements with PFI Partners ▪ Fire Safety Strategy ▪ NHS Supply Chain resilience planning ▪ Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels ▪ Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) ▪ Gold, Silver, Bronze command structure for major incidents ▪ Business Continuity, Emergency Planning & security policies ▪ Resilience Assurance Committee (RAC) oversight of EPRR ▪ Independent Authorising Engineer (Water) ▪ Major incident plan in place			**Management:** Central Nottinghamshire Hospitals plc monthly performance report; Fire Safety Annual Report **Risk and compliance:** Significant Risks Report to Risk Committee monthly **Independent assurance:** Premises Assurance Model to Executive Team Oct 22; EPRR Core standards compliance rating (Oct22) – Substantial Assurance; MEMD ISO 9001:2015 Recertification (3-year) Mar 21; British Standards Institute MEMD Assessment Report Feb 22		Positive Last changed March 2023

Board Assurance Framework (BAF): January 2024

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Severe restriction of service provision due to a significant operational incident or other external factor	▪ Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels ▪ Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) ▪ Gold, Silver, Bronze command structure for major incidents ▪ Business Continuity, Emergency Planning & security policies ▪ Resilience Assurance Committee (RAC) oversight of EPRR ▪ Major incident plan in place ▪ Industrial Action Group			**Management:** Industrial Action debrief report to Executive Team Mar 23, and following each subsequent period of industrial action **Independent assurance:** EPRR Core standards compliance rating (Oct22) – Substantial Assurance		Positive New threat added May 2023

Board Assurance Framework (BAF): January 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 8: Failure to deliver sustainable reductions in the Trust's impact on climate change** The vision to further embed sustainability into the organisation's strategies, policies and reporting processes by engaging stakeholders and assigning responsibility for delivering the actions within our Green Plan may not be achieved or achievable							**Strategic objective** 2: Improve health and wellbeing within our communities
Lead committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Reputation / regulatory action	
Lead director	Chief Financial Officer	**Consequence**	**3. Moderate**	3. Moderate	3. Moderate	**Risk appetite**	Cautious	
Initial date of assessment	22/11/2021	**Likelihood**	**3. Possible**	3. Possible	2. Unlikely			
Last reviewed	23/01/2024	**Risk rating**	**9. Medium**	**9. Medium**	**6. Low**			
Last changed	23/01/2024							

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Failure to take all the actions required to embed sustainability and reduce the impact of climate change on our community	▪ Estates & Facilities Department oversee the plan and education on climate change impacts ▪ Green Plan 2021-2026 ▪ Climate Action Project Group ▪ Sustainability Development Operational Group (SDOG) and Sustainability Development Strategy Group (SDSG) ▪ Engagement and awareness campaigns (internal/external stakeholders) ▪ Estates Strategy ▪ Digital Strategy ▪ Capital Planning sustainability impact assessments ▪ Environmental Sustainability Impact Assessments built into the Project Implementation Documentation process ▪ Engagement with the wider NHS sustainability sector for best practice, guidance and support ▪ Process in place for gathering and reporting statistical data ▪ Adoption of NHS Net Zero building standard 2023 for all works from October 2023 ▪ Awareness to, and applications for, funding sources both internally and externally such as the Public Sector Decarbonisation Scheme and grants from Salix Ltd	Education of Board and staff at all levels Dedicated capacity to implement ideas for change Insufficient capital resource available to realise Trust ambition	Training of the Board, decision makers and all staff at an appropriate level to increase awareness and understanding of sustainable healthcare **Progress:** Training package developed with Notts Healthcare Trust – awaiting ratification and training dates **Lead:** Associate Director of Estates and Facilities **Timescale:** ~~December 2023~~ April 2024 Proposal to ICB partners for collaborative approach and resource **Progress:** ~~At the ICB Estates Group in March 2023 a common approach to system wide sustainability reporting and resourcing was suggested and will be reflected in revised ToR. Update on progress sought from the ICB~~ The ICS Infrastructure Strategy (January 2024) makes explicit reference to a system wide solution to consistent sustainability reporting and need for resource across the system to realise the ICS and provider ambitions. **Lead:** Chief Financial Officer **Timescale:** ~~December 2023~~ April 2024	**Management:** ~~Sustainability update report to TMT Oct 22;~~ Green updates provided routinely to Finance Committee **Risk and compliance:** Green Plan to Board Apr 21; Sustainability Report included in the Trust Annual Report **Independent assurance:** ERIC returns and benchmarking feedback		~~Positive~~ Inconclusive Last changed ~~November 2022~~ December 2023

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Board Assurance Framework and Significant Risks Report	**Date**: 1st February 2024	
Prepared By:	Neil Wilkinson, Risk and Assurance Manager		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Paul Robinson, Chief Executive		

Purpose		
To enable the Board to review the effectiveness of risk management within the Board Assurance Framework (BAF) and approve the proposed changes agreed by the respective Board committees, and for oversight of significant operational risks.	**Approval**	✓
	Assurance	
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
✓	✓	✓	✓	✓	✓

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

Lead Committees review individual principal risks at each formal meeting (Quality Committee; People Committee; Finance Committee; Partnerships & Communities Committee; Risk Committee). Risk Committee reviews the full BAF quarterly.

Acronyms

See below

Executive Summary

Each principal risk in the BAF is assigned to a Lead Director as well as to a Lead Committee, to enable the Board to maintain effective oversight of strategic risks through a regular process of formal review. The principal risks are:

- 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

Lead committees have been identified for specified principal risks and consider these at each meeting, providing a rating as to the level of assurance they can take that the risk treatment strategy will be effective in mitigating the risk.

The Risk Committee further supports the Lead Committees in their role by maintaining oversight of the organisation's divisional and corporate risk registers and escalating risks that may be pertinent to the lead committee's consideration of the BAF.

To provide Board oversight, a report of significant operational risks is available in the reading room. This report outlines significant risks on the Trust's risk register at the time of the last Risk Committee, and the respective principal risks on the Board Assurance Framework to which they apply.

The Risk Committee reviews all significant risks recorded within the Trust's risk register every month. This process enables the Committee to take assurance as to how effectively significant risks are being managed and to intervene where necessary to support their management, and to identify risks that should be escalated.

Proposed amendments to the BAF, agreed by the respective Lead Committees, are on the attached document - additions to the text are in red type and removals are in blue type (struck out).

Schedule of BAF reviews since last received by the Board of Directors on 2nd November:

- Quality Committee: PR1 and PR2 – November and January; PR5 – November
- People Committee: PR3 – November and January
- Finance Committee: PR4 and PR8 – December and January
- Risk Committee: PR6 and PR7 – November, December and January

PR6 will be presented to Partnership & Communities Committee meetings from February onwards.

