Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: 6th October 2022
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

No	Time	Item	Presenter	Status (Do not use NOTE)	Paper
1.	09:00	**Welcome**	Chair	Agree	Verbal
2.		**Declarations of Interest** To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest **:-** https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ *Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.*	Chair	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)*	Chair	Agree	Verbal
4.	09:00	**Minutes of the meeting held on 1st September 2022** To be agreed as an accurate record	Chair	Approve	Enc 4
5.	09:05	**Action Tracker**	Chair	Assurance	Enc 5
6.	09:10	**Chair's Report**	Chair	Assurance	Enc 6
7.	09:15	**Chief Executive's Report** • **Integrated Care System Update**	CEO Director of Strategy & Partnerships	Assurance Assurance	Enc 7 Verbal
	Strategy				
8.	09:30	**Strategic Objective 1 – To provide outstanding care** • **Maternity Update** o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model** • **Learning from Deaths**	Director of Midwifery Medical Director	Assurance Assurance	Enc 8.1 Enc 8.2
9.	09:50	**Strategic Objective 2 - To promote and support health and wellbeing** • **Flu Vaccination Plan** • **Covid Vaccination Update**	Director of People Director of People	Approval Assurance	Enc 9.1 Enc 9.2

No	Time	Item	Presenter	Status (Do not use NOTE)	Paper
10.	10:10	**Patient Story – The Phoenix Team, Treating Tobacco Addiction in Pregnancy** Claire Allison, Tobacco Dependence Maternity Lead	Tobacco Dependence Maternity Lead	Assurance	Presentation
	BREAK (10 MINS)				
	Operational				
11.	10:40	**Single Oversight Framework Performance – Monthly Report**	Executive Team	Consider	Enc 11
12.	11:35	**Winter Plan**	Chief Operating Officer	Approve	Presentation
	Governance				
13.	11:55	**Assurance from Sub Committees**			
		• **Audit and Assurance Committee**	Committee Chair	Assurance	Enc 13.1
		• **Quality Committee**	Committee Chair	Assurance	Enc 13.2
		• **Finance Committee**	Committee Chair	Assurance	Verbal
14.	12:10	**Outstanding Service – The Digital Midwife**		Assurance	Presentation
15.	12:15	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Chair	Assurance	Verbal
16.	12:20	**Any Other Business**	All	Discussion	Verbal
17.		**Date of Next meeting** **Date: 3rd November 2022** **Time: 09:00-12:30** **Venue: Boardroom, King's Mill Hospital**			
18.		**Chair Declares the Meeting Closed**			
19.		**Questions from members of the public present** (Pertaining to items specific to the agenda)			
20.		**Resolution to move to the closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: *"That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."*			

Board of Directors Information Library Documents

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

Enc 13.1	• **Audit and Assurance Committee – previous minutes**
Enc 13.2	• **Quality Committee – previous minutes**
Enc 13.3	• **Finance Committee – previous minutes**

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 1st September 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Emma Challans-Rasool	Director of Culture and Improvement	ECR
	Rachel Eddie	Chief Operating Officer	RE
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Paula Shore	Director of Midwifery	PS
	Lisa Milligan	Consultant in Anaesthetics and Intensive Care Medicine	LM
	Laura Collington	ICU Organ Donation Link Nurse	LC
Observers:	Debbie Kearsley	Deputy Director of People	
	Rich Brown	Head of Communications	
	0 members of the public		
Apologies:	Manjeet Gill	Non-Executive Director	MG
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	David Ainsworth	Director of Strategy and Partnerships	DA

Item No.	Item	Action	Date
18/543	**WELCOME**		
1 min	The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.		
18/544	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/545	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Manjeet Gill, Non-Executive Director, Aly Rashid, Non-Executive Director, Andrew Rose-Britton, Non-Executive Director and David Ainsworth, Director of Strategy and Partnerships.		
18/546	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 4th August 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/547	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 18/438.3 and 18/512.1 were complete and could be removed from the action tracker.		
18/548	**CHAIR'S REPORT**		
2 min	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective. The Board of Directors were ASSURED by the report **Council of Governors highlight report** CW presented the report, advising governors are increasing engagement activity, with a focus on increasing active membership. The Board of Directors were ASSURED by the report		

18/549	**CHIEF EXECUTIVE'S REPORT**		
1 min	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the Trust's preparations for Winter. PR advised the Little Millers Day Nursery is now rated as Good, following a recent inspection by Ofsted. The Board of Directors were ASSURED by the report		
6 mins	**Integrated Care System (ICS) Update** PR advised the Integrated Care Board (ICB) has not met since the last meeting of the SFHFT Board of Directors on 4th August 2022. There are some national requirements which come into the purview of the ICB in terms of the ICB's role in system performance management, advising NHS England (NHSE) on outcomes framework scores and performance managing individual partners on lead times and other key metrics. There is an ICB requirement for developing a strategy and this needs to be in place by December 2022. This will be developed alongside partners and will be developed in line with the Health and Wellbeing Board's joint service needs assessment. In terms of Provider Collaborative at Scale, Kathy McLean, ICS Independent Chair, and Amanda Sullivan, ICS Executive Lead, visited the recent meeting of the Chairs and Chief Executive's and noted the good progress which has been made. Anthony May takes up his role as Nottingham University Hospitals (NUH) Chief Executive in September and will also take up the Provider Collaborative Chief Executive role. One of the key areas for the Provider Collaborative is a workforce workstream and HR directors have agreed three strategic areas of focus, namely passporting staff, alignment of terms and conditions and reducing agency spend. There is a further Provider Collaborative non-executive director event planned for the end of September / early October. Amanda and Kathy visited the Bellamy Road estate and were pleased to see the work undertaken by the mid-Nottinghamshire Place Partnership. This is seen as good practice for tackling health inequalities and partnership work. The Trust continues to work with Nottingham Trent University and West Notts College in the development of partnerships and opportunities, with further opportunities to develop educational and employment routes for the local population. The Board of Directors ACKNOWLEDGED the update		

18/550	**STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE**		
11 mins	**Maternity Update** PS joined the meeting ***Safety Champions update*** PB presented the report, highlighting the Service User Voice role, Maternity Safety Champions walkarounds, Ockenden report and SCORE survey. BB acknowledged the improvement in relation to smoking cessation. PS advised the Trust put in a bid to be an early implementer site. The Trust is one of only three sites in the country using the Manchester Model. There have been successful outcomes so far and the data to support this is becoming evident. SB noted the CQC ratings in 2019 were either Good or Outstanding. Noting the emphasis which is being placed on work in maternity, SB queried if there is a longer term aim to move the ratings higher and, if so, in which domain. PB advised a gap analysis will be undertaken as part of the CQC readiness work. The Ockenden work helps ensure a strong focus on many of the domains. A round of CQC inspections in maternity services is about to start. The Trust is keen to triangulate the different requirements and benchmark against other organisations. PS advised the Local Maternity and Neonatal System (LMNS) are undertaking quality insight visits, which uses the same format as a CQC inspection. The regional team are also performing Ockenden peer assessments. The information will be triangulated to identify any areas which can be strengthened, as well as areas of excellence to highlight. CW noted the Ockenden review which is continuing at NUH and queried if the Trust is working with colleagues at NUH to share any learning at an early stage. PS advised SFHFT is in regular contact with NUH and there has been a focus on staff support during week commencing 29th August 2022 as there has been some further media coverage. The LMNS are supporting NUH and will be sharing information across the system. PB advised the Trust also shares incidents and learning. DS invited the Non-Executive Directors (NEDs) to observe a meeting of the LMNS. **Action** • **Arrange for Non-Executive Directors to observe a meeting of the Local Maternity and Neonatal Systems (LMNS)** AH noted the good progress in terms of smoking cessation and queried if the opportunity was being taken to look at breast feeding rates. PS advised the Trust has secured additional funds from the LMNS for incentivisation, stretching smoking cessation beyond the point of delivery. The initial success rates appear positive.	**DS/PB**	**04/10/22**

	The Trust is also looking at increasing breast feeding rates. It is acknowledged smoking and breast feeding rates within the local population has been a challenge over the years. The Board of Directors were ASSURED by the report ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting third and fourth degree tears, still births and increase in birth rates. The Board of Directors were ASSURED by the report PS left the meeting		
18/551	**STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING**		
21 mins	**Guardian of Safe Working** DS presented the report, advising there were 40 exception reports in the period from 1st May 2022 to 31st July 2022, 35 of which related to safe working hours, three related to educational issues and two related to service support. There were four reports categorised by the post-graduate trainees as immediate safety concerns. It was noted three of these are closed as not representing immediate concerns, with one remaining open. DS advised there has been an improvement in the time to the first meeting. It was noted the majority of reports were from the Medicine Division and from Foundation Year 1 and Year 2 doctors. The Trust is working to encourage more senior trainees to exception report. DS advised this report will be actively shared at junior doctors' forums. CW felt there was a disproportionate number of reports relating to hours in trauma and orthopaedics and queried if this is a general concern, rather than being limited to trainee doctors. If this is the case, is a different approach required in terms of the organisation of that particular speciality. DS advised there have been some 'pointers' towards trauma and orthopaedics in previous exception reports. This has been investigated and no underlying systemic issues have been identified. However, the rotas have been reviewed. GW felt it would be useful to obtain feedback from junior doctors in relation to the changes and if they feel this has made a difference. DS advised there can be a degree of short-termism if people are rotating every 4 or 6 months. However, GMC data and internal spot data in relation to medical information should provide some information. AH noted the changes made in out of hours cover for senior trainees due to concerns about workload and queried how the Trust is assessing the impact of the changes.		

	DS advised one of the drivers for significantly investing in the medical side of the rotas was the Trust was struggling to attract short-term bank workers when there were gaps in rotas. The feedback received was as the rota was so onerous, people did not feel it was an attractive locum slot. Since the changes have been made, the feedback has altered and rotas are now filled. Feedback from the senior trainees is the 'mood' is much better. Formal exit interviews are not conducted when trainees leave as this is part of the rotation. However, feedback is sought in relation to their time at the Trust. RS advised the main feedback received relates to balance in terms of wellbeing. Individuals feel there is a better work-life balance, attributed to better shift distribution and better opportunities to leave work in a timely manner. The Trust has a keen drive to always seek feedback to identify if changes are making a difference. It is early days in terms of the changes to the rota, but the early indicators are positive. AH queried if a formal lessons learned process had been undertaken. DS advised some lessons learned were included in previous reports in relation to the rota change and the impact of that and the Board of Directors has previously discussed the changes to the Medical Education Team. It was noted other local organisations have invested in pastoral support within their medical education teams and this is something SFHFT will need to address. BB noted the number of postgraduate doctors in training has increased by 11, but a gap remains. BB queried what needs to be done differently to effectively close that gap. DS advised the Trust needs to have a discussion with colleagues at Health Education England (HEE) to request trainees for those gaps. Doctors are not being rotated into the posts the Trust has available. BB queried if there was anything the Board of Directors could do to facilitate and enable discussions with HEE. DS advised if someone leaves the rotation, this may create a natural gap in the rotation which has to go somewhere. HEE try to ensure rotations are fair, but there are some logistics the Trust has no control over. The gaps the Trust has have been filled by different members of the workforce team. Further information on what constitutes the gaps will be included in the next report. RS advised there has been an improvement in terms of the number of gaps and this year has seen the greatest number of placements at the Trust. The pipeline is improving but the detail of numbers from HEE can be unclear. **Action** • **Further information regarding gaps in the number of postgraduate doctors in training to be included in the next Guardian of Safe Working report** The Board of Directors were ASSURED by the report	**DS**	**01/12/22**

18/552	**STRATEGIC OBJECTIVE 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE**		
16 mins	**Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES)** RS presented the reports, highlighting the highlights for the year and actions identified as outlined in both reports. In terms of the WRES, there are nine indicators. There has been an improvement in one indicator, minimal change in five and a slight decline in three. In terms of the WDES, there are 10 indicators, of which there are 14 data scores. There is an improvement in six of those, minimal change in four and a slight decline in four. There will be a further discussion at the next meeting of the People, Culture and Improvement Committee in relation to how the actions link into the re-launch of the staff networks and introduction of quality ambassadors. The first draft of the Ready to Talk, Ready to Listen sessions has been received and this data will be a key component in some of the actions attributed to the WRES and WDES. CW noted there has been an increase in the percentage of staff experiencing harassment and bullying. The Trust previously took steps to reduce this, but it is on the increase again. CW queried if this is in the context of a wider increase in bullying and harassment across all staff from relatives, patients and the public and what impact the poster campaign launched by the Trust is having on reducing this. RS advised the poster campaign and other approaches has raised awareness of bullying and harassment. Staff are encouraged to speak up and there has been an increase in Datix reporting. There is a wider piece of work, linked to the Staff Survey, in relation to the wider violence and aggression agenda. The Trust is taking forward After Action Review, which looks at the wraparound support provided to individuals after an incident. ECR advised in terms of addressing the increase in bullying and harassment and violence and aggression from members of the public and patients, conversations have started at a community level. The Trust is working with partners in relation to having shared messages and approach and a consistent response to any form of abuse, wherever it happens. ECR advised she continues to link in with PB in relation to the Violence Reduction Policy. RB advised there have been some complex and challenging patients recently, which has resulted in staff being assaulted, verbally and physically. There is a need to ensure this is not normalised and accepted. PR advised the Anti-Racism Strategy encourages individuals to speak out to enable signposting and support to be provided. Therefore, the increase in reporting is expected and is positive.		

	SB felt it should be noted staff may also receive abuse, harassment and bullying from colleagues, noting SFHFT is in an average position compared to the national picture in relation to this. SB noted the figures are from last year's staff survey and are, therefore, 12 months out of date. SB acknowledged good progress has been made in some areas, but further work is needed in others. BB noted the report provides percentage increases and felt it would be useful for future reports to include the quantum. In addition, an understanding of the profile of Trust staff, compared to the broader community in terms of race and disabilities would be useful information to be included in future reports. DS advised the Trust has a diverse workforce, particularly the medical side. This does not reflect the local community and this stark difference is sometimes taken in an unhelpful way by patients. Therefore, the education component in the community is vital. GW noted changing the community's view and approach is difficult to achieve, advising he would like to see staff receiving support from colleagues as an incident is happening. RS advised some of the ambassador work which is being taken forward is a prime example of where advocates can act on behalf of others when poor behaviour is witnessed. This work is in it's infancy and there are opportunities to strengthen the offer. The Board of Directors were ASSURED by the report and APPROVED the WRES and WDES reports for publication on the Trust website		
18/553	**PATIENT STORY – A PRECIOUS GIFT – AN ORGAN DONOR'S STORY**		
19 mins	LM and LC joined the meeting LM presented the Patient Story, which highlighted the work of the Organ Donation Team. CW felt this was a very powerful story and expressed thanks to the team and those people who give the gift of life to others. It is an important message to communicate to patients and the public in relation to the work which goes on at the Trust and how decisions are taken with the utmost compassion for patients and families. AH noted the Trust has a strong record in relation to organ donation and queried how the Covid pandemic has affected this. LM advised it was difficult for the first year of the pandemic as nearly all organ donation ceased. This has now been built up and is almost back to pre-pandemic levels. Organ donation is a big logistical exercise, involving a huge number of people within the Trust. ECR queried what aftercare is in place for donors' families. LC advised this is picked up the recipient transplant team. They support families and share what information they can. In some cases, years down the line recipients will contact the donor's family and arrange to meet. This is an emotional but good experience for both parties.		

	PR queried if there was anything the Board of Directors could do to support the team and how they could get involved with Organ Donation Week (19th-25th September 2022). LC advised the Board of Directors could support with the promotion of Organ Donation Week. LM advised events are being planned to promote Organ Donation Week in ICU and theatres. This has been highlighted to the Communications Team. DS chairs the Organ Donation Committee, which provides a link to the Board of Directors as necessary. DS advised the law changed approximately three years ago and in England you now have to opt out of organ donation. However, it is important for everyone to convey their wishes to family members as this helps with the decision making should this become necessary. LM and LC left the meeting		
18/554	**SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT**		
57 mins	**QUALITY CARE** DS highlighted the pressure being faced by the Trust and cardiac arrest rate. PB highlighted falls, clostridium difficile (C.diff), MRSA bacteraemia and nosocomial Covid-19 infections. AH noted a deep dive into falls is due to be presented to the Quality Committee, advising this needs to identify the reason for the increase in falls as this has been off track for some time. AH felt it may be useful for a secondary measure to be reported to the Board of Directors, for example, falls per spell or falls assessment process not completed. In terms of C.diff, AH queried what themes have been identified from the case reviews. PB advised in terms of falls, there are a lot of components, some of which are within the Trust's control in terms of the fundamentals and falls practices, but there are other issues, for example patients who are deconditioned. The deep dive will look into this. There is a focus on the negative aspect of falls, but this needs to be put into the context of how many patients are being mobilised as positive mobilisation may be leading to falls. There is a lot of good local quality improvement happening within the Trust and this needs to be consistently shared across the organisation. In terms of C.diff, there are also a combination of issues at play, but there are fundamental issues in terms of the Trust's practices. There is a theme in relation to equipment cleaning and additional training is being put in place to address this. PB advised there is a focus currently on fundamentals and there is a need to recognise what the Trust can influence and change. DS advised the increase in falls is mirrored across other organisations, noting there is increasing evidence of Covid significantly impacting on radiographic changes and cognitive function, which may also be contributing to the number of falls.		

	BB felt the language in terms of a 'target' for nosocomial Covid infections should be changed to 'tolerable threshold' and queried how this 'target' had been selected. PB advised it had been set nationally. BB queried if there was an equivalent 'tolerable threshold' for flu infections. DS advised flu infection rates are not captured on the SOF, noting there is a difference between nosocomial flu and nosocomial Covid, i.e., Covid is more transmissible. However, if social distancing and masks wearing is maintained within the Trust, nosocomial flu transmissions should be low. AH noted it is likely there will be an early peak of flu infections in October/November, which may precede the vaccination programme. There is a need to identify measures to prevent infection of staff and patients. DS advised the Trust has requested an early start to the flu vaccination programme, but this is dependent on supply. The programme will commence as soon as vaccine supply is received. AH left the meeting **PEOPLE AND CULTURE** ECR highlighted preparations for the launch of the Staff Survey, Pulse Survey results, appraisals and Civility, Respect and Kindness system event. GW sought further information on the actions being taken to improve the position in relation to appraisals. ECR acknowledged the appraisal rate is not in the ideal position. The Trust has linked with system partners to identify approaches being taken. An appraisal working group has been established to look at improving compliance and the quality of appraisals. Leads across professional areas and services have been asked to look for protected time for appraisals. However, it is noted the demand on the Trust's services is impacting on people's ability to have protected time. RS advised the divisions have been asked to provide a reasonable trajectory to turnaround the position in relation to appraisals, noting the need for appraisals to be meaningful. Further information on the work being undertaken in relation to appraisals will be provided to the People, Culture and Improvement Committee. **Action** • **Further information on the work being undertaken in relation to improving the position in relation to appraisals to be provided to the People, Culture and Improvement Committee** RS highlighted sickness absence, wellbeing champions, Financial Wellbeing Group, re-launch of menopause work, recruitment event and NHS pay award.	**RS / ECR**	**06/10/22**

	TIMELY CARE RE advised July was a challenging month in terms of emergency care. However, there was some improvement in the ED 4 hour wait performance and the Trust benchmarks well regionally and nationally. It was noted a system wide critical incident was declared on 27th July 2022 and the Trust opened a number of additional beds and took other extraordinary actions. The learning from this incident, in terms of what is possible to mitigate pressure, will be built into Trust policies going forward. The pressure was driven by a number of factors, the main one being the high number of medically safe for discharge patients. While there was an increase in the number of ED attendances, this did not lead to increased admissions. In terms of the elective pathway, the Trust is performing well in terms of long waits relative to other organisations. There are no 104 week waits and the 78 week waits are on track. There has been a small increase in 52 week waiters, due to trying to bring in the longer waits first. There is an increased backlog from an outpatient perspective and there is a need to focus on virtual appointments, noting this requires a nuanced approach as virtual appointments are not always clinically appropriate. In terms of cancer, the 62 day backlog is above trajectory and off track. Theatre capacity is expected to improve as anaesthetists come into post, which has been the main barrier to theatre capacity. There have been specific issues in relation to the 2 week wait, particularly in dermatology, which is associated with moving clinics around to accommodate additional bedded capacity. This should now improve. CW sought clarification regarding potential risks for patients who have long waits and queried what communication there is with patients to assess the risks. RE advised all patients waiting over a certain time are contacted to confirm they wish to remain on the list and establish if they have any concerns about their condition. Clinical reviews are undertaken every three months for patients waiting over 52 weeks. If their condition has deteriorated, they will be reassessed in terms of their priority. Any harm identified will go through the patient safety route. The focus, both locally and nationally in terms of reducing long waits, has been for patients requiring admittance and awaiting surgery. However, the position is being reached where the outpatient backlog has become more dominant. There are no long waits for first appointments. However, there are patients on long term follow up. These are tracked to ensure they are followed up appropriately. CW noted the position in terms of patients who are medically safe for discharge and queried what system inputs are planned which will improve the position for the Trust and the system as a whole. RE advised there are a range of initiatives across the system, some of which are still in development. The two main initiatives are the Discharge to Assess business case and virtual wards. There are also lots of other smaller initiatives.		

	BEST VALUE CARE RM outlined the Trust's financial position at the end of Month 4. GW noted the delivery of the Financial Improvement Programme (FIP) is behind trajectory and queried what actions can be taken to get this back on track. RM acknowledged delivery is challenged due to the pressures faced by the Trust, particularly staff unavailability affecting the Trust's ability to reduce and remove agency expenditure. The ICS has set up a high impact area working group in relation to agency spend to consider options and what additional controls can be put in place. The financial plan which was set included the FIP target based on a number of planning assumptions, in particular expectations in relation to urgent care demand, the number of medically fit for discharge patients and Covid transmission rates. There is a need to review the position in the context of operational pressures and to have a forward look at future needs to focus resources on how to get the best value for money while delivering a safe operating environment for patients. ECR advised the Senior Leadership Team has had a discussion about how to operate a safe Winter while delivering financially and there will be further discussions in relation to this on 8th September 2022. The areas to focus on need to be identified to ensure the Trust can deliver a safe Winter, within the financial constraints, in an effective and efficient way. GW felt it is important for the Finance Committee to have an in depth look at the whole financial forecast, but particularly in relation to FIP. **Action** • **Finance Committee to have an in depth look at the Trust's financial forecast, particularly FIP** SB queried when planning starts for next year, particularly in terms of longer term actions. RM advised the Planning Oversight Group is starting to develop plans for next year and the year after, a key element of which is the Transformation Efficiency Programme. GW felt there are a lot of issues in relation to how new capital issues are taken forward which have been raised with CNH and Project Co. It may be difficult to deliver all capital projects this year. The Board of Directors CONSIDERED the report	**RM / ECR**	**06/10/22**
18/555	**REVISED CONSTITUTION**		
3 mins	SH presented the report, advising the recent Governor elections did not result in all vacant posts being filled. Therefore, the Council of Governors agreed to revise the Constitution. SH highlighted the changes to the Constitution, as noted in the report. Legal advice regarding the proposed changes has been sought. The lawyers have advised some further revision is required to ensure the Constitution aligns with the latest legislation. The revised Constitution was approved by the Council of Governors on 9th August 2022.		

	GW expressed concern in relation to just having one staff constituency, which is no longer site specific, as there may not be any staff governors from Newark Hospital. SH advised no-one came forward to stand as a staff governor for Newark Hospital at the recent elections. The two current staff governors have been tasked with speaking to colleagues at Newark Hospital to promote the governor role, the same applies to the public constituencies which have been merged. The Board of Directors APPROVED the revised Trust Constitution. SH advised the revised Constitution will be presented to the Trust's AGM in September for final approval.		
18/556	**EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) POLICY**		
2 min	RE presented the report, advising there are two main changes to the previous version of the policy, namely specific reference to the regular review at Board level of Trust EPRR capacity and resources and the requirement for the Trust to have a process in place for learning from incidents. The Board of Directors APPROVED the updated Emergency Preparedness, Resilience and Response (EPRR) Policy		
18/557	**ASSURANCE FROM SUB COMMITTEES**		
2 mins	**Charitable Funds Committee** SB presented the report, highlighting Newark Breast One Stop Clinic and the purchase of further RITA (Reminiscence Interactive Therapy Activities) systems. The Charitable Funds Committee Annual Report was noted. The Board of Directors were ASSURED by the report		
18/558	**OUTSTANDING SERVICE – SPEECH AND LANGUAGE THERAPY PILOT**		
6 mins	A short video was played highlighting the work of the Speech and Language Therapy Team within ED.		

18/559	**COMMUNICATIONS TO WIDER ORGANISATION**		
3 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Maternity update • Guardian of Safe working update • WRES and WDES, noting actions the Trust is taking in response to reports of bullying and harassment • Amendments to Trust Constitution • Organ donation patient story • Concerns in relation to delivery of FIP • Speech and Language Therapy pilot in ED • Preparations for flu vaccination campaign • Newark Breast One Stop Clinic		
18/560	**ANY OTHER BUSINESS**		
	CW acknowledged the technical difficulties with the link to the live Public broadcast and advised a link to the recording of the meeting will be provided on the Trust's website.		
18/561	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th October 2022 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:45.		
18/562	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

18/563	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
	No questions were raised		
18/564	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
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		**Update 08/09/2022** Information included in monthly vacction report. Reporting to recommence from October Board onwards **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
18/477	07/07/2022	Information re: people who are unvaccinated to be included in future Covid vaccination reports	Public Board of Directors	None	06/10/2022	R Simcox		**Update 08/09/2022** Information included in monthly vacction report. Reporting to recommence from October Board onwards **Complete**	Green
18/512.2	04/08/2022	Tracking of trend analysis and movement on overall RAG ratings to be included in future Strategic Priorities update reports	Public Board of Directors	None	03/11/2022	E Challans-Rasool			Grey
18/550	01/09/2022	Arrange for Non-Executive Directors to observe a meeting of the Local Maternity and Neonatal Systems (LMNS)	Public Board of Directors	None	04/10/2022	D Selwyn / P Bolton		**Update 07/09/2022** Barbara Brady to attend next meeting **Complete**	Green
18/551	01/09/2022	Further information regarding gaps in the number of postgraduate doctors in training to be included in the next Guardian of Safe Working report	Public Board of Directors	None	01/12/2022	D Selwyn			Grey
18/554.1	01/09/2022	Further information on the work being undertaken in relation to improving the position in relation to appraisals to be provided to the People, Culture and Improvement Committee	Public Board of Directors	People, Culture & Improvement Committee	04/10/2022	R Simcox / E Challans-Rasool		**Update 08/09/2022** Assurance item to be presented to People Cultrure and Improvement Committee in October **Complete**	Green
18/554.2	01/09/2022	Finance Committee to have an in depth look at the Trust's financial forecast, particularly FIP	Public Board of Directors	Finance Committee	04/10/2022	R Mills / E Challans-Rasool		**Update 29/09/2022** Discussed at meeting of Finance Committee on 27/09/2022 **Complete**	Green

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date**: 6th October 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Executive Summary

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

Queen Elizabeth II 1926 – 2022

I was saddened to learn of the passing of Her Majesty The Queen and we are sure we speak for the whole of Sherwood Forest Hospitals and our local communities in sending our greatest sympathies to the Royal Family for their loss.

Her Majesty was the epitome of duty and public service and her passing will be greatly felt by so many across our country and the world. She will be sorely missed by many of our staff and patients, who remain grateful for her commitment and dedication to the NHS staff she personally awarded the George Cross to earlier this year.

I am grateful to all colleagues from across the Trust for the work they did to minimise the impact that the additional bank holiday had on services, which helped to ensure we could continue to prioritise urgent and emergency care and ensure our highest priority patients could access the care they needed.

Annual General Meeting (AGM) and Annual Members Meeting of Sherwood Forest Hospitals

The Annual General Meeting (AGM) and Annual Members Meeting of Sherwood Forest Hospitals NHS Foundation Trust was held virtually on Thursday 29th September, giving our members, the public we serve and the partners we work with the opportunity to learn more about how the organisation performed over the 2021/22 financial year.

Despite demand for services remaining exceptionally high over the past few years, there remains so much for us to be proud of as a Trust and those meetings are a real opportunity for the Trust to reflect upon its activities, challenges and achievements over the past financial year.

Items discussed at this year's meeting included the presentation of the Annual Report and Accounts and the External Auditor's Annual Report. As a result of the discussion on proposed revisions to the Trust constitution that were put forward at last month's public board meeting, considerations are also now being made about arrangements for the next members election.

Celebrating the best of Sherwood Forest Hospitals at our annual *Excellence Awards*

On Friday 7th October, our annual Trust *Excellence Awards* will be held to celebrate our Trust colleagues and partners who have gone above-and-beyond the call of duty for patients and the communities we serve over the past year.

This year's awards have seen over 250 nominations made from colleagues, partners, patients and members of the wider public who have come forward in droves to nominate members of #TeamSFH for special recognition. We are grateful, once again, for the level of support they have shown for our hardworking colleagues.

I look forward to being able to celebrate with colleagues at this year's event, which will again be held virtually this year due to the continued presence of COVID in our local communities and within our hospitals.

System working across the ICB

We are continuing to develop Sherwood Forest Hospital's voice within the Nottingham and Nottinghamshire Integrated Care System (ICS), including through participation in various system-wide discussions that have taken place over the past month.

I have taken part in meetings with the Chair of NUH, NHC and the ICS. I value their contribution and it helps for us to build a better understanding of how our organisations can work together for the benefit of patients.

Engagements and visits over the past month

We know it takes a whole Trust to run our hospitals and, over the past month, I have had the privilege of visiting members of our extended #TeamSFH family from Medirest to learn more about how they support our NHS colleagues.

That visit – which included visiting staff on the switchboard and HR colleagues within Medirest – was incredibly useful in being able to understand how we work with our partners and how we can get them more involved in helping us to deliver the best possible care to our patients.

Elsewhere in the Trust during September, a number of our governors have taken part in *Meet your Governor* events at our King's Mill, Newark and Mansfield Community Hospitals, where they spoke to patients and members of the public about their experiences of receiving care and visiting our hospitals.

Thank you to everyone who has helped to facilitate those sessions, as well as to all those who have offered feedback or have registered to become members of the Trust at those sessions.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date**: 6th October 2022	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on key events and information from the last month.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Executive Summary

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

The passing of Her Majesty Queen Elizabeth II and the declaring of the national bank holiday

We were saddened to learn of the passing of Her Majesty Queen Elizabeth II in September. I am sure I speak for the whole of Sherwood Forest Hospitals and our local communities in sending our greatest sympathies to the Royal Family for their loss.

Following Her Majesty's passing, we have worked to ensure colleagues have access to wellbeing support, as we know her passing and the period of national mourning that followed will have personally affected many of our colleagues – particularly in evoking feelings of their own personal grief.

