

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 6th July 2023
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Minutes of the meeting held on 1st June 2023 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Action Tracker	Update	Enclosure 5
6.	09:10	Chair's Report	Assurance	Enclosure 6
7.	09:15	Chief Executive's Report	Assurance	Enclosure 7
Strategy				
8.	09:30	Strategic Objective 1 – Provide outstanding care in the best place at the right time <ul style="list-style-type: none">• Maternity Update Report of the Director of Midwifery<ul style="list-style-type: none">○ Safety Champions update○ Maternity Perinatal Quality Surveillance Model	Assurance	Enclosure 8.1
9.	09:45	Strategic Objective 5 – Sustainable use of resources and estate <ul style="list-style-type: none">• 2023/24 Capital Expenditure Plan Report of the Deputy Chief Financial Officer	Approval	Enclosure 9.1
10.	10:00	Patient Story – Caring for our Patients with Dementia Leanne Minett, Corporate Matron, and Adele Bonsall, Dementia Nurse Specialist	Assurance	Presentation
BREAK (10 mins)				

	Time	Item	Status	Paper
		Strategy		
11.	10:30	Digital Strategy Report of the Medical Director and Richard Walker, Chief Digital Information Officer	Assurance	Enclosure 11
12.	11:15	Strategy 2024-29: Our approach to Engagement Report of the Director of Strategy and Partnerships	Assurance	Enclosure 12
		Governance		
13.	11:45	IG / Data Security Protection Toolkit Submission Report of the Senior Information Risk Officer (SIRO)	Approval	Enclosure 13
14.	11:55	Use of the Trust Seal Report of the Director of Corporate Affairs	Assurance	Enclosure 14
15.	11:55	Assurance from Sub Committees <ul style="list-style-type: none"> Audit and Assurance Committee Report of the Committee Chair (last meeting) Finance Committee Report of the Committee Chair (last meeting) 	Assurance Assurance	Enclosure 15.1 Enclosure 15.2
16.	12:05	Outstanding Service – Supporting our Veterans and Armed Forces colleagues	Assurance	Presentation
17.	12:15	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:20	Any Other Business		
19.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 3rd August 2023, Boardroom, King's Mill Hospital		
20.		Chair Declares the Meeting Closed		
21.		Questions from members of the public present (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

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

Enc 12 Enc 15.1 Enc 15.2 Enc 18	<ul style="list-style-type: none"> Engagement Plan and Overview for 2024-29 Strategy Audit and Assurance Committee – previous minutes Finance Committee – previous minutes Improvement Advisory Group Quadrant report
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st June 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
In Attendance:	Debbie Kearsley	Deputy Director of People	DK
	Beth Hall	Business Support Officer	BH
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Sue Holmes	Lead Governor	
	Ian Holden	Public Governor	
	Kevin Stewart	Appointed Governor	
	Deborah Dowsing	Communications Officer	
	Laura Keeling	Communications Officer	
	3 members of the public		
Apologies:	Andrew Rose-Britton	Non-Executive Director	ARB

Item No.	Item	Action	Date
23/165	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>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 any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/166	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/167	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Andrew Rose-Britton, Non-Executive Director.		
23/168	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 4 th May 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/169	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/435, 23/108, 23/137, 23/138, 23/139, 23/141 and 23/145 were complete and could be removed from the action tracker.		
23/170	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting governor elections. CW welcomed Sally Brook Shanahan, Director of Corporate Affairs, to her first Board of Directors meeting since joining the Trust on 15th May 2023.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors' Highlight Report</p> <p>CW presented the report, highlighting Friends and Family feedback and concerns raised in relation to food choices and availability for patients,</p> <p>The Board of Directors were ASSURED by the report</p>		

23/171	CHIEF EXECUTIVE'S REPORT		
9 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting continuing high levels of demand within ED, relocation of the Sherwood Community Unit to Mansfield Community Hospital, stepping down of the Covid-19 Level 3 national incident, announcement by the British Medical Association (BMA) of further strike action by junior doctors for a 72-hour period commencing on 14th June 2023, national awards for two midwives working at the Trust and Risk Committee review of Board Assurance Framework (BAF) Principal Risk (PR) 6 (Working more closely with local health and care partners does not fully deliver the required benefits) and PR7 (Major disruptive incident).</p> <p>MG sought assurance in relation to the actions being taken to mitigate the risks posed by the forthcoming junior doctors' strike. PR advised planning is underway, although this is currently in the early stages. Lessons learnt and good practice from the two previous periods of industrial action will be incorporated into the plans.</p> <p>RE advised the strike planning meetings have commenced. A confirm and challenge session, looking at the detailed divisional plans, is due to take place on 5th June 2023. The Trust has managed the two previous strikes well. While it is difficult to know what the level of response to the forthcoming strike will be, there are no major concerns at this point.</p> <p>PR advised, during the period of the strike action, updates will be issued to members of the Board of Directors, in the same way they were issued during previous periods of action. During the previous strikes every shift was covered. It was noted not all the junior doctors took strike action.</p> <p>RS advised during the previous periods of action a number of core offers were introduced for staff, including enhanced wellbeing offers and listening opportunities.</p> <p>DS advised the BMA are currently balloting the consultant workforce. It was noted there is 1-2 weeks of planning prior to the strike, a week of strike action and then a week to debrief and recover after the strike. Therefore, a month of normal working is lost per strike, during which other actions are unable to progress.</p> <p>RE advised in the last period of strike action, the Trust stood down circa 1,000 outpatient appointments and 60 day cases. This has a significant impact on elective recovery. The financial impact is expected to increase as it is proving increasingly difficult for people to take time back for extra work undertaken. Therefore, it is likely people will request payment instead.</p> <p>CW advised there is a need to ensure the system are aware of the costs and the impact on the number of patients displaced. This needs to be escalated to the representative organisations.</p> <p>The Board of Directors were ASSURED by the report</p>		

23/172	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
8 mins	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB presented the report, highlighting the Parent Voice Champion, events for International Day of the Midwife, 3-year maternity and neonatal plan, compliance with the CQC 'Must do' actions and the work of the Perinatal Mental Health Team. PB advised the Trust has been asked to take part in some national work in relation to recruitment and retention. The Trust has achieved full compliance with the Ockenden initial seven Immediate and Essential Actions (IEAs). It was noted the 15 actions from Ockenden 2 have been incorporated into the 3-year delivery plan.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PB presented the report, highlighting obstetric haemorrhage, elective caesarean sections, regional insight visit in October 2023 and home births service.</p> <p>AH noted the majority of indicators are showing as green and queried if there were any areas of concern. PB advised some work is underway through the Local Maternity and Neonatal System (LMNS) to identify some additional metrics to focus on, without losing sight of the important ones currently on the scorecard. It was disappointing to note the 3-year plan did not include the Single Oversight Framework, as had been expected.</p> <p>AH sought an update on the nitrous oxide issue. PD advised all organisations were written to regarding nitrous oxide. A working group has been established, which meets weekly. An external company has taken some measurements and reported their findings. Therefore, the levels within the organisation are known. The Trust is currently working through the actions which need to be taken. An update will be provided to the Board of Directors in July.</p> <p>Action</p> <ul style="list-style-type: none"> Update on nitrous oxide issue to be provided to the Board of Directors <p>MG felt it would be useful to have a deep dive into some of the metrics, particularly with reference to the equality and diversity agenda. PB advised a report is scheduled to be presented to the Quality Committee in July 2023 in relation to this. DS advised there is a group supporting the development of PhDs at the University of Nottingham and Trent University. One of the projects which has been accepted onto the PhD programme is looking at the question of diversity and the impact of that.</p> <p>The Board of Directors were ASSURED by the report</p>	PB	06/07/23

23/173	STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
13 mins	<p>Guardian of Safe Working</p> <p>DS presented the report, highlighting the number of training vacancies and non-training posts, increase in exception reporting from Senior Clinical Fellows, development of a medical education strategy and educational charter, business case for new doctors' mess and appointment of Dr Nav Sathi to the role of Guardian of Safe Working.</p> <p>There were 93 exception reports in the period from 1st February 2023 to 30th April 2023, of which four were categorised as immediate safety concerns. All these exception reports are now closed. The Trust now has the ability to remind supervisors when action is required and the Medical Workforce Team is responding to the simpler exception reports. Surgery, anaesthetics and critical care had the highest number of exception reports, although it was noted the Trust is carrying some vacancies in trauma and orthopaedics which may account for this. DS advised more details on the reasons for this increase will be provided to the People, Culture and Improvement Committee as information becomes available.</p> <p>MG queried how SFHFT compares to other trusts in terms of the allocation of training posts. DS advised there is a complex bidding process and Health Education England (HEE) try to be as fair and equitable as possible. SFHFT is only able to provide certain training aspects which are required. However, the Trust has done well over the last 2-3 years in terms of growing some training posts. DS advised he was not too concerned about the number of vacancies, feeling this is similar to other organisations. However, carrying vacancies does come at a cost and there is a need to feed this factor into other discussions, particularly the reasons for the financial position being off track.</p> <p>AR noted two of the immediate safety concerns raised related to doctors working additional hours. Noting there is an increased risk of mistakes being made if a doctor is tired, AR queried if this aspect was followed up. DS advised all incidents are triangulated and there is a specific question in relation to staffing when incidents are taken through the investigation process. AR felt it would be useful to include some triangulation in future reports.</p> <p>Action</p> <ul style="list-style-type: none"> Triangulation between exception reports relating to working additional hours and patient safety incidents to be included in future Guardian of Safe Working reports <p>AR sought assurance training grade doctors feel able to escalate issues to consultants, noting one of the reports suggests the doctor did not feel able to do that. DS advised doctors recognise escalating issues is something they can do and this message is reinforced at all induction meetings, etc. DS advised he has no concerns regarding this.</p> <p>AR felt it is good to see an increase in exception reporting and queried if this is reflected in surveys, etc. from doctors in terms of them finding the process valuable and that their voice is being heard.</p>	DS	07/09/23

12 mins	<p>DS advised some work in relation to the junior doctor forums has been undertaken, but there is more work to do. The importance of exception reporting was raised at a recent forum and junior doctors were reminded this report is presented to the Board of Directors. In addition, this report is taken back to the junior doctor forums so they can see the impact their voice is having.</p> <p>AR queried if there is a timeline for completing the doctors' mess. SB advised the business case was presented to the last meeting of the Capital Oversight Group, who were very supportive. However, a concern was raised in relation to the lack of project structure to support the case. DS advised the requested timeline is for work to be completed by August 2023. The site selected for the mess requires relatively little structural change. DS advised he would arrange for AR to visit the proposed site.</p> <p>Action</p> <ul style="list-style-type: none"> • Visit to the proposed site of the doctors' mess to be arranged for AR <p>BB queried if the performance of education supervisors, in terms of their response to exception reports, feeds into their appraisals. DS confirmed this is the case.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Equality and Diversity Annual Report</p> <p>RS presented the report, advising 2022/2023 has been a year of sustained improvement. However, it was acknowledged there is still work to be done. The milestones linked to the Equality, Diversity and Inclusion (EDI) agenda will be linked to the People Strategy, for example, ensuring the staff networks thrive, recognising the importance of the EDI agenda, including the patient voice in the agenda, and recognising the diversity of the community served by the Trust. There is a need to understand the patient demographic in order to tailor the offer and approaches.</p> <p>BB noted the summary and highlights report contains little information on the patient aspect and requested an increased focus on the patient perspective in future reports. RS acknowledged there is work to do in relation to how the patient aspect is showcased.</p> <p>PB advised it is recognised there is a lot to do in relation to the patient voice and the voice of the community. The Patient Experience Team needs to move from being a complaints response team to one of gathering patient experience and 'hearing' the patient voice. This is across all agendas. There are some areas where this is done well, for example in maternity, but there is a need to replicate that.</p> <p>Action</p> <ul style="list-style-type: none"> • Future Equality and Diversity Annual Reports to have an increased focus on the patient perspective 	DS	06/07/23
		RS	June 24

	<p>AR noted approximately 16% of people working in the Trust are from a non-White background. AR requested information on how that 16% is distributed among the hierarchy of the Trust. RS advised a report regarding the distribution will be presented to a future meeting of the People, Culture and Improvement Committee.</p> <p>AR felt it important not to confuse the population of staff in the hospital with the general population as representation from the population at large is different from the population in the hospital.</p> <p>AH felt the banding distribution is important, but this may not provide the visibility of leadership structures. It is important for the spread of ethnicity across the leadership network to be visible.</p> <p>Action</p> <ul style="list-style-type: none"> • Further analysis to be provided to the People, Culture and Improvement Committee regarding the Trust quality profile <p>DA advised understanding the demographic of the local population will form part of the Trust strategy. From the Staff Survey results it is known colleagues have experienced racial abuse. The Trust is working with partners to develop a mid-Nottinghamshire communications campaign to address this.</p> <p>GW noted the success measures contained in the report are factual and it would be useful to have information regarding how staff and patients are 'feeling', acknowledging this is difficult to show. RS advised a key component of gathering this information is the staff networks and staff recognising they have a voice.</p> <p>SB advised there was a discussion at the recent meeting of the People, Culture and Improvement Committee in relation to 'hearing' the voice of staff in the various networks. The more people who are 'heard' will help grow the networks. MG noted the quality of the networks has improved over the last 12 months. However, there is more to do in terms of engagement with the networks.</p> <p>The Board of Directors were ASSURED by the report</p>	RS	03/08/23
23/174	STAFF STORY – EMPOWERING OUR PEOPLE TO BE THE BEST THEY CAN BE		
16 mins	<p>DK and BH joined the meeting</p> <p>DK and BH presented the Staff Story, which highlighted how Strategic Objective 3, Empower and support our people to be the best they can be, is being brought to life.</p> <p>CW expressed thanks to all staff who took part in the making of the video for sharing their experiences. It is important not to take for granted what it is like to work for the Trust. There is a need to continue to work on that to ensure SFHFT is the best place to work.</p>		

	<p>MG noted the biggest strength of the Trust in terms of culture is how the champions have been embraced, i.e. maternity, wellbeing, Freedom to Speak Up (FTSU), etc. as this empowers the concept of distributive leadership. MG queried what the Trust wants to achieve in 2-3 years' time in terms of impact.</p> <p>RS advised this will be a key component of years 2 and 3 of the People Strategy. The first area to consider is sustainability, recognising some of the current national challenges. There is a need to reinforce the message SFHFT is a great place to work and have a career. The Step into the NHS events are an excellent opportunity for the local community and these need to continue. The second area to consider is how to build and create opportunities within the Trust, for example, how the apprenticeship levy is used. Finally, there is a need to recognise the continued progress in the Staff Survey results.</p> <p>AH advised it is good to see colleagues thriving. However, there is a need to be confident to give 'airtime' to colleagues who may be less happy with the offer of the Trust.</p> <p>PR advised it is important not to be complacent about the culture within the organisation. A fully empowered, engaged and motivated workforce provides great patient care.</p> <p>DK and BH left the meeting</p>		
23/175	PEOPLE STRATEGY		
9 mins	<p>RS presented the report, highlighting the impact and outcomes of the People Strategy over the past 12 months and the achievements, for example, the Step into the NHS events, development of staff networks and recruitment into posts where there have been historical challenges. RS advised the People Strategy has been re-set for years 2 and 3 and it contributes to the wider Trust strategy.</p> <p>BB felt it is not clear what the impact of the strategy will be, noting the success measures could be described as performance indicators. RS advised there will be ongoing discussions at the People, Culture and Improvement Committee in relation to building on the impact of the strategy. There are indicators which are used to measure success, for example, Staff Survey results. It is important to get the staff voice into the agenda and take that forward to build onto the impact and vision.</p> <p>SB advised the strategy was well received by the People, Culture and Improvement Committee. As time passes, the Trust will be able to look back on some of the measures and describe the difference it has made. RS advised the strategy will mature as it goes through years 2 and 3. For example, in the case of any new roles which are introduced, the first step will be to introduce them and then monitor and evaluate the impact of those roles on patient care.</p> <p>The Board of Directors APPROVED the People Strategy</p>		

23/176	BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report. It was noted the BAF was subject to further discussion at the Board of Directors Workshop on 27th April 2023.</p> <p>There is one risk, namely PR4 (Failure to achieve the Trust's financial strategy), where the current risk rating is above the tolerable risk rating.</p> <p>BB advised she found the discussion at the Board of Directors Workshop very useful.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
23/177	COMMITTEE TOR, WORKPLANS AND EFFECTIVENESS REVIEWS		
1 min	<p>SBS presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review.</p> <p>Three actions have been identified as a result of the committee effectiveness review, two for the Finance Committee and one for the Charitable Funds Committee. There is one outstanding action from the 2021/2022 review of the Audit and Assurance Committee and this is in progress.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/178	ASSURANCE FROM SUB-COMMITTEES		
15 mins	<p>Quality Committee</p> <p>BB presented the report, highlighting the lack of clarity provided by the single maternity delivery plan, programme of work within pharmacy and its potential impact on essential patient facing services, impact of changes to mandatory training on fundamentals of care, initial health assessments for looked after children, request for review of the Trust's statutory functions which fall in the remit of the Quality Committee, fragile services and Virtual Wards.</p> <p>DS advised the Trust is working with the Integrated Care Board (ICB) in relation to the delivery of initial health assessments for looked after children, noting this is recognised as a national issue. PB noted health assessments is one component of the Special Educational Needs and Disabilities (SEND) review of Nottinghamshire, in which Ofsted and the Care Quality Commission (CQC) raised concerns about the service provided to the vulnerable children of Nottinghamshire.</p>		

