Sherwood Forest Hospitals
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 5th October 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/ *Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.		**Apologies for Absence** Quoracy check: *(s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)*	Agree	Verbal
4.	09:00	**Minutes of the meeting held on 7th September 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.	09:25	**Strategic Objective 1 – Provide outstanding care in the best place at the right time** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model** • **Learning from Deaths** Report of the Medical Director	Assurance Assurance	Enclosure 8.1 Enclosure 8.2
9.	10:00	**Strategic Objective 2 - Improve health and wellbeing within our communities** • **Flu Vaccination Plan** Report of the Director of People	Assurance	Enclosure 9.1

	Time	Item	Status	Paper
10.	10:10	**Strategic Objective 3 – Empower and support our people to be the best they can be** • **Workforce Race Equality Standard Report (WRES)** Report of the Director of People • **Workforce Disability Equality Standard Report (WDES)** Report of the Director of People	Assurance Assurance	Enclosure 10.1 Enclosure 10.2
11.	10:20	**Strategic Objective 4 – To continuously learn and improve** • **Research Strategy – update** Report of the Head of Research and Innovation	Assurance	Enclosure 11.1
12.	10:35	**Staff Story – Menopause in the workplace – Learning from and supporting our colleagues** Jacqueline Read, Associate Director of People (Operations) and Amy Gouldstone, Health and Wellbeing Lead	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
13.	11:05	**Winter Plan** Report of the Chief Operating Officer	Approval	Enclosure 13
14.	11:20	**Outpatient Transformation Update** Report of the Chief Operating Officer	Assurance	Enclosure 14
	Governance			
15.	11:35	**Governance Review following the trial of Lucy Letby** • **Report of the Chief Executive** • **Report of the Freedom to Speak Up (FTSU) Guardian**	Assurance	Enclosure 15.1
16.	11:50	**Updated Fit and Proper Person Test** Report of the Director of Corporate Affairs	Assurance	Enclosure 16
17.	12:00	**Assurance from Sub Committees** • Audit and Assurance Committee Report of the Committee Chair (last meeting) • Finance Committee Report of the Committee Chair (last meeting) • Quality Committee Report of the Committee Chair (last meeting) • People and Culture Committee Report of the Committee Chair (last meeting)	Assurance Assurance Assurance Assurance	Enclosure 17.1 Enclosure 17.2 Enclosure 17.3 Enclosure 17.4

	Time	Item	Status	Paper
18.	12:20	**Outstanding Service – A volunteer's journey through Sherwood Forest Hospitals**	Assurance	Presentation
19.	12:25	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
20.	12:30	**Any Other Business**		
21.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **2nd November 2023, Boardroom, King's Mill Hospital**		
22.		**Chair Declares the Meeting Closed**		
23.		**Questions from members of the public present** (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: *"That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."*		

Board of Directors Information Library Documents

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

Enc 05	• **Financial Impact of Long Term Length of Stay / Medically Safe for Discharge Patients – report as presented to Finance Committee**
Enc 08.2	• **Hospital Standardised Mortality Ratio (HSMR) Update – as presented to Quality Committee**
Enc 17.1	• **Audit and Assurance Committee - previous minutes**
Enc 17.2	• **Finance Committee - previous minutes**
Enc 17.3	• **Quality Committee - previous minutes**
Enc 17.4	• **People, Culture and Improvement Committee - previous minutes**
Enc 20	• **Improvement Advisory Group Quadrant report**

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 7th September 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
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
In Attendance:	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
	Paula Shore	Director of Midwifery	PS
	Lucy Davis	Head Orthoptist	LD
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Richard Brown	Head of Communications	
Observers:	Ian Holden	Public Governor	
	Sue Holmes	Public Governor	
	Andrew Fooks	360 Assurance	
	3 members of the public		
Apologies:	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	David Ainsworth	Director of Strategy and Partnerships	DA

Item No.	Item	Action	Date
23/276	**WELCOME**		
1 min	The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The meeting was held 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.		
23/277	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/278	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Aly Rashid, Non-Executive Director, Andy Haynes, Specialist Advisor to the Board, and David Ainsworth, Director of Strategy and Partnerships. It was noted Claire Hinchley, Deputy Director of Strategy and Partnerships, was attending the meeting in place of David Ainsworth.		
23/279	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3rd August 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/280	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that action 23/173.1 was complete and could be removed from the action tracker.		
23/281	**CHAIR'S REPORT**		
2 mins	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the appearance of Gerrie Edwards, Corporate Matron, in a national BBC documentary to celebrate the 75th anniversary of the NHS. CW informed the Board of Directors of her selection as the Labour candidate to become the first East Midlands Mayor. The Board of Directors were ASSURED by the report. **Council of Governors highlight report.** CW presented the report, advising the meeting held on 31st July 2023 was the first full Council of Governors meeting attended by the new cohort of elected governors.		

	The Board of Directors were ASSURED by the report.		
23/282	**CHIEF EXECUTIVE'S REPORT**		
15 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting reflections following the verdict in the trial of Lucy Letby, noting a review of governance arrangements which are in place at SFHFT will be provided to the Board of Directors in October 2023. **Action** • **Governance review following the trial of Lucy Letby to be undertaken and presented to the October meeting of the Board of Directors held in Public.** PR also highlighted industrial action, continued high demand for Trust services and commencement of the Autumn Covid Booster campaign. PR advised there was an error in his report on page 5, advising Melanie Williams is the Corporate Director for Adult Social Care at Nottinghamshire County Council. DS advised, in terms of industrial action, the British Medical Association (BMA) recently balloted the junior doctors as the mandate for strike action had expired. The ballot, which closed on 31st August 2023, had a 71% turnout, with 98% of those who voted being in favour of industrial action. It was noted the consultants will be taking industrial action on 19th September 2023. On 20th September 2023, both consultants and junior doctors will be taking industrial action, meaning the Trust will only be able to provide a Christmas Day service, which will be the provision of on call rotas across both junior doctors and consultants. This will be followed by industrial action by the junior doctors on 21st and 22nd September 2023. A further period of industrial action, by both junior doctors and consultants, is planned for 2nd, 3rd and 4th October 2023, which again will be the provision of a Christmas Day service for those three days. It was noted the national elective care backlog is nearing 8 million and the continued strikes come at a huge financial cost to the NHS. There is increasing evidence of 'strike fatigue' among the medical workforce and moral injury. Consultants are dealing with enormous backlogs and they are starting to feel conflicted about what and what not to do. This is causing concern and disquiet among the medical workforce. There is a potential impact on trainees as they are not getting the experience which would otherwise be provided. In addition, during periods of industrial action, it has been necessary to cancel training for other members of staff, which will impact on the Trust's ability to provide information about mandatory training to the Care Quality Commission (CQC). Other impacts of industrial action include the impact on the Trust's maternity accreditation, financial and organisational, plus the impact on Specialty and Specialist (SAS) doctors and, most importantly, patients. DS expressed his disappointment on the lack of progress by both sides of the dispute in seeking resolution.	**PR**	**05/10/23**

	PR advised the Nottingham and Nottinghamshire Integrated Care Board (ICB) has commenced a period of engagement with citizens and stakeholders in respect of the provision of urgent care services in Newark and opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital. The ICB have stated Newark Hospital is an important and vital part of the health and care landscape in Newark and the surrounding area. In addition, the Trust is committed to Newark Hospital being a valued and vibrant community asset. Following new guidance published by the Department of Education in relation to Reinforced Autoclaved Aerated Concrete (RAAC) and the impact of this on the education sector, NHS England (NHSE) has written to all trust chief executives to remind them of their responsibilities for identifying RAAC and taking mitigation actions as necessary. An urgent submission was requested by NHSE in 2019 and the Trust confirmed there was no RAAC in any part of the estate. Subsequently, confirmatory exploratory surveys have taken place in likely locations identified in the guidance and no RAAC has been identified. NHSE recently wrote to all acute trusts requesting further action and assurance in relation to progress of outpatient transformation plans. The return for NHSE requires sign off by the Board of Directors. Therefore, a report will be presented to the October 2023 Board of Directors meeting held in Public, following discussion by the Quality Committee on 3rd October 2023. **Action** • **Outpatient Transformation update to be presented to the Board of Directors in October 2023.** The Board of Directors were ASSURED by the report.	**RE**	**05/10/23**
23/283	**STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME**		
10 mins	PS joined the meeting. **Maternity Update** ***Safety Champions update*** PB presented the report, highlighting priorities identified from the Maternity and Neonatal 3-year plan, feedback from Safety Champion walkarounds, the new Maternity Services logo, Ockenden insight visit and CQC 'should do' actions. PS provided an update in relation to elective caesarean sections. BB noted the Score Survey of Maternity and Neonatal services is now closed and queried if there were any earlier indications of the outcome of this. PS advised the feedback is currently awaited. Once this is received, there will be a debrief session for the team. ARB noted cultural competency training is being rolled out over three years and queried if this timeframe could be shortened.		

	PS advised senior leaders will be cascade trainers and, therefore, will be first to receive training. Training will then be a rolling programme over three years. It is known the Trust has a high number of new starters, including rotational doctors. It is likely this training will become a 'business as usual' part of mandatory training. PB advised there is a wider challenge to roll out this training in other areas. The Board of Directors were ASSURED by the report. ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting obstetric haemorrhage and third and fourth degree tears. It was noted there were no still births or suspension of service in month. BB noted a risk has been identified in relation to the procurement of equipment and sought further information in relation to this. PS advised this relates to a move from manual to digital blood pressure cuffs, noting a particular brand has been recommended by NHS Resolution (NHSR). The Trust has requested an adjustment to this element, given supply issues caused by all trusts trying to source the same product. The Board of Directors were ASSURED by the report. PS left the meeting.		
23/284	**STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE**		
16 mins	**Guardian of Safe Working** DS presented the report, advising a shortened version of the report was presented to the Local Negotiating Committee prior to the full report being presented to the Board of Directors. DS highlighted the appointment of Dr Sathi as Guardian of Safe working, the number of vacancies, comparison exception report data, data relating to the closure of exception reports and progress in relation to the refurbishment of the Doctors' Mess. DS advised there were 37 exception reports in the period from 1st May 2023 to 31st July 2023, noting the breakdown of those reports is detailed in the report. Four of the reports were categorised by the trainee as an immediate safety concern, all of which relate to capacity or staffing issues. It was noted two Datix reports have been received relating to those four reports. A review into Acute Medicine has previously been undertaken by the Director of Medical Education. These four reports have triggered a further review and a working group has been established take this forward. A progress report on this task and finish work will be provided to the People, Culture and Improvement Committee. **Action** • **Progress report to be provided to the People, Culture and Improvement Committee regarding review into issues within Acute Medicine following exception reports raised by junior doctors.**	**DS**	**02/11/23**

	DS referenced concerns raised in relation to the high number of outstanding tasks which were not completed during the working day and were, therefore, handed over in the evening. It was noted during times of industrial action by junior doctors, a similar accumulation of jobs on handover was not evident. The learning to take from this relates to the need to embed team working and prioritisation of tasks with junior doctors. The Trust has now introduced, as part of induction process for junior doctors, a series of educational events to specifically address these issues. MG sought clarification in relation to the statement in the report that eight exception reports are unresolved due to the doctor in training needing to accept the outcome. DS advised usually doctors will submit an exception report and consider that is all they are required to do. However, the final component is to go on the electronic system and close the report and this is often not completed. If a doctor went onto the system to raise another report, there is a reminder to close any previous reports. In some circumstances there may be a conclusion which the doctor does not agree with and there is a process in place for discussion and escalation as required. SB noted the number of vacant training posts and queried if there was anything further the Trust could do to increase the number of trainees in the East Midlands Deanery. DS advised there is a national recruitment process, which the Trust has very little influence over. Additionally, the allocation of training posts is national and outwith the Trust's control. However, there is sometimes a re-prioritisation of posts and the Trust is active in bidding for posts as part of that process, being recently successful in bids for 16 foundation trainees and 12 senior trainees. In terms of attracting people into those training posts, there is a need to promote the East Midlands and the hospital. SB queried how people can be encouraged to come to the East Midlands, rather than elsewhere. DS advised it is recognised the East Midlands is a net exporter of medical workforce. Word of mouth is a factor in attracting trainees. Therefore, it is important to influence and develop what can be controlled by the Trust, for example, offering a good training programme, vibrant Mess, car parking, good onboarding system, etc. RS advised the Trust has a role to play in influencing, as far as possible, to ensure a fair distribution of people resource and to work collectively through the Provider Collaborative to make Nottinghamshire a vibrant place to work. There is a need to work collaboratively to describe the opportunities available. ARB queried if the Trust offers any help to trainees in terms of finding accommodation. DS advised help in finding accommodation is part of the package offered to clinical fellows and international medical graduates. As trainees are often on a rotational programme and will usually have a base when they come to the Trust, this is not something which is offered. The Trust will signpost them to accommodation, but there is no bespoke onsite accommodation. The Board of Directors were ASSURED by the report.		

23/285	**PATIENT STORY – ORTHOPTICS – A SMALL PROFESSION MAKING A BIG DIFFERENCE**		
11 mins	LD joined the meeting. LD presented the Patient Story, which highlighted the work of the Orthoptics Team. PB advised it is good to see the work of teams and services which are not as visible as other teams and expressed thanks to the Orthoptics Team for their work. CW noted there is no longer an orthoptics service in schools and queried how parents can be encouraged to check for symptoms of lazy eye and raise any concerns with their GP or health visitor. CW queried if there was anything the Trust could do to support identification through Primary Care Networks or other parts of the system. LD advised the Gold Standard is orthoptic lead vision screening in schools. This is available in many counties but it is not currently available in Nottinghamshire. CW noted this would need to be raised with the ICB as it is outwith the Trust's responsibilities. MG referenced the recent Levelling Up White Paper, which identifies specific targets, with funding to support those, and queried if there is any opportunity through the Place Based Partnership to access funding. LD advised a lot of patients are referred late, noting the optimum time for treatment of a lazy eye is before the age of 7 years. The eye clinic also sees people at the other end of the age spectrum, with issues related to diabetes or age related macular degeneration. There are patients who come to the low vision clinic as they had a lazy eye which was not treated and they are now registered as visually impaired. The more which can be done to improve vision within the community, the better. DS queried if there was a roving community service, perhaps in the form of a 'health bus' to help with identifying any sight issues in the community. LD advised she is not currently aware of any such service. The service used to be provided by school nurses. However, the Gold Standard is for this to be orthoptic lead to enable better identification of children who need a referral. This is more cost effective as there will be fewer inappropriate referrals into hospital services. RE advised she was aware Nottingham University Hospitals (NUH) used to offer an outreach service into schools. RE advised she would discuss this with the Integrated Care System (ICS) to gain an understanding of the history of the commissioning decisions. RE queried if there is a streamlined pathway for referrals from high street opticians. LD advised this is currently via the GP. **Action** • **RE to discuss commissioning of eyesight testing in schools with the ICS.** LD left the meeting.	**RE**	**05/10/23**

23/286	**EAST MIDLANDS ACUTE PROVIDER COLLABORATIVE**		
21 mins	PR presented the report, highlighting the background to the formation of the East Midlands Acute Provider Collaborative (EMAP), membership of EMAP, funding arrangements, progress to date, terms of reference and purpose statement. It was noted the Trust is also a member of the Nottingham and Nottinghamshire Provider Collaborative and how both collaboratives fit into the working of the Trust is important. Consideration needs to be given as to what issues are to be discussed in which collaborative. DS highlighted the development of EMAP, governance arrangements, the involvement of specialised commissioners and commissioning support unit (Arden and GEM), potential relationships in the future, opportunities, work to date and ambitions. DS felt it important not to overcomplicate EMAP, noting there is a desire for 'less talk, more action'. Solutions to issues such as fragile services require a collective approach. MG queried how the maturity and level of working of EMAP will assist in terms of learning which can be taken forward into the Nottinghamshire Provider Collaborative. MG queried what action will be taken to ensure people have the 'bandwidth' and capacity to undertake tangible work to deliver outcomes. DS advised EMAP grew from an existing forum into a formalised process. Therefore, this is replacing work which is currently being undertaken with something 'better', but acknowledging there will be challenges in terms of 'bandwidth'. The creation of the Chief Executives' Group is a positive step, but there is a need to ensure the clinical voice is still heard. There is an appetite for groups such as Arden and GEM to be involved, which is helpful as this provides resource. In terms of learning, EMAP is still 'finding its way'. There is a need to avoid overcomplicating the governance aspects and this is learning which is across all collaboratives. MG noted the need to increase and empower the clinical voice. PR advised there was a useful session for chief executives with Sir Julian Hartley, Chief Executive, NHS Providers, and former Chief Executive of Leeds Teaching Hospitals, who are a member of the West Yorkshire Acute Providers Collaborative. That collaborative has been in place for six years and has a considerable track record. Useful learning was taken from the experience of the West Yorkshire collaborative, with the key takeaway message being to identify two or three big issues to work on and not to overcomplicate governance, noting decisions can be taken through individual organisations' Schemes of Delegation. BB queried how EMAP will help shape, inform and deliver the local clinical services strategy, along with the Nottinghamshire Provider Collaborative.		