Across our hospitals, we have been enabling colleagues, patients and visitors to pay their respects, including by holding memorial services in our hospital chapels and observing two minutes' silences across the Trust. We were also grateful to the providers of our bedside television units who agreed to grant free access to the units for inpatients to watch the State Funeral, as it was such an important moment in world history.

As well as enabling our colleagues, patients and visitors to pay their respects, the declaring of the national bank holiday also had a number of very practical implications on daily business across our hospitals.

I note and reiterate my thanks to all our teams who helped us to prepare for the bank holiday, essentially mobilising plans within just a few days' notice for an event we would ordinarily have a year to prepare for.

While normal bank holiday arrangements applied to all Sherwood Forest Hospitals services, it was inevitable there would be some disruption to some non-urgent planned care originally planned for that day which meant that some patients' appointments needed to be postponed. All affected patients were contacted directly to explain the impact on their appointments and we are grateful to our patients and colleagues alike for their patience and understanding.

Our colleagues' work at pace was essential in ensuring that our highest priority patients could continue to access the care they needed and their efforts were very much appreciated.

Playing our part in the national flu and COVID vaccine programmes

Operationally in the Trust during September, we have begun to see a small increase in COVID cases among patients in our hospitals.

We know the impact that COVID continues to have on our services and the rules remain different for NHS staff compared to the wider public when they get COVID, particularly in affecting our ability to provide the best possible care for patient while staff cannot attend our hospitals. COVID is not over and those case rates are something we will keep under review before it becomes a cause of any greater concern.

It is for those reasons that we have been particularly pleased to have begun delivering COVID autumn boosters from our vaccine hub at King's Mill Hospital during September, as our Trust will once again be playing our part in the national COVID vaccine programme.

We're grateful to all those who have already come forward and we look forward to welcoming more over the coming weeks, with eligible patients, members of the public and frontline healthcare staff able to get their boosters as either pre-booked or drop-in appointments from either the vaccine hub at King's Mill Hospital or other sites locally.

This winter is also expected to be the first where COVID and flu are both in circulation together. While at the time of writing we are waiting delivery of this year's flu vaccine, we hope by the time of our Board of Directors Meeting to have begun vaccinating those eligible.

Our Sherwood Forest Hospitals colleagues have a long and proud history of engaging well with the COVID and flu vaccination programmes – and we look forward to that continuing as this winter approaches.

Changes in the Trust's Executive Team

We send our best wishes to Emma Challans-Rasool, our Director of Culture and Improvement, who is leaving Sherwood to take up a role at NHS Nottingham and Nottinghamshire as their Director of Organisational Development, Culture and Talent.

Emma has been a key part of the Executive Team at #TeamSFH during her time with us and I would like to thank her for her contribution to making SFH a great place to work. We wish Emma every success in her new role that will commence transition from October 2022.

Working towards international Pathway to Excellence accreditation

Another key development over recent weeks has been the progress made in our work towards achieving the American Nurses Credentialing Center's (ANCC) *Pathway to Excellence* standard, which the Trust has committed to working towards to assure ourselves that the care we provide is in-line with the high standards of excellence, quality and collaboration internationally.

For Sherwood, this accreditation is also important to ensure that the Trust remains a great place for colleagues to work and we hope that working towards this accreditation shows that the organisation's ambition to provide the best possible care for patients. We also hope it will help us to attract the very best new recruits to our hospitals in future, as well as retaining the great colleagues we already have.

The launch of the survey in September saw us move to the next stage of the accreditation, which invites all our registered nursing and midwifery colleagues to complete the survey and give their views. Early indications are that engagement with this process has been strong, which shows the level of support and aspiration within the Trust to work towards this accreditation.

This accreditation cannot be achieved without the input and support of our staff, so we are incredibly grateful for the level of support they have offered to date. We look forward to hearing the outcome of our work towards that accreditation, after the survey closed on 28 September.

Preparing to take part in the National Staff survey

October will see the Trust take part in the NHS National Staff Survey – one of the largest workforce surveys in the world that is carried out each year to improve staff experiences across the NHS.

The 2021 results for our Trust continued our successful track-record, with our survey results ranking among some of the best in the country for acute and acute community trusts.

As well as allowing us to benchmark against other NHS organisations, the survey is also important in identifying areas for improvement. In recent years, the insights provided by the survey have led to us strengthening our 'zero tolerance' approach to tackling racism and abuse, as well as finding new ways for us to meaningfully support the wellbeing of our colleagues. We must continue to develop that support to ensure we can properly look after the people who look after our patients.

These results are not just important for our own assurance that we are making our Trust a great place to work; they are also important as proof we are creating the environment where our patients can receive outstanding care.

A new development for this year's survey will be the inclusion of bank staff who will be among those surveyed for the first time ever, taking account of the views of the wider team who help to deliver services across our hospitals.

Sherwood Forest Hospitals will be encouraging colleagues to fully engage with this year's survey once again, with the results of the survey likely to be shared early in 2023.

Risk ratings reviewed

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

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits
- Principal Risk 7: A major disruptive incident
- Principal Risk 8: Failure to deliver sustainable reductions in the Trust's impact on climate change.

Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 5

2022/23

Inspected and rated
Good
CareQuality Commission

Single Oversight Framework – Month 5 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	**A**ugust continued to be a prolonged period of exceptional' pressure across all services and pathways within the organisation. All additional bed capacity including that over and above our initial 'winter' plan has remained open with the requirement for super-surging described last month again being enacted on a number of occasions. This pressure has been felt across the organisation including within the Emergency Department with ongoing episodes of overcrowding noted and impacting on our ability to provided safe, consistent and quality care and patient experience, in the manner that we would desire. This negative impact on staff experience and morale is also recognised Despite these difficulties and challenges, our teams continue to focus on delivering good quality care in the safest manner possible. The inpatient falls rate has reduced and hospital acquired pressure ulcer rates remain consistently low despite the described challenges. There are 3 exception reports to note this month **Exception reports:** **C-DIFF:** 21.35 (YTD 20.29) against a standard of 20.6. A reduction in the number of hospital associated cases of C-Diff when compared with the same time last year. We have 4 hospital acquired C-Diff subject to full end to end review due October 2022. **COVID-19:** During August we monitored 3 outbreaks and clusters across the organisation. In line with NHSE advice we introduced enhanced cleaning, environmental audits and placed air scrubbers in affected areas. Outbreak meetings have been held weekly and provide the assurance required to the regional team. **MRSA:** Although we continue to report as red we have had no additional MRSA cases in the organisation.	MD, CN

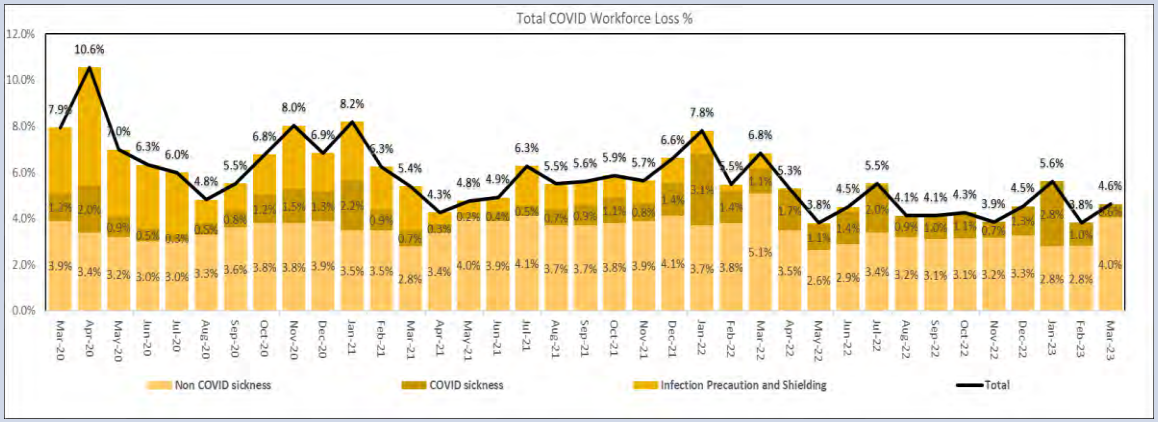
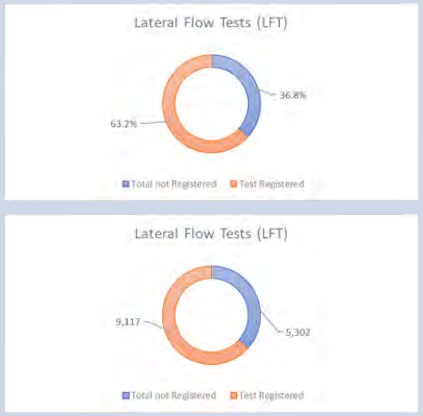
Single Oversight Framework – Month 5 Overview (2)

Domain	Overview & risks	Lead
People & Culture	**People** In August 2022 (M5) our sickness absence levels and overall workforce loss has decreased. The current sickness level is reported as 4.1% which is an decrease when compared to 5.4% in July 2022 This sits marginally above the revised Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Across the ICB the sickness level for M5 are recorded at 5.7%. As part of the Trusts HWB approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. A working group has been developed and we are currently focusing on planning a menopause conference in October 2022 to align with World Menopause Day. Our wellbeing programme is also focusing on financial wellbeing, staff mental health and physical health, with programmes around World Mental Health Day and focuses on loneliness. The Trust are aware the Trade Unions are preparing to ballot members for industrial action in relation to the recent pay award. To support the Trusts preparedness for any industrial action including strike action, an Industrial Action Group has been developed to ensure the Trust are able to respond to any notification from the Trade Unions regarding strike action to ensure essential services are delivered and staff are supported. Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 6.1%, this sits below the target 6.5%. These are really positive indicators. Overall resourcing indicators for M5 are positive, our overall vacancy's has marginally reduced and is under target and turnover sits under the trust target. Supporting the winter plan and a planned reduction of our vacancy levels we recent held a successful recruitment fair, were we recruited 114 staff, we have arranged a further fair during October 22. **Improvement** Update on QI Maturity Matrix Year 2 actions presented to TMT and further update to PCI Committee in Aug-22. Full support to progress key priority areas in line with our Vision for Continuous Improvement. Our aim is to increase visibility and understanding of our Improvement offer at SFH through a simplified message. In August a dedicated Board Development session was delivered on our vision and approach to Improvement in SFH. Key progress areas includes July/Aug launch of the Optimising the Patient Journey Programme of Improvement; initial focus on pillar lead recruitment and collation of stories from colleagues/patients. **Culture and Engagement** Engagement and actions of 2021 National Staff Survey results continues – results were analysed with 3 theme commitments identified focussed on **'Valuing You'** '**Caring about You'** and **'Developing You'**. Progress at a Trust level against these themes is well underway with updates reported through existing governance frameworks and Trust communications channels. Divisional and team actions continue to be supported at a local level with progress discussed as part of the DPR process quarterly. Preparation is under way for the National Staff Survey 2022 with a multi-professional task and finish group in place to drive engagement. NSS22 launch 3rd October 22.	DOP, DCI

Single Oversight Framework – Month 5 Overview (2)

Domain	Overview & risks	Lead
People & Culture	**Culture and Engagement (Continued)** The Q2 2022 quarterly pulse survey ran across July with a 23.7% response rate which is the highest response rate to date. A review of results has been shared with key leadership teams and leads. There has been deterioration in some scores however SFH benchmarks positively when compared to peers nationally. The last of our site visits around Kings Mill Hospital were undertaken in August, to engage with colleagues following the introduction of our **People, Culture and Improvement Strategy for 2022-2025** whilst also taking the opportunity to check-in and support colleague wellbeing. This follows visits to all 3 sites across July/Aug. **Reward and Recognition** has been a key focus for the team and Trust with regards 'getting the foundations right'. A review and approach was approved at TMT and ET. Feedback has also been sought from Divisions to ensure the approach is in touch with colleagues needs currently. Aim to relaunch offers October 22. OD team have focussed on planning and promoting the upcoming Civility, Kindness and Respect week (Sept-22) in partnership with Nottinghamshire ICS. **Learning and Development** Our **Mandatory Training and Development** compliance currently sits at 87%. This is below the Trust target (90%). Training has now resumed as normal and our Task & Finish Group have been working together to improve compliance. The group is developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. Sign off of the revised workbook offer is underway and implementation of Learning Governance Groups (to manage the process ongoing) are due to be in place by end Oct-22. We expect to see an upturn in compliance during the coming months. The new induction process is due to be introduced from mid-October and as such, increased assurance and compliance of all MAST requirements. **Appraisals** levels sit at 85% for August, this is below the Trust target but favourable in comparison to National/local levels. This is a reflection of workforce loss during July due to COVID absences, along with Annual Leave impact during School summer holidays. A working group is in place to improve compliance and experience, the outcome of the Jul-22 meeting was the production of an options appraisal proposal (digital vs paper-based approach). This appraisal has been shared with TMT with support to move to a more digitally focussed process. Next steps will be to introduce the new process and support ongoing development of quality of appraisals.	DOP, DCI

Single Oversight Framework – Month 5 Overview (2)

Domain	Overview & risks	Lead
People & Culture	**COVID Absence –** The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for August 2022 was 4.1%, (July 2022 5.5%). This is expressed in figure 1. **Lateral Flow Tests** – Overall there were 14,419 test distributed, with 9,117 test registered (63.2%). Of the completed tests there has been 3,438 positive test (1.1% positive results). This is expressed in figure 2. Figure 1 – Total COVID Workforce Loss  Figure 2 – Lateral Flow Tests  	DOP, DCI

Single Oversight Framework – Month 5 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care	August continued to be challenging across the emergency pathway with average daily attendances of 469. 5 days of the month saw attendances over 500. Performance against the 4 hour standard worsened in August 2022 to 77.4%. There was a national deterioration in performance with trusts achieving between 40.6% and 71.8%, over two thirds were below 60%. The trust ranked 15th in the country and 2nd regionally. In response to the increasing attendance pressures, the trust, at points, had to take extraordinary actions opening a further 27 beds on top of the winter and escalation beds already open, to decongest a significantly overcrowded ED. Due to the hard work and continued dedication of colleagues throughout the trust, the beds were closed as soon as pressure allowed. MSFT patient numbers continued to increase over the month to a mean average of 119. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 94.4%, 13 days of 95%, reaching up to 98% resulting in long waits for patients and over crowding in ED. Elective inpatient procedures continued to be adversely affected over the month of August. In the main this was due to reduced activity as a result of leave, emergency pressures and reduced anaesthetic cover due to vacancies. The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small (4.3%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up target with performance exceeding the target. The number of patients waiting more than 62 days on a suspected cancer pathway in August was 102 which is over trajectory. 62 day performance for July improved on the previous month to 63.7% against the national average of 61.6% and the ICS average of 55%. The average wait for first definitive treatment in July was 64 days (58 in July 2021). The Faster Diagnosis Standard (FDS) performance improved to 78.8% against the 75% standard with SFHT ranked 37th out of 125 trusts.	COO

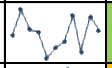
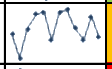
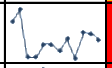
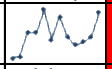
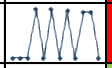
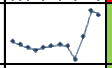
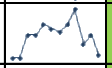
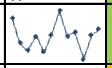
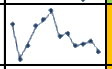
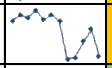
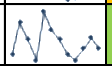
Single Oversight Framework – M5 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	**Income & Expenditure:** • The Trust has reported a deficit of £0.6m for Month 5 (August 2022). • Year-to-Date performance for the period to Month 5 is a deficit of £5.8m, which is £1.4m adverse to plan. This reflects the continued need for additional bed capacity above the budgeted bed baseline and a shortfall on Financial Improvement Programme savings. The reported position includes year-to-date expenditure of £3.9m for COVID-19 and Covid-19 Vaccination Programme costs of £3.6m. • The forecast outturn at Month 5 shows delivery of the planned £4.7m deficit for the financial year. The key risks to delivery remain as reported in previous months, in particular Elective Recovery Funding, Transformation & Efficiency Plan, Covid Expenditure and Capacity relating to operational pressures. **Financial Improvement Programme (FIP):** • The Financial Improvement Programme (FIP) delivered savings of £0.4m in August 2022, compared to a plan of £ 1.2m. The forecast savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF). **Capital Expenditure & Cash:** • Capital expenditure of £0.6m has been reported for Month 5, against a plan of £2.1m. The year-to-date capital expenditure is £2.5m, which is £4.9m lower than planned. The phasing of the plan contributes to this. The Trust's Capital Oversight Group continues to review progress on key schemes and has received assurances relating to the full-year delivery. • Closing cash for the period was £4.8m, which is £2.6m higher than planned. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required; however this does rely on the delivery of cash releasing efficiency savings. **Agency Expenditure:** • The Trust has year to date expenditure of £7.6m of agency costs. This is £2.3m adverse to the planned spend of £5.2m due to additional capacity opened and agency covering vacancies within Divisions. • The Nottingham & Nottinghamshire ICB has been set a system agency ceiling of £54.6m by NHSE/I for 2022/23, which represents a reduction of 29% compared to 2021/22 reported expenditure. The indicative SFH ceiling is £14.7m, which is aligned to the financial plan.	CFO

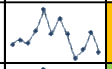
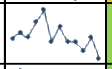
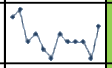
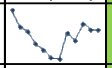
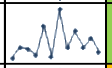
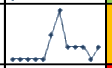
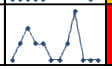
Single Oversight Framework – Month 5 Overview (1)

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	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>44	Aug-22	46.46	47.73		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Aug-22	7.56	6.91		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Aug-22	20.29	21.35		R	CN	M
		Covid-19 Hospital onset	<37	Aug-22	80	28		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Aug-22	3.20	0.00		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jul-22	95.2%	97.8%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Aug-22	8.9	8.7		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Aug-22	1.31	1.55		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Aug-22	89.8%	88.9%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Aug-22	95.4%	94.9%		A	MD/CN	M
	Effective	Cardiac arrest rate per 1000 admissions	<1.0	Aug-22	0.81	0.85		G	MD	M

Single Oversight Framework – Month 5 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 & Culture	Staff health & well being	Sickness Absence	<4.0%	Aug-22	4.5%	4.1%		A	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Aug-22	6.7%	6.1%		G	DoP	M
		Employee Relations Management	<10-12	Aug-22	35	9		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Aug-22	4.6%	4.7%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Aug-22	0.6%	0.5%		G	DoP	M
		Mandatory & Statutory Training	>90%	Aug-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	Aug-22	86.0%	85.0%		R	DoCI	M

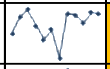
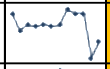
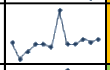
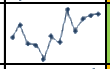
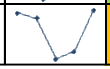
Single Oversight Framework – Month 5 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	90.0%	Aug-22	78.9%	77.4%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Aug-22	205	208		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Aug-22	4.8%	3.9%		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	Aug-22	2.4%	2.7%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Aug-22	103	119		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Aug-22	95.3%	96.1%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Aug-22	16.9%	16.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Aug-22	-	6.0%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Aug-22	-4.3%	5.5%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Aug-22	94.6%	95.5%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Aug-22	87.3%	82.6%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Aug-22	100.5%	104.9%		G	COO	M
	Diagnostics	Diagnostics activity against Plan	on trajectory	Aug-22	111.1%	112.3%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Aug-22	-	45889		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Aug-22	-	46		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Aug-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Aug-22	97.4%	105.2%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	86	Aug-22	-	102		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jul-22	77.7%	78.8%		G	COO	M

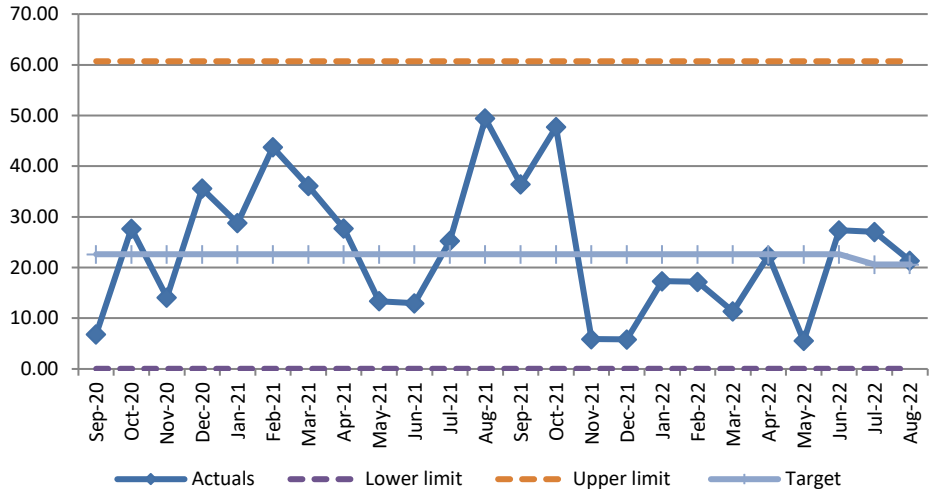
Single Oversight Framework – Month 5 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	£0.00m	Aug-22	-£1.42m	-£0.09m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	£0.00m	Aug-22	-£1.94m	-£0.82m		A	CFO	M
		Capital expenditure against Plan	£0.00m	Aug-22	£4.88m	£1.45m		A	CFO	M
		Cash balance against Plan	£0.00m	Aug-22	£2.64m	£1.21m		G	CFO	M
		Agency expenditure against Plan	£0.00m	Aug-22	-£2.34m	-£0.18m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Aug-22	20.29	21.35		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



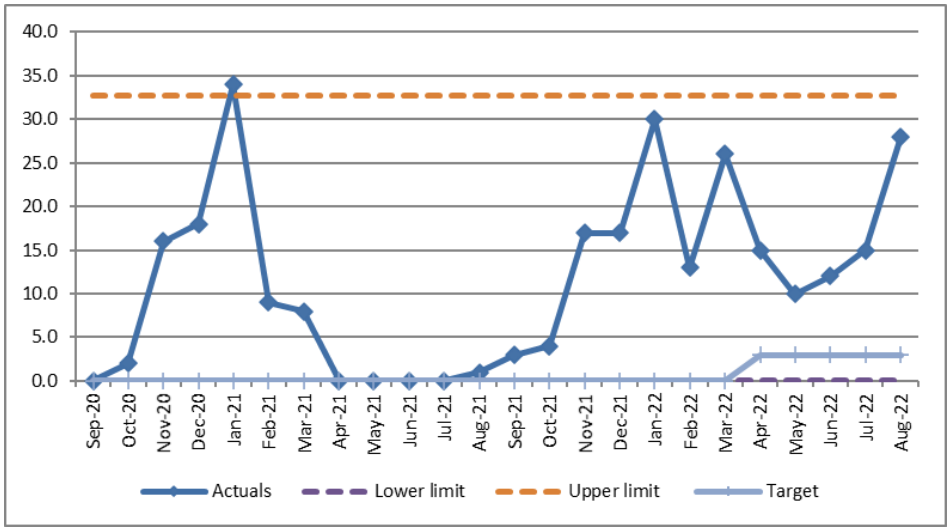
National position & overview

- This year the Trust has been given a trajectory of 92 cases of C-diff, however this is higher than usual and is currently under review therefore we are continuing to work to our previous trajectory of 57;
- The Trust have seen a reduction in the number of hospital associated cases of C-diff when compared with the same time last year, although there was a slight increase during June and July 2022;
- Total Trust Attributed C diff cases to date for this year is 32, compared to 42 in 2021 /22;
- There is an increase in C-diff cases nationally and C-diff Collaboration meetings have been established by NHSE/I;
- Following benchmarking against our peer Trusts we are in the middle.

Root causes	Actions	Impact/Timescale
• Two C diff deaths 2022/2023 • There have been 4 cases of hospital acquired C-diff in August 2022. • RCA's sent out to the wards; • 2 awaiting completion of RCA by the ward; • 1 RIP and awaiting the Cause of death from a post-mortem; • 1 case has had the ward meeting and awaiting feedback.	• Fundamentals of IPC training is being carried out by the IPC team on all wards and departments; • Full end-to-end investigation into both the patients death is underway, this is including a review of what interaction the patients had with any healthcare prior to admission with support from the community IPC team; • Deep clean of the outbreak ward has taken place; • Second Peer Review by NHSE/I is being arranged, awaiting dates.	• October 2022 • October 2022 • Complete • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Aug-22	80	28		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- New cases identified 8 days post admission are deem probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During August 2022 the Trust identified 19 cases of probable or definite hospital acquired cases.

Root causes

- In August 2022 we declared 3 Outbreaks and Clusters of Covid-19 across the organisation and the majority of the probable or definite cases were involved with these outbreaks or were contacts of community positives;
- We also had some positive visitors identified;
- RCA's also identified COVID positive care home discharge swabs.

Actions

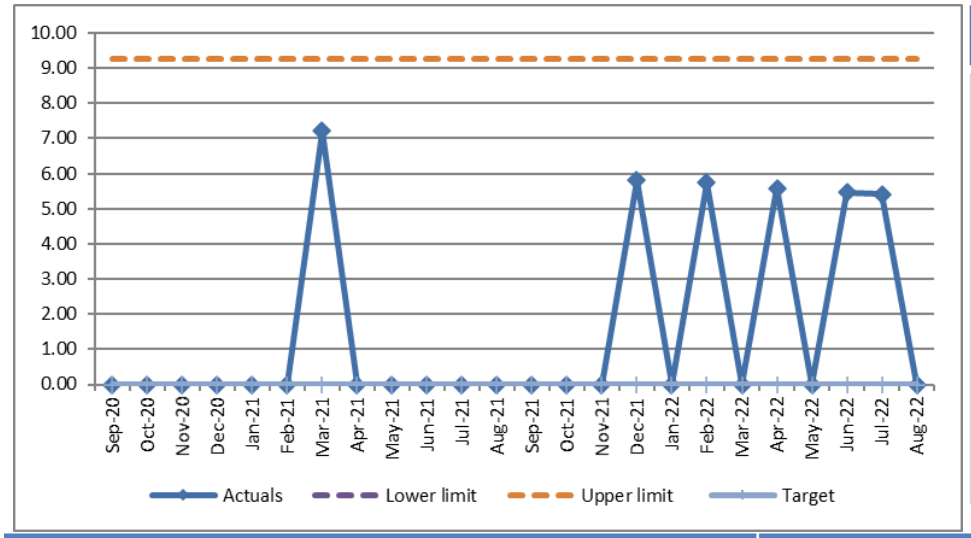
- Universal mask wearing was reintroduced in the Trust in June 2022;
- Enhanced cleaning was implemented in all outbreak/cluster areas;
- Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks
- The introduction of 48 hour swabbing once a patient is identified as a care home discharge.

Impact/Timescale

- To reduce the impact of asymptomatic carriage of covid, e.g. visitors who tested positive shortly after visiting;
- To further reduce environmental contamination;
- To monitor cases and capture learning early;
- To identify COVID infections early to help prevent delayed discharges to care home.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Aug-22	3.20	0.00		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



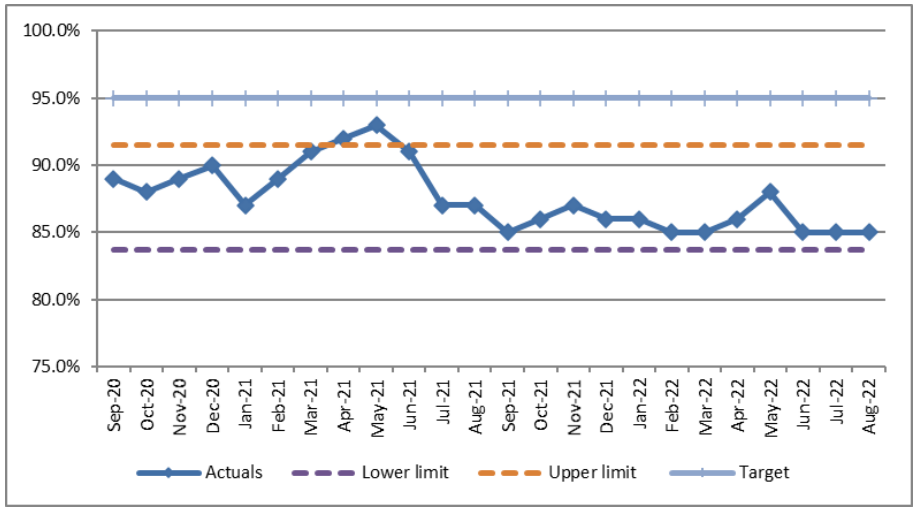
National position & overview

- The Trusts national trajectory for MRSA bacteraemia is zero for 2022-23;
- All organisations nationally have a zero target for MRSA;
- The Trust have now had 3 MRSA Bacteraemia this year;
- Other organisations in the region are also seeing an increase in MRSA blood stream infections;
- 5 out of 11 peer Trusts have also had 1 or more MRSA bacteraemia to date this year.

Root causes	Actions	Impact/Timescale
• In August 2022 we have not had any cases of MRSA bacteraemia.	• Fundamentals of IPC training is being carried out by the IPC team on all wards and departments • Working with Claire Madon (CNIO) and the Nerve centre team to add the MRSA decolonisation treatment to this now we are using EPMA, as it used to be pre printed on the drug chart.	• October 2022 • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Aug-22	86.0%	85.0%		R	DoCI	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for M5 are recorded at 81.8%.

Root causes

The Appraisal position is reported at 85.0%, and is at the same level than last month.

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

Actions

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

Ongoing actions:

Options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration. Agreement to pursue a digital model was made and a first version to be commissioned and demonstrated in the coming weeks.

The move to a digital platform is thought to offer as more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches.

PLT policy will also protect time around appraisal activity to ensure that staff feel the importance of quality appraisal.