PR1, PR2, PR3 and PR4 remain significant risks and are all above their tolerable risk ratings.

Board members are requested to:

- Review the principal risks in light of proposed changes agreed by the respective lead committees
- Consider the implications of any current risk ratings being above tolerable levels
- Agree any further changes
- Approve the BAF subject to any further changes identified

Acronyms used in the Board Assurance Framework

Acronym	Description
AHP	Allied Health Professional
BAF	Board Assurance Framework
BAME	Black, Asian and minority ethnic
BSI	British Standards Institution
CAS	Central Alerting System
CFO	Chief Financial Officer
CQC	Care Quality Commission
CYPP	Children and Young People's Plan
DoF	Director of Finance
DPR	Divisional Performance Report
ED	Emergency Department
EoLC	End of Life Care
ePMA	Electronic Prescribing and Medicines Administration
EPRR	Emergency Preparedness, Resilience and Response
ERIC	Estates Return Information Collection
eTTO	electronic To Take Out (medications)
FC	Finance Committee
FIP	Financial Improvement Plan
FM	Facilities Management
GIRFT	Getting it Right First Time
HQIP	Healthcare Quality Improvement Partnership
HSE	Health and safety Executive
HSIB	Healthcare Safety Investigation Branch
HSJ	Health Service Journal
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IGAF	Information Governance Assurance Framework
IPC	Infection prevention and control
JAG	Joint Advisory Group
LGBT	Lesbian, gay, bisexual and trans
MEMD	Medical Equipment Management Department
MFFD	Medically fit for discharge
MHRA	Medicines & Healthcare products Regulatory Agency
MSFT	Medically safe for transfer
NEMS	NEMS Community Benefit Services (formerly Nottingham Emergency Medical Services)
OD	Organisational development
PC&IC	People, Culture and Improvement Committee
PCI	People, Culture and Improvement
PFI	Private Finance Initiative

Acronym	Description
PHE	Public Health England
PLACE	Patient-Led Assessments of the Care Environment
PMO	Programme Management Office
PPE	Personal protective equipment
PSC	Patient Safety Committee
PSC	Patient Safety Culture
QC	Quality Committee
QIPP	Quality, Innovation, Productivity and Prevention
SFFT	Staff Friends and Family Test
SI	Serious incident
SLT	Senior Leadership Team
SOF	Single Oversight Framework
TIAN	The Internal Audit Network
TMT	Trust Management Team
TTO	To Take Out (medications)
UEC	Urgent and Emergency Care
UKAS	United Kingdom Accreditation Service
UKHSA	UK Health Security Agency
WAND	We're Able aNd Disabled
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Board of Directors (Public) - Cover Sheet

Subject:	Application of Trust Seal	**Date**: 1st February 2024	
Prepared By:	Laura Webster, Corporate Secretariat Team Leader		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		
Purpose			
This report serves to provide the Board with a comprehensive overview of the Trust's use of the Official Seal, ensuring transparency and accountability in its application.		**Approval**	
		Assurance	X
		Update	
		Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community

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

N/A

Acronyms

None

Executive Summary

In accordance with Standing Order 10 and the delegated authority in the Scheme of Delegation, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed to the following documents:

Seal number 108

Between:
Sherwood Forest Hospitals NHS FT and NHS Property Services Limited

Details of the contact:
Deed of surrender relating to: Out of Hours Emergency Facility (Byron House) at King's Mill Hospital

Signed/Sealed by the Chief Executive Officer and the Chief Financial Officer
Dated: 4th January 2024

The Board is asked to **NOTE** the use of the Trust Seal.

Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** 1 February 2024	
Prepared By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C. Phil Bolton, Chief Nurse		
Purpose			
To update the Board of Directors on our progress as maternity and neonatal safety champions		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	**X**		**X**		**X**

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
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

- Nursing and Midwifery AHP Committee
- Maternity Assurance Committee
- Quality Committee

Acronyms

- Baby Friendly Initiative (BFI)
- Care Quality Commission (CQC)
- Local Maternity and Neonatal System (LMNS)
- Maternity and Neonatal Safety Champion (MNSC)
- Maternity and Neonatal Voice Champion (MNVP)
- Perinatal Culture and Leadership programme (PCLP)
- Saving Babies' Lives Care Bundle (SBLCB)

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 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

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

1.Service User Voice

In January 2024 we saw the re-launch, following the COVID-19 lockdown, of birthing partners staying overnight on the Maternity Ward. This has been a co-production project, working with the MNVP and the LMNS to respond to CQC Maternity Survey results in 2022, where birthing people wanted to have their partner with them overnight. The working group secured funding for recliner chairs that pull out to beds for every room on the birthing unit and maternity ward. The MNVP have carried out further scoping of service user's thoughts through their networks and the feedback was that birthing people wanted their significant support person to be able to stay overnight if they wished.

We now have a co-produced a guideline with the MNVP and a volunteer has written a leaflet for families to explain the option. We are planning an official celebratory launch with the MNVP on the 30th of January 2024.

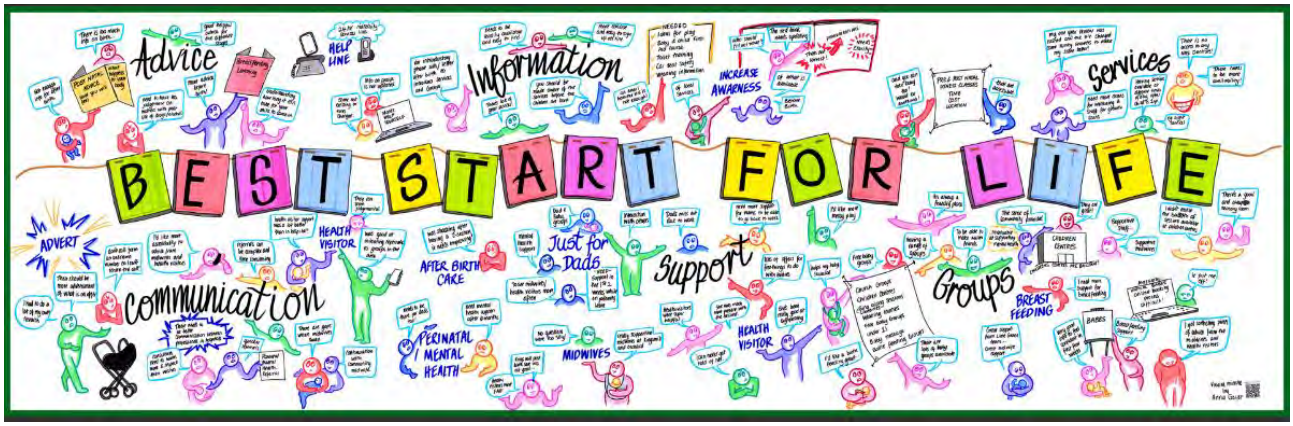
Following the Best Start Event, reported in the November MNSC paper, the below infographic was shared with the team as part of the feedback following the event, areas for celebration have been shared but equally the points raised to address will be actioned through the MNSC meeting.

