

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 7th July 2022
Time: 09:00 – 12:00
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Minutes of the meeting held on 9th June 2022 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Matters Arising/Action Log	Update	Enclosure 5
6.	09:10	Chair's Report	Assurance	Enclosure 6
7.	09:15	Chief Executive's Report <ul style="list-style-type: none"> Integrated Care System Update Report of the Director of Strategy and Partnerships Covid Vaccinations Update Report of the Director of People 	Assurance Assurance Assurance	Enclosure 7 Verbal Enclosure 7.2
		Strategy		
8.	09:30	Strategic Priority 1 – To provide outstanding care <ul style="list-style-type: none"> Maternity Update Report of the Director of Midwifery <ul style="list-style-type: none"> Safety Champions update Maternity Perinatal Quality Surveillance Model 	Assurance	Enclosure 8.1
9.	09:45	Strategic Priority 4 – To continuously learn and improve <ul style="list-style-type: none"> Research Strategy – Quarterly Report Report of Head of Research & Innovation 	Assurance	Enclosure 9.1
10.	10:00	Patient Story – Walk this May Beth Carey – Falls Prevention Practitioner	Assurance	Presentation

	Time	Item	Status	Paper
		BREAK (10 mins)		
		Operational		
11.	10:30	Single Oversight Framework Performance – Monthly Report Report of the Executive	Consider	Enclosure 11
12.	11:20	Cancer Capacity Report of the Chief Operating Officer	Assurance	Enclosure 12
		Governance		
13.	11:30	Data Security Protection Toolkit Submission Report of the Caldicott Guardian	Approval	Enclosure 13
14.	11:35	Assurance from Sub Committees <ul style="list-style-type: none"> Audit and Assurance Committee Report of the Committee Chair (last meeting) Finance Committee Report of the Committee Chair (last meeting) People, Culture and Improvement Committee Report of the Committee Chair (last meeting) 	Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3
15.	11:45	Outstanding Service – Celebrating the work of our Freedom to Speak Up Guardians	Assurance	Presentation
16.	11:50	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
17.	11:55	Any Other Business		
18.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 4th August 2022, Boardroom, King’s Mill Hospital		
19.		Chair Declares the Meeting Closed		
20.		Questions from members of the public present (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

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

Enc 08.1 Enc 13 Enc 14.1 Enc 14.3	<ul style="list-style-type: none"> Maternity Specification 2022-2025 Data Security & Protection Toolkit - 360 Assurance Draft report Audit and Assurance Committee – previous minutes People, Culture and Improvement Committee – previous minutes
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UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 9th June 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
	Clare Teeney	Director of People	CT
	Marcus Duffield	Associate Director of Communications	MD
In Attendance:	Andrew Marshall	Deputy Medical Director	AM
	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Martin Cooper	Guardian of Safe Working	MC
	Elaine Torr	Divisional General Manager for Networks and Collaboration	ET
	June Morley	Lung Cancer Nurse Specialist	JM
	Sue Glover	Lung Cancer Nurse Specialist	SG
	Giles Scott	Chest Physician	GS
Observers:	Maggie McManus	Deputy Chief Operating Officer	
	Rob Simcox	Deputy Director of People	
	Richard Brown	Head of Communications	
	Julie Tasker		
Apologies:	David Selwyn	Medical Director	DS

Item No.	Item	Action	Date
18/426	WELCOME		
1 min	<p>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.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
18/427	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/428	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from David Selwyn, Medical Director.</p> <p>It was noted Andrew Marshall, Deputy Medical Director, was attending the meeting in place of David Selwyn.</p>		
18/429	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 5 th May 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/430	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/334 and 18/397 were complete and could be removed from the action tracker.		
18/431	CHAIR'S REPORT		
2 min	<p>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, advising the Trust is looking forward to engaging with the governors in terms of 15 Steps, observing subcommittees, etc.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors highlight report</p> <p>CW presented the report, highlighting the establishment of a working group to review the public and staff constituencies as identified in the constitution, with a view to merging the constituencies and establishing a youth constituency.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/432	CHIEF EXECUTIVE'S REPORT		
5 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting Biomedical Science Day.</p> <p>It was acknowledged this is the last Board of Directors meeting for Simon Barton, Chief Operating Officer, Clare Teeney, Director of People, and Marcus Duffield, Associate Director of Communications, before they leave SFHFT to take up new roles.</p> <p>Phil Bolton, Chief Nurse, was welcomed to his first Board of Directors meeting since joining the Trust on 30th May 2022. Richard Mills has been appointed substantively to the post of Chief Financial Officer with effect from 10th June 2022. Rob Simcox has been appointed to the post of Director of People, also with effect from 10th June 2022. David Ainsworth will be joining the Trust on 1st July 2022 as Director of Strategy and Partnerships and Rachel Eddie will take up her post as Chief Operating Officer at the end of July 2022.</p> <p>PR advised, following the receipt of updated national Infection Prevention and Control (IPC) guidance, the Trust is making preparations to move back to pre-pandemic policies, subject to a risk assessed approach and transmission cautions. An incremental approach will be taken, starting from 14th June 2022 with the removal of the requirement to wear face coverings, except in certain key areas and circumstances.</p> <p>CT advised an unannounced Ofsted inspection of the onsite nursery, Little Millers, was undertaken in March 2022. The report was embargoed until its publication on 9th June 2022. The feedback in this report is the nursery is rated as inadequate. Steps have already been taken to work with Ofsted to put an improvement plan in place and a letter has been sent to all parents. Whilst acknowledging improvements are required, the report did also contain some positive feedback on the experiences and services provided by the nursery.</p> <p>The Board of Directors were ASSURED by the report</p>		
1 min	<p>Integrated Care System (ICS) Update</p> <p>PR presented the report, highlighting the further work to establish the Nottinghamshire ICS Provider Collaborative.</p> <p>The Board of Directors APPROVED:</p> <ul style="list-style-type: none"> • The establishment of the Provider Leadership Board for the Nottingham and Nottinghamshire Provider Collaborative • The nomination of the Chief Executives of Nottinghamshire Healthcare and SFHFT as the Partner Member Representatives on the Integrated Care Board (ICB) • The proposal that the Chief Executive of Nottingham University Hospitals (NUH) will lead the Provider Collaborative and Chair the Provider Leadership Board 		

6 mins	<p>COVID-19 Vaccination Update</p> <p>CT presented the report, advising the Hospital Hub continues to support vulnerable children to access the vaccine. The rollout of vaccines to eligible patients continues, with an area of focus identified as people aged 18-39, noting this is in line with the national trend. The mobile offer across the county continues. Further advice is awaited in relation to an Autumn booster programme.</p> <p>CW acknowledged the uptake of second doses by younger people is a national issue, but queried if there is anything which can be done differently to encourage younger people to have the second dose of the vaccine. CT advised education and simplicity of availability have been key throughout the vaccination programme. There was a trend for younger people to have the vaccine when it was required for travel to other countries. Therefore, there is a wider social dynamics impact.</p> <p>ARB queried if the pop-up centres go to schools and colleges. CT advised there is an immunisation programme specifically for schools, delivered by the Schools Immunisation Team.</p> <p>AH queried if the system is able to respond and put targeted support into areas with lower vaccine uptake. CT advised the system response is to attempt to target areas of lower uptake. The mobile offer has been used throughout and there are also pop up education centres to provide information and advice.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/433	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
8 mins	<p>Maternity Update</p> <p><i>Ockenden Report update</i></p> <p>PB presented the report, advising the Trust has declared full compliance with six of the seven Immediate and Essential Actions (IEAs) from Ockenden 1. There are a further 15 IEAs from Ockenden 2, with 88 sub actions. The national guidance is awaited on reporting requirements, but the Trust has started the gap analysis process. A further update will be provided to the Board of Directors in July.</p> <p>Action</p> <ul style="list-style-type: none"> Update regarding compliance with the Immediate and Essential Actions identified in Ockenden 1 and 2 to be provided to the Board of Directors <p>AR noted discussions at previous meetings of the Board of Directors in terms of staffing shortages and queried how the Trust will ensure it remains compliant with the IEAs. PB the IEAs are scrutinised by the Maternity Assurance Committee.</p>	PB	07/07/22

	<p>StB noted the Board of Directors had previously approved a reduction to the home birth service and requested an update regarding this. PB advised this will be discussed at the next meeting of the Maternity Assurance Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on home birth service to be presented to the Maternity Assurance Committee <p>The Board of Directors were ASSURED by the report</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the appointment of Paula Shore as Director of Midwifery, maternity walkarounds and the Maternity and Neonatal Safety Collaborative.</p> <p>MG queried what benefits the introduction of the SCORE safety tool will bring. PB advised SCORE has been procured and is due to start in August 2022. Further information will be provided to the Board of Directors in July 2022.</p> <p>Action</p> <ul style="list-style-type: none"> • Further information regarding the SCORE safety tool to be provided to the Board of Directors <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting Obstetric haemorrhage, Apgar score and a lower level caesarean section incident.</p> <p>The Board of Directors were ASSURED by the report</p>	PB	07/07/22
		PB	07/07/22
18/434	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
10 mins	<p>Guardian of Safe Working</p> <p>MC joined the meeting</p> <p>MC presented the report, highlighting a slight increase in vacancies in training posts, an increase in exception reports, particularly from clinical fellows, Allocate system issues and collaborative work on medical rotas. It was noted no immediate safety concerns were raised.</p> <p>StB queried if there is a trend for junior doctors not wishing to progress their careers as quickly as in the past and go into training for a specialism. MC acknowledged there appears to be a trend for doctors not progressing as quickly into training posts nationally, but it is not clear how that translates into a workforce which is appropriate in terms of numbers and experience. The Trust is expanding the clinical fellows programme as addressing this issue nationally from 'home grown' talent is a slow process.</p>		

	<p>AR noted the reference in the report to 'intensity of work' and sought clarification if this was clinical or administration work.</p> <p>MC advised he was referring to the clinical workload. However, there is also a degree of administration which comes with each patient. Systems are being refined to try to improve this.</p> <p>AR queried if there are any opportunities for co-working between clinical pharmacists and junior doctors. MC advised the new electronic prescribing system sits together with the process of discharging patients, writing summaries, etc. This work is ongoing and it will take some time for this to become more effective. There is room for systems to work closer together.</p> <p>The Board of Directors were ASSURED by the report</p> <p>MC left the meeting</p>		
18/435	STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
12 mins	<p>Equality and Diversity Annual Report</p> <p>CT presented the report, highlighting the staff networks, launch of the Trust's anti-racism strategy, PRIDE celebrations and the appointment of an Equality Diversity and Inclusion (EDI) lead. It was acknowledged there is still work to do and the Trust will continue to grow the staff networks and develop the EDI charter.</p> <p>BB felt it would be useful for future reports to capture the impact of the activity and provide further information on the data in terms of actions to be taken. CT advised this is a yearly report but it would also be useful to look further back.</p> <p>Action</p> <ul style="list-style-type: none"> Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken <p>AH queried what further action can be taken to reach younger people, in terms of both employment and membership of the Trust. CT advised in terms of employment, the Trust hosts the work experience and apprentice hub, engaging directly with young people. However, Covid restrictions have limited this. While the Trust has remained engaged, it has been unable to offer practical opportunities. However, this will be restarting.</p> <p>CW advised the governors have recognised there is an issue in terms of membership and there is a need to encourage younger people. The Trust's constitution is being reviewed and the possibility of having a young person's representative on the Council of Governors will be considered as part of that review. EC advised the Trust is looking to start a youth forum.</p>	RS	June 23

5 mins	<p>StB queried if the staff networks are self-managed. CT advised as the networks grow, they will become increasingly self-sufficient in terms of governance. As they become more established, they will become more confident, including in their ability to communicate with the organisation at a senior level.</p> <p>The Board of Directors were ASSURED by the report</p> <p>People, Culture and Improvement Strategy</p> <p>EC presented the report, highlighting the process for developing the strategy and the engagement undertaken with stakeholders. CT advised the strategy aligns to the National People Plan, regional work, system work and the Trust's priorities.</p> <p>MG advised the People, Culture and Improvement Committee have been involved with developing the strategy, which reflects the Trust's values and priorities, workforce planning and staff survey feedback. The key focus going forward will be to seek assurance on delivery.</p> <p>PR confirmed the Executive Team recognise the strategy aligns with the Trust's values and demonstrates an ambition to help "our people to be the best they can be".</p> <p>The Board of Directors APPROVED the People, Culture and Improvement Strategy</p>		
18/436	STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE		
<div>2 mins</div> <div>11 mins</div>	<p>Place Based Partnership (PBP) Full Year update</p> <p>PR presented the report, advising the identified actions remain on track, with the exception of Objective 3.2 – <i>"Make sure people known to be frail are looked after in the best possible way"</i>. This is being addressed and is now back on track. A revision of all the PBP objectives is underway.</p> <p>The Board of Directors were ASSURED by the report</p> <p>ME2 Pathology Strategic Outline Case (SOC)</p> <p>ET joined the meeting</p> <p>ET presented the report, advising this describes the governance of the network. ET highlighted the financial request and advised some substantive posts will be required.</p> <p>GW felt all partners need to have an input into developments and to consider the different options outlined in the report. ET advised currently the Provider Collaborative Model is being considered as the primary governance model.</p> <p>MG queried if there are any 'quick wins' as the network is developed which will maintain confidence and relationships.</p>		

	<p>ET advised an amount of funding has come through the network, which was a joint approach. These funds would not have been available without the network. One of first things to consider is to procure the analysers across the network. This will be a joint procurement with all the trusts, which will have the potential to deliver significant savings. This is currently the most developed workstream. In addition, there is a good clinical steering group in place. Some decisions may need to be taken in relation to doing some work on one site as there is a lot of duplication in services. Immunology will be one of the first areas to consider as all trusts in the East Midlands are struggling to provide this.</p> <p>AH queried if community diagnostics is included in these arrangements. ET advised there is a need to ensure the link is there. The network has not concentrated on pathology in diagnostics centres and hubs. However, there is a separate point of care testing workstream for the network which will look at these issues. SiB advised there is a need to have a clear workforce plan for community diagnostics hubs.</p> <p>The Board of Directors APPROVED the ME2 Pathology Strategic Outline Case</p> <p>ET left the meeting</p>		
18/437	PATIENT STORY – TARGETED LUNG HEALTH		
25 mins	<p>JM, SG and GS joined the meeting</p> <p>JM presented the Patient Story which highlighted the Targeted Lung Health Check programme.</p> <p>CW expressed thanks to JM and the all the team involved in the programme.</p> <p>AH noted this is an important service for the local population, given the legacy of industrial working in the area. AH queried what the uptake rate is among potential patients, how this could be improved and if there is an opportunity to do other health checks. GS advised the uptake is about 75% of those invited. Uptake of CT scans, if required, is 95-98%. There have been some restrictions due to Covid, such as not using a spirometer. Patients complete the questionnaire, which is then risk assessed for chances of cancer. Patients are given advice about smoking cessation.</p> <p>AH queried if this is due to the limitations of the pilot. GS advised the pilot is fairly rigid, with set questionnaires being provided. It is a targeted lung health check.</p> <p>SiB noted it was good to see this work was maintained, given the pressures on the respiratory team in particular through the Covid pandemic.</p>		

	<p>AM acknowledged the great service provided by the nursing team. AM noted catching early stage lung cancer provides an increased chance of cure and sought clarification regarding the potential benefits if a more advanced stage cancer is picked up in an asymptomatic patient. GS advised patients most likely to benefit are females with a lower smoking history and who have had no carcinomas.</p> <p>BB queried when it will be possible to fully evaluate the impact of this work. GS advised it is a national programme and the results from all the pilots will be collated. Information is received on an ongoing basis, but the impact on survival rates will not be known for at least 3-5 years. The national figures will be required to provide significance.</p> <p>JM, SG and GS left the meeting</p>		
18/438	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
25 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the People, Culture and Improvement Strategy, Proud2bAdmin Week and cultural engagement.</p> <p>CT highlighted appraisals, an improving position in attendance levels and an increase in vacancies due to establishment reviews.</p> <p>QUALITY CARE</p> <p>PB highlighted falls, clostridium difficile (C.diff), MRSA, Friends and Family Test and Venous thromboembolism (VTE).</p> <p>AR sought further information regarding falls, for example, are they long stay patients, are they medically fit, do they have dementia, etc. PB advised a report will be provided to the Quality Committee. It is important for patients who would otherwise have their rehabilitation in another environment to mobilise. However, this will cause an increase in falls.</p> <p>SiB queried if there is an opportunity to look at data in relation to falls in the community, acknowledging some falls at home are not recorded.</p> <p>AH felt it important to look at the data in relation to the long stay population.</p> <p>BB advised a deep dive into falls has been through the Quality Committee. However, this can be revisited, particularly looking at the segmentation of the population group.</p> <p>Action</p> <ul style="list-style-type: none"> Deep dive into falls data to be provided to the Quality Committee 	PB	04/08/22

	<p>TIMELY CARE</p> <p>SiB advised the mean waiting time in ED is 199 minutes, against the standard of 220. This is the fourth lowest in the NHS. It was noted the reporting period is for April and the Trust declared a critical incident in April 2022, largely due to bed pressures but also taking into account the Easter period. The key driver remains bed exit block. Despite the pressures, ambulance turnaround times remain strong.</p> <p>AH noted the increase in 12 hour waits and queried what the average wait is over 12 hours and if there is any increase in risk of harm to this group of patients. SiB advised the 12 hours wait is now measured from arrival, rather than from decision to admit. The national threshold is 2% and the Trust remains below this level. Harm reviews are undertaken on a 10% sample and no significant harm has been identified, although it does result in a poor patient experience. Mitigation processes are in place and crowding in ED is under control.</p> <p>SiB advised performance in cancer care is better than trajectory. Work has started to look at the potential to convert routine capacity to cancer capacity. An update on this will be provided to the Board of Directors in July.</p> <p>Action</p> <ul style="list-style-type: none"> • Update to be provided to the Board of Directors in relation to the work looking at the potential to convert routine capacity to cancer capacity <p>StB queried if the position in relation to surgery at NUH will have an impact on the trajectory. SiB advised this may be the case. Those patients are not in SFHFT's care, but cancer care needs to be looked at across Nottinghamshire.</p> <p>SiB advised in terms of elective care, the waiting list remains high. However, the Trust is on track to achieve the targets in relation to all long wait patients. Activity levels will continue to improve with the removal of some IPC constraints.</p> <p>GW queried what level of performance in relation to long waits is being achieved at a system level. SiB advised NUH have more patients than SFHFT. There are more patients in the longer wait category at NUH but this is a small number compared to the size of the list. The Nottinghamshire system is in a good position compared to other systems. SFTFT offer mutual aid to ensure patients are not disadvantaged due to where they live.</p> <p>PR advised there is strong oversight through the system. Chief executives receive a weekly activity report. There is strong work to identify patients who are likely to reach the 104 week wait threshold and to identify if this is due to patient choice, case complexity or capacity issues.</p> <p>SiB advised NUH have received funding for an elective care hub. This will not be a benefit this year, but it will benefit the system in future years.</p>	<p>MM</p>	<p>07/07/22</p>
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	<p>CW felt it would be useful for the Board of Directors to be updated on system performance when this is appropriate. This will help the Board to consider what capacity and capability SFHFT has which will help the system.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on system waiting list performance to be provided to the Board of Directors <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 1.</p> <p>The Board of Directors CONSIDERED the report</p>	RE	01/09/22
18/439	BOARD ASSURANCE FRAMEWORK (BAF)		
3 min	<p>PR presented the report advising all the principal risks have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes and amendments which have been made are highlighted in the report.</p> <p>SH advised two risks remain above their tolerable level, PR1 - Significant deterioration in standards of safety and care, and PR4 - Failure to achieve the Trust's financial strategy. There is a need to retain focus on these two risks.</p> <p>MG advised the People, Culture and Improvement Committee met on 7th June 2022 and agreed some changes to PR3 – Critical shortage of workforce capacity and capability. The lack of consistency across the system with regard to recruitment and retention, creating more competition rather than maximising opportunities, was identified as an additional gap. The Committee agreed a series of actions to address this.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
18/440	INFECTION PREVENTION AND CONTROL BAF		
1 min	<p>PB presented the report, advising there are 122 key lines of enquiry. The Trust can evidence compliance with 120 of those. The two areas of non-compliance relate to ventilation and require more evidence.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/441	ASSURANCE FROM SUB COMMITTEES		
4 mins	<p>Finance Committee</p> <p>ARB presented the report, highlighting the Electronic Patient Record (EPR) business case and approval for NHIS to provide support services for Bassetlaw CCG as they integrate into the ICB.</p>		