	DS advised this is currently unclear, but there will be opportunities. Within EMAP there are eight organisations, all of which have local services and require a local service strategy to support delivery. There will be significant shared learning from those strategies as they mature, particularly in relation to areas such as health inequalities, equity of access, workforce, etc. As a district general hospital, SFHFT sends a lot of regional, or tertiary, services into a number of the other organisations in EMAP and wider. It was noted specialised commissioning is going through its own period of change and as this evolves to localised commissioning, there is the opportunity for EMAP to help shape regional specialised commissioning services. GW noted there are a lot of positives, but felt the dynamic may change with the appointment of a managing director. The group has been in place with minimal governance and the introduction of more formal governance might undermine some of the informal arrangements and ways of working which have been in place to date. SB felt there is a need for some form of check and balance in relation to the many partnerships which the Trust is growing and participating in. There is a need to ensure there is sufficient focus on the core within the Trust and ICB, with the right focus on wider partnerships. SB felt over time it appears as though more time and money is being spent further and further away from the patient. While recognising the need to collaborate, this needs to be defined. PR advised there is a need to clearly articulate, in the Clinical Services Strategy, the actions which are being taken. The Board of Directors were ASSURED by the report.		
23/287	**PROPOSED BOARD COMMITTEE STRUCTURE**		
12 mins	PR presented the report, advising a review of the responsibilities and roles of each of the Board of Directors sub-committees, in respect of ownership and responsibility for strategic objectives and the Board Assurance Framework (BAF) principal risks, has been undertaken. PR outlined the resulting proposal, as detailed in the report, noting the new arrangements would be reviewed in 12 months' time. CW advised if the revised arrangements are approved, she would have further discussion with the non-executive directors (NEDs) in relation to membership of the sub-committees and appointment of committee chairs. MG queried how the Trust will ensure there is cross-working between the sub-committees, for example, in relation to the improvement agenda. PR advised there is a need to carefully consider the membership of the sub-committees in order to ensure there are links for key relationships between the committees. MG expressed concern in relation to the workload for executive colleagues and queried if the new structure will result in a number of separate reports being presented to committees and the Board of Directors.		

	PR advised there would not necessarily be separate reports required, advising, by way of example, there will be a quarterly feature on the workplan of the Quality Committee in relation to the Timely Care domain of the Integrated Performance Report (IPR). This will coincide with the production of that report for the Board of Directors meeting. Therefore, the Quality Committee will have sight of the report which will be presented to the Board of Directors in advance to enable a deeper dive to take place. BB advised she is supportive of the proposals. However, there is a need to consider the sub structures which support the committees, noting these take executive director time and energy. PR advised this will be discussed and considered by the Executive Team to ensure the right level of governance is in place. In terms of the new Partnership and Communities Committee, David Ainsworth, Director of Strategy and Partnerships, is considering what the underpinning architecture will be in order to provide assurance to the Committee. BB noted, as part of the Well Led Review, the committee chairs are expected to attend a meeting, on a yearly basis, of each of the individual sub-groups which feed their committee. PR advised part of the discussion by the Executive Team will be to look at which of those groups form part of the formal support mechanism and architecture of the sub-committee and which are executive groups and meetings which provide assurance to individual executive directors. GW advised the best way of achieving co-ordination across committees is to ensure the membership is correct and provides the relevant links between committees, noting part of the NED role is to bring issues in to one committee from another. In addition, as chair of a committee, if there is a heavy interface with another committee, there is the ability to establish a joint meeting. Committee chairs also need to consider topics for Board of Directors' development sessions as this is another way of linking committees. DS advised there is a need to ensure the new Partnerships and Communities Committee has a recognised output value, noting there is a cost to establishing a new committee. CW acknowledged the interconnectivity across committees is important and this will be considered when deciding the membership of committees. There will be a review of governor observers of the sub-committees and this will provide the opportunity to refresh scrutiny from that perspective. The Board of Directors APPROVED the creation of an additional sub-committee, to be named the Partnerships and Communities Committee, and for the Quality Committee to move to monthly meetings to reflect increased responsibilities and NOTED the planned re-allocation of committee chairs and membership.		

23/288	**USE OF TRUST SEAL**		
1 min	SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents: • Seal number 106 was affixed to a document on 17th August 2023 for Nottinghamshire Healthcare NHS Trust. The document related to the lease of Room 034075, Level 4, Tower 3, King's Mill Hospital. • Seal number 107 was affixed to a document on 17th August 2023 for Newark and Sherwood District Council. The document related to a Deed of Variation. The Board of Directors NOTED the Use of the Trust Seal numbers 106 and 107.		
23/289	**ASSURANCE FROM SUB-COMMITTEES**		
10 mins	**Finance Committee** ARB presented the report, highlighting the letter received by the ICB from NHSE Regional Office relating to financial performance, governance and controls. It was noted the Financial Recovery Plan will be reviewed at the next meeting of the Finance Committee. RM advised the letter from NHSE to the ICB mainly related to financial controls which should be in place. The letter included a list of 83 controls which should be considered by all organisations and which should be in place given the current financial climate within the NHS. SFHFT has undertaken a self-assessment. The Trust is fully compliant with approximately half of the controls and partially compliant with the others. The Trust has set out an action plan in relation to increasing controls and progress will be reported to the next meeting of the Finance Committee and will also link into the Audit and Assurance Committee. The Trust continues to operate at a financial deficit. Various scenarios have been discussed by the Finance Committee. A financial recovery plan is being developed and the terms of reference for a Financial Recovery Cabinet have been drafted. The Trust has set ambitions for financial recovery, which includes optimisation of escalation beds, maximisation of the Elective Recovery Plan and delivery of the Financial Improvement Programme. GW noted there are 83 controls listed in the letter from NHSE and felt the Board of Directors will be able to take assurance from seeing how this is responded to and actioned by Finance Committee and Audit and Assurance Committee. MG referenced the segmentation letter from the ICB to the Trust, which was presented to the Board of Directors alongside the Chief Executive's report, noting in terms of the deficit, the drivers for this were focussed on industrial action and efficiency targets. MG felt it did not adequately highlight demand pressures and delayed discharges.		

	RM advised the letter does attempt to reflect demand, highlighting the sentence, "The main driver was reported as being UEC [Urgent and Emergency Care] stretch capacity and impacts from Industrial Action", noting this refers to escalation capacity. The Trust has kept NHSE well informed of the financial position and what the drivers are. In terms of escalation capacity, the planned ambition was the number of patients medically safe for transfer would reduce and, as a result, the Trust would be able to reduce bed capacity, including escalation beds. MG queried if the letter relates to what actions the ICB expects SFHFT to take, or actions the system as a whole need to take. PR advised the letter refers to the application of NHSE's framework. The letter from the ICB follows the segmentation review process for SFHFT. DS felt it would be helpful for all quadrant reports from the sub-committees to include assurance on the BAF risks. RE advised a deep dive into the medically safe for discharge issue will be presented to Finance Committee in September, which will include reference to the actions being taken at a system level. In addition, the Winter Plan, which will be presented to the Board of Directors in October, will include reference to the system plan which will support the Trust's plan. BB requested a copy of the report be placed in the Reading Room for the Board of Directors. **Action** • **Copy of deep dive report into the medically safe for discharge issue, as presented to the Finance Committee, to be placed in the Reading Room for the Board of Directors** The Board of Directors were ASSURED by the report.	**RE**	**05/10/23**
23/290	**OUTSTANDING SERVICE – THE SPIRITUAL AND PASTORAL CARE TEAM – PROVIDING HOPE, HEALTH, AND SUPPORT TO ALL**		
7 mins	A short video was played highlighting the work of the Spiritual and Pastoral Care Team.		
23/291	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be disseminated to the wider organisation: • Recognition of the work of the Trust volunteers • Recognition of the impact of industrial action • Importance of Speaking Up • Annual General Meeting on 26th September 2023, followed by Step Into the NHS Showcase event • Appointment of Dr Sathi as Guardian of Safe Working • Development of the Junior Doctors' Mess • Work of Orthoptic Service • Work of Spiritual and Pastoral Care Team • Financial position and focus on the need for financial control		

23/292	**ANY OTHER BUSINESS**		
	No other business was raised.		
23/293	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th October 2023 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:05.		
23/294	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

23/295	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
2 mins	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. CW advised a question had been received via the Q&A function on the live broadcast in relation to the safety of Covid vaccinations and drew attention to previous statements made in relation to this and information which is published on the Trust website. DS advised, in July 2023 the European Medicines Agency released a statement which stated global regulators have confirmed the good safety profile of Covid-19 vaccines. The statement was made in support of a statement released by the International Coalition of Medicines Regulatory Authorities, who looked at the evidence in relation to the safety and efficacy of 13 billion doses of Covid-19 vaccine. DS acknowledged people have strong views about vaccinations. However, the above statement and evidence is definitive and no further discussion is required, unless new evidence appears.		
23/296	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/173.3	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	05/10/2023	R Simcox		**Update 15/06/2023** Item added to the September People, Culture and Improvement Committee agenda **Update 15/09/2023** Confirmed item on agenda for September People, Culture & Improvement Committee **Complete**	Green
23/252.1	03/08/2023	Quality Committee to have a workshop session to consider mortality metrics and actions to take	Public Board of Directors	Quality Committee	05/10/2023	D Selwyn		Update 04/08/2023 On agenda for September meeting of the Quality Committee **Update 21/09/2023** Mortality Metrics on the Quality Committee agenda 03/10/2023. **Complete**	Green
23/252.2	03/08/2023	Data in relation to antibiotic usage to be reported to the Quality Committee	Public Board of Directors	Quality Committee	05/10/2023	P Bolton		**Update 30/08/2023** Assurance Paper going to Patient Safety Committee on 11/08/2203 and to feed into Quality Committee **Update 15/09/2023** Reported to Patient Safety Committee and update will be included on quadrent report for Quality Committee **Complete**	Green
23/252.3	03/08/2023	Review of long-term vacancies to be considered by the People, Culture and Improvement Committee	Public Board of Directors	People, Culture and Improvement Committee	05/10/2023	R Simcox		**Update 23/08/2023** Item added to the September People, Culture and Improvement Committee agenda **Update 15/09/2023** Confirmed item on agenda for September People, Culture & Improvement Committee **Complete**	Green

23/252.4	03/08/2023	Root cause analysis on reasons for agency spend to be undertaken and presented to the Finance Committee and People, Culture and Improvement Committee	Public Board of Directors	People, Culture and Improvement Committee and Finance Committee	05/10/2023	R Simcox and R Mills		**Update 23/08/2023** Item added to the September People, Culture and Improvement Committee agenda **Update 15/09/2023** Confirmed item on agenda for September People, Culture & Improvement Committee and Finance Committee **Complete**	Green
23/252.5	03/08/2023	Deep dive to be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge	Public Board of Directors	Finance Committee	05/10/2023	R Mills		**Update 25/09/2023** Deep dive undertaken, item on Finance Committee agenda 26/09/2023 **Complete**	Green
23/255	03/08/2023	Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete	Public Board of Directors	None	Feb-24	S Brook Shanahan			Grey
23/282.1	07/09/2023	Governance review following the trial of Lucy Letby to be undertaken and presented to the October meeting of the Board of Directors held in Public	Public Board of Directors	None	05/10/2023	P Robinson		On agenda for the October meeting **Complete**	Green
23/282.2	07/09/2023	Outpatient Transformation update to be presented to the Board of Directors in October 2023	Public Board of Directors	None	05/10/2023	R Eddie		On agenda for the October meeting **Complete**	Green
23/284	07/09/2023	Progress report to be provided to the People, Culture and Improvement Committee regarding review into issues within Acute Medicine following exception reports raised by junior doctors	Public Board of Directors	People, Culture and Improvement Committee	02/11/2023	D Selwyn			Grey
23/285	07/09/2023	RE to discuss commissioning of eyesight testing in schools with the ICS	Public Board of Directors	None	05/10/2023	R Eddie		**Update 25/09/2023** The ICS have confirmed that commissioning responsibility for children's vision screening previously transferred from the NHS to local authorities, and was subsequently decommissioned for reasons of clinical and cost effectiveness, with responsibility for children's vision being absorbed into other programmes (e.g. Healthy Child Programme). Project underway to implement electronic eye referral system in Nottinghamshire, which will allow high street opticians to refer directly to secondary care, avoiding need for referrals to go via GPs, and thereby streamlining access for patients, including children. **Complete**	Green
23/289	07/09/2023	Copy of deep dive report into the medically safe for discharge issue, as presented to the Finance Committee, to be placed in the Reading Room for the Board of Directors	Public Board of Directors	None	05/10/2023	R Eddie		**Update 25/09/2023** Copy of Report presented to Finance Committee on 26/09/2023 included within Reading Room. **Complete**	Green

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date:** 5th October 2023	
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.		**Approval**	
		Assurance	**Y**
		Update	**Y**
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Acronyms

AGM = Annual General Meeting
AMM = Annual Members' Meeting
NHS = National Health Service

Executive Summary

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

Trust hosts joined Annual General Meeting (AGM), Annual Members' Meeting (AMM) and *Step into the NHS* showcase event

On Tuesday 26th September, we were delighted to welcome dozens of partners, Trust members, governors and local community members to the Trust's Annual General Meeting (AGM) and Annual Members' Meeting (AMM).

The meeting shared an in-depth look at the Trust's performance during the 2022/23 financial year, including highlights and the Trust's Annual Accounts for the year. Our External Auditor's Annual Report was also presented at the meeting.

The meeting was followed by the latest in our series of *Step into the NHS* careers showcase events, which was another sold-out event that welcomed hundreds of jobseekers to King's Mill Hospital to learn more about the wealth of careers opportunities on offer across our hospitals.

While demands on Trust services remain high, we know we have so much to be proud of as a Trust. Both events were fantastic opportunities to reflect on those challenges, celebrate our achievements and welcome more people into our NHS. We also took the opportunity to officially thank our Lead Governor, Sue Holmes, for her service to the Trust over the last nine years. Sue will be retiring at the end of next month and this was her last AGM and AMM in that role.

I was also particularly pleased that our Trust People and Communication teams reached-out to former employees of Wilko's to proactively invite them to the event, recognising the sad news that the company went into administration over recent weeks.

We know how significant Wilko's was as an employer across the Mid- and North Nottinghamshire areas.

We also know there will be former employees of the company whose skills and experiences could help to play an invaluable role in helping to make great patient care happen here at Sherwood.

That is precisely why we were proud to offer former Wilko's employees attending our *Step into the NHS* event a guaranteed a one-to-one conversation with members of our Trust recruitment team to explore some of the 350-plus careers opportunities available across our NHS.

Recognising the difference made by our Trust Charity and Trust volunteers

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

In September alone, 362 Trust volunteers generously gave over 4,130 hours of their time to help make great patient care happen across the 33 services they have supported during the month.

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

- We have been delighted to welcome five new volunteers to our Trust over the past month. These volunteers have attended their induction and are now receiving localised training in their various roles.

- September saw the relaunch of our volunteer training and engagement programme with 77 volunteers attending our hospitals to undertake training in fire safety, information governance, health and hygiene and civility. The engagement sessions were a great opportunity to update the volunteers on trust news and receive feedback.