Impact/Timescale

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

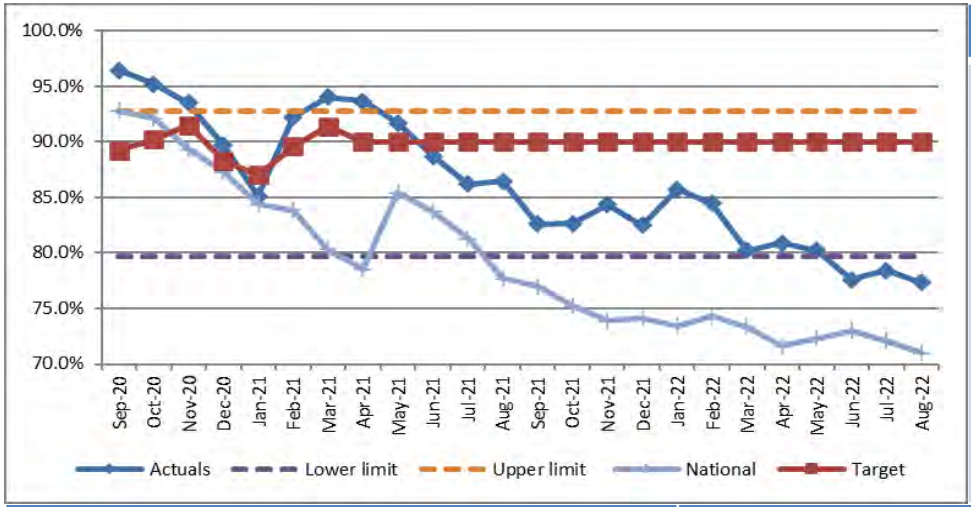
By end 22/23

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

Update PLT policy and highlight through relevant cabinets then nursing / midwifery cabinet.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95%	Aug-22	78.9%	77.4%		R	COO	M

Sherwood Forest Hospitals
NHS Foundation Trust



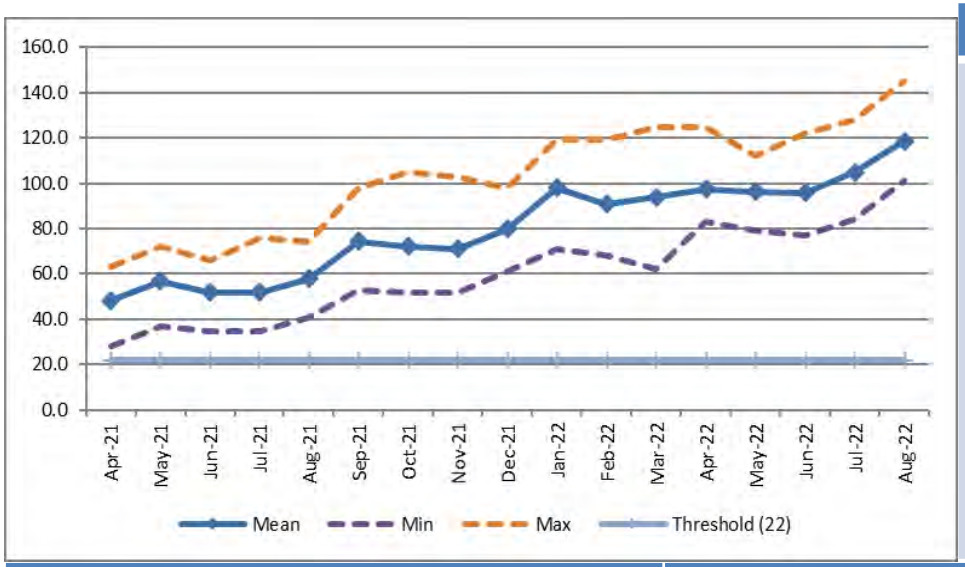
National position & overview

- SFH performance was 77.4% for August 2022.
- Performance continues to be driven mainly by exit block and high numbers of MSFT
- National rank 15th out of all comparison Trusts
- Regional rank 2nd out of all comparison Trusts
- Average attendances were 469, with 5days of the month exceeding 500
- 12 hr DTA , 106, rank 50th out of 107 comparison trusts
- Newark UTC averaged at 99% of patients seen and treated under 4 hrs.
- Bed pressure was a key driver of performance
- MSFT is driving a total of 5 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF
- The trust hit OPEL level 4 on 8 days during August

Root causes	Actions	Impact/Timescale
Bed capacity pressure • Delays in the discharge of patients who require social care support following discharge. • 5 wards currently being used solely for medically fit patients with no onward destination	Extended the use of Sherwood Care Home and increased the number of beds at Newark Hospital on Castle Ward - These beds do not mitigate the MSFT risk fully	• In place
Waiting to be seen / Time to Decision • 10% increased attendances which continues to be more than planned capacity • 31% increased workload in department (bed waits and overcrowding)	Utilising the Urgent Community Response (UCR) capacity for 'settling in' where patients who attend ED are able to be discharged safely with the UCR team to bridge any gap in smaller packages of care over night/for a few hours	• In place
	Capacity and Demand exercise complete across ED Nursing and Medical staffing – business case finalised and to TMT 5th October 2022.	• October 2022
	Actions from the Optimising Patient Journey will be expedited to focus on ward process, patient expectation re discharge and communication/IT solutions. A weekly task and finish group is now in place with key members of the trust senior leadership team.	• October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Aug-22	103	119		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- There are currently 5 wards worth of patients in delay
- The position is a direct link to capacity issues within adult social care and care agencies
- Additional winter and surge capacity remains open, additional capacity opened at short notice as part of escalation on OPEL L4
- System Virtual Ward Business Case signed off but delayed start and reduced numbers due to Notts Health care staffing shortages
- System D2A business case due to start November 2022 for SFH

Root causes	Actions	Impact/Timescale
• Lack of staff within care agencies to support P1 discharges, exacerbated by school holidays	• Working with Adult Social Care and ICB to significantly improve the interim bed offer process.	• In progress
• Interface between acute trust and system partners requires further development	• Discharge to Assess (D2A) programme to commence November 2022 for SFH	• November 2022
• Funding for ongoing health requirements beyond discharge process inconsistencies	• Transfer of Care Hub (TOCH) start date Mid October	• Mid October 2022
	• Electronic solution for D2A form to ensure agencies all have up to date information for decision making and forward planning should be live mid October	• Mid October 2022
	• Provider collaborative action with Notts health Care to expand current scheme to deliver home care	• November 2022
	• Internal audit of bed designation taking place to inform system wide actions	• In progress
	• Weekly TOCH meeting to build relationships and prepare partners for working together	• In place
	• Working with system discharge lead to improve internal discharge process	• In progress

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Aug-22	95.3%	96.1%		R	COO	M

NHS
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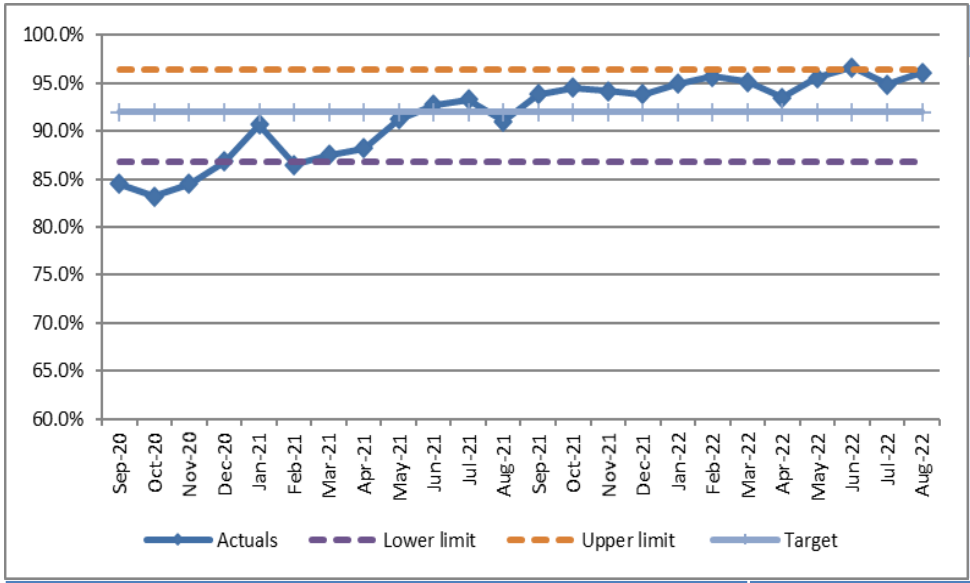

National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continue to have a detrimental effect on capacity and flow
- In August the trust experienced occupancy above 92% on 23 days out of 30, 13 of those days were over 95%
- Additional capacity is opened and closed in response to internal bed flow pressures which temporarily improves occupancy

Root causes	Actions	Impact/Timescale
• The Trust continues to experience delays in the discharge of patients who are MSFT • There are 5 wards of patients who are medically fit for transfer but have no onward destination. • Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers and associated increasing length of stay	Actions are as illustrated in previous two slides	

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Aug-22	16.9%	16.0%		R	COO	M

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- National target to deliver 25% of all outpatient attendances virtually
- Currently delivering 16% of outpatient consultations virtually against the national target of 25%

Root causes	Actions	Impact/Timescale
• Clinical preference for face to face consultations	• A virtual core project team has been set to define problems and actions to address	• Established and ongoing
• Infrastructure issues with regards to connectivity, space and support	• A questionnaire for clinical teams to gain insight into delays with implementation and actions required	• October 2022
• Capacity of comms/IT colleagues to develop patient information repository to support virtual appointments	• patient experience analysis complete, action plan under development	• October 2022
	• Patient facing comms on trust website in place about how to access remote appointments and what to expect,	• October/November 2022
	• Individual specialty review to increase usage	• October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Aug-22	-4.3%	5.5%		R	COO	M

Sherwood Forest Hospitals
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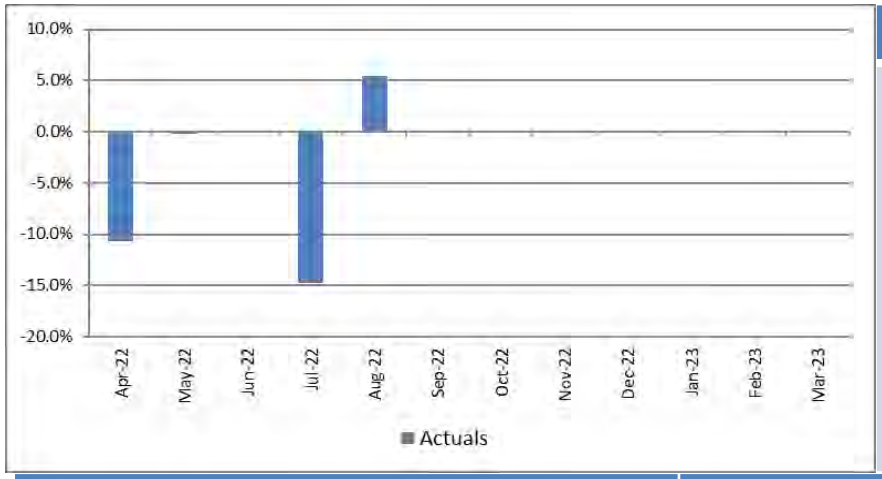

National position & overview

- The Trust delivered 5.5% more follow-up appointments in August 2022 versus 19/20. Year to date, the Trust have reduced follow-up appointments by 4.3% compared to 19/20, against the 25% target.
- The Trust still have a significant volume of overdue reviews which is impacting on the ability to reduce overall follow up attendances
- The Trust have currently discharged 6% of patients to a Patient Initiated Follow-Up (PIFU) pathway, against a national target of 5% by March 2023
- 'Broadcast' text messages are now being sent out to patients for clinics where there have been short-notice cancellations, to flag that an appointment has become available. The slot is offered on a first-come, first-served basis

Root causes	Actions	Impact/Timescale
	The trust we have been clear that due to the size of the overdue review list, we will not achieve the 25% reduction this year. A non compliant position was reported in the 2022/23 planning submission	
• Overdue review backlog circa 14,000	• Comms to be sent to patients in coming weeks to confirm whether they still require an appointment.	• October/November 2022
• Patient Initiated Follow Up (PIFU) not in place in all specialties (PIFU pathways are not suitable for patients with long term conditions)	• Introduction of PIFU in specialties underway • PIFU See On Symptoms pathways are already in place in some specialties, such as Gastroenterology and Orthotics; further work needs to be done to introduce PIFU SOS for other long-term conditions	• October/November 2022
• Expand the use of Patient Knows Best		• November 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Aug-22	87.3%	82.6%		R	COO	M

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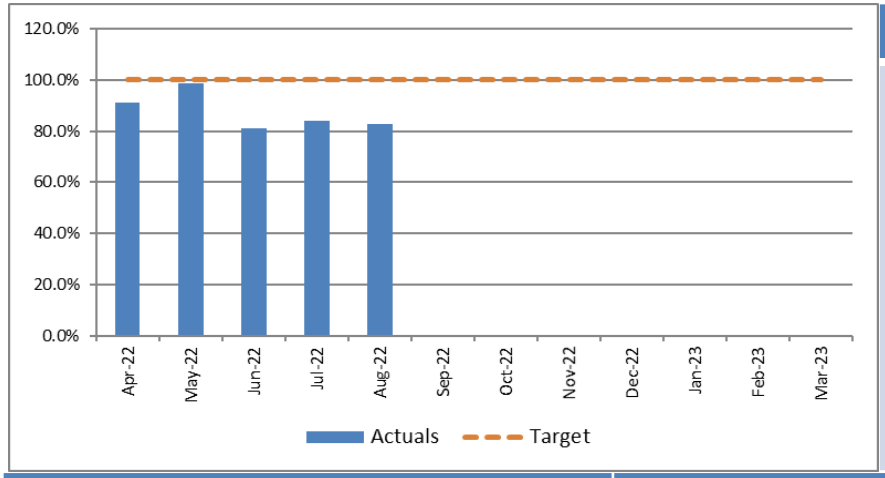

National position & overview

- August 2022 activity volume is 82.6% against the 2022/23 plan and 63.1% against 2019/20 activity
- When comparing August 2022 (281) to August 2019 (445) there is a shortfall of 164 IP procedures
- Elective IP activity throughout August continues to be adversely affected due to increased emergency pathway pressures and capacity
- Throughout August there were 6 elective inpatient cancellations within 24 hrs of their operation

Root causes	Actions	Impact/Timescale
• Sustained urgent and emergency care pathway pressures	• Additional lists to make up the lost capacity in September	• September
• Anaesthetic capacity	• Weekend lists are taking place in September	• September
• Annual leave and inability to back fill sessions and weekend lists that would usually run	• 2 new starters in aneasthetic rota, locum consultant and registrar level anaesthetists	• September
	• Flexibly using available lists across all specialties and trauma to ensure that patients are seen in a timely way	• September

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting over 62 days for Cancer treatment	86	Aug-22	-	102		R	COO	M

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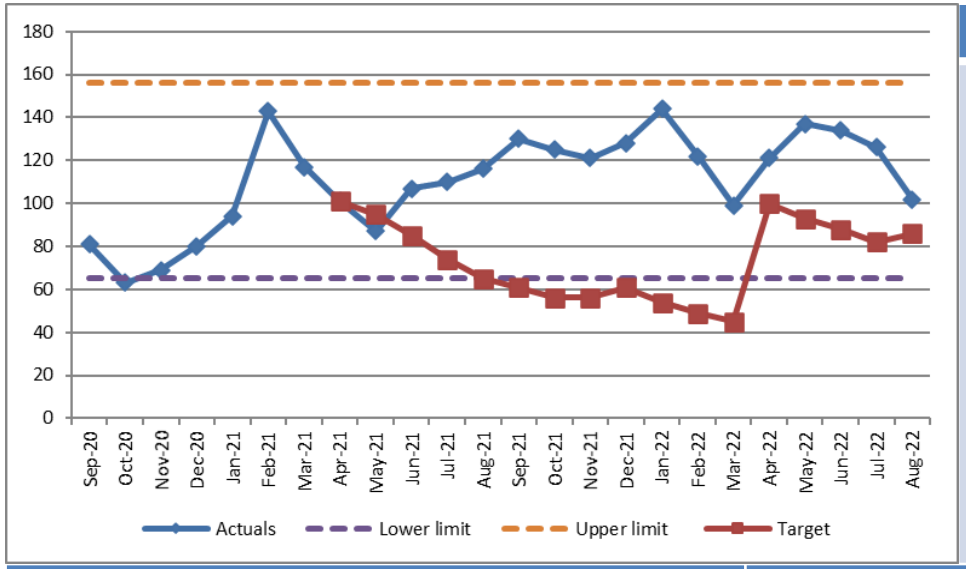


National position & overview

- Backlog target 70 for SFH to achieve by April 2023
- 74th out of 125 providers for 62 backlog
- 37th out of 125 providers for Faster Diagnosis Standard achieving 78.8% against the 75% standard
- 62 day waiting time was 63.7% for July, (national 61.6% and ICS 55%)
- The average wait for definitive treatment in July was 64 days against 57 for July 2021
- 27 patients were waiting over 104 days in July, of those 13 received treatment in month
- August backlog 102, above trajectory of 86

Root causes	Actions	Impact/Timescale
• Delays to skin 2WW clinic appointments due to increased referral demand and consultant vacancy	• Recruiting locum and advertising. Additional lists are being provided through Waiting List Initiatives (WLI) • Undertaking demand and capacity analysis	• Sustainable improvement once substantive vacancy filled • November 2022
• Head and Neck reduced capacity provided by visiting consultants due to cover arrangements at tertiary centre	• Working with NUH colleagues to jointly fund locum cover to create regular capacity. Work with NUH colleagues in developing job planning.	• Developing
• Lower GI impacted by delays to clinical decision making due to process management issues from turnover of supporting staff. Capacity issues due to increased referral demand.	• Implementing new processes to improve timeliness of clinical decision making. • To undertake demand and capacity planning to understand correct core capacity and the required split between 'straight to test' and clinic demand.	• October 2022 • October 2022
• Diagnostic and treatment delays at tertiary centre, including surgical and oncology treatment and diagnostic dates	• ICS assessment and review of sustained increased demand	• TBC
• Urology impacted by TEMPLATE biopsy capacity.	• Urology – plans in place to increase capacity by moving TEMPLATE biopsies in to an outpatient setting.	• November 2022

Best Value Care

Sherwood Forest Hospitals NHS Foundation Trust

Income & Expenditure *Trust Level Performance against Plan*	In-Month	**(£0.09m)**	The Trust has reported a deficit of £0.60m for Month 5 (August 2022), on an ICS Achievement basis. This is a £0.09m adverse variance to the planned deficit.
	Year-to-Date	**(£1.42m)**	The Trust has reported a deficit of £5.79m for the Year-to-Date, on an ICS Achievement basis. This is a £1.42m adverse variance to the planned deficit.
	Forecast Outturn	**£0.00m**	The forecast outturn reported at Month 5 is aligned to the 2022/23 financial plan, as a deficit of £4.65m.
Financial Improvement Programme *Trust Level Performance against Plan*	In-Month	**(£0.82m)**	The Trust has reported FIP savings of £0.57m for Month 5 (August 2022), which is £0.82m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.0m).
	Year-to-Date	**(£1.94m)**	The Trust has reported FIP savings of £1.48m for the Year-to-Date, which is £1.94m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Forecast Outturn	**£0.00m**	The Trust has forecast FIP savings of £13.94m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m).
Capital Expenditure Programme *Trust Level Performance against Plan*	In-Month	**£1.45m**	Capital expenditure in Month 5 (August 2022) totalled £0.64m, which is £1.45m less than planned.
	Year-to-Date	**£4.88m**	Capital expenditure totals £2.48m for the Year-to-Date, which is £4.88m less than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan.
Cash Balance *Trust Level Performance against Plan*	In-Month	**£1.21m**	The Trust's cash balance increased by £0.93m in Month 5 (August 2022), which is a favourable variance of £1.21m compared to the plan.
	Year-to-Date	**£2.64m**	The Trust reported a closing cash balance of £4.75m as of 31st August 2022, which is £2.64m higher than planned.
	Forecast Outturn	**£0.00m**	The Trust has forecast a year end cash balance of £1.45m for 2022/23, which is aligned to the plan, but which requires working capital borrowing support.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

Agency Expenditure Against Plan *Trust Level Performance against Plan*	In-Month	**(£0.18m)**	The Trust has spent £1.63m in month 5 (August 2022). This is a £0.18m adverse variance to the planned level of spend.
	Year-to-Date	**(£2.34m)**	The Trust has spent £7.57m for the Year-to-Date on agency, This is a £2.34m adverse variance to the planned level of spend.
	Forecast Outturn	**(£2.56m)**	The forecast outturn reported at Month 5 is to spend £17.24m on agency. This will be £3.58m adverse to the planned level of spend.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

M5 Summary

- The Trust has reported a year to date deficit of £5.79m for the period up to the end of August 2022 on an ICS Achievement basis. This is an adverse variance of £1.42m to the planned deficit of £4.36m.
- The ICS forecast outturn reported at Month 5 is a £4.65m deficit in line with the 22/23 financial plan.
- Capital expenditure for month 5 (August 2022) was £0.64m. This was £1.45m lower than plan primarily relating to MRI where funding has yet to be formally approved. The capital plan requires PDC capital support, and the associated request has been submitted to NHSE/I for review and approval.
- Closing cash on the 31st August was £4.75m, which is £2.64m higher than planned. The cashflow forecast demonstrates that working capital PDC support is required to support the forecast cash outflow. A submission has been made to DHSC in September for support in October. This is a consequence of delays in receiving funding, current slippage to plan including delivery of cash releasing efficiency savings and utilisation of balance sheet items which are not cash backed in year.
- The Trust has year to date expenditure of £7.57m of agency costs. This is £2.34m adverse to the planned spend of £5.24m due to additional capacity opened and agency covering vacancies within Divisions.

	August In-Month			Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.02	38.59	0.57	188.58	190.02	1.45	450.14	449.32	(0.83)
Expenditure	(38.53)	(39.19)	(0.65)	(192.98)	(195.76)	(2.77)	(454.89)	(453.96)	0.93
Surplus/(Deficit) - ICS Achievement Basis	**(0.50)**	**(0.60)**	**(0.09)**	**(4.36)**	**(5.79)**	**(1.42)**	**(4.65)**	**(4.65)**	**0.00**
Capex (including donated)	(2.09)	(0.64)	1.45	(7.37)	(2.48)	4.88	(19.46)	(19.46)	-
Closing Cash	(0.28)	0.93	1.21	2.10	4.75	2.64	1.45	1.45	-
Agency Spend	(1.45)	(1.63)	(0.18)	(5.24)	(7.57)	(2.34)	(14.68)	(17.24)	(2.56)

FY23 Target		FY23 Forecast		FY23 Variance		M5 Target		M5 Actual		M5 Variance		YTD Target		YTD Actual		YTD Variance	
FIP £11.73m	ERF £2.21m	FIP £11.73m	ERF £2.21m	FIP £0.00m	ERF £0.00m	FIP £1.20m	ERF £0.18m	FIP £0.36m	ERF £0.21m	FIP (£0.84m)	ERF £0.02m	FIP £2.50m	ERF £0.92m	FIP £0.43m	ERF £1.06m	FIP (£2.07m)	ERF £0.13m
£13.95m		£13.95m		£0.00m		£1.38m		£0.57m		(£0.82m)		£3.42m		£1.48m		(£1.94m)	

Overall Status
ation Trust
A — Amber rated due to YTD shortfall to plan and potential impact on full year forecast

Section 2 - Financial Improvement Plan Actual Delivery (Month 5)

Year To Date Delivery

a. In-month delivery is behind plan. **We have delivered £359k against a plan of £1,196k**.
b. There are currently 16 schemes in delivery, an increase of 6 from last month which includes schemes within the Nursing, Medical and Divisional Programmes.
c. Procurement savings were phased to start delivering from April. There is however currently only one scheme in delivery (started in July) for pacing consumables. It is anticipated more consumables schemes will be included from month 6.
d. The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. 3 schemes have started to delivery in August, concerns continue for projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget and may now be classed as Cost Avoidance.
e. The savings planned for Ophthalmology Transformation were due to start in July. Delivery for this programme is anticipated to catch-up
f. The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. The new Programme Manager is due to start on the 19th September.
g. Within Corporate Services, electricity savings have been delivered non recurrently in month of £319k.
h. Other Corporate Services projects have been delayed such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities to replace projects that won't deliver such electric car charging points and vacancy underspends.

Programme	Overall Trust Target v Delivery			FIP Delivery – Year to Date (£000)																
				Corporate Services Division			Diagnostics & Outpatients Division			Medicine Division			Surgery, Anaesthetics & Critical Care Division			Urgent and Emergency Care Division			Women's & Children's Division		
	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG
Medical Transformation	£658	£0		£19	£0	£0	£301	£0		£161	£0		£124	£0		£52	£0		£19	£0	
Nursing Midwifery and AHP Transformation	£447	£15		£16	£0	£0	£191	£6		£89	£3		£80	£3		£71	£1		£16	£0	
Ophthalmology Transformation	£11	£0		£0	£0		£0	£0		£11	£0	£0	£0	£0		£0	£0		£0	£0	
Outpatients Innovation	£8	£14		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£9	£1		£9	£1	£0	£0	£0		£0	£0		£0	£0		£0	£0		£9	£1	£0
Procurement	£167	£27		£8	£0		£63	£27		£42	£0		£8	£0		£8	£0		£8	£0	
Estates & Facilities	£0	£319		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£302	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£44	£0		£44	£0	£0	£0	£0		£0	£0		£0	£0		£0	£0		£44	£0	£0
Divisional Schemes	£851	£50		£136	£5		£204	£7		£171	£39		£76	£0		£69	£0		£136	£5	
Total	**£2,497**	**£425**		**£232**	**£5**		**£759**	**£40**		**£474**	**£41**		**£288**	**£3**		**£200**	**£1**		**£232**	**£5**	

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public

Subject:	SOF – Integrated Performance Report – Month 5 2022/2023	**Date**: 6th October 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 regarding the Performance of the Trust as measured in the SOF Integrated Performance Report		**Approval**	
		Assurance	x
		Update	
		Consider	

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

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

Committees/groups where this item has been presented before

Executive Team 29th September 2022

Executive Summary

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

This report is for the month of August 2022/23

There are 41 indicators on the monthly dashboard covering four sections. All standards are RAG rated and the threshold for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard and forms part of the dashboard report.

The table below shows the number of standards in each section the current RAG rating of those standards

Section	Number of standards	Red	Amber	Green	No rating
Quality Care	11	3	3	5	
People and Culture	7	1	2	4	
Timely Care	19	7	2	9	1
Best Value Care	5	0	4	1	

A report is produced for each individual standard rated as red; this includes:

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.

For Month 5 2022/23 there are 11 Standards rated as Red:

Quality Care

Rolling 12-month Clostridium Difficile infection rate per 100,000 OBD's – August has seen a reduction in infections with four cases during the month, RCAs are in the process of completion for all cases.

Covid-19 Hospital onset – There were three outbreaks and clusters in the month of August including some community positives together with positive visitors.

Rolling 12-month MRSA bacteraemia infection rate per 100,000 OBD's – There were no cases reported in August.

People and Culture

Appraisals – Performance against this standard has remained consistent at 85% over the last 3 months. This is above the ICB level for month 5 of 81.8%.

Timely Care

Number of patients waiting >4 hours for admission or discharge from ED – Performance against this standard for August 2022 was 77.4%, giving a national ranking of 15th with all comparison Trusts. Newark UTC averaged 99% against the standard. Performance is mainly driven by exit block and the high numbers of patients who are medically safe for transfer.

Mean number of patients who are medically safe for transfer – the number of patients who are medically safe for transfer continues to increase and is directly linked to capacity issues within adult social care and care agencies. A number of actions are in progress with partners across the system to address the issues.

Adult G & A Bed Occupancy (8.00am position as per U & EC Sitrep) – Occupancy levels remain higher than the standard of 92% mainly due to the number of patients who are medically safe for transfer.

Remote Attendances as a percentage of Total Outpatient Attendances - The national target is to deliver 25% of all outpatient attendance virtually the Trust is currently delivering 16% against this standard. A project team has been established to identify the issues and respond.

Follow up Outpatient Attendances reduce against 2019/20 – Year to date the Trust has reduced follow up appointments by 4.3% compared to 2019/20 against the target of 25%. The Trust will be unable to achieve the target this year and this was reported in the 2022/23 planning submission.

Elective Inpatient Activity against Plan – Elective Inpatient activity throughout August was adversely affected due to increased emergency pathway pressures and capacity issues.

Number of patients waiting over 62 days for Cancer treatment - Although The number of patients waiting in excess of 62 for Cancer treatment reduced to 102 in August this was still greater than the trajectory target of 86. 27 patients were waiting over 104 days in July, of those 13 received treatment in month.

Best Value Care – A deficit of £0.6m was reported for August 2022 with year-to-date performance reporting a deficit of £5.8m with is £1.4m adverse to plan. This reflects the continuing requirement for additional bed capacity and a shortfall in Financial Improvement Programme savings.

Sherwood Forest Hospitals
NHS Foundation Trust

Winter Plan

Rachel Eddie
Chief Operating Officer

Inspected and rated
Good
CareQuality Commission

1. Executive Summary

Sherwood Forest Hospitals
NHS Foundation Trust

- This paper provides the full winter plan, taking into account all divisional, corporate support and system plans. The winter plan sets out the trust and system position with regards to demand and capacity forecasts for the adult bed base, describes the internal and wider system mitigations proposed and their impact both operationally and financially and sets out the main risks to the plan. The SFH process for demand and capacity planning aligns to the wider system winter planning process led by the ICB
- The current bed position at SFH includes 536 core acute and community beds plus 111 escalation beds, some of which were opened as part of the 2021/22 winter plan and some of which have been opened since due to sustained pressures
- Bed pressures are primarily driven by a sustained increase in MSFT which demonstrated an average of 96 >24hrs in July 2022 (from 53 in July 2021). This is driven by a lack of community and home care capacity for pathway 1-3 discharges in in the Nottingham and Nottinghamshire system
- The requirement for additional beds is not driven by significant increases in acute demand. In fact, although attendances have increased in 2022/23, strong performance on admission avoidance and Same Day Emergency Care (SDEC) are driving a gradual reduction in inpatient admissions.
- We go into this winter with uncertainty around future Covid and Flu waves and start our planning in August with the system already under considerable pressure compared to previous years
- The approach taken has been to understand the potential demand scenarios and model for the 'art of the possible' in terms of physical capacity, inclusive of internal mitigation schemes. System mitigations have also been included in line with agreed delivery trajectories. These show an all year round bed deficit based on current bed base, however, this can be mitigated to a large degree based on a consistent level of demand to last winter. The mitigations proposed so not fully mitigate the impact of a worse than predicted winter from a flu and Covid perspective, which introduces a risk of increased days of high occupancy leading to more incidences of OPEL 4 escalation and associated service pressures.
- The total cost of winter 2022/23 is £13,243m of which £6,723m is offset by budgeted spend and additional funding from NHSE, leaving a total additional spend to ensure the safety of patients and staff over the winter of £6,520m

2. Current Position

Sherwood Forest Hospitals
NHS Foundation Trust

The trust and Integrated Care System have experienced increasing pressure throughout the emergency pathway in 2022, with a system wide critical incident declared in July. When analysing the data from June to August 2021/22 and the same timeframe in 2022/23, there are some key indicator changes:

- 3.9% increase in attendances to the Emergency Department
- Average medically safe for transfer patients increased significantly from 49 to 96 patients in July 2021 to July 2022
- Average length of stay increased from 5.64 days to 7.58 days for non-elective inpatients
- Percentage of patients delayed in hospital over 21 days length of stay from 4.6% to 9%
- Specialties that traditionally experience more patients with complex discharge needs have seen the biggest length of stay changes (Cardiology, Acute Internal Medicine, Respiratory and Geriatric Medicine)

These changes have been mitigated in part by reduced admissions for inpatient care, with the number of non-elective admissions reducing by 15.2%. This is due to the excellent use of Same Day Emergency Care and front door streaming to alternative pathways.