To celebrate:

"Great support from the Lime Green Team and Community Midwife"
"Really supportive Midwives at Kings Mill and Orchard (Medical Practice)"
"No question was ever too silly"

To address:

"Too much information on birth and not enough on postnatal"
"Better communication between professionals at the hospital"
"Don't call from unknown call numbers"
"Introductory phone call/ letter after birth to introduce services and groups"



2.Staff Engagement

The planned MNSC walk round took place on the 9th of January 2024. Staff reported the high activity and the challenges this presented particularly around the triage environment. The MNSC walked the patient journey through with the team to understand fully the estates challenges. Whilst this is phase 2 of the triage implementation this may need to be brought forward. Areas within the division where also explored for potential of a move and the MNSC have taken this away as an action to progress.

The revised format of the Maternity Forum started on the 11th of January 2024 following feedback from previous forums in 2023. Due to the Trust position on mask wearing, this session had to return to teams only, but high attendance was noted particularly from members of the team who have not joined before. The Director of Midwifery provided the team with an update from previous meetings and reinforced the communication channels within the Division and wider Trust.

The Midwives shared up coming events, such as the Royal College of Midwives annual general meeting, newly appointed team members and updates around the QI work for Induction of Labour and Aromatherapy. Our Maternity Clinical Support Trainer also update of the progress of the Maternity Support Worker Transformation.

3.Governance Summary

Three Year Maternity and Neonatal Plan:

The Maternity Safety Team continued to work with the LMNS at looking at the planned workbook activities and how this can embed into the current work the division is undertaking. Key deliverable have been identified, such as the BFI status for Maternity and Neonatal services, and are on track for the 2027 deadlines.

Ockenden:

We have received the annual Ockenden insight visit report from our visit in October, the action plan is in place and discussed through the MNSC meetings. The visit findings supported the self-assessment completed by the Trusts. Area's have been identified from the visit to strengthen the embedding of the immediate and essential actions; these are included within the action plan and focus on bereavement resources across the system.

NHSR:

The Year 5 submission for full compliance has now been approved through Trust Board on the 4th of January 2024 and Executive Partners on the 16th of January 2024. The final submission will be made to NHSR for the deadline of the 2nd of February 2024.

Saving Babies Lives:

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) in version 2 and following the uploaded evidence submitted to the regional teams we have received confirmation that we have achieved the agreed over 70% of compliance for version 3 (SFH currently at 87%). Work continues to ensure that we aim for full compliance within the agreed time thresholds.

CQC:

Following the “Good” rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as “green” through the QC, further is needed for these actions to become embedded. The “Must-Do” progress will be tracked through the MNSC. The Trust Mandatory training remains above the 90% threshold and a standardised triage system is in place, this continues to have support from a task and finish group to ensure this becomes embedded.

4. Quality Improvement

In January the SFH Improvement Faculty presented the SFH MatNeoSIP team with an ambassador award. The Mat/ Neo SIP team support the works from the national Maternity and Neonatal Safety Improvement Programme (MatNeoSIP). This programme is led by the National Patient Safety team and covers all maternity and neonatal services across England. It continues to be supported by 15 regionally based Patient Safety Collaboratives.

The programme aims to:

Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England contribute to the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 50% by 2025.

The nomination noted that the *“Maternity and Neonatal Services Team have implemented a wide range of improvement projects and are the recipients of our third Improvement Ambassador Award”.*

5.Safety Culture

The planned work of debriefing is now in its second week and staff have engaged openly with the conversations. A written letter has been sent from both the organisational delivery lead and the triumvirate to support the plans moving forward with the feedback to the MNSC.

The planned debriefing feeds back into the wider work around the national Perinatal Culture and Leadership Programme (PCLP). Hosted by NHS England the PCLP is designed to support the teams to create and craft the conditions for a positive culture of safety and continuous improvement. This will have a positive impact on the experiences of women, families and babies and enable a more collaborative, supportive workplace for you and your wider teams. The PCLP also aims to enable psychologically safe working environments and develop compassionate leadership to make work a better place to be.

The PCLP supports the:

*National ambition – To halve the number of stillbirths, neonatal and maternal deaths and brain injuries by 2025, by equipping senior perinatal leaders to create the conditions for a culture of openness, safety and continuous quality improvement through positive, inclusive and compassionate leadership.

*Three-year delivery plan for maternity and neonatal services – The plan sets out that by April 2024, NHS England will offer a development programme to all maternity and neonatal leadership teams to promote positive culture and leadership, including a diagnosis of local culture and practical support to nurture culture and leadership.

*Ockenden and Kirkup reports – The PCLP addresses themes of flawed teamworking; pulling in different directions, a lack of compassionate care and the importance of fostering a culture of learning and transparency. It emphasises the value of training together as a team, with a focus on relational aspects of the maternity and neonatal team dynamic, with compassion being at the centre.

The below infographic outlines the progress through the programme, as SFH have recently conducted a culture survey, this can be utilised for the second stage and Quad will now start looking into the third stage.


PERINATAL CULTURE AND LEADERSHIP DEVELOPMENT PROGRAMME TIMELINE
NHS England
practive
KORN FERRY
1 QUAD LEADERSHIP DEVELOPMENT
A 6 month programme comprising:
• Welcome event
• 3 modules (face-to-face)
• 4 action learning sets (3 virtual, 1 f-2-f)
• Leadership perspectives (self directed strengths based facilitated 360)
2 CULTURE SURVEY
A 3 - 4 month process covering:
• Identifying local champions to support culture survey and debrief process
• Mapping
• Going live with the survey
• 6 week 'live' period
• Results
3 CULTURAL CONVERSATIONS
A 4 - 5 month process comprising:
• Quad development sessions
• Team conversations
• Quad check-ins
• Improvement planning
YOUR SELF-ORGANISATION
• Continue meetings and conversations as Quad and with Board Safety Champions
• Peer support from action learning set
• Continue conversations about culture in your teams
• Continue working on improvement priorities
• Provision of practical support / tools for teams and leaders to use when planning improvement

Maternity Perinatal Quality Surveillance model for January 2024

CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		

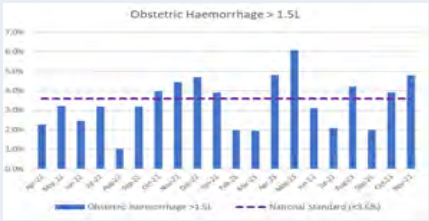
2022/23	
Proportion of Midwives responding with Agree" or "Strongly Agree" on whether they would recommend their Trust as a place to work of receive treatment (reported annually)	74.9%
Proportion of speciality trainees in O&G responding with "excellent or good" on how they would rate the quality of clinical supervision out if hours (reported annually)	89.2%

Sherwood Forest Hospitals
NHS Foundation Trust

Exception report based on highlighted fields in monthly scorecard using November data (Slide 2 & 3)

Massive Obstetric Haemorrhage (Dec 5.7%)

- Rise in cases this month, reviewed and no harm, themes or trends.
- Rapid review for PSIRG on 25th January 2024, no themes or trends, areas of prompt identification and action noted.