- The SFH Charity dementia fund has purchased activity equipment for dementia patients receiving treatment on our Woodland Ward, including dolls, a parachute, colour light up balls and exercise pedals.

- The Trust's Charity has funded bespoke badges that recognise volunteers who have completed training and support for the Trust's Mealtime Assist Initiative, with the new role being piloted on Wards 12 and 51. Volunteers have been trained by the speech, language and nutritional team to make mealtimes a positive experience for our patients. The role involves supporting patients nutritional needs, encouraging them to eat and hydrate and helping with hand hygiene.

- Volunteers have been deployed to support the Covid vaccination centre with their autumn campaign.

- Stroke Ward colleagues were also delighted to receive a range of activity equipment, including scrapbooks, fidget toys, CDs and dolls, utilising kind donations to charitable funds. These activities will support stroke patients during their recovery.

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

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

Other notable engagements:

- A meeting with ICB Chair and other Trust Chairs and representatives from local authorities in Nottingham and Nottinghamshire

- Meeting our recently-appointed Trust governors

- Discussions with Mansfield Mayor and Chief Executive on our progress working together

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date:** 5th October 2023	
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.		**Approval**	
		Assurance	**Y**
		Update	**Y**
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Acronyms

BMA = British Medical Association
CDC = Community Diagnostics Centre
GP = General Practice
ICB = Integrated Care Board
ICS = Integrated Care System
NHS = National Health Service
SDEC = Same Day Emergency Care
TIF = Targeted Investment Fund
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.

Operational updates

Overview of operational activity

Our services have continued to operate under pressure over the last month, similar to other acute Trusts across the country.

The combination of admission demand, length of stay pressures and challenges in admission and discharge times meant that, at times, patient demand has exceeded the capacity of our hospitals with adult bed occupancy above 98%.

We continue to see high numbers of patients remaining in our hospitals after they have been declared medically safe to be discharged (average of 110 in August).

In response to these pressures, we have continued to enact escalation actions and, where necessary, our full capacity protocol.

Despite those challenges, we have continued to release ambulances arriving at our Emergency Department in a timely manner and benchmark well in the region in terms of ambulance handover and our four-hour performance.

We continue to have a strong medical Same Day Emergency Care (SDEC) offer that continues to exceed national targets.

We have seen challenges in the delivery of planned care activity as a result of the ongoing instances of industrial action, which is contributing to a deteriorating position in terms of the number of patients on our waiting lists and is placing pressures on the delivery of some of the national ambitions.

We do expect expansion in activity levels later in 2023/24 thanks to our Targeted Investment Fund (TIF) development which opens at Newark hospital in autumn 2023.

Like other organisations, we have seen growth in Cancer two-week referrals following a similar increasing trend seen over the last decade. Whilst we have some challenges in term of increasing numbers of patients waiting greater than 62 days for treatment we continue our strong delivery of the national 28-day faster diagnostic standard with our ICS being one of the best in the Midlands region.

Industrial action

Industrial action has continued to have a significant impact on our services over the past month.

In September, the British Medical Association (BMA) led two periods of industrial action, first between Tuesday 19th and Saturday 23rd September. On the day of the Trust's Public Board meeting, the BMA will have just concluded a further period of industrial action that is due to run between Monday 2nd and Wednesday 4th October.

These latest periods of industrial action are the first time in the history of our NHS that both junior doctors and consultants have moved to take industrial action at the same time – something which has posed unique and significant challenges across our services.

A key concern for Trust colleagues is the accumulative impact that these prolonged periods of industrial action are having on our colleagues, services and patients alike.

At the time of writing before the October industrial action is due to take place, the Trust has had little option but to postpone over 5,441 appointments, procedures, and operations in 2023 in order to prioritise safe urgent and emergency care across all periods of industrial action.

The reduced elective activity levels contribute to our growing waiting lists, including those patients waiting the longest for the treatment they need. Throughout all periods of industrial action in 2023, we have experienced the following reductions in activity compared to the same working days in 2022:

- 12% reduction in outpatient activity
- 20% reduction in daycase activity
- 50% reduction in inpatient activity

These figures reflect the impact of this industrial action on our services but do not take account lost opportunities where appointments were not booked once we had received notification that strikes had already been called.

At the time of writing, the financial cost of this year's industrial action to Sherwood Forest Hospitals now stands at over £1.6million – a figure that will continue to rise, including once the financial impact of the October strikes have been calculated.

I have reiterated in previous reports to our Board of Directors of the continuing impact that this ongoing national dispute is having on the services we provide, the colleagues we are proud to work alongside and the patients we care for.

While there has been no national announcement of further strike dates confirmed for November, December and the Christmas and New Year period to date, this is an eventuality that we are preparing ourselves for.

I reiterate my hope that we see an end to this national dispute as quickly and painlessly as possible in the interest of the colleagues, patients and the communities we are proud to serve.

Updates from Newark Hospital

It has been a busy month of developments concerning Newark Hospital, with a round-up of some of those most significant developments summarised below:

ICB-led engagement continues on the overnight opening of Newark's Urgent Treatment Centre

Residents in Newark are continuing to be encouraged to have their say about the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital, including by sharing their experiences of accessing NHS urgent care services overnight.

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is leading a number of public engagement events between 19th September and 14th October to discuss the best

permanent opening hours for the UTC. Residents can also feedback by completing an online survey that is available on the ICB website.

The UTC, run by Sherwood Forest Hospitals NHS Foundation Trust, provides urgent care and non-life-threatening treatment for injuries or conditions, such as cuts, simple broken bones, wounds, minor burns and minor head, eye and back injuries.

The UTC is currently open for 13 hours a day between 9am to 10pm, slightly exceeding the national standard of 12 hours per day.

Those opening hours were put in place in March 2020 as a temporary measure to address ongoing staffing issues made worse by the COVID-19 pandemic.

Prior to the pandemic, the UTC was often closed overnight at short notice due to lack of staff availability. Typically, when the UTC was open overnight, it would treat, on average, one patient per hour, in contrast to between 4-6 patients per hour during the daytime.

We are committed to working alongside our Integrated Care Board colleagues to provide a safe, sustainable urgent treatment centre at Newark Hospital, operating at least 12 hours per day, in line with the specification for urgent treatment centres across England.

As a Trust, we have been supporting the ICB in promoting these important discussions – including by attending and helping to lead their engagement discussions with local residents.

Anyone living, working or visiting the Newark area can get involved by completing the survey or attending one of the public events below.

- Wednesday 4th October 2023, 6.30pm to 7.30pm – online session
- Thursday 12th October 2023, 11am to 12noon at North Muskham Community Centre, Nelson Lane, Newark, NG23 6HL (British Sign Language Interpreter available)
- Saturday 14th October 2023, 10am to 11am – online session

Anyone wishing to attend any of these public engagement events can find details of how to secure their place at one of these sessions online via the ICB website, the Sherwood Forest Hospitals website and via the Eventbrite ticketing website at https://www.eventbrite.co.uk/e/newark-hospital-urgent-treatment-centre-opening-times-public-session-tickets-705299859867

Newark Theatres update

Work on our new state-of-the-art operating theatre at Newark Hospital is due to be unveiled later in October.

Colleagues, partner organisations and the media due to be invited to take a look around the new facility before the first patients begin to receive treatment there in early November.

The £5.6million project will result in an extra 2,600 operations and procedures taking place at Newark Hospital each year. It will provide a modern environment, contribute to reductions in waiting times and create new jobs for nursing and healthcare staff.

The extra capacity in elective care will improve patient choice and help to address access to health services for those who would previously have had to travel further afield for treatment.

The new suite – which will be known as Newark Elective Hub – includes a recovery area, anaesthetic room and scrub facilities.

The facility is now in place alongside Newark Hospital's existing two theatres, with the first operations expected to begin taking place in the new theatre this autumn.

The final preparations are now being put into place for site to become operational, including by ensuring that as much of this new capacity is made use of as quickly as possible.

I am also proud to report that the recruitment of the additional staff required to make these additional procedures and operations happen is on-track, with all identified posts now having been filled.

An artists' impression of how the new Theatre will look

Newark Hospital team goes the extra mile for patient's birthday

The Theatres team at Newark Hospital took a few minutes out from their busy surgery list during the month help a patient celebrate their 101st birthday, as patient Eileen Milner, who was at Newark Hospital for a minor operation, turned 101 on Saturday 23rd September.

Consultant Plastic Surgeon Ciaran O'Boyle surprised Eileen with a cake as members of the Theatres team sang Happy Birthday.

This is another great example of how our colleagues go the extra mile for our patients – and for one another. These lovely photographs really pulled on our heartstrings and reminded us just how valued Newark Hospital and our colleagues who work there are to our local communities.

We want more people to be like Eileen and receive their treatment at Newark Hospital.

With an ever-increasing range of outpatient appointments, procedures and operations available at Newark, we will be asking as many patients as possible to 'Ask for Newark' when being referred for hospital treatment by their GP and practice team.

Other Trust updates

Hundreds of extra NHS health checks to be made available from October, as part of our plans to build Nottinghamshire's first Community Diagnostics Centre

Hundreds of extra health checks are being made available to patients in our area from this month, as part of a series of 'accelerated' checks being delivered as part of our plans to bring the county's first 'Community Diagnostics Centre' to Mansfield.

Up to 255 blood tests have now begun to be delivered each week at a drop-in service that is now running at Mansfield Community Hospital, which started on Monday 2nd October.

The tests are now available between 9am and 5pm on weekdays, with patients needing a referral from their GP to access the tests. They will initially be offered as a drop-in service before being made available as pre-booked appointments over the coming weeks.

These fast-tracked health checks are being rolled-out as part of the next phase of Sherwood Forest Hospitals' work to bring Nottinghamshire's first Community Diagnostics Centre or 'CDC' to Mansfield.

Sherwood Forest Hospitals announced plans earlier this year to build the purpose-built 'Community Diagnostics Centre' – or CDC – where a derelict building currently stands alongside Mansfield Community Hospital in Stockwell Gate.

The multimillion-pound plans went on to receive national funding in February, prior to them receiving the vital planning approval they needed to progress in April.

Once built, the Centre will become a 'one-stop shop' for patients across Nottinghamshire to access the tests and investigations they need in a single visit, reducing the time it takes for patients to be referred to help them receive an 'all clear' or diagnosis sooner.

By the end of 2023, almost 500 extra blood tests, MRI and ultrasound scans will have been available to patients each week as part of this 'accelerated' phase of activity linked to the project.

The full Community Diagnostics Centre is expected to open its doors to patients in 2025.

As well as delivering tens of thousands of additional health checks each month, the Centre will also create 120 jobs for local people in a range of clinical and non-clinical roles.

Sherwood Forest Hospitals' staff flu campaign now underway, with Trust also continuing to support county-wide COVID public vaccines campaign

The 2023 autumn seasonal COVID-19 vaccination campaign has officially begun, with Sherwood Forest Hospitals once again playing its part in supporting vaccinations across Nottinghamshire.

Our vaccines 'hospital hub' is now running at King's Mill Hospital alongside several other, smaller sites across the Nottingham and Nottinghamshire area that will each be playing their part in encouraging members of our local communities to come forward to get their COVID-19 vaccines over the coming weeks.

As a Trust, we are clear that COVID-19 remains a dangerous illness that can have life-threatening impacts – especially for the most vulnerable people in society.

We are continuing to support the system-wide efforts in encouraging everyone who is available for a flu and COVID vaccine to make sure they take up the offer as soon as possible to help boost their protection ahead of winter.

This year, Covid-19 vaccinations are being offered to people aged 65 and over, along with people who have certain underlying health conditions, household contacts of people who are immunosuppressed, frontline health and social care workers and carers.

Some underlying health conditions which make people eligible include diabetes, Chronic obstructive pulmonary disease (COPD), chronic heart, kidney or liver disease and patients undergoing treatments more cancer.

If you are unsure whether you are eligible, speak to your GP, consultant or have a look on the NHS website for more information. You can book your vaccines on the NHS website, NHS App or by calling 119, it will only take a few minutes.

In addition to supporting the COVID vaccination campaign to protect our local communities, the Trust's flu vaccination campaign has also begun to protect Trust colleagues this winter.

Since the campaign began on Wednesday 20 September, around 1,100 colleagues have already come forward by the time of writing to receive their free flu vaccines within Sherwood Forest Hospitals – a take-up rate which shows a real vote of confidence for the faith our NHS colleagues have in the role vaccines play in protecting them against flu this winter.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) risks for which the Risk Committee is the lead committee have been scrutinised by the Trust's Risk Committee.

The Committee has confirmed that there are no changes to the risk scores affecting the following areas:

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits.
- Principal Risk 7: A major disruptive incident

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 November 2023.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Trust Board - Cover Sheet

Subject:	Winter Plan	**Date:** 5 October 2023	
Prepared By:	Mark Bolton, Associate Director of Operational Performance		
Approved By:	Rachel Eddie, Chief Operating Officer		
Presented By:	Rachel Eddie, Chief Operating Officer		

Purpose

Winter plan presentation for approval. The paper describes the progress to date including outputs of bed modelling and proposed mitigations.	**Approval**	X
	Assurance	
	Update	
	Consider	

Strategic Objectives

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

Principal Risk

PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	X
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

Draft considered by: Divisional Leadership Team; Winter Planning Group; Trust Management Team

Acronyms

CRE – Carbapenem-Resistant Enterobacterales
RSV – Respiratory Syncytial Virus
D&V – Diarrhoea and Vomiting
SDEC – Same Day Emergency Care
LOS – Length of Stay
IV – Intravenous
P0, 1, 2 or 3 – Discharge pathways
CQUIN – Commissioning for Quality and Innovation (framework to support quality improvements)
GP – General Practitioner
CARE – SFH values (Communicating and working together; Aspiring and improving; Respectful and caring; Efficient and safe).
CAU – Childrens' Assessment Unit
MRI – Magnetic Resonance Imaging
IPC – Infection Prevention and Control
TTO – To Take Out (medications)
EAU – Emergency Assessment Unit
KMH – King's Mill Hospital
ED – Emergency Department
QR – Quick Response code (like a barcode)
MCH – Mansfield Community Hospital
NWK – Newark Hospital

All other acronyms are defined within the paper.

Executive Summary

The attached presentation describes our key principles and approach to Winter Planning at SFH in 2023/24 and is based on the Integrated Emergency Management approach structured under the four headings:

1. Anticipate and assess
2. Prevent
3. Prepare
4. Respond and recover

We have learnt from previous years and started the planning process early in 2023/24 with engagement across corporate and divisional teams. Outputs of the annual bed modelling exercise and proposed priority mitigations within the allocated financial envelope (both bedded and non-bedded) are presented. The mitigations are plotted against a worst-case scenario based on system demand avoidance and medically safe reductions not materialising. The proposed schemes represent the 'best offer' available and together with some exceptional actions (such as running bed occupancy at 96% and reducing electives) broadly mitigate the forecast bed gaps. System actions around demand avoidance and medically safe for transfer reductions will create a more manageable winter, enable elective activity to continue and support delivery against the 'route to balance' plan.

Summary information is also presented around vaccination plans, our communications approach, areas of system focus, staff wellbeing offer and escalation and contingency plans.

It should be noted that our winter plans may continue to evolve and forms part of a wider process across the Integrated Care System (ICS) which is not yet complete.

Trust Board is asked to approve the Winter Plan for 23/24.

Sherwood Forest Hospitals
NHS Foundation Trust

2023/24 Winter Planning

Update for Trust Board

October 2023

Inspected and rated
Good
CareQuality Commission

Key Principles for Winter Planning 23/24

Sherwood Forest Hospitals
NHS Foundation Trust

- Health and care partners across the Integrated Care System (ICS) and clinical divisions and teams at SFH will all work together to offer appropriates services to our population in the right place at the right time with a judicious use of resources
- Appropriate services are available for patients requiring care in the acute setting with patients being kept in the right location to suit their clinical needs
- Patient safety is optimised and quality of care is maintained. Patients are not exposed to unnecessary clinical risk (inc. Covid-19)
- The health and wellbeing of staff is maintained and our teams support each other
- Any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient risk basis. Cancer and clinically urgent activity is preserved
- An agile approach is adopted with plans (based on evidence and learning) in place to respond to a potentially rapidly changing environment as a result of infectious disease outbreaks e.g. Influenza, Covid-19, Strep A, Norovirus, CRE, Measles etc.