	Quality Committee BB presented the report, highlighting clinical policies, Joint Advisory Group (JAG) accreditation for endoscopy, falls prevention plan and progress on maternity services in response to national guidance. The Board of Directors were ASSURED by the reports		
18/442	COMMITTEE TOR, WORKPLANS AND EFFECTIVENESS REVIEWS		
2 mins	SH presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review. This year the Audit and Assurance Committee's effectiveness report was undertaken using the Healthcare Financial Management Association (HFMA's) NHS Audit Committee Handbook. Three actions have been identified as a result of the committee effectiveness review, all of which are for the Audit and Assurance Committee. The next piece of work is to look at the governance which sits under the committees and ensure their TOR and workplans are aligned to the work of the committees. The Board of Directors were ASSURED by the report		
18/443	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	The Board of Directors AGREED the following items would be distributed to the wider organisation: <ul style="list-style-type: none"> • Little Miller's Ofsted report • Maternity update • Guardian of Safe working update • EDI annual report • Approval of the People, Culture and Improvement strategy • Targeted lung health check programme • Resumption of 15 Steps • Review of IPC guidance 		
18/444	ANY OTHER BUSINESS		
min	No other business was raised.		
18/445	DATE AND TIME OF NEXT MEETING		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 7 th July 2022 in the Boardroom at King's Mill Hospital at 09:00. There being no further business the Chair declared the meeting closed at 11:30		

18/446	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/447	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/448	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
18/361	07/04/2022	Covid vaccination reports to show uptake of the flu vaccination when the flu vaccination campaign starts for 2022/2023	Public Board of Directors	None	06/10/2022	R Simcox			Grey
18/433.1	09/06/2022	Update regarding compliance with the Immediate and Essential Actions identified in Ockenden 1 and 2 to be provided to the Board of Directors	Public Board of Directors	None	07/07/2022	P Bolton	P Shore	Update - 29th June 2022 Ockenden 1 update on the remaining outstanding IEA included in Maternity update for July Board. Ockenden 2 final 5 of 15 IEA being peer reviewed. For presentation to July Maternity Assurance Committee and August Trust board Complete	Green
18/433.2	09/06/2022	Update on home birth service to be presented to the Maternity Assurance Committee	Public Board of Directors	None	07/07/2022	P Bolton	P Shore	Update - 29th June 2022 Proposed reintroduction 1st September. To be presented at Maternity Assurance Committee in July and Public Board in August Complete	Green
18/433.3	09/06/2022	Further information regarding the SCORE safety tool to be provided to the Board of Directors	Public Board of Directors	None	07/07/2022	P Bolton	P Shore	Update 29th June 2022 Included in Maternity update for July Board Complete	Green
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/438.1	09/06/2022	Deep dive into falls data to be provided to the Quality Committee	Public Board of Directors	Quality Committee	04/08/2022	P Bolton		Update 29th June 2022 Deep dive planned for September Quality Committee Complete	Green
18/438.2	09/06/2022	Update to be provided to the Board of Directors in relation to the work looking at the potential to convert routine capacity to cancer capacity	Public Board of Directors	None	07/07/2022	M McManus		On agenda for July Board	Green
18/438.3	09/06/2022	Update on system waiting list performance to be provided to the Board of Directors	Public Board of Directors	None	01/09/2022	R Eddie			Grey

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 7 July 2022	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
To update on key events and information from the last month.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Not applicable.				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.				

Engagement sessions with new governors

I have been out-and-about across our hospitals this month meeting staff, patients, volunteers and our recently elected trust governors – as we are now able to visit more areas following changes to our IPC (infection prevention and control) measures which has followed the national guidance to return to closer to pre-pandemic policies where appropriate to do so. As we return to mask-wearing due to the rise in COVID cases, we will continue to visit staff and patients and recognise the ongoing challenges they face in this environment but, as always, we will put the safety of our patients and staff first.

I have held a number of meetings with elected and appointed governors, too. They play a vital part in representing the views of the communities we serve and thousands of members of the trust, particularly in considering how we can further improve our services. We receive good feedback from governors as they are connected to many parts of our local community

As an extension of that activity, we have been delighted to re-launch our 'meet your governor' engagement sessions at our King's Mill and Newark Hospitals which have been well-attended by staff, volunteers, patients and visitors alike. We will work through the feedback received and consider how best to act upon that to further improve our services.

This month has also seen the return of our '15 steps' engagements for the first time since the start of the pandemic, where this month I have had the pleasure of visiting Ward 24. These sessions invite the trust's governors and non-executive directors to visit services across our hospitals with a member of the trust's executive team to show support for our hard-working staff and volunteers and see for ourselves how they are continuing to manage current pressures which remain high but well-managed across our hospitals. The sessions are also a great opportunity to identify areas for improvement and consider how we can better support staff and volunteers.

I look forward to continuing those engagements throughout the summer and I thank everyone within the trust who has been so welcoming and helped to make those engagements happen.

Other visits undertaken this month

Other areas of our hospitals that I have visited with colleagues in the past month include Radiology, Emergency Department, the Discharge Lounge, Ward 36, the Flow meetings and maternity. All of these were an opportunity to see at first-hand the service we provide to patients and talk to staff.

I know that many of these departments and services are under sustained pressure and I am grateful for the time to hear from staff about the challenges they face and where we can provide greater assistance and support.

Community donations in the past month

In the past month, I have also been struck by the number of donations that continue to be made to the trust in support of its work – a trend which is all the more heart-warming given that it has been sustained throughout the pandemic and during the tough financial times we are all living in.

In June 2022 alone, we have received a number of donations from generous members of the public that will help the trust to fund a wide range of improvements for the benefit of patients, staff and visitors across our hospitals.

I have written personal 'thank you' letters to each and every person who has made a donation this month and I would like to place on-record my thanks for the continued generosity of all those who continue to make such generous donations to the trust's charity and its fundraising partners. Their generosity is very much appreciated.

Changes in key staff positions

I would like to take this opportunity to recognise the hard work and dedication of a number of key staff who the trust bid a fond farewell to this month. I send my thanks to Dale Travis, our former Head of Operations; our Chief Pharmacist, Steve May, who retires after 20 years with the trust; and Marcus Duffield, our interim Associate Director of Communications, who moves on following a successful second stint with the trust having been brought back to rebuild our communications team.

Their efforts have made significant contributions to making Sherwood Forest Hospitals the place it is to work and receive treatment today and I wish them every success and happiness in all that they have planned for the future.

I would also like to formally welcome David Ainsworth into post as the trust's first-ever Director of Strategy and Partnerships – a role that will be key in developing how the trust works with partners across the newly-formed Integrated Care Board, which came into effect on 1 July 2022.

This month, we also look forward to [welcoming Rachel Eddie as the trust's new Chief Operating Officer](#) at the end of July.

Membership summary

We continue to work to improve membership from under-represented groups, particularly the under-50s, men and people from ethnic minorities. It is vitally important that we hear the voices from every part of our community and are doing some exciting work with local schools and colleges to raise our profile and increase representation from younger people.

Our public membership total currently stands at 14,194.

Board of Directors Meeting in Public

Subject:	Chief Executive's report		Date: 7 July 2022	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
To update on key events and information from the last month.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
Not applicable				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.				

Masks guidance

In June we [announced that the Trust would be stepping-down the requirement to wear face masks in all areas of our hospitals](#) before [a rise in cases nationally, in the local community and among patients and colleagues led to us reintroducing masks later in the month.](#)

The reaction to those decisions from patients, colleagues and the wider public has generally been positive and supportive and I would like to thank everyone for their understanding while we have been introducing those changes. We acknowledge that those decisions will be the cause of anxiety for some and we are continuing to ask everyone in our hospitals to be kind and considerate to one another across our hospitals and in the wider community.

We will continue to keep national, local and Trust-wide transmission rates under regular review before reconsidering our position on mask-wearing and before we consider whether to make any changes to current social distancing and visitor guidance within the Trust.

Playing our part in Nottingham and Nottinghamshire's new Integrated Care Board (ICB)

This month saw the formation of the new Nottingham and Nottinghamshire ICB which came into effect on 1 July 2022.

The move towards ICBs will commit organisations like Sherwood Forest Hospitals to working more closely with local partners for the benefits of the wider community and we have been purposefully already working in that spirit with local partners for some time now to prepare the Trust for that change.

I am delighted to have been nominated and appointed to the ICB in the role of partner member to represent hospital acute and emergency services. I am excited about contributing and ensure that represent the views of our hospitals' staff, volunteers and service users when it comes to making decisions about how local services are shaped.

As an extension of that work, I also joined the Universities of Nottingham's Leaders Forum in the past month. This forum sees both the University of Nottingham and Nottingham Trent University work with senior leaders across health and social care to understand how they can work better together to create education and employment opportunities for the population of Nottinghamshire.

We look forward to continuing our positive working relationships with partners across Nottingham and Nottinghamshire under these new arrangements.

Sherwood Forest to declare itself 'always open' to new recruits with launch of new dedicated recruitment website

The Trust is due to launch a new dedicated recruitment website to act as our virtual 'shop window' to potential candidates who are considering a career with #TeamSFH – particularly in nursing, midwifery and Allied Health Professional (AHP) roles which the site will initially focus on recruiting.

The launch of this new website is an important step in our ongoing recruitment efforts, particularly in ensuring that our services are appropriately resourced for the future. Thank you to everyone who has been involved in making that work happen to date.

Little Millers Day Nursery Ofsted inspection report published

In June, Ofsted published its report following its most recent inspection of the Trust's Little Millers Day Nursery in March 2022, which downgraded the facility's rating from 'outstanding' to 'inadequate'.

I personally visited the nursery's hardworking team this month following the publication of the report to show my support to the team and I am assured that an action plan is in place to address the concerns raised.

We hope that the site's rating will be reinstated back to a level that our Little Millers families deserve when the site is reinspected within the next six months, in-line with Ofsted reinspection timelines.

HSJ nomination

I was delighted to learn that #TeamSFH's Respiratory Physiology team have been shortlisted for a HSJ Patient Safety Award in the category of Safe restoration of Elective Care Services for their innovative work in restoring aerosol generating procedures (AGP) services at the height of the pandemic.

That recognition is testament to the team's work throughout the pandemic: I congratulate them for their good work and wish them luck for when the winners are due to be announced in mid-September.

Strengthening the Trust's commitment to our armed forces

[Sherwood Forest Hospitals has announced that it will be working to strengthening its commitment to our armed forces by starting to work towards an independently-assessed Veterans Covenant Healthcare Alliance \(VCHA\) accreditation.](#)

The accreditation will extend the Trust's signing of the Armed Forces Covenant in 2016 which committed the Trust to ensuring that those who serve or have served in the forces and their families are treated fairly whenever they contact the Trust. That commitment includes members of the armed forces family who attend our hospitals as a patient or visitor, as well as when they apply or are eventually employed to work as a member of staff or volunteer with the Trust.

The additional accreditation will also include specific commitments from the Trust to:

- Train staff to effectively identify serving and former members of our armed forces and their families when they become patients at the Trust's hospitals, as well as better understanding and meeting those individuals' needs
- Establish links with and actively refer veterans to local services for additional and more specialist support
- Formally support the UK armed forces as an employer

We will bring further updates back to the board to update on how that work progresses over the coming months.

Nottinghamshire PRIDE

Sherwood Forest Hospitals will be joining the Nottinghamshire PRIDE month celebrations this month by showing its support to our LGBTQ+ colleagues, patients and visitors to our hospitals.

Among the programme of work we'll be undertaking to join the celebration is our very own PRIDE events at our King's Mill and Newark Hospital sites which have been organised in coordination with our LGBTQ+ staff network. We will share details of these across staff- and public-facing Trust channels nearer the time of those events.

Showing our support for Nottinghamshire PRIDE month is an important part of our work to becoming a more inclusive employer that celebrates diversity and empowers staff to bring their whole selves to work.

I look forward to joining those celebrations over the month ahead and joining everyone who chooses to celebrate the events.

Single Oversight Framework

Reporting Period: Month 2
2022/23



Single Oversight Framework – Month 2 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	<p>During May we continued to encounter significant challenges on our service with winter and surge remaining open. Despite this the experience of those accessing our services remains positive. We have had no serious incidents declared where staffing was a contributing factor. Hospital acquired pressure ulcers remain consistently low. Infection control remains a priority, both in terms of our continued Covid-19 and Cdiff.</p> <p>During April there are 4 exception reports:</p> <ul style="list-style-type: none">• Falls: the falls rate for April is 7.62, which remains above the national average of 6.63. Work is being undertaken by the falls team to reduce falls with progress being made to reduce the number of repeat fallers.• VTE risk assessments: performance 90.34% (YTD 93.2%) target 95%. GSU are work with the NerveCentre team to support the roll out of the electronic screening and supporting key areas with daily prompts.• Emergency Department FFT: score was 89.6% positive against a standard of >90% (YTD 90.2%). The new system was introduced in March 2022, with the new system requiring training to staff members.• FFT: May's Friends and Family's inpatient test score was 94.8% against a standard of >96%. We have implemented a new system from April. Colleagues are being trained on how to use the new system and access real time data.	MD, CN

Single Oversight Framework – M2 Overview

Domain	Overview & risks	Lead
People & Culture	<p>People</p> <p>In M2 our sickness absence levels and overall workforce loss have shown a reduction from last month. The current sickness level is reported as 3.7% and had reduced from 5.2% in April 2022. This sits below the revised trust target (4.0%) and near the lower SPC levels. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.3%, this sits above the target 6.3% but we are anticipating a reduction in these level over the next few months.</p> <p>We are still seeing a high proportion of absences relating to stress and anxiety but our soft intelligence informs us this related to personal stressors outside of the workplace rather than work related reasons. Measures to support this include:</p> <ul style="list-style-type: none"> • Wellbeing support continues across the Trust and ensuring this is embedded within the divisions, • Clinical Psychology support is now in place on a permanent basis for staff support, • Divisional coaching and 121 support for managers is in place with the People Partner team, • A range of online sickness absence management training is also available via Sherwood E-Academy, • Extended wellbeing support/signposting in place through permanent Wellbeing team that extended to offers outside the Trust such as financial wellbeing, citizens advice. • Colleague support leaflet introduced and circulated to all managers through People and Performance <p>Overall resourcing indicators for May 2022 are positive, our overall vacancy's show an decrease and turnover sits under the trust target.</p> <p>Improvement</p> <p>Significant progress is being made in developing a citizen 'Involvement Charter' that will increase service user engagement within our Quality, Transformation, Safety and Improvement agendas. This will be shared with key stakeholders in June/July. Results of the 'SFH QI Maturity Matrix' have been received from EM Academic Health and Science Network, which has independently collated the responses. This is intended to be shared with SLT in June. A clinical and operationally-led significant Improvement Programme is being scoped to support patient flow, with a launch date scheduled for July.</p> <p>Cultural Engagement</p> <p>2021 Staff Survey results were released from embargo at the end of March 22. This identified 3 key themes for commitment to improve; valuing you, caring about you and developing you. Engagement was undertaken with Divisional teams across April and May including discussion at DPRs, to determine priorities for improvement at a Divisional level.</p> <p>Results from the quarterly Pulse survey in April are currently being analysed. There are plans to connect future Pulse surveys to the NSS21 commitment areas ongoing, to align key themes. The next Pulse Survey will run in July.</p> <p>The Culture Insights tool continues in development with engagement underway with Divisions to understand what a supportive rather than punitive process would look and feel like.</p>	<p>DOP, DCI</p>

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead																																																																																																																																																					
People & Culture	<p>Learning and Development</p> <p>Our Mandatory Training and Development compliance currently sits at 87%. This is marginally below the Trust target (90%). Training has now resumed as normal and hope to see an upturn in the coming months. Mandatory Training workbook reviews continue, with engagement sessions to colleagues around changes. The introduction of the ‘Request for new workbooks’ form continues to work well following launch in April. We are developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes</p> <p>Appraisals levels have seen an increase and currently sit at 88.0%, this is below the Trust target this shows a positive upwards trend.</p> <p>COVID Absence – The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for April 2022 was 3.8%, (April 2022 5.2%). This is expressed in figure 1.</p> <p>Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,111 test registered (63.2%). Of the completed tests there has been 2,679 positive test (0.9% positive results). This is expressed in figure 2.</p> <div><div><p>Figure 1 – Total COVID Workforce Loss</p><table border="1"><caption>Estimated data for Figure 1: Total COVID Workforce Loss (%)</caption><thead><tr><th>Month</th><th>Infection Precaution & Shielding</th><th>COVID Sickness</th><th>Non COVID Sickness</th><th>Total Loss</th></tr></thead><tbody><tr><td>Mar</td><td>1.2%</td><td>3.9%</td><td>2.9%</td><td>7.9%</td></tr><tr><td>Apr</td><td>5.1%</td><td>2.0%</td><td>2.3%</td><td>10.4%</td></tr><tr><td>May</td><td>0.9%</td><td>3.2%</td><td>2.3%</td><td>10.2%</td></tr><tr><td>Jun</td><td>0.5%</td><td>3.0%</td><td>1.9%</td><td>5.4%</td></tr><tr><td>Jul</td><td>0.3%</td><td>3.0%</td><td>1.0%</td><td>4.3%</td></tr><tr><td>Aug</td><td>0.5%</td><td>3.3%</td><td>0.5%</td><td>4.3%</td></tr><tr><td>Sep</td><td>0.8%</td><td>3.6%</td><td>1.1%</td><td>5.5%</td></tr><tr><td>Oct</td><td>1.2%</td><td>3.8%</td><td>1.5%</td><td>6.5%</td></tr><tr><td>Nov</td><td>2.7%</td><td>3.9%</td><td>1.3%</td><td>7.9%</td></tr><tr><td>Dec</td><td>1.7%</td><td>3.5%</td><td>2.2%</td><td>7.4%</td></tr><tr><td>Jan</td><td>2.2%</td><td>2.8%</td><td>0.9%</td><td>5.9%</td></tr><tr><td>Feb</td><td>1.3%</td><td>3.4%</td><td>0.7%</td><td>5.4%</td></tr><tr><td>Mar</td><td>0.3%</td><td>4.0%</td><td>0.3%</td><td>4.6%</td></tr><tr><td>Apr</td><td>0.4%</td><td>3.9%</td><td>0.5%</td><td>4.8%</td></tr><tr><td>May</td><td>0.7%</td><td>4.1%</td><td>0.7%</td><td>5.5%</td></tr><tr><td>Jun</td><td>0.9%</td><td>3.7%</td><td>0.9%</td><td>5.5%</td></tr><tr><td>Jul</td><td>1.1%</td><td>3.8%</td><td>1.1%</td><td>6.0%</td></tr><tr><td>Aug</td><td>0.8%</td><td>3.9%</td><td>1.4%</td><td>6.1%</td></tr><tr><td>Sep</td><td>1.4%</td><td>3.1%</td><td>0.8%</td><td>5.3%</td></tr><tr><td>Oct</td><td>1.4%</td><td>3.8%</td><td>0.8%</td><td>6.0%</td></tr><tr><td>Nov</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>Dec</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>Jan</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>Feb</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>Mar</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>Apr</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr><tr><td>May</td><td>1.4%</td><td>3.7%</td><td>0.8%</td><td>5.9%</td></tr></tbody></table></div><div><p>Figure 2 – Lateral Flow Tests</p><table border="1"><caption>Data for Figure 2: Lateral Flow Tests</caption><thead><tr><th>Category</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Total not Registered</td><td>9,111</td><td>63.2%</td></tr><tr><td>Test Registered</td><td>5,308</td><td>36.8%</td></tr></tbody></table></div></div>	Month	Infection Precaution & Shielding	COVID Sickness	Non COVID Sickness	Total Loss	Mar	1.2%	3.9%	2.9%	7.9%	Apr	5.1%	2.0%	2.3%	10.4%	May	0.9%	3.2%	2.3%	10.2%	Jun	0.5%	3.0%	1.9%	5.4%	Jul	0.3%	3.0%	1.0%	4.3%	Aug	0.5%	3.3%	0.5%	4.3%	Sep	0.8%	3.6%	1.1%	5.5%	Oct	1.2%	3.8%	1.5%	6.5%	Nov	2.7%	3.9%	1.3%	7.9%	Dec	1.7%	3.5%	2.2%	7.4%	Jan	2.2%	2.8%	0.9%	5.9%	Feb	1.3%	3.4%	0.7%	5.4%	Mar	0.3%	4.0%	0.3%	4.6%	Apr	0.4%	3.9%	0.5%	4.8%	May	0.7%	4.1%	0.7%	5.5%	Jun	0.9%	3.7%	0.9%	5.5%	Jul	1.1%	3.8%	1.1%	6.0%	Aug	0.8%	3.9%	1.4%	6.1%	Sep	1.4%	3.1%	0.8%	5.3%	Oct	1.4%	3.8%	0.8%	6.0%	Nov	1.4%	3.7%	0.8%	5.9%	Dec	1.4%	3.7%	0.8%	5.9%	Jan	1.4%	3.7%	0.8%	5.9%	Feb	1.4%	3.7%	0.8%	5.9%	Mar	1.4%	3.7%	0.8%	5.9%	Apr	1.4%	3.7%	0.8%	5.9%	May	1.4%	3.7%	0.8%	5.9%	Category	Count	Percentage	Total not Registered	9,111	63.2%	Test Registered	5,308	36.8%	DOP, DCI
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Category	Count	Percentage																																																																																																																																																					
Total not Registered	9,111	63.2%																																																																																																																																																					
Test Registered	5,308	36.8%																																																																																																																																																					