Elective Care

Elective Caesarean (EL LSCS)

- Increased service demand sustained in December
- Perfect fortnight feedback- action plan made priority digitisation of referrals and MDT scheduling
- LSCS data under review using Robson 10 methodology

Induction of Labour (IOL)

- Non-medical and outpatient IOL to commence March 2024
- Digital referrals now live

Midwifery & Obstetric Workforce

- Current vacancy rate (PWR data) Midwifery workforce 0.6%, newly recruited Midwives now onsite and in induction programme.
- MSSW recruitment live now.

Staffing		(Regional rate)
Obstetrician vacancy rate	0.00%	11.51%
Obstetrician vacancy band	>5% less than national rate	
MSW vacancy rate	18.69%	14.11%
MSSW vacancy banding	>=5% but <10% higher than national rate	
Midwives vacancy rate	2.18%	9.45%
Midwives vacancy banding	>5% less than national rate	

Staffing red flags (Dec 2023)

- 15 staffing incident reported in the month, decrease on previous month
- No harm related
- Decrease in Datix numbers, attributed to the confirmation of current staffing model for Maternity supported by the RCOG guidance.

Suspension of Maternity Services

- One suspension of services within December, short duration due to no local support, full capacity plans operationalised.

Home Birth Service

- 49 Homebirth conducted since re-launch, 4 delivered at home in December

Saving Babies Lives

Saving Babies Lives Care Bundle Version 3

	LMNS validated % of interventions fully implemented	
All elements	87	✓
Element 1 - Smoking	80	✓
Element 2 - Fetal Growth Restriction	95	✓
Element 3 - Reducted fetal movements	50	✓
Element 4 - Fetal monitoring	100	✓
Element 5 - Preterm birth	85	✓
Element 6 - Diabetes	83	✓
Overall implementation level	Partially implemented - CNST (yr 5) met	

Stillbirth rate (1.2 /1000 births)

- Two stillbirth reported in December and reported through the PMRT
- Rate remains below the national ambition of 4.4/1000 births (SFH rate 2.3/1000)
- MBRRACE-UK report released, noted national increase in still birth in 2021, actions taken to review themes within the national report

Maternity Assurance

NHSR	Ockenden
• Self-declaration- full compliance for Yr 5 • Trust Board sign off completed 03/01/2024 • Executive LMNS Partners sign off 16/01/2024	• Initial 7 IEA- 100% compliant • Plans for system oversight for 3-year plan in place, which will incorporate the IEA's

Incidents reported Dec 2023 (91 no/low harm, 1 moderate or above*)

MDT reviews	Comments
Triggers x 28	MOH, Cat 1 LSCS

1 Incidents reported as 'moderate or above' Sepsis case currently awaiting MDT review.

Other

- Increased births continued into December, approximately 30 more births than average December, predicted for January should settle-SMT monitoring.
- Mandatory training, Trust and Maternity specific remains above 90% threshold for all staff groups
- Additional resource for review into Friends and Family feedback within maternity- feedback will be provided to the Maternity and Neonatal Safety Champions.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Quality Metric	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	
3rd/4th degree tear overall rate	<3.5%	3.80%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	
3rd/4th degree tear overall number		55	6	7	6	8	6	6	7	9	4	
Obstetric haemorrhage >1.5L number		90	13	19	9	6	11	6	11	15	17	
Obstetric haemorrhage >1.5L rate	<3.5%	3.40%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	
Stillbirth number		5	1	0	1	0	1	0	0	0	2	
Stillbirth rate	<4.4/1000				2.200			1.700			2.300	
Rostered consultant cover on SBU - hours per week	60 hours	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	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		26	2	2	3	2	3	3	4	4	3	
Number of concerns (PET)		10	2	1	1	1	1	1	2	0	1	
Complaints		3	0	0	0	0	1	1	1	0	0	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	

External Reporting	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trend
Maternity incidents no harm/low harm		881	58	78	85	86	85	107	130	158	94	
Maternity incidents moderate harm & above		11	0	1	1	0	1	3	2	2	1	
Findings of review of all perinatal deaths using the real time monitoring tool	Dec-23	To date all cases reportable to PMRT are within reporting timeframes inline with MIS, deadline for 12th met										
Findings of review all cases eligible for referral to MNSI	Dec-23	Three current live cases with MNSI, one report completed and agended for the next LMNS SI meeting in Jan 24										
Service user voice feedback	Dec-23	New recliner chairs on site, launch planned with MVP but partners now staying overnight following feedback										
Staff feedback from frontline champions and walk-abouts	Dec-23	QI around triage focus on re-locating triage from the birthing unit, Trust support for this for space allocation										
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10		<4 <7 7 & above										

Board of Directors Meeting in Public

Subject:	Freedom To Speak Up	**Date: 1st February 2024**	
Prepared By:	Kerry Bosworth – Freedom To Speak Up Guardian		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Kerry Bosworth – Freedom To Speak Up Guardian		
Purpose			
The purpose of this paper is to provide an update to the SFH Board on the Freedom to Speak Up Agenda within the Trust and provide assurance about the Speaking Up service.		**Approval**	
		Assurance	x
		Update	x
		Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
x		x	x		

Principal Risk		
PR1	Significant deterioration in standards of safety and care	x
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Committee Jan 2024

Acronyms

Abbreviations used-
SFH – Sherwood Forest Hospitals
EDI – Equality, Diversity & Inclusion
FTSUG - Freedom To Speak Up Guardian
FTSU - Freedom To Speak Up
NGO - National Guardians Office
OD - Organisational Development
OH - Occupational Health
NHSE - NHS England
AHP – Allied Healthcare Professional
IEN- International Educated Nurse

Executive Summary

This report provides a review of speaking up cases for Q2 and 3 2023/24 and overview of all quarters to date this financial year. Assurance in relation to the FTSU provision at SFH is also provided. Learning and improvement actions taken from concerns are reported and highlighted and feedback included. National benchmarking regarding cases per quarter per all Trust is included and the national news regarding FTSU.