Approach to Winter Planning 23/24

Sherwood Forest Hospitals
NHS Foundation Trust

Winter plan structure based on Integrated Emergency Management approach:

1. **Anticipate and assess** issues in maintaining resilient services:
    - Key winter pressure drivers identified – likely epidemiology of winter 23/24
    - Lessons learned from 22/23
    - Demand modelled
    - Risks identified
2. **Prevent** the likelihood of occurrence and effects of any such issues:
    - Prevent and manage infection inc. vaccination; patient/staff testing
    - Effective patient and staff communications (system approach)
3. **Prepare** by having appropriate mitigating actions, plans and management structures in place:
    - Mitigating actions and flow priorities inc. staff and support service plans; staff well-being
    - Surge plans and the extent to which elective activity is protected
    - Specific plans for Christmas and New Year period
4. **Respond and recover** by enacting plans and contingencies as required:
    - Escalation triggers and actions
    - Contingency plans.

Sherwood Forest Hospitals NHS Foundation Trust

Key Winter Pressure Drivers

Traditionally, key drivers for our winter pressures relate to:

- Higher acuity and high prevalence of influenza and Covid-19
- Increase in attendance/admissions in Respiratory (inc. RSV) and Geriatric medicine
- Increased pressure on the surgical non-elective pathway
- Increased instances of infection (norovirus, D&V, CRE, Measles etc)
- Length of stay pressures due to patients being cared for in the wrong place (outlied)
- Increase in number of beds occupied for patients medically safe awaiting discharge
- Reductions in workforce availability with pressures relating to increased use of short-term contracts and increased staff sickness due to infectious diseases
- Extreme weather with associated impact on patient presentations and workforce availability

In the 'living with Covid-19' era there is a degree of uncertainty around what the epidemiology of winter may be like in 23/24. We will learn from the Southern Hemisphere as data becomes available

Nationally, there is an expectation not to reduce elective activity levels over the winter period.

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Lessons from Winter 22/23

- Maintain document version control for list of winter schemes
- Maintain oversight and manage interdependencies between divisions for schemes/mitigations
- Ensure operational and clinical divisional engagement and participation throughout
- Avoid decision paralysis
- Set out and agree in advance triggers to enact escalation actions based on risk appetite and mitigations, including Full Capacity Protocol.
- Agree bedded escalation actions based on worst case (system demand avoidance/medically safe for transfer mitigations not materialising) with associated staffing plans
- Further and continued focus on health and wellbeing offer
- Winter actions felt very reactive – e.g. transfer of elective beds to Medicine in peak of winter was unplanned and therefore difficult to operationalise effectively
- The movement of the discharge lounge supported/gave evidence for the current new development/investment.

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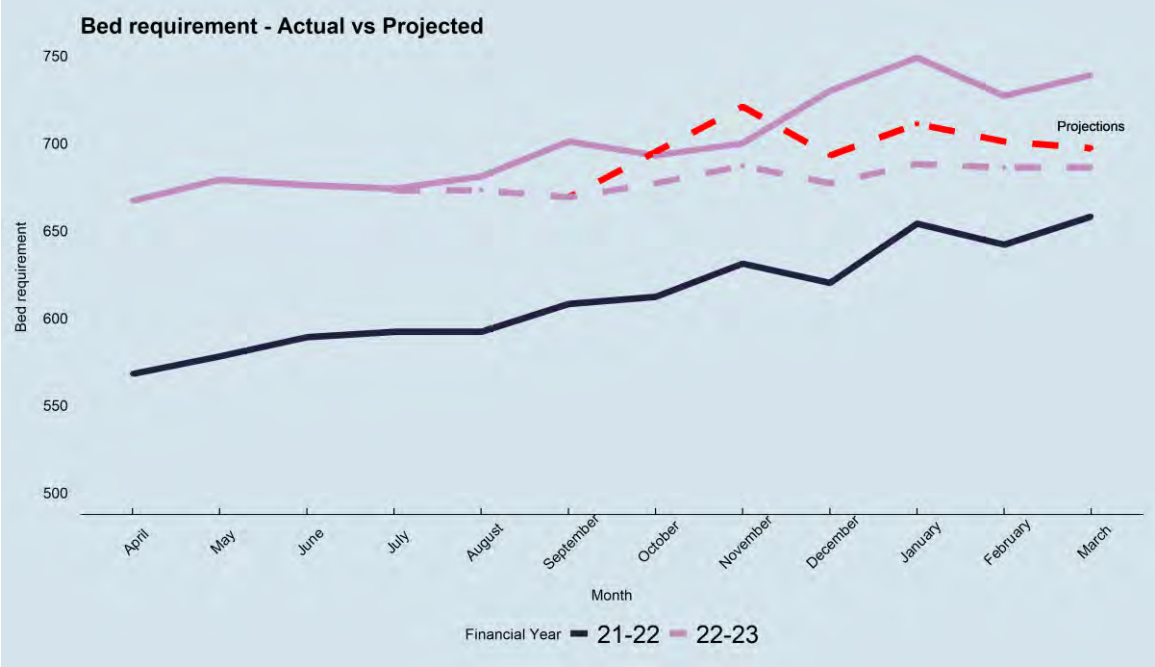
Adult Bed Model: 22/23 Recap



- The **purple** dotted line represented the central scenario. The **red** dotted line represented the Challenging Winter scenario
- Including Ashmere the bed requirement in December was 730 beds, 53 more than the corresponding forecast for the month
- Given modelling approach for 23/24, our starting position assumes an equally challenging winter period in 23/24 as the actual position in 22/23 (solid **purple** line).

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Bed Model: 23/24 Approach

- Separate models for adult, paediatric, maternity and critical care demand/bed bases
- Bed requirement in adult and paediatric models is based on:
  - 75th percentile of hourly demand
  - Goal to achieve 92% bed occupancy
- **Capacity:** 22/23 core and escalation beds used as a baseline for 23/24 model
  - No provision for decant ward due to no physical space being available. Rolling deep clean programme taking place
- **Demand:** 22/23 outturn as a baseline with 5% additional inpatient elective activity (to support Elective Recovery Fund delivery). 22/23 outturn means the following are assumed at 22/23 levels (and in line with 22/23 monthly profile):
  - Medically Safe for Transfer (MSFT) patient volumes
  - Length of stay
  - Covid-19 and other infections e.g. RSV and influenza.

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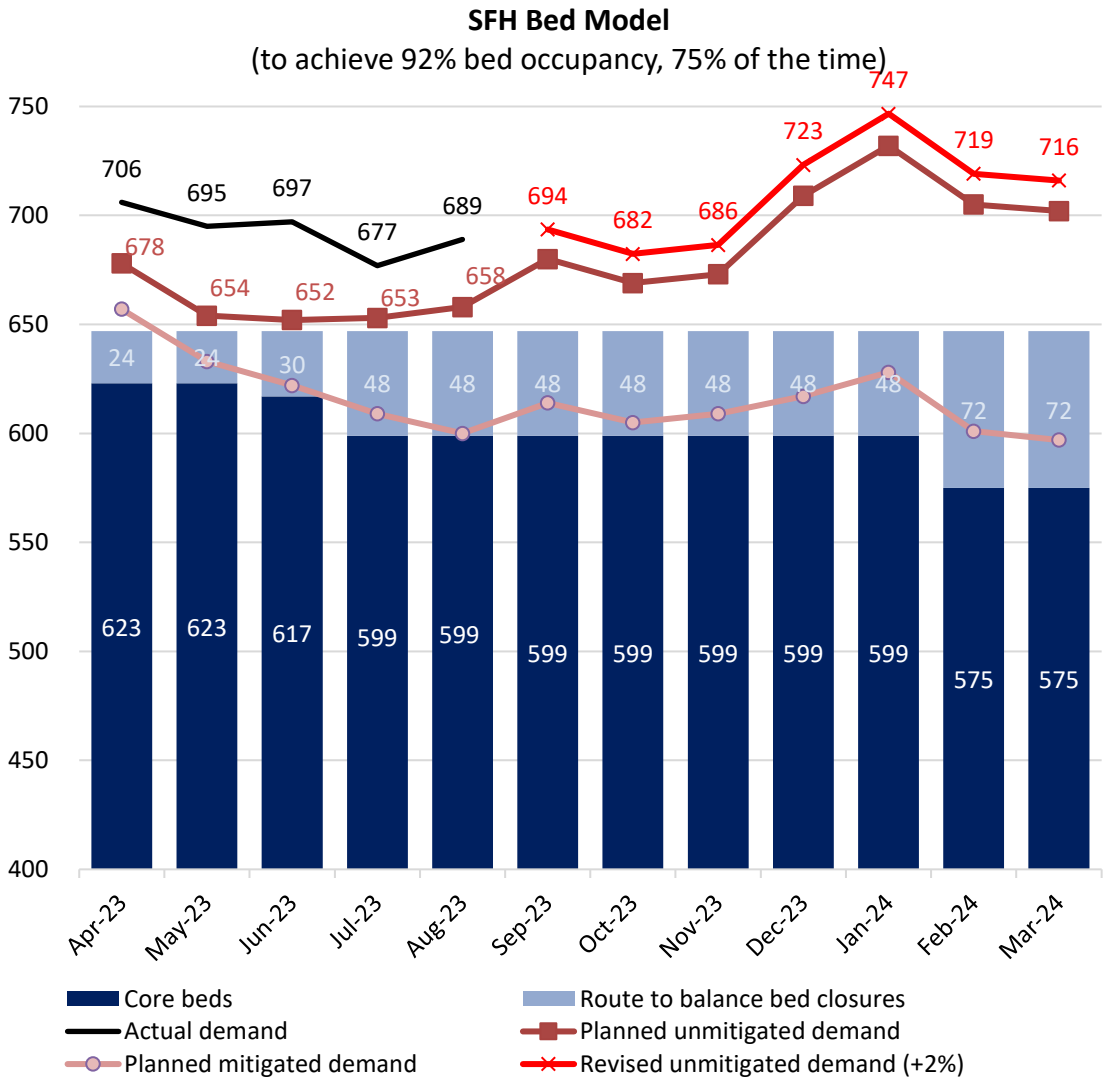
Adult Bed Model for 23/24

- Unmitigated modelled demand greater than capacity year-round
- Route to financial balance requires bed closures. MSFT reductions to reduce hospital demand are a key enabler to support bed closures
- Actual demand has not reduced (MSFT higher than 22/23); as such route to balance bed closures have not yet been possible. Bed occupancy has been above 92% (>96% at 75th %tile in 23/24 Q1)
- Review of demand to date means that we recommend adding 2% to unmitigated demand forecasts (**red** line).



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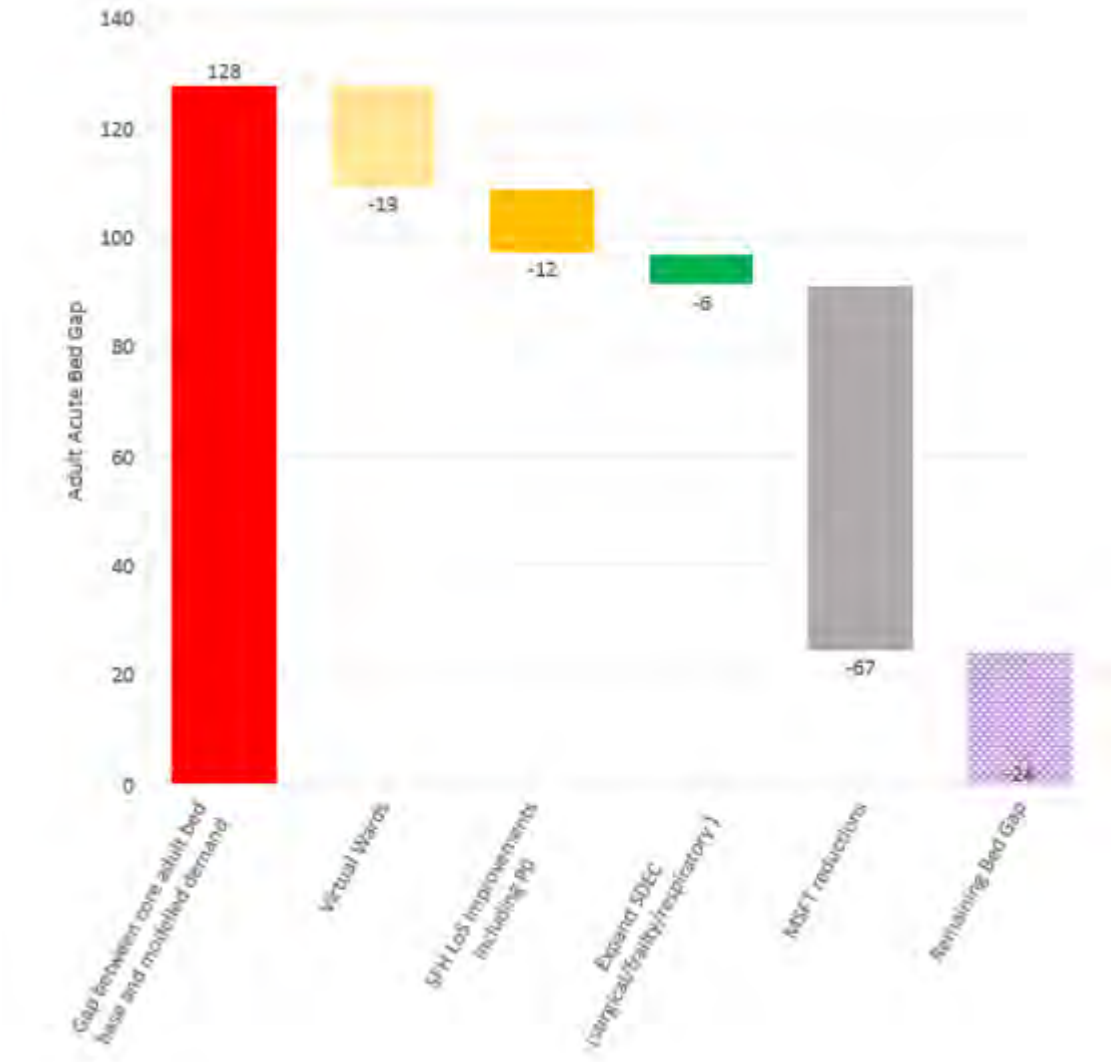
Adult Bed Model: Operational Plan Jan-24 Waterfall

- Significant reliance on MSFT reductions with inherent risk (year to date MSFT has gone up and not down relative to 22/23)
- Surgical SDEC mitigation is net neutral due to conversion of beds to recliners (reliant on ward reconfigurations)
- Virtual ward (VW) and LOS reduction items also carry risk (VW on track based on bed day savings due to IV therapy, frailty and respiratory)
- Expressed gap does include route to financial balance actions (two wards bed reduction in said month).