	<p>DS advised there is a significant pharmacy transformation programme, the Future Pharmacy Project, which will deliver services in a more patient focussed way. A key aspect of current pharmacy provision is recruitment and retention of pharmacists. Therefore, while the future direction is clear, there is also a focus on maintaining current operational performance.</p> <p>CW felt it would be useful for the Board of Directors to have view of the pharmacy plan.</p> <p>Action</p> <ul style="list-style-type: none"> • Details of the pharmacy transformation programme to be presented to the Board of Directors <p>SB noted members of the Board of Directors complete safeguarding training as part of their mandatory training, but queried if a more in depth session is required to ensure full awareness of the Trust's safeguarding strategy and approach. PB advised a session on safeguarding training could be delivered at a future Board of Directors' workshop.</p> <p>Action</p> <ul style="list-style-type: none"> • In depth safeguarding training to be provided to the Board of Directors <p>BB advised the Quality Committee discussed the issue of initial health assessments for looked after children and queried if it was a safeguarding or performance issue. The conclusion reached was that it is both. It was noted the safeguarding annual report is presented to the Quality Committee and the Committee requested information relating to initial health checks be included in that report.</p> <p>PR advised a discussion regarding statutory roles and responsibilities would form part of a future Board of Directors' workshop, including looking at executive responsibilities, in order to be clear where each of the organisational statutory requirements sits in executive portfolios.</p> <p>Action</p> <ul style="list-style-type: none"> • Organisational statutory roles and requirements to be topic for future Board of Directors' workshop <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting the violence and aggression agenda, triangulation of assurance and walkarounds by non-executive directors (NEDs). MG advised following a discussion regarding PR5, Inability to initiate and implement evidence-based Improvement and innovation, the Committee agreed improvement work will form part of the Committee's future work programme.</p> <p>The Board of Directors were ASSURED by the reports</p>	<p>DS</p> <p>PB</p> <p>PR</p>	<p>02/11/23</p> <p>07/09/23</p> <p>07/09/23</p>
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23/179	OUTSTANDING SERVICE – STAFF NETWORKS		
10 mins	<p>A short video was played highlighting the work of the staff networks within the Trust.</p> <p>CW encouraged the NEDs to get involved in the various celebration events which will be held throughout the year, for example REACH OUT! and Pride.</p> <p>PR advised it was Staff Network Day on 10th May 2023 and the staff network leads and chairs had the opportunity to engage with colleagues across all three sites. The five network leads will be representing SFHFT at an event to mark the 75th Birthday of the NHS at Westminster Abbey on 5th July 2023.</p>		
23/180	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Governor elections • Staff Excellence awards • Thanks on behalf of the Board of Directors to all the Trust's volunteers during National Volunteer Week • Planning for forthcoming industrial action • Equality and Diversity Annual report • Approval of People Strategy • Staff Story • Role of staff networks 		
23/181	ANY OTHER BUSINESS		
	No other business was raised.		
23/182	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th July 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11.10.</p>		
23/183	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

23/184	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>Sue Holmes, Lead Governor, asked if the governors could have a development session on EDI.</p> <p>Action</p> <ul style="list-style-type: none"> • Equality, Diversity and Inclusion to be topic for a future Council of Governors workshop 	SBS	06/07/23
23/185	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/045	02/02/2023	Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored	Public Board of Directors	None	03/08/2023	S Brook Shanahan			Grey
23/136	04/05/2023	Report to be presented to the Board of Directors in relation to the learning and benefits of the EMPA rollout	Public Board of Directors	None	06/07/2023	D Selwyn		Update 11/05/2023 To be included in Digital Strategy update, scheduled for July 2023 Update 15/06/2023 On agenda for July Public Board Complete	Green
23/172	01/06/2023	Update on nitrous oxide issue to be provided to the Board of Directors	Public Board of Directors	None	06/07/2023	P Bolton		Update 27/06/2023 Update within Maternity Safety Champions public board paper. Complete	Green
23/173.1	01/06/2023	Triangulation between exception reports relating to working additional hours and patient safety incidents to be included in future Guardian of Safe Working reports	Public Board of Directors	None	07/09/2023	D Selwyn			Grey
23/173.2	01/06/2023	Visit to the proposed site of the doctors' mess to be arranged for Aly Rashid	Public Board of Directors	None	06/07/2023	D Selwyn		UPDATE REQUIRED	Amber
23/173.3	01/06/2023	Future Equality and Diversity Annual Reports to have an increased focus on the patient perspective	Public Board of Directors	None	Jun-24	R Simcox			Grey
23/173.4	01/06/2023	Further analysis to be provided to the People, Culture and Improvement Committee regarding the Trust quality profile	Public Board of Directors	People, Culture and Improvement Committee	03/08/2023	R Simcox		Update 15/06/2023 Item added to the September People, Culture and Improvement Committee agenda	Grey
23/178.1	01/06/2023	Details of the pharmacy transformation programme to be presented to the Board of Directors	Public Board of Directors	None	02/11/2023	D Selwyn		Added to Board Workshop schedule for October workshop Complete	Green
23/178.2	01/06/2023	In depth safeguarding training to be provided to the Board of Directors	Public Board of Directors	None	07/09/2023	P Bolton		Added to Board Workshop schedule for August workshop Complete	Green
23/178.3	01/06/2023	Organisational statutory roles and requirements to be topic for future Board of Directors' workshop	Public Board of Directors	None	07/09/2023	P Robinson		Added to Board Workshop schedule for August workshop Complete	Green
23/184	01/06/2023	Equality, Diversity and Inclusion to be topic for a future Council of Governors workshop	Public Board of Directors	Council of Governors	06/07/2023	S Brook Shanahan		EDI awareness session on agenda for Governor Workshop on 20th June 2023 Complete	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's update		Date: 29 June 2023		
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					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
ICS = Integrated Care System MBE = Member of the Order of the British Empire NHS = National Health Service NUH = Nottingham University Hospitals NHS Trust OBE = Officer of the Order of the British Empire PET = Positron Emission Tomography SFHT = Sherwood Forest Hospitals Trust STEM = Science, Technology, Engineering and Math #TeamSFH = Team 'Sherwood Forest Hospitals'					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

Putting on-record my intentions to run for the office of the first East Midlands Mayor

I will start this month's report by placing on-record my intention to campaign to be selected as the Labour candidate to stand for election to become the first Mayor of the East Midlands in the 2024 election for this position.

Throughout my campaign for selection, I am confident I will successfully balance this personal ambition with my continued commitment to support our Executive Team and other Trust colleagues to continue to make the very best patient care happen across our hospitals.

I will keep members of the Trust Board updated with developments about this as my campaign progresses.

NHS75: Celebrating 75 years of our NHS

On Wednesday 5 July, the National Health Service will celebrate 75 years since its inception as the world's first universal health system to be available to all, free at the point of delivery. Treating over a million people a day in England, the NHS touches all our lives.

Many of us will have stories from parents or grandparents about how life was before the NHS arrived. We will also have personal stories about the care we have received as patients or relatives. I am truly grateful to all our staff for the care I and my family have received.

The 75th anniversary of our NHS is a perfect opportunity to look back and reflect on what has been achieved across our NHS, as well as to look forward and build on this work.

I want to take this opportunity to thank our incredible NHS colleagues for their skill, hard work and commitment who have all played their part to make our NHS what it is today.

NHS75: Celebrating our #TeamSFH Excellence Awards

The focus of our Trust's own 'NHS75' celebrations will be the hosting of our Trust *Excellence Awards* on Wednesday 5 July – the day of the NHS's 75th birthday itself.

Our *Excellence Awards* are #TeamSFH's single greatest opportunity to say 'thank you' to all our colleagues and to recognise the contributions they make to delivering great patient care here at Sherwood.

I would like to thank and congratulate all those who were nominated, shortlisted and named winners in this year's *Excellence Awards*.

By the time I present this report, we will know the winners of those awards – and I very much look forward to sharing the stories of our winners with you over the coming weeks.

MBE for #TeamSFH's former Executive Medical Director and Special Advisor to the Board

I am delighted to congratulate Dr Andy Haynes on the news that he is to receive an MBE in the first King's Birthday Honours to be awarded following the Coronation of King Charles III.

Dr Andy Haynes worked across the county's NHS for over 35 years, including for 25 years at Nottingham University Hospitals before he became Executive Medical Director and Deputy Chief Executive at Sherwood Forest Hospitals between 2014 and 2019.

A Haematologist by background, he went on to become Cancer Lead in Nottingham to shape how cancer services are provided in the county.

As part of this work, he helped to bring a Maggie's Centre to support patients in the county, as well as furthering the county's use of pioneering Positron Emission Tomography (PET) imaging to aid diagnosis and treatment.

He also helped to establish the Nottingham and Nottinghamshire Integrated Care System (ICS), initially as Clinical Lead then later as Executive Lead until his retirement in 2021.

Following his retirement, Dr Haynes has continued to serve patients as a Specialist Non-Executive Advisor to the Board here at Sherwood Forest Hospitals. He also continues to serve as a Non-Executive Director at the University Hospitals of Leicester NHS Trust.

This award recognises Dr Haynes' outstanding achievement and services to patients and their families across Nottinghamshire.

Through his skill and dedication, he has helped to genuinely transform the way that people living with cancer are cared for and how their families are supported at what we know can be one of the most challenging times in their lives.

Furthermore, I would also like to congratulate the Chief Executive of Nottingham University Hospitals NHS Trust (NUH), Anthony May, who was awarded an OBE in the King's Birthday Honours list. Anthony May DL, who was Chief Executive of Nottinghamshire County Council before taking up his post at NUH in September 2022, has been recognised for his services to local government.

Both Anthony and Dr Haynes are due to officially receive their awards at a special ceremony at a later date.

This is fantastic and well-deserved recognition for both individuals' outstanding careers, personal achievements and dedication to public service. I congratulate them both once again for this thoroughly-deserved recognition.

Community Involvement: Celebrating the contributions our communities make to supporting our hospitals

June was another month when our communities have continued to support our service, both through financial donations made via our Trust Charity and through the hundreds/thousands of hours that our volunteers give across our hospitals.

In June alone, over 370 Trust volunteers generously gave 3,627 hours of their time over 31 services to help support great patient care to happen across our hospitals.

In addition to their regular roles, volunteers have attended training events for a new mealtime assistant role which will be piloted on two wards in July 2023, supported by staff from the speech and language team.

A new cohort of End of Life 'Butterfly' volunteers have also attended training supported by the specialist nursing team. Volunteers have also assisted with inpatient meal audits and at the recent King's Mill careers event.

In addition, a stunning £12,354 has been donated to our Trust Charity during June – donations that continue to help support our Trust colleagues to make improvements to patient experience across our Trust.

Significant donations over the past month have included the introduction of new 'Arctic Sun' devices that will improve patient care for critically unwell patients. The equipment works by monitoring a patient's temperature and uses gel pads filled with water to provide rapid cooling and rewarming. It is designed to precisely control temperature and prevent hyperthermia (high body temperature) in adults who are in a coma after sudden cardiac arrest, with the aim of reducing brain injury and improving neurological outcomes.

Another significant improvement made possible by our Trust Charity has been the provision of 17 Avento Treatment Chairs at a cost of £61,500. These were funded from donations made to the Oncology Fund, along with a specific legacy for oncology services.

We are grateful to everyone who has given their time, money or other support to the Trust over the past month.

Launch of a new maternity triage system here at Sherwood

As our Trust's Maternity Champion, I am delighted to share that we have recently launched a new maternity triage system for anyone who has pregnancy-related concerns.

Anyone with any concerns during their pregnancy or after baby arrives can now contact our midwives on 01623 676 170 – 24 hours a day, seven days a week.

Our triage midwives now aim to review and assess people within 15 minutes of arrival at a new waiting area at the Sherwood Birthing Unit at King's Mill Hospital. Care will be prioritised based on the urgency of your symptoms and you will be told if you will be seen immediately, within 15 minutes, within one hour or within four hours. A midwife will also then inform you if any tests need to be done and when and if you need to see a doctor.

This new system has been developed in response to national guidance and recommendations, as well as directly addressing recommendations made by the Care Quality Commission (CQC) in its most recent review of our maternity services which rated our services as 'good'.

Governors update

Throughout June, we have been encouraging members of our Trust to vote in this summer's governor elections to appoint new governors to our staff governor vacancies, as well as to public governor vacancies in our 'Newark and Sherwood' and 'Rest of East Midlands' constituencies.

We have already received almost 1,000 votes across our 'Rest of East Midlands' and staff constituencies by the time of writing, with members still able to cast their votes in this summer's elections before polls close at 5pm on Thursday 6 July.

For our 'Newark and Sherwood' public constituency, we received three nominations from prospective governors for three vacancies in this constituency, meaning that we can make three uncontested appointments to these vacancies.

As well as in our public constituencies, we also have a number appointments to make to our 'appointed' governor constituencies from our valued local partner organisations.

The outcome of our governor elections will be announced on Friday 7 July. I look forward to updating the Board about all of these appointments to our Board of Governors at our next Public Board meeting in August.

Other engagements from over the past month:

- Took part in the afternoon tea held at Caunton Manor on Friday 26 June in support of the Sherwood Observatory project. As a Trust, we have supported the project when it successfully applied for funding to develop the Observatory in Ashfield.

This will bring exciting opportunities for Science, Technology, Engineering and Math (STEM) jobs and learning across our local colleges which can only be of benefit to SFHT and our local community.

- Took part in a '15 Steps' engagement in our pathology department which helped me and colleagues to understand the fantastic work that takes place to support patient care and outcomes. These services are sometimes not as visible to patients but I was glad to see for myself how vital these services are to all our care.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 29 June 2023		
Prepared By:	Rich Brown, Head of Communications				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.		Approval			
		Assurance	X		
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	Y	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
AHP = Allied Health Professional BAF = Board Assurance Framework BMA = British Medical Association CDC = Community Diagnostics Centre ENT = Ear, Nose and Throat FDS = Faster diagnosis standard IAOCR = The International Accrediting Organisation for Clinical Research ICB = Integrated Care Board ICS = Integrated Care System KTC = King's Treatment Centre NHS = National Health Service NUH = Nottingham University Hospitals #TeamSFH = Team 'Sherwood Forest Hospitals' UEC = Urgent and Emergency Care UTC = Urgent Treatment Centre					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

Reflections on the incidents in Nottingham city centre

I will begin this month's report by taking a moment to acknowledge the devastating events that have rocked Nottinghamshire over the past month and to pay tribute to all our partners who responded to the incidents as they unfolded.

I would like to place on record my gratitude for the commitment of our colleagues at Nottinghamshire Police, Nottinghamshire Fire and Rescue, Nottingham University Hospitals (NUH), East Midlands Ambulance Service, Nottinghamshire Healthcare, the University of Nottingham, Nottingham Trent University and other local organisations for the way they responded to that incident so courageously, professionally and compassionately.

As members of the Nottinghamshire community, many of us will know someone who has been affected by this tragedy in some way. It will have impacted on us all in somehow and – for some – the enormity of that incident may still not have hit home. At Sherwood, we have reached-out to Trust staff who may have been affected to remind them of the Trust wellbeing offers that is available to them as members of #TeamSFH – including through our 24/7 wellbeing support line and counselling service.

The impact this incident will have had on colleagues and the wider communities cannot be overstated.

Our thoughts are with the loved ones of the victims of those events who tragically lost their lives, others who were injured and everyone else who was affected by those tragic events.

Operational pressures update: How June's industrial action affected our hospitals

One of the most significant operational developments in June centred on our preparations, response and recovery from the 72-hour period of industrial action that was called by the British Medical Association (BMA). The industrial action took place between 7am on Wednesday 14 June and 7am on Saturday 17 June and involved junior doctors across #TeamSFH.

This latest action is the third period of industrial action to have been called by the BMA that has involved our colleagues here at Sherwood, with the industrial action being called in response to a national dispute concerning pay and conditions.

On behalf of the Executive Team, I would like to thank colleagues from across #TeamSFH who worked to ensure that patients could continue to access the treatment they needed and deserved throughout that time.

We are also grateful to our patients and the wider communities we serve for their patience and understanding, as our hardworking colleagues worked to keep essential services running and reschedule hundreds of appointments that were affected by this latest round of industrial action.

There is no escaping the fact that each period of industrial action has a significant impact on our services, with the financial costs alone running into hundreds of thousands of pounds.

We know that over 500 patients were directly affected, as we rescheduled 451 outpatient appointments and 56 'elective' inpatient procedures to allow us to prioritise safe urgent and emergency care across our hospitals during that time.

We recognise the importance of good pay and conditions in making great patient care happen across our hospitals and we hope that all parties can get around the negotiating table as soon as possible to bring an end to this dispute.

We also note the recent announcement from the BMA about further industrial action they are planning to take place between 6.59am on Thursday 13 July and 7am on Tuesday 18 July. This will be quickly followed by industrial action from NHS consultants on Thursday 20 and Friday 21 July.