From April 23 to end of quarter there were 117 concerns raised with the FTSU Guardian. People profiles are included.

FTSU is represented across all the Divisions. Nursing/ Midwifery and Admin/Clerical colleagues have raised the most concerns.

Worker Safety & Wellbeing category has the most concerns as a theme. Examples include poor behaviours in teams from leaders and/or colleagues, Trust Care Values not being upheld, staff feeling unsupported and uncared for in processes and when raising concerns and when attempting to reach a resolution locally. Length of process in informal concerns impacting work and health and options outside of formal processes limiting resolution. Follow up care post speaking up is poor, especially where no facts or resolution of grievance found. Burnout and moral distress are presenting in the concerns too – workers unable to do their role to the best of their ability and the stress around this.

Patient Safety and Quality concerns involve patients cared for in areas that lack experience / skills to best care for the patient overcrowding and impact on patient safety/ experience and wellbeing of staff caring in these circumstances and challenges in maintaining quality of care.

EDI concerns surrounding colleagues with disabilities have decreased. IENS and colleagues post programme have been speaking up more but remain barriered and reluctant to allow escalation.

Actions taken include:

Concerns regarding the EDI Agenda have been supported by the People Team and the EDI Lead, for training and education purposes and to focus proactive engagement.
FTSU will feature within the new Leadership Development Framework – supporting lessons learnt from FTSU cases, in a programme directed towards new and existing leaders to improve line manager response and support for concerns. The first programme for all new leaders launches end of Jan 2023.
Cases of Bullying & Harassment have executive oversight and the FTSUG continues to meet regularly with the CEO and Director of People. External reviews of these grievances have been commissioned and learning acted upon when case closed.
Proactive involvement of FTSUG alongside teams and leaders actively engaging in listening and improvement work – some Divisions have asked for listening support.
Recognising the more impactful effects on colleagues' mental wellbeing, the Guardian has been supported in training re mental health and trauma assessment to help signpost and support colleagues better.

A mapping process has begun to complete the NHSE FTSU Trust Board Reflection and Review Tool this month , ahead of planned April review. This is part in repsonse to the NHS Immediate Actions letter to NHS providers post the Lucy Letby Trial , to assess SFH postion in the speaking up and FTSU culture.

Freedom To Speak Up

SFH Board Report – Jan 2024

Kerry Bosworth FTSU Guardian

Sherwood Forest Hospitals NHS Foundation Trust

Purpose

This report provides a review of speaking up cases for Q2 and Q3 2023/24 and the assurance of the FTSU provision at SFH. Included is the learning and improvement actions taken from concerns.

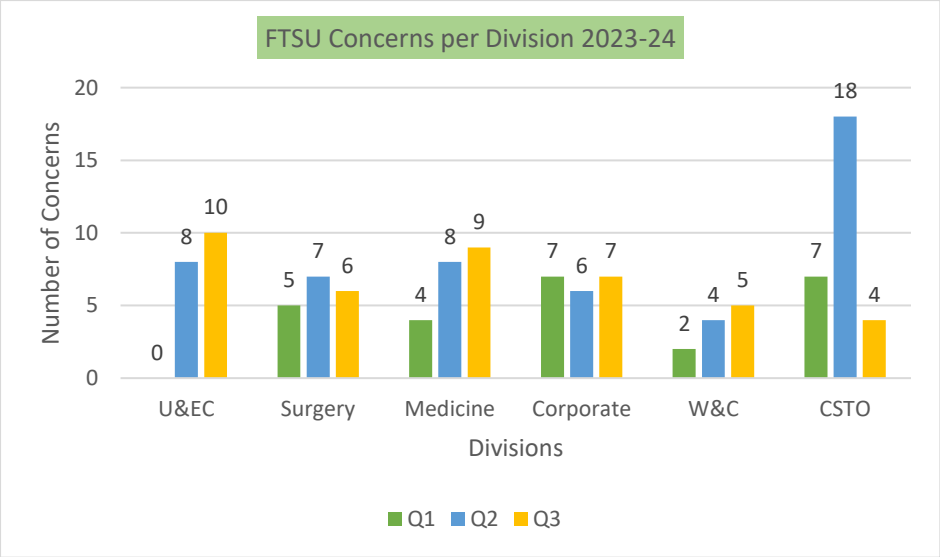
Overview

During Q2 and Q3 23/24 there were 92 concerns raised with the FTSU Guardian.

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

Out of the 92 concerns raised in the above periods, 67 were raised openly, 23 were raised confidentially (known to FTSUG only) and there were 2 anonymous concerns.
The majority of concerns are escalated openly to those in a position to support and follow up FTSU concerns, suggesting colleagues feel increased trust and psychological safety in speaking up and trust in sharing the concerns beyond the FTSUG for personal resolution and support.

All Divisions are represented in using FTSU, demonstrating awareness of FTSU across the organisation. There has been increase in FTSU concerns from U&EC, historically there was low uptake on using the FTSU route so this is a positive reassurance that colleagues are able to use FTSU and awareness of this route.



Total quarterly concerns 2023/24 so far: -

Q1=25

Q2=51

Q3=41

In terms of national benchmarking regarding FTSU concerns raised per quarter, the average for all NHS Trusts is 29.2 concerns per quarter (NGO FTSU Annual Data Report 2022/2023).

People Profile

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

The last 2 quarters have shown workers in a leadership position seek support through FTSU. Concerns in this group are more challenging to escalate openly and find resolution but highlights the wellbeing impacts of people in more senior roles.