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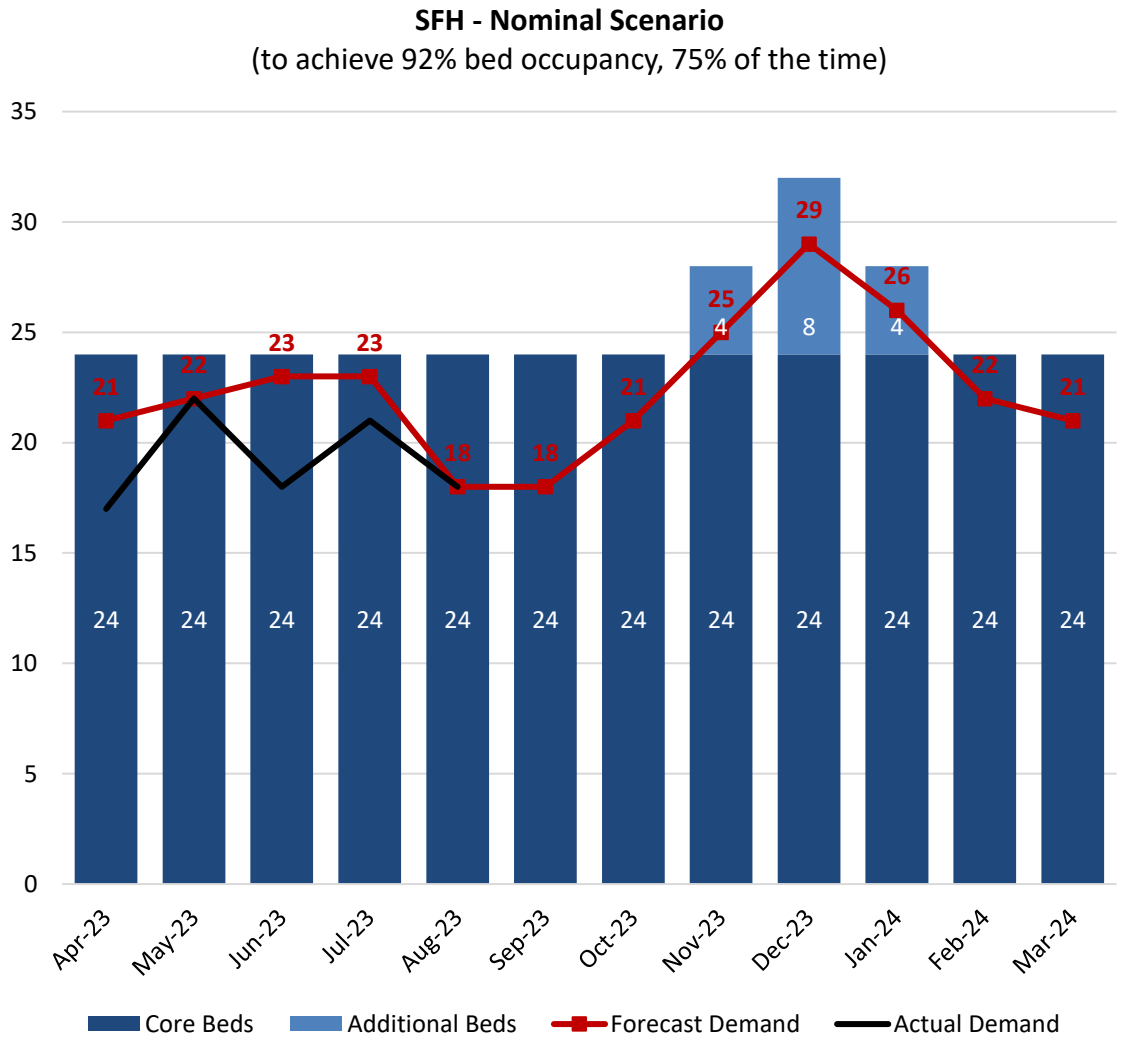
Paediatric bed model

- Paediatric outputs are from modelling following the same principles as the adult model
- Core overnight bed base is 24 beds which should be sufficient until Nov-23
- Between 4 and 8 beds of additional seasonal overnight beds planned between Nov-23 and Jan-24
- Increased opening hours of the Children's Assessment Unit (CAU) also part of plan (10:00 to 22:00, 7 days from Nov-23 to end of Jan-24).



Bed model: Australia Influenza 2016 to 2023

Figure 3: Notifications of laboratory-confirmed influenza, Australia, 1 January 2016 to 20 August 2023, by year and week of diagnosis*

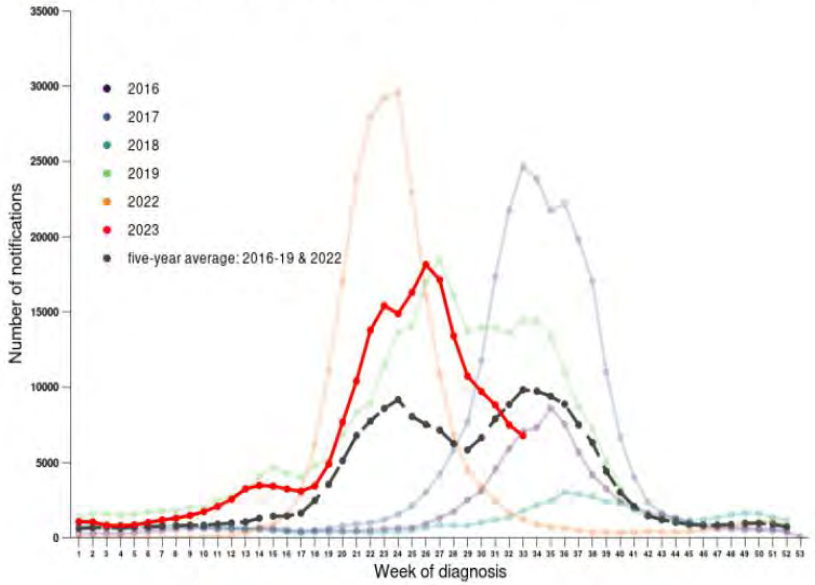
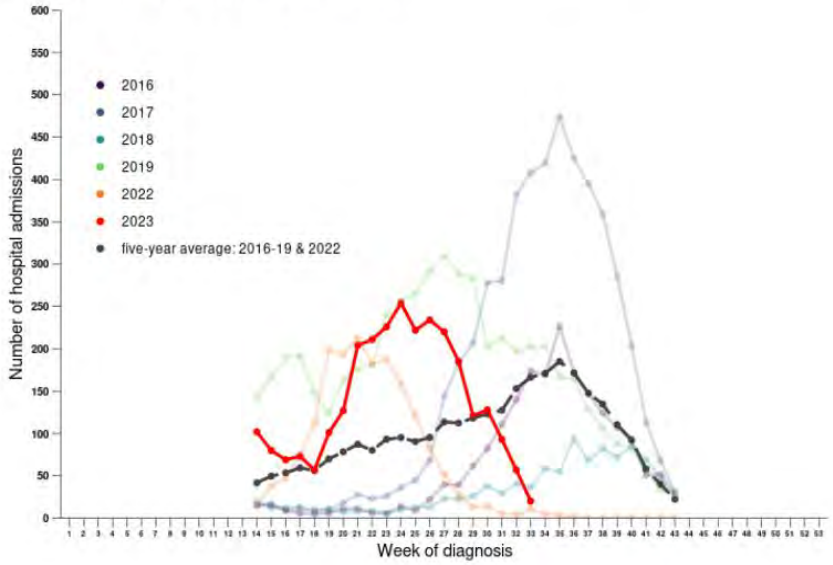


Figure 6: Number of influenza hospitalisations at sentinel hospitals, from April to October, 2016 to 2023 by year and week of diagnosis*



- Recent intelligence from southern hemisphere suggests influenza hospitalisations will peak slightly higher and around a week later than last year. The duration of the peak wave could be around three-weeks longer than last year
- Based on these observations, and considering the configuration of the modelling, it is not felt necessary to adapt the existing bed model beyond the additional 2% in demand already added
- Prevalence of Covid-19 needs to be carefully monitored.

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Vaccination plans

Influenza

- Led by Occupational Health, based on previous seasons
- 80% CQUIN target for 23/24 for front-line staff
- Strong and innovative Communication strategy which includes using Trust staff in publicity material
- Trained teams of peer vaccinators
- Drop-in 'grab a jab' pop-up flu clinics in high traffic staff areas
- Incentives include meal deal voucher (jabs before 31-Dec) and entry into monthly prize draw (jabs before Christmas). Ward/peer vaccinators can claim a £20 high street voucher when they have vaccinated 50 colleagues.

Covid-19

- Vaccines for frontline staff available now with more than 10,000 vaccination slots available
- Bookings can be made via the NHS booking website. The Kings Mill Hospital site will be opening for walk-in appointments in early October to compliment available booking slots
- Access to a flu vaccine alongside Covid vaccine
- SFH are supporting vaccinations across the county alongside GPs and Community pharmacies
- Plans are in place to offer pop-up staff vaccination events at Mansfield Community and Newark Hospital
- Longer-stay inpatients will be offered a vaccination during the campaign in-line with eligibility and clinical suitability.

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Communications Plan - Aims and Approach

Aims

- To encourage support and understanding for the Trust's management of operational pressures among all audiences
- To ensure #TeamSFH colleagues' wellbeing is supported as operational pressures intensify
- To support and enhance operational efforts to drive efficiency, reduce and avoid demand
- To give our staff, service users and stakeholders confidence that SFH is prepared for winter
- To show we 'CARE'.

Approach

- Draw on existing national and system-produced materials wherever possible
- Mobilise our system- and place- partners to support our activity
- Be bold and proactive in how we communicate pressures
- Produce weekly 'pressures moments' to regularly 'show we CARE,' using our people to help tell our story
- Remember that 'targeted is best'
- Create 'evergreen' comms products that can be re-used in the future.

Winter Plan Area

Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Communications Plan - Channels

Audience	Staff communications				Public channels				In-hospital and patient communications			Stakeholder channels	
	Staff-facing social media	Staff bulletins	Staff brief	Face-to-face	Social media	Website	Media activity: Print/Radio/TV	SnapComms	Digital screens	Patient information leaflets	Letters to patients	GP newsletter	Stakeholder newsletter
Staff	✓	✓	✓	✓	✓	✓	✓	✓					
Stakeholders				✓	✓	✓	✓						✓
Service Users				✓	✓	✓	✓		✓	✓	✓		

Sherwood Forest Hospitals NHS Foundation Trust

Approach to Identifying Mitigating Schemes

- **Reviewed winter reserve pre-commitments** – some spend in 23/24 Q1; no longer any 'pre-commitments' drawing on funds over the summer and remainder of 23/24. £2.07m of funding to be assigned to agreed mitigations

  Note: Year-round escalation beds and year-round surge actions assumed to be in run-rate and not a commitment against the winter reserve
- **Winter scheme log and scoring matrix** created and agreed
- **Long list of winter schemes** created. Over 60 schemes/ideas
- **Shortlisting** undertaken and agreed by the Winter Planning Group:
  - Shortlisted schemes (some reduced in scale) with a blend between bedded (£1,412k) and non-bedded (£424k) schemes. The bedded schemes include increases in support services e.g. pharmacy, portering, catering etc
  - Provision for proactive increase in medical staffing should elective activity need to reduce (£146k) and the use of daycase for Trauma patients 24/7 (£49k).
  - **Total cost of current proposal is £2.03m vs winter reserve of £2.07m** (all staffing costs based on agency)
  - Back-up schemes (£262k) are in place for underspend or instances where further funds become available due to external bids
  - Quality Impact Assessments (QIAs) completed on shortlisted schemes which resulted in some changes to the final list of proposed schemes.

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

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Winter Mitigations: Proposed Bed Schemes

Scheme	Beds	Timeframe	Cost
Discharge Lounge overnight and weekend use	16	Jan-24 to Mar-24	£247k
Purchase of mattresses for additional Discharge Lounge beds	-	-	£21k
Junior Doctor support for Discharge Lounge beds	-	-	£51k
Stroke beds	7	Nov-23 to Feb-24	£364k
Lindhurst beds	5	Dec-23 to Feb-24	£156k
Purchase of 12 additional beds (for Stroke and Lindhurst)	-	-	£35k
Daycase weekend use	16 (weekend)	Nov-23 to Mar-24	£86k
Overnight use of medical daycase	8	Dec-23	£72k
Ashmere	12	Nov-23 to Mar-24	£242k
Paediatric ward 25	4 (rising to 8 bed in Dec-23 for one month)	Nov-23 to Jan-24	£72k
Additional soft facilities management team for extra beds	-	Nov-24 to Mar-24	£38k
Additional pharmacy support for extra beds	-	Nov-23 to Mar-24	£28k
Peak Total Beds: 44 adult and paediatric beds (rising to 60 at weekends)			
		Total Spend	**£1,412k**

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

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Winter Mitigations: Proposed Flow Schemes

Scheme	Impact	Timeframe	Cost
CAU increased opening hours (10:00 to 22:00, 7 days from Nov-23 to end of Jan-24)	Paediatric patients will have better access to Urgent & Emergency care pathways at the right place and time	Nov-23 to Mar-24	£113k
Flu and Covid-19 symptomatic patient testing	Efficient management of Patient Flow and IPC requirements, and compliance with national testing guidance	Oct-23 to Mar-24	£102k
Frailty rapid access clinic (scaled to 5 Pa's)	Prevention of further deterioration and hospital acquired infections/falls, therefore improving patient experience and outcomes for frail patients, whilst supporting the personalised care agenda. In addition to this, acute beds would then be more effectively reserved for patients where admission is essential	Oct-23 to Mar-24	£100k
Weekend trauma operating lists (additional 10, 4-hour lists)	Improved patient flow and reduced waits for patients presenting at the weekend	As required	£38k
Pharmacy stores and dispensing	Support to improve ward requests, TTO response times, discharge process optimisation, and ultimately reduce discharge waiting times and Length of Stay (LOS)	Oct-23 to Mar-24	£30k
Doubling of Respiratory physicians at weekends	Improved decision making, enhanced patient flow and maximised clinical outcomes. This in turn optimises bed occupancy by reducing inappropriate LOS	Oct-23 to Mar-24	£26k
MRI inpatient reporting	Facilitate Patient Flow by enabling radiology to report on scans over the weekend, subsequently reducing reporting backlogs that may at times result in delays to discharge	Oct-23 to Mar-24	£15k
		Total	**£424k**

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Winter Mitigations: Indicative Workforce Implications

- The table to the right expresses a summary of the workforce needed, by staff group, to support the proposed winter schemes
- To support the growth we plan to engage with staff on bank and agency contracts
- We have the detail by scheme to support the engagement of staff. Where we note slippage, we will adapt our plans accordingly.

Staff Group	WTE
Admin	2
Unregistered Nurse	36.5
Registered Nurse	38.5
Medical Staff	12
Physiotherapy	1
Pharmacy	3
Total	**93**

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Winter Mitigations: Back Up Schemes

Scheme	Impact	Timeframe	Cost
Orthogeriatric Junior Doctors	Focussed senior decision making resulting in reduced Length of Stay (LOS) and readmission rates in facture patients aged 60+, in turn resulting in improved patient experience and outcomes	Oct-23 to Mar-24	£136k
Dedicated Medicine Bronze	Improved flow from EAU to base wards and outlying community beds seven days a week	Oct-23 to Mar-24	£55k
Specialist Pneumonia Intervention Nurse	Early diagnosis and treatment, resulting in a mortality rate reduction as well as LOS in hospital	Oct-23 to Mar-24	£32k
Front Door Speech and Language Therapy Service	Reduction in admissions as well as LOS at the hospital, therefore enhancing patient flow efficiency	Oct-23 to Mar-24	£32k
Enhanced Ward Phlebotomy Service	Enhanced phlebotomy rounds, via optimised processed to support completion of blood requests	Oct-23 to Mar-24	£7k
		Total	**£262k**