Our preparations for this next round of strike action have already begun alongside our partners from across the Nottingham and Nottinghamshire Integrated Care System (ICS). This planning will continue to build upon the lessons learned during strike action over the months gone by.

Operational pressures update: Elsewhere across our hospitals

Demand has remained high across our hospitals with our services continuing to operate under sustained pressure much like many acute Trusts across the country.

At times, patients experienced delays to admission due to a lack of available beds, despite the number of open beds remaining at an all-time high with no bed closures following the 2022/23 winter period.

Despite the challenges, we continued to provide timely ambulance handover delivering against the 30-minute national standard. We continue to benchmark well in terms of our four-hour performance and have a strong medical Same Day Emergency Care (SDEC) offer which continues to help avoid admissions.

The heightened backlog of elective patients that developed over the early phase of the pandemic continues to have an adverse impact on our ability to deliver against the national planned care standards.

We continue to work hard to reduce the number of long-wait elective patients. We now have only a very small number of patients waiting in excess of 78 weeks, as these are patients too poorly to be treated at this time.

Our 65-week wait position has been adversely impacted in recent weeks due to Ear, Nose and Throat (ENT) patients taken in as mutual aid. The instances of industrial action continue to adversely impact on our elective activity levels; albeit, our outpatient and 'day case' activity volumes remain above plan. The Newark TIF development due to open in Autumn 2023 will help us further increase the number of elective patients we treat.

Key metrics relating to the delivery of timely cancer care are generally strong. Like other organisations we have seen growth in cancer two-week referrals following a similar increasing trend seen over the last decade.

Our two-week wait performance is consistently strong and above the national target. Our performance against the 28-day faster diagnostic standard (FDS) fluctuated just below

standard in April. However, we expect this to recover for the validated May position. Nottinghamshire is one of the few systems in the Midlands region to meet the 28-day FDS national standard.

The number of two-week wait suspected cancer patients waiting over 62 days for treatment is presently significantly below the target set by the national team to be achieved by March 2024. The reduced backlog of patients waiting has supported our 62-day performance to be amongst the highest levels seen post-pandemic in recent months.

While we remain focused on recovery against key constitutional standards over the summer period, we are also embarking on our planning for winter 2023/24. I look forward to updating you more about this important work over the coming months.

NHS Oversight Framework 2022/23 Quarter 4 Segmentation Review Outcome

Following the publication of the [NHS Oversight Framework](#) on 1 July 2022, the Nottingham and Nottinghamshire Integrated Care Board (ICB) has confirmed that the Quarter 4 Segmentation Review that was undertaken at the end of March 2023 resulted in the Trust remaining in segment 2 of the NHS Oversight Framework.

Appendix one outlines details of the outcome of that review, including an overview of the actions that the Trust needs to take in order to progress from Segment 2 to Segment 1. The attachment also outlines plans the Quarter 1 2023-24 Segmentation Review Process.

Sherwood achieves globally-recognised standard for Clinical Research

I am delighted to share that Sherwood Forest Hospitals NHS Foundation Trust has achieved the bronze standard of a globally-recognised accreditation scheme for Clinical Research, which sees us become the first Trust in the Midlands region to achieve accreditation from IAOCR (the International Accrediting Organisation for Clinical Research).

IAOCR accredits clinical research sites and organisations internationally by independently assessing both people and processes to the highest standards. The achievement shows that Sherwood is consistently working to industry-leading global standards of best practice.

At Sherwood, research is at the forefront of improving patient care and treatments, helping us to gather the evidence to find out 'what works'. In 2022/23, the Trust exceeded its target by recruiting more than 2,800 patients into research trials.

Trials are also underway in more than 25 areas, including Respiratory, Oncology and Rheumatology.

The independent assessment, which took around three months, provides a benchmark of the highest standards for those working within the organisation to pride themselves on, as well as for potential sponsors who want formal evidence of the workforce standards that are being delivered.

This accreditation is extremely important to us because it provides reassurance that the delivery of a clinical trial and the clinical trial participants are in safe hands.

Hundreds welcomed to King's Mill Hospital for our third *Step into the NHS* careers showcase event



On Tuesday 20 June, I was delighted to join teams across the Trust in welcoming hundreds of potential jobseekers to King's Mill for our third successful 'Step into the NHS' event – and our first focusing specifically on clinical careers across our hospitals.

The sell-out event was our first large-scale careers event of its kind to be held in our hospitals since the pandemic began.

The arrival of hundreds of jobseekers into the King's Treatment Centre (KTC) made for a really special atmosphere, with so many people coming to learn how they can kick-start their NHS career with #TeamSFH.

The event resulted in almost 100 attendees registering their details with our Recruitment team to find out more about a career with the Trust, with a number of interviews also taking place that resulted in offers being made for a number of nursing and Allied Health Professional (AHP) roles.

Construction partner confirmed to deliver two significant Trust capital projects

In late June, I was delighted to sign two contracts with Kier who are to act as our construction partners on two significant capital projects that will further improve the services we provide across our Trust.

The first contract will support the £5.6million expansion of our theatres at Newark Hospital, including with a new state-of-the-art theatre and recovery area, as well as by introducing two minor operations suites. The development is expected to see an extra 2,600 operations and procedures taking place at Newark Hospital each year as a result.

The second contract will help to improve the existing discharge lounge at King's Mill Hospital and create a new dedicated discharge lounge at Newark Hospital – both of which will help to make every bed count across our hospitals, including by freeing-up hospital beds to make way for patients who are waiting to be admitted.

Add those to the progress being made to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to Mansfield and there is plenty to be excited about across our Trust, with a number of significant due to pick up pace during 2023.

I look forward to bringing you further updates about those exciting developments over the months ahead.

Newark Hospital: Overnight closure of the Urgent Treatment Centre (UTC) at Newark Hospital

In line with Section 23(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 made under Section 244 of the NHS Act 2006 (as amended), the current temporary overnight closure of Newark Hospital's Urgent Treatment Centre will continue for a further 12 months to the end of June 2024.

The decision has been made as it was deemed that it was not possible to safely staff the Urgent Treatment Centre overnight, leaving no alternative to the continuation of the temporary overnight closure.

The matter was discussed at the most recent meeting of the county's Health Scrutiny Committee on Tuesday 20 June, where the Nottingham and Nottinghamshire Integrated Care Board (ICB) informed the Committee of the decision.

As a Trust, we have been continuing to work alongside the Nottingham and Nottinghamshire ICB and other local partners to develop an overarching vision and strategy for Newark Hospital that clearly articulates how the hospital and its services are sustained and can grow to meet the population health needs of its catchment area.

King's Mill Vaccination Hub delivers over a quarter of a million Coronavirus vaccines



The Vaccination Hub at King's Mill Hospital has now delivered over a quarter of a million lifesaving COVID-19 vaccines since it first opened its doors in December 2020.

The Hub, which was one of the first of 50 similar hospital sites to open across the country, has now delivered over 277,000 doses of the Covid 19 vaccine – including over 11,000 spring 2023 booster jabs since April.

Getting vaccinated is still one of the most effective ways that we can reduce the likelihood of transmitting or becoming seriously unwell with the virus, so it is a sensible precaution to make sure we are all fully vaccinated – particularly if you are in one of the groups known to be most at-risk of becoming seriously ill with Coronavirus.

I would like to place on record my thanks to our hardworking vaccine team, many of who have been with the vaccination programme from the very beginning.

The team continues to deliver around 300 vaccinations each day through a combination of spring boosters and the 'evergreen' offer that remains in place for anyone who is yet to receive their vaccine to receive their first and second vaccines doses.

Partnerships update: Working alongside our Ashfield District Council colleagues

On Thursday 22 June, I joined our Chair and our Director of Strategy and Partnerships in welcoming the Executive Lead Member for Leisure, Health and Wellbeing, Cllr Chris Huskinson, and Chief Executive, Theresa Hodgkinson, from Ashfield District Council to King's Mill Hospital.

During their visit, we discussed the Council's plans to launch its new four-year Corporate Plan, the issue of Antisocial Behaviour and exploring more opportunities for both organisations to work more closely together as part of the Mid Notts Place Based Partnership (MNPBP).

Risk ratings reviewed

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

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits. Risk Committee members considered reducing the likelihood score for PR6 but decided to leave it unchanged, due to a lack of clarity of the benefits.
- Principal Risk 7: A major disruptive incident

The full and updated Board Assurance Framework (BAF) is due to be presented at our next public meeting of the Trust's Board of Directors in August 2023.

Sir John Robinson House
Sir John Robinson Way
Arnold
Nottingham
NG5 6DA

Email: amanda.sullivan7@nhs.net

8 June 2023

Paul Robinson
Chief Executive
Sherwood Forest Hospitals NHS FT

Dear Paul

RE: NHS Oversight Framework 2022-23 – Quarter 4 Segmentation

Thank you very much to you and your teams for your leadership at Sherwood Forest Hospitals. Following the publication of the NHS Oversight Framework on the 1 July 2022 I am writing to confirm the Quarter 4 and year-end segmentation for your organisation and to set out the process and timescales for the 2023-24 Quarter 1 segmentation.

Quarter 4 Segmentation Review Outcome- Review Undertaken March 2023

Following the ICB peer review process undertaken at the end of March 2023, the proposed segmentation for NHS Provider organisations was approved by the Midlands Regional Support Group at its meeting on the 25th May 2023, and notified to the ICB on the 1st June 2023. It was agreed that for Quarter 4 Sherwood Forest NHS Foundation Trust should remain in segment 2 of the NHS Oversight Framework.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework, and continues to be driven by:

Quality of Care, access and outcomes – The Trust performs well against the Oversight Framework assessment metrics, with a significant amount of performance being in the upper quartile nationally. Any specific areas of concern are addressed through improvement plans. The Maternity Services CQC report published in February 2023 reported that the services remained 'good' and good progress is noted towards the implementation of PSIRF.

Preventing ill-health and reducing inequalities – The Trust has a clear focus on recovery considering potential inequity and inequalities in waits, identifying opportunities to

target local population needs. The Trust have actively engaged in the system analyst health inequalities forums and data management approach.

Finance and Use of Resources – The Trust underlying structural financial deficit position is the key driver for the level 2 NHS Oversight Framework segmentation rating.

- The Trust submitted a deficit plan of £4.7m and delivered £3.9m deficit position, following external support to deliver the position. The Trust delivered £11.7m efficiencies in year, however £10.4m were delivered non-recurrently. In addition the Trust breached the agency cap in year, although recent months did report some improvement in the position.
- The Trust have submitted a break-even plan for 2023/24 with efficiency requirements of 5.5% (£27.5m). This will be a significant challenge to deliver, however the Trust continues to work positively across the system to address the challenges ahead.

People – Workforce availability remains a key challenge across the Trust, however leaver rates are in the top performing quartile nationally. The Trust performed well across the 2022 Staff Survey, with many areas reporting in the top quartile national. The only exception to this position being the proportion of staff in senior leadership roles who are from a BME background, however this is reporting year on year improvement.

Leadership and capability – There has been good engagement from across the Trust for development of the system, and active engagement in system transformation programmes. There are no material concerns or support needs identified for the trust system or governance.

Local Strategic Priorities – The Trust has supported the wider system to progress with recovery of elective services through providing on-going mutual aid and active management of its elective programme, despite significant continual pressures within the trust.

Year-end Segmentation

The year-end segmentation proposed is subject to national moderation and will be published in 2023/24 Q2 and take into account the performance and leadership over the 12 months of 2022-23.

As set out in the NHS Oversight Framework, Integrated Care Boards (ICB) will continue to lead the oversight of their NHS provider organisations with NHS England maintaining statutory accountability for NHS provider organisations.

The ICB team will work closely with you to review the support needs for the Trust to address the triggers for segmentation and support progress against the exit criteria during 2023-24.

Segment 2 Exit Criteria

To progress from Segment 2 to Segment 1 the Trust will need to undertake the following actions (exit criteria):

1. Address the underlying deficit of the Trust, working across the system, to ensure a clear plan is in place with evidence of progress being made
2. Continue to progress elective recovery through increasing productivity, ensuring achievement of the 65-week reduction to zero by March 2024, and 62 day backlog reductions back to planned levels.
3. Continue to provide active contribution to the overall system financial sustainability, quality improvements and outcomes.
4. To be a key contributor to the wider system as an anchor institution.

Quarter 1 2023-24 Segmentation Review Process

It is recognised that the Segmentation Review Process is still embedding, and the 2023/24 national oversight framework is awaiting publication. However, the ICB will continue to facilitate a review each quarter, in line with national operating model expectations. The current process is for an ICB Desktop review to be undertaken which is supported by the performance against the NHS Oversight Metrics and Chief Executive to Chief Executive discussions held, which are then discussed through an ICB Review Panel to determine the proposed segmentation and ensure consistency of assessment across the system providers. A review by 'exception' will be undertaken by the ICB of provider organisation's segmentation and will need to be completed with recommendations for changes being submitted to NHS England by the **26th June 2023 for Quarter 1**.

The NHSE oversight dashboard continues to be developed, with the revised metrics having been released at the beginning of June. These will be refreshed on the third Monday of each month, therefore the May release will be utilised for the Quarter 1 review.

We will continue to discuss the arrangements under the NHS Oversight Framework with you, as we further develop our system operating framework. In the meantime, should you wish to discuss this further please contact Stuart Poynor, Director of Finance and Performance, s.poynor@nhs.net in the first instance.

May I take this opportunity to again thank you and your team for the contribution you make to the local system, the segmentation rating is recognition of the significant focus which the trust continues to place on supporting staff, patients and the wider system.

Yours sincerely



Amanda Sullivan
Chief Executive
NHS Nottingham and Nottinghamshire ICB

cc. Julie Grant, Director of Strategic Transformation, NHSE Midlands

Sherwood Forest Hospitals NHS Foundation Trust: Digital Strategy 2020 – 2025

Informed decisions, digitally connected care

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Introduction

My name is Chitra Acharya and I am a Patient Leader at NHS Nottingham and Nottinghamshire CCG. I am passionate about encouraging people to use digital services across the NHS and I am proud to be introducing Sherwood Forest Hospital's new five year Digital Strategy. With my lived experience as a carer for someone with complex medical needs, I know how it feels to experience and navigate health and care services across Nottinghamshire.

New advances in digital technology, like the NHS app, are life changing for my family – they will make my life so much easier, with the ability to book and manage my son's appointments online, order repeat prescriptions and view his medical history at any time. Being able to see all the relevant information and records about my son's health and care needs, contributing to decisions about his care, and benefiting from easy and manageable interactions with health and care providers all save time, effort and travel. I want to be able to share information with health and care professionals so they can see relevant information about my son's health and care needs, meaning that he always receives the best care without me having to repeat information over and over again. I also want to access understandable information about my son's condition and his care, so that I can stay informed about his condition and manage it well.

As a carer and an ambassador for the NHS App, I think it's absolutely right that SFH focuses on informed decisions and digitally connected care, to improve the health and wellbeing of all those in its community over the next five years.

Our Journey

The last five years at Sherwood Forest Hospitals has seen a wave of enthusiasm for the many benefits to both patient care and colleagues' experience from the use of digital technology. This has seen some highly successful transformation that has contributed to delivering our vision of Healthier Communities, Outstanding Care by making the best use of information and digital technology.

Through listening events and a detailed survey, clinical and non-clinical colleagues have been clear that patient safety achieved through joined up information and an outstanding user experience are key to the next stages in our digital journey. We believe that through the delivery of this strategy we will see fundamental changes in the way we experience and deliver care to our patients.

Our vision of Informed decisions and digitally connected care answers the questions our Healthcare Professionals have asked us, bringing clarity to the what, who, how, why and when of digital transformation. To this end we have been privileged to work with colleagues across the organisation and the Nottingham and Nottinghamshire ICS and it is with great pleasure that this Digital Strategy is presented to you.

Morgan Thanigasalam

Clinical Lead for Digital Innovation and Transformation – Sherwood Forest Hospitals NHS Foundation Trust

Spring 2020

Covid-19

Whilst the majority of this strategy was developed prior to the Covid-19 pandemic, the priorities and approach have not changed. Our response to Covid-19 has included the rapid deployment of digital technology to support more mobile working, remote consultations and a greater degree of flexibility in how different colleagues approach their work. There are changes that we want to keep and the accelerated adoption of new technologies is something that we should learn from. Rather than diverting us from the course set out in this strategy, the crisis and our response to it has underlined the importance of rapidly delivering Electronic Patient Records (EPR), improving communication and connectivity between colleagues, patients and the wider public, and using information more effectively. This is vital, as we seek to appropriately target messages and treatment to the right people at the right time, whether we are facing a pandemic or not.

We recognise that much has changed during the pandemic and the full long term impact of it is not yet clear. It is therefore vital that we regularly review this strategy, enabling us to adapt our plans in response to any shifting priorities and any new opportunities that arise. This may result in a change to the timescales set out in this strategy, with an expectation that more progress may be achievable sooner.

Background to our digital strategy

In April 2019 we launched our new vision and strategy, 'Healthier Communities, Outstanding Care'. This represented a renewed focus on working with partners to improve overall health and to ensure people receive the right support and care in their home, in the community and in hospital. The fourth strategic objective in our strategy explicitly includes the need to 'make the best use of information and digital technology'. This Digital Strategy sets out how we plan to do so over the next five years.