EDI Information

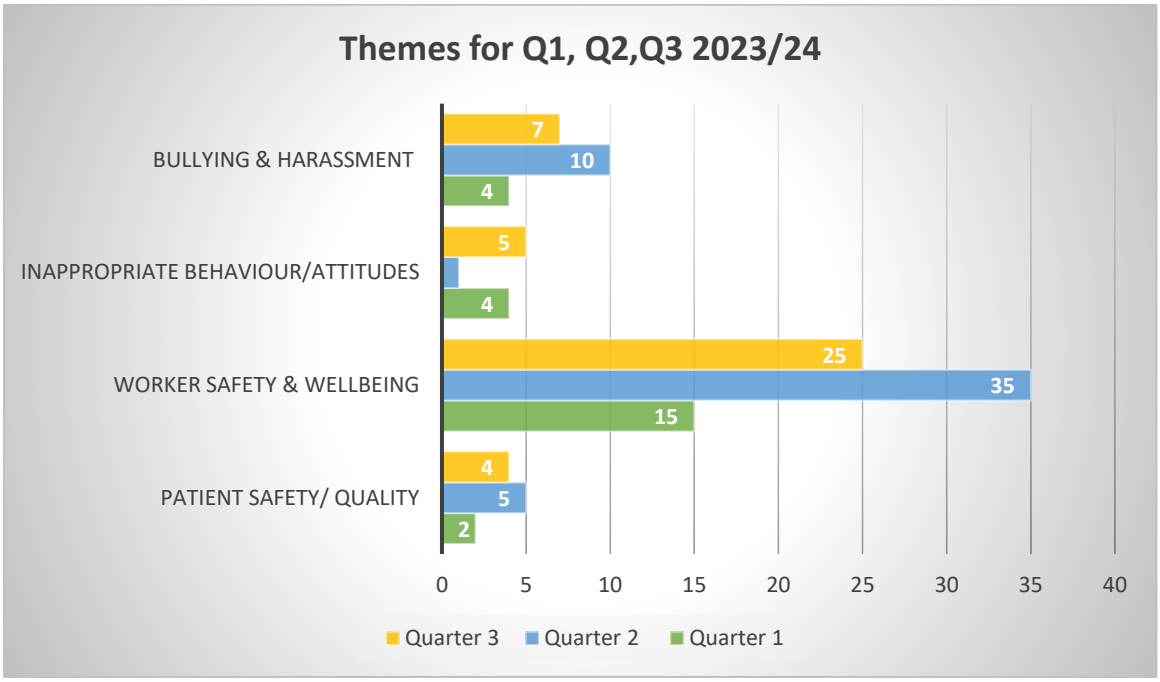
The majority of concerns raised are from females. Ethnicity is predominantly white British however Indian, other Asian origin, African and other white ethnicity are represented.

There has been an increase in engagement with FTSU with the IEN cohorts and concerns raised from this. The FTSUG has been actively supporting IEN meetings and there are 2 FTSU Champions actively engaged in their substantive roles supporting colleagues from an EM background. The new Chair of the EM Network is a FTSU Champion and this will continue to support raising concerns from this workforce.

Concerns featuring concerns around wellbeing related to colleagues with a disability have declined.

The FTSUG remains engaged with all staff networks.

Themes from Q1 Q2 & Q3 2023/24 – total 117



Patient Safety & Quality

- Unsafe care – high sustained acuity means unable to give standard of care, handover quality poor at times, multiple nurses caring for one patient leads to omissions of care, junior teams managing challenging cases. Lack of senior support out of hours clinically.
- Business teams managing high workload re lists and patient flow, feel errors being made and governance risks.
- Burnout means staff concerned they are more likely to make a mistake and fear for registrations and accountability of this impacting them.
- Unresolved poor behaviour in teams affecting working and ceilings in leadership prevent escalation out of Division.
- Work environment not conducive to quality care for patients in both clinical and office environments.
- Concerns raised re colleagues' practice.

Bullying & Harassment

- Bullying from a colleague
- Bullying from a line manager- displacement and ostracised when raising concerns – feels detriment and unfair.
- Care Values not applied in professional environment.
- Outside of formal grievance where it is felt no resolution will be reached, no informal options explored or offered. If formal grievance not upheld or no facts to be found in informal process – no ongoing support.
- Power imbalance when raising behaviour concerns – how to seek support if not in unions.

Worker Safety or Wellbeing

- Poor leadership related to use of and understanding of people and governance processes. Guidance and policies not followed. Informal processes to resolve concerns not worked – limited options and limited impact – often feel must leave or take sickness. Sickness and absence are viewed negatively and information shared inappropriately.
- Ethic minority workers feel unsupported in governance processes and HR processes especially after completing preceptorship and when the IEN wrap around care ceased officially, when leadership is sub optimal in process. Fearful of home and work circumstances if speaks up and is identified.
- Job re – evaluation processes where line manager unsupportive of process and unsure how to proceed.
- Number of line management changes, undermines team cohesion and understanding when colleagues are affected by behaviours.
- Line managers not receiving concerns in line with the SFH Speaking Up Policy. Follow up and response times long and feel that this is impacting coming to work especially in informal grievances.
- Unchallenged behaviours have impact on team and individuals – unresolved or feel unsupported. Options aren't favourable to engage with. Futile in reporting as feel some behaviours engrained and easier not to challenge.
- Burnout

- Moral Injury and Moral Distress at having to continue to work under pressure but also in behavioural concerns where behaviour is not aligned to values.
- Training issues – feel not given enough input to fulfil new roles.

Elements Of Other Inappropriate Attitudes or Behaviours

- Incivility
- Misogyny – female stereotypes in communications, e.g., medics called by first name – male colleagues referred to re professional title. Personal comments.
- Gaslighting behaviours when hierarchy in roles.
- Leadership poor response to raising concerns – poor options offered. Leaders unable to challenge poor behaviours.
- Favouritism – interview panels not inclusive, 'friends interviewing friends', no independence out of local leadership, career development not equal opportunities.
- Leadership – where do leaders go when have concerns to raise – feel career impacting.

In quarters 2 & 3 there were no cases of detriment reported to the FTSUG from using the FTSU route.

FTSU Learning & Triangulation

Concerns regarding patient safety have been escalated to the relevant executive and senior divisional leads, some feeding into current improvement projects within divisional plans and allowing for senior leaders to engage with workers for support.

Within the B&H concerns – 3 external reviews raised by formal grievance have been enacted to ensure independence and formal grievances internally has been enacted for some of the concerns in this quarter.

Concerns raised regarding equality and diversity continue to be triangulated with the EDI Lead for wider organisational learning and to allow focus in a proactive way from the lead. Conversations regarding career development, nepotism and recruitment bias have been shared with the People Team and the newly updated Recruitment Policy contains more detailed information regarding panel numbers and shortlisting. Also included is suggestion to consider ethnicity and representation when an international colleague or worker from non-white British background is being interviewed and to seek People Team support.

The majority of concerns fall into the Worker Safety or Wellbeing category. Many concerns feature colleague's experiences in people processes or the inefficacy of resolutions to behavioural concerns. Many of these workers come under SFH business and administration teams and it is noted that some affected colleagues are not sighted to direct regular communication with their line managers, some unclear who they are managed by and structure of leadership so puts ceilings on who to raise with. These concerns have been raised

to the People Team and divisional people teams are able to offer advice and guidance to colleagues who this is applicable to.