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care	<p>May continued to prove a challenging month for the emergency pathway, ending with the 4 day Jubilee bank holiday weekend. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. SFH 4hr performance was 80.2% for May 2022 which ranked us 6th nationally out of all comparison trusts. Bed occupancy remains higher than the national (92%) and regional (93.1%) levels and whilst this is not having a material impact on the overall ED performance, it has resulted in long waits for patients and overcrowding in ED.</p> <p>Attendances in May (15664) increased by 1409 compared to April 2022 (14255) and 1711 more than May 2021. Admissions to medical beds remain stable and comparative to May 2021. The number of MSFT patients remains in excess of the ICS agreed threshold and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against a threshold of one. A recovery plan developed across the ICS to mitigate the impact of the increased MFFD patients in acute beds is in place however no tangible improvement has been seen.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in May was 137 (April was 121 patients) which is above trajectory. Whilst this is disappointing, the deterioration has been seen regionally and nationally with SFHT improving their national ranking (58 of 125 trusts). 62 day performance for April was 69.3% in comparison to the national position of 65.2%. The average wait for first definitive treatment in April was 63 days (the same as April 19). The number of patients waiting >104 days at the end of April was 7. The Faster Diagnosis Standard (FDS) performance was 78.4% achieving the 75% standard in April, with SFHT ranked 20/125.</p> <p>The trust submitted a plan in the 2022/23 planning round that showed we would not be compliant with the reduction in follow up metric. The data has not been included in the pack and SFHT continue not to meet the standard.</p>	COO

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> NHS England & NHS Improvement (NHSE/I) has confirmed additional allocations to the Nottinghamshire ICS in relation to excess inflation costs, and this additional income was recognised in the Trust and ICS plan resubmissions of 20th June 2022. The updated financial plan for SFH shows a deficit of £4.7m, while the overall planned deficit for the ICS is now £17.0m. The Trust has reported a deficit of £3.2m for the month of May 2022 and £4.3m for the year-to-date (on an ICS Achievement basis). This is a £0.2m adverse variance to the planned deficit, due to the costs of capacity in place to support operational pressures. The Trust continues to incur costs relating to Covid-19 and for May 2022 these costs totalled £0.8m, a reduction of £0.2m compared to the prior month. Costs relating to the Covid Vaccination Programme continue to be reimbursed on a pass-through basis, and these totalled £0.9m in Month 2. Elective Recovery Fund (ERF) income has been included in line with the planned values, although this is still to be confirmed by NHSE/I. The forecast outturn reported at Month 2 is aligned to the revised financial plan, as a deficit of £4.7m. A number of risks remain inherent in the 2022/23 financial plan and a detailed forecast outturn, including sensitivity analysis, will be worked through at the end of Quarter 1. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) delivered savings of £0.3m in May 2022, compared to a plan of £ 0.2m. The expected full-year savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF). <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> The Trust has an indicative capital expenditure plan of £19.5m for the financial year 2022/23. This is still to be confirmed and agreed at an ICS level. Capital expenditure of £0.5m has been reported for Month 2. The closing cash position at 31st May 2022 was £2.0m, which is £0.6m lower than planned. The Trust has complied with the 95% Better Payment Practice Code (BPPC) target in month (on a paid by value basis). 	CFO

Single Oversight Framework – Month 2 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Quality Care	Patient safety incidents per rolling 12 month 1000 OBDs	>44	May-22	47.82	50.50		G	MD/CN	M
	All Falls per 1000 OBDs	6.63	May-22	8.10	7.62		A	CN	M
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	May-22	13.83	5.53		G	CN	M
	Covid-19 Hospital onset	<37	May-22	25	10		G	CN	M
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	May-22	2.77	0.00		G	CN	M
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-22	90.3%	90.3%		R	CN	M
	Safe staffing care hours per patient day (CHPPD)	>8	May-22	9.1	9.1		G	CN	M
	Complaints per rolling 12 months 1000 OBD's	<1.9	May-22	1.44	1.49		G	MD/CN	M
	Recommended Rate: Friends and Family Accident and Emergency	<90%	May-22	90.2%	89.6%		A	MD/CN	M
	Recommended Rate: Friends and Family Inpatients	<96%	May-22	94.7%	94.8%		A	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	May-22	0.53	0.41		G	MD	M

Single Oversight Framework – Month 2 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
People and Culture	Staff health & well being	Sickness Absence	<4.0%	May-22	4.5%	3.7%		G	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	May-22	7.3%	7.3%		A	DoP	M
		Employee Relations Management	<10-12	May-22	17	7		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	May-22	4.3%	4.1%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	May-22	0.7%	0.8%		G	DoP	M
		Mandatory & Statutory Training	>90%	May-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	May-22	87.0%	88.0%		R	DoCI	M

Single Oversight Framework – Month 2 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust


Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	90.0%	May-22	80.5%	80.2%		R	COO	M
		Mean waiting time in ED (in minutes)	220	May-22	199	199		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	May-22	4.2%	3.8%		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	May-22	2.0%	1.7%			COO	M
		Mean number of patients who are medically safe for transfer	<22	May-22	97	96		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	May-22	94.5%	95.5%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	May-22	18.1%	18.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	May-22	-	4.3%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	May-22	-5.8%	-1.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	May-22	95.8%	97.2%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	May-22	94.9%	98.5%		A	COO	M
		Elective Outpatient activity against Plan	on trajectory	May-22	99.8%	103.2%		G	COO	M
	Diagnostics	Diagnostics activity increase against Yr2019/20	on trajectory	May-22	110.0%	112.2%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	May-22	-	42573		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	May-22	-	72		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	May-22	-	1		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	May-22	94.0%	96.4%		A	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	93	May-22	-	137		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Apr-22	78.4%	78.4%		G	COO	M

Single Oversight Framework – Month 2 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

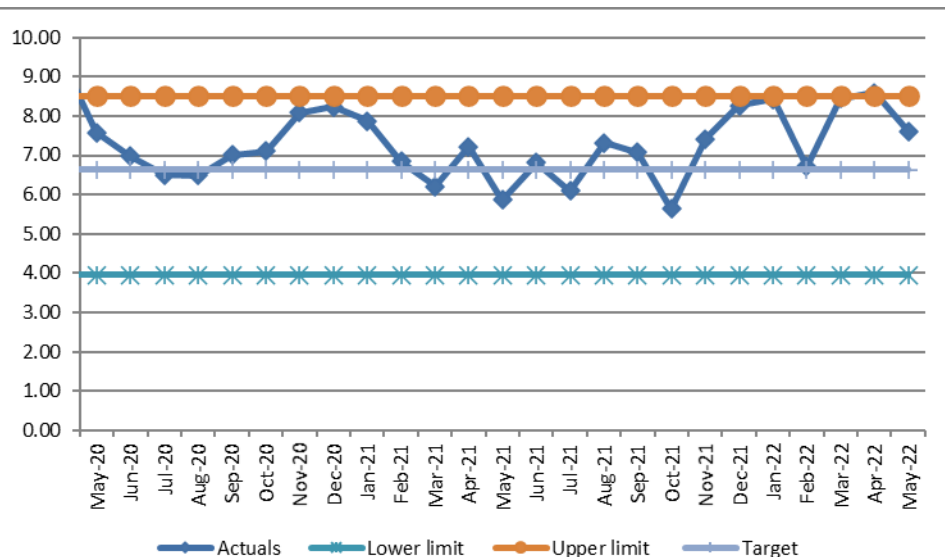
At a Glance		<u>Indicator</u>	<u>Plan / Standard</u>	<u>Period</u>	<u>YTD Actuals</u>	<u>Monthly / Quarterly Actuals</u>	<u>Trend</u>	<u>RAG Rating</u>	<u>Executive Director</u>	<u>Frequency</u>
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	£0.00m	May-22	-£0.22m	-£0.20m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	£0.00m	May-22	£0.22m	£0.04m		G	CFO	M
		Capital expenditure against Plan	£0.00m	May-22	£1.00m	£0.47m		A	CFO	M
		Cash balance against Plan	£0.00m	May-22	-£0.61m	-£2.92m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	May-22	8.10	7.62		A	CN	M



Sherwood Forest Hospitals

NHS Foundation Trust



National position & overview

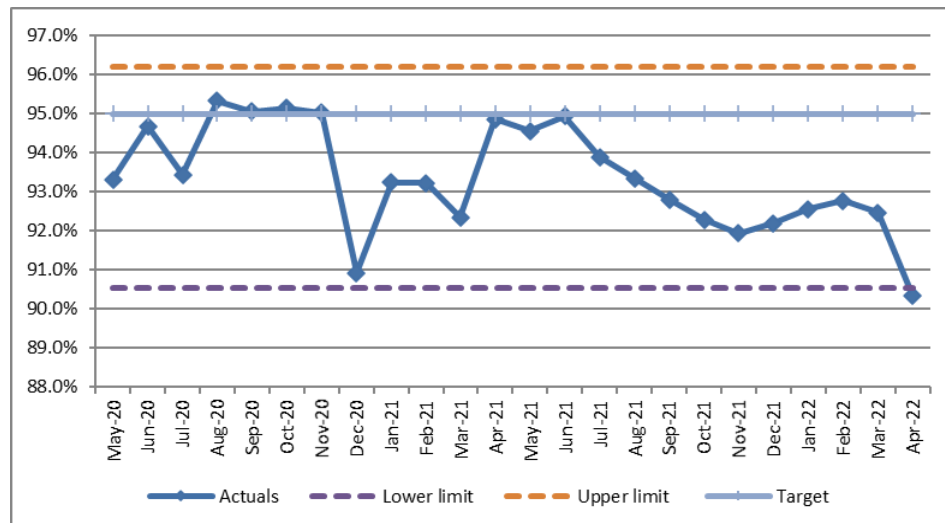
- The falls rate for May is 7.62, this is above the national ambition of 6.63 per thousand occupied bed days.
- Nationally deconditioning continues to affect people at home and in hospital.
- We continue to care for high volumes of medically safe patients within our acute beds due to reduced capacity for community care and ability to safely discharge.
- Benefits of strength and balance training in reduction of falls is taking more of a priority focus for commissioners both nationally and locally, with workforce plans and new pathways evolving.
- Community of Practice for falls and activity promotion across our local ICS is growing and helping to influence change at a local level.
- We continue to focus in month at SFH on improving systems for falls monitoring, investigation and shared learning.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Continue to have high volume of patients requiring acute care. Continue to have high volume of pathway 1 patients, MFFD residing in month, due to insufficient community capacity for placement/POC's. These patients are at high risk of falls. In month we continue to have high numbers of patients with LOS > 21 days, as LOS increases falls rates also increase. Additional bed capacity remains open on all 4 sites. Our inpatients remain more complex with multiple health associated problems. Older adults still struggling to access professional support for reconditioning with lack of opportunity in the community remaining with regard to strength and balance activities and access, and inequity of availability. Interventions for physical activity and exercise in the community often with long waiting times from the point of referral and time limited in terms of longevity of episode of care. 	<ul style="list-style-type: none"> Multifactorial falls risk assessment & falls care plan assurance audit completed, evaluation Falls prevention practitioner completed QSIR training. New Falls and mobility care plan in use/plan evaluate use. Networking with local trusts, sharing of good practice and opportunities continues. Review of Champion sessions for 2022/23 and purpose/time dedicated to role. Review of NAIF recommended national actions and translation into practice at SFH. Review, reflect and re-engage on the work in 2021/22-annual plan During May reviewed Falls group, TOR, approach and agenda. Walk this May - Mobility and Activity Promotion. Falls awareness week planning for September with East Midlands Falls Network. SFH inhouse falls conference planned for November 2022. Further QI work to progress with support from clinical audit team. EPO/Dementia and Falls Connected Work to continue 2nd Virtual Event for ICS Falls and Activity COP 25th May, excellent feedback. 	<ul style="list-style-type: none"> Completed Completed August. Ongoing TBC Ongoing Ongoing Completed Completed November 2022 Ongoing Ongoing Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-22	90.3%	90.3%		R	CN	M




Sherwood Forest Hospitals
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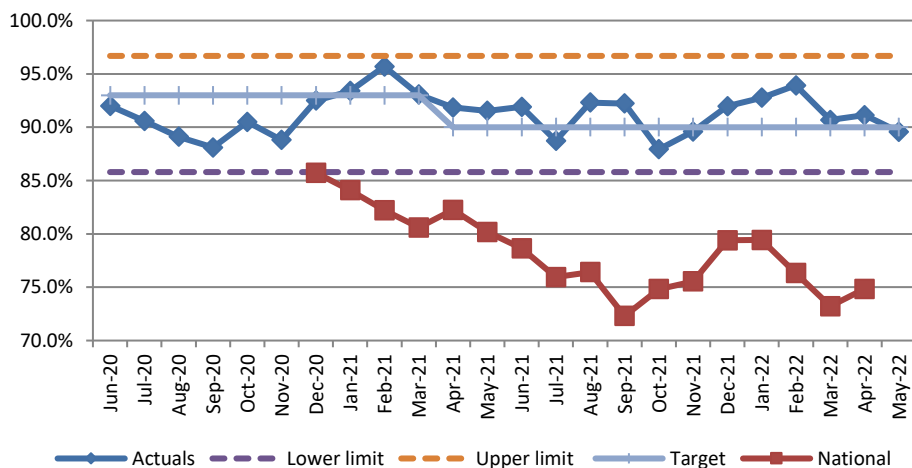


National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid-19 pandemic. Sherwood Forest Hospitals (SFH) continued with data collection for our own internal monitoring process.
- The national target for VTE screening on admission to hospital is set at 95%.
- The resumption of the pre-Covid method of data collection initially significantly improved the compliance score; the data has since demonstrated a steady downward trajectory with April's compliance standing at 90.34%

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The data collection process for VTE risk assessment is currently a manual, paper based process, requiring a significant number of hours to complete. Roll out of electronic VTE screening tool via NerveCentre commenced May 2022. 	<ul style="list-style-type: none"> The GSU team resumed the pre-Covid method of form collection from 1st April 21. GSU continue to work with the NerveCentre team to support the roll out of the electronic screening tool and reporting functionality. Electronic screening tool now rolled out across Medicine and based on NG89 standards. Paper based pink form collection continues across Surgery. GSU continue with daily checks against admission lists. GSU continued prompts on EAU during May 22 to aid compliance and support the roll out. 	<ul style="list-style-type: none"> Completed On going On going August 2022 On going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Accident and Emergency	<90%	May-22	90.2%	89.6%		A	MD/CN	M

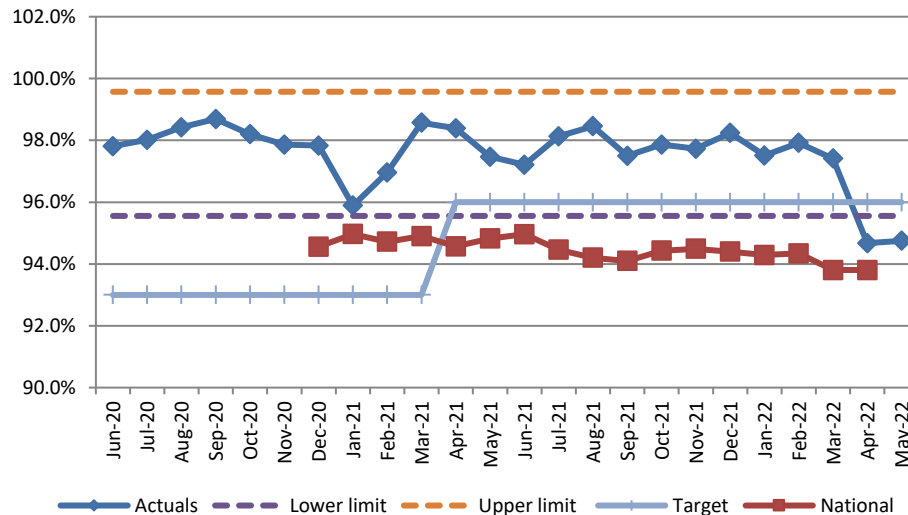


National position & overview

- The Friends and Family Test (FFT) gives patients the opportunity to share feedback on our services, collating results on a scale of very good to very poor. Results are then benchmarked against a positive or negative approach, the data provides a total response rate, overall responses, and the percentages of a positive or negative experience.
- May 2022 Emergency Department area score:
 - 89.47% Positive
 - 6.51% Negative
 - With a response rate of 19%

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Since the introduction of the new system some clinical team have not had access to view FFT data. In May, SMS service has now been reintroduced to all patients for them to be able to provide their feedback and we are looking a restart our QR Codes in the allocated areas. Our website has an online inputting area for patients to provide feedback on their experience in our Emergency Department. Owing to the currently challenges encountered on the emergency pathway i.e. crowding in the department due to exit blocks. This may be impacting on the recommendation rate for ED 	<ul style="list-style-type: none"> Provide colleagues with access to the system Patient Experience is currently setting up areas automatic reports that teams will receive each week for the previous week of feedback. Reintroduce QR Code posters to the area with live links to the online feedback page. Teams to ensure they are reviewing their Negative feedback to ensure an improvement on the amount of Negative Ratings being received. Continue to communicate with patient about delays within the department 	<ul style="list-style-type: none"> Completed June 2022 July 2022 On Going Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Inpatients	<96%	May-22	94.7%	94.8%		A	MD/CN	M



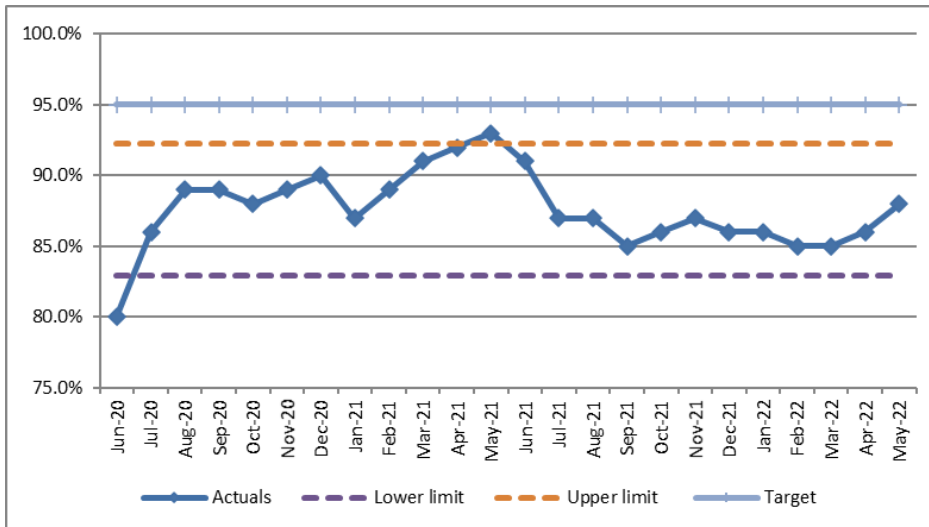
National position & overview

The Friends and Family Test (FFT) gives patients the opportunity to share feedback on our services, collating results on a scale of Very good to Very poor. Results are then benchmarked against a positive or negative approach, the data provides a total response rate, overall responses, and the percentages of a positive or negative experience.