3. Principles

Sherwood Forest Hospitals
NHS Foundation Trust

The plan is built on the key principles that we will aim to provide sufficient acute capacity to meet the anticipated level of demand in a timely manner and optimise patient safety. Specifically, the plan should:

- Minimise the risk of overcrowding in the Emergency Department, the harm associated with delayed access to an acute bed and the associated detriment to staff of working under sustained operational pressures for extended periods
- Allow sufficient bed capacity for the elective recovery program to continue unimpeded, to minimise the impact on patient experience and outcomes of extended elective waits and the poor patient experience of short notice cancellations due to bed availability
- Ensure sufficient capacity to allow a rolling deep clean programme to commence to reduce the clinical risk to patients of Healthcare Associated Infections (HCAI)
- Maintain the health and wellbeing of all staff
- Be sufficiently agile to respond to fluctuations in demand as a result of the pandemic, or other unexpected surges, e.g. flu
- Be mindful of the uncertain financial landscape

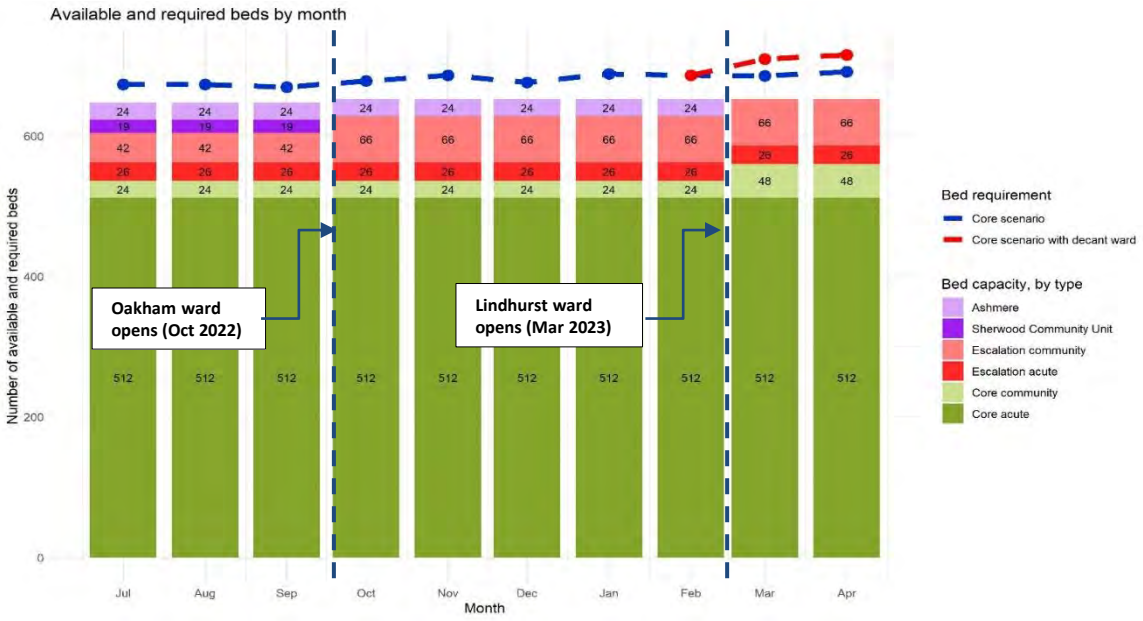
4. Assumptions

Sherwood Forest Hospitals
NHS Foundation Trust

Area	Assumption	Notes
Target occupancy	The modelling is based on the beds required to hit **92% occupancy**	
Level of risk in demand	92% occupancy is reached at the **75th percentile** of demand, based on hourly fluctuations in occupancy	
Patient volumes	Patient volumes are based on the **21/22 level of activity**. No growth in either elective or non-elective demand is included	
MSFT	The modelling is based on a fixed volume of **96 MSFT patients** (including <24 hour patients) throughout winter. This holds constant the level in July 2022	
Length of stay	Length of stay is increased to reflect July 2022 actuals, on top of the MSFT adjustment.	Average 1+ day length of stay in July 2022 was 6.6 days, relative to 5.6 days in July 2021
Demand mitigations	Demand mitigations of up to **2 beds** from Virtual Wards and **18 beds** from D2A, gradually growing from November. Note that relative to previous modelling, the D2A impact is delayed and the Virtual Ward impact more moderate.	
Capacity scope and changes	The modelling covers **647 adult beds** which are currently open.	
Covid/flu	In the core scenario, demand is assumed to mirror 21/22 and therefore a Covid/flu season in line with 21/22 is assumed. A sensitivity test of a challenging winter, with bed demand increasing by up to 35 beds, is also run.	
Decant ward	One scenario is run with demand for an additional **24 bed decant ward**, running from August onwards but excluding December, January and February.	

5. Underlying bed modelling

Sherwood Forest Hospitals
NHS Foundation Trust



	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Gap without decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
75th perc utilisation	96%	96%	95%	96%	97%	96%	97%	97%	97%	98%
Gap with decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-57	-63

Assumptions

- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Mansfield Community Hospital wards (Oakham and Lindhurst) reopen in October and March, following fire safety works.
- The Sherwood Community Unit and Ashmere Care Home beds close as the Mansfield Wards re-open.
- No net change in bed base throughout winter.

Outcomes

- A projected bed deficit of between **26** and **39 beds** from October to April
- Additional pressure of 24 beds if decant ward operationalised towards end of Winter.
- Demand peaks in November and January, with a further peak in April, reflecting (in part) the wave of Covid admissions seen during April as well as ongoing length of stay pressures.
- Without any additional capacity or mitigation, utilisation at the 75th percentile of demand would drive an occupancy of 95-98%, well above the 92% target – resulting in regular OPEL 4 escalation.

6. Potential Mitigations

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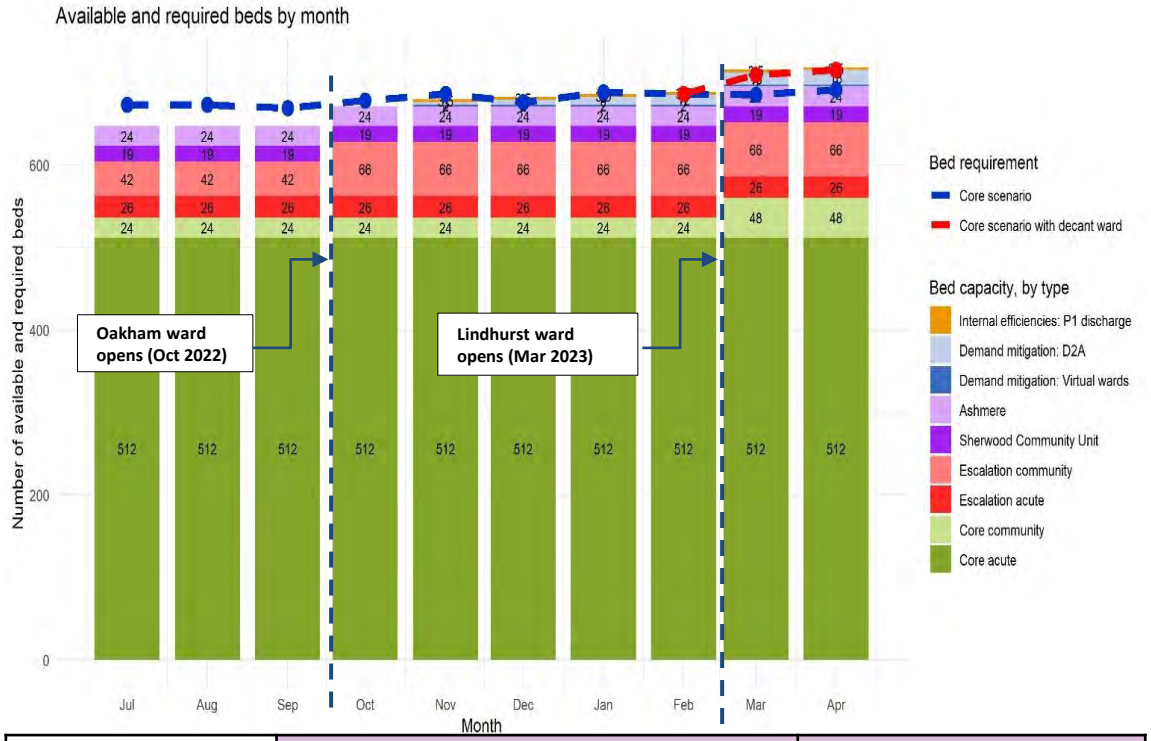
NHS Foundation Trust

A number of mitigations are proposed both within SFH and across the wider system. These are shown on the following 2 slides (vs different demand assumptions) and include:

1. All current core and escalation capacity remains open
2. Sherwood Care Unit and Ashmere Care Home contracts continue until the end of April. The beds were originally opened to mitigate the loss of the Mansfield Community Hospital wards and were expected to close when this capacity reopened.
3. Virtual wards (system led) are operational in line with the national programme
4. ICB approved Discharge to Assess business case is implemented as per the agreed trajectory
5. Provider collaborative work to expand the current homecare workforce support from SFH to Notts Healthcare is fully operational from November onwards
6. Internal LOS efficiencies driven by the Optimising Patient Journey Improvement Programme

7. Bed modelling including mitigations and baseline demand

Sherwood Forest Hospitals
NHS Foundation Trust



	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Capacity gap: total beds without mitigation	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
Capacity gap: total beds + all mitigations	-26	-26	-22	-7	-7	+7	-3	+3	+31	+28
Capacity gap: including decant ward	-26	-26	-22	-7	-7	+7	-3	+3	+7	+4

Assumptions

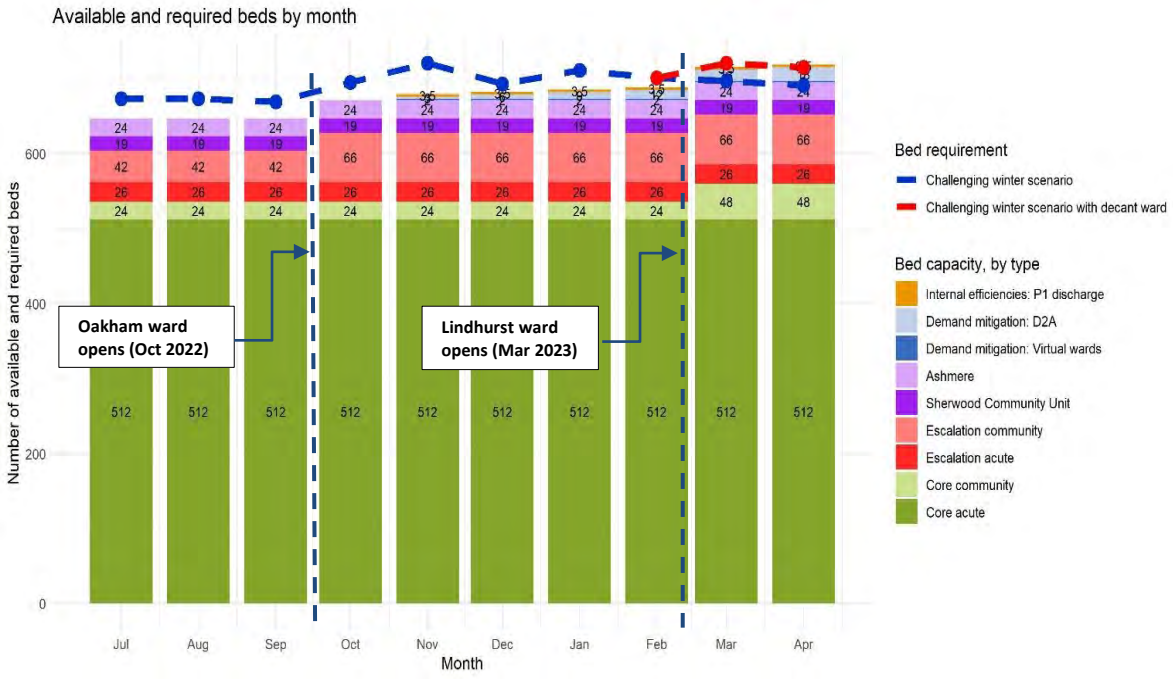
- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Sherwood Care Unit and Ashmere Care Home beds remain open when the Mansfield Community Hospital wards are reopened
- All internal and external mitigations are included and deliver as expected

Results

- Based on 2021/22 covid and flu baseline there is demand for up to **39 additional beds**, peaking in April 2023
- With all mitigations in place a positive bed position is illustrated from December to April, with a slight negative capacity position in January 2023
- By March and April, the impact of Covid and flu has subsided, whilst demand mitigations have grown. As a result, a bed surplus returns if all wards remain open
- This surplus could then be used to provide a decant ward from March.

8. Bed modelling including mitigations and worst case demand (impact of exceptional Covid and Flu)

Sherwood Forest Hospitals
NHS Foundation Trust



	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Additional Winter pressure	0	0	0	17	35	17	23	15	12	0
Capacity gap (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	+19	+28
Capacity gap: including decant ward (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	-6	+4

Assumptions

- Baseline of 2021/22 activity
- COVID and Flu are modelled as a worst case scenario based on systemwide modelling of the impact of a challenging winter.
- All internal and external mitigations are in place and delivering as expected
- All core and escalation capacity remains open

Results

- Demand for up to **35 additional beds**, peaking in November
- A bed shortfall in November of up to **42 beds** with all mitigations in place.
- By March and April, the impact of Covid and flu has subsided and a bed surplus returns if all capacity remains open
- A decant ward is feasible from April onwards

9. Financial Impact

Sherwood Forest Hospitals
NHS Foundation Trust

- The total cost of winter 2022/23 is **£13,243m**
- There is a supporting budget and additional support from NHSE of **£6,723m**
- The additional spend required to maintain safe services for winter 2022/23 as described in the previous is **£6,520m**

	Winter Plan	Mitigation Cost	Funding/Budget (incl NHSE)	Total
Already in place and included in financial forecast	Bed Capacity	8,428	(6,723)	1,705
	Improving flow	1,990		1,990
Not yet in place, additional spend	Bed Capacity (Sherwood Care Home and Ashmere)	2,282		2,282
	Improving flow	501		501
	Winter Infrastructure (mortuary)	42		42
	Total	13,243	(6,723)	6,520

- Bed Capacity – Additional beds to mitigate increased demand and all supporting costs (staff, pharmacy, cleaning, etc)
- Improving Flow – Mitigating plans which aid the flow of patients through the hospital, mainly focussed but not exclusively at the front door (Frailty In Reach, Duty Nurse Manager, Integrated Discharge, etc)
- Winter Infrastructure – Essential service expansion due to increased activity (mortuary capacity)

Winter mitigation schemes were prioritised by clinical, nursing and operational leaders for both operational impact, value for money and deliverability – further refinement is required for some of these schemes.

10. Workforce

Sherwood Forest Hospitals
NHS Foundation Trust

The table below expresses the planned workforce movement associated with the winter plan, this is expected to be filled with a mixture fixed term recruitment and agency fill, although where low risk, substantive appointments may be offered to increase recruitment potential. There is a total projected growth of 40.0 wte.

The plans are to recruit fixed term staff from Oct/Nov until March 2023, and to continue to further reduce the Trust vacancy levels to support staff availability for winter. Some of the funding plans in place are to move the budget from agency into the run rate.

To support these plans we have set up recruitment fairs and will target these staff groups to reduce the risks around some of the recruitment plans as there are recruitment lag times of approx. 8-10 weeks.

There are posts that will be hard to recruit to due to local and national recruitment issues, such as pharmacy technicians (Band 3) and Therapy roles (Bands 5 and 6).

WTE movements

Division	Staff Group	Agency	Fixed Term	Grand Total
⊟D&O	AHP		4.0	4.0
	ST&T	5.0	6.0	11.0
D&O Total		**5.0**	**10.0**	**15.0**
⊟Medicine	Medical	5.5		5.5
	Nurse		12.0	12.0
Medicine Total		**5.5**	**12.0**	**17.5**
⊟Surgery	Nurse		3.0	3.0
Surgery Total			**3.0**	**3.0**
⊟UEC	Medical	0.5		0.5
	Nurse		4.0	4.0
UEC Total		**0.5**	**4.0**	**4.5**
Grand Total		**11.0**	**29.0**	**40.0**

11. Risks

Sherwood Forest Hospitals
NHS Foundation Trust

Key Risk

If the winter 2022/23 plan is not fully supported our ability to provide safe and timely care will be compromised as there will be a greater number of days when the hospital is operating at an occupancy level that will drive overcrowding in the emergency department and ambulance handover delays, significantly increasing the risk to patients attending the trust and also those awaiting an ambulance in the community.

Additional Risks

- Workforce absence associated with any flu/covid surges will have an impact on the number of beds that can safely be maintained over the winter months.
- MSFT numbers continue to rise beyond those modelled above.
- The Mansfield Community Hospital beds do not come online at the expected times.
- Flu and Covid above anticipated, even worst case, levels.
- Financial budgets for 2022/23 were based on expected operating conditions, with an expectation that 'winter' capacity would be stepped down over the summer period. The continued requirement for this capacity has created a cost pressure compared to the Trust's financial plan.
- Estates work that is essential to internal bed moves is either not funded or delayed due to conflicting priorities/staffing.
- There is a significant impact of other infections within the hospital (CDifficile, norovirus) that warrants the closure and isolation of beds/patients/staff.
- External mitigation schemes do not deliver as expected.

12. Whole Hospital Support

Sherwood Forest Hospitals
NHS Foundation Trust

- The **Communications Team** will launch a campaign to deliver key messages to public and staff around vaccinations and service pressures. We are also looking at software to enable real time messaging to staff to update on changes in operational pressure (e.g. OPEL 4).
- **Estates** will provide services to support the additional capacity, patient movement and the short notice opening of surge areas in lien with the full capacity protocol.
- **Corporate Nursing** have identified nurses from band 6 to band 8a to carry out clinical shifts, supporting areas that suffer from staffing shortages/increased demand in times of pressure.
- **Quality Improvement** will assist in the delivery of internal efficiencies to support flow and discharge, through the Optimising Patient Journey programme.
- The **Vaccination** team will continue to promote and offer flu and Covid vaccines to our staff and the local community due minimise the potential for disruption due to outbreaks.
- The **People** team are putting a range of wellbeing initiatives in place to support staff, described in more detail on the next slide
- Additional staffing will be provided in **Therapies, Pharmacy and Diagnostics** to support flow on the wards and early discharge.

13. Wellbeing

Sherwood Forest Hospitals
NHS Foundation Trust

The Wellbeing programme will focus 3 key areas to support the winter plan

- **Mental Health** – World Mental Health day during October. Clinical Psychology focus at Wellbeing Wednesday. Focus on loneliness. Launch of bereavement guidance. Promotion of existing offers through Vivup, Thrive. Clinical Psychological support etc and link /promotion of ICS mental health training sessions.
- **Physical Health** – SFH Fitness challenges to continue. Stoptober focus. Possible relaunch of body mass analyser sessions and support. Continued promotion of vaccinations (flu and Autumn COVID booster).
- **Financial Wellbeing** – key focus will be developed throughout the next few months with a main focus on reducing the stigma around finances. Developed national offers will be promoted during this time. Exploring "Voucher in kind" with Medirest colleagues. Talk Money week focus during November with support from Citizen Advice. Ongoing monthly appointments on site with Citizen Advice for colleagues to access. Financial Wellbeing guide to be sent out to all colleagues. Financial Wellbeing, will be an ongoing focus and will continue to be developed as new initiatives are explored.

All programmes will be underpinned by wide ranging and accessible Wellbeing offers including:

- Schwartz rounds with focus on each of the areas above
- Revamp and roll out of our existing Managers toolkit aimed at managers being equipped to support with staff wellbeing over the next few months.
- Implementation of Wellbeing conversations across the Trust
- Manager coaching sessions with support from the People Partner team.

Benefits to colleagues will be providing compassionate support for our colleagues going through what we know is a pressured time of year within the workplace in addition to the challenges that will be experienced on a personal level in the 3 areas above particularly around financial wellbeing. The golden thread is around mental health support for all our colleagues. We know this is the highest reason for sickness absence and therefore impacts on all our colleagues across the Trust. This supportive programme will ensure we show care and compassion and support to our colleagues to enable them to bring their best self to work and result in a prevention of workforce loss relating to being unwell, improvements in morale across teams and ultimately continued high quality patient care.

14. Summary and Next Steps

Sherwood Forest Hospitals
NHS Foundation Trust

- Proposed mitigations are able to largely bridge the bed deficit in a ‘normal’ demand scenario, with some risk around delivery of schemes.
- This proposal has an associated cost of £6.520m, once existing winter budgets and external funding have been accounted for.
- We do not have sufficient actions identified to fully mitigate a ‘worst case’ demand scenario which would then would result in the Trust being in escalation more frequently.
- Further work is required as follows:
  - Further understand the financial implications of the plan and how any financial risk can be mitigated
  - refine the Divisional ‘flow’ schemes to ensure maximum impact and value for money
  - quantify the bed day savings realisable from the Optimising Patient Journey programme
  - work with system partners to maximise the potential from existing system schemes (e.g. D2A and Virtual Wards) and further schemes whose impact is not yet quantified
  - Create an operational plan to ensure the additional capacity is deployed effectively and on time, including the decant ward.
- Board are asked to note the modelling, mitigations and supporting plans described, and support the requirement for additional capacity to ensure a safe and effective winter.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Winter Plan	**Date**: 6th October 2022	
Prepared By:	Rachel Eddie, Chief Operating Officer		
Approved By:	Executive Team		
Presented By:	Rachel Eddie, Chief Operating Officer		
Purpose			
To provide an update to the Board regarding current bed modelling assumptions, mitigations and financial impact for the 22/23 Winter Plan.		**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	x	x	x

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

Committees/groups where this item has been presented before

Trust Management Team 21 September 2022
Executive Team 21 September 2022

Executive Summary

- This paper provides the latest position with regards to demand and capacity forecasts for the adult bed base at SFH for the remainder of 2022/23. It presents the internal and wider system mitigations proposed and modelled to date and describes the further work required to develop the full winter plan. The SFH process for demand and capacity planning aligns to the wider system winter planning process led by the ICB.

- The current bed position at SFH includes 536 core acute and community beds plus 111 escalation beds, some of which were opened as part of the 2021/22 winter plan and some of which have been opened since due to sustained pressures.

- The approach taken has been to understand the potential demand scenarios, and model for the 'art of the possible' in terms of physical capacity. System mitigations have also been included in line with agreed delivery trajectories. Additional mitigation in terms of improved flow have been added, although some are yet to be quantified.

- The financial impact of the proposed plan is included, which describes a cost pressure for the Trust, although further work is required to refine this and understand how this can be managed in the current financial environment.

Sherwood Forest Hospitals NHS Foundation Trust

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

All reports MUST have a cover sheet

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

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

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

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

Committees/groups where this item has been presented before

Maternity and Neonatal Safety Champions Meeting

Executive Summary

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

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

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

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

1. Service User Voice

Following on and strengthening the work from our Parent's Voice Representative, we are working with the LMNS to develop a systemwide survey for women using the initial 7 IEAs as a template. Further to this we will utilise the learning from our women around having this available in multiple languages. Sarah, our Parent's Voice Representative, continues with her monthly walk rounds feeding into MNSC meeting bi-monthly.

In addition to this role, the Professional Midwifery Advocate Service, which re-launched in February 2022 have also started to produce a bi-monthly update for the MNSC meetings. Within the Appendix below is the infographic which is provided through the meeting outlining the activity.
The role of a PMA is to support and guide midwives so that they can deliver consistent, high quality, safe maternity care and also to support the women and families who journey through the maternity services.

2. Staff Engagement

The MNSC Walk Round was completed on Wednesday the 3rd of August 2022. We had the opportunity to speak with different member of the team, these being our shortened course MSc Student Midwives, a retired and returned and an International Midwife. All happy with their experience and level of support at SFH but all reporting issues around pay and the abatement as an issue. Since this meeting we have had the national confirmation that the rules on abatement have been extended until March 2023, which has been communicated to the teams.

The Maternity Forums was held on the 24th of August 2022. We updated staff on the preparations for the homebirth service and its plans to re-start, which are all on track. The work around antenatal clinic, with support from our D&O colleagues has provided an additional clinic session to support the overbooking of the Tuesday Diabetic Clinic.

We have added communication to our teams around the avenues, noting the increased external pressures. A helpline has been set up for staff who may feel unable speak up through our current offers. We are having a focus Speaking up as part of the Freedom to Speak up Month in October.

3. Governance

Ockenden: out of the final 5, 14 have been peer reviewed and we are awaiting the final IEA which relates to Anaesthetics. We have the self-assessed and required this to go through MAC for peer assessment. There is no national reporting plan yet for the final 15 IEA's.

The LMNS quarterly panel meeting is planned for the 21st of September 2022, in which we have submitted the first part of the remaining two pieces of evidence. We are further working on as both an organisation and a system on how we can sustain some of the actions.

Final plans have been made for the Ockenden Quality Insight Visit on the 4th of October which will be performed by the regional team as part of one their recommendations from the report.

NHSR: The divisional working group continues to work on the delivery of the scheme, given the challenges for delivery we have moved the meeting to weekly. Following the risk, we raised last month we now have an interim agency manager supporting the delivery of this starting at the beginning of September 2022. 360 Assurance have commenced external validation process on 4 of the 10 safety actions. Key concerns remain around Safety Action 2- the Maternity Services Data

Set, all adjustment have now been made by IT. We will have the scorecard through in September to confirm if these changes have worked. Safety Action 8, particularly around the training remains amber due to the risk of delivery due to workforce loss, currently this is on track.

4. Quality Improvement Approach

The early implementor site work around smoke-free pregnancy continues to grow and features a patient story on this months Board.

5. Safety Culture

The Pathway to Excellence Survey is now live and all staff have been encouraged to engage. The SCORE survey has been delayed until Q4 2022/23 but will be using the previous results to provide a local quality improvement plans.

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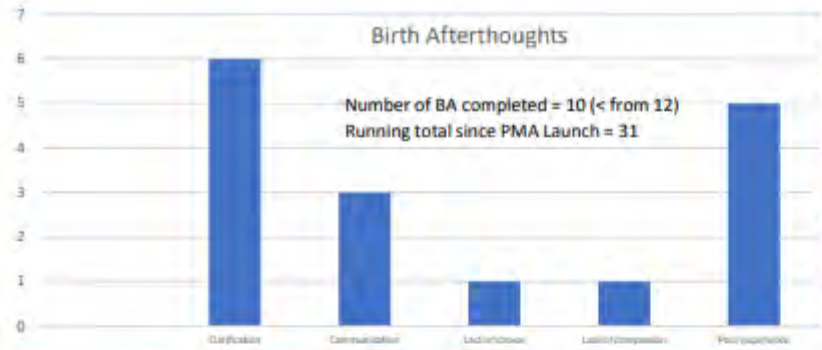
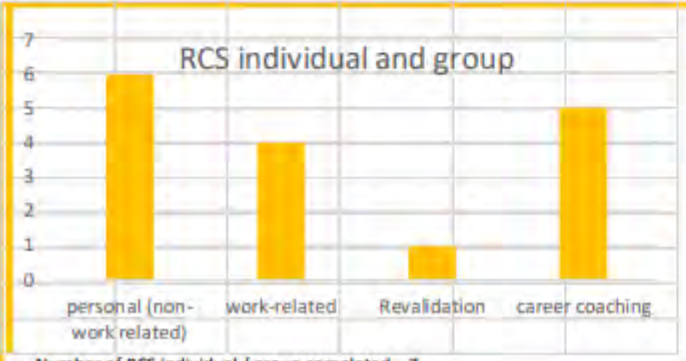


Key actions completed
Birth Afterthoughts dedicated diary slots set up
Communications to approve letters (inviting parents to self-refer for BA)
Ongoing: Daily walkabouts
Source of referrals: self via email = 2 Self via walkabout = 6
Via mental health services = 2

Key actions planned
Sarah Seddon to obtain feedback
Letter to GPs, HVs, CC/family hubs
Updated stickers for Maternity Notes
Listening Clinics w Sarah Seddon

Key actions completed
Dedicated diary slots for Birth Options
Ongoing 'Facilitating Choice' guideline
Update Community MW Teams
Circulation of complex birth plans
Source of referrals: ANC/Cons =2 CMW = 4

Key actions Planned
Feedback form vs telephone call
SFH maternity website page updated
Ongoing reminders to Community MWs, PDC, ANC, Obs Team



Number of RCS individual / group completed = 7

Key actions completed
Group Reflect & Learn Sessions handed over to PDM & R&R MW
Dedicated Community MWs & PMA Days set up
Ongoing : daily walkabouts
Ongoing: liaison re incidents

Key actions Planned
Follow up Individual Invites
Work Afterthoughts sessions
PMA contact cards
Staff Survey to obtain a deeper understanding of staff needs

Key actions completed
QI/ Shared Gov. joint improvement project with Mat Ward
PDC core staff contacted re future QI project

Key actions Planned
Listening Clinics planned in various Community settings
(with Sarah Seddon)

Unable to collate in-depth data/themes due to new system installation. Total 243/4400 responses (6.1% response rate)

Delivery Risks:
- One full time PMA down = 30 hours available PMA time.
- Staff perception of RCS – hindered by delay with Comms re promotional material

Delivery Strengths:
- Increased variety of sources of referral for both BA and BO.
- Progress with Guideline
- Support network established with PMAs in LMNS & neighbouring Trusts
- Increase in staff 1-2-1s

Maternity Perinatal Quality Surveillance model for August 2022

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

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

3rd and 4th Degree Tears (6.3% Aug 2022)

- Rate above national threshold.
- Deep dive review into cases and comparison to be performed with June data

Stillbirth rate year to date (1.6/1000 births)

- SFH stillbirth rate, for year to date now returned below the national ambition of 4.4/1000 birth with no reportable cases in August

Staffing red flags (Aug 2022)

- 4 staffing incident reported in the month.
- No harm related incidents reported.