Burnout, moral distress and moral injury related to workload, and persistent high acuity is a feature in these past quarters – this impacts all performance and fear of retribution. The FTSUG continues to share these concerns with the Wellbeing Team and OH have been active in referring colleagues to the FTSUG when health is impacted by concerns in the workplace. This then allows confidential advice to be shared with the People Team for colleagues to get support and actions outside of their local leadership and some barriers removed.

The additional resource in OD has allowed the FTSUG to triangulate and focus patterns of concerns, so interventions can be offered outside of formal processes.

NHSEI continues to recommend that all workers have mandated Speak Up, Listen Up & Follow Up training. As an entry step to this, FTSU will be presenting some content from this training within the Leadership Development Programme, launched this year.

The FTSUG continues to have regular meetings with the Director of People and Chief Executive Officer to share themes and progress and is exploring visibility at the Divisional People Boards to be able to share concern themes at a divisional level -New for 2024.

U&EC, Medicine and CSTO teams have actively engaged and invited the FTSUG to visit areas of concern to support independence in raising concerns.

Newark Hospital now has 3 newly recruited Champions who have completed training, after a gap in visibility was identified.

Due to the majority of concerns affecting wellbeing and worker safety and the level of distress this can cause when listening to concerns in terms of vicarious trauma for the FTSUG, the Guardian has been supported to undertake training in mental health first aid, REACT training and trauma support training to support the FTSUG`s wellbeing alongside supporting workers where wellbeing is clearly affected. This has been recommended by the NGO in their latest FTSU Guardian report.

The FTSUG is to feature on all of the new Leadership Development programmes being launched in 2024, with the Leadership Fundamentals being launched in January for all new line managers appointed or promoted at SFH. This will allow real cases involving poor leadership to be shared for awareness and the responsibilities of line managers in speaking up and best practice skills shared.

Although SFH is yet to adopt the NHSE/ NGO training in Speak Up, Listen Up or Follow Up as mandatory training, there are discussions how each of these elements can be incorporated into the new Leadership Development Programmes evolving this year.

FTSU Assurance at SFH

The process for mapping SFH against the latest NHSE Freedom To Speak Up Trust Boards Reflection and Review Tool (2022) is underway and ahead of the planned review start in April. This will inform the Speaking Up strategy for 2024/25 and highlight areas of improvement for action planning. The FTSUG and the FTSU Executive are currently mapping this process for maximum input and response.

The FTSUG was asked to co-host a webinar with the NGO, showcasing the investment and progress of FTSU Champions at SFH as best practice sharing, on the back of the release of

new NGO Guidance For FTSU Ambassadors/ Champions 2023. The webinar had over 100 attendees and the FTSU Guardian received positive feedback as well as request for assistance in organisations looking to improve their network.

FTSU Feedback

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

Challenges and Opportunities from feedback-

Although feedback on the FTSU route is positive, due to the continued existing pressures faced and conflicting demands on leaders, it has been observed that there isn't a response as quick as could be or should be regarding speaking up matters. The importance of colleagues feeling a priority and receiving feedback timely is a key part of the process and trust in the process and the People Team have been asked to review when the FTSUG feels this is happening.

The FTSUG also in the feedback is noticing a shift in the level of support colleagues require, with increasingly complex contacts, where the FTSUG spends a significant amount of time supporting colleagues.

Recent feedback –

"I have found their support really helpful; I just wish I felt that the responses were more than just words and actual actions (although this does not lie with FTSU I believe they are fully appreciative of the problems)"

It was wonderful and refreshing having someone actually listen to my concerns without judgment and with empathy, this alone was a healing experience. The situation is still unresolved within my department but I have left for another opportunity.

Thank you for supporting me, I was able to gain the confidence and support I needed as a result of your intervention

Being able to speak to someone outside of my immediate work environment was very helpful and supportive to the concerns raised

Recommendation

The SFH Board is asked to receive assurance from the report regarding the Freedom to Speak Up agenda

Freedom To Speak Up

SFH Board Report – Jan 2024

Kerry Bosworth FTSU Guardian

Sherwood Forest Hospitals
NHS Foundation Trust

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Audit and Assurance Committee Chair's Highlight Report to Trust Board

Subject:	Audit and Assurance Committee	**Date 18th Jan 2024**	
Prepared By:	Manjeet Gill		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
Assurance report to Board		**Assurance**	**Substantial Assurance**

Matters of Concern or Key Risks to Escalate	**Major Actions Commissioned / Work Underway**
Due to pressures on capacity, an ongoing assurance matter is the effective and timely engagement in Internal audits and follow up actions.	Annual Governance Statement and annual accounts timetable agreed. Compliance rates for the Register of Interest. The development of the alignment between system level risk management and Trust risk management was positively received and noted as work in progress. An Internal Audit report for Governance of Statutory Regulatory Committees received Limited Assurance. Committee was assured on actions being taken on audit recommendations.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Good Internal Audit progress report, including an increase to 80% of outstanding audit actions, against a target of 75%. External Audit update and key areas of risk presented. Policy Management Framework on track for all action. The Register of Interest report, assured on improvements from 222 to 88 individuals non-compliant. Medicine Supply Chain report addressed questions asked by Committee on key risks and controls. Risk Committee Quadrant report positive assurance.	Noted decisions on single tender waivers, with one area for further follow up. Assured on the BAF and how it is dynamic and addresses current risks. Approved Committee Effectiveness Assessment with positive assurance in the key lines of enquiry.
Comments on Effectiveness of the Meeting	

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NHS Sherwood Forest Hospitals NHS Foundation Trust

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	**Date:** 1 February 2024	
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the Finance Committee meeting of 24 January 2024.		**Assurance**	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• EPR Governance – Board is asked to agree the governance model going forward for the EPR programme. • Month 9 Finance Report – The deficit year to date is £11.4M (£0.4M adverse to plan). Key issues for escalation: o Month 9 Performance – this shows a continued reduced run rate, but Board should note that there is some expected 'catch-up' expenditure that may increase run rate again for Month 10.	• ICB and ICS Update – Enquiries to be made on what the future clawback impact of the deficit for 2023/24 will be on the trust and the ICB. • Financial Strategy – Agreed to receive more detailed report at the next meeting ahead of future presentation to Board.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• EPR Update – Progress and timetable were noted and future governance discussed (see escalation above). Oversight by Quality Committee and well as Finance Committee important, plus potential NED observation at a programme level. • NHIS Quarterly Update – Assurance gained on the continued performance of NHIS. • Agency Usage – report summarising agency usage and highlighting increased control of this spend was noted, though risk of increase in Month 10 was also noted. • Month 9 Finance Report – Noted that trust is on track to deliver agreed deficit of £8.5M for the year after allowance for extra £4.2M of	• CT Scanner – Noted that approval of the CT Scanner business case, funded by NHSE, had been supported by all Committee Members remotely. • Energy Contract – agreed to recommend to Board the alignment of energy procurement to NHSE approach on expiry of existing contracts. • Finance Committee Annual Report – Approved subject to addition of note that ToR now includes points for escalation to ICB. • BAF – Agreement of recommendations to change the overall risk for PR4 (Financial Strategy) down to 16 and the Assurance Rating to Green. Agreed that PR8 (sustainability) retain a risk rating of 9 and