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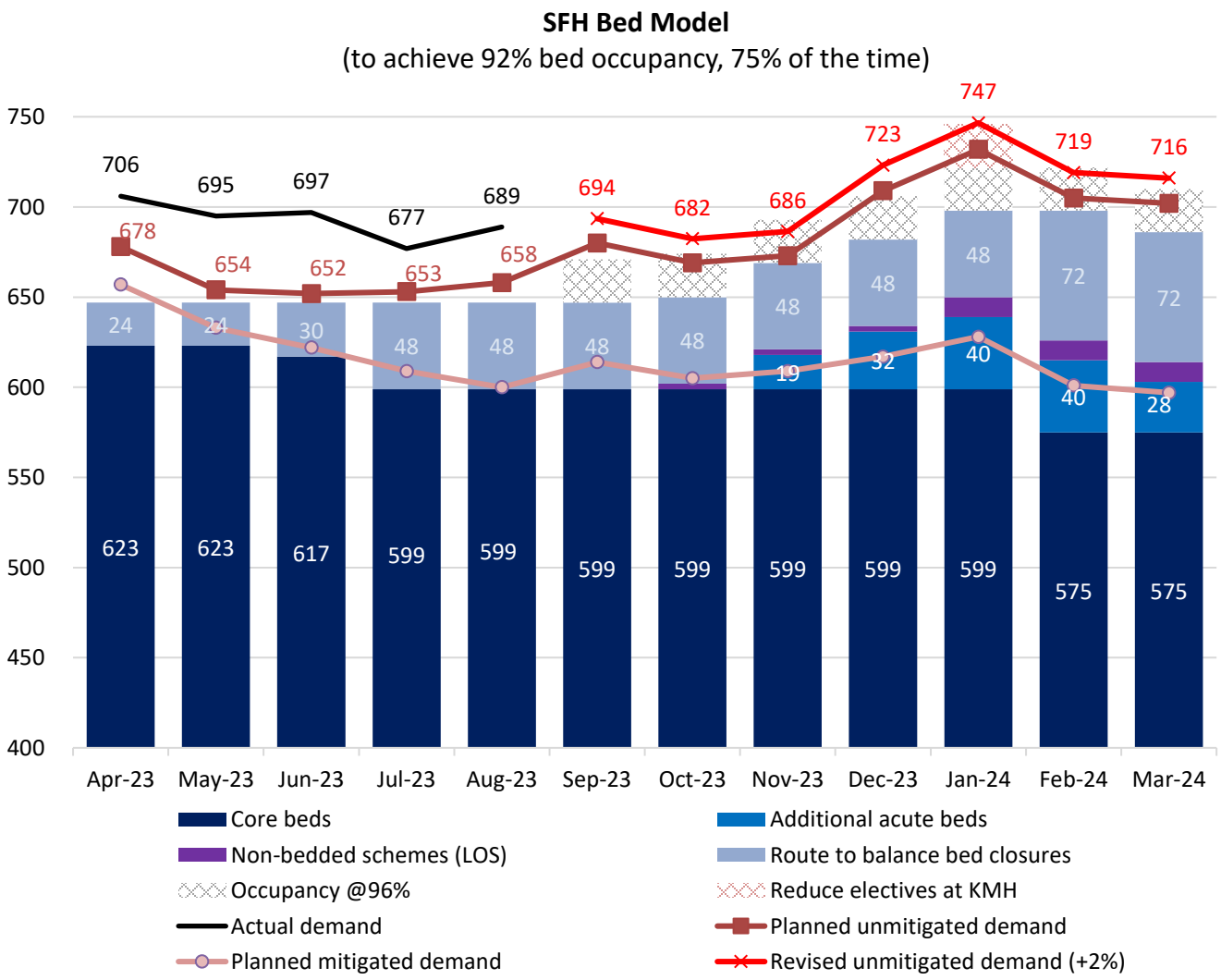
Adult Bed Model: With Bed Mitigations

- Shortlisted winter bed schemes shown as 'additional acute beds' over winter
- Estimate quantification of non-bedded schemes including the opening of the discharge lounge in Jan-24 shown in purple
- Graph illustrated to show impact of allowing bed occupancy to increase to 96% and a surgical ward transferring to medicine in Jan-24 as last resort measures to bridge remaining gap.



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Key Areas of System Focus

- Urgent Community Response service to support demand avoidance
- Care Coordination Hub (formerly the Single Point of Access)
- Community Virtual Wards
- Discharge Pathway 1 (P1) review together with increased capacity and focus on abandoned discharges
- Transfer of Care Hub: Process improvements e.g. P2 to P1 and capacity including hub six day working
- Focus on getting the discharge data right – one version of the truth
- PA Consulting supporting the system with diagnostic and improvement work across the urgent and emergency care pathway.

Sherwood Forest Hospitals NHS Foundation Trust

Elective Activity over Winter 23/24

- Our ambition is that any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient risk basis.
- It is recognised that in 22/23 the transfer of elective beds to Medicine in the peak of winter was unplanned and therefore difficult to operationalise effectively
- Whilst it is a last resort action, we have allocated winter reserve funds for the proactive increase in medical staffing between 22 Dec-23 and 28 Jan-24 should elective activity need to reduce. Should this medical resource not be required it will be stood down
- Whilst the detail of the operational plan is being created, the intention would be to reconfigure surgical beds to release up to 24 beds for medicine. This would mean utilising daycase up to the full 18 beds (with appropriate 24/7 staffing) to ensure sufficient capacity for Orthopaedic Trauma
- Any additional transfer of beds from surgery to medicine will result in reduced elective activity; the impact of such reductions on our income position are being explored
- There may be the possibility to retain some of the elective activity through transferring activity to Newark; this is being explored in greater detail to ensure an effective clinical model. There would be cost implications through having to staff Minster ward over weekends to increase elective activity at Newark that will be reviewed once the clinical model is confirmed.

Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Existing Interventions that Support Maintaining Quality of Care

- ED staffing business case supporting enhanced staffing levels for the remainder of 23/24
- Substantive staffing of 22/23 escalation beds to improve quality and safety whilst also reducing reliance and cost on agency staff
- Dedicated medical bronze to focus on patient flow
- Rolling deep clean programme in place (in absence of a decant ward).

Winter Plan Area

Anticipate & Assess	Prevent	Prepare	Respond & Recover

Sherwood Forest Hospitals NHS Foundation Trust

Staff Wellbeing

1. Civility and Respect 'Together We Care' Focus

- Relaunch of CARE values in Oct-23
- Values: Communicating and Working together, Aspiring and Improving, Respectful and Caring, Efficient and Safe
- Colleagues pledge support via QR code and receive pin badges
- Awareness and training packages available

2. Getting our Wellbeing Basics Right

- Ensure access to basic wellbeing needs
- Nutrition, hydration, sleep, regular breaks, safe conditions
- Access to Toilets/Shower Facilities
- 91% areas and departments audit results
- Q3 program for improvements and communications

3. Creating Safe and Inclusive Wellbeing Spaces

- Identified "Wellbeing Spaces" within the Trust
- Existing spaces: KMH Library, Faith Centre, MCH Pilgrim Centre, Staff room, NWK Chapel, Coffee room
- New areas coming: Doctors Mess (Level 6), Relocated staff rest area (Level 6, KTC)
- Free tea and coffee available 24/7

4. Burnout and Stress

- Low resilience and morale per staff survey
- Supportive plan in Q3 & Q4
- Trust resilience training, Stress at work offer, Wellbeing conversations
- Schwartz round themes for Q3 & Q4
- Offer 60 REACT mental health training places

5. "Boost" - Vaccinations

- Promote annual Flu and Covid-19 vaccination campaign
- Ongoing communications support
- Wide-ranging wellbeing offers
- Team and individual support
- Compassionate support during pressured times

Benefits

- Compassionate Support During Pressured Times
- Personal & Workplace Challenges
- Enhancing Staff Morale
- Preventing Workforce Loss
- Maintaining High-Quality Patient Care.

Sherwood Forest Hospitals NHS Foundation Trust

Escalation Plans and Contingencies

- **Full Capacity Protocol (FPC) and Operational Pressures Escalation Levels (OPEL) 4 action cards** under review. FPC will incorporate triggers for any pauses in the rolling deep clean programme
- **SFH command centre** six times daily email status updates shared seven days a week
- **System control centre** in place; escalation status of system partners visible
- **OPEL framework** under review in line with recently announced national guidance
- **On call** structure in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team.

Concluding Remarks

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NHS Foundation Trust

- This document summarises the key components to our 23/24 Winter plan and is the cumulation of work undertaken by Divisional and Corporate colleagues over the summer period
- Proposed winter mitigations have been presented at a cost of £2.03m verses winter reserve of £2.07m. Back-up schemes are in place for underspend or instances where further funds become available due to external bids. The proposed schemes and exceptional actions (bed occupancy of 96% and reducing electives) broadly mitigate the forecast bed gaps.
- System MSFT improvements are required to create a more manageable winter and specifically to deliver against 'route to balance' bed closures. MSFT is the initial focus of PA Consulting system Urgent and Emergency Care support
- An update to Council of Governors will take place in Nov-23
- Specific Christmas and New Year plans will be developed in Nov-23
- Trust Board is requested to approve the Winter plan noting that further work will continue to operationalise and monitor the plan.

Classification: Official

Publication reference: PRN00496

To:
- NHS acute trusts:
  - chairs
  - chief executives
  - medical directors
  - chief operating officers

cc.
- NHS regional directors
- Cancer alliance managing directors
- ICB chief executives

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

23 May 2023

Dear Colleagues,

Elective care 2023/24 priorities

Thanks to your continued focus and effort on elective care and cancer recovery we have managed, through the exceptional efforts of your teams, to drive a significant reduction in the number of long waiting patients over recent months.

Despite a very challenging environment, where ongoing industrial action has seen planned care particularly hard hit, the number of patients waiting over 78 weeks has decreased from 124,911 in September 2021 to 10,737 at the end of March 2023, and the number of patients with urgent suspected cancer waiting longer than 62 days has decreased from a peak of 33,950 last summer to 19,023 at the end of March 2023.

We now look ahead to further reduction in 78 week waits, following the disruption from industrial action and delivering our next ambitions, as set out in Operational Planning Guidance, of virtually eliminating 65 week waits, reducing the 62-day backlog further, and meeting the Faster Diagnosis Standard, by March 2024. This letter sets out our priorities, oversight and support for the year ahead as well as including a checklist for trust boards to assure themselves across the key priorities (annex 1).

First, we should acknowledge the progress made over the last year or so:

- Since the beginning of February 2022, the NHS has treated more than 2m people who would otherwise have been waiting 78 weeks by the end of March 2023 (ie: the “cohort”).
- The number of patients waiting 65 weeks has reduced from 165,885 in September 2021 to 95,001 in March 2023.

- The cancer 62 day backlog has reduced year-on-year for the first time since 2017.
- The NHS has seen a record 2.8 million referrals for urgent suspected cancer, with the early diagnosis rate now higher than before the pandemic.
- In February 2023, the NHS achieved the faster diagnosis standard (FDS) for the first time since it was created.

Your leadership, collaboration with colleagues and across providers, innovation and tenacity has led to these improvements for patients and should give confidence for the future, despite the continued complexity of the environment that we are all working in.

Recognising the challenges and the complexity you are all dealing with, we thought it would help to set out the key priorities for the year ahead:

1. **Excellence in basics**
   - Maintaining a strong focus on data quality, validation, clinical prioritisation and maximising booking rates have contributed massively to our progress. We need to retain a clear focus on these things.

2. **Performance and long waits**
   - Continue to reduce waits of over 78 weeks and those waiting over 65 weeks.
   - Make further progress on the 62-day backlog where this is still required in individual providers, whilst pivoting towards a primary focus on achieving the Faster Diagnosis Standard.
   - To support this, we have reviewed and refreshed our tiering approach to oversight, so that we can be sure that we are focusing on those providers most in need of support. This refresh has been communicated to tiered providers.

3. **Outpatients (productivity actions annex 2)**
   - We know there is massive potential in our outpatient system to adjust the approach, engage patients more actively and significantly re-focus capacity towards new patients.

4. **Cancer pathway redesign**
   - In 2023/24 Cancer Alliances have received a funding increase to support implementation of priority changes for lower GI, skin and prostate pathways (included in annex 1). All trusts should now have clear, funded plans in place with their Alliance for implementation.

5. **Activity**

- Ensure that the increasing volume of diagnostic capacity now coming online is supporting your most pressured cancer pathways. ICBs have been asked to prioritise CDC and acute diagnostic capacity to reduce cancer backlogs and improve the FDS standard, as set out in the letter from Dame Cally Palmer and Dr Vin Diwakar.
- Generally, we all need to see a step up in activity over the coming months, as we recover from the ongoing impact of industrial action.

6. **Choice**

- A major contributor to our collective progress over this last year has been the way organisations and systems have worked together to accelerate treatment for long waiting patients. This includes work with the Independent Sector (IS) who have stepped up to help in this endeavour. We know this will continue to be important this year and we encourage all systems and providers to crystalise their plans to work together (including IS) early in the financial year to give us the best chance of success.
- We expect that patient choice will be an increasingly important factor this year, as set out in the Elective Recovery Plan, with some technological advances to support this. We will communicate this more fully when plans have been finalised.

Moreover, it is crucial that we continue to recover elective services inclusively and equitably.

- Systems are expected to outline health inequality actions put in place and the evidence and impact of the interventions as part of their planning returns. Disaggregated elective recovery data should support the development of these plans.
- A collective effort is needed to continue to address the recovery of paediatric services. Provider, system, and regional-level elective recovery plans should set out actions that will be put in place to accelerate CYP recovery and ensure that elective activity gap between CYP and adults is reduced, a best practice toolkit has now been published to help achieve this.
- Systems are expected to continue to recover specialised service activity at an equitable rate to that of less complex procedures, ensuring a balance between high volume and complex patient care requirements.

Included with this letter is the board checklist (annex 1). This tool has been designed to be the practical guide for boards to ensure they are delivering against the ambitious objectives set out in the letter above.

Thank you again for all your efforts since the Elective Recovery Plan was published. Together, we have made laudable progress in reducing long waits and transforming services, as set out in the plan. We can all take confidence in this as we move on to the next stages of the recovery plan and continue to improve care for patients. If any support is required with these actions, please let us know.

Yours sincerely,

Sir James Mackey
National Director of Elective Recovery
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
NHS England

Chair
Getting It Right First Time (GIRFT) programme

Annex 1: Board checklist

We ask that boards review the checklist below to assure plans to deliver our elective and cancer recovery objectives over the coming year. There is national support available in each of these areas, please contact england.electiverecoverypmo@nhs.net to discuss any support needs.

The three key performance deliverables and metrics we need to focus on are:

- Virtually eliminate waits of >65w by March 2024
- Continue to reduce the number of cancer patients waiting over 62d
- Meet the 75% cancer FDS ambition by March 2024

	Assurance statement	Support/materials
1	**Excellence in basics**	
	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	
	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Release 3 will be published on 28 May. It focuses on the following specialties: breast surgery, ophthalmology, vascular, upper gastrointestinal surgery, cardiology, urology, and paediatric urology
2	**Performance and long waits**	
	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	
	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	
3	**Outpatients**	
	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	NHSE GIRFT guidance

	Assurance statement	Support/materials
	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Validation toolkit and guidance NHS England » Validation toolkit and guidance published on 1st December 2022
4	**Cancer pathway re-design**	
	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	Using FIT in the Lower GI pathway published on 7*th* October 2022 BSG/ACPGBI FIT guideline and supporting webinar
	Where is the trust against full roll-out of teledermatology?	Suspected skin cancer two week wait pathway optimisation guidance
	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	Best Practice Timed Pathway for Prostate Cancer
5	**Activity**	
	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Letter from Dame Cally Palmer and Dr Vin Diwakar dated 26 April 23.
	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	
	How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	

	Assurance statement	Support/materials
	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met? 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery. 5. Patients must be involved in shared decision-making conversations.	NHS England » 2023/24 priorities and operational planning guidance NHS England » Revenue finance a contracting guidance for 2023/24 Perioperative care pathways guidance
	Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?	
	Is full use being made of protected capacity in Elective Surgical Hubs?	
	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	https://future.nhs.uk/NationalCommunityDiagnostics/groupHome
	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op tests where this offers the fastest route for those patients??	

	Assurance statement	Support/materials
6	**Choice**	
	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?	www.dmas.nhs.uk
	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	
7	**Inclusive recovery**	
	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	
	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	
	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	CYP elective recovery toolkit

Supporting guidance and materials are available on the Elective Recovery Futures site: https://future.nhs.uk/ElectiveRecovery

Annex 2: Outpatients (OP) productivity action

As set out in the 2023/24 Priorities and Operational Planning Guidance, systems are expected to deliver in line with the national ambition to reduce follow-ups by 25% against the 2019/20 baseline by March 2024. To note this excludes appointments where a procedure takes place. Further technical guidance (that covers other exclusions) is here.