Home Birth Service

- Homebirth services remains limited as per Board approval, we have the full establishment and update training is ongoing.
- 1 Homebirth conducted in August 22, plan in place to re-start the full service on the 19th Sept 2022

FFT (97% Aug 2022)

- FFT remains improved following revised actions
- New system implementation delayed
- Service User Representative in post and providing additional pathways for maternal feedback

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• NHSR year 4 relaunched on the 6th of May 2022, divisional working group supporting • Current challenge- Sept pressures/ risk to staff training. Mitigations in place	• Initial 7 IEA- final IEA is 86% Regional quarterly LMNS panel to review evidence 21/09/22 • Final 15 IEA, 14 have been peer assessed with plan for the final 1

Incidents reported Aug 2022 (72 no/low harm, 0 moderate or above)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 12	Themes includes Category 1 LSCS, 3rd and 4th degree tears and PPH

Other

- Birth-rate comparable for August average, 298 births (Aug average 290).
- No formal letters received and all women who have a planned homebirth, all women have been written to by the Director of Midwifery around the re-start date.
- Midwifery Continuity of Carer system submission made on the 16th of June 2022- still no national feedback received.
- Regional Ockenden Insight Visit planned for the 4th of October- data packs requested.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

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

Maternity Quality Dashboard 2020-2021	Alert [national standard/average	Running Total/ average	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway										
Women reccving MCOC intraprtum										
Total BAME women booked										
BAME women on CoC pathway										
Spontaneous Vaginal Birth			63%	61%	59%	55%	60%	60%	60%	58%
3rd/4th degree tear overall rate	>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%	6.30%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7	3
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%	1.10%
Term admissions to NNU	<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%	3.70%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%	1.20%
Stillbirth number	Actual	11	1	1	0	1	2	2	1	0
Stillbirth number/rate	0	4.63			3.727			5.952		
Rostered consultant cover on SBU - hours per week	<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
Midwife / band 3 to birth ratio (establishment)	>1:28		1:29	1:22	1:22	1:22	1:22	1:24.5	1:27	1:27
Midwife/ band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:26.5	1:29	1:29
Number of compliments (PET)		0	0	0	1	1	1	1	1	1
Number of concerns (PET)		9	0	0	2	2	1	0	0	0
Complaints		11	1	1	2	1	0	2	1	0
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%	91%
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%	95%
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%
Core competency framework compliance			81%	81%	88*%	95%	95%	95%	95%	95%
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above									
Maternity incidents no harm/low harm	Actual	601	83	45	69	58	70	99	105	72
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1	0
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N

360 ASSURANCE

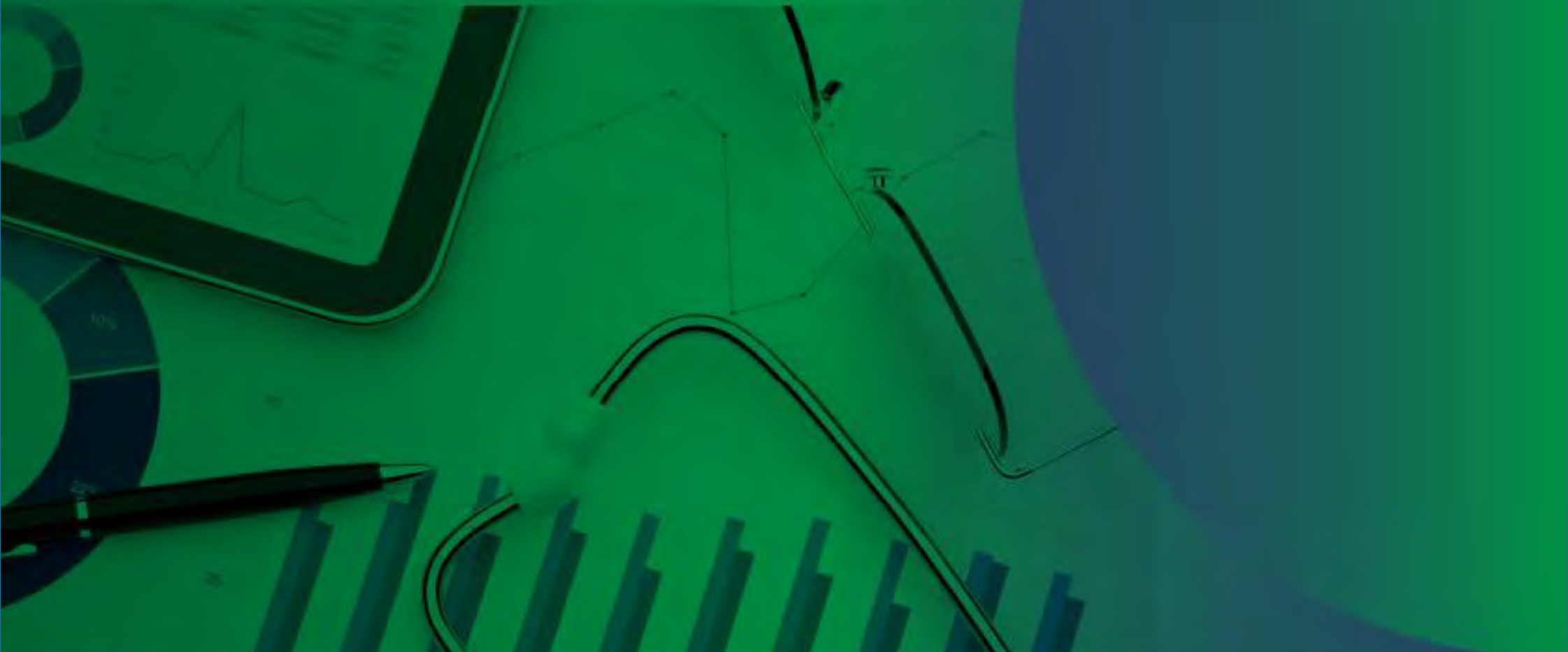
Hospital Standardised Mortality Ratio

Sherwood Forest Hospitals NHS Foundation Trust

5 August 2022

2122/SFH/15

Final Report



Contents

Distribution

Name, Job Title	For action	For information
David Selwyn, Medical Director	✓	
Nigel Marshall, Medical Examiner and Project Advisor to the Medical Director		✓
John Tansley, Consultant Anaesthetist and Clinical Director for Patient Safety		✓

The report has also been shared with the organisation's standard distribution list for internal audit reports.

Executive summary

Introduction and background

We have completed a review in respect of the Hospital Standardised Mortality Ratio (HSMR). We examined the effectiveness of controls in place in accordance with the Public Sector Internal Audit Standards. We performed our review to provide an objective and unbiased opinion.

Monitoring and understanding mortality rates can help clinicians, clinical teams, internal and external patient quality care assessors, Trust Boards and hospital leaders identify areas of potential concern in the care provided to patients. The Hospital Standardised Mortality Ratio helped to identify poor care in Mid-Staffordshire. HSMR data is produced by Dr Foster® and monitored by the Trust, but also scrutinised by external bodies including the Care Quality Commission (CQC), NHSE/I and previously CCGs.

The process of measuring hospital mortality is complex, and although it draws on many factors and complex algorithms, it is not a precise science. Clinical coding can reflect patients' conditions (eg a patient has had a stroke) but the coding cannot necessarily distinguish the severity of each condition (eg a condition such as stroke has a wide spectrum of severity and consequential outcome that is not captured by a simple diagnostic code). Indicators that count deaths suffer from uncertainty and the rate of confidence (even within 10 percentage points) requires 1,000 deaths in a dataset. Information relating to different trusts might have varying levels of precision arising from the volume of deaths recorded, which in itself might make it difficult to compare between organisations on a reliable basis.

Where the calculated HSMR indicates a level of deaths that is above the expected level, this will naturally be of concern to clinicians and the Trust's leadership. It is, however, important to understand whether an increase is indicating areas of clinical concern, or whether the figures stem from poor data quality and consistency in coding and data inputs, or whether the changes are normal variation, or arise from anomalies or unexpected factors in the complex algorithms used to determine the indicator.

Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management. The risk matrix we use, along with definitions of different opinion levels, is available on our website. We consider elements of governance, risk management, control and culture in compliance with PSIAS and findings have been categorised in accordance with this.

Audit objective

The overall objective of our review has been to help the Trust to understand the key reasons for the sustained change in HSMR, in particular focusing on the increase prior to the initial reporting months of 2020 (pre-Covid-19).

Executive summary

Audit opinion

Significant assurance	As a result of this audit engagement we have concluded that, except for the specific weaknesses identified by our audit in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review. Our opinion is limited to the controls examined and samples tested as part of this review.

Summary findings and actions

We have reviewed the available information relating to the observed increase in the Hospital Standardised Mortality Ratio prior to COVID-19. We have confirmed that the HSMR is an outlier, with no obvious correlations with other mortality metrics which would indicate a quality concern.

The consistently high rate of HSMR for the Trust will be affected by a range of factors, although a key driver is potentially the particular way in which palliative care is managed within the Trust. Through discussions with the Medical Examiner, and the Trust's representative from Dr Foster, it is apparent that the Trust is an outlier with low coding of patients to specialist palliative care services. The reasons for this may relate to how end of life care is both managed by existing teams and then captured through documentation and coding.

The Trust needs to understand the impact on HSMR of the palliative care coding rate, how it compares with other organisations in terms of provision of care, documentation and coding, and opportunities for improvement.

Intended developments in the use of HSMR

The Trust uses a range of mortality indicators and intelligence to obtain a rounded picture of deaths in the Trust and identify areas for investigation and improvement.

Although HSMR is now back to within a more stable range, concerns have been raised by a range of sources, including the Medical Examiner and Project Advisor to the Medical Director and the Quality Committee, about whether HSMR is being used effectively, recognising that there is always a delay in reporting by at least four months. The Trust is looking into how processes can be improved to allow both feedback from clinicians, and mortality data to be more immediate, allowing for 'live' intelligence on issues which may need investigation. The Trust has been connected with a matched Peer Trust (through Dr Foster) to understand how it approaches its data and addresses intelligence in a more proactive and informative manner. The Trust hopes to encourage the use of HSMR alongside other measures to validate whether concerns have been addressed and actions have had the desired impact, rather than focus on initially highlighting areas for investigation.

Executive summary

Key governance, risk management, control, and cultural issues

Control	Palliative care activity coding by the Trust may not accurately reflect the type of care given to end of life patients.

Summary of actions

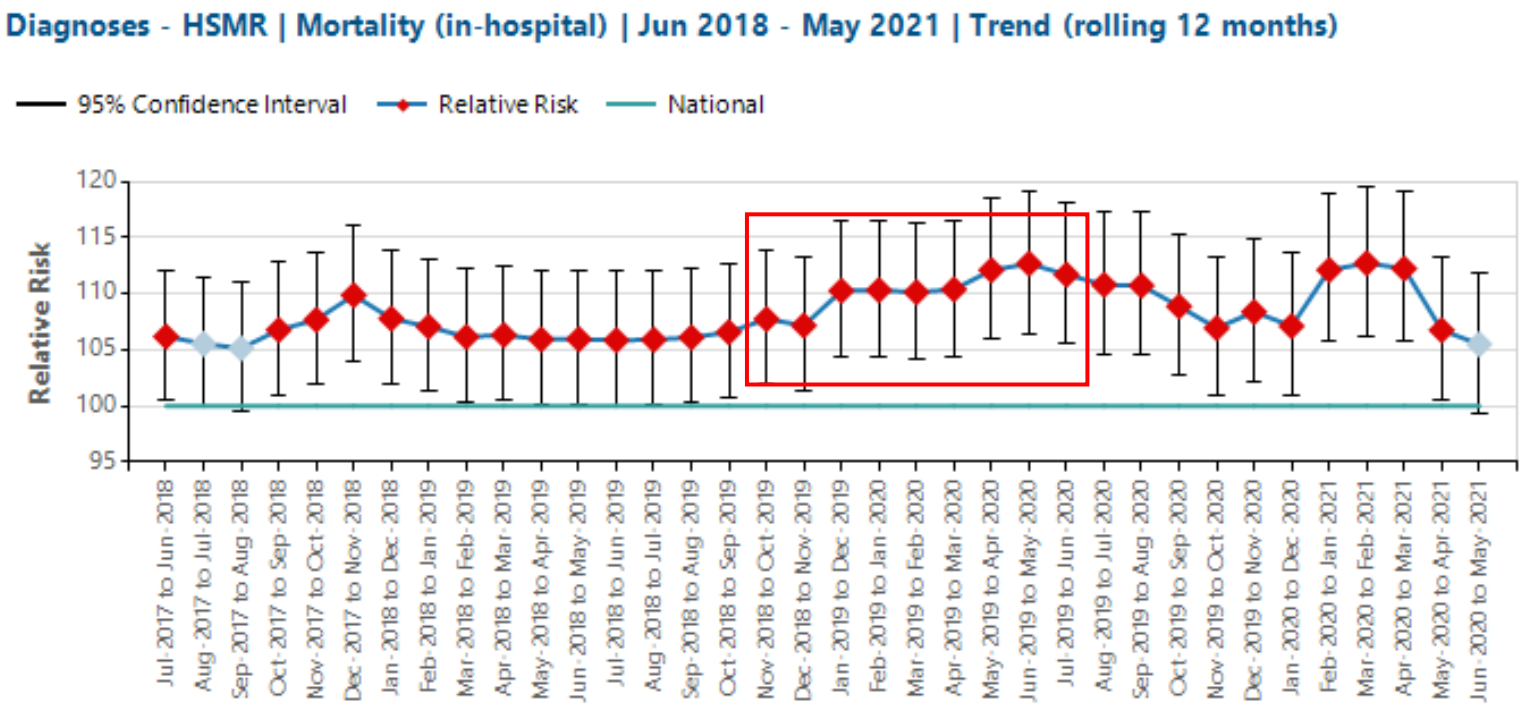
	High	Medium	Low	Total
Proposed actions	0	1	0	**1**
Agreed	0	1	0	**1**

Follow up

The action from this review will be followed up via the online tracker. This will include obtaining documentary evidence to demonstrate that the action agreed as part of this review has been implemented.

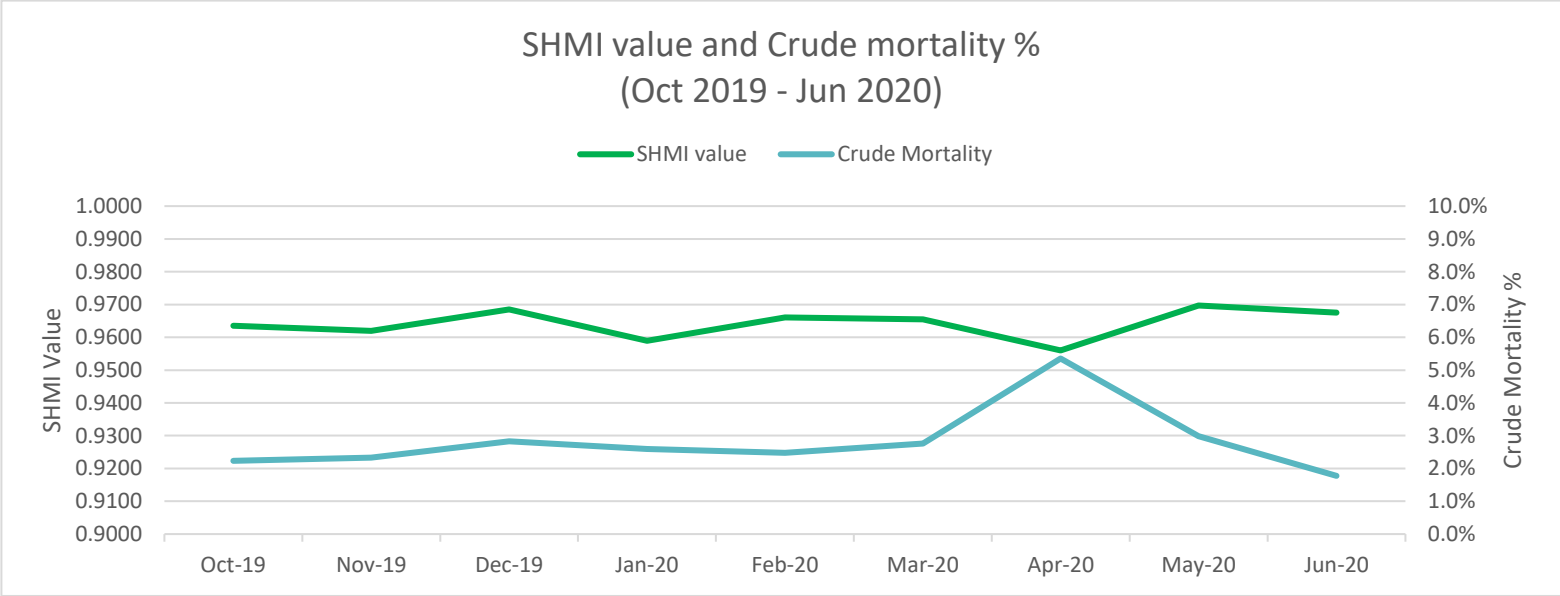
Comparison of HSMR, SHMI and Crude Mortality

The graph below shows the HSMR rates for the Trust between June 2018 and May 2021. The variance which is the focus of this report is highlighted in red. This graph was presented by the Trust to the Quality Committee in November 2021.



We have compared the HSMR figures with other mortality indicators, to identify whether the increased HSMR is reflected as a trend within other mortality indicators.

Comparison of the HSMR period in question to the Summary Hospital-level Mortality Indicator (SHMI) and Crude Mortality show no correlation between the increase in HSMR and a sustained increase in observed mortality within the Trust.



Source data: Trust

The SHMI and Crude Mortality indicators have remained relatively stable, and do not show a corresponding consistent rise during the same period as HSMR. This indicates that specific anomalies in how HSMR is calculated for SFH will likely be a primary factor of the adverse trend.

Coding and Data impacts on HSMR

Reliability of the HSMR is dependent upon good quality data, including:

- full patient data fields recorded in the coding
- an accurate primary diagnosis on admission
- all co-morbidities being recorded
- palliative care being recorded accurately.

This can only be achieved through a combination of accurate patient notes, and consistent coding.

Through discussions with the senior coding manager, we confirmed that there have been no changes in the coding processes during the period. However, this should be understood within the context that the notes used by the coding team may not always be complete and accurate, dependent as they are on the accuracy and completeness of detail included by the clinicians.

In addition, in order to be useful, the HSMR requires accurate and consistent coding from all NHS organisations which submit data. The Trust has no formal way to assure itself that the coding of peer organisations is also complete and accurate.

Variables affecting HSMR

From discussions with the Trust's Dr Foster representative, it is apparent they considered that palliative care activity and coding by the Trust could be a potential key driver affecting the difference in HSMR between SFH and other peer organisations. The Trust has been identified by Dr Foster as having one of the lowest rates of palliative care coding nationally.

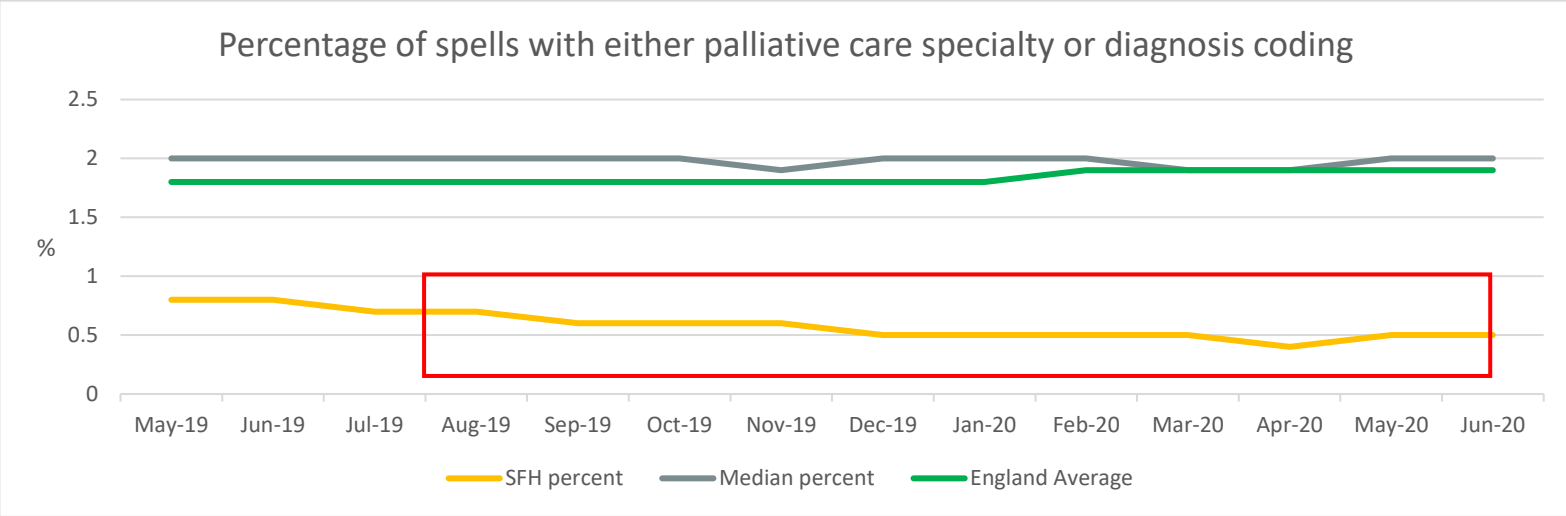
Advice from Dr Foster has suggested that if the palliative care coding for the Trust was in line with the national average, the reported HSMR rate would be lower, although they have not provided a formal re-analysis of the Trust's HSMR data based on an adjusted palliative care coding rate and we recognise that this infers that other Trusts code all palliative care accurately and consistently which we cannot be assured of. In addition, as the Dr Foster algorithm is subject to periodic adjustments and improvements, it is not known whether the HSMR rate for the period concerned would change were it to be re-run using the most up to date HSMR model.

This difference in palliative care coding is due to distinctive ways in which the patient pathway at the Trust is managed. Patients may not be transferred to the specialist palliative care service where they can continue to be treated by their existing consultant led services which will provide end of life care. This difference in coding has an impact on how high palliative care activity compares with peer organisations. This has been recognised by the Trust and highlighted within its own report to the Quality Committee in November 2021.

The Trust is continuing to develop its understanding of the factors, especially in relation to whether there are:

- gaps in how the capture of activity is being accurately recorded and coded
- opportunities to improve the way care is delivered to ensure a more streamlined and holistic approach.

However, it is not clear that palliative care coding is the only factor impacting the abnormally high HSMR. Review of Hospital Episode Statistics data (source: NHS Digital) from 2017/18 to 2020/21 shows that coding to palliative care was low prior to the period under review, although there was a decrease in palliative care coding from 0.7% to 0.4% between August 2019 and April 2020 which would correlate to the observed rise in the HSMR rate.



Source data: NHS Digital

1 Root analysis of factors affecting HSMR (Control issue)

Finding:

The Hospital Standardised Mortality Ratio (HSMR) can be affected by many variables. Advice from Dr Foster, and understanding within the Trust, indicates that activity and the particular way in which the Trust codes palliative care could be potential key drivers of the increased HSMR rate.

The Trust does not know the exact impact of palliative care coding on the overall HSMR. Until the Trust can model this impact the Trust cannot identify if the HSMR is significantly impacted by other factors as well. This analysis would need to be provided by Dr Foster, as the Trust is unable to quantify the impact of a palliative care coding rate comparable to peer organisations on its HSMR.

The Trust has recognised palliative coding as an area for review. The Trust plans to engage with other NHS organisations which perform well within the palliative care coding of HSMR, to understand whether there are differences in patient care, or just differences in how pathways are being recorded. The Trust can then reflect on its own practices.

1 Root analysis of factors affecting HSMR (Control issue)	
Risk: If the impact of palliative care coding on the HSMR is not understood and taken into account, then the Trust may not be able to identify potential quality concerns arising from the HSMR.	**Medium** (Impact x likelihood) 3 x 3
Action: The Trust to develop regular reporting of palliative care data into the Learning from Deaths Group.	**Responsible officer**: David Selwyn, Medical Director **Implementation by date**: 30 November 2022
Evidence required to demonstrate implementation of action: • a report on palliative care data produced and reported to the Learning from Deaths Group • regular reporting of palliative care data added to the Learning from Deaths Group work plan or as a standing agenda item.	
Management response: Agreed. In reviewing the HSMR, the Trust's focus should always be on providing high quality care through appropriate patient pathways. A key factor will be understanding the Trust's relative position over time and in comparison to others, as well as ensuring best practice identified elsewhere is taken into account.	

Appendix A: Audit scope

Scope area	Audit testing
Compare the Trust's HSMR and SHMI rates during the period October 2019 to June 2020, assessing the differences (recognising that they have different methodologies). Review core data (HES) relating to Trust deaths during this period, to understand the relationship between data input and the calculated indicators. Explore with clinicians and coding staff, areas of ambiguity or inconsistency, that could impact on the quality and consistency of reported mortality indicators. Explore (subject to cooperation from Dr Foster) the model used to determine HSMR and the variables likely to have most impact.	Compared HSMR, SHMI and Crude Mortality data over the period October 2019 to June 2020 to identify potential correlations between the increased HSMR and other mortality indicators. Reviewed data available from NHS Digital to understand changes in Trust's coded activity over the period, including a focus on palliative care, as recommended by Dr Foster. Held meetings with the Medical Examiner, Senior Coding Manager, the Trust's Dr Foster representative and others to understand the processes in place for reporting and responding to HSMR.
Limitations of scope: The scope of our work is limited to the areas identified in the Terms of Reference. Our review has not assessed the accuracy of clinical coding relating to deceased patients.	

Appendix B: 360 Assurance standing information

Risk matrix and opinion levels

Risks contained within this report have been assessed using a standard 5x5 risk matrix. The score has been determined by consideration of the impact the risk may have, and its likelihood of occurrence, in relation to the system's objectives. The two scores have then been multiplied in order to identify the risk classification of low, medium, high or extreme.

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

Our risk matrix and audit opinions are available to view in full on our website.

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Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee - Cover Sheet

Subject:	Learning from Learning Disability Deaths	**Date: 21/09/2022**	
Prepared By:	Lisa Richmond – Learning Disability Specialist Nurse		
Approved By:	Dr D Selwyn		
Presented By:			
Purpose			
To provide Quality Committee with an update on specific Leaning Disability aspects from the Learning from Deaths programme		**Approval**	**x**
		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**	

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

Executive Summary

A new National LeDeR policy was published in March 2021, with an expectation for Integrated Care Systems (ICS) to implement key changes in the policy by the 1st April 2022.

The acronym LeDeR is still being used but this now stands for 'Learning from lives and deaths – people with a learning disability and autistic people'.

Key focus and vison are for an ICS that systematically acts upon findings in LeDeR reviews and improves the quality of care provided to people with learning disabilities and autism in order to improve outcomes, stop people from dying prematurely and embed system-wide learning and improvement.

Since March 2022, there have been 14 deaths in patients with learning disabilities in the trust.
- 4 of the deaths were respiratory related.
- 7 of the deaths currently have no death certificate available or are still with the coroner.
- 1 of the deaths was a bowel perforation, 1 was metastatic oesophageal cancer, and 1 was an intracerebral brain hemorrhage.
- There were more male deaths than females. 9 of these were male, and 5 were female.
- Patients were primarily from a White British background.

The LD nurse receives data shared from the LeDeR reviews on a bimonthly basis relating to patients who have died whilst at Sherwood Forest Hospitals. The aim of this is to look for themes and trends which can support learning across the organisation. During the period from March 2022, there were 5 reviews completed, and the remaining reviews are still ongoing.

Of the 5 reviews that have been fed back to the LD nurse, 1 was a focused review. The reason for this means they took more time to gather information due to the cause of death being one of the 4 core areas of focus for Nottingham and Notts ICS: Non-LD Autism, Deaths within BME groups, Respiratory Health, Sepsis.

Some of the themes identified from SFH data included:

-Recognition of frailty and comorbidities should have led to an earlier discussion of the implementation of a ReSPECT form.

-MCA documentation and ensuring that the medical team is adhering to MCA principles. From the focused review, it was highlighted that the ReSPECT documentation stated both had capacity and lacked capacity.

- To ensure that documentation is clear and concise based on thorough assessments.

There were however positive areas of practice feedback:

- Families were kept involved in making decisions.

-External carers were able to visit one of the patients and spend time with him (during the Covid restrictions period).

There were issues identified relating to the quality of the SCJRs . Some information received has been too sparse to add to the review. This has been found at both SFH and other acute hospital providers.

There was poor response to a request by supported living placement for resources around staffing when patient became increasingly frail and increase in physical health needs. This issue is not isolated to SFH.

Issues relating to ReSPECT forms for LD patients has been identified as an internal challenge. The LD nurse continues to meet with the Senior Resuscitation team to look at the quality of ReSPECT forms for LD patients and the LD nurses sits as part of the ReSPECT development group to support the ongoing work within the organisation to try and support the clinical team with the issues identified from the LeDeR reviews.

Reporting to: Learning from Deaths - Urgent and emergency care-Emergency department.	
Reported From: May-August 2022(4 months)	Lead: Fatima Yusuf
Report Date:9/9/2022	Completed by: Fatima Yusuf

Sherwood Forest Hospitals NHS Foundation Trust

Shared Learning	For Escalation/Support Required
37 deaths in total from May to August 2022. Quarterly report. Sepsis and sudden cardiac events remain the highest cause of mortality in elderly patients with multiple co-morbidities. Out 37 deaths-11 were out of hospital cardiac arrests- out these only 4 below 65 years of age with no major co-morbidities 7 OOH cardiac arrests were elderly patients with multiple co-morbidities.	1.Learning around documentation of end of life and Respect form. ”– there may be a need for a more standardised discussion format to be introduced within the trust-more training. 2.Respect form in community- work for future. More comprehensive guidelines from intensive care team.
Key Actions Completed	**Key Actions Planned**
1.SJR learning disability- June 2022- reviewed and updated. 2.SJR-C-spine unsupported- Medical examiner-July 2022 – Reviewed and updated.	1. Clerking booklet in the resus area needs to be more specifically designed for these cohort of patients. A specific area to document level of care on arrival, for CPR decisions to be taken on arrival; treatment. Initial assessment and plan.

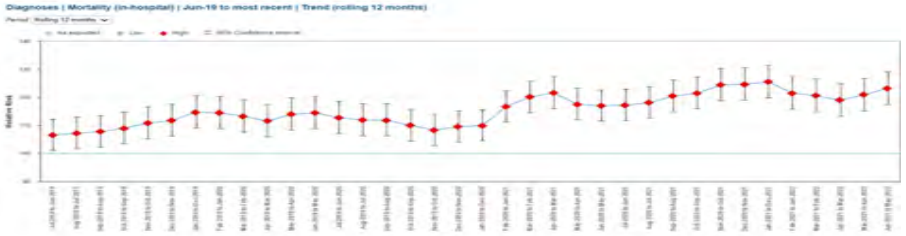
Delivery Issues			Delivery Risks		

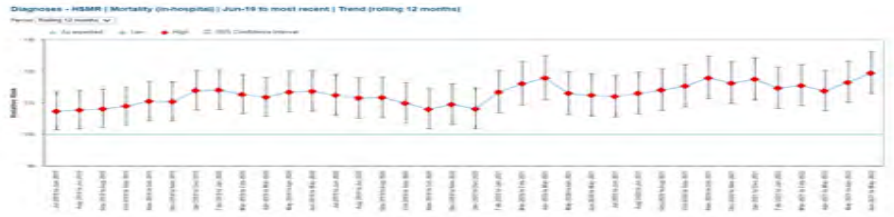
Reporting to: Learning from Deaths	
Reported From: Medicine Division	Lead: Dr S Misra
Report Date: 08/09/2022	Completed by: Dr S Misra

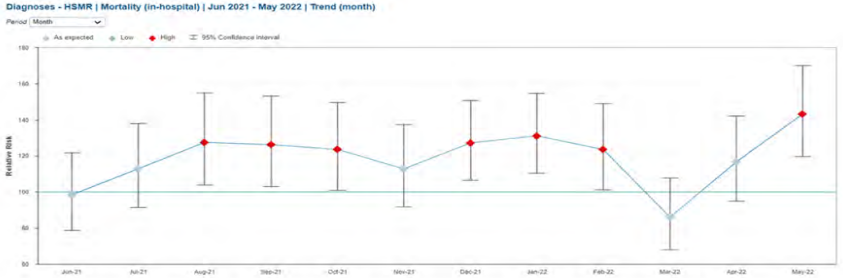
Shared Learning	For Escalation
Following attendance at a recent inquest, Dr J Hutchinson provided a learning summary paper as he felt that although there was no criticism of the Trust relating to the case but listening to the family's evidence was helpful and highlighted ways we may be able to improve our care. Summary paper attached, this has been shared with the clinical teams across the Division. Microsoft Word Document	Current Position at 08/09/2022: there are 25 open SJR's o Clinical haematology - 2 o Diabetes & Endocrinology – 7, of which 1 is a LeDeR review o Gastroenterology – 4 o Geriatrics & Rehabilitation – 8 o Respiratory – 4 There are two LeDeR deaths awaiting formal review, one of which was reported 08.09.2022, the case notes have been ordered for the relevant consultant to complete. There are 2 hospital acquired covid deaths that are likely to be StEIS reportable but not yet reported on StEIS. Microsoft Excel Worksheet

Key Actions Completed	Key Actions Planned
	The Division continues to monitor open SJR's on a monthly basis via the Division Clinical Governance meetings.