In addition to responding to our new Trust strategy, we need to take account of recent changes nationally, regionally and locally, all of which have a bearing on the approach we should take to digital technology and the use of information. In particular, we need to move away from the piecemeal purchasing and deployment of technology and fragmented information flows, instead taking a strategic, longer term approach that enables us to make the best use of information and digital technology. This includes setting a new vision, defining our priorities and being realistically ambitious about what we can achieve in the coming years. Our Digital Strategy, *Informed decisions, digitally connected care* does just that, reflecting feedback from the 400 detailed responses that were received during its development, from clinicians, colleagues and partners, alongside wider organisational engagement.

National and Local Context

The publication of the NHS Long Term Plan (LTP) has provided some helpful clarity about the national priorities for the NHS, and in some cases, the acute sector specifically. Indeed, the LTP states that 'all providers...will be expected to advance to a core level of digitisation by 2024'¹, covering clinical and operational processes. Currently, 'the ability to share records between hospitals, GPs, community pharmacies and care providers is inconsistent and people are frequently

¹ NHS Long Term Plan (2019). Available [here](#)

discharged from hospital without sufficient or accurate information about their care needs². We know that Longitudinal Health Care Records (LHCR) are going to be increasingly important for citizens and clinicians, creating integrated care records across primary, secondary, community and social care and ensuring patient information is available to clinicians at the point of need. As such, it is vital that we accelerate the roll out of Electronic Patient Records (EPR) based on nationally agreed standards to enable integration with the East Midlands LHCR.

We have a part to play in the expansion and use of Public Facing Digital Services (PFDS), including through the use of the NHS App, video consultations, electronic appointment management and giving citizens read/write access to their own records. As part of our commitment to transforming outpatient services, we will use virtual clinics to replace some follow-up appointments, reducing unnecessary attendances for patients and improving the efficiency of our services. We agree with the assertions in the LTP that too often, digital technology in the NHS can be a burden to staff. Instead, as the interim NHS People Plan makes clear, digital technology 'should enhance the lives of those who provide services'³ and support more productive and efficiency ways of working for clinical and administrative staff. We are therefore committed to improving the usability of our technology and infrastructure, to enhance the experience of patients and clinicians.

As well as ensuring clinicians can access relevant information about the patient in front of them, there is significant opportunity to gain deeper insight about demand for services and trends in our local population through using information at a macro level. As we work with our Integrated Care System (ICS) partners to analyse this information, we will be able to collectively better understand the needs of our local communities, planning our services more effectively and on a more informed basis. Gathering information digitally will be essential to this, as we support the wider ICS priority of Population Health Management.

Where are we now?

We are starting from a good base, having achieved significant success in our digitisation journey in recent years. For example, we have:

- Implemented Nervecentre e-observations and bed management modules, attracting national attention for our migration approach;
- Implemented and embedded e-rostering, winning an award for our impact on clinical and performance targets;
- Introduced automation of Social Care Assessment Notice referrals for all our sites, improving communication with social care colleagues, reducing delays and improving patient experience. This achievement attracted national attention and we were shortlisted for three awards;
- Replaced a number of paper-based assessments with digital ones;
- Been successful in obtaining national funding to support the deployment of Electronic Prescribing and Medicines Administration (ePMA) during 2020/21 and 2021/22;
- Increasingly automated previously manual processes for reporting information;
- Worked with partners to improve our collective analysis and understanding of patient activity trends;

² The future of healthcare: our vision for digital, data and technology in health and care (2018). Available [here](#)

³ Interim NHS People Plan (2019). Available [here](#)

- Invested in our data centre, servers, storage and networks, providing a strong foundation for our future digital requirements.

Benchmarking

It is recognised nationally and within our organisation that to maximise the benefits of information and digital technology, more investment is required. Indeed, the Chief Clinical Information Officer of NHS England stated in September 2019 that *“we are spending less than 2% in many of our organisations on our full digital infrastructure... any other similar size industry will be spending 4-5%.”*⁴ Following an extended period of underinvestment, in recent years we have spent between 2% and 3% of our turnover on the maintenance and implementation of digital technology. This has predominantly been invested in recovering lost ground and ensuring we have a robust platform on which to build.

It is challenging to compare our digital capabilities to other organisations objectively. Our use of e-observations and e-rostering is more advanced than some, whilst other organisations have gone further in their journey towards EPR. To help us further understand our progress objectively, we will be undertaking the HIMSS (Healthcare Information and Management Systems Society) EMRAM (Electronic Medical Record Adoption Model) evaluation. This will help us to better understand our level of EPR maturity against an internationally recognised scale. In addition, through the ICS, we are participating in the HIMSS Continuity of Care Maturity Model evaluation, which will assess the level of coordinated data and information sharing across the wider health community. Both assessments will identify areas for improvement and enable progress to be tracked over time.

Our vision

Our vision is that **informed decisions and digitally connected care** will become the norm. We will know we have been successful if:

- Citizens have the information they need, when they need it
- All colleagues have the information they need, easily accessible
- All colleagues have the right tools to do their jobs
- Reliance on paper is significantly reduced

⁴ <https://www.hsj.co.uk/technology-and-innovation/nhs-living-in-the-dark-ages-says-digital-chief/7025874.article>

Our strategy

To deliver this vision, we must achieve the following **objectives**:

1. Deliver Electronic Patient Records
2. Connect digitally with patients and partners
3. Support our colleagues
4. Unleash information bringing insight to our decision making
5. Improve our digital infrastructure

Vision: Informed decisions and digitally connected care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Objectives	Approach	Outcomes
Deliver EPR	<ul style="list-style-type: none"> • Clinically led • Mobile first • Phased, modular and interoperable 	Citizens have the information they need, when they need it
Connect digitally with patients and partners	<ul style="list-style-type: none"> • Citizen ownership of health and care record • System-wide demand and capacity management • Clinical information shared across the ICS 	All health and care colleagues have the information they need, easily accessible
Support our colleagues	<ul style="list-style-type: none"> • Digital Transformation Unit for delivery and education • Right devices to meet individual needs • Prioritising user experience 	All health and care colleagues have the right tools to do their jobs
Unleash information for insight	<ul style="list-style-type: none"> • Innovation through AI and machine learning • Analysis that informs decisions • Self-service reporting platform for SFH and ICP 	Reliance on paper is significantly reduced
Improve our digital infrastructure	<ul style="list-style-type: none"> • Ensure consistent connectivity across all our sites • Up to date software and systems • Cyber secure 	

Foundations

Partnership

Working closely with partners to ensure information follows the citizen, supporting patient care, professional practice, coordination of services and population health management

Culture

Digital transformation is about people and not products, so behavioural and cultural change are vital

The following sections of our strategy explain why and how we will achieve these objectives, including timescales for specific projects where already planned.

Objective 1: To deliver Electronic Patient Records (EPR)

What this means

Electronic patient records (EPR) are ‘digital records of a patient’s health and care’ and include a broad range of information including ‘current treatments, test results, clinical notes, care plans, correspondence between professionals’⁵. The core functionality of an EPR includes:

- Electronic observations (e-obs)
- Ordering and viewing test results
- Digital correspondence with patients and clinicians
- Bed management
- Patient Administration System (PAS)
- ePMA
- Digital patient assessments
- Patients notes (captured and viewed electronically)
- Care plans
- Digital imaging and reporting

In delivering EPR, we will be building and expanding upon the digitisation that has already taken place in some areas of the Trust, by enabling all patient information (regardless of their location), to be captured and shared digitally.

Case for change

Currently, too much information about a patient’s health and care is recorded and stored on paper, or electronically on separate systems that are not interoperable, or that require separate logins. Conversely, using integrated electronic patient records allows a comprehensive set of information to be shared securely and efficiently between health professionals in support of patient care.

It is widely accepted that the key driver for projects that implement EPR functionality is to improve patient safety. Whilst digitisation brings wide ranging safety improvements, this is typically achieved as a result of improved compliance with clinical process and visibility of patient data. An example at this organisation was electronic observations, introduced in response to audit findings that showed significant error rates in completion, with error rates in the digitised areas reduced to zero. Efficiency improvements, essential for a sustainable NHS, are realised in two key areas – releasing time to care and reductions in paper. Time saved through digital versus paper based processes can be “reinvested” in patient care. Measurable benefits will be realised in how long it takes to login (to fewer systems) and record patient data, how much time is spent looking for information, including paper notes and how often handwriting is indecipherable leading to delays or incorrect treatment. Workload for clinicians is significant and time not spent on process improves the working environment and delivers higher quality care. Reductions in paper come with some significant revenue benefits and over time a dramatic reduction in storage requirements.

Finally, a full EPR, used effectively, will help reduce a series of risks that our organisation faces. This includes reducing patient safety risks, supporting our workforce in a context of constrained capacity and enabling effective partnerships with other organisations.

⁵ The King’s Fund (2016), ‘A digital NHS?’

Approach

Our approach to delivering EPR will focus on the following principles:

1. Clinically-led

Our requirements and procurement decisions will continue to be shaped by our clinicians. Clinical teams will lead the implementation of our EPR, ensuring processes are truly transformed. Our improvement and change management approach will be supported by Human Factors expertise, Quality Service Improvement and Redesign (QSIR) methodology and Ergonomics (see Objective 3 for further details). Taking this approach will ensure we adhere to all clinical standards.

2. Mobile first

Feedback from our clinicians tells us that it is vital to have accurate, complete and contemporaneous information available to them wherever they are. This requirement can only be met by equipping our colleagues with mobile devices through which they interact with the EPR. Patient data will be entered at the bedside, information communicated and received in real time with no delay or inaccuracies introduced through reliance on paper or static equipment.

Mobile devices are particularly advantageous because of their flexibility (i.e. a range of formats), usability and the availability of Apps. They are also consistent with people's everyday experience and practice and will provide a positive working environment that supports recruitment and retention.

3. Interoperability

Regardless of which supplier provides which functionality, it is vital that our systems are interoperable and interchangeable. Historically there have been significant challenges with multiple suppliers being unwilling or unable to share and display data flexibly, with significant resources required for enabling this. We need the flexibility to change modules as our requirements develop over time. Whilst reducing the number of systems will improve user experience and safety and reduce cost, we also know that we will continue to be reliant on bespoke systems in some areas, and we need to connect those systems with any core functionality. The significance of this becomes more apparent the further the sharing extends. Compliance with national standards such as Fast Healthcare Interoperability Resource (FHIR) is mandatory, with the expectation that patient data is shared across the ICS and LHCR.

4. Phased and modular

We are already implementing key elements of EPR functionality through our ePMA project, which builds upon our digital assessment implementation and the first phase of our electronic observations. Our journey towards a full EPR will involve adopting new EPR functionality in a phased way, module by module, and replacing older systems where appropriate. To reduce interoperability challenges and to ensure alignment with partners across the ICS, this is likely to involve working with a strategic supplier for a core set of EPR functionality. This has a further benefit that instead of using multiple systems (including paper), risking confusion as to which patient is the subject, all information is available in one place. Our approach will mean focusing our resources on

delivering a full future-proofed electronic patient record and as such we do not anticipate the widespread scanning of historic records.

Timescales

What we will do	By when
Complete implementation of e-obs phase 2 (ED and Maternity)	Q3 2020/21
Fully optimise bed management, capacity and flow	Q2 2021/22
Complete implementation of e-obs phase 3 (ICU, Neonates and Theatres)	Q4 2021/22
Patient assessments fully digitised	Q4 2021/22
Implement a new care pathways and workflows solution	Q4 2021/22
Review the future requirements for our Patient Administration System (PAS)	Q4 2021/22
Review the future requirements for Order Communications	Q4 2021/22
Implement ePMA	Q3 2022/23
Ensure all correspondence (patient and clinician) is digital	Q3 2022/23
Digitise patient notes (captured and viewed electronically for all pathways)	Q2 2023/24
Integrate digital imaging with EPR	Q2 2023/24
Integrate Infection Prevention and Control with EPR	Q2 2023/24

Objective 2: To connect digitally with patients and partners

What this means

Connecting digitally with patients and partners can include anything from online appointment booking to video conferencing and assistive technology that allow patients to manage their conditions at home, supported remotely by professionals. It includes giving people access to their health records, sharing x-ray images across organisations and providing clinicians with the information they need to care for the patient in front of them, regardless of where the patient previously received care.

We support the ICS vision to transform the way people experience and access health and care services across Nottinghamshire, by providing digital health tools and services that connect them to the information and services they need, when they need them. We want to enable people to access care in a convenient and coordinated way, promoting independence through the digital tools that people are familiar with in other aspects of their daily lives.

Case for change

Digital technology is increasingly the means through which people access services, be they healthcare or otherwise. Not only do people expect to be able to communicate digitally with professionals, there are significant benefits to them doing so. For example, using virtual consultations (where appropriate) reduces the need for travel and results in environmental, financial and convenience benefits, whilst giving patients access to their own records supports greater ownership of their information and their health. Assistive technologies, which are continually developing and improving, promote and support independence for patients.

Too often people can experience disjointed care as a consequence of organisational boundaries. Sharing information creates an opportunity to overcome this, leading to a seamless experience of health and care.

Approach

This objective will be delivered through focusing on the following areas:

Public Facing Digital Services (PFDS)

Through the NHS App, we will be supporting citizens to take greater ownership of their health management. People will be able to proactively access and contribute to their health records in a range of ways, including:

- Symptoms trackers;
- Signposting to services;
- Appointment management;
- Video consultation;
- Questionnaires (e.g. pre-operative assessment);
- Digital letters;
- Accessing test results;
- Maternity and child records.

Outpatient Innovation

The NHS App provides us with an opportunity to significantly transform how we deliver outpatient services. The NHS Long Term Plan highlights the need to do this, recognising that patient demand has increased, while clinical practice and technology have both developed. By responding to our patients' needs and delivering outpatient care in a different way, we will release capacity for those patients who absolutely need to be seen in a hospital setting. This will support shorter waiting times and reducing the burden of travel for many of our patients who will be able to access their care at home or in a community setting.

Capacity and Flow

Being able to effectively transfer a patient from one care setting to another is limited by each organisation's visibility of activity and capacity elsewhere. This leads to discharge delays, inferior patient experience and increased cost. This programme aims to create a real-time single view of health and care resource, to support the seamless transition of patients across the ICS. The flow of patients across acute, community, mental health and social care will be improved by:

- Exchanging bed capacity information in real-time across health and social care;
- Providing an exchange of clinical information on patients as they transfer;
- Visual displays of patient status and capacity information, presented in a single place.

ICS interoperability and Longitudinal Health Care Records (LHCR)

Using the learning from the Nottinghamshire Health and Care Portal (which allows some clinical information to be shared across the ICS), we will work with partners to ensure maximum availability of relevant information across all care settings, throughout the ICS and ultimately as part of the LHCR. To this end we will only use systems that have adopted national interoperability standards, ensuring our collective infrastructure is future-proofed.

Timescales

What we will do	By when
PFDS roadmap developed	Q1 2020/21
Digital correspondence with patients commence	Q3 2020/21
Secondary care data sharing infrastructure development	Q3 2020/21
System-wide demand, capacity and flow information available	2021/22
ICS interoperability fully functional	Pending ICS DAIT Strategy
LHCR	Pending LHCR strategy

Objective 3: To support our colleagues

What this means

We want all our colleagues to have the right tools to do their jobs to the best of their ability. Digital technology has the ability to reduce the administrative burden on our colleagues through automating processes (e.g. pre-populating digital forms), supporting decision-making (e.g. alerts to prevent duplication of medications) and providing clear information (e.g. structured fields and digital text, rather than handwritten notes).

In addition to having the right technology, it is vital that people have the right skills to use it. To this end we are committed to supporting our colleagues through training, education and development.

Case for change

It is well recognised that not having clear information impairs patient care and staff satisfaction. This lack of clarity results from handwritten notes, lost notes and information not being recorded, all of which lead to inefficiencies and significant frustration.

Our colleagues also tell us that as well as not always having the right tools, sometimes they are unable to use the technology they do have to the maximum of its potential. This can be as a result of insufficient training and education, or because the usability of the technology is sub-optimal.

Approach

The implementation and ongoing development of our digital strategy cannot take place in isolation. Fundamental to the successful delivery of this strategy and any digitisation project is the cultural and behavioural change, or as the Wachter Review (2016) described it, 'adaptive' change. To support this, and to ensure that realising the benefits of patient safety and quality improvements is central to our approach to digitisation, we will enhance our current clinically-led implementation model into a Digital Transformation Unit (DTU) that is aligned to our standardised approach to Quality Improvement. This will support our emerging Patient Safety Academy.

To support our colleagues, we will provide them with the mobile devices that they need to fulfil their role, whilst minimising the amount of equipment they are required to carry. Technology will be supplied with up to date and fit for purpose software and applications. Fundamental to this will be undertaking a project in 2020/21, led by a digital clinical fellow, to determine the optimal means of communication between colleagues. This will include reviewing the current intranet.