May 2022 Inpatient area score:
92.81% Positive
4.31% Negative
With a response rate of 32%

Root causes	Actions	Impact/Timescale
The trust introduced our new data collection provider in March, we have been implementing across all our areas. We have now introduced SMS to our inpatient areas this is new for our trust. We are now seeing an increase in our response rate with more live data through SMS. We have been delivering training, reports, and feedback to locate key areas identified in our FFT.	<ul style="list-style-type: none"> Introduction of QR Codes to our inpatient areas. Continued training of the new system to staff members to review there data and feedback. Creation of automatic reports to be sent weekly to our inpatient team members. Continue to support teams in reviewing data and feedback in our inpatient areas. 	<ul style="list-style-type: none"> July 2022 On going July 2022 On going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	May-22	87.0%	88.0%		R	DoCI	M

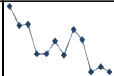


National position & overview

The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

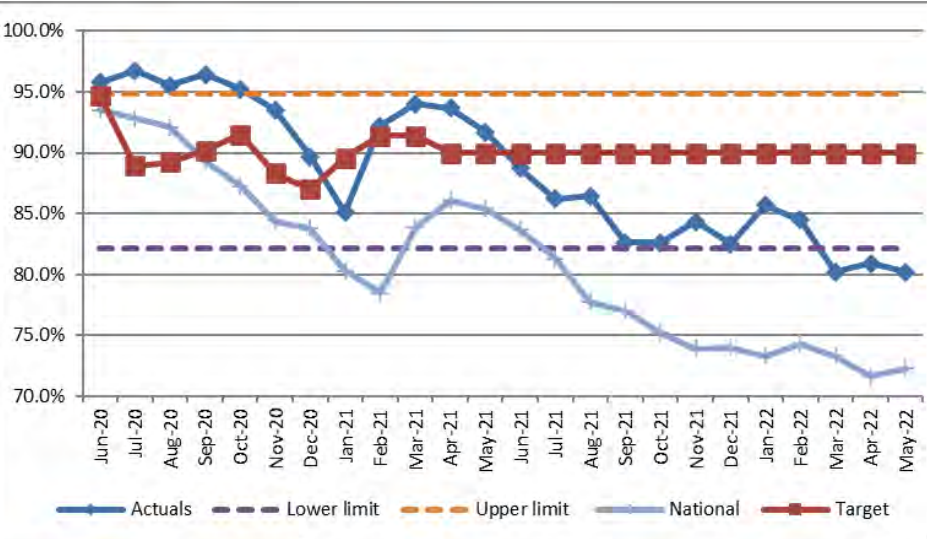
The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (84.2%)

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 88.0%, and shows an increase in from last month (March 2022 – 85.8%) and shows an upwards trajectory.</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the pandemic and hospital pressures, however significance work has been undertaken and we are noting improvements.</p>	<p>The Human Resources Business Partners are supporting discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.</p> <p>Ongoing actions: Consider including appraisals within Protected Learning Time Policy (PLT) to ensure appraisals are prioritised.</p> <p>Consider removing Talent Management from appraisals and dedicate separate time to this to avoid consumption of conversations.</p> <p>Appraisals working group to commence in July to review and improve process.</p>	<p>Appraisal compliance to 90% by end of October 2022.</p> <p>To be assessed – by end 22/23</p> <p>Meeting arranged w/c 27th June</p>

Number of patients waiting >4 hours for admission or discharge from ED	90.0%	May-22	80.5%	80.2%		R	COO	M
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Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- SFH performance was 80.2% for May 2022. Performance continues to be driven mainly by exit block and high numbers of MSFT, although average attendances were up for the month in comparison to May 2021
- National rank 6th out of all comparison Trusts
- The trust has maintained performance of over 80% for the first 2 months of the year
- Newark UTC performed well with an average 99.2% of patients seen and treated under 4 hrs, well above the 95% standard
- Bed pressure was a key driver of performance. The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF

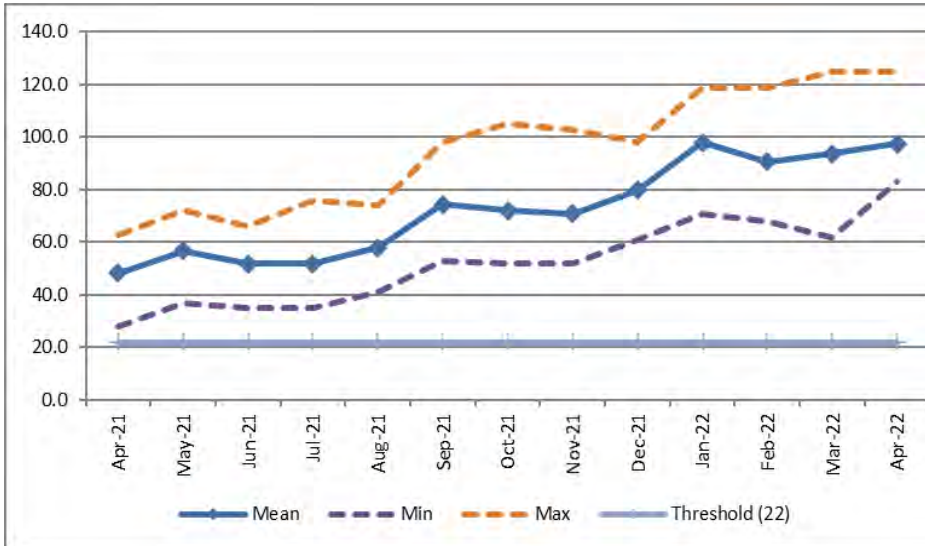
Root causes	Actions	Impact/Timescale
Bed capacity pressure <ul style="list-style-type: none"> • The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination. 	<p>Opened additional beds across Medicine, Women’s and Children’s and Surgical Divisions, incl Sherwood Care Home</p> <p>The maximisation of Same Day Emergency care continues to be successful and 40-50% more patients are seen in this service than in 2019, thereby avoiding admission to a bed</p>	<ul style="list-style-type: none"> • Implemented • Implemented
Activity <ul style="list-style-type: none"> • Attendances increased by 1409 compared to last month and 1711 more than May 2021. 	<p>Internal flow development transformation plan due to kick off in July 2022</p> <p>Capacity and Demand exercise to be undertaken across ED Nursing and Medical staffing to mitigate increased attendances.</p>	<ul style="list-style-type: none"> • Development • Development

Mean number of patients who are medically safe for transfer	<22	May-22	97	96		R	COO	M
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Sherwood Forest Hospitals

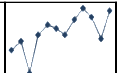
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National position & overview

- The local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- The worsening position is a direct link to capacity issues within adult social care and care agencies
- Additional winter capacity remains open
- Further national drive to support the roll out of Virtual Wards for early supported discharge continues to progress with the business case to be submitted 20 June 2022.
- The system D2A business case is complete however there has been no evidence of positive change within the trust

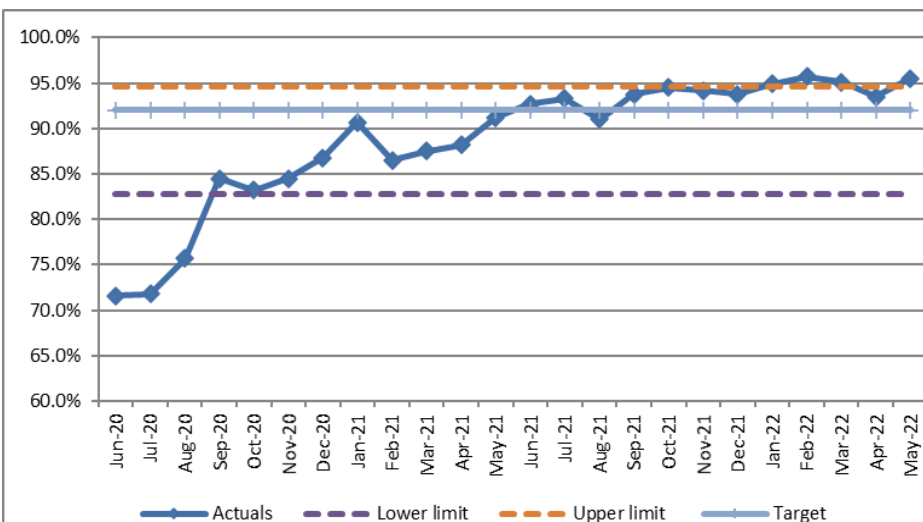
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Pathway 1 and 2 demand and the available capacity to meet the variation in demand. This reflects the lack of available staff in care agencies (on the framework) to meet demand in particular for double up care QDS and TDS, as well as availability of social workers to manage the allocations. Recruitment into care and social worker roles is proving very difficult with posts unfilled and no agency cover. • Internal process issues contributing to referral delays although EPMA/TTO's may improve this • No visible workforce plan/ timelines to improve the D2A delays within the system, in line with D2A business case. National criteria for VW changes have delayed the development of the system plan. • Nationally, VW business case submission was pushed back from 6/6/22 to 20/6/22 	<ul style="list-style-type: none"> • T2A (Ashmere/pathway 2 patients) process with system partners continues to develop • Continuation of winter outlying capacity across wards 14, 31 and 32 • D2A business case circa £8m allocated (£2.5 as new with £5.5m already in system run rate) • System expression of interest being submitted for consideration to be a "Discharge Integration Frontrunner site". It is likely that sites will be decided regionally as only capacity for a few places nationally • VW system business case submission 20 June with Finance committee support to start recruiting for the service to commence in late August/September • System wide agreement continues to progress for FNC assessments, interim placements and wider bedded capacity access • Sherwood Community Care Home continues to support up to 19 MFFD patients 	<ul style="list-style-type: none"> • Implemented • Ongoing • Weekly system meeting in place to review plans • EOI to be submitted 1/7/2022 • BC to be submitted 20/6/2022 • Ongoing • Implemented

Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	May-22	94.5%	95.5%		R	COO	M
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Sherwood Forest Hospitals

NHS Foundation Trust



National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continues to have a detrimental effect to capacity and flow
- The national average for type 1 providers is 92% with a slight increase on this for the Midlands region of 93.1% for May
- Occupancy reduction will form part of the “Flow” project being launched in July 2022 by the COO and MD

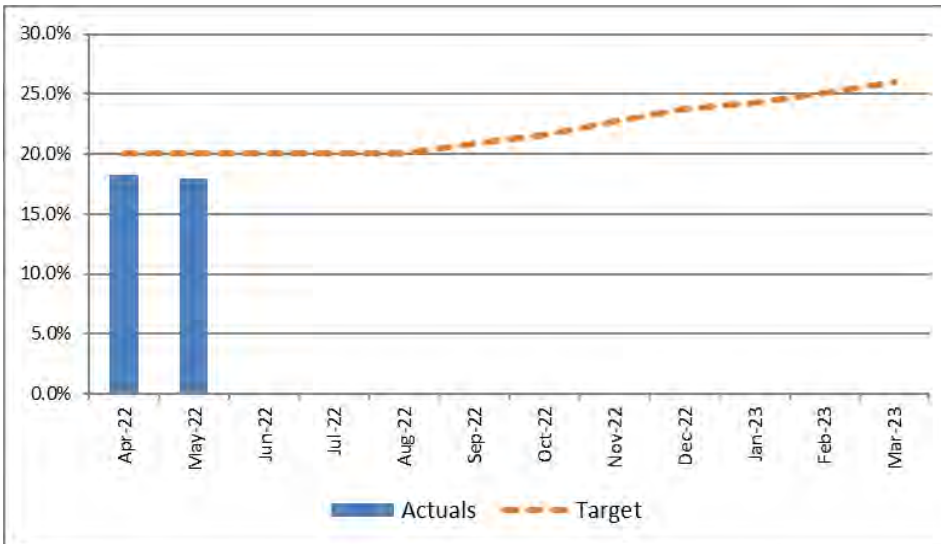
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • The Trust continues to experience delays in the discharge of patients who are MSFT • There are 4 wards worth of beds currently solely caring for patients who are medically fit but have no onward destination. • Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers 	<p>“Flow” project being launched on 29 June by COO and MD, which will include:</p> <p>Daily MSFT calls with system to place patients. Escalation to daily system call.</p>	<ul style="list-style-type: none"> • Developing • Implemented

Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	May-22	18.1%	18.0%		R	COO	M
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Sherwood Forest Hospitals

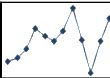

NHS Foundation Trust

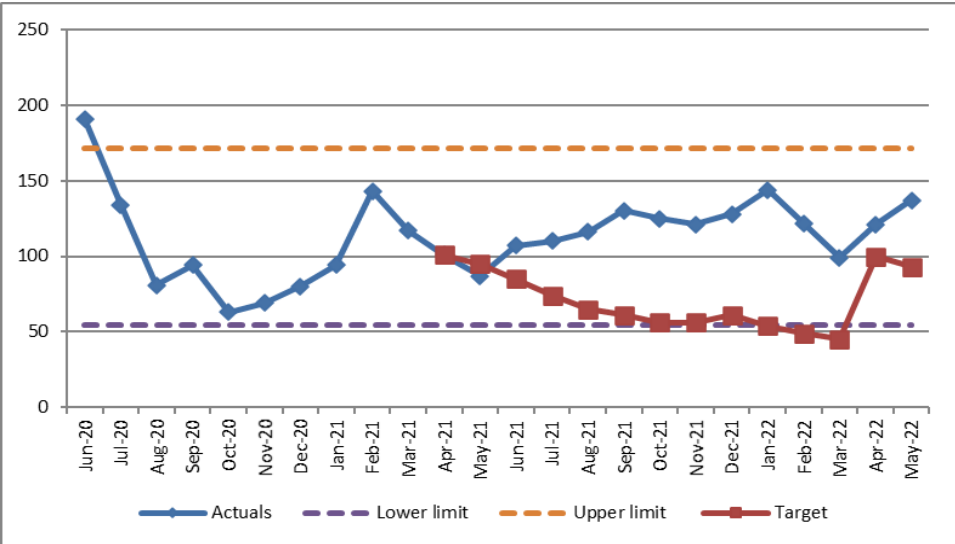


National position & overview

- Remote attendances incorporates both Telephone and Video consultations
- Target is to reduce attendances by 25%
- The outpatient and transformation board are overseeing this piece of work. Specialities are being individually reviewed to understand why there has been deterioration against previous performance and to learn best practice from those specialities where it is working well
- Clinical engagement is the single biggest barrier to continued development of the virtual platform. That said there is a wider piece of work required to look at job plans, signal issues and availability of kit

Root causes	Actions	Impact/Timescale
Clinical appetite to progress 'virtual' agenda, preference to see a patient face to face	Project Team with Clinical Lead to be established to progress this agenda. Phase 1 to include – review of infrastructure and equipment to enable virtual appointments, review of clinic types and recruitment of Clinical Champion to help engagement and further understand challenges.	Initial phase Jun/Jul with report re: findings in August 2022
There are a number of barriers including: equipment, signal issues, support for staff and patients to conduct 'virtual' sessions, fixed clinic sessions for video consultation.	Exploring the role of a virtual receptionist to provide a better patient experience for virtual appointments. Role profile being developed and will be put forward as a temporary position.	Developing
Review of existing telephone and email advice lines not currently recorded or reported.	The process for recording and reporting this activity has been relaunched	Implemented

Number of patients waiting over 62 days for Cancer treatment	93	May-22	-	137		R	COO	M	
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National position & overview

- In the 2022/23 priorities and operational planning guidance, Cancer recovery objectives - Return the number of people waiting for longer than 62 days to the national average in February 2020. For SFH this was 70
- SFH were ranked 58th out of 125 providers for 62 backlog
- SFH were ranked 20th out of 125 providers for Faster Diagnosis Standard achieving 78.4% against the 75% standard
- SFH 62 day waiting time was 69.3% for April, better than the national 65.2% and ICS 61.8%
- The average wait for definitive treatment in April was 63 days – the same as April 2019
- 7 patients waited over 104 days for treatment in April
- A trajectory was developed in March 22 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid. May ended at 137, above the February 2020 average of 70 and above the trajectory of 110

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Delays to STT in Gynae due to Hysteroscopy capacity Urology, Head and Neck clinic waits both locally and at the tertiary centre due to consultant leave. Lower GI impacted by consultant leave due to annual leave . Other diagnostic and treatment delays provided by the tertiary centre including PET scans, surgical dates and oncology. 	<ul style="list-style-type: none"> Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout May to support STT. Head and neck working with NUH colleagues to understand gap and address clinic capacity. Urology working to increase template capacity with the start of MRI fusion in outpatients. Lower GI to add additional clinics and theatres where possible. ICS assessment and review of sustained increased demand New cancer Steering Group in place to give greater focus to the cancer agenda and reducing patient waits 	<ul style="list-style-type: none"> Additional lists for Gynae to be added in July For Gynae STT Improvement in late July/ early Aug Throughout Q1 and Q2 22/23. Developing Developing Developing First meeting took place 16/6/22

Best Value Care



Sherwood Forest Hospitals
NHS Foundation Trust

M2 Summary

- The Trust has reported a year to date deficit of £4.26m for the period up to May 2022 (on an ICS Achievement basis). This is an adverse variance of £0.22m to the planned deficit of £4.04m.
- NHS England & NHS Improvement (NHSE/I) has confirmed additional allocations in relation to excess inflation costs, and this additional income was recognised in the Trust plan resubmissions of 20th June 2022. The updated financial plan for SFH shows a deficit of £4.65m.
- The forecast outturn reported at Month 2 is a £4.72m deficit.
- Capital expenditure was £0.77m. This was £1.00m lower than plan, primarily relating to MRI where funding has yet to be formally approved.
- Closing cash at 31st May was £2.03m, which is £0.61m lower than planned. The Trust has complied with the 95% BPPC invoices paid by value target in month.