Delivery Issues			Delivery Risks		







Metric	June 21 to May 22
HSMR	HSMR: 119.4 statistically significantly higher than expected (118.6 excluding COVID)
HSMR position vs. peers	One of four 'above expected' organisations within the peer group of eight with a crude rate of 4.0% vs 3.1%
All Diagnosis SMR	SMR: 123.2 statistically significantly high (118.5 excluding COVID)
Significant Diagnosis Groups	11 groups (6 new): • Chronic obstructive pulmonary disease and bronchiectasis (Within HSMR basket) • Viral infection (COVID-19 primary diagnosis) • Deficiency and other anaemia (Within HSMR basket) • Intestinal infection • Other connective tissue disease • Abdominal Hernia (new alert) • Epilepsy, convulsions (new alert) • Pleurisy, pneumothorax, pulmonary collapse (new alert) (Within HSMR basket) • Other liver diseases (new alert) (Within HSMR basket) • Fracture of neck of Femur (new alert) (Within HSMR basket) • Aspiration pneumonitis, food/vomitus (new alert) (Within HSMR basket)
CUSUM breaches	There are currently 17 diagnosis groups breaching the 99% Threshold over the 12 month period to May 22 with 3 six-month breaches. There are 3 diagnosis groups breaching at 99.9% • Congestive heart failure, nonhypertensive • Epilepsy, convulsions • Other liver disease
Coding influencers	**Palliative Care:** The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI. **Comorbidity rates (Non-elective HSMR):** The Trust has a similar distribution of scores as regional peers. **Signs & Symptoms:** The Trust now has a higher rate of signs & symptoms vs peers both regionally and nationally
SHMI position	The SHMI for the 12 months to March 22 is 99.17 (as expected)

• Data from ME Office – Acute Adult Deaths

Q1 Data from ME Office – Acute Adult Deaths

Apr 22 - 157
May 22 - 168
June 22 - 118 Total = 443

100% of all deaths were scrutinised & within the following timeframes –
Day of death or 1st Day after death - 286
2nd Day after death - 79
3rd Day after death - 62
4th Day after death - 11 } 4th & 5th These relate to deaths on Friday nights, next working day being Monday which is already 3rd day after death and also bank holiday weekends
5th Day after death - 5
Over 5 days - Nil

MCCD's issued within 3 x calendar days of death (Excluding referrals to Coroner) = 97.4%

Q1 Data from ME Office – Acute Child Deaths

We had none reportable in Q1

Q1 – Data from ME Office – Community Deaths.

89 x community deaths were scrutinised during Q1

Good Practice and Learning points

Sep 2022

- Coronial feedback on the 2 governance reports produced after the "rapid" review meeting approach has been positive on both. I have also had positive feedback from staff. For me it is sensible to get all the experts together early to discuss once the factual chronology has been established, rather than leaving one or two people slaving away alone for weeks/months, and then the great and the good blowing up their efforts at signoff. The challenge remains getting a coherent but suitably concise report together promptly and efficiently after said meeting. Also giving in depth thought to credible actions.

Issues raised by the bereaved

April –

W53 were excellent
W44 – Excellent care given to both John & his family – Thank you
W23 – Compliments to the Trust for care provided
W44 – Compliments on the care provided
W44 – Very good care, respect, dignity & support
ITU – Compliments to all the team on ITU, family said they could not have wished for better care, not only for Trevor but for their family too. His last hours were with his family around him
W36 – Happy with care provided
ITU – Outstanding

May –
A&E/EAU & WS2 – Impressed with all 3 x ward areas – dignity & comfort provided
ICU – Fantastic care by the ITU team, very respectful and understanding. Thank you for the handprints & wooden hearts
EAU – Very attentive staff, very impressed with the hospital and Jill herself was pleased with her care & treatment.
ME Service thank you, you have been very efficient and made things easier.
W21 – Family felt they were looked after aswell as Mum
W14 – Dr Patel and the nursing team were blooming fantastic. Very compassionate, friendly, caring, understanding. We could not have asked for better.
ME Service thank you. You have been very helpful with the process.
EAU – Thank you
WS2 – Family complimentary to Dr Rutter & his team
W41 – Thank you
W42 – Superb from start to finish. All staff on duty were excellent
W51 – Thank you for care
W41 – Thank you to all involved.
ITU – Excellent care

June –
W32 – Medical staff were all lovely, good communication & friendly
W42 – Excellent care from everyone
W34 – Cannot thank KMH /the wards & the ME service enough. We have felt supported every step of the way.
W24 – Excellent care
W51 – Excellent care, kept very informed.

Learning from inquests

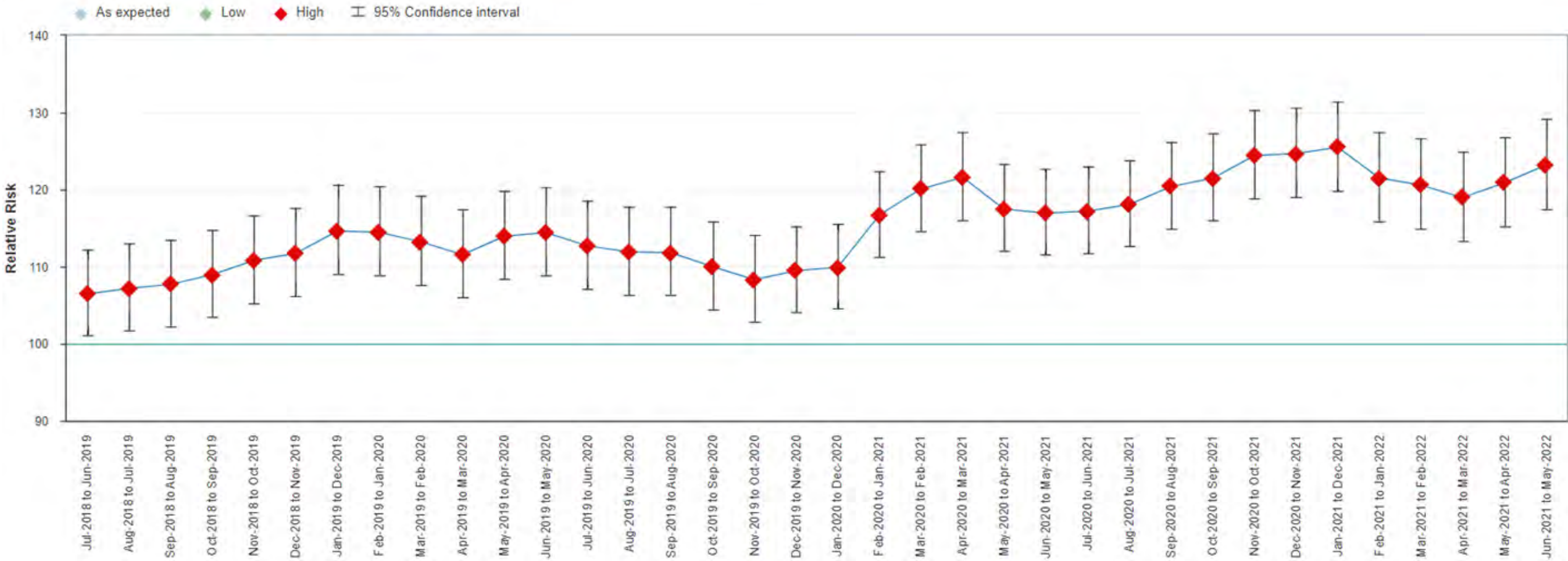
- Patient sent back to ED hours immediately after discharge from T&O as raised temperature and nauseous. Seen in ED by T&O junior who suspected UTI and requested MSU and discharged back to care home. MSU negative (on electronic count), but result not seen. Accepted this was a lost opportunity to consider an alternative cause for deterioration and possible admit. To update coroner with any changes to practice by 30 September.
- Same patient – final ED discharge observations temperature had increased (37.6 to 38.7), but not escalated to trained staff as EWS only 2. Feeling was that escalation protocol may be too rigid, especially where patient is not staying under observation. To update coroner with any changes to practice by 30 September.
- Patient on warfarin sustained head injury and attended ED. CT small bleed. No consideration of whether to reverse warfarin as well as withhold. Coroner found investigation report thorough and helpful. Requested sight of new HI guideline once moved from draft to implemented.
- Patient attended after head injury. On reversible DOAC but no consideration given to reversing – although evidence was if it had risks from reversal may have been higher.
- Response to variceal bleed in hospital suboptimal – T&O could have usefully been signposted to the GI bleed bundle
- Critical medication overlooked for 2 days – sight of underlying condition lost by clinicians managing immediate complex medical condition

Macro: Comparators and crude rate

- Definitions- case selection
  - Diagnoses — all in hospital deaths
  - Diagnoses (HSMR) — deaths in HSMR basket of diagnoses
  - SHMI — deaths in SHMI basket of diagnoses
- Definitions- data handling
  - Relative risk — observed vs expected ratio
    - This figure in HSMR basket is what is commonly known as “HSMR” and is typically shown as a 12month rolling average

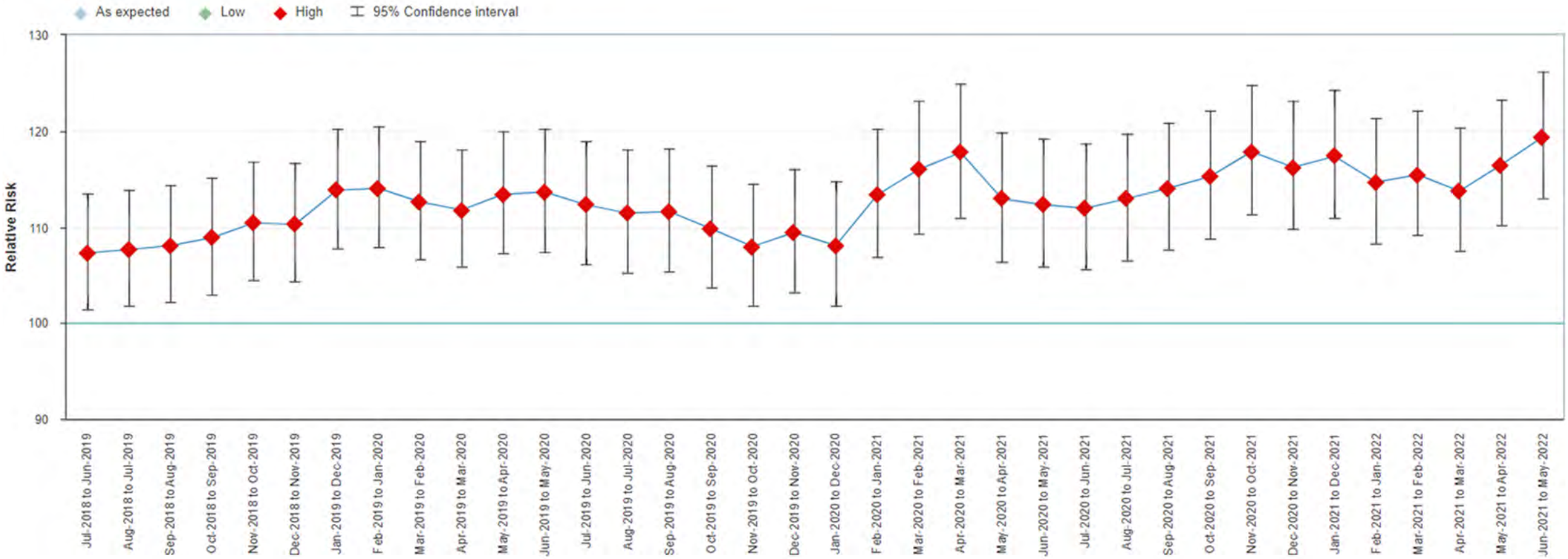
Diagnoses | Mortality (in-hospital) | Jun-19 to most recent | Trend (rolling 12 months)

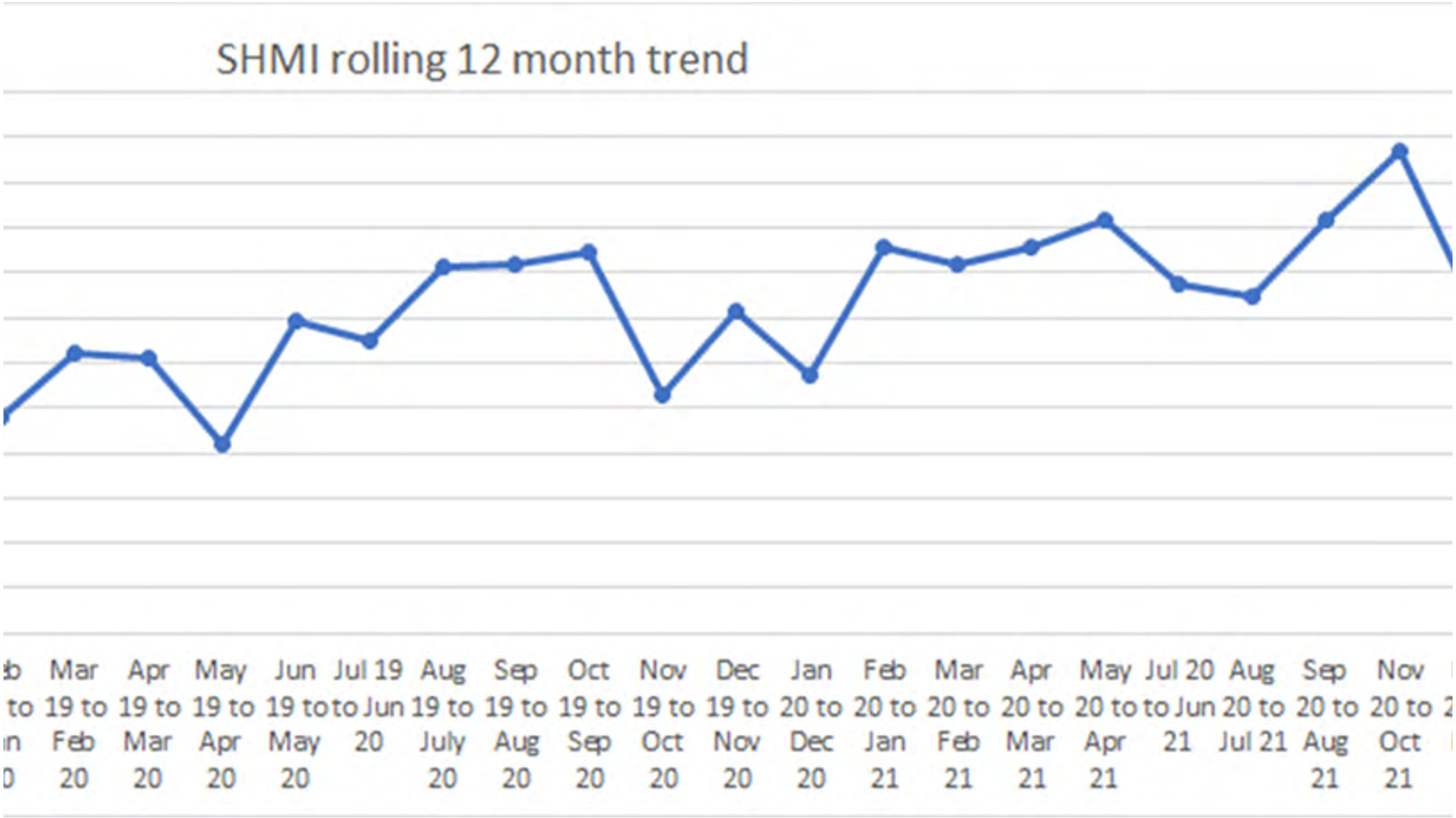
Period Rolling 12 months



Diagnoses - HSMR | Mortality (in-hospital) | Jun-19 to most recent | Trend (rolling 12 months)

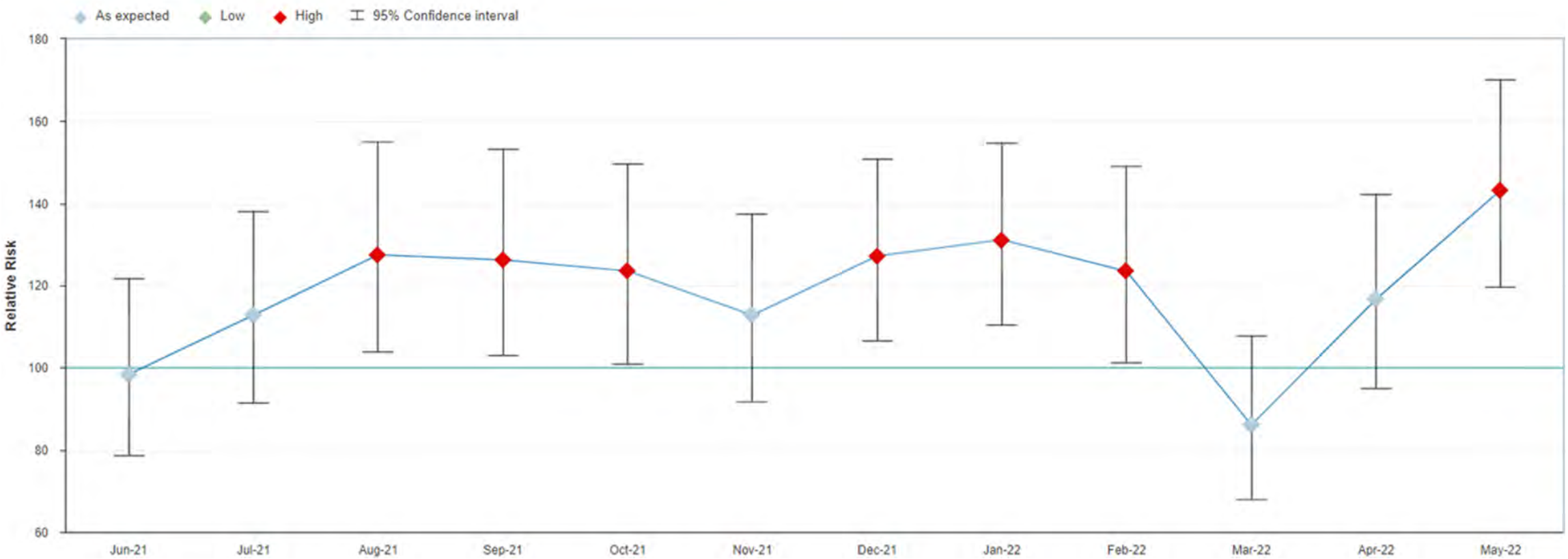
Period Rolling 12 months




SHMI rolling 12 month trend
b to n 0
Mar 19 to Feb 20
Apr 19 to Mar 20
May 19 to Apr 20
Jun 19 to May 20
Jul 19 to Jun 20
Aug 19 to July 20
Sep 19 to Aug 20
Oct 19 to Sep 20
Nov 19 to Oct 20
Dec 19 to Nov 20
Jan 20 to Dec 20
Feb 20 to Jan 21
Mar 20 to Feb 21
Apr 20 to Mar 21
May 20 to Apr 21
Jul 20 to Jun 21
Aug 20 to Jul 21
Sep 20 to Aug 21
Nov 20 to Oct 21

Diagnoses - HSMR | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (month)

Period Month



Meso: Scrutiny and SJR

Metric	June 21 to May 22
HSMR	HSMR: **119.4** statistically significantly higher than expected (**116.6** excluding COVID)
HSMR position vs. peers	One of four 'above expected' organisations within the peer group of eight with a crude rate of 4.0% vs 3.1%.
All Diagnosis SMR	SMR: **123.2** statistically significantly high (**118.5** excluding COVID)
Significant Diagnosis Groups	11 groups (6 new): • **Chronic obstructive pulmonary disease and bronchiectasis** (Within HSMR basket) • **Viral infection** (**COVID-19 primary diagnosis**) • **Deficiency and other anaemia** (Within HSMR basket) • **Intestinal infection** • **Other connective tissue disease** • **Abdominal Hernia (new alert)** • **Epilepsy, convulsions (new alert)** • **Pleurisy, pneumothorax, pulmonary collapse (new alert)** (Within HSMR basket) • **Other liver diseases (new alert)** (Within HSMR basket) • **Fracture of neck of Femur (new alert)** (Within HSMR basket) • **Aspiration pneumonitis, food/vomitus (new alert)** (Within HSMR basket)
CUSUM breaches	There are currently 17 diagnosis groups breaching the 99% Threshold over the 12 month period to May 22 with 3 in- month breaches. There are 3 diagnosis groups breaching at 99.9% • Congestive heart failure, nonhypertensive • Epilepsy, convulsions • Other liver disease
Coding Influencers	**Palliative Care:** The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI. **Comorbidity rates (Non-elective HSMR):** The Trust has a similar distribution of scores as regional peers. **Signs & Symptoms:** The Trust now has a higher rate of signs & symptoms vs peers both regionally and nationally
SHMI position	The SHMI for the 12 months to March 22 is **99.17** (as expected).

• Data from ME Office – Acute Adult Deaths

Q1 Data from ME Office – Acute Adult Deaths

Apr 22 - 157
May 22 - 168
June 22 - 118 Total = 443

100% of all deaths were scrutinised & within the following timeframes –
Day of death or 1st Day after death - 286
2nd Day after death - 79
3rd Day after death - 62
4th Day after death - 11 } 4th & 5th These relate to deaths on Friday nights, next working day being Monday which is already 3rd day after death and also bank holiday weekends
5th Day after death - 5
Over 5 days - Nil

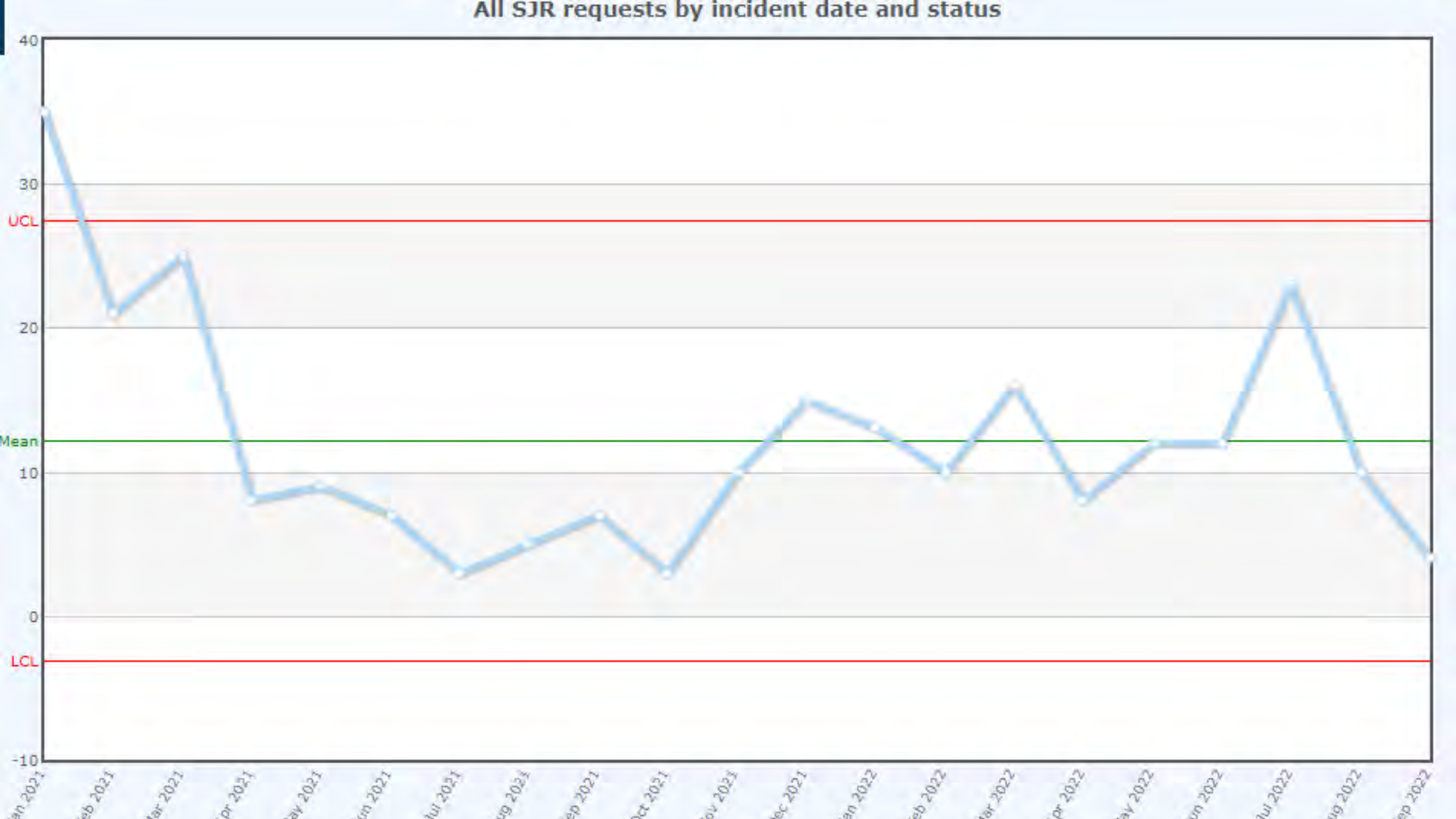
MCCD's issued within 3 x calendar days of death (Excluding referrals to Coroner) = 97.4%

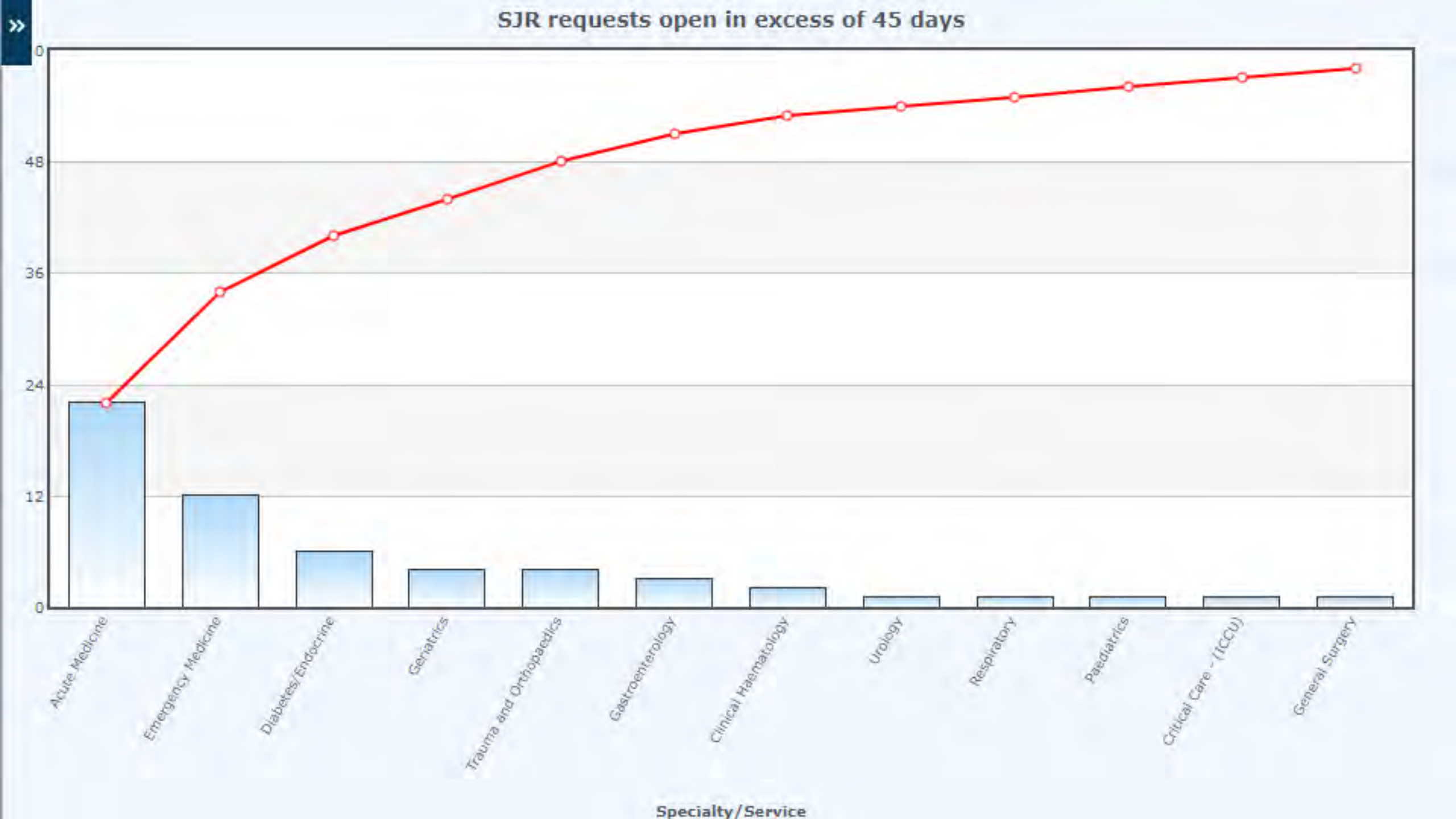
Q1 Data from ME Office – Acute Child Deaths

We had none reportable in Q1

Q1 – Data from ME Office – Community Deaths.