Expected actions

In order to work towards achieving the 25% follow-up reduction target, trusts are expected to focus on the following within the first quarter of the year:

- Embed OP follow-up reduction in trust governance mechanisms
- Engage with clinical leads for specialties about the significance of the 25% follow-up reduction target, building on GIRFT guidance
- Review clinic templates to ensure they are set up to enable a 25% reduction in follow-up appointments
- Validate patients waiting for follow-ups to identify any who do not need to be seen
- Ensure continued and expanded delivery of patient initiated follow up (PIFU) in all major OP specialties, particularly accelerating uptake in specialties with the longest waits (ENT, gynaecology, gastroenterology and dermatology)
- Ensure patients who no longer need to be seen in secondary care are appropriately discharged, in line with clinical guidelines
- Work to reduce appointments that are missed by patients (DNAs), in line with NHS England guidance, including by:
  - Understanding the most common reasons why patients miss appointments, building on available national support
  - Making it easier for patients to cancel or reschedule appointments they don't need eg through sending a response to an appointment reminder
- Local analysis of patients on multiple pathways or those with multiple follow-ups.
- Consider conducting a retrospective clinical review of a sample of OP follow-up activity in at least two specialties with the longest waits, to identify where an alternative pathway of care could have been used (eg discharge, PIFU, appointment met through alternate means).

Payment

Reducing OP follow-ups is incentivised by the NHS payment scheme, where follow-up appointments are covered by a fixed payment element, and first appointments are covered by a variable element.

Support available

Competing priorities will always make it difficult to focus on making these changes. Continued support will be available through:

- Data packs for each tiered trust, and top ten other trusts with high OP follow up reduction opportunity
- Clinically-led conversations with tiered trusts from National Clinical Directors, GIRFT clinical leads, and OP clinical leads
- Operational support to amend clinic templates
- Support to improve equity of access through the national Action on Outpatients programme.

To:
- NHS acute trusts:
  - chairs
  - chief executives
  - medical directors
  - chief operating officers

cc.
- NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 August 2023

Dear Colleagues,

Protecting and expanding elective capacity

In May, we wrote to you outlining the priorities for elective and cancer recovery for the year ahead. Last week, as part of the winter letter, we also asked you to maintain as far as possible ring-fenced elective and cancer capacity through winter.

We would like to thank you for your continued hard work in these areas, in the face of significant wider operational challenges, including ongoing industrial action. Thanks to the efforts put in by staff across the NHS, we have now virtually eliminated pathways waiting over 78 weeks, down by 94% since the peak of 124,000 in September 2021 (and now representing c0.1% of the total list), and significantly decreased the number of patients with urgent suspected cancer waiting longer than 62 days from a high of 34,000 to around 21,000 today.

However, one area where we know there remains more to do is outpatients. We have listened to your feedback on the support you need for this transformation and have set out the next steps below.

National support for outpatient transformation

To support outpatient transformation, we have met with royal colleges, specialist societies and patient representatives to agree a way forward, working in partnership, to champion and enable outpatient recovery and transformation. At the 'call to arms', colleges agreed to:

- review their guidance on outpatient follow-ups
- support new approaches to increasing wider outpatient productivity, including reducing variation in clinical templates, patient discharge, and following clinically-informed access policies.

Together with this clinical leadership, we need to build on the expectation of freeing up capacity and increasing productivity. This can be achieved through reducing follow up appointments with no procedure, fully validating RTT waiting lists, reducing variation in clinical templates, moving to patient-initiated follow-up where appropriate, following clinically-informed access policies and implementing new ways of working, such as group outpatient follow ups, reviewing clinical pathways and workforce models.

We are continuing to provide support to trusts in this area, through the following:

- Regional support
- NHS England's GIRFT outpatient guidance
- Action on Outpatients series
- The Model Health System
- Support to specific trusts via NHS England's GIRFT Further Faster programme, NHSE Tiering programme and Elective Care Improvement Support Team (IST) – learning from the Further Faster programme will be shared in the Autumn
- Access to additional capacity through the NHS Emeritus Consultant programme
- Luna weekly data quality report, which can be accessed by contacting lunadq@mbihealthcaretechnologies.com and Foundry data dashboards
- RTT rules suite
- Elective Care IST Recovery Hub - FutureNHS Collaboration Platform
- Guidance on shared decision making.

Next steps on outpatient transformation

With the majority (c80%) of patient waits ending with an outpatient appointments, we need to increase the pace in transforming outpatient services to release capacity for patients awaiting their first contact and diagnosis. This will be particularly important ahead of and during winter, when pressure on inpatient beds can be at its highest. Nationally, achieving a 25% reduction in follow up attendances without procedures would provide the equivalent to approximately 1m outpatient appointments per month.

This letter therefore sets out further detail on three key actions that we are asking you to take:

- Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

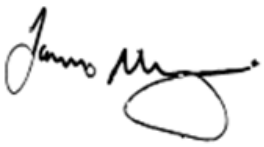
We are now asking trusts to provide assurance against a set of activities that will drive outpatient recovery at pace. This process will require a review of current annual plans, detailing the progress that can be made on outpatients transformation. As part of the above priorities, we are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by **30 September 2023**.

The details of this self-certification can be found at Appendix A. Please share this letter with your board, key clinical and operational teams, and relevant committees.

If you are unable to complete the self-certification process then please discuss next steps with your regional team.

Thank you again for colleagues' efforts in this area, which are making a real difference to the timeliness of care we deliver to patients. We look forward to receiving your returns and, as always, if you need to discuss this in more detail, or support in conducting this exercise, please contact england.electiverecoverypmo@nhs.net.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Professor Tim Briggs CBE
National Director of Clinical Improvement
Chair, Getting It Right First Time (GIRFT) Programme
NHS England

Appendix A: self-certification

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: [insert trust name here]

The chair and CEO are asked to confirm that the board:

Assurance area	**Assured?**
1. Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.	

d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	
2. First appointments The board: a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023. b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	
3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty. c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments. d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking	

data (via the Model Health System and data packs) to identify further areas for opportunity. e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Trust Board - Cover Sheet

Subject:	Planned Care Assurance Report	**Date:** 05/10/2023	
Prepared By:	Charlotte Ainger – Associate Director of Operations – Planned Care		
Approved By:	Rachel Eddie – Chief Operating Officer		
Presented By:	Rachel Eddie – Chief Operating Officer		

Purpose		
For oversight, to provide assurance and to sign off board confirmation of assurance on key deliverables for elective recovery following two letters from NHSE.	**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		
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	**X**
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

Quality Committee – 3rd October 2023
Due to the timescales for return to NHSE board sign off required by 30th September 2023. Will go retrospectively to Planned Care Steering Group

Acronyms

Acronym / Term	Explanation
104w and 78w	Referral to Treatment (RTT) waits exceeding 104 weeks (2 years) and 78 weeks (1.5 years), respectively.
65-week 'cohort'	Patients who, if not treated by a certain date, will have exceeded a waiting period of 65 weeks for outpatient appointments.
ASI (Appointment Slot Issue)	Issues related to available appointment slots for patients.
Data Quality (DQ) Reports	Reports that assess and monitor the quality of data, ensuring it meets certain standards.
DMAS (Digital Mutual Aid System)	A digital system or platform used for coordinating and sharing resources within the healthcare system.
DNAs (Did Not Attend)	Did Not Attend, referring to patients who miss their scheduled appointments without cancelling or notifying the healthcare provider.
DPR (Divisional Performance Reviews)	Reviews that assess the performance of different divisions or departments within an organisation.
GIRFT	Getting It Right First Time - a program designed to improve clinical quality and efficiency
ICB (Integrated Care	A body responsible for planning and delivering integrated health

Board)	and social care services.
NHSapp	The official mobile app for the National Health Service in England, providing access to healthcare information and services.
OPFU	Outpatient Follow Up
OPRT (Outpatient Recovery and Transformation Programme)	A program focused on improving outpatient services and recovery.
PAS	Patient Administration System, a system for managing patient records and appointments.
PCSG (Planned Care Steering Group)	A group responsible for planning and overseeing planned care services.
PIFU (Patient Initiated Follow Up)	A method where patients initiate follow-up appointments themselves.
PTL (Patient Tracking List)	A list that tracks patients awaiting treatment or appointments.
(RAS) Referral Assessment Service	A service that assesses patient referrals and determines whether an appointment or sending for a diagnostic test is appropriate.
RTT (Referral to Treatment)	A pathway that tracks patients from referral to treatment.
TTG-Compliant Plan	A plan compliant with "Time To Go" standards, indicating an approach for reducing follow-up appointments.

Executive Summary

NHSE has written to all Acute Trusts in two letters which set out key expectations for elective recovery and require Boards to have oversight and provide assurance around key deliverables. This report provides a summary of the two letters, a view of the current Planned Care governance structure and assurance on the items in the letters.

The first letter was received on 23rd May 2023 headed **"Elective Care 2023/24 Priorities"** and is included in Enclosure 16.3. The letter sets out the priorities, oversight, and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.
Letter 1 asks for completion of a checklist to provide board oversight of the planned care priorities. This report contains the check list as an appendix and with key points highlighted in the report.

The second letter was received on 4th August 2023 headed **"Protecting and expanding elective capacity"** and is included in Enclosure 16.4. Letter 2 reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter. This report contains assurance in relation to each of the priorities in the self-certification template.
This letter requires Trusts to complete a self-certification, and have it signed off by Chairs and Chief Executives by 30 September 2023 – due to the Board dates at SFH, an extension has been agreed with NHSE to allow consideration at this Quality Committee.

Conclusion
Trust Board are asked to review the information presented in the report and agree to support the recommendations in the self-certification of assurance.

Planned Care Assurance Paper for Board

5th October 2023

1. Introduction

Elective recovery is a key priority for NHSE across Cancer, RTT and Diagnostics. NHSE has written to all Acute Trusts in two letters which set out key expectations for elective recovery and require Boards to have oversight and provide assurance around key deliverables.

The first letter was received on 23rd May 2023 headed **"Elective Care 2023/24 Priorities"** and is included as an attachment following this paper.

The letter sets out the priorities, oversight, and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.

Letter 1 asks for completion of a checklist to provide board oversight of the planned care priorities.

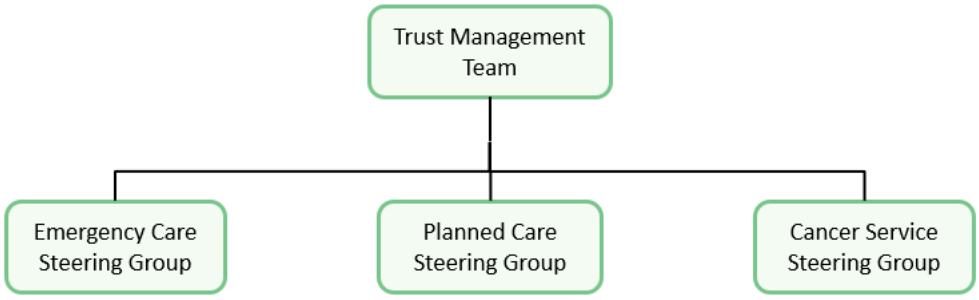
The second letter was received on 4th August 2023 headed **"Protecting and expanding elective capacity"** and is included as an attachment following this paper.

Letter 2 reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter. It describes the next steps on outpatient transformation and requires board confirmation of assurance and sign off of the checklist within the letter.

The SFH response to both letters is detailed in Sections 3 and 4 below.

2. Operational Performance Governance structure at SFH

It was agreed at September Board that oversight of the Timely Care domain would sit with Quality Committee. This is the first time that this domain has sat under a sub-committee of the Board so it might be helpful to describe the governance structure that sits beneath this.



Oversight of elective performance and improvement is though the monthly Planned Care and Cancer Steering Groups. There are operational groups that report into these forums;

- Corporate Referral To Treatment (RTT) Patient Tracking List (PTL)

- Corporate Cancer PTL
- Theatre Improvement and Transformation group
- Outpatient Improvement and Transformation group

Alongside the internal governance, this agenda is covered at ICB forums all of which feed into the ICB Planned Care Board.

- Elective and Outpatients Board
- ICS Cancer Programme Board
- ICS Diagnostics Board

There are also bi-weekly long wait and cancer performance updates and a recently introduced Outpatient Transformation monthly call with the NHSE regional team.

3. Protecting and expanding elective capacity (Letter 2)

This letter reiterates the priorities for 2023/24 and highlights the need to maintain as far as possible ring-fencing of elective and cancer capacity through winter.

It details the next steps on outpatient transformation, national work ongoing with royal colleges to support this, and the need to increase the pace in transforming outpatient services. The letters details three key actions and requires Trusts to provide assurance against a set of activities to support these key actions through a self-certification process.

The three key actions are:

1. Revisit your plan on outpatient follow up reduction, to identify more opportunity for transformation.
2. Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.
3. Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT (referral to treatment) rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

Assurance is requested against 11 activities under 4 broad themes – Validation, First Appointments, Outpatient Follow-Ups and Support Required.

These activities have been reviewed, and we are able to demonstrate that we are compliant against 8 of the 11 activities, with further work required to provide full assurance on the remaining 3.

It should be noted that the letter asks for assurance that the Board has signed off a number of reports and plans which have not previously been expected to go to Board, so it is suggested that more detail is provided in future to Quality Committee following the decision to review the Timely Care domain of the IPR at Quality Committee.

This letter requires Trusts to complete a self-certification, and have it signed off by Chairs and Chief Executives by 30 September 2023 – due to the Board dates at SFH, an extension has been agreed with NHSE to allow consideration at this Quality Committee and Trust Board. To support this, further detail of the evidence of compliance or otherwise is provided below and recommendations made for the completion of the self-certification:

3.1 Validation

The Board has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

Pre-covid data relating to PTL validation was not routinely captured. This reporting requirement was only introduced post Covid via the Waiting List Minimum Data Set (PTL data submitted to NHSE to weekly). However, validation of pathways was locally monitored through weekly Corporate and service line PTL meetings.

Pre-covid the specialties and corporate teams would routinely validate to 12 weeks, based on a total PTL size of c26,000 patients and no patients waiting over 52 weeks for treatment. Post-covid the PTL size has grown to over 53,000 patients with no further investment in validation resource which means it has not been possible to maintain this level of validation – currently the corporate team validate to 52 weeks with specialties validating further down the waiting list where possible.

The Corporate Validation team historically have utilised various RTT data quality reports to cleanse the PTL and ensure that the reported information is as accurate as possible. These reports are monitored daily and are used to inform training needs throughout the Trust.

SFH have used the LUNA dashboard to improve RTT data quality and have replicated many of the reports within the suite of data quality reports. Current performance within the LUNA system shows that as a Trust there is 99.40% RTT PTL Confidence Level. There is an internal validation dashboard to ensure oversight of compliance with validation targets which could be developed to create a report for Board.

The Board has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

The growth in the PTL size post-Covid without any additional investment means that SFH does not have sufficient resources to deliver this objective.

SFH have limited access to digital solutions to aid with the validation of all patients waiting over 12 weeks by October 31st which enable one way text messaging, letter or telephone validation. However, significant administrative resource is required to manage the patient responses so this can only be rolled out one specialty at a time. We have used this tool to target our largest specialty backlogs in ENT and Gastroenterology and are rolling out to further specialties.

In September 2023, SFH was awarded funding to support the introduction of DrDoctor as a digital solution with accompanying temporary workforce to increase the pace of validation – we are in discussion with NHSE and NHIS on the technical implementation of this as it had previously been agreed not to implement this tool in mid-Notts.

The Board ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.

The Trust Access Booking and Choice Policy has been recently updated in line with the Elective Care Improvement Support Team (Elective Care IST) model access policy and is available on the intranet. This includes clear direction on communication with patients as they progress along their pathway.

There is an Elective Care Training Strategy in place and staff are signed off as competent upon completion of training. Trust wide RTT training packages are offered on-line, face to face, on Teams, in groups and individually.

The Corporate Planned Care team endeavour to establish themes for training needs through maintenance of the daily RTT data quality reports and feed back to users and line managers where learning is required.

The Board has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.

A verbal report of the number of ASI (appointment slot issues), patients awaiting a new appointment on the PTL, and overdue reviews (patients with a planned review date yet to be booked in) was presented to the Patient Safety Group in April and May 2023 by the Deputy Medical Director.

Specialties are encouraged to submit risk assessments for any non RTT backlogs, including mitigating actions to manage patient safety, which are reviewed at Risk Committee, and to report any incidences of harm caused by delays on DATIX.
These metrics are also monitored via the Planned Care Steering Group (PCSG), Divisional Performance Reviews, weekly PTL meetings and the Outpatient Transformation and Improvement Programme meeting.