	May In-Month			Year to Date			Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Income	36.08	36.25	0.18	73.33	73.32	(0.02)	450.23	448.72	(1.51)
Expenditure	(39.06)	(39.37)	(0.30)	(77.39)	(77.52)	(0.13)	(454.98)	(453.47)	1.51
Surplus/(Deficit) - ICS Achievement Basis	(2.98)	(3.17)	(0.20)	(4.04)	(4.26)	(0.22)	(4.65)	(4.72)	(0.07)
Capex (including donated)	(0.92)	(0.45)	0.47	(1.77)	(0.77)	1.00	(19.46)	(19.46)	-
Closing Cash	(1.20)	(4.12)	(2.92)	2.64	2.03	(0.61)	1.45	1.45	-

Best Value Care

ICS Achievement Basis, All values £'m

	In Month					YTD					Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:															
Contract Income	28.77	28.87	-	28.87	0.10	57.84	57.81	-	57.81	(0.02)	356.02	356.00	-	356.00	(0.02)
ERF	(0.19)	(0.19)	-	(0.19)	0.00	0.64	0.64	-	0.64	(0.00)	9.92	9.92	-	9.92	(0.00)
Other Income	7.47	7.54	-	7.54	0.07	14.81	14.83	-	14.83	0.02	83.97	82.51	-	82.51	(1.46)
Total Income	36.05	36.23	-	36.23	0.18	73.28	73.28	-	73.28	(0.01)	449.91	448.43	-	448.43	(1.48)
Expenditure:															
Pay - Substantive	(20.35)	(20.19)	(0.01)	(20.20)	0.14	(40.69)	(40.27)	(0.03)	(40.30)	0.39	(239.59)	(238.24)	(0.63)	(238.87)	0.72
Pay - Bank	(2.35)	(2.38)	(0.52)	(2.90)	(0.55)	(4.64)	(4.63)	(1.17)	(5.80)	(1.16)	(23.21)	(21.94)	(1.58)	(23.52)	(0.31)
Pay - Agency	(1.22)	(1.22)	(0.05)	(1.27)	(0.05)	(2.05)	(1.98)	(0.12)	(2.10)	(0.05)	(14.74)	(14.39)	(0.12)	(14.52)	0.22
Pay - Other (Apprentice Levy and Non Execs)	(0.11)	(0.12)	-	(0.12)	(0.00)	(0.23)	(0.22)	-	(0.22)	0.01	(1.35)	(1.33)	-	(1.33)	0.02
Total Pay	(24.03)	(23.91)	(0.58)	(24.49)	(0.46)	(47.61)	(47.10)	(1.32)	(48.42)	(0.81)	(278.89)	(275.91)	(2.33)	(278.24)	0.64
Non-Pay	(12.33)	(12.06)	(0.23)	(12.29)	0.04	(24.44)	(23.45)	(0.48)	(23.94)	0.51	(142.93)	(141.14)	(1.11)	(142.25)	0.68
Depreciation	(1.25)	(1.21)	-	(1.21)	0.04	(2.49)	(2.39)	-	(2.39)	0.10	(14.80)	(14.70)	-	(14.70)	0.10
Interest Expense	(1.41)	(1.41)	-	(1.41)	0.00	(2.78)	(2.78)	-	(2.78)	(0.00)	(16.64)	(16.64)	-	(16.64)	(0.00)
PDC Dividend Expense	-	-	-	-	-	-	-	-	-	-	(1.31)	(1.31)	-	(1.31)	-
Total Non-Pay	(15.00)	(14.68)	(0.23)	(14.91)	0.08	(29.71)	(28.62)	(0.48)	(29.11)	0.60	(175.68)	(173.79)	(1.11)	(174.90)	0.78
Total Expenditure	(39.03)	(38.59)	(0.81)	(39.40)	(0.37)	(77.32)	(75.73)	(1.80)	(77.53)	(0.21)	(454.57)	(449.70)	(3.44)	(453.14)	1.42
Surplus/(Deficit)	(2.98)	(2.36)	(0.81)	(3.17)	(0.20)	(4.04)	(2.45)	(1.80)	(4.25)	(0.21)	(4.65)	(1.27)	(3.44)	(4.71)	(0.07)

The table above shows the year to date deficit position of £4.25m for the period up to Month 2 (May 2022).

This deficit represents an adverse variance to plan of £0.21m, which is due to the additional costs of capacity that has been put in place to support operational pressures, including the Sherwood Community Unit.

The Trust has reported full receipt of planned ERF income. Although the Trust performance is below the plan, the plan has been achieved at an ICS level. Confirmation of this income is still to be confirmed by NHSE/I.

The forecast outturn reported at Month 2 is broadly aligned to the revised financial plan, as a deficit of £4.7m. A number of risks remain inherent in the 2022/23 financial plan and a detailed forecast outturn, including sensitivity analysis, will be worked through at the end of Quarter 1 to take account the current bed pressures, ERF & FIP achievement, Covid costs, some of the assumed income streams and excess inflation.

FY23 Target		FY23 Forecast		FY23 Variance		M2 Target		M2 Actual		M2 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status	
FIP £11.73m	ERF £2.21m	FIP £11.73m	ERF £2.21m	FIP £0.00m	ERF £0.00m	FIP £0.04m	ERF £0.18m	FIP £0.00m	ERF £0.26m	FIP (£0.03m)	ERF £0.07m	FIP £0.07m	ERF £0.37m	FIP £0.01m	ERF £0.66m	FIP (£0.06m)	ERF £0.29m	G	Green rated due to full year achievement assumption
£13.94m		£13.94m		£0.00m		£0.22m		£0.26m		£0.04m		£0.44m		£0.66m		£0.22m			

Financial Improvement Plan Delivery

- a. In-month delivery was slightly behind plan due to a delay in procurement savings; though these are expected to catch-up. Digital letters continued to achieve above plan.

Elective Recovery Funding (ERF)

- a. The Transformation & Efficiency Programme continues to contribute to the delivery of ERF. This will however be reported separately. Should activity exceed plan however, and this results in the delivery of additional ERF, this additional funding will be allocated to the FIP.
- b. In-month delivery is above the planned trajectory overall, however the Theatres Transformation activity is below plan. The overall impact on the achievement of ERF in month 2 is not yet known. The figures shown are therefore indicative at this stage.
- c. The planned trajectory for 2022-23 is being reviewed, in line with revised (stretch) targets.

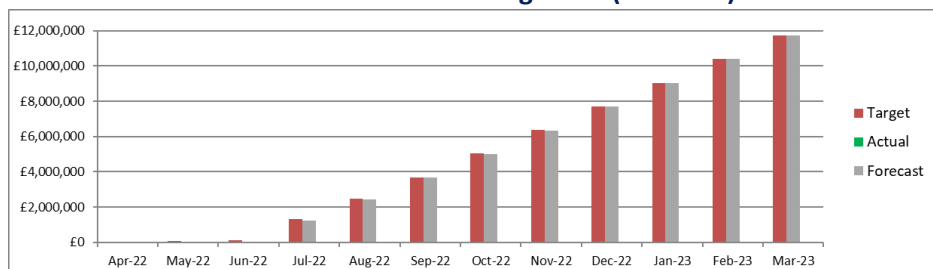
Full Year Forecast

- a. It has been assumed, at this stage, that the 2022-23 FIP will be delivered in full by the end of the year. The 'overall status' therefore has been rated green.
- b. The Medical, NMAHP and Procurement Programmes are expected to be included in month 3 reporting.
- c. There is currently £3.8m unallocated FIP, which has notionally been assigned to individual divisions. There are 50+ programme specific ideas currently being worked up, with an additional 40+ schemes on the idea's log. These ideas will help address the unallocated amount.

Issues and Risks

- a. Although a large-scale Transformation and Efficiency programme has been worked up, there is (as noted above) £3.8m currently unallocated. This and the targets for all programme are expected to be split across the Divisions for month 3 reporting.
- b. Delays in the re-establishment of 'pre-Covid bank rates' will potentially delay savings identified as part of the NMAHP Transformation Programme.

Item 1: Cumulative Phased Forecast Savings Plan (excl. ERF)



Item 2: Summary by Programme

Key > 95% > 75% < 75%

Programme	Month 2 YTD Target			Month 2 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£3,333	£243,958	£247,291	£5,064	£656,824	£661,888	Green
Theatres Transformation	£0	£125,000	£125,000	£0	£0	£0	Yellow
NMAHP Transformation	£0	£0	£0	£0	£0	£0	Green
Medical Transformation	£0	£0	£0	£0	£0	£0	Green
Pathology Transformation	£0	£0	£0	£0	£0	£0	Green
Diagnostics Transformation Programme	£0	£0	£0	£0	£0	£0	Green
Ophthalmology Transformation	£0	£0	£0	£0	£0	£0	Green
Corporate Services	£66,667	£0	£66,667	£0	£0	£0	Yellow
Divisional Schemes	£0	£0	£0	£0	£0	£0	Green
Total	£70,000	£368,958	£438,958	£5,064	£656,824	£661,888	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	SOF – Integrated Performance Report		Date: 7 th July 2022									
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs											
Approved By:	Executive Team											
Presented By:	Paul Robinson, CEO											
Purpose												
To provide assurance to the Board with regard to the Performance of the Trust as measured in the SOF Integrated Performance Report			Approval									
			Assurance	x								
			Update									
			Consider									
Strategic Objectives												
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value								
x	x	x	x	x								
Overall Level of Assurance												
	Significant	Sufficient	Limited	None								
		x										
Risks/Issues												
Financial	Risks as issues are identified throughout the report											
Patient Impact												
Staff Impact												
Services												
Reputational												
Committees/groups where this item has been presented before												
Executive Team 29 th June 2022												
Executive Summary												
<p>The SOF – Integrated Performance report provides the Board with assurance regarding the standards identified on the dashboard.</p> <p>There are 42 standards on the monthly dashboard, these are grouped into 4 Sections:</p> <table border="0"> <tr> <td>Quality Care</td> <td>11 Standards</td> </tr> <tr> <td>People and Culture</td> <td>7 Standards</td> </tr> <tr> <td>Timely Care</td> <td>19 Standards</td> </tr> <tr> <td>Best Value Care</td> <td>4 Standards</td> </tr> </table> <p>All standards are RAG rated and the thresholds for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard and forms part of the dashboard report.</p> <p>A report is produced for each individual standard rated as red; this includes:</p> <p>The performance against the standard, both monthly and year to date, the trend graph, the Executive owner, a comparison against the national position, the root causes, with actions to address, the expected outcome and timeline for completion.</p> <p>In May there are 8 Standards rated as red</p>					Quality Care	11 Standards	People and Culture	7 Standards	Timely Care	19 Standards	Best Value Care	4 Standards
Quality Care	11 Standards											
People and Culture	7 Standards											
Timely Care	19 Standards											
Best Value Care	4 Standards											

Quality Care - One standard rated Red

Eligible patients having Venous Thromboembolism (VTE) risk assessment, has been the focus of the board and quality committee for some time, and the trend was improving. The threshold for this standard is Green $\geq 95\%$ Amber 93-94% and Red $\leq 92\%$, the trust performance for April, data is not yet available for May, was 90.3% a reduction from 92.5% in March and 93.2% for the year ended March 2022. SFH remains in a mixed economy state with Medicine Division collecting screening data via our ePMA and the rest of the organisation still using a paper based collection process. The most challenged area remains ED and EAU and whilst ePMA is now live in EAU, ED is not yet rolled out.

People and Culture – One standard rated Red

Appraisals, a derogation regarding appraisal which was implemented during the pandemic ceased in January 2022 and since then there has been a steady increase in the number of appraisals taking place. The performance against this standard for May is 88%, an increase from 87% in April. The previously agreed trajectory of 90% is forecast to be achieved at the end of October 2022.

Timely Care – Six standards are rated Red

Number of Patients waiting >4hours for admission or discharge from ED, the national performance standard is 95%, the Trust achieved 80.2% in May a slight decrease on the 80.9% performance achieved in April when the trust ranked 4th out of national comparisons, in May the Trust ranks 6th out of national comparisons. Attendances in the month were up compared to last month and to May 2021, however the Trust has maintained performance at over 80% for the first 2 months of the year with Newark UTC performance averaging 99.2%

Mean number of patients who are medically safe for transfer, during May there were on average 96 patients in acute beds who require care in another setting which was similar to the numbers in April. The agreed threshold for MSFT is 22 patients. Capacity issues within adult social care and care agencies continue and the Trusts additional winter capacity remains open and Sherwood community Care Home continues to provide support for up to 19 Medically Safe For Transfer patients.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep), the standard for this is $<92\%$, the trust was operating at 95.5% occupancy throughout May which was an increase from April. Occupancy remains high due to the consistent high levels of MSFT patients in acute beds. The regional average is 93.1% for May.

Remote Attendances as a percentage of Total Outpatient Attendances, this standard is measured against an agreed trajectory of 20%, the performance in May is 18% which is slightly higher than the April performance. The outpatient and transformation board are reviewing individual specialties to identify best practice in services where this is working well and apply where appropriate across other underperforming services.

Follow Up Outpatient Attendances reduce against Yr2019/20, In the 2022/23 plan the Trust declared they would not be compliant with the reduction in follow up metric, this continues to be the case, as a result the escalation slide has not been completed.

Number of patients waiting over 62 days for Cancer Treatment, the number of patients in May backlog was 137 an increase of 16 patients from the April position of 121 patients and above the trajectory of 110. The Trust was ranked 58th out of 125 providers for 62 day backlog in May and 20th out of 125 providers for Faster Diagnosis Standard, achieving 78.4% against the 75% standard. The Trusts 62 day waiting time at 69.3% was better than both the national average of

65.2% and the ICS of 61.8%

Board of Directors Meeting in Public

All reports **MUST** have a cover sheet

Subject:	Cancer Capacity		Date: 7 July 2022	
Prepared By:	Maggie McManus, Acting Chief Operating Officer			
Approved By:	Maggie McManus, Acting Chief Operating Officer			
Presented By:	Maggie McManus, Acting Chief Operating Officer			
Purpose				
To update the Board on the review of the benefit of converting routine elective capacity to cancer capacity			Approval	
			Assurance	
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X			X	
Indicate which strategic objective(s) the report support				
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Indicate the overall level of assurance provided by the report -	External Reports/Audits	Triangulated internal reports X	Reports which refer to only one data source, no triangulation	Negative reports
Risks/Issues				
Indicate the risks or issues created or mitigated through the report				
Financial				
Patient Impact	X			
Staff Impact				
Services	X			
Reputational				
Committees/groups where this item has been presented before				
Executive Summary				
<p>Following a board request to review the benefit of converting routine elective capacity to cancer capacity, the Deputy Chief Operating Officer reviewed and consulted with clinical colleagues to understand any potential opportunities.</p> <p>The main findings of the investigation were:</p> <ul style="list-style-type: none"> Almost 21% of cancers which are picked up in the routine elective pathway would be missed, for some specialties that can be as high as 40% The transfer of elective capacity would need to include the relevant diagnostic capacity which has its own capacity restrictions and may be carried out at a tertiary centre The change of elective capacity to cancer would not necessarily be equal (cancer appointments and treatments traditionally take longer than a routine elective) so the impact on the elective pathway would be greater than 1:1 Some tumour sites only have cancer pathways (breast) and some have predominantly cancer pathways and little or no routine capacity to convert Some of the tumour sites have backlogs that are significantly delayed at NUH awaiting complex surgery (Upper GI, Urology & Gynaecology) 				

- Changes to estate at the Kingsmill Hospital Site to address winter/surge capacity pressure within the emergency pathway have had a detrimental effect on the cancer pathway by displacing other cancer focussed specialties, making them less efficient.

Conclusion

- The clinical chairs, cancer lead clinician and tumour site leads were unanimously opposed to converting routine elective capacity due to the clinical risk of missing almost 21% of patients who require cancer care.
- The operational impact is limited due to the number of specialties and clinicians who only see cancer patients and therefore have little or no routine capacity to convert.
- A third of the patients waiting on the backlog are at a tertiary provider awaiting surgery

The Board is asked to:

- Accept this report on the capacity considerations within the cancer and elective pathways
- Note the investigative actions taken
- Consider the outcomes and view of our clinical leaders
- Consider the limited impact and risks of converting routine capacity to cancer capacity

Background

The Chief Operating Officer (COO) was asked by the board to consider what other actions could be taken to speed up the recovery of the cancer backlog to February 2020 levels and ensure that appropriate prioritisation had taken place. From this request, the suggestion was made that routine elective capacity could be transferred to cancer capacity. The Deputy Chief Operating Officer was asked to explore this as a solution and present back to board in July 2022.

The DCOO took the proposal to cancer board and clinical chair/divisional general managers meetings and also reviewed with the clinical chairs, cancer lead clinician, tumour site leads and operational managers. Data was presented that showed the backlog split, where the patient were delayed and what was required to resolve the issue.

The outcome of the investigation highlighted the following main themes:

- The Clinical Chairs, Cancer Lead and tumour site leads expressed concern due to the underlying clinical risk from 'missed' cancers that are identified through the routine elective pathway. As a monthly average, this equates to 39 of the total 188 per month, almost 21%.
- The transfer of elective capacity would need to include the relevant diagnostic capacity which has its own capacity restrictions and may be carried out at a tertiary centre
- The change of elective capacity to cancer would not necessarily be equal (cancer appointments and treatments traditionally take longer than a routine elective) and outpatient, theatre and diagnostic efficiency would be adversely affected
- Some of the tumour sites only have cancer pathways (breast) and some have predominantly cancer pathways and little or no routine capacity to convert
- Some of the tumour sites have backlogs that are significantly delayed at NUH awaiting complex surgery (Upper GI, Urology & Gynaecology)
- Changes to estate at the Kingsmill Hospital Site to address winter/surge capacity pressure within the emergency pathway have had a detrimental effect on the cancer pathway by displacing other cancer focussed specialties, making them less efficient.
- In May, a quarter of the backlog was awaiting surgery or a diagnostic procedure at a tertiary centre

Mitigations

There are a number of other actions that are either taking place within the tumour sites or are planned which will aid our ability to recover capacity and reduce the backlog:

- Specialties are already converting routine capacity where appropriate
- Recruitment is taking place for substantive and locum consultants in specialties that have vacancies
- Mutual aid is being sought from other tertiary centres for appropriate patients
- A system cancer hub is being developed to provide mutual aid across pathways to reduce specialty specific backlogs. This will however need to be clinically led due to the complexity of the patient cohort.
- Mutual aid is being offered by SFHFT for less complex patients in an attempt to clear capacity for the longest waiters across the system to be operated on/have their diagnostic procedure at NUH
- There is a proposal to reassess the location of non elective beds to minimise the effect of the sustained emergency pressure on cancer and elective pathways (the number of beds required will not reduce)

Governance

Cancer was previously reported as part of the SFH elective care steering group which may have inadvertently diluted the focus for the clinical, operational and nursing leadership teams. It was agreed that a new steering group solely for cancer (CSG) would be set up which would be clinically led, have membership that included the tumour site Clinical Leads, Divisional General Managers and Heads of Nursing and feed escalations and progress into Trust Management Team (TMT). The first CSG took place 6 June 2022, with the quadrant report due to be presented at Executive Team Meeting and TMT in July.

Cancer backlog has now also been added to the weekly NHSEI Midlands Region Elective Care Recovery programme oversight regime. Each provider is asked by the regional team to present their cancer backlogs and progress/escalations on a weekly basis.

Conclusion

Upon investigation into the benefits and risks of converting routine capacity to cancer, there is a clear and significant risk of missing or delaying almost 21% of all cancers that are referred through the routine pathway. In some specialties, this can be as much as 40%. As a result of this risk, the cancer clinicians and most senior clinical leaders in the organisation were not in support.

The board is asked to:

- Accept this report on the capacity considerations within the cancer and elective pathways
- Note the investigative actions taken
- Consider the outcomes and view of our clinical leaders
- Consider the limited impact and risks of converting routine capacity to cancer capacity

Board of Directors - Public

Subject:	Senior Information Risk Owner (SIRO) Report for Trust Board		Date: 7 th July 2022	
Prepared By:	Jacquie Widdowson, Information Governance Manager & Data Protection Officer			
Approved By:	Shirley Higginbotham, Director of Corporate Affairs and SIRO			
Presented By:	Dave Selwyn, Executive Medical Director and Caldicott			
Purpose				
To provide assurance to Board of Directors on the compliance with the Data Security Protect Toolkit			Approval	X
			Assurance	
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X			X	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
Indicate the overall level of assurance provided by the report -		X		
Risks/Issues				
Financial	IG Breaches can result in significant financial penalties			
Patient Impact	IG Breaches can result in the disclosure of patient sensitive information			
Staff Impact	IG Breaches can result in the disclosure of staff sensitive information, impact on delivering care if patient information is not available or incorrect			
Services	Ensure information is available to deliver patient care			
Reputational	Potential negative impact to trust breaches			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>This report provides the Trust Board with an overview of the Trust's compliance with the Information Governance (IG) and security agenda both nationally and locally.</p> <p>The 2021/22 Annual SIRO report is included below.</p> <p>At present 108 of the 109 Mandatory evidence items are now complete. Only 1 evidence item is not complete and this renders the submission standards NOT MET. This is in relation to staff achieving 95% of their annual Data Security Awareness Training. Many large healthcare organisations across the country have failed to achieve the standard for this submission.</p>				

The independent auditors have provided their overall assessment on the DSPT as Moderate, this means we have no standards rated as unsatisfactory or limited, however not all standards are substantial.