Feedback that we received from clinicians when developing this strategy is consistent with the national view relayed by NHSX, that multiple logins are both time-consuming and obstructive for clinicians reliant on a number of systems. Our approach to delivering an EPR will partially resolve this over the long term, but in the meantime, we will actively seek to adopt the national 'single sign-on' solution that has been committed to.

Timescales

What we will do	By when
Establish Digital Champions Network	Q1 2020/21
Establish DTU	Q1 2020/21
'Tap and go' delivered in urgent and emergency care	Q3 2020/21
Communications optimisation project (including intranet review)	Q4 2020/21
Ensure mobile devices are available in all relevant clinical areas	Q4 2021/22
Wider rollout of single sign on	Pending national solution

Objective 4: To unleash information bringing insight to our decision making

What this means

We have access to significant sources of data, which will continue to increase as we capture more information digitally. How we use this information is on a very broad spectrum, from artificial intelligence (AI) supporting clinicians and patients, through to the identification of cohorts of the population with particular needs or risk factors, or activity information being used to understand trends in behaviours across services and communities.

Case for change

Demand on our services is increasing year on year and resources are not keeping pace. Unleashing the potential of the information available to us is the primary way that we can overcome this challenge. The Nottinghamshire ICS is prioritising population health management as a means to address health inequalities and support the long term sustainability of health and social care. Information that we gather and share is going to be increasingly important for this.

Both experience and research tell us that the increasing demands for data and reporting (nationally and locally) mean that there is often little capacity to provide in-depth analysis that leads to true insight⁶. We need to continue automating processes to free up skilled colleagues who can provide this expertise.

Increasingly, research and innovations such as genomics will support targeted treatment, based on risk factors. To maximise the benefit of this, holistic information about an individual and their history is required.

Approach

Our approach to improving our use of information is based on four steps:

- **Integrate** – this is the range of processes required to combine data from a range of sources, including through automation to avoid copying data from one database to another. We have already made significant progress in this area and will build upon this across the Integrated Care Partnership (ICP).
- **Visualise** – this is presenting information in a way that aids understanding and usability, allowing relationships between datasets to be understood in an interactive way. We will encourage people across our organisation and beyond to interrogate and better understand the available information, through a visualisation tool.
- **Analyse** – analysts' time will be further released from manual tasks, so that they can use their expertise in analysing information to identify patterns and trends over time, correlations and connections between datasets, unwarranted variation and hypotheses of what may be causing identified trends.
- **Insight** – these hypotheses will be tested out with subject matter experts, enabling long term decisions to be made about services based on insight and evidence, rather than anecdote or expedience. We will do this across the ICP and ICS, actively playing our part in the

⁶ The Health Foundation, 2016: Understanding analytical capability in health care (<https://www.health.org.uk/sites/default/files/UnderstandingAnalyticalCapabilityInHealthCare.pdf>)

development and delivery of the ICS Data, Analytics, Information and Digital Technology (DAIT) strategy.

Importantly, none of the above can be done in isolation. Through working with our ICS and ICP partners, we have an opportunity to generate true insight, as we seek to understand patient and service need across our local population, rather than just the across the services we provide. Sharing information for population health management and supporting the ICS Data Analytics and Information and Technology (DAIT) strategy will ensure we are playing our part in addressing the specific needs of our local population. This includes moving towards a more proactive approach to healthcare, shaping clinical pathways and interventions around the specific needs of the communities and neighbourhoods we serve.

Over the coming years, machine learning and AI will support patients and colleagues in a range of areas, including through detailed algorithms supporting triage, outpatient scheduling and enhancing clinical decisions. Therefore, building on our innovation in areas such as breast screening, we will continue to work with East Midlands Academic Health Science Network (EMAHSN), ICS and industry partners to develop and exploit AI.

Timescales

What we will do	By when
Coproduce ICS DAIT strategy	Q2 2020/21
Develop proof of concept for visualisation platform, test and refine	Q3 2020/21
Develop suite of interactive SFH reports through a visualisation platform	Q2 2021/22
Develop suite of interactive ICP reports through a visualisation platform	Q4 2021/22
Share learning across the ICS	Q2 2022/23

Objective 5: To improve our digital infrastructure

What this means

Feedback from our colleagues makes it clear that getting the basics right is a priority. User satisfaction will only be high if the devices we use are built upon resilient, stable and secure foundations, with excellent connectivity.

Case for change

Our Digital Strategy survey highlighted the necessity of devices and equipment that are up to date, portable and meet the differing needs of each user. High levels of cyber-security are essential to maintain services and patient safety, whilst comprehensive and fast WiFi across all our sites will ensure colleagues and patients can access the information they need. Finally, objectives one to four and our mobile-first approach will only be achievable if our digital infrastructure is fit for purpose.

Approach

We have future-proofed our datacentre by using infrastructure that allows for modular increases in capacity and performance. This combined with an anticipated move towards a cloud-first strategy means that we have flexibility to provide the infrastructure that is needed, as our requirements change over time.

Our infrastructure needs to support the mobility of our colleagues, be that to enable working across sites, out in the community, across partner organisations or at home. During 2020/21, we will roll out up to date tools that support collaboration between colleagues. Over the next two years, we will replace the Wi-Fi at Newark and Mansfield Hospitals and increase coverage to address blackspots in King's Mill Hospital. The implementation of the new Health and Social Care Network (HSCN) infrastructure, the successor to N3, will provide the capability for all organisations to share the same circuits whilst maintaining organisational network security. It will enable an increase in bandwidth at Newark and Mansfield Community Hospitals, ready for our future digital requirements. We will ensure compliance with all relevant national policies and standards, including meeting the Data Security and Protection Toolkit (DSPT) standard by June 2021. We will adhere to Information Governance standards, including for the availability, security and integrity of information, acknowledging the complexities of access to records, particularly for vulnerable groups.

Underpinning our approach, is our multi-year capital programme, which will be reviewed and adapted based on changing requirements and the availability of funding.

Timescales

What we will do	By when
HSCN migration	Q2 2020/21
Complete rollout of Office 365	Q2 2021/22
Resolve WiFi blackspots at King's Mill Hospital	Q4 2020/21
Replace WiFi at Newark and Mansfield Hospitals	Q4 2021/22

Foundations of partnership and culture

As with our Trust strategy, our approach is built upon partnership working and culture. For this strategy to be successful, these foundations must be in place.

Partnership

This strategy is consistent with the emerging ICS DAIT Strategy and the strategic direction of our partners locally. Increasingly, our success in realising our vision of *Healthier communities and outstanding care for all* will be dependent on our ability to effectively work with our partners. Our approach to delivering our digital strategy is no different and we need to be working closely with our local, regional and industry partners to ensure relevant information flows across organisations to support patient care, professional practice, coordination of services and population health management. If we do this well, we will ensure patients' experience of care is seamless, regardless of the organisation providing the care, and that colleagues are equipped with the right technology and information to do their jobs effectively.

Culture

We recognise that the majority of digital transformation is about people and not products. If the change that this strategy advocates is to be successful, we must have a relentless focus on adaptive change i.e. behavioural, rather than simply technical change. This 'involves substantial and long-lasting engagement between the leaders implementing the changes and the individuals on the front lines who are tasked with making them work'⁷. Having this focus will ensure that the way we work is transformed, instead of simply digitising ineffective or inefficient paper-based processes. This combined with an emphasis on training and education will ensure we have the right culture and environment to be successful.

Financial requirements

Delivering this strategy will require significant financial investment to be made in people and systems (a multi-million pound commitment each year). We know that we cannot deliver the entirety of this strategy within existing resources and as such we will take more opportunities to access national funding (building on the successful EPMA bid), whilst prioritising our capital programme, reducing contractual commitments where possible and pooling our existing resources.

Conclusion

Over the coming five years, we have an opportunity to significantly transform the way we deliver care, communicate, support each other and use information. This strategy describes our intentions and our approach to doing this. We acknowledge that in the fast-paced world of digital technology we will need to be flexible and respond to new advances and opportunities. As such, we will regularly review this strategy and adapt accordingly, being proactive in identifying and sharing good practice.

⁷ Wachter (2016): Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England. Available at: <https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs>

Appendix 1 – Glossary

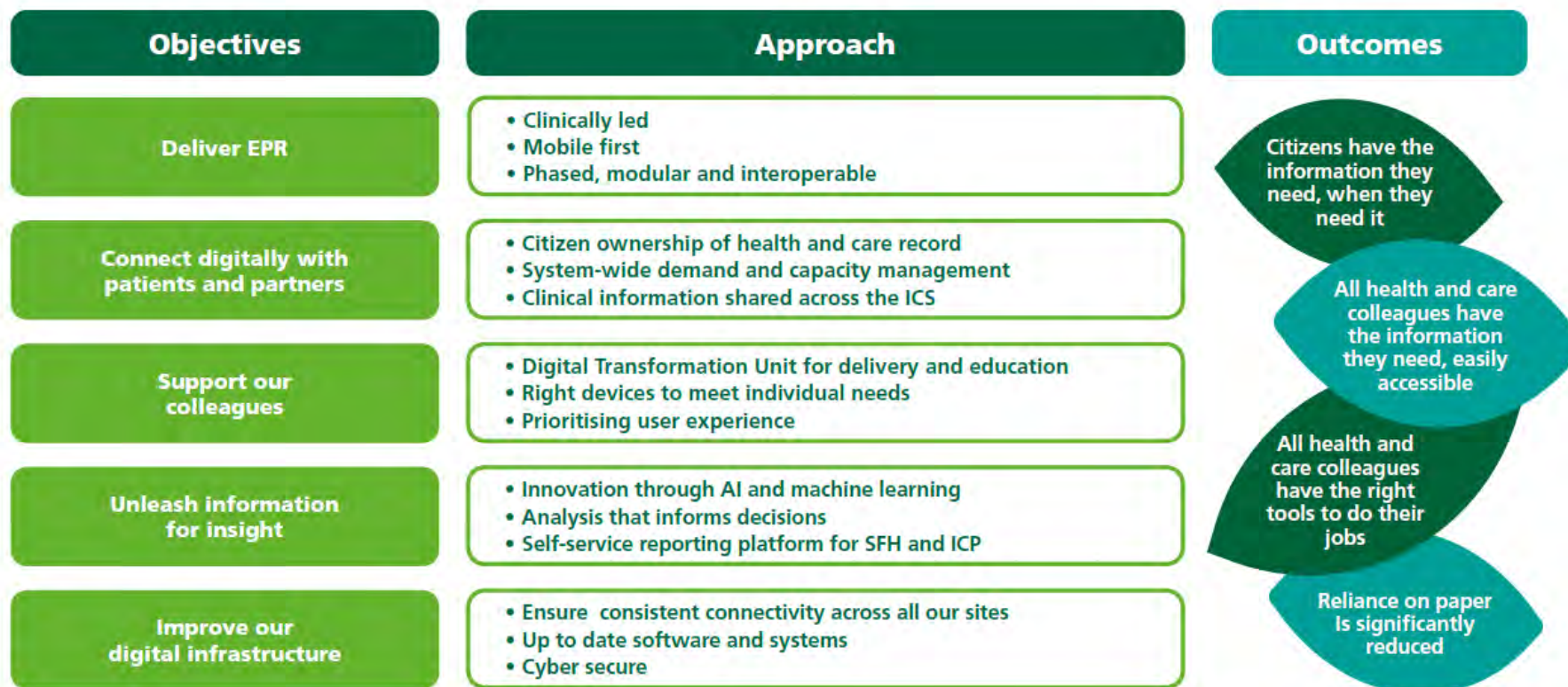
Apps	Short for 'application'. Refers to a programme or piece of software, in particular on a mobile device
Artificial Intelligence (AI)	Technology operating in a way that would require intelligence if performed by humans
Assistive Technology	A system or product that helps someone with a disability, injury or restricted mobility to undertake tasks that would otherwise be difficult or impossible
Cloud-first	Considering in the first instance and primarily using systems and storage that are hosted and accessed remotely
Data Security and Protection Toolkit (DSPT)	A self-assessment tool that allows organisations to measure performance against 10 data security standards
Digital	Computer-based products, solutions, systems and approaches
Electronic Patient Records (EPR)	Patient health and care information recorded and available digitally
Fast Healthcare Interoperability Resource (FHIR)	The industry standard for exchanging information between systems
Health and Social Care Network (HSCN)	A national data network that allows for the safe, secure and reliable connectivity
Healthcare Information and Management Systems Society (HIMSS)	Not for profit organisation providing expertise, advice and internationally recognised measures of digital maturity
Human factors and ergonomic	Understanding and addressing how people and technology fit together, ensuring that systems and processes are suitable for the user
Integrated Care Partnership (ICP)	A partnership that brings together health and social care services to meet the needs of the local population
Integrated Care System (ICS)	A partnership across Nottinghamshire, consisting of three ICPs, setting the goals and strategy for health and care
Interoperable	Systems and software that can communicate, share data and work efficiently with one another.
Longitudinal Health Care Record (LHCR)	These enable an individual's health and care information to be shared as they move across the NHS and social care. In our region this is known as East Midlands One-Care
Machine learning	The process by which systems automatically learn from data / experience without human intervention
Mobile-first	Primarily using and considering mobile devices for capturing,

	using and interacting with information
NHS App	A mobile application through which citizens can access a range of NHS services
Population Health Management	Using information and insight to understand the needs of populations and target resources and interventions accordingly
Quality Service Improvement and Redesign (QSIR)	A proven quality, service improvement and redesign methodology, underpinned by tools, theories and techniques that can be applied to a wide range of situations
Self-service reporting	An approach that allows individual users to access, interrogate and generate reports to support their own analysis and insight
Single Sign-on	Provides a common authentication method across multiple systems
Tap and Go	Allows users to login and logout through tapping their smartcard on a reader

Vision: Informed decisions and digitally connected care



Sherwood Forest Hospitals
NHS Foundation Trust



Foundations

Partnership

Working closely with partners to ensure information follows the citizen, supporting patient care, professional practice, coordination of services and population health management

Culture

Digital transformation is about people and not products, so behavioural and cultural change are vital

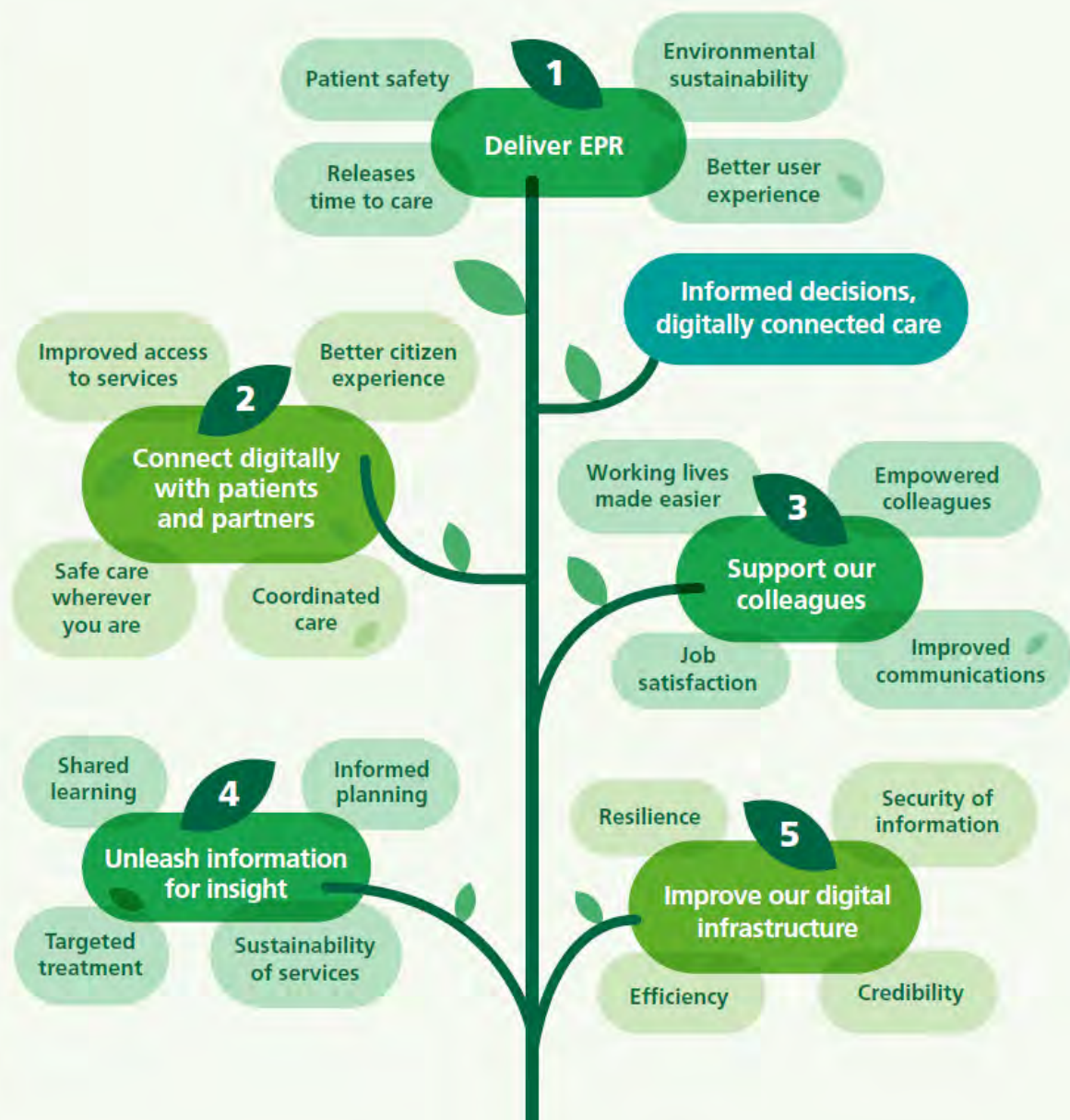
Benefits of our Digital Strategy...