IA related costs. It was also brought to the Committees attention that the annual accounts would show a significantly increased deficit due to the impact of introducing IFRS16 (lease accounting). Agreed that this should be clearly explained and reconciled when annual financial statements prepared. • Financial Recovery Update – progress highlighted in reports from the FRC quadrant reports was noted and agreement that this Cabinet was effective and should continue in some form into 2024/25. • Procurement Forward View – assurance gained on the increased visibility and controls/strategic review being implemented on future procurements. • National Cost Collection – Noted that the submission had been made on time. • PFI Settlement Update – noted that progress continues and that the Water issue in particular had reached agreement in principle. • Capital Resources Oversight Group – progress noted through the latest quadrant report.	the Assurance Rating to be set at Amber. • Committee Effectiveness – Agreed that all questions in the Health Check had been fully met, but would look at further benchmarking opportunities to help ensure continued improvement and best practice.
Comments on Effectiveness of the Meeting	
• All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	

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NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee Chair's Highlight Report to Trust Board

Subject:	Quality Committee	**Date Monday 22nd January 2024**	
Prepared By:	Manjeet Gill		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
Assurance report to Board		**Assurance**	**Substantial assurance**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
An update on Industrial Action was provided with assurance on actions taken and planned.	Further assurance on the benefits and changes in terms of impact, harm and inequalities implications of the new cancer waiting times. Progress on the development of the Continuous Quality Improvement Strategy with further reports to Committee.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Positive assurance was provided: For Cancer Waiting Time Standards. Compliance with updated standards compared to the old standards. From Patient Safety Committee, which included focus on incident referrals, learning and improvements. From Nursing Midwifery and AHP Committee. For Timely Care and integrated performance plan and the key metrics. Regarding ownership by this Committee on assurance for Clinical Audits	The review of the BAF, resulted after much discussion, assurance and triangulation from the reports presented to Committee with a decision on increasing the risk rating to a score of 20 and Significant. This was for both PR1 and PR2.
Comments on Effectiveness of the Meeting	
A good discussion to enable effective challenge, assurance and triangulation of subjects covered.	

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Sherwood Forest Hospitals NHS Foundation Trust

People Committee Chair's Highlight Report to Board

Subject:	People and Culture Committee	**Date:** 30th January 2024	
Prepared By:	Steve Banks, Non-Executive Director and Chair of Committee		
Approved By:	Steve Banks, Non-Executive Director and Chair of Committee		
Presented By:	Steve Banks, Non-Executive Director and Chair of Committee		
Purpose:			
Assurance to Trust Board		**Assurance**	Substantial Assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Although assurance was received on actions to support the workforce, strike fatigue and its impact on people remains a major concern Risk of lengthy waiting times for access to psychological support in terms of high demand and options for clinical staff. Has the available support grown with the acuity and workforce increases?	• National apprenticeship plans for week commencing 5th-11th February • Violence and aggression action plan due for implementation in March • Deep dive to be presented at the next Committee regarding Employee Relations landscape. • Next version of the Cultural Heat Map to be presented following the realise of the 2023 National Staff Survey results.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Substantial assurance was provided, including: • 360 audit into staff wellbeing, and action plan resulting, but see above • Good response rate for staff survey • ESR self-assessment • Progress on strategic priorities • Increasing engagement with FTSU • Quarterly IPR received and actions resulting noted.	• The BAF was discussed, minor amendments to reflect Committee changes made, and risk ratings remain unchanged. • Vice-chair appointed. • Committee effectiveness self-assessment and annual report agreed

Comments on Effectiveness of the Meeting
Well written papers and a good level of support and challenge made for a positive and productive Committee. Governor observer noted same and congratulated Trust on high level of assurance in several of the reports.

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NHS Sherwood Forest Hospitals NHS Foundation Trust

Partnerships and Communities Committee Chair's Highlight Report to Board

Subject:	Partnership and Communities Committee	**Date:16th January 2024**	
Prepared By:	Manjeet Gill, Chair of Committee		
Approved By:	Manjeet Gill		
Presented By:	Manjeet Gill		
Purpose:			
Committee Assurance report to Board		**Assurance**	Board to consider how other Board Committees will address aspects of work recommended by this committee

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• Future work programme to include assurance on a delivery plan that would interconnect across sub-committees, effectively channelling actions in a meaningful manner. • Assurance on the risks and mitigations for delivery of Partnership Strategy be presented to a future Committee.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• Details of how Partnership Strategy will be delivered and relate to Trust Strategy and other strategies. • Positive Assurance on the next iteration of the Trust Strategy.	• Partnership report approved and recommended to Board for adoption. • Board to consider how other Board Committees will address aspects of work recommended by this committee

Comments on Effectiveness of the Meeting

This is a new Committee, developing its role and how it will work across other Committees. The Committee discussed how this could be done, along with recognition that the role will develop over time. It has asked Board to also consider how other Board Committees will work with this Committee.

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NHS Sherwood Forest Hospitals NHS Foundation Trust

Charitable Funds Committee Highlight Report to Board of Directors

Subject:	Charitable Funds Committee Update	**Date:**	23rd January 2024
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Andrew Rose-Britton, Committee Chair		
Presented By:	Andrew Rose-Britton, Committee Chair		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	• Consider having Divisional and HR (People) representation in the Committee's membership • Plan a workshop for TMT to enable a greater understanding of the Charity and how its funds can be used • Consideration of options for a major fundraising scheme aligned to the Trust Strategy • Commence a deep dive into the volunteer workforce to support and maximise its development and utilisation • Raise the options for changes to the Investment Strategy with the Corporate Trustee
Positive Assurances to Provide	**Decisions Made**
• Community Involvement Headline Report • Project and Fundraising Report • A temporary stay on the creation of 16 enhanced End of life rooms whilst the number and specification is confirmed	• Appointment of Steve Banks as the Committee Vice Chair • Approval given to the purchase of a Customer Relationship Management module to the Harlequin system • To recommend to the Corporate Trustee that in the Trust's Accounts it continues to opt for non-consolidation of charitable funds based on materiality

Comments on Effectiveness of the Meeting
A full agenda with good discussion. Post-meeting feedback suggested it was leaning towards being too operation in places.