3 incidents have been escalated as reportable to the Information Commissioners Office during 2021/22. At present non has resulted in action from the regulators as the Trust has provided appropriate assurance.

Work continues to raise the profile of information governance across a variety of mediums to ensure that incidents and lessons learned are raised to the attention of all employees across the Trust.

2021/22 Annual Senior Information Risk Owner Report

Purpose of the Report

To document the Trust's compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Freedom of Information Act 2000, current Data Protection Act 2018 and the General Data Protection Regulations.

To document the Trust's compliance with the Data Protection & Security Toolkit and provide assurance of progress in relation to the requirements which are mandated for completion.

To detail any Serious Incidents Requiring Investigation (SIRI) during the year, relating to any losses of personal data or breaches of confidentiality.

To outline the direction of information governance work during 2021/22 and how it aligns with the strategic business goals of Sherwood Forest Hospitals NHS Foundation Trust.

Assurance Framework

The Information Governance Committee meets on a bi-monthly basis to assess risks to security and integrity of information and management of confidential information. The Committee monitors the completion of the Data Security Protection Toolkit submission, data flow mapping, and information asset registers. Also ensuring the Trust has effective policies, processes and management arrangements in place.

The final preparations for submission have been completed, the submission was completed on 30th June 2021/22. The submission was 108 of the 109 Mandatory evidence items completed.

Assessment of completion & trajectory – including high risk areas.

The only high risk area for this submission has been:

3.2 - 95% staff pass the data security and protection mandatory training. The last training figures indicate 89% of staff have completed mandatory training, which is a slight increase on previous months. The focus for the next few months is to again try and achieve 95% and a plan to address this will be monitored by the IG Committee.

The independent auditors have provided their overall assessment on the DSPT as Moderate. Of the 10 areas assessed 9 gained substantial assurance with 1 area moderate. The moderate outcome relates to Business Continuity, not having an up to date IT incident plan and not determining RTO's (recovery time objectives) and RPO's (Recovery Point Objectives) for each key system.

Data Flow Mapping

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2021/22 the Trust has undertaken an annual review of information flow mapping to ensure that we are assured that information flows into and out of the Trust are identified, risk assessed and addressed. This is then expanded to ensure that we have assurance that all information is stored securely and appropriately and any partners in delivery of either shared care or information storage achieve the same high levels of information governance assurance.

**Information flows have been received 2021/22
from the following departments:**

Audiology
Chaplaincy
Communications
Day Case
Estates & Facilities

Finance
HR
Infection Prevention and Control Department
Information Services
Integrated Sexual Health Services
NHIS
Pain Management
Pathology
Patient Services
Pharmacy
Programme Management Office
Risk & Assurance
Research & Development
Radiology
Therapy
Trust Headquarters
Urgent & Emergency Care
Waiting List
Women & Children

Outstanding Data Flow Maps

Anesthetics
Cancer Services
Cardiology
Dermatology
Diabetes
Management Secretaries
Pre-op
Respiratory
Rheumatology
Stroke
Training & Development

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, the organisation is required to report on any Serious Incidents (SIRI's) or Cyber Incidents which are notified on the Data Security & Protection Toolkit reported through to either the ICO or NHS Digital.

To date there have been 3 incidents that have been reported during 2021/22 and the Trust has had no further action from the regulators after investigation to date.

Risk Management and Assurance

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2021/22 the IG Manager/ DPO has reviewed the current top data risks which continue to be unsupported systems, human error and availability of information. A recent IG audit was undertaken on AMAT. The results are currently being analysed, however, early indications suggest there are some areas across the organisation where data security can be improved. The IG audit will be disseminated over the coming months to all areas, to provide a more holistic overview. The results will be monitored by the IG Committee and actions to address deficiencies identified.

Freedom of Information (FOI)

During 2021/22 the Trust processed a total of 600 FOI requests. This function is managed by the Information Governance Team and the activity is demonstrated in the table below.

Total	Breached timeframe of 20	Escalated to ICO
600	138	0

This year has again been challenging due to the current ongoing situation which has had an impact on the number of FOI requests exceeding the 20 day timeframe. We received 136 more requests than in the previous year. The compliance rate for responding to requests was 67.3% which is an improvement on the previous year's figure of 59%.

Subject Access Requests

The Trust has received 2810 requests for access to patient records. The majority of requests are processed within the national standards, which is exemplary given that some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure information is released appropriately. There have been no complaints to the Information Commissioner – any requests for review of content of records by patients have been investigated locally and achieved satisfactory resolution for patients. There was a substantial decrease of around 500 requests received into the department during 2020/21, however current figures now indicate that these are now in line with pre pandemic levels.

Trust has received 2810 requests overall.

1 March 2021 to 28 Feb 22 Total	Completed < 21 days	Completed 21- 30 days	Completed > 30 days
KMH-2665 NWK -130 IG-15	KMH - 2561 NWK -124 IG- 9	KMH- 104 NWK-5 IG-4	KMH -0 NWK -1 IG-2

Horizon Scanning 2022/23

Harnessing the power of data while maintaining privacy and ethics, broke down barriers during the pandemic. The Data Saves Lives: reshaping health and social care data strategy, provides a clear set of standards for how we will create and deploy new data driven technology. It will encourage innovation and improve the care we provide through research and clinical trials with the development of new medicines and treatments.

The use of AI and robotics for healthcare will continue to expand, however with this will bring increased cyber risks.

A national information governance transformation plan will be developed, focusing on data sharing, creating professional standards and addressing training for frontline staff.

Board of Directors Meeting in Public

Subject:	COVID-19 Vaccination Programme: UPDATE		Date: 7th July 2022	
Prepared By:	Kim Kirk Operations Lead for Hospital Hub			
Approved By:	Robert Simcox Director of People			
Presented By:	Robert Simcox Director of People			
Purpose				
The paper provides an overview to date of the contributions the Trust has made in supporting the COVID-19 Vaccination Programme role out across Nottingham and Nottinghamshire.			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	x	x	x	x
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial	Improving productivity and workforce utilisation and impact			
Patient Impact	Maintain safe staffing levels and a good patient experience			
Staff Impact	Improve working lives			
Services	Staffing levels impact service and bed availability			
Reputational	SFH recommended as a great place to work			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>The aim of the COVID-19 vaccination programme is to protect those who are at risk of serious illness or death should they develop COVID-19, and reduce transmission of the infection, thereby contributing to the protection of population health.</p> <p>The paper provides an overview of the contributions the Trust has made to support the Nottingham and Nottinghamshire COVID-19 vaccination programme.</p> <p>The details of the vaccinations issued to date are summarised in the attached slides.</p> <p>The Summary highlights to date are:</p> <ul style="list-style-type: none"> • KMH Hub currently delivered over 214,000 vaccines since December 2020 • KMH Vaccination Hub continue to offer appointments to all eligible cohorts staggering clinic times to support medicine management safety. • Planning for Autumn Booster Programme, including accessibility and workforce across the programme. • Summer Plan still in place and has a continued focus on uptake from eligible 				

cohorts, Over 75's and Immunosuppressed cohorts.

- Flu Group planning underway to establish approach for co-administration increasing capacity and accessibility for staff Flu and COVID vaccination.
- Hospital Hub opening hours reduced during weekend, opening alternate weekends to Ashfield Vaccination Centre.
- Staff Vaccination Data – ongoing work with OH for OPAS roll out to support data recording and collection for Flu and COVID in Autumn Booster Campaign.

KMH Hub currently offering vaccines to cohorts:

- Adults aged 75 years and over,
- Residents in a care home for older adults
- 5-11 year olds
- Immunosuppressed patients 12 years and older
- Evergreen offer – 1st and 2nd doses to eligible cohorts

Due to the slowing down of the programme, the next update regarding the COVID-19 Vaccination Programme to Trust board will be on Thursday September 1st, 2022.

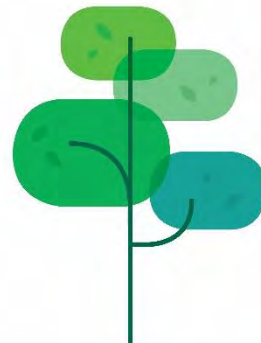
Recommendation

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

Programme Assurance Report

June 2022

COVID 19 Vaccination Programme Sherwood Forest Hospital Hub



Performance to date

(8th December 2020 – 22nd June 2022)

Vaccines Administered

214,877

Total number of first doses administered

69,325

Total number of second doses administered

76,051

Total number of third/booster doses administered

69,501

Total waste recorded to date (all reasons)

3,843

Overall number of vaccines not administered

664

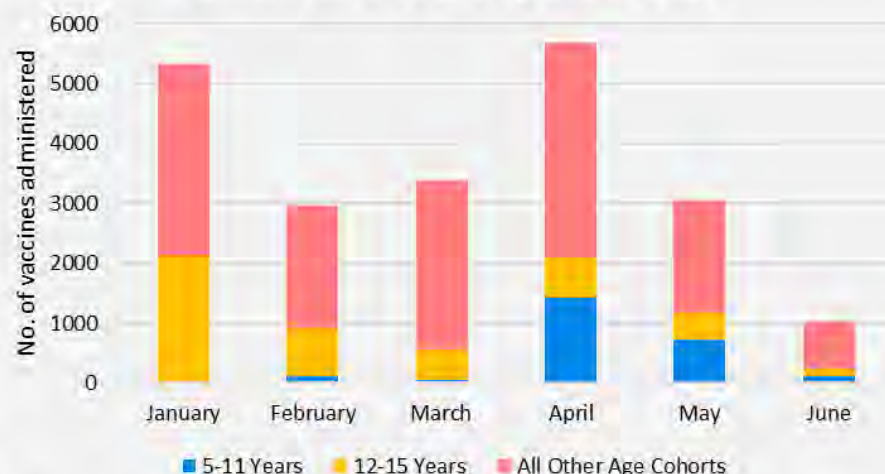
Overall number of DNAs recorded to date

15K

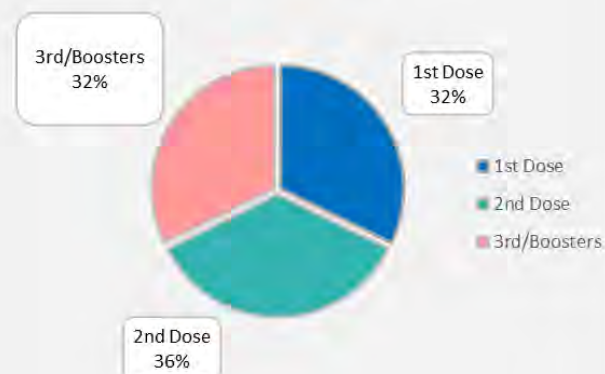
Overall number of incidents recorded to date

28

Administration of Vaccine by Cohort in 2022



Total Vaccines administered since December 2020



Monthly performance (June 2022)

Total Vaccines
Administered to date

214,877

Vaccines Administered
this month

1,020

Overall number of
vaccines not given this
month

10

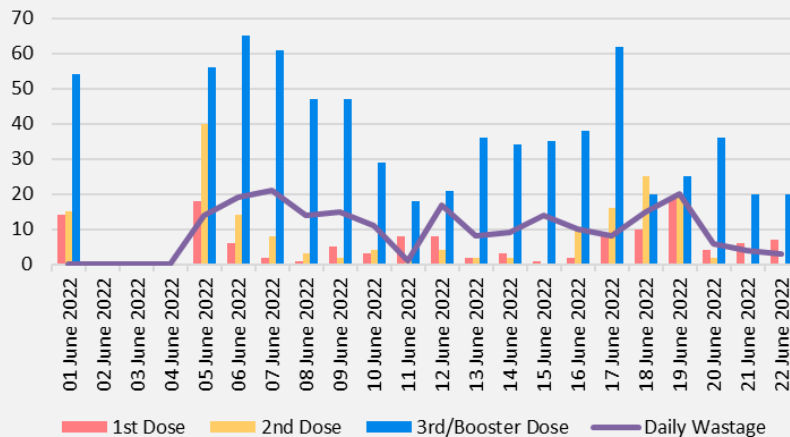
DNAs recorded during
this month

57

Total waste recorded
this month

209

Daily Vaccinations by Dose - June 2022



Daily Vaccinations - June 2022



Staff Vaccination Programme

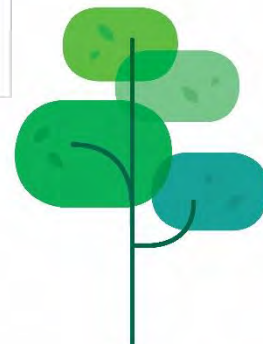
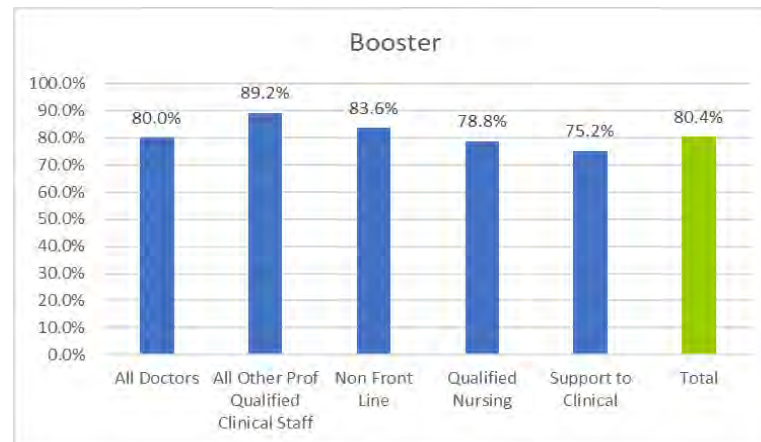
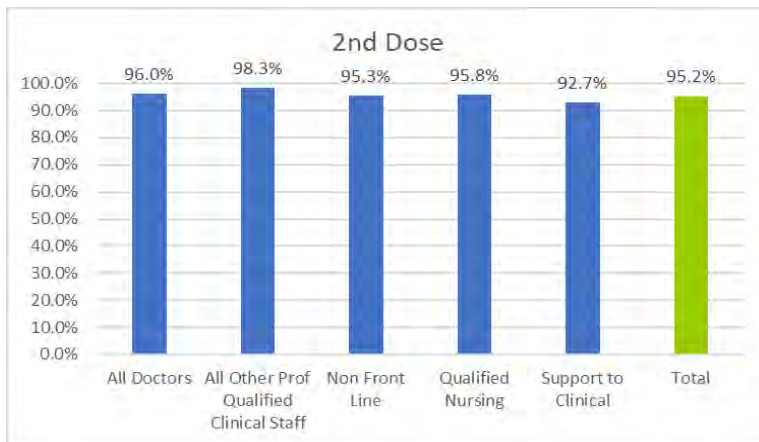


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COVID Vaccination – The charts below represent our vaccination levels, however these show a position as at February 2022. This gap in reporting is due to the national removal of the National Immunisation Reporting service (NIMs), that we used for all vaccination reporting. All Trusts were encouraged to record on and report on this system.

The removal was due to concerns around information governance and was a national decision. We have subsequently appealed and attempted to gain access, however this is still under review with no national decision taken as yet.

To mitigate against this we will be recording and reporting using the newly implemented OPAS Occupational Health system, we are now using within the Trust and are discussing how we upload our data into OPAS and then the mechanisms to keep this updated. We will be working on this during Q2 with an ambition to get recording during Q2.



Covid Vaccination Update June 2022 – Spring Booster Update



Eligible
Spring Booster

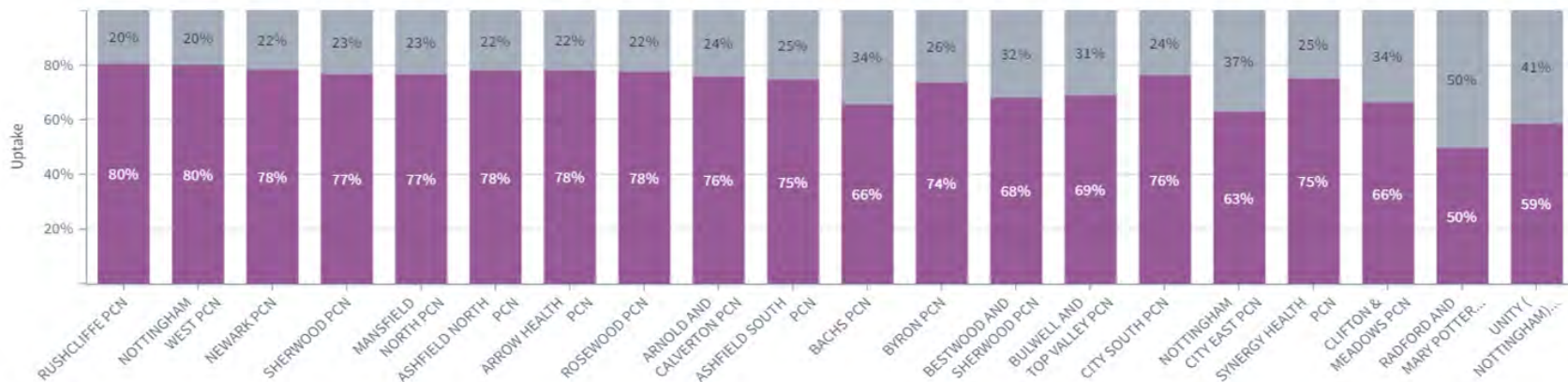
96,412
73,047

Uptake 75.8%
Planned Uptake 85%

Sherwood Forest Hospitals
NHS Foundation Trust

Uptake by practice PCN

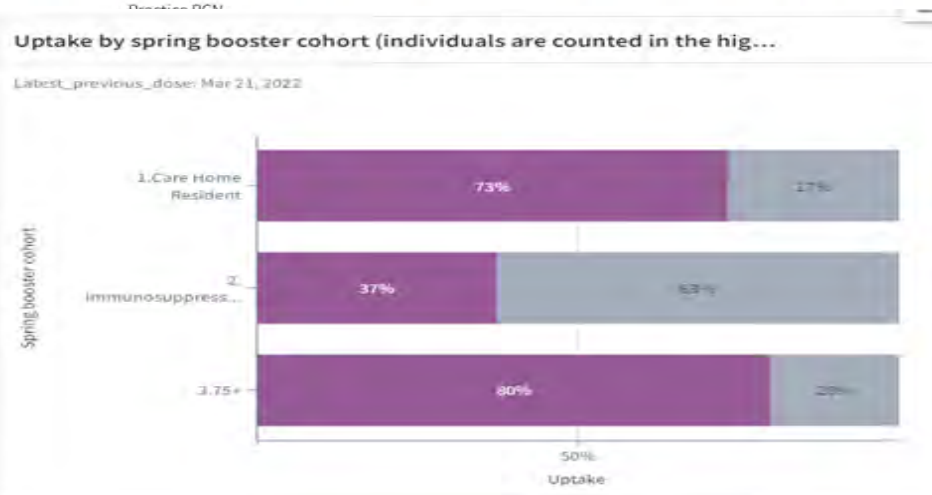
Latest_previous_dose: Mar 21, 2022



The Spring Booster campaign commenced on 21st March 2022 and invited the following cohorts:

- aged 75 and over
- live in a care home for older people
- aged 12 and over and have a weakened immune system

Nationally the spring booster vaccine is Moderna.



Covid Vaccination Programme June 2022 Update

Following review of current ICS delivery model, the Summer Plan includes:

- 2 Vaccination Centres
- 2 Hospital Hubs
- 4 PCNs
- 11 Community Pharmacies (all to be assured for 5-11 year olds)
- 14 Community Pharmacies have paused

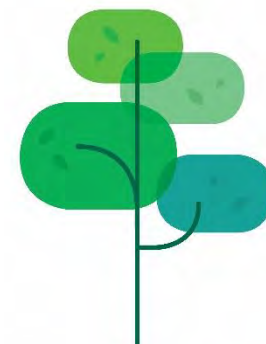
Pillar	Plan	Reported	Reported as % against Plan	Variance
Vaccination Centre	2,395	3,577	150%	1,182
Hospital Hub	1,492	1,456	97%	-36
PCN	3,555	2,254	64%	1,301
Community Pharmacy	5,485	5,702	104%	217
Total	12,927	12,989	104%	2,664

As with the 2021 autumn COVID-19 booster programme, the primary objective of the 2022 autumn booster programme will be to augment population immunity and protection against severe COVID-19 disease, specifically hospitalisation and death, over winter 2022 to 2023.