We are committed to making the best use of information and digital technology, as we seek to realise our vision of Healthier communities, outstanding care for all.

Much has changed nationally and locally in recent years, whilst the opportunities created by digital technology continue to evolve. Our new Digital Strategy, Informed decisions, digitally connected care, describes how we will maximise these opportunities, reflecting feedback from the 400 responses that were received during its development, from clinicians, colleagues and partners.

We have set a clear direction and ambitious goals for the next five years that will benefit the communities we serve, as well as colleagues across SFH and our partners. Through delivering this strategy, **we will enhance patient and clinician experience**, improve safety and efficiency, better understand the needs of our local communities and plan services accordingly.

We will target treatment effectively, give citizens convenient access to services and their records, and ensure relevant information follows each patient regardless of where they're treated. Importantly, **we will adapt to new opportunities** as they emerge over the coming years, learning from others and sharing our experiences and successes across Nottinghamshire and beyond.



Board of Directors Meeting in Public - Cover Sheet

Subject:	Digital Strategy Review		Date: 6 th July 2023		
Prepared By:	Richard Walker, Chief Digital Information Officer				
Approved By:	David Selwyn, Medical Director				
Presented By:	Richard Walker, Chief Digital Information Officer				
Purpose					
The purpose of this report is to provide The Trust Board with an update on high level objectives published in the Digital Strategy in 2020, and as background to the Digital workshop.			Approval		
			Assurance		
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1 Significant deterioration in standards of safety and care				X	
PR2 Demand that overwhelms capacity				X	
PR3 Critical shortage of workforce capacity and capability				X	
PR4 Failure to achieve the Trust's financial strategy				X	
PR5 Inability to initiate and implement evidence-based Improvement and innovation				X	
PR6 Working more closely with local health and care partners does not fully deliver the required benefits				X	
PR7 Major disruptive incident				X	
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change				X	
Committees/groups where this item has been presented before					
Digital Strategy Group Executive Team					
Acronyms					
ePMA – Electronic Prescribing & Medicine's Administration EPR – Electronic Patient Record PAS – Patient Administration System					

Executive Summary

The purpose of this report is to provide The Trust Board with an update on high level objectives published in the Digital Strategy in 2020, and as background to the Digital workshop.

17 out of 32 objectives have been achieved. The Covid-19 pandemic and the EPR restart have delayed several others. The strategy is still relevant, and a review should be commissioned once the EPR contract has been signed – as knowing the supplier and approach will be essential to future planning.

Digital Strategy Objectives Review

The purpose of this document is to review the achievements against the SFH [Digital Strategy](#). The review is timely considering the Trust's ePMA (Electronic Prescribing and Medicine's Administration) programme status, EPR (Electronic Patient Record) procurement re-start, financial constraints whilst recognising significant national support for digital transformation and the fast-moving pace of the digital agenda. It is appropriate to check and challenge that the objectives remain relevant and appropriate.

The Digital Strategy was launched in Spring 2020 following significant engagement with staff and patients and system partners. Whilst the Covid 19 pandemic significantly affected capacity and influenced priorities, there is a need to review the achievements to date, and review timescales, given we are 3 years in.

Context

The national context requires a core level of digitisation – a key element of this is:

80% of Trusts will have achieved an EPR implementation or a significant implementation by March 2025 with the remaining Trusts achieving EPR completion by December 2025.

It should be noted that the Trust's potential to achieve this target is at risk due to the procurement re-start.

A digital by default approach at scale is also developing nationally, with the NHS App as the front door to patient content (correspondence, results, appointments, prescriptions, and interactions).

The Nottingham & Nottinghamshire Integrated Care System Strategy¹ has a principle of 'integration by default'. This includes areas relating to workforce and the use of data. As a priority, the strategy will 'bring our collective data, intelligence and insight together.' The ICS Digital, Analytics, Information, and Technology (DAIT) Strategy and the Patient facing Digital Strategy are both currently being reviewed. However, the strategic priorities are unlikely to change.

¹ [Integrated-Care-Strategy-2023_27.pdf \(healthandcarenotts.co.uk\)](#)

DAIT Strategic initiative
1. Develop our Public Facing Digital Services
2. Develop our Population Health Management capability, aligned with powerful Analytics and Intelligence to support all initiatives
3. Complete the digitisation of providers by 2024
4. Develop a single summary health and care record and supported workflows, by interoperability of our health and care data and systems
5. Improve the digital literacy of the workforce and the capability and capacity of our digital and informatics specialists and develop our culture, investment and governance

Vision & Strategy

In April 2019, the Trust launched its new vision and strategy, 'Healthier Communities, Outstanding Care'. The Digital Strategy addresses how we will achieve objective 4 – *make the best use of information and digital technology*.

The alignment between the Trust Digital Strategy and the wider ICS strategies is testament to the cooperative working across partners.

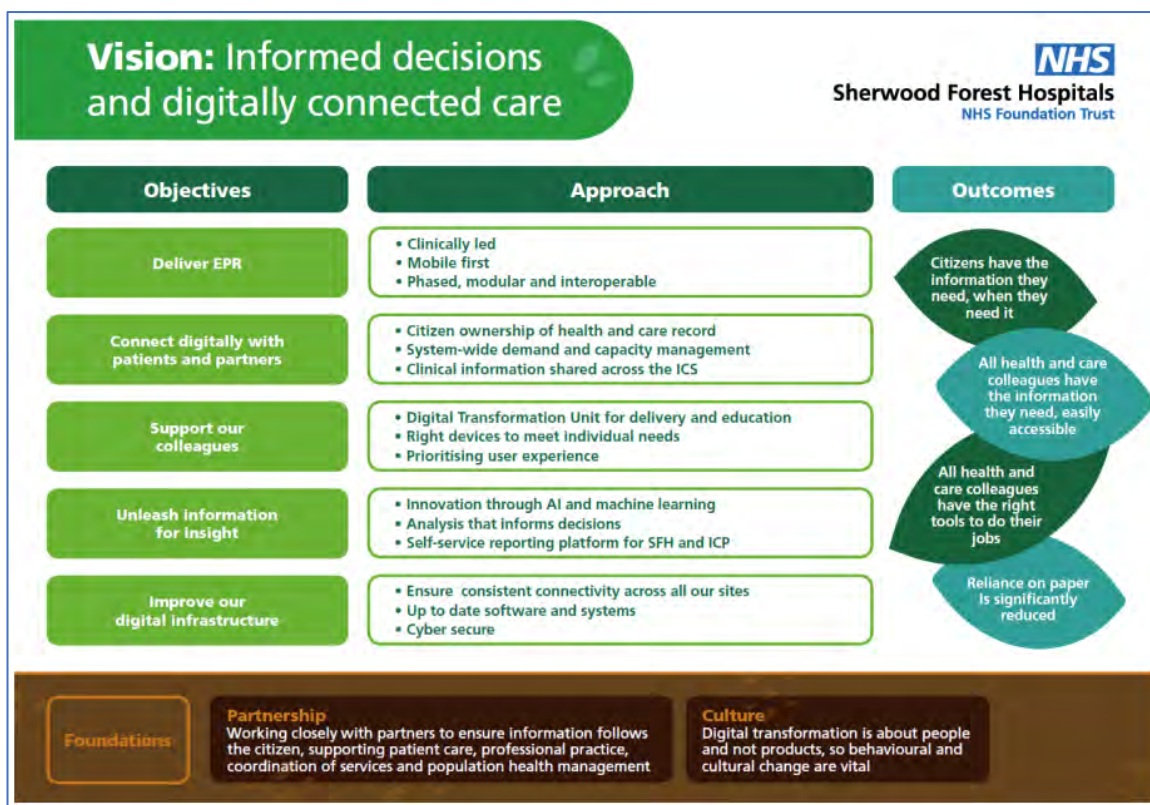


Figure 1: Digital Strategy on a page

Timescale review

The digital strategy is a very accessible document, not unduly technical, or focussed on specific technologies. The strategy is based on 5 pillars or key objectives:

- Deliver EPR
- Connect digitally with patients and partners
- Support our colleagues

- Unleash Information for insight
- Improve our digital infrastructure

For each objective, the strategy notes what will need to be achieved to deliver the desired outcome. Appendix 1 contains a review of the actions and timescales.

Given the drivers above and review by clinical, operational, and technical leads the strategy is still valid and should continue to be the benchmark for evaluating digital investments. 17 out of 32 actions have been completed. It should be noted that whilst the Covid-19 Pandemic will have delayed many things, it did lead to progress in others (agile working, Office 365/Teams, video consultations).

The restart of the Trust's EPR programme is the key delay to our digitisation plans. Re-profiling these activities cannot begin until the contract has been signed with the preferred supplier.

In the interim there will be several related or follow-on objectives that the Trust may wish to prioritise including:

- Further roll out of EPMA.
- Continued digitisation of clinical assessment documentation
- Delivering on the "right tools for the job" mandate
- Continuing the digital integration of ED
- Targeted EPR preparation (e.g. PAS data quality, further clinical process digitisation)
- Targeted use of Office 365 (e.g. Robotic Process Automation)
- Lifecycle Asset management
- Digital by Default for patient correspondence
- Wi-fi and core network upgrade in preparation for EPR
- Business Intelligence
 - o Acquisition of more data sources (e.g. Datix, ICNET)
 - o Focus on Quality & Improvement data for Nursing

The above list is illustrative, not exhaustive, or prioritised. It does not take account of planned work by the Trust, NHIS. Future plans must be inclusive of other services, such as Radiology, Pathology or the ICS.

At present the implementation of digital solutions is limited by the resources (people and funding). DIAG manages the approval and prioritisation of work. There is unfulfilled demand should further resources become available.

Recommendation

Digital Strategy Group and the Executive Team have received this paper. The recommendations were to:

- note the content of the report.
- Comment on their priorities for the coming 1-2 years.
- Request a review of existing Digital related plans for the next 1 – 2 years, to form the basis of a Digital operational plan, to include:
 - o DIAG (Digital Innovations Approval Group) approved work.
 - o Include a short review of unmet demand (projects/ideas that have yet to be prioritised or submitted).
 - o NHIS planned work on behalf of the trust.
- Commission an update of the Digital Strategy, to begin once the EPR contract is signed.

Trust Board are asked to note the content of the report and consider in the context of the Board workshop.

Appendix 1: Actions Timescale review

EPR	By when	% Complete	Revised Date
Complete implementation of e-obs phase 2 (ED and Maternity)	Q3 2020/21	100%	-
Fully optimise bed management, capacity and flow	Q2 2021/22	100%	-
While complete, this work is being revisited due to added requirements driven by the ICS and SFH Chief Operating Officer.			
Complete implementation of e-obs phase 3 (ICU, Neonates and Theatres)	Q4 2021/22	66%	Full EPR
Although Nervecentre has been introduced to ICU and Theatres, the ask has evolved, where e-Obs was not the priority, rather visibility of clinical information and EPMA.			
Patient assessments fully digitised (For in-scope assessments)	Q4 2021/22	100% (of in-scope assessments)	Q3 2023/24 EPR programme
Implement a new care pathways and workflows solution (SDM replacement)	Q4 2021/22	50%	
Review the future requirements for our Patient Administration System (PAS)	Q4 2021/22		
PAS requirements to be scoped as part of EPR programme			
Review the future requirements for Order Communications	Q4 2021/22		EPR programme
Requirement to be included in EPR requirements			
Implement ePMA	Q3 2022/23	100% adult inpatient wards	

Further roll-out expected in next 12-18 months			
Ensure all correspondence (patient and clinician) is digital	Q3 2022/23	100% for maternity - Badgernet	EPR programme
Digitise patient notes (captured and viewed electronically for all pathways)	Q2 2023/24		EPR programme
Integrate digital imaging with EPR	Q2 2023/24		EPR programme
Integrate Infection Prevention and Control with EPR	Q2 2023/24		EPR programme
Patient Facing Digital Services	By when	% Complete	Revised Date
PFDS roadmap developed (ICS	Q1 2020/21	100%	
Digital correspondence with patients to begin	Q3 2020/21	100%	Q4 2025/26
Outpatient and radiology letters are delivered digitally to 16% of patients, with plans being developed to significantly increase take up. The Trust should adopt a Digital by Default approach to patient communication as a platform for future engagement.			
Secondary care data sharing infrastructure development	Q3 2020/21		
The Notts Care Record programme (previously called Ecosystems platform) will deliver the next generation care record to replace the existing Care Centric Notts Health and Care Portal. The project is progressing well, and the target is to be able to deliver clinical safety testing in June/July 2023.			
System-wide demand, capacity, and flow information available	2021/22	50%	To be reviewed
The Trust is working with the region and ICS SAIU (System Analytics Intelligence Unit) to supply data once and support the development of interactive dashboards at a system level. Automated national FDF data flows are being used by the SAIU to populate the capacity and flow solution.			
ICS interoperability fully functional	Pending ICS DAIT Strategy	Complete	-
The DAIT strategy has been developed and driven forward by the ICS. The ICS partnership has been successful in a S251 application. This allows patient level data to be linked and used for secondary uses (i.e. non-clinical) – with appropriate governance. System level BI technology has been implemented, and data flows are being developed. The Strategy is currently being reviewed for the next stage of development.			

LHCR	Pending LHCR strategy	-	-
See Secondary care data sharing infrastructure development above.			
Support our colleagues	By when	% Complete	Revised Date
Establish Digital Champions Network	Q1 2020/21	100%	-
Establish DTU	Q1 2020/21	100%	-
'Tap and go' delivered in urgent and emergency care	Q3 2020/21	100%	Review Q1 2023/24
Although delivered, the benefits have not been realised, and the solution not well received. Plans are in place to review the requirement with support from Imprivata. This should be undertaken in the context of the EPR and device strategy – mobile, always on devices may fundamentally change the approach and solutions needed.			
Communications optimisation project (including intranet review)	Q4 2020/21	0%	
Reviewed, but no plans formulated. Requires further work. Unified Communications Strategy being commissioned April/May 2023		10%	To be reviewed
Ensure mobile devices are available in all relevant clinical areas	Q4 2021/22	100%	-
Wider rollout of single sign on	Pending national solution	-	To be reviewed
Delayed, subject to Tap and Go review, and the EPR procurement.			
Unleash Information	By when	% Complete	Revised Date
Coproduce ICS DAIT strategy	Q2 2020/21	100%	

The Trust has taken part in the co-production of the ICS DAIT strategy and continues to support the implementation. There has been a recent review undertaken, to which SFH contributed.

Develop proof of concept for visualisation platform, test and refine	Q3 2020/21	30%	Timetable to be reviewed
Develop suite of interactive SFH reports through a visualisation platform	Q2 2021/22		

The Trust implemented Qlik Sense as a tactical decision, rolling out several live, interactive dashboards. In 2022, a BI Strategy statement was approved, agreeing to align the Trust with the ICS strategy and technology infrastructure for Business Intelligence. This is based on Microsoft Power BI and SharePoint hosted by NHIS on behalf of the ICS. Access to the infrastructure was enabled in March 2023, along with shared learning content, and templates. The Trust is starting the process of training Information Analysts on Power BI, and spreading the capacity across its teams, with a view to automating where possible.

Develop suite of interactive ICP reports through a visualisation platform	Q4 2021/22	100%	-
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This has been achieved via the ICS SAIU work.

Share learning across the ICS	Q2 2022/23	100%	-
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Link to the Power BI decision, also link to DAIT and SAISOG

Improve our Digital Infrastructure	By when	% Complete	Revised Date
HSCN migration	Q2 2020/21	100%	-
This project was the replacement connectivity for the N3 NHS network. The ICS partners implemented 230 circuits. From an SFH perspective, this meant dual, resilient, and diverse connectivity for KMH, Newark and Mansfield. The infrastructure supplies high speed connections, and the ability to share infrastructure, including wi-fi. Discussions have already begun concerning the next iteration.			
Complete rollout of Office 365.	Q2 2021/22	100%	-
The Microsoft deal is currently being renegotiated by NHSE (for completion circa end of May 2023). The roll out of Office 365 is a significant piece of work. There is a need to review the plan going forward to ensure the Trust gains the maximum benefit. Process automation, the right use of Teams, Sharepoint and other tools should be reviewed.			

Resolve Wi-Fi blackspots at King's Mill Hospital
Replace Wi-Fi at Newark and Mansfield Hospitals

Q4 2020/21
Q4 2021/22

Awaiting Wi-Fi
survey results

2023/24

There are several actions targeted at improving the wi-fi across the Trust sites. A detailed technical survey has been undertaken, with results awaited. The infrastructure is being replaced using Capital funding to prepare for the increasing traffic created by EPR applications. Access to wi-fi is being simplified, to support always on access and wi-fi calling. Staff are also being asked for their opinion via an online survey. 4G coverage is being reviewed with Vodafone.