39 x community deaths were scrutinised during Q1


All SJR requests by incident date and status
40
30
UCL
20
Mean
10
0
LCL
-10
Jan 2021
Feb 2021
Mar 2021
Apr 2021
May 2021
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021
Dec 2021
Jan 2022
Feb 2022
Mar 2022
Apr 2022
May 2022
Jun 2022
Jul 2022
Aug 2022
Sep 2022


SJR requests open in excess of 45 days
0
48
36
24
12
0
Acute Medicine
Emergency Medicine
Diabetes/Endocrine
Geriatrics
Trauma and Orthopaedics
Gastroenterology
Clinical Haematology
Urology
Respiratory
Paediatrics
Critical Care - (ICCU)
General Surgery
Specialty/Service

Micro: Individual Output

Good Practice and Learning points

- Coronial feedback on the 2 governance reports produced after the “rapid” review meeting approach has been positive on both. I have also had positive feedback from staff. For me it is sensible to get all the experts together early to discuss once the factual chronology has been established, rather than leaving one or two people slaving away alone for weeks/months, and then the great and the good blowing up their efforts at signoff. The challenge remains getting a coherent but suitably concise report together promptly and efficiently after said meeting. Also giving in depth thought to credible actions.

Issues raised by the bereaved

April –

W53 were excellent
W44 – Excellent care given to both John & his family – Thank you
W23 – Compliments to the Trust for care provided
W44 – Compliments on the care provided
W44 – Very good care, respect, dignity & support
ITU – Compliments to all the team on ITU, family said they could not have wished for better care, not only for Trevor but for their family too. His last hours were with his family around him
W36 – Happy with care provided
ITU – Outstanding

May –
A&E/EAU & W52 – Impressed with all 3 x ward areas – dignity & comfort provided
ICU – Fantastic care by the ITU team, very respectful and understanding. Thank you for the handprints & wooden hearts
EAU – Very attentive staff, very impressed with the hospital and Jill herself was pleased with her care & treatment.
ME Service thank you, you have been very efficient and made things easier.
W21 – Family felt they were looked after aswell as Mum
W14 – Dr Patel and the nursing team were blooming fantastic. Very compassionate, friendly, caring, understanding. We could not have asked for better.
ME Service thank you. You have been very helpful with the process.
EAU – Thank you
W52 – Family complimentary to Dr Rutter & his team
W41 – Thank you
W42 – Superb from start to finish. All staff on duty were excellent
W51 – Thank you for care
W41 – Thank you to all involved.
ITU – Excellent care

June –
W32 – Medical staff were all lovely, good communication & friendly
W42 – Excellent care from everyone
W34 – Cannot thank KMH /the wards & the ME service enough. We have felt supported every step of the way.
W24 – Excellent care
W51 – Excellent care, kept very informed.

Learning from inquests

- Patient sent back to ED hours immediately after discharge from T&O as raised temperature and nauseous. Seen in ED by T&O junior who suspected UTI and requested MSU and discharged back to care home. MSU negative (on electronic count), but result not seen. Accepted this was a lost opportunity to consider an alternative cause for deterioration and possible admit. To update coroner with any changes to practice by 30 September.
- Same patient – final ED discharge observations temperature had increased (37.6 to 38.7), but not escalated to trained staff as EWS only 2. Feeling was that escalation protocol may be too rigid, especially where patient is not staying under observation. To update coroner with any changes to practice by 30 September.
- Patient on warfarin sustained head injury and attended ED. CT small bleed. No consideration of whether to reverse warfarin as well as withhold. Coroner found investigation report thorough and helpful. Requested sight of new HI guideline once moved from draft to implemented.
- Patient attended after head injury. On reversible DOAC but no consideration given to reversing – although evidence was if it had risks from reversal may have been higher.
- Response to variceal bleed in hospital suboptimal – T&O could have usefully been signposted to the GI bleed bundle
- Critical medication overlooked for 2 days – sight of underlying condition lost by clinicians managing immediate complex medical condition

Deaths which have met SI criteria (avoidable deaths)

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors (October 2022)

Subject:	Learning from Deaths Group Report	**Date: 6th October 2022**	
Prepared By:	Main report: John Tansley, Clinical Director for Patient Safety & Chair Learning from Deaths Group LeDeR update: Lisa Richmond, Specialist Learning Disability Nurse		
Approved By:	David Selwyn, Medical Director		
Presented By:	David Selwyn		
Purpose			
The purpose of this paper is to update Trust Board with summary information and assurance of mortality intelligence reviewed by the Learning from Deaths group and to provide an update of the ongoing work to both respond to and improve that intelligence and learning.		**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	Consistent Divisional job planning of mortality review activities is required which is likely to demonstrate a funding gap
Patient Impact	Improvements to services and care will be realised through the timely and comprehensive review of each death to maximise learning opportunities
Staff Impact	Changes to practice and care will be identified through the Mortality Review Process. Clinical Staff remain significantly stretched and proposed changes in mortality review processes may potentially intensify this in the short term
Services	Changes to practice and care will be identified through the Mortality Review Process
Reputational	Potential to impact on HSMR and SHMI with external regulator interest

Committees/groups where this item has been presented before

None

Executive Summary

This report provides an update on mortality intelligence and the work of the Learning from Deaths group since the last report to the Board of Directors in February 2022 and provides details of progress against actions identified in that report and proposals for actions in the next 6 months.

The Board of Directors is asked to note:

- The Trust HSMR remains statistically high for the 12 months to May 2022 (**119.4**) whilst the SHMI for a similar period remains as expected (**99.17**)

- External 360 audit suggests that this is an artefact produced by external data handling, related to Specialist Palliative Care coding as quality of our internal coding is appropriate based on recorded clinical activity. There may be opportunities to explore changes to either our record keeping or structure of commissioned services which could improve this position. This will require action by clinical teams and is a medium term plan
- In the short term to try to avoid missing potentially important signals in the data we propose a triangulation method based on existing data and describe the outputs of that
- We have begun the processes to allow individual case record re-identification from our local data uploads for future clinical reviews. We can update that an interim report on an ongoing review triggered by a Sepsis mortality alert is reassuring although that piece of work is not yet fully complete
- Progress on the Datix IQ governance platform has been good on the technical side but clinical engagement with proposed changes to the mortality review tool and SJR process has been more challenging, not helped by ongoing clinical operational pressures. This has been handed back to the Divisional Mortality leads to help progress
- Mortality reviews have identified themes around record keeping, recognition of dying and advanced care planning (ReSPeCT). These themes are also seen in feedback from the external LeDeR reviews. A full LeDeR report is attached as an appendix to this report. The group feels that these may represent areas for thematic reviews as Patient Safety Incident Response Framework (PSIRF)
- The Trust has received positive feedback from recent inquests regarding developments in our Incident investigations but we have concerns around how to rationalise the diverging demands of Systems level and individualised investigations represented by PSIRF and established requirements to address family and Coronial concerns
- In Q3 & 4 2022/23 The Learning from Deaths Group will:

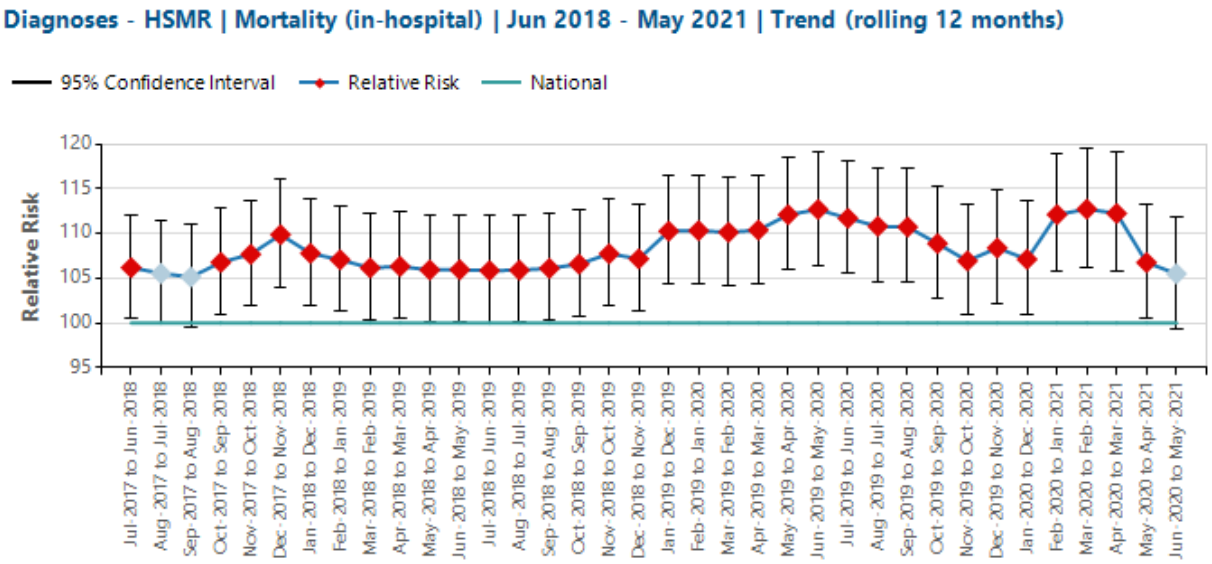
    - Continue to work with our external provider and our internal analysts to refine our mortality data intelligence
    - Signpost Clinical Mortality leads areas which require further investigation and use findings to direct improvements and update on those areas where work is ongoing
    - Continue to support the Divisions in establishing a workable mortality review tool on the Datix digital platform supported by processes and training
    - Continue to ensure that mechanisms for Learning from Deaths work constructively and collaboratively with other internal and external governance processes.

1) Dr Foster Mortality Data

The Trust Hospital Standardised Mortality Rate (HSMR) for the 12 months to May 2022 remains statistically significantly higher than expected at 119.4 (116.6 excluding Covid, but still significantly high).

In previous reports to the Trust Board, the Learning from Deaths (LFD) group have described our ongoing work to understand the significance and causes of this as it is not reflected in our most recent Standardised Hospital Mortality Index (SHMI; year to March 22) which is 99.17 and as expected.

We believe that a significant contribution to this is how the Trust manages and codes end-of-life care as we are a significant national low-outlier in the number of cases with a specialist palliative care coding. End-of-life and specialist palliative care are distinct in coding terms. We identified an apparent step-change around the period of September 2019 as shown in Figure 1.1 below.



The Trust commissioned an external auditor, 360 Assurance, report to review relevant data around this time to provide assurance around data quality compared with clinical activity as we are concerned that we may miss potentially important signals against a background of constant alerting. The draft report was made available to us in April 2022 and has been shared with the Audit Assurance Committee.

This report suggests that the HSMR signal is anomalous. There are no concerns around our coding practices, although concerns were raised by the coding team to the auditors around the completeness and accuracy of the clinical records. There is no formal way for us to be reassured about the coding behaviour of other trusts or how they might code the clinical activity as recorded in the medical records, but we can be reassured that our coding output accurately represents the reality of our end-of-life and palliative care provision. It therefore remains for our clinical teams to explore if they can

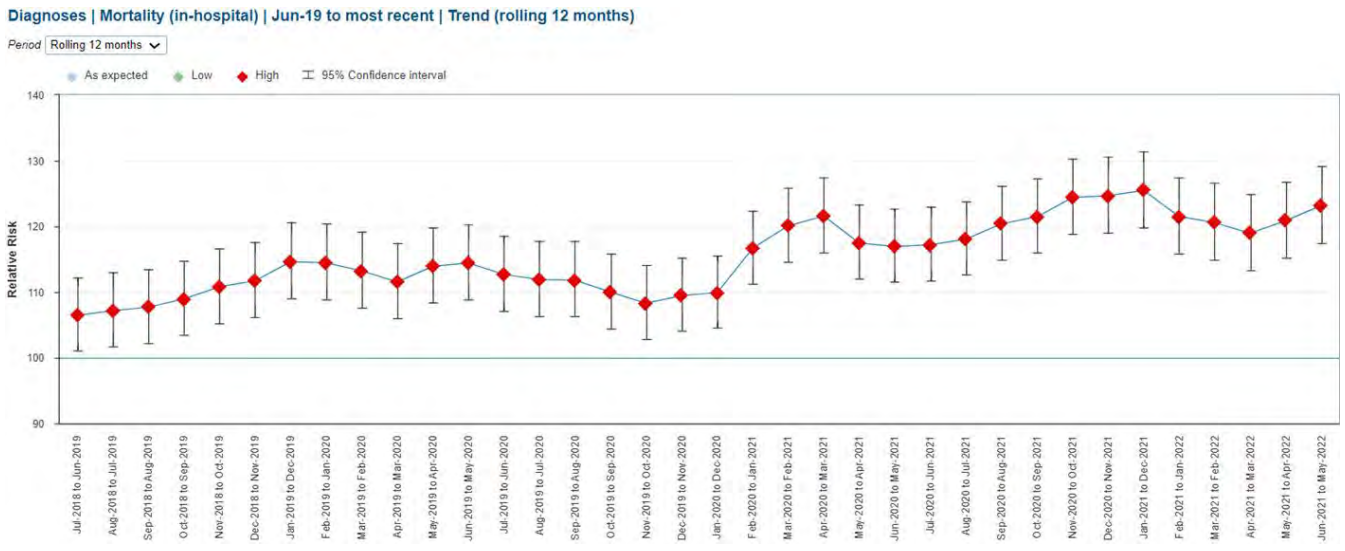
either agree appropriate ways of recording care within the rules of coding which might realign us with other Trusts or whether a more formal restructuring of the pathways would be required, whilst recognising there are no current concerns around the quality of care. Work at the clinical level, to understand the complexity and implications of this, are ongoing.

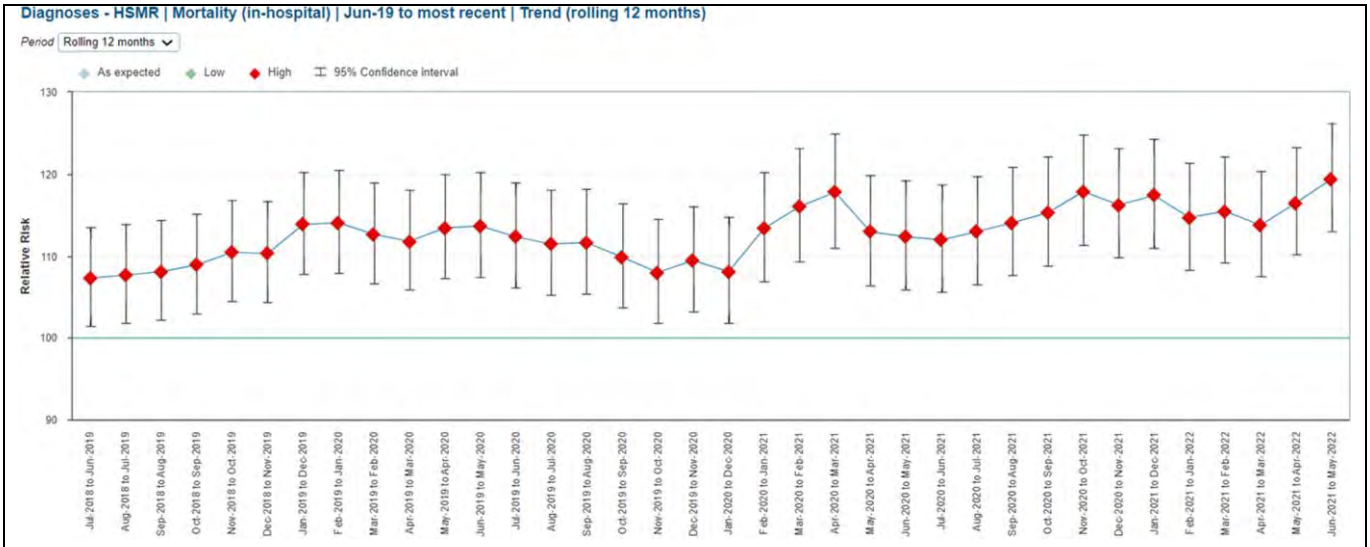
An additional observation of the report was that the mortality data from Dr Foster are subject to several months' delay which has been exacerbated occurrences where our data submission has missed the deadline and required a further "lag" in our figures to be applied- some Trusts apply this lag by default but the benefits of this improved accuracy must be weighed against timeliness.

In the light of this report, given these reservations around HSMR, the LFD group has considered how best to proceed. We propose two approaches

1) Using existing metrics derived from our coding submission to identify areas for further investigation. It seems sensible that a diagnosis group that alerts in HSMR, CUSUM and SHMI should be looked at in further detail. Following a hiatus is our ability to re-identify individual cases from the Dr Foster data, due to the way data has been handled between the Trust NHS-D and Dr Foster, we are now able to use our local data submission for this purpose. Training for our clinical mortality leads on the use of this platform is in progress. Details of diagnosis groups to be investigated in this way follow later in the report.
2) Provision of more up-to-date data to clinical teams from our local data warehouse which might allow us to identify trends earlier than currently. The recent appointment of a Chief Digital Information officer will be pivotal to this and we have had very encouraging proposals, so far. We hope to be able to update the Board on this work, in the next report.

Figure 1.2 – All cause mortality RR, HSMR and SHMI Trend (rolling 12 months)





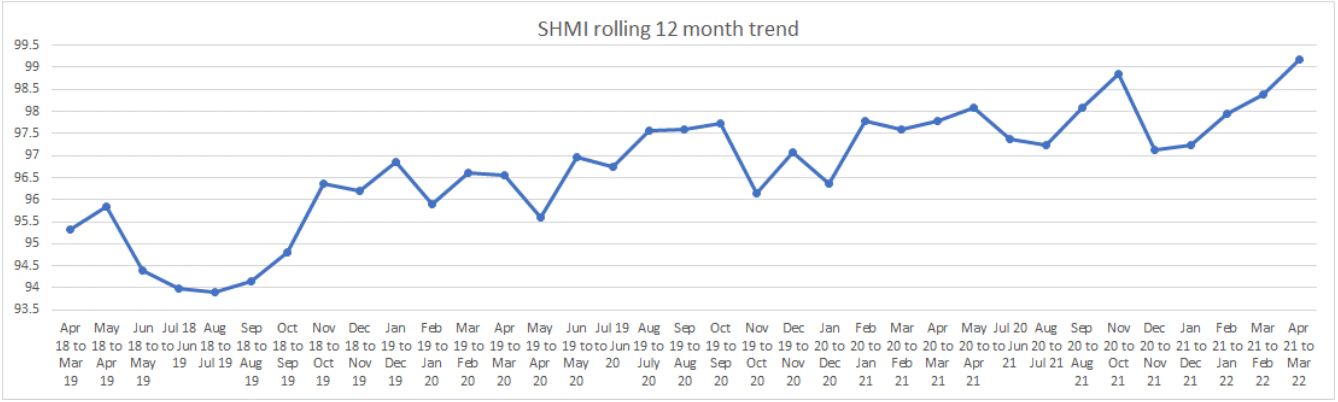


Figure 1.2 shows Rolling 12-month trends for all-cause mortality relative risk (crude vs. expected), HSMR and additionally SHMI which we have not previously used in this way. Whilst SHMI remains as expected the recent upturn is worthy of monitoring.

Trends in coding

Palliative Care: The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI.

Comorbidity rates (Non-elective HSMR): As can be seen within Figure 1.3 the Trust has a lower proportion of activity a 0 Charlson score and higher proportion with a score of above 20.

Signs & Symptoms: The Trust has a slightly higher rate of signs & symptoms with peers both regionally and nationally.

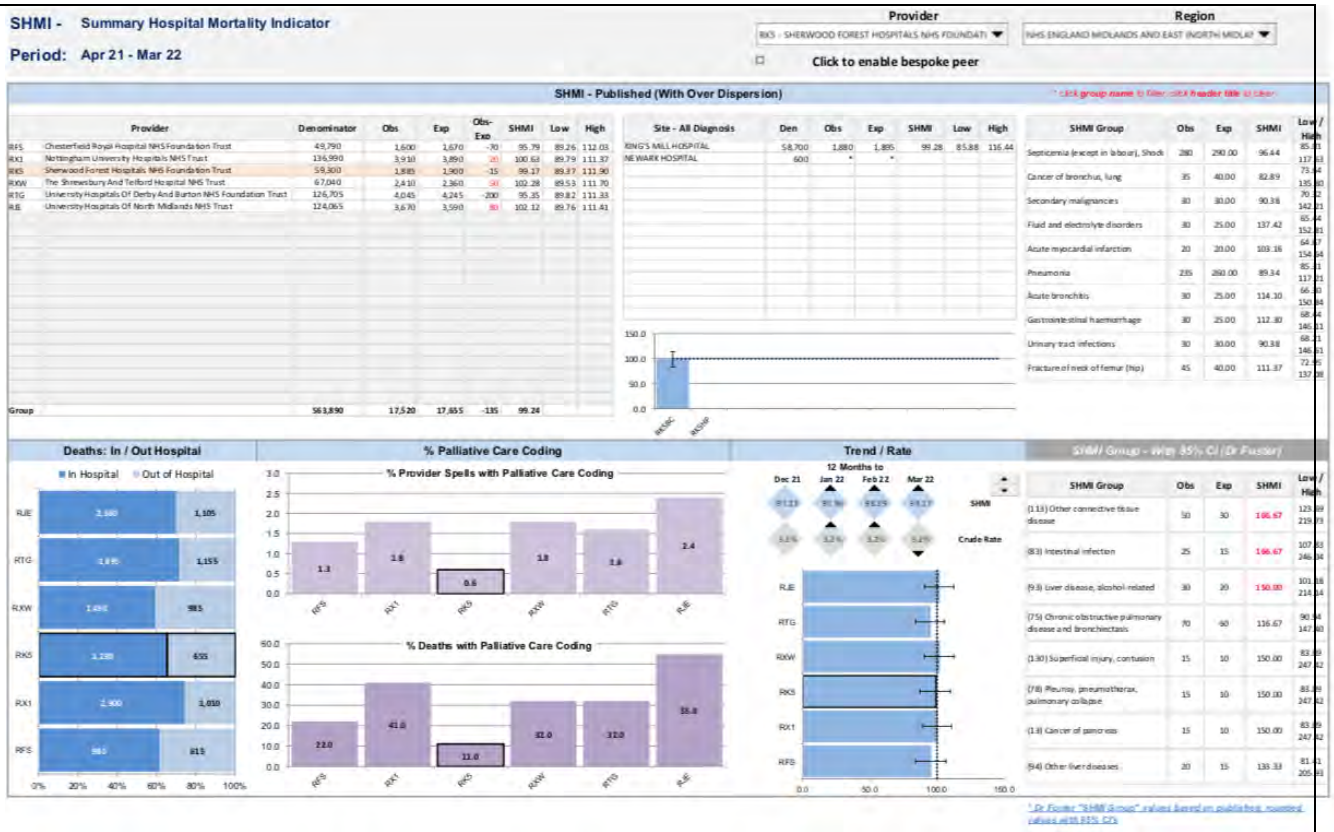
Figure 1.3 – Coding Rate Vs National

Coding / Casemix	Trust	Peer	National
% Non-elective deaths with palliative care (HSMR)	10.4%	32.3%	39.8%
% Non-elective spells with palliative care (HSMR)	1.6%	4.0%	4.9%

% Spells in Symptoms & Signs chapter	7.6%	6.7%	7.2%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)	38.6%	40.9%	41.5%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)	17.4%	16.7%	15.8%
% Non-elective spells in Risk Band (0-10%) (HSMR)	84.0%	85.6%	84.7%

Outlying diagnosis groups

Metric	Result
HSMR	HSMR: **119.4** statistically significantly higher than expected (**116.6** excluding COVID)
HSMR position vs. peers	One of four 'above expected' organisations within the peer group of eight with a crude rate of 4.0% vs 3.1%.
All Diagnosis SMR	SMR: **123.2** statistically significantly high (**116.5** excluding COVID)
Significant Diagnosis Groups	11 groups (6 new): • **Chronic obstructive pulmonary disease and bronchiectasis** (Within HSMR basket) • **Viral infection (COVID-19 primary diagnosis)** • **Deficiency and other anaemia** (Within HSMR basket) • **Intestinal infection** • **Other connective tissue disease** • **Abdominal Hernia (new alert)** • **Epilepsy, convulsions (new alert)** • **Pleurisy, pneumothorax, pulmonary collapse (new alert)** (Within HSMR basket) • **Other liver diseases (new alert)** (Within HSMR basket) • **Fracture of neck of Femur (new alert)** (Within HSMR basket) • **Aspiration pneumonitis, food/vomitus (new alert)** (Within HSMR basket)
CUSUM breaches	There are currently 17 diagnosis groups breaching the 99% Threshold over the 12 month period to May 22 with 3 in- month breaches: • Congestive heart failure, nonhypertensive • Epilepsy, convulsions • Other liver diseases There are 4 diagnosis groups breaching at 99.9%



We have identified three outlying diagnosis groups using the proposed triangulation process which have been identified to appropriate clinical teams for case note review. We are reassured, having discussed these cases in our meeting, that many of the cases will have been picked up by existing governance cases and a gap analysis will only identify a small amount of additional work to be done.

Intestinal Infection- there seems to be a significant contribution from recent C. difficile infections here.
Other Connective Tissue Diseases- this group includes falls.
Liver disease- this is an established outlying group and clinical teams have previously been engaged.

Additional areas of local interest

Sepsis- CUSUM alert February 2022- 21 out of 31 identified cases reviewed to date awaiting formal report but early indications are of no clinical concerns, some coding issues.

Fractured Neck of Femur- new alert in June 2021 following data rebasing (previously same local data produced no alert, changes due to national data and algorithm) 6 observed deaths vs 2 expected.

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

Fig 2.1 SFH Mortality review tool

Inpatient & Emergency Department Deaths	Total Deaths	Mortality Reviews completed	% Reviewed
Apr-22	157	114	72.61%
May-22	168	75	44.64%
Jun-22	118	57	48.31%
Qtr 1 **Year 22/23**	443	246	55.53%

The standalone Trust mortality tool remains in use. As before, the routine review of deaths by clinical teams remains significantly in arrears and we are not meeting the locally agreed target of 90%. The learning value of this activity remains questionable, but we have not agreed on an updated operational process which the Divisions support. The Divisional mortality leads have been tasked with co-creation of a solution to the challenges that the LFD group have previously identified in reports to the Board. This will take the form of a task and finish group which we expect to report in our next update. The digital infrastructure to introduce new processes is now in place. The Learning from Deaths Policy is scheduled for review, we have asked for an extension (as it has recently been refreshed) pending the recommendations of this T&F group.

Fig 2.2 Q1 Data from ME Office – Acute Adult Deaths

Apr 22 - 157
May 22 - 168
June 22 - 118 Total = 443

100% of all deaths were scrutinised & within the following timeframes –
Day of death or 1st Day after death - 286
2nd Day after death - 79
3rd Day after death - 62
4th Day after death - 11*
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Over 5 days - Nil

MCCD's issued within 3 calendar days of death (Excluding referrals to Coroner) = 97.4%

*4th & 5th These relate to deaths on Friday nights, next working day being Monday which is already 3rd day after death and also bank holiday weekends

Q1 Data from ME Office – Acute Child Deaths

We had none reportable in Q1

Q1 – Data from ME Office – Community Deaths.

39 x community deaths were scrutinised during Q1

The Medical Examiner service continues to perform effectively against demanding deadlines and whilst it remains independent we have a good working relationship with colleagues in the service, particularly in the form of the service identifying deaths which require statutory Structure Judgement Review (SJR e.g. LeDeR,

Mental Health Act deaths etc.) and other cases which may produce learning from further investigation via the Trust's Datix system. The number of SJRs identified are shown in Figure 2.3 below the mean being close to 10% of total deaths.

Figure 2.3 Structured Judgement review requests at Q3 2022/23

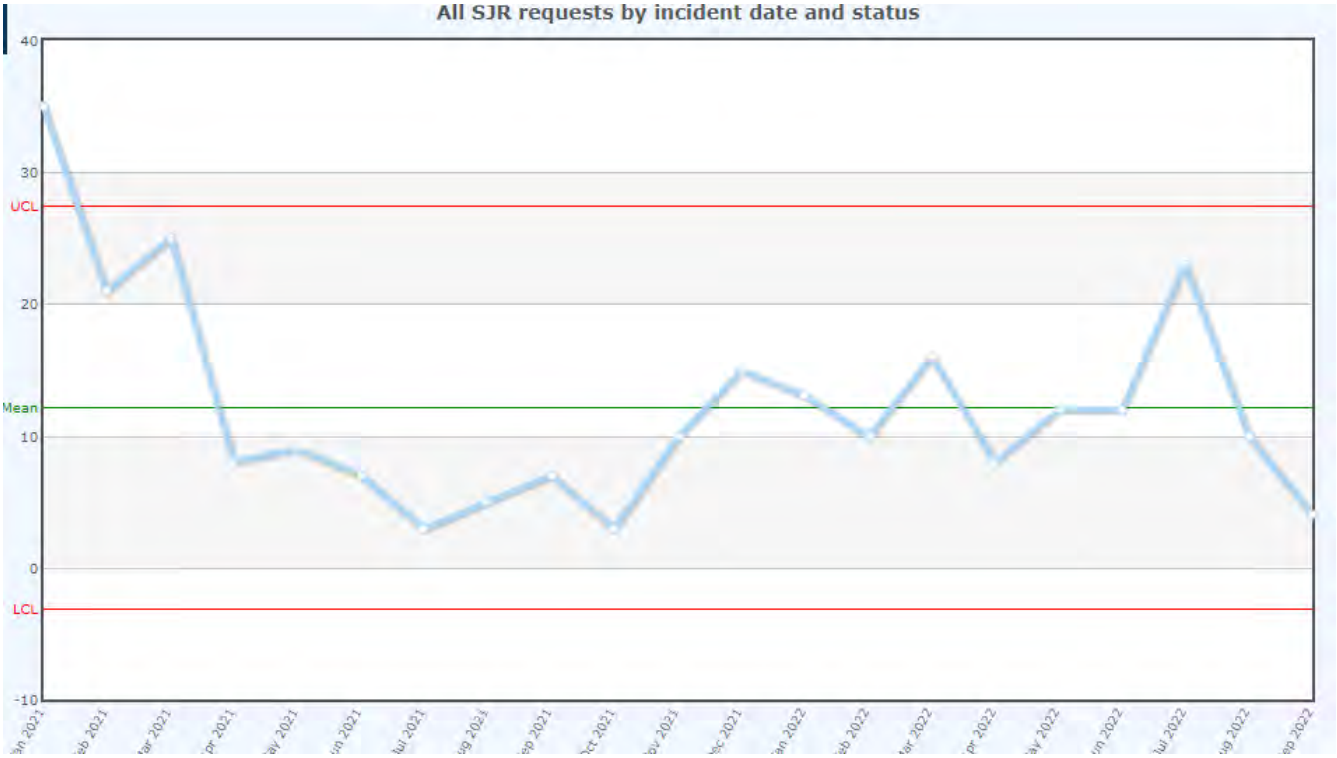
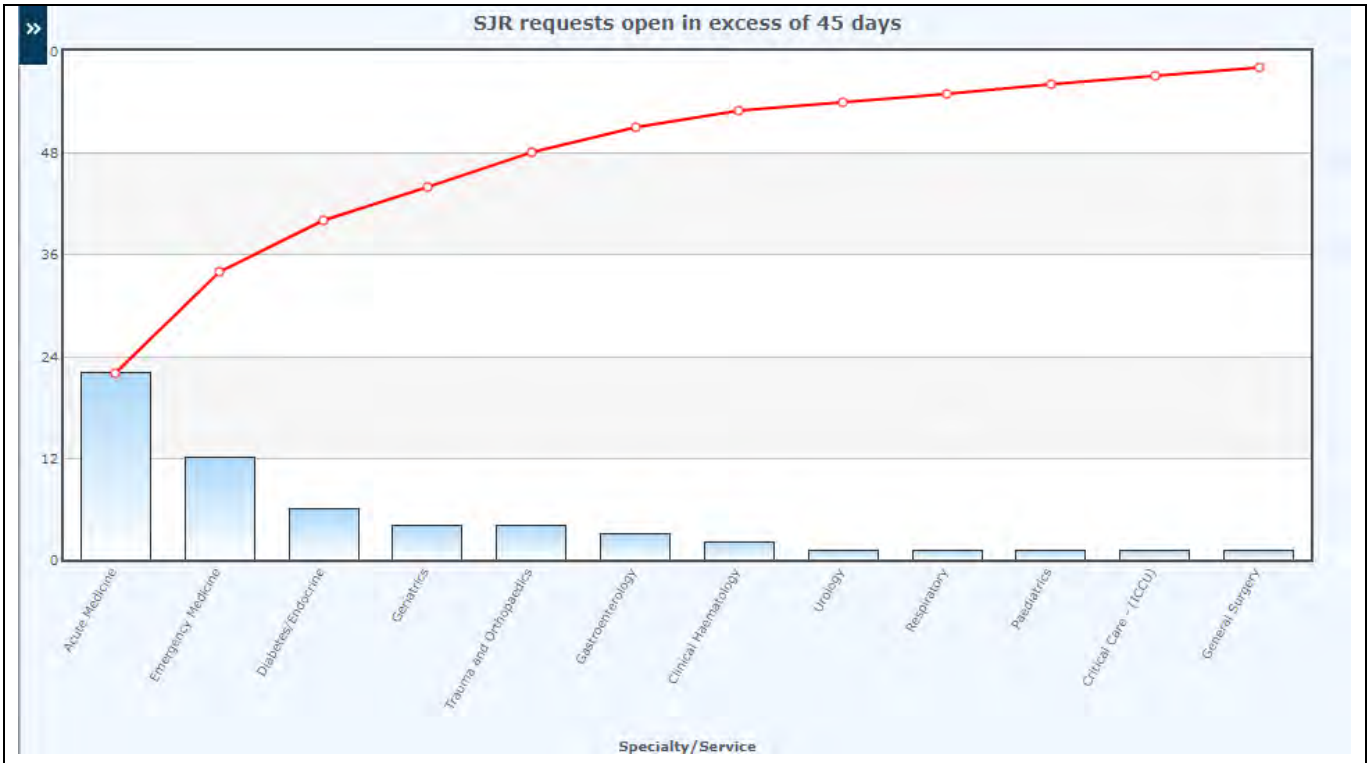


Figure 2.4 shows our progress in reviewing the SJRs requested. Of note, Acute and Emergency Medicine have the largest number of reviews outstanding. This may reflect the fact that these services are subject to much of the operational pressure at the front door which the Trust continues to experience. One of the obstacles to agreeing a new mortality review process has been the challenges of the proposal to provide dedicated/ protected job-planned time to mortality reviewers. Allocation to this resource is typically prioritised behind direct clinical care.