The JCVI's current view is that in autumn 2022, a COVID-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16 to 64 years in a clinical risk group.

Vaccination of other groups of people remains under consideration within JCVI's ongoing review.



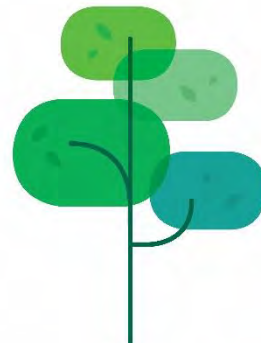
“Lets Talk Vaccination – Health on the move”

Supporting accessibility for local citizens

The Covid-19 vaccination programme in Nottingham and Nottinghamshire are using different approaches to help make it as easy as possible for people to receive the Covid-19 vaccine to address inequalities; “Lets Talk Vaccination – health on the move”.

A number of additional initiatives over the past month have include:

- Further joint sanctuary and Medivan sessions have taken place with additional focus to supporting homeless centres include Making Every Contact Count (MECC) with public health information and signposting further engagement on-going with County and City community NHS homeless outreach teams
- On-going approaches in place addressing vaccine update gaps with African and African Caribbean community, LD and SMI cohorts, Eastern European
- Sanctuary staff have attended several venues / events and engaged with citizens in relation to the vaccine along with further wider engagement and promotion
- Introduction of a new Gypsy, Roma, Traveller group being established



Board of Directors Meeting - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Update July 2022		Date:	
Prepared By:	Maternity and Neonatal Safety Champions and Monthly Maternity Update			
Approved By:	Philip Bolton, Chief Nurse			
Presented By:	Paula Shore, Director of Midwifery, Philip Bolton, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion			
Purpose				
To update the board on our progress as maternity and neonatal safety champions and updates of key activity this month			Approval	
			Assurance	x
			Update	x
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
x	X	X	x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact	x			
Staff Impact	X			
Services	x			
Reputational	x			
Committees/groups where this item has been presented before				
Contents reviewed and discussed through the Maternity and Neonatal Safety Champions Meeting June 2022				
Executive Summary				
<p>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:</p> <ul style="list-style-type: none"> • build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme (MTP) and the national ambition • provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care • act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation. <p>This report provides highlights of our work over the last month and a request to note and sign off the action plan provided within point 5 and at the end of report.</p>				

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

1. Service User Voice

Our Parent Voice representative attended the meeting and updated around her work for this month, including speaking with Maternity Ward, Pregnancy Day Care and Newark Women's Centre. New issues that arose were around the antenatal capacity at Newark, particularly that they do not currently have a five-day antenatal clinic service. This can cause problems with women requiring appointment over at KMH especially when reliant on transport. A further issue raised was around the availability of information leaflets in multiple languages. Both these points have been actioned and will be monitored through the MNSC meeting to ensure they are resolved.

An area raised in previous service user updates and also noted as a theme within complaints is infant feeding support for women who have undergone a caesarean section. A meeting has been held with the Parent Voice Rep, Infant Feeding Lead, Director of Midwifery and Ward Leader and actions taken to address these concerns raised.

2. Staff Engagement

MNSC Walk round

The MNSC Walk Round was completed on the 7th June 2022. This was Phil Bolton's first opportunity as Board Level Safety Champion to complete this walk round and after speaking with the teams the below points were identified:

- Noticeable increased activity and the impact this is having on both the estates and resources available across the areas visited (NICU, Birthing Unit, Maternity Ward and Antenatal Outpatients).
- Impact of not having a dedicated elective Caesarean list on the birthing unit activity
- More positively staff spoke about the increased staffing levels and that this had helped them manage the described increased activity.

Maternity Forum

The forum occurred on the 26th of June, chaired by Robin Binks and attended by Paul Robinson. Updates were provided by the Director of Midwifery, Recruitment and Retention Lead Midwife and Matron for Maternity Governance.

Discussions were had around the extension of the bank rates and confirmation was given that these had been extended until the 5th of July 2022 to allow for a system wide consultation. A Community Midwife, based at Newark, commented on the value of the new supported preceptorship programme noting that due to the support they have noticed how confident and prepared the preceptorship Midwives are currently. She further noted that this has boosted Newark Community Team in that the current preceptor has decided to join the team at the end of preceptorship programme due to the positive experience and exposure to Community which was previously not within the package. Paul Robinson noted that he was over at Newark the following day and would come and speak with the team at Sherwood Women's Centre.

3. Governance

We have worked with the current interim MVP Chair on the final immediate and essential action (IEA) requiring completion at SFH which is around the gap analysis of the associated website. This analysis has now been completed and we are working on the co-produced action plan to ensure the required improvements. This takes the percentage compliance for IEA 7 from 71% to 86%. Our newly appointed Digital Midwife is working on the final aspect with the MVP chair.

We are also working towards the peer assessed completion of the final 5 of the 15 IEA's produced from the final Ockenden 2 report. These will be taken through the MAC and then to public board in August.

As part of the Maternity Incentive Scheme (MIS) Year 4 our Neonatal Safety Champions outlined the actions required around Avoiding Term Admission to Neonatal Units (ATAIN). This is outlined in more depth in this month's feature. Identified champions will support the action plan from the quarterly audit and how this is shared with the LMNS and ICS quality surveillance meeting each quarter.

4. Quality Improvement Approach

Work continues as part of the Maternity and Neonatal Safety Improvement Programme (Mat/NeoSIP) focusing on the delivery of the improvement work aligned to the Mat/NeoSIP. MDT members across both Maternity and Neonatal services, East Midlands Maternity & Neonatal Safety Network Event on the 9th of June and learning will be shared through the teams.

5. Safety Culture

The executive team have approved procurement of the SCORE safety survey. The quality improvement team are planning the roll out across the maternity service and associated actions in Q2 this year.

For information, the SCORE survey is an anonymous, online tool that can be used to gain insight into a team's safety culture to help the team identify strengths and weaknesses and start to drive genuine improvement. SCORE provides a cultural overview, and more detail in particular areas, such as communication and staff burn out, which featured as a theme within this year's staff survey findings for W&C.

A further element of the safety culture provided by the MIS Year 4, requiring sign off by the 29th of July, is the monitoring of the compliance of Obstetric Consultant attendance for clinical situations outlined within both the RCOG document and our SOP for the Responsibilities of the On Call Consultant for the Obstetrics and Gynaecology (V1.0, Sept 2021).

This monitoring process has been embedded within the weekly local level governance meeting (Trigger meeting) noting that the cases reviewed through this meeting are the higher-level clinical incidents, with a higher proportion meeting the criteria for the Consultant attendance.

For this month's review, all cases which met the criteria had been appropriately attend and/or Consultant attendance had been requested. The actions, extract below, taken from this meeting was to recirculate a list to remind all staff and update to meeting's notes to incorporate this needed review.

Consultant Attendance review action log



Action	Action Lead/When	Update	RAG
Re-circulate list/poster of when a Consultant should be called	Matron for Maternity Governance (July 22)		
Update Trigger meeting minutes to include Consultant review	Clinical Governance Midwife (July 22)		



2. Monthly Feature- Avoiding Term Admissions to the Neonatal Unit and Neonatal Transitional Care

The NHS England programme of Avoiding Term Admissions to the Neonatal Unit (ATAIN) main aim is to reduce harm leading to avoidable admissions to neonatal units for babies born at or after 37 weeks. In 2016, Better Births set out a 5 year forward vision for NHS Maternity Services which is to be realised through Local Maternity and Neonatal Systems (LMNS). There is overwhelming evidence that separating mother and baby at or soon after birth can affect the positive development of the mother-child attachment process and adversely affect maternal perinatal mental health. Preventing separation except for compelling medical indications is essential in providing safe maternity services. Neonatal Transitional Care (NTC) supports resident mothers as primary care providers for their babies with care requirements in excess of normal newborn care, but who do not require to be in a neonatal unit. Implementation of NTC has the potential to prevent thousands of admissions annually to UK neonatal units, and also to provide additional support for small and/or late preterm babies and their families.

At Sherwood Forest Hospitals Trust we have an established and robust ATAIN and NTC working group which has met monthly since 2015 and 2019 respectively, to review all term cases, identifying the avoidable cases and subsequent learning. This meeting, which is attended by MDT colleagues from both Maternity and Neonatal services, produces both quarterly and annual audits, reports and action plans. Below is the action plan and will be overseen by the MNSC meeting.

Action Plan for Q1 2022-23 ATAIN and Neonatal Transitional Care (extract taken from ATAIN & NTC report)

Action	In Place	By Who	By When	Evidence	RAG
Monthly review of Term admissions to NICU – multidisciplinary meeting with named Obstetrician, Neonatologists, Midwifery and Nursing leads.	Established monthly meetings started 2015	MDT Core members Neonatal and Obstetric Consultant	On going	TOR  ATAIN ToR May 22.docx  ATAIN-CASE-NOTE-REVIEW-PROFORM/	
Specific areas of ATAIN plan to highlight actions undertaken and success criteria established:					
1) Respiratory Distress Syndrome	Review through TC working group and support zero separations Timing of EL LSCS timings Review of SROM cases and timings of antibiotics- sharing any learning.	Labour Ward Forum/ Transitional care working group	On-going		

2) Bilious Vomit	Current pathway- babies require transfer from NICU to external terms. We are reviewing this area to ensure as minimal separation as possible and learning from cases with concern	Transitional Care Working Group	On-going		
3) HIE 1-3	Case review to be performed to look at cases of 1&2 together (HIE 3 excluded as reviewed externally as part of HSIB criteria noting no HIE 3 since 2019) for learning.		Oct 2022		
Share learning from Term admissions and NTC review meetings.	Cases reviewed wherever applicable are then presented at the perinatal mortality and morbidity meeting for learning. If immediate actions are required then a LIPS or LIMS are produced and escalated to the neonatal when required. Other learning shared through unit news letters	Clinical Governance Midwife and Lead Neonatologist	On going	Example from MuM's Newsletter  Autumn Winter 2021.pdf	
Meet with ODN lead to shared service development plans for LNU activity including transitional care pathways – Peer review meeting.	Peer review meeting led by ODN	Matron, Ward leader, NICU HoS and Governance lead.	On going		
Monitoring of on-going QI projects to reduce term admissions to LNU – outreach CQUIN work and evidence, term admissions data.	Term admissions work is in place and on-going with monthly meetings and annual report. Outreach CQUIN data collected monthly to review NICU admissions and appropriate discharges.	CQUIN lead, NICU ward leader.	On going		
Transitional Care Working Group	Continue established meetings feeding into to appropriate governance meeting and escalating as required following presentation of monthly audits.	Neonatal Ward Leader and Maternity Ward leader.	On going	Audit example  NTC Dashboard_Jan-Mar	

Maternity Perinatal Quality Surveillance model for May 2022



Sherwood Forest Hospitals
NHS Foundation Trust

CQC Maternity Ratings - last assessed 2018	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD
2019						
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)						72%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)						89.29%

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

3 rd and 4 th Degree Tears (6.2% May 2022)	Moderate Reportable Case (May 2022)		Staffing red flags (May 2022)	
<ul style="list-style-type: none"> First time since July 21 that the rate has exceed the national standard. Deep dive review commenced of all cases. Noted that all 3rd and 4th Degree tears are reportable via Datix, none have been rated as moderate or above. 	<ul style="list-style-type: none"> Moderate case taken to Trust scoping, Intrapartum Stillbirth Case meets criteria for HSIB and STEIS reporting. Shared at the LMNS Serious Incident meeting for system awareness. Duty of Candour and bereavement support provided to the family. Immediate review completed and actions taken, family have been made aware. 		<ul style="list-style-type: none"> 1 staffing incident reported in the month No further issues raised around staffing, aligned with the successful recruitment and ongoing re-designed preceptorship programme. <p>Home Birth Service</p> <ul style="list-style-type: none"> Due to vacancies and sickness homebirth services remains limited as per Board approval. This has been further escalated to the CCG and regionally for awareness. 2 Homebirth conducted in May 22, plan in place to re-start the full service on the 1st Sept 2022- aligned with NUH 	
FFT (88% May 2022)	Maternity Assurance Divisional Working Group		Incidents reported May 2022 (69 no/low harm, 1 as moderate)	
<ul style="list-style-type: none"> FFT remains improved following revised actions New system implementation delayed- to observe the impact Service User Representative in post and providing additional pathways for maternal feedback 	NHSR	Ockenden	Most reported	Comments
	<ul style="list-style-type: none"> NHSR year 4 relaunched on the 6th of May 2022 Divisional working group re-commenced, amber rating due to reporting timeframes 	<ul style="list-style-type: none"> Initial 7 IEA- MVP engagement ensure final IEA is 86% completed plan underway for final action Final 15 IEA, 10 have been peer assessed with plan for the final 5 	Other (Labour & delivery)	No themes identified
			Triggers x 16	Cases included, PPH, term admission and 3 rd /4 th degree tears
			One incident reported as 'moderate'	

Other

- Apgar scoring and MoH removed from the exception report due to consecutive month of green reporting, to monitor.
- Active recruitment continues, Matron for Intrapartum and Community and Outpatients recruited into. Open day on June completed and a further 12 WTE newly qualified midwives recruited- acute maternity fully recruited in Sept 2022.
- No formal letters received and all women who have a planned homebirth, all women due June and July have been written to by the Director of Midwifery to outline current situation.
- Midwifery Continuity of Carer system submission made on the 16th of June 2022- awaiting national feedback

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals											
	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE						WELL LED
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD						GOOD
Maternity Safety Support Programme	No										
Maternity Quality Dashboard 2020-2021	Alert (national standard average)	Running Total/ average	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway			20%	20%	20%						
Women receiving MCOC intrapartum			0%	0%	0%						
Total BAME women booked			20%	20%	20%						
BAME women on CoC pathway			15%	15%	15%						
Spontaneous Vaginal Birth			51%	61%	57%	56%	63%	61%	59%	55%	60%
3rd/4th degree tear overall rate	>3.5%	2.18%	0.94%	2.11%	3.00%	2.50%	2.78%	2.52%	2.90%	3.00%	6.20%
Obstetric haemorrhage >1.5L	Actual	116	8	9	10	9	6	8	7	6	9
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.51%	2.90%	3.50%	3%	2.12%	3.30%	2.60%	2.20%	3.20%
Term admissions to NNU	<6%	3.62%	2.16%	3.70%	3.20%	3.70%	5.00%	3.50%	3.50%	1.60%	4.00%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.20%	1.52%	2.03%	2.10%	1.90%	1.80%	2.00%	0.84%	0.40%
Stillbirth number	Actual	11	1	0	0	3	1	1	0	1	2
Stillbirth number/rate	0	4.63	2.176			3.400			3.727		
Rostered consultant cover on SBU - hours per week	<60	60	60	60	60	60	60	60	60	60	60
Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10	10	10	10
Midwife / band 3 to birth ratio (establishment)	>1:28		1:30.4	1:29	1:29	1:29	1:29	1:22	1:22	1:22	1:22
Midwife / band 3 to birth ratio (in post)	>1:30		1:31.4	1:29	1:29	1:28	1:28	1:24	1:24	1:24	1:24
Number of compliments (PET)		0	0	0	0	0	0	0	1	1	1
Number of concerns (PET)		9	2	4	0	0	0	0	2	2	1
Complaints		11	1	3	2	1	1	1	2	1	0
FFT recommendation rate	>93%		92%	88%	96%	96%	92%	91%	90%	89%	88%
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	100%	100%	100%	100%	94%
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%
Core competency framework compliance			50%	62%	70%	70%	81%	81%	88%	95%	95%
Progress against NHSR 10 Steps to Safety	<4 <7 & above										
Maternity incidents no harm/low harm	Actual	610	76	63	57	89	83	45	69	58	70
Maternity incidents moderate harm & above	Actual	7	0	1	1	0	1	1	1	1	1
Coroner Reg 28 made directly to the Trust	Y/N	N	N	N	N	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action	Y/N	N	N	N	N		N	N	N	N	N

Research & Innovation

22-23 Quarterly Report – Q1

We are pleased to present the Q1 performance review of research activity at Sherwood Forest Hospitals NHS Foundation Trust and the new draft R&I five year strategy.

Research and Innovation are key enablers in driving improvements in clinical care. This had been demonstrated by the key role research played in the COVID-19 pandemic bringing into focus the strength and importance of Health and Social Care research in the UK. Research has made a leading contribution to the knowledge base during this time. However, the UK has learnt important lessons about where we can improve. This includes empowering healthcare and research workers to ensure they are supported and resilient to future challenges, alongside being more innovative in trial design and delivery. National policy is strengthening the importance of putting research at the heart of everything the NHS does, making it an essential and rewarding part of effective patient care.

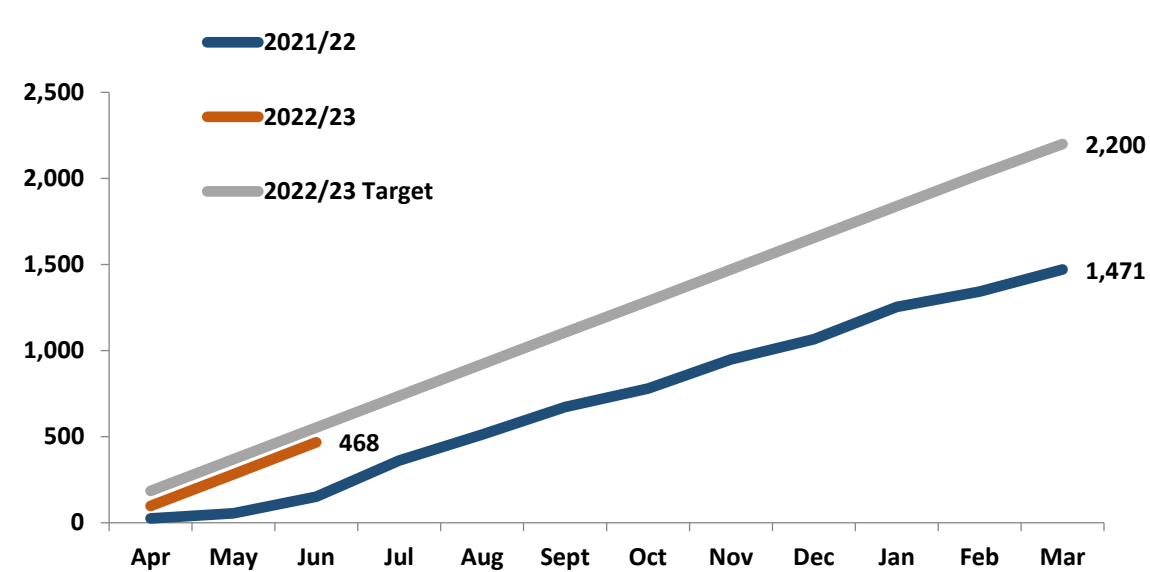
The SFH research portfolio is developing as we focus on growth in our specialities, supporting wider involvement in research for patients and staff, developing new partnerships and strengthening existing ones. We are confident that embedding clinical research as part of clinical care is achievable and delivers for patients. A key part of the journey to realising this is to build a culture across SFH and the wider system that is positive about research, where staff feel empowered and supported to take part in clinical research delivery as part of their job.

The new R&I Strategy sets out how we plan to achieve our ambition and grow Research and Innovation with a simple vision, “Research is for Everyone”.