Trust Board - Cover Sheet

Subject:	Engagement for 2024-29 Trust Strategy	Date: 6 th July 2023			
Prepared By:	Kevin Gallacher, Associate Director of planning & Partnerships. Pui-Shan Tang, Care Integration Business Analyst				
Approved By:	David Ainsworth, Director of Strategy & Partnerships				
Presented By:	David Ainsworth, Director of Strategy & Partnerships				
Purpose					
To update Trust Board on the Engagement approach which will be used to inform the Trust 2024-29 Strategy.		Approval			
		Assurance	X		
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Indicate which strategic objective(s) the report support					
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				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 Executive Team					
Acronyms					
ICS – Integrated Care System VSCE – Voluntary, Community and Social Enterprise PCN – Primary Care Network ICB – Integrated Care Board LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Queer/questioning and others WAND – We're Able and Disabled CCPL - Clinical and Care Professional Leaders CIAG - Citizen Intelligence Advisory Group SFH – Sherwood Forest Hospitals					
Executive Summary					
<p>The board is aware the current Trust Strategy expires at the end of March 2024 and we have already stated our intention to make the next 12 months our springboard year.</p> <p>The future design of our services and care models should take account of and be sensitive to the views of our patients, their families, the public and the communities we represent.</p> <p>This paper seeks to update the Trust Board on the ongoing engagement work being undertaken.</p> <p>A stakeholder map has been completed and is inclusive of touch points where interaction with the public can occur more readily; the key groups who represent local voices and those considered to</p>					

have protected characteristics; along with key partners. An engagement plan and timeline is now in place and the first set of engagement activities have commenced.

The first activity targeted almost 11,000 members of the public. A questionnaire (Appendix A), posted out, has given the opportunity to tell us what they need us to do for them and what matters to them for their future hospital services. Responses have started coming through a range of sources including written, electronic, QR code and the like.

All responses received will be collated, analysed and themed. The information gained through other forms of engagement, will influence the development of the Trust priorities in order we shape our thinking and design for the new 2024-29 strategy document. A verbal update on the number of responses received to date will be provided at the Board meeting.

In addition a number of groups and forums have been identified that will support far reaching engagement with this illustrated in Enclosure 1.

The early findings from the public engagement on strategy will be presented to the 6th November Public Board while the draft 2024-29 strategy document will be shared with Trust Board during it's October time-out. This draft of the Trust strategy document will be used in our further engagement from the end of October till the beginning of December to take us to a final strategy for Board approval in January 2024.

The Trust Board is asked to:

1. note the update and next steps

Background:

As part of our strategic objective to work collaboratively with partners we set out in our 2023-24 priorities that:

Through engagement with our People, Board, Council of Governors, Patient & Carers, the wider community we serve and our partners we will put in place a strategy that reflects our populations needs and contributes to our social, partner and regulatory agendas.

And we set out the following key milestones:

- Engagement plan in place by the end of May 2023 - complete
- First draft 2024-29 Strategy completed for October
 - Board Approval of Strategy - 4th Jan 24
 - Clear set of priorities and actions for Year 1 agreed with Board during Qtr. 4 (updated annually)
 - 2024-29 Strategy launched Qtr. 4 2024

This paper updates the Board on progress to date with the engagement plan with additional information in the opportunities for engagement included in Enclosure 1.

Progress to date:

1. We have agreed 4 broad audience categories with messages, materials and time spent tailored to these different audiences.
 - Our People – i.e. directly and indirectly employed and volunteers
 - External Stakeholders – inc. Local Authorities, VSCEs, PCN's.
 - Patients/Carers
 - Wider Population
2. We have also agreed that we are not consulting on the Strategic Objectives for 2024-29.

The Strategic Objectives that were updated for 2023-24 and the existing CARE Values will be used for the engagement with the focus being on increasing participants awareness of these while making it clear that we are not consulting on these. Any CARE values work will align to and compliment any People Directorate actions to refresh awareness of our CARE values

The six Strategic Objectives for the 2024-29 strategy are:

- Provide outstanding care
- Improve health and wellbeing
- Empower and support our people
- Continuously learn and improve
- Sustainable use of resources
- Work collaboratively with partners

The CARE values remain:

Communicating and working together
Aspiring and improving
Respectful inclusive and caring
Efficient and safe

3. The main focus of the engagement is therefore on confirming and shaping our priorities that will underpin the delivery of the objectives by understanding what is important to the different audiences set out above.

The first part of this work has commenced with 10,604 members of the public sent a short questionnaire as part of the Council of Governors election pack (Appendix A: Council of Governors Voting Papers encl.).

A further 50 were made available for the 'Step into the NHS' event held at Kings Mill on the 20th June with a further programme of work to make these questionnaires available to additional audiences during July and August as part of ongoing engagement.

At the 23rd June eight responses have been received covering a range of topics. We will collate and theme all responses received through June, July and August to inform the draft 2024-29 Strategy document which is to be shared at the Board time-out in October.

4. A number of other opportunities for engagement across the range of audiences have been identified with an understanding that we need to be pragmatic and proportionate in our engagement; understanding what our audience would seek to get out of the time they give up engaging with us and what we are hoping to achieve from this engagement.

Wherever possible we have sought out groups that have a wide range of stakeholders to maximise the spread of engagement (Enclosure 1). Individual or a mixture of the Executive Team members will engage with these forums directly alongside others with for example a nurse leader engaging directly with clinical staff on a face-to-face basis during August.

Further work is ongoing to understand gaps in the proposed engagement plan especially around obtaining the views of seldom heard voices and excluded groups in the wider population categories.

Strategy Engagement Next Steps:

1. Continue to roll out the questionnaires across the various audiences during July and August.
2. Test the engagement approach sense checking coverage of audiences and response rates adapting the approach if necessary, and gain assurance that we are successfully obtaining a wide range of feedback including the views of seldom heard voices and excluded groups.
3. Collate and theme up all feedback received to inform the writing of a draft 2024-29 Strategy due to the Trust Board Time out on 26th October.
4. Late October to early December engage on the draft 2024-29 Strategy document.

Appendix A: Council of Governors Voting Papers encl.

Healthier Communities,
Outstanding Care

NHS

Sherwood Forest Hospitals
NHS Foundation Trust

**We need
you!**



**We're developing our new five year strategy
which will start in April 2024.**
**You can help shape our thinking and we are keen to hear
your views.**

Our objectives:

- Provide outstanding care
- Improve health and wellbeing
- Empower and support our people
- Continuously learn and improve
- Sustainable use of resources
- Work collaboratively with partners

Our Vision is:

“Healthier communities and
outstanding care for all”

#Team
SFH

> Your feedback

Sherwood Forest Hospitals NHS Foundation Trust provides many services, some of which include routine operations, scans and x-rays, emergency care and urgent care. We also provide care outside the hospital, such as Community Midwives and children's services.

We have an important role in helping our communities by providing employment and education opportunities and also working with local partners on topics such as climate, physical activity and health and wellbeing.

What do you need us to do for you?

What matters to your future hospital services?

If you would like further involvement please leave an email or contact number below:

Please post your form back to:

David Ainsworth, Trust HQ, Sherwood Forest Hospitals NHS Foundation Trust,
Mansfield Road, Sutton-in-Ashfield, Nottinghamshire, NG17 4JL

Alternatively, please visit www.sfh-tr.nhs.uk/ourstrategy or scan the QR code below to enter your comments online.



Trust Board

Subject:	Senior Information Risk Owner (SIRO) Report for Trust Board		Date: 6th July 2023		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs				
Presented By:	Jacqueline Widdowson, Information Governance Manager & Data Protection Officer.				
Purpose					
The purpose of this report is to provide the Trust Board with an overview of the Trusts statutory and legal compliance with the Information Governance and Information Security Agenda and provide the final submission outcome of the DSPT.				Approval	
				Assurance	x
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
			x		
Principal Risk					
PR1 Significant deterioration in standards of safety and care					x
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Elements of the report have previously been presented to the Audit Committee and Executive Team Meeting					
Acronyms					
DSPT – Data Security Protection Toolkit IG – Information Governance SIRO – Senior Information Risk Owner IAO – Information Asset Owner FOI – Freedom of Information DPA – Data Protection Act DPO – Data Protection Officer ICO – Information Commissioner's Office					
Executive Summary					
<p>This report provides the Trust Board with an overview of the Trust's compliance with the Information Governance (IG) and Information Security agenda both nationally and locally.</p> <p>The Annual SIRO report is included within Appendix A and provides an overview on our legislative and regulatory compliance with the FOI Act, DPA, DSPT and any incidents reported to the ICO.</p> <p>All 113 of the 113 Mandatory standard evidence items are now complete for the DSPT. The DSPT has now been submitted with an overall compliance as standards met.</p>					

During 2022/23, 6 incidents were escalated as reportable to the Information Commissioners Office. None have resulted in action from the regulators as the Trust provided appropriate assurance.

Appendix B touches on the Data Saves Lives Strategy and how by harnessing the power of data, we will see the emergence of AI technology into the Trust.

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

APPENDIX A

2022/23 Annual Senior Information Risk Owner Report

Purpose of the Report

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

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

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

To outline the direction of information governance work during 2022/23 and how it aligned with the strategic business goals of Sherwood Forest Hospitals NHS Foundation Trust.

Assurance Framework

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

No outstanding standards remain for completion and the final submission has been made with all 113 standards met.

Data Flow Mapping & Information Asset Registers

To be legally compliant with data protection legislation, our organisation must keep a register of all the different types of information it stores, shares, and receives. The register also needs to detail all the digital and physical places where personal and sensitive information is stored, and how it is kept safe.

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2022/23 the IG Team circulated the Information Asset Register (IAR) and Data Flow Maps (DFM) for each business areas to ensure that all new systems and data flows were recorded, and risk assessed. We aim to disseminate and receive returns each year to ensure we have the most up to date registers in place. Some challenges were encountered in-year for reviews due to operational pressures across the services, staffing changes and staff shortages within the IG Team. The 3 main areas we are awaiting returns from are Medicine, Surgery and Women & Children's who had an extended deadline to the 30th June 2023.

The registers contain information such as:

- Key owners
- Retention periods
- Location of the data
- Media type (paper/ digital)
- Frequency of back up
- Access controls
- The legal basis for sharing
- Who the recipient of the data is

- Data transfers outside the UK

The IAR's & DFM's received were reviewed on 1st June 2023 by the IG Manager/ DPO and any gaps in information fed back to the relevant business areas, with support from the IG Team to complete.

At present the IAR & DFM for each business area are kept separately so they can be periodically updated as necessary throughout the year and return when requested. Moving forward this information will be transferred to the Corestream software environment to ensure that all the information is stored in one place and alerts will be generated automatically when a review is needed, thereby streamlining the process. A working group is currently being created to refresh the work of the IAO's and provide support in understanding the requirements of the role.

Serious Incidents Requiring Investigation (SIRI)

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

To date there have been six incidents that have been reported on the Data Security & Protection Toolkit during 2022/23 of which only one required further investigation by the ICO. This has now been resolved with no further action taken.

Risk Management and Assurance

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2022/23 the IG Manager/ DPO has reviewed the current top 3 data risks with the Risk Manager, these have been identified as unsupported systems, training, and cyber security. A report was presented to the IG committee in June, along with an action plan in place for mitigation and to strengthen these areas.

Freedom of Information (FOI)

During 2022/23 to date the Trust processed a total of 710 FOIA requests. This function is managed by the IG Team and the activity is demonstrated in the table below. There has been a significant increase in the number of FOI requests received at the Trust than in the previous year. The Trust received 602 which is an increase of more than 100 requests. The IG Team continue to monitor the number of requests and going forward the IG Committee will monitor compliance. An FOI working group has been formed and it is hoped that this will support the teams across the Trust who provide information for the requests to attain compliance.

Total	Breached timeframe of 20 days	Escalated to ICO
710	248	0

This year has been challenging due to ongoing operational pressures which has had a continued impact on the number of FOI requests going over the 20 working days statutory timeframe.

Subject Access Requests

The Trust has received 3172 requests for access to patient records and 17 requests for employee records. The majority of patient records are processed in line with national guidance which is exemplary given that some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure that information is released appropriately. There have been no complaints to the Information Commissioner. Any requests for review of content of records by patients have been handled locally and achieved satisfactory resolution for patients. There has been a substantial increase of around 400 more requests received into the department during 22/23 than in previous year.

Type	1 st April 2022 to 31 st March 2023	Completed < 21 days	Completed 21-30 days	Completed > 30 days
Patient, Sols, Police	3172	2749	422	1
Employee	17	10	4	3

APPENDIX B

Horizon Scanning 2022/23

The data save lives: reshaping health and social care with data strategy, aims to commit to giving health and care staff the information they need to provide the best possible care and the NHS has an ambition to deploy more AI into the health and care environment.

It is hoped that the deployment of AI will support the prevention, early diagnosis, and treatment of chronic diseases. It will help clinicians diagnose conditions such as cancer, heart disease and stroke more quickly and in turn patients receive the treatment they need sooner.

There are models that can support not only the diagnosis and treatment of patients but also work processes. For example, process mining which can use a set of mathematic algorithms for extracting process flows from data generated by the process. This then can be used to analyse the data and processes for the accident and emergency department data flows.

Board of Directors - Public - Cover Sheet

Subject:	Application of Trust Seal		Date: 6 th July 2023	
Prepared By:	Laura Webster, Corporate PA			
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs			
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs			
Purpose				
This report serves to provide the Board with a comprehensive overview of the Trust's use of the Official Seal, ensuring transparency and accountability in its application.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
N/A				
Acronyms				
None				
Executive Summary				
<p>In accordance with Standing Order 10 and the delegated authority in the Scheme of Delegation, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed to the following documents:</p> <ul style="list-style-type: none"> Seal number 102: <i>Between: Sherwood Forest Hospitals NHS FT and Keir Construction Ltd</i> Details of the contact: For the refurbishment of ward 3 at King's Mill Hospital. Documents signed by the Chief Executive and the Director of Corporate Affairs Dated: 13th June 2023 Seal number 103: <i>Between: Sherwood Forest Hospitals NHS FT and Keir Construction Ltd</i> Details of the contract: For construct only, TIF works comprising works to modular building by others & associated line structure, existing hospital internal refurbishment works as more fully detailed in scope. Documents signed by the Chief Executive and the Chief Financial Officer Dated: 27th June 2023 				
The Board is asked to NOTE the use of the Trust Seal.				

Maternity Perinatal Quality Surveillance model for July 2023

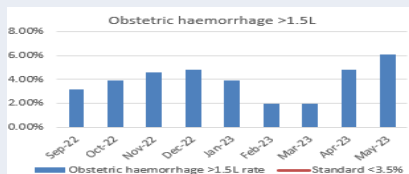
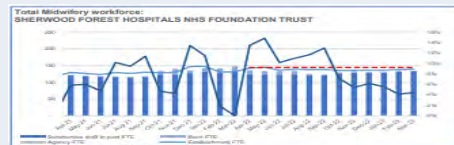
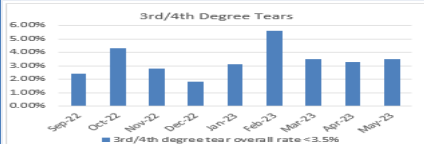



Sherwood Forest Hospitals
NHS Foundation Trust

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

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

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

<div>Massive Obstetric Haemorrhage (Jun 6.1%)</div> <div><ul style="list-style-type: none">Increase in cases this month, two cases awaiting MDT review</div> <div></div>	<div>Elective Care</div> <div><div>Elective Caesarean (EL LSCS_</div><ul style="list-style-type: none">EL LSCS commenced, and no cancellations noted.Feedback from MNSC- variation of start times- to be taken back to the working group for action.Data quality reviews completed, to be included in next months paper.<div>Induction of Labour (IOL)</div><ul style="list-style-type: none">IOL, delays improved lead band 6 appointed to support the MDT meetings and exploration of outpatient IOL</div>	<div>Midwifery Workforce</div> <div><ul style="list-style-type: none">Current vacancy rate 4.2% (blue line), recruited into from the recent Recruitment Event- expected start dates in Sept 23Risk due to high number of expected Maternity Leave- planned over recruitment</div> <div></div>	<div>Staffing red flags (May 2022)</div> <div><ul style="list-style-type: none">1 staffing incident reported in the month.No harm related</div> <div>Suspension of Maternity Services</div> <div><ul style="list-style-type: none">No suspension of services within May 23</div> <div>Home Birth Service</div> <div><ul style="list-style-type: none">30 Homebirth conducted since re-launch, 7 completed in May</div>						
<div>Third and Fourth Degree Tears</div> <div><ul style="list-style-type: none">Rate remains staticNew Perinatal Pelvic Health Service formed, SFH have key membership and aligns to NHS long term plan.</div> <div></div>	<div>Stillbirth rate (4.0/1000 births)</div> <div><ul style="list-style-type: none">No reportable cases for MayRate remains below the national ambition of 4.4/1000 births</div> <div></div>	<div>Maternity Assurance</div> <div><div>NHSR</div><div><ul style="list-style-type: none">Bid funding received.Year 5 released- working group relaunched.Submission due 2nd of Feb 2024</div><div>Ockenden</div><div><ul style="list-style-type: none">Initial 7 IEA- 100% compliantNext regional insight visit planned for Oct 23</div></div>	<div>Incidents reported May 2023 (78 no/low harm, 3*moderate or above)</div> <table><tr><th>Most reported</th><th>Comments</th></tr><tr><td></td><td>MOH, term admissions</td></tr><tr><td>Triggers x 14</td><td>None required higher escalations</td></tr></table> <div>3 incidents reported as ‘moderate’ need validation through MDT review</div>	Most reported	Comments		MOH, term admissions	Triggers x 14	None required higher escalations
Most reported	Comments								
	MOH, term admissions								
Triggers x 14	None required higher escalations								

Other

- Three moderates reported, awaiting MDT review meeting (reported month end-two relate to term admissions to the neonatal unit and one to ITU admission related to HELLP syndrome).
- MOH has increased this month and picked up through the MDT review, three cases had unplanned admission to ITU for HDU care, these are going to be reviewed thematically.
- SBLCB, remain compliant, new lead in post, version 3 launched working on the Divisional action plan).
- Entonox working group established key action plan, assurance around current exposure but risk to current levels of control. Focus on education, estates and monitoring plan.

Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	55%	54%	43%	56%	56%	55%	60%	60%	
3rd/4th degree tear overall rate	<3.5%	2.18%	2.40%	4.30%	2.80%	1.80%	3.10%	5.60%	3.50%	3.30%	3.50%	
3rd/4th degree tear overall number		46	4	8	6	2	5	9	6	6	7	
Obstetric haemorrhage >1.5L number		59	9	9	14	14	5	5	5	13	19	
Obstetric haemorrhage >1.5L rate	<3.5%	3.24%	3.20%	3.90%	4.60%	4.80%	3.90%	2.00%	2.00%	4.80%	6.10%	
Term admissions to NICU	<6%	3.62%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.40%	3.40%	
Stillbirth number		8	2	0	2	2	2	0	1	1	0	
Stillbirth rate	<4.4/1000	4.63	3.30%			3.240			4.000			
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		0	2	2	2	3	2	3	3	6	9	
Number of concerns (PET)		9	1	2	1	1	1	1	1	1	2	
Complaints		11	0	0	0	0	0	0	0	0	0	
FFT recommendation rate	>93%		91%	89%	90%	90%	89%	91%	91%	91%	90%	

External Reporting	Standard	Running Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
Maternity incidents no harm/low harm		595	96	72	80	79	64	70	64	70	77	
Maternity incidents moderate harm & above		0	0	0	0	0	0	0	0	0	3*	
Findings of review of all perinatal deaths using the real time monitoring tool	May-23	PMRT- No reputable cases in May, case reported in April has report in draft. No initial learning identified. Previously issue around partogram improved with digital notes.										
Findings of review all cases eligible for referral to HSIB	May-23	No cases met reportable thresholds in May. One case currently active (early neonatal death reported in March). Two cases reviewed in 2023, one with no safety recommendations, one with 3 relating to escalations, clinical and risk assessment. Action plans have been completed and are monitored through governance										
Service user voice feedback	May-23	New role commenced in post within the ICB of the Maternity and Neonatal Independent Senior Advocate to support SFH.										
Staff feedback from frontline champions and walk-about	May-23	MNSC on the 6th of June, feedback around the EL LSCS list, detailed in the exception report. Positive re-launch of triage and clear plans for embedding articulated.										
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10		<4 <7 7 & above										

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

All reports **MUST** have a cover sheet

Subject:	Maternity & Neonatal Safety Champions Report		Date: 6 th July 2022		
Prepared By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for W&C				
Approved By:	Phil Bolton, Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for W&C, Phil Bolton, Chief Nurse				
Purpose					
To update the board on our progress as maternity and neonatal safety champions			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and wellbeing within our communities	Empower and support our people to be the best they can be.	To continuously learn and improve	Sustainable use of resource and estate	Work collaboratively with partners in the community
X	X	X	X		X
Identify which principal risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
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					
<ul style="list-style-type: none"> Nursing and Midwifery AHP Committee 24/05/2023 Maternity Assurance Committee 26/05/2023 					
Acronyms					
<ul style="list-style-type: none"> MNSC-Maternity and Neonatal Safety Champion CQC- Care Quality Commission LMNS- Local Maternity and Neonatal System 					
Executive Summary					
<p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme and the national ambition provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation. 					
This report provides highlights of our work over the last month.					

Summary of Maternity and Neonatal Safety Champion (MNSC) work for June 2023

1. Service User Voice

We have had feedback this month from the below engagement session and the PMA team have incorporated the feedback into the action plan developed from the "What good looks like" in Maternity Services Report.

Sarah Seddon has also started in her new role within the LMNS as Maternity and Neonatal Independent Senior Advocate supporting birthing people and their families at SFH. We are continuing to support and engagement with her and this key role at SFH.



2. Staff Engagement

The planned MNSC walk round happened on the 6th of June visiting NICU, the birthing unit and the newly re-launched triage area. We spoke with staff involved in the triage re-launch and all had reported positive launch day. Whilst it was early days the team were happy with the feedback mechanisms in place is needed and how the project plan had helped. We also spoke with some further colleagues across the team in regards the elective caesarean lists. Since the launch back in May they reported variety, especially with the start times, depending upon the team that day. The MNSC took an action to feed this back to the working group that supported the launch of this list and will await the plan.

The Maternity Forum ran on the 5th of June 2023, with colleagues joining from all areas across the division. We updated on previous actions around car parking and the enhanced rates on bank shifts. We further reported on the Successful Midwifery Recruitment Day on the 12th of May and subsequent interviews. Moving forward we are looking at, with support from HR and OH, to on the day recruitment. Staff also spoke proudly about the nominations for the upcoming Staff Excellence Awards, we have nominations for Specialist Healthcare Individual (Jodie Prest), MDT of the year (Maternity and Badgernet Team). Action's taken away from the session came from colleagues at Newark who feedback in regard to an issue with a clinic room and trolley space and how as team leaders do the communicate widely within the teams. An update in regard to these actions will be provided at the next meeting.

3. Governance Summary

Three Year Maternity and Neonatal Plan:

The anticipated Single Delivery Plan was launched on the 31st of March, following a delay and title change as the "Three Year Delivery Plan for Maternity and Neonatal Services (NHSE, 2023). The plan focuses upon four key themes:

1. Listening to and working with women and families with compassion
2. Growing, retaining and supporting our workforce
3. Developing and sustaining a culture of safety, learning and support
4. Standards and structures that underpin safer more personalised and more equitable care

As a system we have looked at how to address, understanding the local data and demand and have provisionally proposed an initial focus upon two key priority areas, which are aligned to the ICS Integrated Care Strategy commitments:

1. Embedding the voice of women, birthing people and families – and ensuring key learning from service users is the main driver in transforming our maternity and neonatal services. This includes but is not limited to development of MVP and NVP

2. Equity as the lens through which we view all areas of the LMNS – ensuring equity across our services and local population, with a focus on experience as well as outcomes, looking at localized data for Nottingham and Nottinghamshire.

Further technical guidance has been provided on the 31st of May and the team are working through how these will help to deliver the plan.

Ockenden:

The outstanding action required for full compliance for the initial 7 IEA's focuses on a co-produced action plan was approved at the panel meeting and we have now 100% compliance for Ockenden initial 7IEA. We will continue with our monthly local level meeting which will feed into the LMNS as to the assurance of the embedding on the 7 IEAS.

NHSE have confirmed that the system is not required to report compliance against Ockenden II. However, NHSE have suggested local Trust actions plans are developed and progressed to deliver the IEAs set out in Ockenden II. SFH completed this work and have been advised to review their delivery plans.

We have a planned Ockenden Oversight visit for October 2023, the team are collating evidence to support the embedding of the 7IEA's and a report is viewed at the MNSC quarterly.

NHSR:

Following a bid from SFH, we have been successful, the amount has now been received and this will support the delivery of year 5 MIS. Year 5 of the MIS was launched on the 31st of May, with a submission date of the 2nd of February 2024. The team have re-instated the working groups and the proposed timelines and governance plan will be presented at the July MNSC and Maternity Assurance Committee meetings.

Saving Babies Lives:

On the 26th of June we have an on sight from NHSE. Following the success of the Phoenix Team, our Tobacco Dependency Team, work from the early implementer site for the NHS LTP maternity model. The have approached a family who are willing to be part of a film that is to sit alongside the launch of the maternity Saving Babies Lives care bundle v3.

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Discussed at MNSC and shared as part of the reading room is the monthly data for the SBLCB taken from Badgernet, which is showing an improving position and is being used for governance papers through division.

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has been approved by the Quality Committee on the 13th of April 2023 and the two "Must do" actions are progressing. The progress of these and the commencing of the "Should do" actions will be discussed through Maternity Assurance Committee. The "must do" action for mandatory training has been completed for the training year 2022/23 with the Trust Mandatory training meeting the planned trajectory of 91% (Trust target 90%). Subsequent planning has been applied to the 2023/24 training year and a clear trajectory, which is monitored through governance.

The second "Must do" relates to triage, which live re-launched on the 5th of June and features below.

4. Quality Improvement

On the 5th of June we re-launched the Maternity Triage. The Birmingham Symptom Specific Obstetric Triage System (BSOTS) was developed by clinicians and researchers from Birmingham Women's Hospital and University of Birmingham. It was led by Dr Nina Johns (Consultant Obstetrician and Clinical Lead of Delivery Suite, Birmingham Women's Hospital) and Professor Sara Kenyon (Professor of Evidence Based Maternity Care, University of Birmingham).

BSOTS is a maternity triage system, which improves the safety of mothers, babies, and the management of the department. It consists of a prompt and brief assessment (triage) of women when they present with unexpected problems or concerns, and then a standardised way of determining the clinical urgency in which they need to be seen.

Women found to have a lower clinical priority can be sat back in the waiting room, thus improving the pathway, and the standardised assessment and excellent inter-rater reliability means variation in the clinical urgency of women between midwives is minimal. The shared language between health care professionals supports clear communication. The system can be amended to personalise it to individual maternity units but the principle that the assessment is a triage (i.e., both prompt and brief) and the algorithms (which are used to define the women's clinical priority)

cannot be changed. A QI project has managed the re-launched and key performance indicators identified for monitoring and future presentation.

Examples of social media posts:



Launch of maternity triage system

Posted Wednesday, June 7, 2023 12:41 PM

We've launched a new maternity triage system for anyone who has pregnancy-related concerns.

Our triage midwives aim to review and assess people within 15 minutes of arrival at a new waiting area at the Sherwood Birthing Unit at King's Mill Hospital. Care will be prioritised based on the urgency of your symptoms and you will be told if you will be seen immediately, within 15 minutes, within one hour, or within four hours.

The midwife will inform you if any tests need to be done and when and if you need to see a doctor.

This system has been developed in response to national guidance and recommendations, including from the Care Quality Commission (CQC), as well as feedback from service users about waiting times and the quality of the triage journey.

If you have any concerns during your pregnancy or after baby arrives, contact our midwives 24/7 on 01623 676170. Save this number in your phone!

If you have any concerns, always call - never leave any concerns until the next day. Our midwives are here to talk to you and direct you to the support you need 24 hours a day, every day of the year.

This could include:

- Your unborn baby moving less than usual at any gestation.
- You think your waters have broken.
- You have a high temperature/rapid heart rate or feel unwell (pregnancy or postnatal).
- Any bleeding from the vagina if pregnant or unusually heavy bleeding and/or clots if postnatal.
- Abdominal (upper or lower tummy) pain.
- Anything that concerns you and you need reassurance/advice/check.

If you do attend our Maternity Triage, please let our midwives know what you think about the new system.



5.Safety Culture

We now commenced the first wave of the culture survey, and the teams have worked on a communication plan. Further key dates are below;

Survey launch 19th June

Survey close 7th July

Results available 24th July

Once the results are available, we will present the to the MNSC.

In addition to this the Division Quadrumvirate are also booked onto the Perinatal Culture and Leadership 'Quad' Programme in Q3 this year. This is a modular programme, facilitated by NHSE, which provides opportunities for organisations to understand their own culture using evidence-based tools, develop tailored leadership strategies for developing compassionate, inclusive and collective leadership and deliver culture change. The national aim is for Trust's to better understand the culture within their maternity and neonatal services has been received and that any support required of the Board has been identified. Once completed, an action plan will produce an action plan which will be cited through and supported by the MNSC.

Board of Directors Meeting in Public - Cover Sheet

Subject:	2023/24 Capital Expenditure Plan		Date: 6 July 2023
Prepared By:	Jen Leah, Deputy Chief Financial Officer		
Approved By:	Richard Mills, Chief Financial Officer		
Presented By:	Jen Leah, Deputy Chief Financial Officer		
Purpose			
To seek approval for the Trust's 2023/24 Capital Expenditure Plan		Approval	X
		Assurance	
		Update	
		Consider	
Strategic Objectives			
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve
Sustainable use of resources and estate	Work collaboratively with partners in the community		
X		X	X
Indicate which strategic objective(s) the report support			
Identify which Principal Risk this report relates to:			
PR1	Significant deterioration in standards of safety and care		X
PR2	Demand that overwhelms capacity		X
PR3	Critical shortage of workforce capacity and capability		
PR4	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		X
Committees/groups where this item has been presented before			
TMT (May 2023) Capital Oversight Group (June 2023) Finance Committee (Approval - June 2023)			
Acronyms			
ICB – Nottingham & Nottinghamshire Integrated Care Board		IT – Information Technology	
SFH – Sherwood Forest Hospitals NHS Foundation Trust		MCH CDC – Mansfield Community Diagnostics Centre	
CROG – Capital Resources Oversight Group		PFI – Public Finance Initiative	
		EPR – Electronic Patient Record system	
Executive Summary			
<p>The 2023/24 Capital Expenditure Plan was discussed and approved at the Finance Committee meeting of 2 June 2023.</p> <p>The Trust's capital resources come from two main sources:</p> <ul style="list-style-type: none"> A share of the Nottingham & Nottinghamshire ICB (the ICB) capital envelope, which predominantly funds 'business as usual' capital requirements such as equipment replacement and backlog maintenance. Specific targeted allocations for NHS priorities, such as for Digital improvements and the development of Community Diagnostics and further Elective capacity. 			

The value of the Trust's 2023/24 Capital Expenditure Plan is £37.5m, of which £9.7m is funded through the ICB envelope and £27.8m relates to specific funding.

The plan has been developed with input from the capital leads for Estates, Equipment and Information Technology, who review and prioritise schemes on a risk and opportunity basis.

A summary of the 2023/24 Capital Expenditure Plan is included as Appendix 1.

Progress in the delivery of the Capital Expenditure Plan is managed through the Trust's Capital Resources Oversight Group (CROG). This group meets monthly and is chaired by the Chief Financial Officer, with a Non-Executive Director and corporate and clinical representatives from across the Trust. The CROG reports into the Trust Executive Team and provides updates through the Trust's Finance Committee.

The Board of Directors are asked to approve the 2023/24 Capital Expenditure Plan.

Appendix 1 - 2023/24 Capital Expenditure Plan

	2023/24 Plan £m
Funded through ICB Capital Envelope	
Property, Land & Buildings	
Breast Feeding Expansion KMH	0.30
Fire Stopping	0.29
Building/Health and Safety other	2.83
Sub-Total: Property, Land & Buildings	3.42
Plant & Equipment	
Pharmacy Robot	0.60
Medical Equipment	2.49
Sub-Total: Plant & Equipment	3.09
IT	
Prescribing	0.25
Cyber Security	0.30
Replacement Cardio Respiratory	0.05
PC/Laptop replacement	0.54
Digitisation	0.36
I.T	1.45
Sub-Total: IT	2.95
Other	
Capital Salaries	0.13
Capital to Revenue	0.10
Sub-Total: Other	0.23
Total Funded through ICB Capital Envelope	9.69

	2023/24 Plan £m
Outside of ICS Capital Envelope	
MCH CDC	13.36
EPR	10.03
Residual Interest/ PFI	4.08
Donated	0.30
Total: Funded through Other Sources	27.77

The Discharge Lounge and TIF developments do not appear on this table as the funding was received in 2022/23.

Finance Chair's Highlight Report to Trust Board

Subject:	Finance Committee meeting	Date: 2 nd June 2023 and 28 th June 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Purpose			
The paper summarises the key highlights from the Finance Committee meetings held on 2 nd June and 28 th June 2023		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> 2023/24 Financial Plan (submitted 4th May 2023) Month 1 and Month 2 Financial Position 	<ul style="list-style-type: none"> Further detailed review of planning approach to efficiency savings and Financial Improvement Programme (undertaken 28th June). Capital Expenditure Plan.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Positive assurance provided in respect of the 2023/24 Financial Plan approach and contents. Understanding of the key issues covered in the Monthly Finance Report. 	<p>Approval granted for:</p> <ul style="list-style-type: none"> Master Health & Social Care Network (HSCN) Contract 2023/24 Capital Plan Revenue borrowing application for Q1 (with delegated authority to CFO for future borrowing) Estates support expenditure
Comments on Effectiveness of the Meeting	
Good and effective discussion, items fully understood and discussed.	