An unintended consequence of our mortality management processes operating to different timescales has been a small number of cases where the death certification or Coronial processes have proceeded ahead of our internal incident investigation processes. We have had recent conversations with HM Coroner about the impact of this and subsequent sharing of any unanticipated learning. The bereavement centre does check Datix routinely- a task that will be much improved now that bereavement centre records are moving onto the Datix system, hopefully closely followed by the MRT and SJR process when a pathway is agreed. In the short term an additional disclaimer form to be completed by the Doctor completing the MCCD confirming that having discussed with the responsible clinician there are no incidents has been introduced in collaboration with the ME office.

Figure 2.4 Structured Judgement review requests at open in excess of 45 days at Q2 2022/23



Learning themes from SJRs

There are ongoing concerns regarding the quality of the SJR reviews. The Lead Medical Examiner has fed back that he feels that consistency is improving but external feedback from the LeDeR review process suggests that the information in some reviews is too sparse to be useful. This has also been found at other acute hospital providers.

Poor documentation has been raised in both internal and LeDeR reviews. Specific concerns have been raised by Acute Medicine around the mismatch between standard Trust forms and the way Doctors are trained to assess patients. Previous reports from this group have suggested that the design of our documentation may be influencing both care delivered and coding. This may be an area which should be reviewed as part of the Trust's patient safety Response Plan which requires identification of a small number of integrated improvement initiatives.

Advanced care planning, recognition of dying and the ReSPECT process are also common themes of LeDeR and routine reviews. The Trust has a ReSPECT working group which feeds into Patient Safety Committee via the Deteriorating Patient Group. The LD lead nurse is part of this group.

The full LeDeR report is attached in Appendix 2

Feedback and Learning from inquests
The Trust has given evidence at several Coroner's inquests and some feedback is described below;

- Patient sent back to ED hours immediately after discharge from T&O as raised temperature and nauseous. Seen in ED by T&O junior who suspected UTI and requested MSU and discharged back to care home. MSU negative (on electronic count), but result not seen. Accepted this was a lost opportunity to consider an alternative cause for deterioration and possible admit. To update coroner with any changes to practice by 30 September.
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where patient is not staying under observation. To update coroner with any changes to practice by 30 September.

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- Patient attended after head injury. On reversible DOAC but no consideration given to reversing – although evidence was if it had, risks from reversal may have been higher.
- Response to variceal bleed in hospital considered suboptimal – T&O could have usefully been signposted to the GI bleed bundle.
- Critical medication overlooked for 2 days – sight of underlying condition lost by clinicians managing immediate complex medical condition. Need for clear prompt to regularly reconsider any critical medications that aren't prescribed immediately on admission.

Coronial feedback on the two governance reports produced after the multidisciplinary (Learning Teams style) review meeting approach has been very positive. The Trust Solicitor has also had positive feedback from staff- which is encouraging in our journey towards a 'just culture'. The challenge remains getting meetings and reports together promptly and efficiently after incidents as clinical input is recognised as being associated with added quality and learning.

There is an element of concern around the new Patient Safety Incident Response Framework (PSIRF) which has finally been published. PSIRF changes the context for the Trust to conduct investigations following incidents, moving away from individual investigations to more thematic investigations. However, this appears to have been undertaken without significant changes in the requirements from HM Coroners. On-going reports from Trusts (usually as a product of an SI investigation) and may also pose a challenge to our ability to provide answers to individual families. These challenges are not unique to SFH and we will take advantage of the experience of local early adopters (including our new Executive Chief Nurse) over the next 12 months.

3) Remaining outstanding 360 Assurance action

One action remains outstanding from the 2020 360 Assurance report on Learning from Deaths at SFH. This required the review of Terms of Reference (ToR) and minutes from the individual specialty and Divisional Mortality and Morbidity (M&M) meetings by the LFD group. A Trustwide review of Governance meetings which supersedes this action was discussed at TMT on 17/08/22 agreeing standardised format for ToR, Action trackers and Highlight reports across the Trust. M&M are not required to be formally minuted but will required to provide Highlight reports. We can confirm that we are now getting regular updates according to our work plan with Divisions moving towards the agreed format. Examples of highlight reports in the Trust format are enclosed in Appendix 3. We hope this will allow us to close this action.

4) Dashboard

Our mortality dashboard continues to evolve for use both in our meetings and for outward communications of our activities and learning. This contains a data from macro to micro (individual family feedback) scales.

The latest quarterly position is included in Appendix 4

5) Plans for Q3 & 4 & 2022/23

The Learning from Deaths Group will:

- Continue to work with our external provider and our internal analysts to refine our mortality data intelligence and actively monitor and review HSMR and SHMI to triangulate any clinical concerns
- Signpost Clinical Mortality leads areas which require further investigation and use findings to direct improvements
    - Update on those areas where work is ongoing
- Continue to support the Divisions in establishing a workable mortality review tool on the Datix digital platform supported by processes and training
- Continue to ensure that mechanisms for Learning from Deaths work constructively and collaboratively with other internal and external governance processes.

Staff Flu Vaccination Plan 2022/23

Healthcare worker (HCW) flu vaccination approach with completed best practice management checklist – for public assurance via Trust boards by November 2022.

Introduction

The annual flu campaign is firmly embedded within the culture of the Trust, with a track record of front-line staff uptake that is consistently well above the national average year on year.

The 2021/22 HCW flu vaccination campaign resulted in a 76.3% front line staff uptake – although a lower uptake than historically for the Trust this was achieved against a difficult backdrop of increased workload pressures and restrictions to practice. The national vaccine uptake ambition for 2022/23 for healthcare workers is 100% offer with a 90% uptake ambition.

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, physical and social distancing, and restricted international travel) influenza activity levels were extremely low globally in 2020/21 and this continued to be the case for 2021/22. As social contact returns towards pre-pandemic norms, it is anticipated that a resurgence in flu activity will be seen for winter 2022 to 2023 with levels at or above those seen before the pandemic.

The potential for significant co-circulation of Flu, COVID-19 and other respiratory viruses could substantially affect the pressure on the NHS from winter 2022 to 2023.

This means that the 2022/23 HCW flu vaccination programme is an even more important priority this year to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19.

Vaccine

7000 cell-based egg free vaccines (Quadrivalent Inactivated Seasonal Influenza Vaccine (QIVc)) have been ordered as well as 300 vaccines that will be available for over 65s (Adjuvanted Quadrivalent Influenza Vaccine (aQIV)). Both vaccines are manufactured by Seqirus and will not have traditional brand names but be known as described above.

The first flu vaccine delivery is expected to be received in pharmacy week beginning 26th September 2022. Clinics are planned to start week commencing 3rd October 2022.

QIVc egg free vaccine will be available for Peer Vaccinators to use however the vaccine intended for 65 years and over (aQIV) will only be available from the Occupational Health Team. The aQIV vaccine is not egg free.

Approach for 2022/23 season

The approach will be based on previous seasons as this proved very successful, with appropriate modifications because of the covid-19 pandemic. However, with changes to COVID-19 restrictions it is hoped that a more business as usual approach to the flu campaign can be achieved.

- Annual flu vaccination programme will be led by OH.

- The organisation and co-ordination of the campaign will be achieved via a Trust HCW flu vaccination group chaired by the Head of OH

- The campaign will be supported by a strong and innovative Communication strategy which includes using Trust staff in publicity material.

- Trained teams of peer vaccinators spread throughout the Trust will proactively vaccinate colleagues.

- OH will aim to provide a large number of the very successful drop in 'grab a jab' pop up flu clinics. However, following advice from infection control because of COVID-19, the following modifications will be required:

    - Grab a jab clinics will not be held in high traffic public areas
    - Vaccinators will be required to use PPE as detailed: masks only, no need for aprons or gloves; however, hands will need to be gelled between each vaccination.
    - Staff waiting in a queue to be vaccinated will need to wear a mask and maintain appropriate social distance
    - Individual bookable appointments with the OH Department will be available with a bespoke on-line booking system (developed by IT.)
    - OH and peer vaccinators will attend opportunistic events throughout the season to offer vaccination (e.g.at mandatory update training for front line staff)
    - Work will also be done in conjunction with the SFH Hospital Vaccine Hub to be able to provide Flu vaccine alongside COVID-19 boosters.

- A range of incentives will be offered:

    - Every staff member who has the jab in October, November and December will be entered into a monthly prize draw to win a prize (donated by Unison Dukeries Branch).
    - Ward/peer vaccinators are also incentivised – when they have vaccinated 50 colleagues a £20 high street voucher can be claimed
    - Every staff member who receives a flu vaccine before 31st December 2022 will also receive a Meal Deal voucher. This year there will be no option to donate the value of the voucher to Street Health.

Weekly uptake rates will be communicated to the Trust, starting from the end of October 2022

Conclusion

In summary this plan hopefully acknowledges the difficulties seen in delivering last years staff flu vaccination plans and demonstrates a robust process that will be followed to obtain the highest possible vaccine uptake amongst staff at SFH.

Through good use of resources in Occupational Health to deliver vaccinations and through the continued support of Peer Vaccinators and their management teams who facilitate this additional role we will hopefully achieve our aims.

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via Trust boards by November 2022

A	**Committed leadership**	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of vaccinating all front-line healthcare workers	Yes – planned commitment to be recorded at Trust Management team meeting 6th October 2022
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Yes – 7000 cell-based QIV and 300 adjuvanted QIV vaccines ordered. Planned delivery W/C 26th September 2022.
A3	Board receive an evaluation of the flu programme 2021/22, including data, successes, challenges and lessons learnt	Yes – summary of last years flu programme presented to Board
A4	Agree on a board champion for flu campaign	Yes – Chief Nurse
A5	All board members receive flu vaccination and publicise this	Yes – to take place at Trust Board meeting on 6th October 2022
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Yes – long established group reconvened with trade union representation
A7	Flu team to meet regularly from September 2022	Yes – group will meet regularly from July 2022
B	**Communication plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Yes – Comms strategy in place to commence mid - September
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Yes – OH availability given to Comms for publication via social media and dedicated Intranet page
B3	Board and senior managers having their vaccinations to be publicised	Yes – To be arranged for next available board meeting
B4	Flu vaccination programme and access to vaccination on induction programmes	Yes – all front-line staff throughout flu season are offered flu vaccination at induction
B5	Programme to be publicised on screensavers, posters and social media	Yes – Comms strategy in place to commence mid - September

B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Yes – uptake percentages to be communicated from mid-October
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Yes – established peer vaccinator model in place and will be mobilised again this year.
C2	Schedule for easy access drop in clinics agreed	Yes – drop in clinics will be co-ordinated across the Trust in a number of accessible areas.
C3	Schedule for 24 hour mobile vaccinations to be agreed	Yes – peer vaccinators often work a range of hours across the shift spectrum which should increase availability.
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	Yes – Incentives agreed and publicised as part of communication plan
D2	Success to be celebrated weekly	Yes - Weekly uptake will be celebrated through CEO blog and staff bulletin along with monthly prize draw winner communications

Sherwood Forest Hospitals
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BOARD OF DIRECTORS

Subject:	Staff Flu Vaccination Plan 2022/23	**Date**: 6th October 2022	
Prepared By:	Adam Grundy, Head of Occupational Health/Lead Nurse		
Approved By:	Deborah Kearsley, Deputy Director of People		
Presented By:	Robert Simcox, Director of People		
Purpose			
Report is being presented to provide assurance to the Board of the plan for staff Flu vaccination for the 2022/23 season.		**Approval**	
		Assurance	X
		Update	
		Consider	

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

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

Committees/groups where this item has been presented before

People and Inclusion Cabinet – 25th July 2022
People Health Group – 28th September 2022

Executive Summary

Background

This report sets out the plan agreed by the SFH Staff Flu vaccination Group.

The report acknowledges the past achievements of the Trust Staff Flu Vaccination programme and introduces the targets set for the uptake of vaccine. The report identifies the difficulties faced during the last flu season in achieving the historically high uptake figures.

There is detailed information on the vaccines chosen this year with the main vaccine being egg free and available for colleagues aged 18 – 64. A vaccine will be available from OH specifically for staff aged 65+.

The approach for this year is set out in the report acknowledging the restrictions that remain but an approach as close to normal will be taken with pop up grab a jab clinics being run as well as roaming OH clinics and support from Peer Vaccinators.

Incentives will be offered again this year and the report details these. Meal deal vouchers will be offered again to staff vaccinated up to the end of 2022 but there will not be the option this year to pass the value of the voucher on to Street Health. Monthly prize draws will be included in the incentive package as well as incentives for peer vaccinators.

The end of the report contains the National assurance checklist.

Recommendation

The Board of Directors are asked to note the content of the paper and to take assurance from this paper that there is a robust process and plan in place for the delivery of the annual flu campaign to enable the Trust to achieve the highest possible vaccine uptake amongst staff at SFH.

Subject:	Covid-19 Vaccination Programme Autumn Booster Update	**Date**: 6th October 2022	
Prepared By:	Robert Simcox, Deputy Director of People Kim Kirk, Operations Lead for Hospital Hub		
Approved By:	Robert Simcox, Deputy Director of People		
Presented By:	Kim Kirk, Operations Lead for Hospital Hub		

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

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

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

Committees/groups where this item has been presented before

None

Executive Summary

Background

The 2022 Autumn Booster programme commenced on 5th September 2022 for roving services and PCN's to offer COVID vaccines to care home residents and staff and go live for KMH Hub and local vaccination services from 12th September 2022.

The attached slides provide operational programme details and performance.
The Summary highlights to date are:

- National Context
- KMH Hub offer
- ICB Programme Performance
- KMH Hub Performance 38% over plan
- COVID and Flu Vaccines available for SFH staff from 3rd October 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 and surrounding NHS Trusts.

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COVID-19 Autumn Booster Vaccination Programme

September 2022

Rob Simcox
Director of People

Home, Community, Hospital.

Background

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- The COVID-19 Autumn Booster Vaccination Programme started on 5th September 2022 offering vaccines to Care Home residents for older adults and staff. The Vaccinations were provided by the Vaccination Roving Service.
- On 12th September 2022, Autumn Boosters were rolled out nationally inviting:
    - aged 65 or over
    - pregnant
    - aged 5 and over and at high risk due to a health condition
    - aged 5 and over and at high risk because of a weakened immune system
    - aged 5 and over and live with someone who has a weakened immune system
    - aged 16 and over and a carer, either paid or unpaid
    - living or working in a care home for older people
    - frontline health and social care worker
- 534,000 eligible for COVID-19 Autumn Booster in Nottingham and Nottinghamshire area.

KMH Hub Offer

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- KMH Hub open Monday-Friday, 8am-8pm (last vaccination 7.45pm) and Saturday 8am-2pm (last Vaccination 1.45pm) with staggered clinics offering Autumn Boosters, Ever Green Offer (primary dose) and Paediatric Clinics.
- Walk in COVID and Flu vaccines available to SFH staff from 3rd October 2022.
- COVID vaccines offered to all HCSW on bookable and walk in basis. SFH Communications shared with NHCT.
- Bookable appointments and walk ins available daily.

Vaccine Supply

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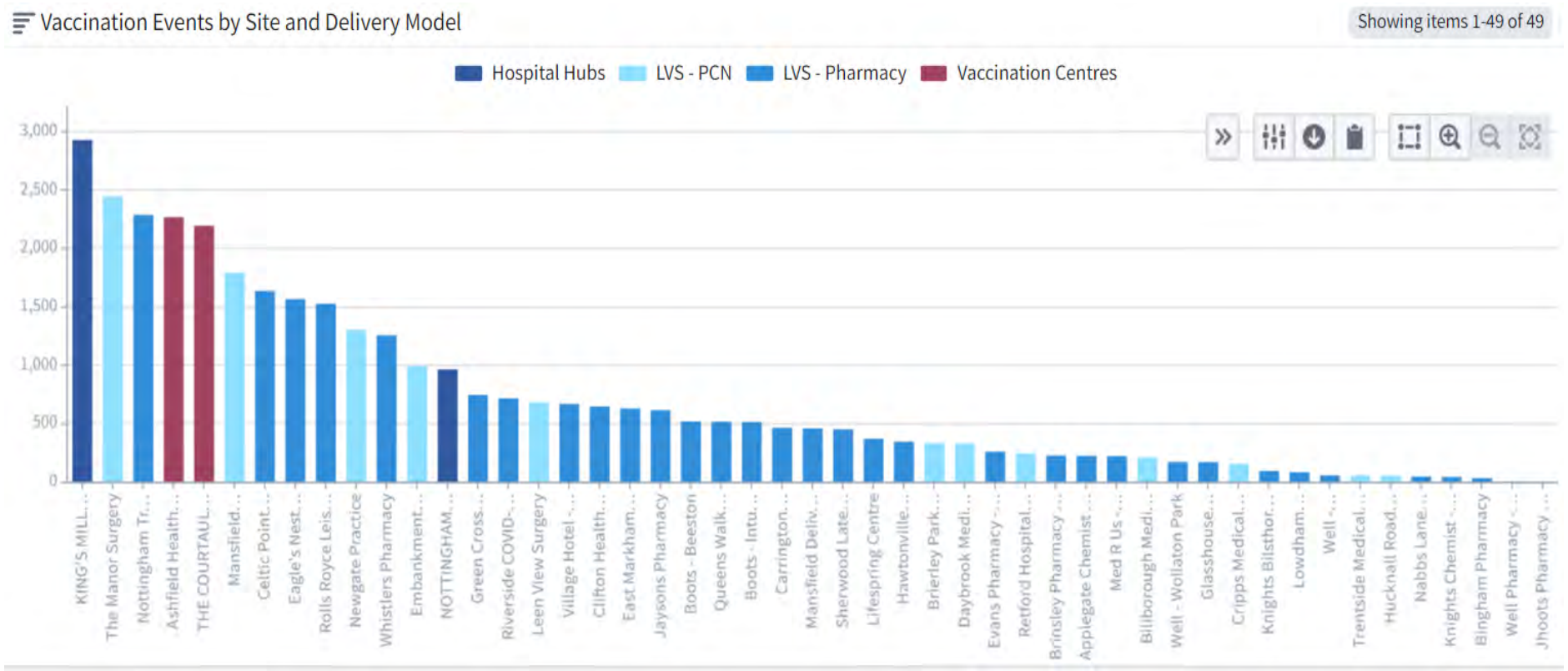
- Approved Autumn booster vaccines are Moderna (Spikevax bivalent) or Pfizer/BioNTech (Comirnaty bivalent), and Nuvaxovid (Non-mRNA).
- Moderna bivalent supplied for initial weeks of Autumn boosters, with Pfizer bivalent available from early October 2022. Moderna and Pfizer will not be offered concurrently at KMH Hub.
- Pfizer bivalent potentially to increase SFH staff uptake. SFH comms planned for 06.10.2022 bulletin.
- Nuvaxovid expected delivery early Oct 2022, and system in place for clinically appropriate staff and local population to access vaccine by appointments only. Clinics will be consolidated and available weekly.
- Vaccine storage to transfer to Hub with electronic monitoring reflecting SFH Pharmacy policy in place.

Programme Performance

- 33,441 Autumn Boosters delivered in ICB.
- 38% uptake
- 40% Care Home visited



Current Challenges

- Limited national and regional communications
- Potential hesitancy from HCSW cohort due to Moderna bivalent vaccine currently available and stalling to received COVID and Flu vaccines together.
- Awaiting update nationally on rollout of next cohorts.

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KMH Hub Performance

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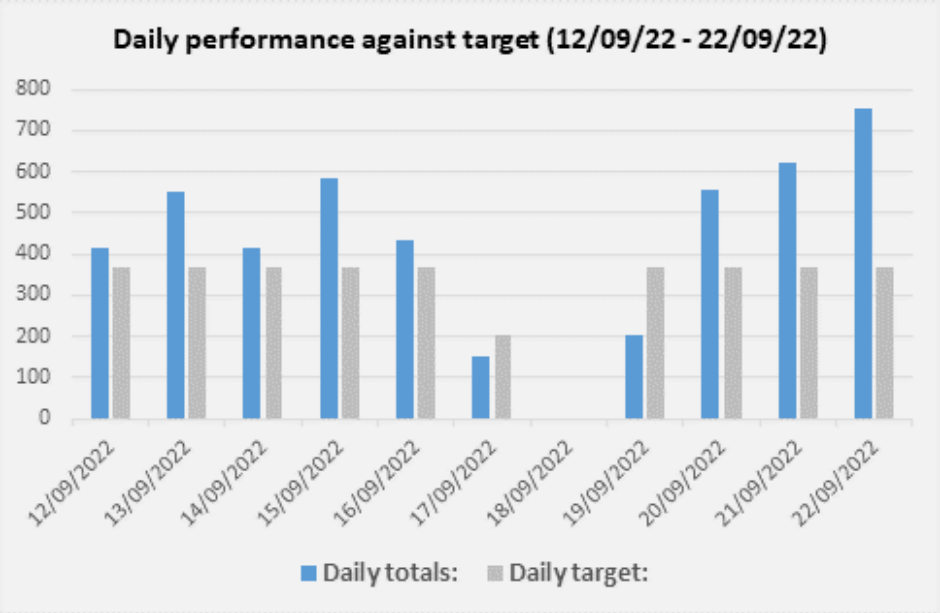
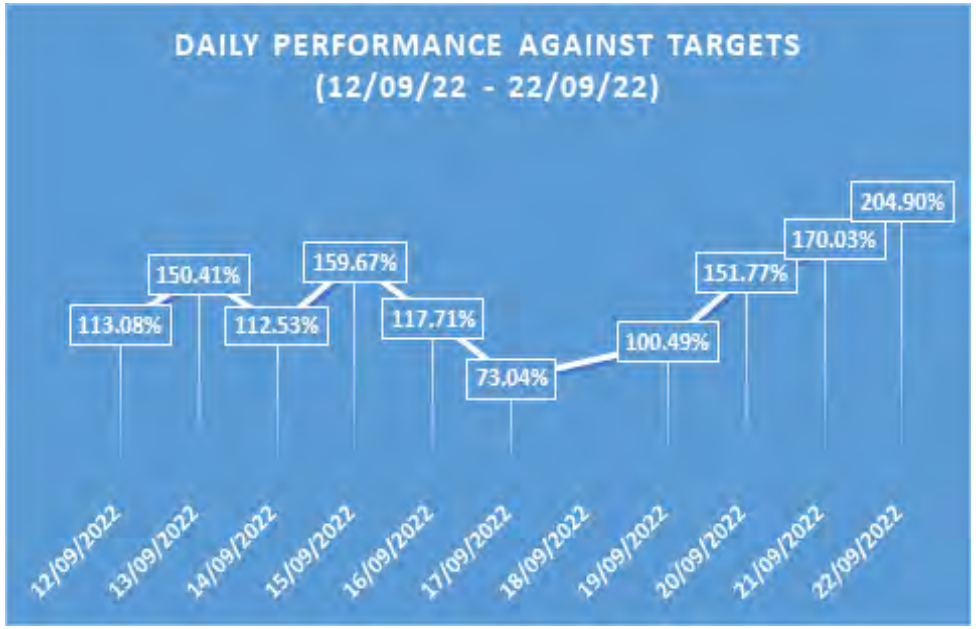
Autumn Booster Vaccines administered	No of Walk ins	Pre-Booked Appointment	DNAs recorded during this month
5,303	1,471	3,832	212





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Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

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

Subject:	Audit & Assurance Committee (AAC) Report	**Date:** 22nd September 2022	
Prepared By:	Graham Ward – AAC Chair		
Approved By:	Richard Mills – Chief Financial Officer		
Presented By:	Graham Ward – AAC Chair		
Purpose			
This paper summarises the key discussions of the Audit and Assurance Committee meeting held on 22nd September 2022.		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Internal Audit – Implementation of internal audit recommendations continues to be an issue – currently at 57% implemented by due date (needs to be >75% for Head of Internal Audit Opinion to be significant assurance) ▪ Internal Audit – Period of time taken to agree Terms of Reference should be no longer than 10 working days – to date this year only 2 out of 6 have achieved this target!	▪ HFMA Sustainability Audit – this consists of 72 self-assessed questions. 12 of these are subject to audit and therefore feedback and assurance on these will come from the internal auditors. For the remaining 60 a report summarising the self-assessment, together with actions to be implemented to increase any ratings below the full assured 5 will be presented to the Committee. ▪ Overseas Patients – Further analysis of processes (including looking at other trusts) to be made to reduce the bad debt percentage arising. ▪ BAF – Senior executives and committees to be asked to challenge the outcome of 'inconclusive' to either remove or explain. Also, Board in approving the BAF to ask each sub-committee chair that they are happy with the BAF elements for their areas.

Positive Assurances to Provide	Decisions Made
▪ Internal Audit – All internal audit reports will in future highlight what evidence will be required to enable a recommendation implementation to be signed off. ▪ External Audit – KPMG gave a verbal update on a change in audit process to include increased walk throughs of SFH's processes. This will increase their resource requirement but will give extra assurance on our financial processes and reduce the year end workload – more detail to be presented in November. ▪ Procurement – the Strategic Head of Procurement presented the single tender waivers with detailed explanations on each – the process is now mature and working well to give strong assurance that single tender waivers are used appropriately and value for money has been properly assessed. ▪ BAF – the BAF was presented and shown how the BAF approval process through committees to board continues to work well. Further improvement suggestions were made (see Major Actions Commissioned)	▪ HFMA Sustainability Audit – agreed to reallocate internal audit days to meet the requirement for this audit (20 days). This included agreement not to undertake the general ledger audit (10 days) and the budgeting and control work (15 days). This meets the requirement and adds 5 days to a contingency reserve, which already includes 15 days following the cancellation of the patient safety work agreed in the June AAC (due to a delay in the rollout of the Patient Safety Incident Response Framework). The use of this 20 days to be discussed at the next Committee Meeting. ▪ Internal Control Issues – agreed that other committees should have a specific agenda item of 'Internal Control Issues to Report to Audit and Assurance Committee' to ensure that any relevant points are captured.
Comments on Effectiveness of the Meeting	
▪ All papers were of a high quality and clear which helped the meeting run smoothly.	

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NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee Chair's Highlight Report to Trust Board

Subject:	Report from the Quality Committee	**Date:** 12 September 2022
Prepared By:	Dr Aly Rashid, Non – Executive Director and member of the Quality Committee	
Approved By:	Dr Aly Rashid	
Presented By:	Dr Aly Rashid	
Purpose		
To provide Assurance to the Board regarding the activities of the Quality Committee. The Committee met on 12 September 2022; the meeting was quorate		**Assurance**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Increase in 12 hour breaches noted. Picking up harm in some patients (ongoing vigilance). RCAs carried out and learning shared. ▪ Falls have been increasing over the last two years, patients staying longer and more complex elderly. Actions: increase early mobility and multifactorial falls risk assessment on all patients. ▪ Overdue investigations (divisional and local) being actively managed by identified trends and learning.	▪ Water safety training fully completed by Trust but upgrade to facilities to Skanska still outstanding to meet required standards.
Positive Assurances to Provide	**Decisions Made**
▪ Excellent reports and plans for end of life/safeguarding/infection prevention and control (ICP policies all up to date)	▪ Approval of report on stroke, which explained why there was a decrease in performance (multifactorial contributors including physio/salt/stroke bed availability). Fragility of stroke services in Chesterfield resulted in diverts being taken. Ongoing actions include virtual wards for stroke diagnostics and increase in beds.
Comments on Effectiveness of the Meeting	
▪ Good discussion, debate and healthy challenge.	