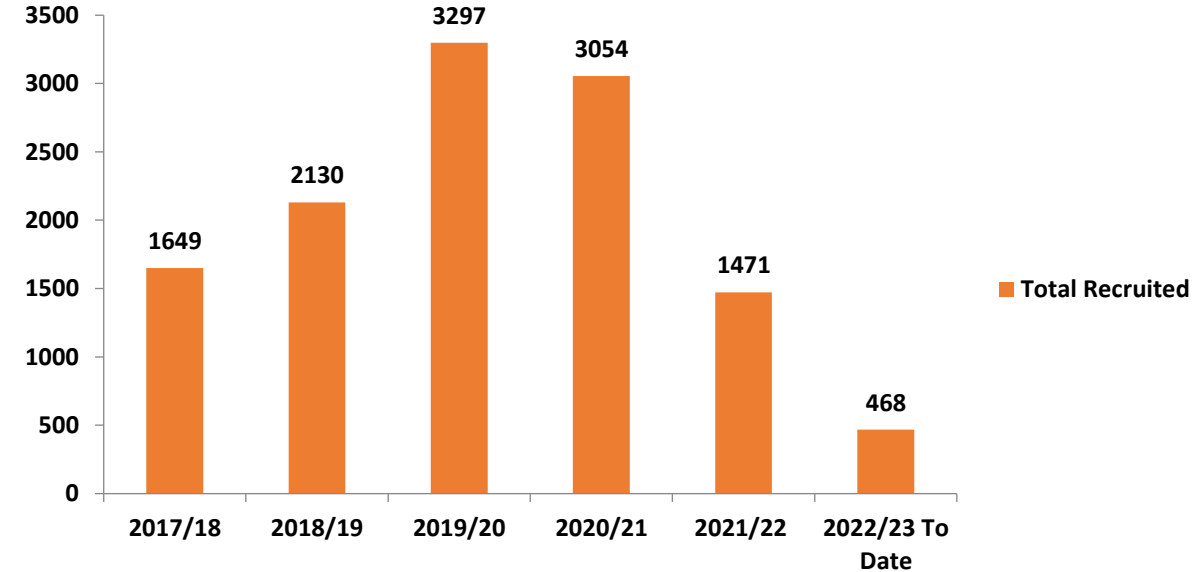


Performance

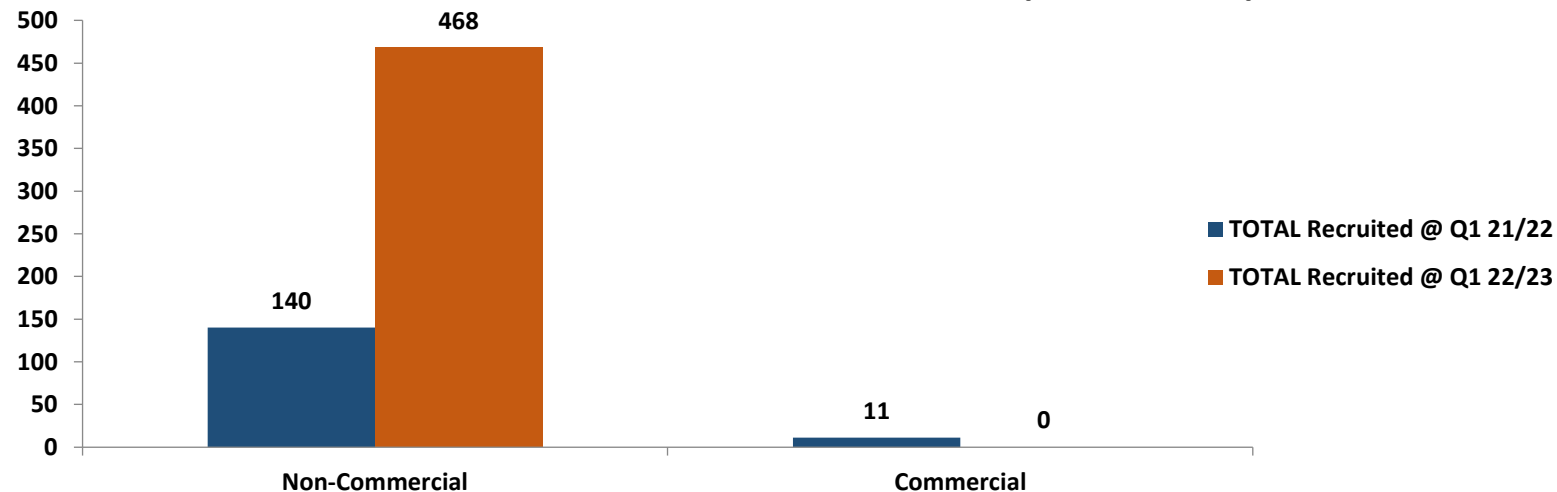
Cumulative Monthly Recruitment 2021/22 and 2022/23



Total Recruitment by Year

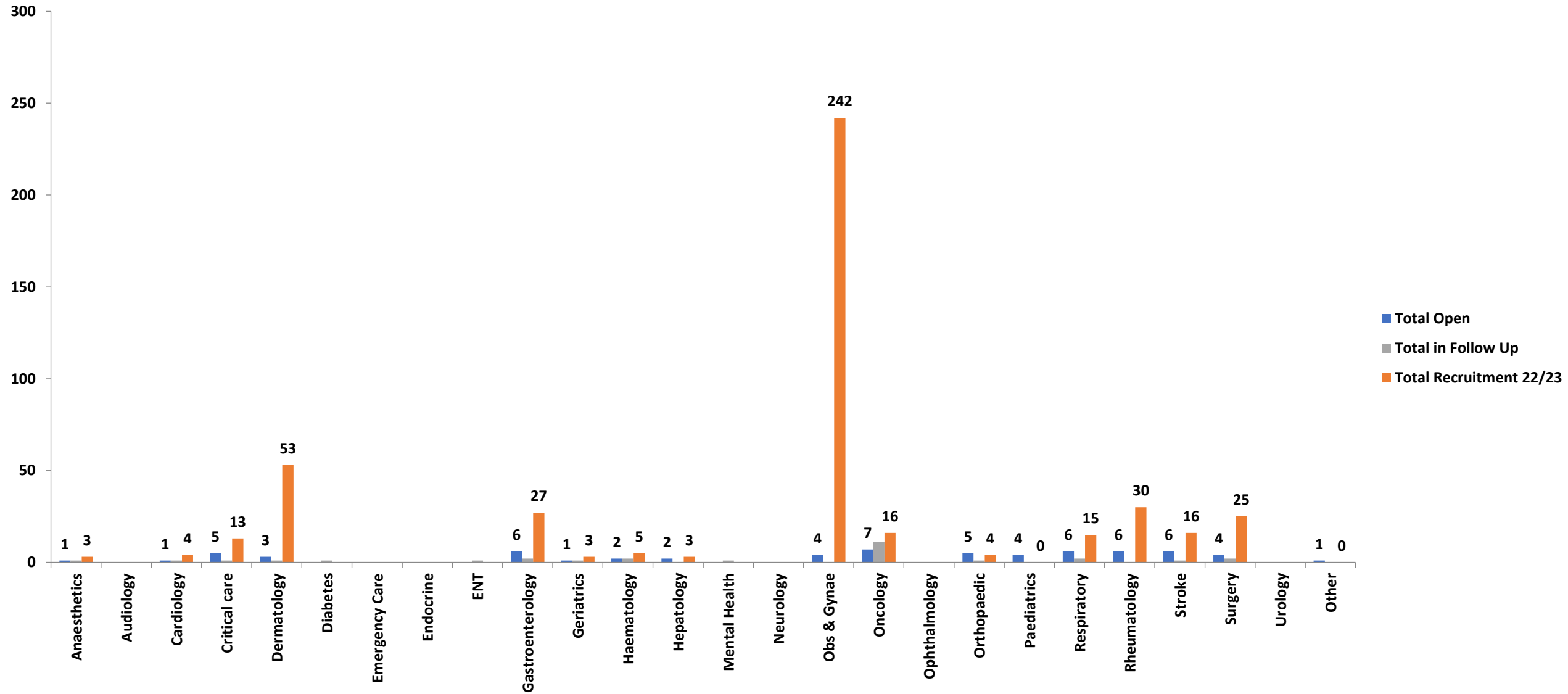


Non-Commercial and Commercial Recruitment 2021/22 and 2022/23 at Q1



Performance

Total Studies, Open, In Follow Up and Total Recruitment by Speciality at Q1 2022-23



Finance

2022/2023

CRN East Midlands Income

£755,435,10



Department of Health Funding

£20,000.00

**To maintain research capability
and capacity**

2022/23

Commercial Income

£23,750.30

**For re-investment into future
research capability and capacity**



Research Changing Practice 2019 - 22

- 60 research publications received in total
- 3 studies have evidenced changed changing practice at SFH

STAR - Findings have been implemented in Bristol and there has been discussion between PI and Star Trial Manager about how it may be implemented here.

EMRAD - The results can be used to inform the design, implementation and regulation of emerging AI tools in the context of the NHS

NICEFIT - Patient used to get referred on a 2 week wait for symptoms that could indicate Bowel Cancer. Then would have an Invasive colonoscopy and not necessarily need one. The FIT test was to look for blood in the stools and the range would indicate if it was bowel cancer or something else underlying. GP's now give patients the FIT test to do prior to them being referred on a 2 week wait once the result is known.

RECOVERY – Dexamethasone now given as standard care due to findings

SIREN – Informed the UK Government in making decisions about the vaccines and isolation

- 14 COVID-19 research studies opened at SFH
- 3 COVID-19 studies have changed practice / supported informed decisions

COVID DOGS – Dogs are now being trained to detect COVID-19 following successful results from samples collected



Research and Innovation Strategy 2022-2027

Research is for Everyone:

Our Vision:

To make research part of our daily business realising the research potential in all areas of our hospital's for the benefit of patients, staff and our community

Our Mission

1. To embed research excellence as part of our culture
2. To engage all our clinical services in high quality research
3. To be an NHS Trust that champions research

Research & Innovation Strategy

Place

Delivering high quality research requires high quality infrastructure. We will invest in our research infrastructure and create a new research facility. We will:

- ▶ Open a new clinical Research Facility on the Kingsmill site in 2023 for clinical trials of new drugs, devices and diagnostics across all specialities
- ▶ Partner with NUH on the NIHR CRF 2026 bid for funding to ensure targeted and strategic investment for the future
- ▶ Develop this infrastructure for early phase research by 2026
- ▶ Host the Nottinghamshire mobile research unit to deliver trials in our area

Research & Innovation Strategy

Progress

Over the next five years we will transform our approach to managing research at SFH to ensure the best use of resources and to maximise research opportunities. We will:

- ▶ Develop a Divisional research model to integrate research delivery and growth across all specialities
- ▶ Increase the use of digital technologies for data collection and monitoring performance in order to target resources efficiently
- ▶ Continue to streamline the research process for faster study set up and to reduce bureaucracy
- ▶ Continue a targeted development programme with EMCRN and commercial sponsors to increase investment and research opportunities for our patient's

Research & Innovation Strategy

People

Research is for “Everyone”; patients, carers, staff and our community. To deliver world class research we need to make it easier for people to get involved at any level. We will:

- ▶ Invest in our Research Academy, developing a programme that provides insight and a skill base for staff to get involved in clinical research
- ▶ Develop and launch our joint research programme with Nottingham Trent University to support and equip our workforce with the skills they need to pursue research careers, develop projects or implement research findings and create a unique selling point for SFH as an employer
- ▶ Invest in our research delivery and management workforce to ensure a sustainable future for research and prepare for future developments
- ▶ Increase the visibility of research to patients, staff and the public, enhance physical signage and digital visuals relating to research across all our sites
- ▶ Include research in the staff induction to broaden our reach across all staff groups
- ▶ Develop an “Innovation Hub” to support staff with innovative ideas through the endorsement and development of these ideas

Research & Innovation Strategy

Partnership

Partnership and integrated working are key to research growth, sustainability and innovation. We will:

- ▶ Increase our academic and industry partnerships to maximise mutual benefits from collaboration in research
- ▶ Further develop our existing partnerships with Nottingham Trent University to leverage expertise to work with our staff in building research capacity and capability
- ▶ Develop how we engage with patients and the public and our staff to ensure we are delivering research that is important and is prioritised by our community
- ▶ Continue to work closely with our partners across the Nottinghamshire Integrated Care System to ensure a coordinated approach to research that can support better health for our community
- ▶ Develop our collaboration with NUH in order to maximise research opportunities and target investment for the benefit of patients and staff at SFH

Board of Directors Meeting - Cover Sheet

Subject:	Research and Development Performance Report – Q1 2022/23		Date: 7th July 2022	
Prepared By:	Alison Steel, Head of Research and Innovation			
Approved By:	Elizabeth Gemmill, Research and Innovation Director			
Presented By:	Elizabeth Gemmill, Research and Innovation Director/Terri Ann Sewell, Research Operations Manager			
Purpose				
To present the Research and Innovation Quarterly Performance Report and draft 5-year R&I strategy – For review and comment by Trust Board Update and assurance on performance KPI's and financial position Update on recovery and growth of the SFH research portfolio Overview of research impacts and outcomes 2019-2022			Decision	
			Approval	X
			Assurance	X
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X		X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial	<ul style="list-style-type: none"> Confirmed £755,435.10 EMCRN 2022/23 budget – rollover, no enhancements Commercial income in 22/23 Q1 for re-investment - £23,750.30 			
Patient Impact	<ul style="list-style-type: none"> 468 participants recruited into research studies 			
Staff Impact	<ul style="list-style-type: none"> Collaboration with Nottingham Trent University to support development of clinical academic careers and research exposure for clinical staff 			
Services	<ul style="list-style-type: none"> Support Clinical Divisions with research engagement CRF Transformation in progress 			
Reputational	<ul style="list-style-type: none"> Retain a strong reputation for research delivery, re set and recovery Leading the way with collaboration with GP practises, HEI's and other NHS organisations to increase Research opportunities Leading on multi-site clinical trial 			
Committees/groups where this item has been presented before				
None				
Executive Summary				
Performance Metrics <ul style="list-style-type: none"> 468 participants recruited into research studies, 64 studies on the SFH portfolio Confirmed £755,435.10 EMCRN 2022/23 budget. Commercial income at Q1 £23,750.30 				

Patient Experience -

Not included on Q1 2022/23 performance report due to insufficient data /inability to access full data at the time of submission.

Research and Innovation 2022-2027 - “Research is for Everyone”

- 1. Place** - Delivering high quality research requires high quality infrastructure. We will invest in our research infrastructure and create a new research facility
- 2. Progress** - Over the next five years we will transform our approach to managing research at SFH to ensure the best use of resources and to maximise research opportunities
- 3. People** - Research is for “Everyone”, patients, carers, staff and our community. To deliver world class research we need to make it easier for people to get involved at any level.
- 4. Partnership** - Partnership and integrated working are key to research growth, sustainability and innovation

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

Subject:	Audit & Assurance Committee (AAC) Report	Date: 17 th June 2022
Prepared By:	Graham Ward – AAC Chair	
Approved By:		
Presented By:	Graham Ward – AAC Chair	
Purpose		
	Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> ▪ <u>Internal Audit</u> – Implementation of internal audit recommendations is still problematic, and this looks to be continuing with a first time implementation rate of only 38% to date within 2022/23. ▪ <u>Internal Audit Limited Assurance Report (Clinical Effectiveness)</u> - The report and actions progress were presented by the Medical Director. The Committee took assurance from the planned actions and the progress being made and will continue to monitor action implementation. 	<ul style="list-style-type: none"> ▪ <u>Non-Clinical Policies</u> – there are a large number of these that are out of date across all executive directors and as a priority these need reviewing, updating as appropriate and approving. This has been escalated to executive directors will be asked to attend Audit Committee with an update on progress. ▪ <u>Clinical Policies</u> – Quality Committee has identified similar issues with many policies being out of date and is following up accordingly.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> ▪ <u>Counter Fraud</u> – all 14 measures of the Functional Standard Requirement were rated as Green this year (2 red and 3 amber last year) ▪ <u>Head of Internal Audit Opinion</u> – Significant Assurance was again given by 360 Assurance, however concern on delivery of follow-up actions was raised and the assurance for this aspect was reduced to Moderate. ▪ <u>External Audit</u> – No uncorrected audit misstatements were reported and KPMG also reported an unqualified audit assurance report and a clean Value for Money assessment. 	<ul style="list-style-type: none"> ▪ <u>Annual Accounts (including Accounting Officer's Statement, TAC Certificate, Going Concern Assessment and Management Representation Letter)</u> – received and discussed, agreed to recommend all for approval at Board ▪ <u>Annual Report (including AGS)</u> – received and discussed, agreed to recommend approval at Board.

Comments on Effectiveness of the Meeting

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

Finance Chair's Highlight Report to Trust Board

Subject:	Extraordinary Finance Committee meeting	Date: 28 th June 2022	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton Non-Executive Director		
Presented By:	Andrew Rose-Britton Non-Executive Director		
Purpose			
This paper summarises the key highlights from the extra-ordinary Finance Committee meeting held on 28 th June 2022		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<ul style="list-style-type: none"> To review the longer-term provision of endoscopy and CT capacity and consider opportunities for alternative options to ensure best value for money. To review the contract management systems and provide regular 'forward look' schedules to the Trust Executive Team and Finance Committee.
Positive Assurances to Provide	Decisions Made
	<p>The Finance Committee recommended that three contract renewals are approved by the Board of Directors:</p> <ul style="list-style-type: none"> Mobile Endoscopy Contract (One-year extension) Radiology Multi-Vendor Multi-Year Contract (Three-year renewal) Mobile CT Contract (Two-year extension)
Comments on Effectiveness of the Meeting	
The quality of the papers present provided the Committee with the relevant information to make the decisions required.	

People, Culture & Improvement Committee Chair's Highlight Report to Trust Board

Subject:	People, Culture & Improvement Committee Highlight Report	Date: 07/06/22	
Prepared By:	Manjeet Gill, Non-Executive Director		
Approved By:	Manjeet Gill, Non-Executive Director		
Presented By:	Manjeet Gill, Non-Executive Director		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p>Areas such as staff absence, mandatory training, appraisals and wellbeing continue to be key concerns and risks and a key part of the Committees focus.</p> <p>The workforce planning baseline data was presented, with concern expressed regarding, certain standout positions such as pharmacy roles, healthcare scientists and allied health professions. Assured, these risks have been identified and work will be undertaken to review these areas to understand whether they have been baselined correctly and clarify whether the skill mix within the team is correct in terms of delivering the service going forwards.</p> <p>Deep dive analysis reports into sickness absence, highlighted anxiety/stress/depression has as the number one reason and one main factor was challenging home or personal circumstances. More assurance was requested on impact of mitigation actions taken in certain areas.</p> <p>Lack of consistency across the system regarding recruitment, retention, creating competition and maximising opportunities agreed as a new gap in control for PR3 of the Board Assurance Framework, with an associated action of visibility around the Trust's contributions to leading aspects of the People and development agenda across the system.</p>	<p>The People Culture and Improvement Strategy implementation will include further ongoing development of its measurable outcomes in areas such as rates of staff turnover and specific targets where protected characteristics show negative variations to the Trust wide outcome.</p> <p>Further development of the EDI strategic objectives and directions, to include triangulation of assurance with meetings outside of Committee and attendance at staff networks.</p> <p>360 Assurance Report on the EDI agenda, Involvement Charter and Leadership Development Strategy update report to be presented to August's Committee meeting.</p> <p>Workplan to be updated to include an annual review of the Strategic Workforce Plan.</p> <p>Estates scorecard requested to establish assurance on management of absence</p>

Positive Assurances to Provide	Decisions Made
<p>The People Culture and Improvement Strategy 2022 – 2025 was presented, it has been produced through extensive engagement and included the vision, themes, strategic priorities, action plans and success measures.</p> <p>Positive assurance was received in various areas such as Freedom to Speak Up, Employee relations and annual reports on volunteering work and EDI activity.</p> <p>Positive assurance received from a recent 360 Assurance report on the Equality, Diversity & Inclusion (EDI) agenda</p> <p>The Committee REVIEWED the risk scores for Principal Risk (PR) 3 and AGREED to change the assurance rating for PR3 to 'positive'. The Committee also AGREED to reduce the likelihood rating from 4 to 3.</p>	<p>Data sharing agreement on SFH's agency use to be shared with both the Finance Committee and PCI Committee for assurance.</p> <p>Strategic Workforce Plan to be scheduled for sign-off at August's Committee and then presented to Board.</p>
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> The Committee's agenda has many important reports and items for assurance and the ongoing challenge is ensuring that enough time is given to a subject area as well doing this in an efficient and timely manner. 	