High wait and volume speciality recovery plans are in progress and a paper on trust wide actions is being presented to Planned Care Steering Group on 3rd November 2023. Industrial action is a risk to the recovery due to the volumes of cancellations in outpatients.

3.2 First Appointments

The Board has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

The Board signed off the 65 week trajectory to achieve zero 65 week waits as part of the annual plan, and we are working towards the ambition that no patient will be waiting for a first outpatient appointment after the end of October. This trajectory is on track for the majority of specialties, however there remain risks in ENT, Cardiology and Gastroenterology, which are being closely managed.

- **ENT** have been providing mutual aid to deliver reduce 78 week waits across the ICS, however, this has had an adverse impact on the SFH 65 week wait position. In addition, there have been a significant increase in the volume of out of area referrals into ENT from Lincolnshire specifically to Newark due to the long waits in the Lincolnshire ICB. Work is underway to contact the patients assigned to Newark to offer opportunity to be seen at Kingsmill with 60% of the patients in the ENT 65 week wait cohort willing to attend their appointment at Kingsmill.
- **Gastroenterology** – significant numbers of patients awaiting outpatient appointment and follow up. This is due to consultant vacancies previously being at 33%. Schemes have been funded via the Elective Recovery Fund to increase the number of locums and secure insourcing from October.
- **Cardiology** - are the most challenged service from a non-admitted perspective this is due to delays in cardiology diagnostics (CT cardiac and Echocardiography). The implementation of a referral assessment service (RAS) ensures that patients are triaged and sent direct to test rather than attending an appointment. Insourcing schemes have been approved to provide additional capacity, and as of w/c 25 September, SFH has been allocated additional funding for accelerated CDC capacity for Echos.

Risks to delivery include ongoing industrial action where outpatient activity is significantly impacted and the interplay between urgent suspected cancer referrals and routine.

The Board has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net

The independent sector providers in Nottinghamshire are utilised to support recovery plans for the admitted cohort. This is for orthopaedic, urology and general surgical pathways and averages around 55 cases per month. Volumes are limited by complexity and price – many of the cases that would be suitable for the IS can be accommodated within available capacity at Newark Hospital. This will continue to support reduction in waits to <65 weeks.

Several specialities have successfully insourced services to improve waits, including Rheumatology non-admitted pathways, Cardiology diagnostics and plans are in place for Gastroenterology to commence in October 2023.

Work is ongoing across the Nottinghamshire ICS and with providers elsewhere who require support to offer and receive mutual aid where applicable; this has been managed outside of the DMAS solution, but access is in place should this be required.

3.3 Outpatient follow-ups

The Board has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.

The ICB submitted a non-compliant plan for follow up reduction for 2023/2024 – this was underpinned by non-compliant plans at both NUH and SFH. This was due to the volume of patients with overdue reviews (patients who have a planned review date which has not been met) who will need to be seen before any reduction in outpatient can be delivered. As of August-23 SFH delivered 0.6% (584 follow up appointments) over the non-compliant plan, this is mixed at speciality level with work required to understand variation to plan and next steps.

Recovery plans are underway with specialities with the highest volumes of overdue reviews to reduce these. Including;

- Contacting patients to check they still require their appointment (administrative validation)
- Ensure PIFU (patient initiated follow up) is embedded within specialities to better manage follow ups and in turn appropriately reduce the volume of patients being brought back for a follow up when not required.
- A full review of the booking rules across the organisation for specialities where follow up ratios could be reduced (those without high overdue review numbers).

The work programme required to deliver a reduction in follow-ups is embedded within Outpatient Transformation and Improvement programme of work which reports to Planned Care Steering Group.

This metric is reported to Board in the Integrated Performance Report.

The Board has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.

Patient Initiated Follow Up (PIFU) is a key to reduce the number of follow-up pathways and to allow for a more personalised care experience for patients. SFH deliver over the

5% target for PIFU. This is a performance metric covered on the trusts IPR and at planned care steering group with the work programme for further opportunity being progressed through the Outpatient Transformation and Improvement group.

PIFU has been implemented in breast, prostate, colorectal, endometrial and lymphoma cancer pathways.

The Board has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.

DNA (Did not attend) metrics are reviewed at planned care steering group with the work programme for further opportunity being progressed through the Outpatient Transformation and Improvement group. The SFH DNA rate is currently running at 7.3%. Until June 2023 SFH benchmarked in the lower quartile for DNAs however this position has deteriorated during industrial action as the text messaging reminder service has had to be switched off for long periods so as not to cause patients to receive conflicting messages.

This is an area of focus for the Outpatient Transformation and Improvement Group – our systems are not currently capable of two way text communication with patients and we are reviewing options for the future. Patient representation at this group is under consideration. The Access Policy does states that patients should be clinically reviewed after multiple DNAs however it is ultimately a clinical decision to remove a patient from the PTL.

The Board has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking 6 data (via the Model Health System and data packs) to identify further areas for opportunity.

Specialist Advice (previously Advice and Guidance) provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity. SFH continue to exceed this target (27 per 100 referrals in August 2023), this is reported to Board via the quarterly IPR. The OPRT (Outpatient recovery and transformation programme), GIRFT checklists and national benchmarking will underpin the programme of work within the Outpatient Transformation and Improvement Group. The increase of specialist advice to support elective recovery can only be supported through appropriate time allocated to delivery through job planning and allocation of alternative resource to manage the volume – the allocation of dedicated PAs in job plans to Specialist Advice has been implemented in some, but not all, specialties.

The Board has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.

SFH have several transformation priorities to maximise clinical value and minimise unnecessary attendances for patients including the following but not limited to;

- One-stop clinics in place across several specialities, ophthalmology have a longstanding clinic in place for cataracts.
- Increased use of RAS (Referral assessment service) to minimise the number of times patients visits the hospital. Cardiology and Gastroenterology patients are triaged and sent for diagnostic test before they have their first outpatient appointment.
- Preoperative pathways - telephone assessments utilised to assess level of pre op required to prevent unnecessary appointments. Slots are available for patients who are consented for surgery in an outpatient clinic to have their initial pre op assessment on the same day.
- Virtual review of patients awaiting reports and communicating with the patient via telephone and discharge if no further clinical input required.

4. Elective Care 2023/24 Priorities (Letter 1)

This letter sets out the priorities, oversight and support for 2023/2024. It also recognises the progress on reduction of long waiting patients across cancer and elective care.

The key priorities for the year ahead include excellence in basics, performance and long waits, outpatients, cancer pathway redesign, activity, and choice. The letter also states how elective service recovery is inclusive and equitable with key points relating to health inequalities, children and young people and recovery of any specialised services at an equitable rate to less complex, high-volume services.

It included a board checklist which Boards are asked to review. Our progress against this is included at Appendix 1 – Elective Priorities Checklist. Our self-assessment suggests that of the 22 assurance statements, SFH is compliant with 13 (green), with 7 requiring further attention (amber) and 1 non-compliant (red).

The non-compliant statement relates to the plan to deliver a 25% reduction in follow ups in line with national planning guidance – SFH will not achieve this and as part of the ICS, submitted a non-compliant plan at the start of the year. Further detail has already been provided in Section 3.3.

There are 7 statements which require further attention, the key statements are:

Has any patient waiting over 26 weeks has been validated in the last 12 weeks?

- Due to the increase in PTL size and no investment in the validation team this is covered in more detail in Section 3.1.

Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?

- Further work is required with the ICB for system level health inequality oversight,

Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?

- Plans are underway to reduce the CYP elective waiting lists and Planned Care Steering Group now have oversight of the relevant data to support with improvement and recovery.

All the statements and SFH position on them have been described in more detail in the table in Appendix 2.

5. Conclusion

Prior to receiving the 2nd letter these reports and plans have not previously been expected to go to Board, so it is suggested that more detail is provided in future to Quality Committee following the decision to review the Timely Care domain of the IPR at Quality Committee.

Following the request from NHSE for assurance Quality Committee are asked to review the information presented in the report above and agree support the recommendations in the self-certification of assurance on behalf of the Board in Appendix 1.

Appendix 1 – Protecting and Expanding Elective Capacity Board Assurance

	Assured?
1. Validation The board: a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation. b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation. c. ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients. d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.	**Assured** **Limited assurance** **Assured** **Limited assurance**
2. First appointments The board: a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023. b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	**Limited assurance** **Assured**

3. Outpatient follow-ups The board: a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty. c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments. d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking 6 data (via the Model Health System and data packs) to identify further areas for opportunity. e. has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	 **Assured** **Assured** **Assured** **Assured** **Assured**
4. Support required The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	

Sign off

Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Appendix 2 – Elective Priorities Checklist

Planned Care Steering Group

September 2023

Elective Priorities 2023.24: SFH position

In May 2023 NHS England issue a letter outlining the elective care priorities for 2023/24. Within that letter a board checklist was provided with a series of assurance statements regarding excellence in basics; performance and long waits; outpatients; cancer pathway redesign; activity; choice and inclusive recovery. This papers summaries Sherwood Forest's position against those assurance statements.

Red	Non-compliant
Amber	Further work required
Green	Compliant

No.	Assurance Statement	SFH update/position	
1	Has any patient waiting over 26 weeks on an RTT pathway (as at 31 March 2023) not been validated in the previous 12 weeks? Has the 'Date of Last PAS validation' been recorded within the Waiting List Minimum Data Set?	As of 14/09/2023 6335 of the 54,361 (11.6% of the overall waiting list) patients on the Patient Tracking List (PTL) were over 26 weeks wait and currently unvalidated within the last 12 weeks. The increase in total PTL size post pandemic (approx. 50% increase since 19/20) has not been matched by an increased validation resource. A review of the central validation team and validation requirements is underway to establish what resource is required to support this increased workload and any digital solutions that could be used as an alternative. The 'Date of Last PAS validation' is routinely recorded within the Waiting List Minimum Data Set return.	Amber
2	Are referrals for any Evidence Based Interventions still being made to the waiting list?	Evidence Based Interventions (EBI) are procedures and treatments which are clinically deemed unnecessary and so the NHS only offers interventions that are evidence based and appropriate. Referrals for EBI continue to be added the waiting list.	Green

		If referred from GP for EBI procedure and the patient meets a set criteria approval is given. If secondary care decision approval is sought before treatment and if the patient meets set criteria.	
3	Are plans in place to virtually eliminate RTT waits of over 104w and 78w (if applicable in your organisation)?	SFH no longer has any patients waiting over 104 weeks having met the 2022 target and continue to not have any since. SFH are continuing to have low number of 78 week waits at month end (3 in August), exceptions being where support is being given to the System to deliver 78W target through Mutual Aid and where there are specific diagnostic challenges in cardiology. This is reported through the quarterly IPR, the monthly Planned Care Steering Group (PCSG) and a weekly Integrated Care Board and NHSE meeting to discuss long waiting performance and Cancer performance.	Green
4	Do your plans support the national ambition to virtually eliminate RTT waits of over 65 weeks by March 2024?	The Trust set ambitious trajectories to meet the target of zero patients waiting over 65 weeks by March 2024, delivery against plan continues and remain on track to achieve this ambition. The within this target all patients in the 65-week cohort (any patient who could breach 65 weeks by March 2023) must have had their first outpatient appointment by 31st October 2023, with Cardiology and Gastroenterology being the only specialities not on track to deliver.	Green
5	Are clear system plans in place to achieve 25% OPFU reduction, enabling more outpatient first activity to take place?	The ICB submitted a non-compliant plan for follow up reduction for 2023/2024. This was due to the volume of patients with overdue reviews (patients who have a planned review date which has not been met). As of August-23 SFH delivered 0.6% (584 follow up appointments) over the non-compliant plan, this is mixed at speciality level with work required to understand variation to plan and next steps. Plans are underway with specialities with the highest volumes of overdue reviews to reduce these. Including contacting the patients to check they still require their appointment and to ensure PIFU (patient initiated follow up) is embedded within specialities to better manage follow ups and in turn appropriately reduce the volume of patients being brought back for a follow up when not required.	Red

		This is embedded within the outpatient improvement and transformation programme of work.	
6	Do you validate and book patients in for their appointments well ahead of time, focussing on completing first outpatient appointments in a timely way, to support with diagnostic flow and treatment pathways?	Monitoring and tracking of pathway points is in place through corporate PTL meetings for RTT, cancer and diagnostics. Patient pathways are validated centrally and tracked divisionally where patients awaiting appointment bookings are highlighted and prioritised clinically and by length of wait. Several specialties (including cardiology, gastroenterology gynaecology, orthopaedics) have also implemented a referral assessment service (RAS) to ensure patient pathways are streamlined by triaging the patient and deciding whether an appointment or sending for a diagnostic test is appropriate.	Green
7	Where is the trust against full implementation of FIT testing in primary care in line with BSG/ACPGBI guidance, and the stepping down of FIT negative (<10) patients who have a normal examination and full blood count from the urgent colorectal cancer pathway in secondary care?	FIT testing fully implemented, in April 2023, 555 patients were referred in to the LGI pathway with a FIT result available. 321 patients were referred in without a FIT result available. 191 patients had a FIT result of <10 and 110 of these went on to have a colonoscopy. Agreement is place with the ICB to 'reject' referrals without FIT.	Green
8	Where is the trust against full roll-out of teledermatology?	An agreed approach to implement teledermatology and straight to test is developed. Approval has been received to proceed with Cancer Alliance funding with a current plan to be in place from Q4.	Green
9	Where is the trust against full implementation of sufficient mpMRI and biopsy capacity to meet the best practice timed pathway for prostate pathways?	In April 2023, 50% of patients met the Best Practice Timed Pathways (BPTP) for mpMRI (scan for diagnosing prostate cancer). 0% of patients met the BPTP for biopsy. Data Shows an average of 41 days from Referral to Biopsy and an average of 10 days from referral to mpMRI.	Amber

		Working towards achievement of BPTP for prostate along with work within the service to achieve Cancer Waiting Times (CWT), that BPTP sits outside of. The pathway is mapped and performance against this monitored but do not yet have an operationally deliverable BPTP patient prostate pathway.	
10	Are clear system plans in place to prioritise existing diagnostic capacity for urgent suspected cancer activity?	Yes, through corporate cancer PTL, diagnostic PTL and modality SOPs for management of urgent suspected cancer patients. Monitoring of this via diagnostics PTL requires further development and capacity challenges persist due to various factors including inpatient volume, reporting capacity, patient choice and service down time. At SFH the Faster Diagnostic Standard (FDS), for the patient to be told whether they have cancer or not within 28 days, is a standard achieved consistently.	Green
11	Is there agreement between the Trust, ICB and Cancer Alliance on how best to ensure newly opening CDC capacity can support 62 day backlog reductions and FDS performance?	Within the Community Diagnostic Centre (CDC) development, work is underway to embed cancer pathway appropriately within core diagnostics modalities and beyond. Ongoing work in place confirming the specific pathways through the CDC but looking to maximise all opportunities to influence FDS performance.	Green
12	How does the Trust compare to the benchmark of a 10-day turnaround from referral to test for all urgent suspected cancer diagnostics?	The trust benchmarks well on 10-day turnaround from referral to test the average is between 3 and 4 days, with no tumour sites over 8 days. Breast, gynaecology, and testicular resections see the longest turnaround (5-7 days). This is due to the resections requiring theatre capacity which is has reduced options for capacity. Diagnostic modalities attend weekly corporate cancer PTL and Diagnostics PTL is currently undergoing a revised to strengthen terms of reference which will include 2ww test turnaround but not reporting. Work is underway to review 10-day turnaround and identify potential trajectory and action plan for improvement. As an organisation SFH do not have access to the stats package within LIMS which restricts	Green

		how sophisticated and timely the data is but a monthly retrospective report will be made available routinely from the Information Team.	
13	Are plans in place to implement a system of early screening, risk assessment and health optimisation for anyone waiting for inpatient surgery? Are patients supported to optimise their health where they are not yet fit for surgery? Are the core five requirements for all patients waiting for inpatient surgery by 31 March 2024 being met? 1. Patients should be screened for perioperative risk factors as early as possible in their pathway. 2. Patients identified through screening as having perioperative risk factors should receive proactive, personalised support to optimise their health before surgery. 3. All patients waiting for inpatient procedures should be contacted by their provider at least every three months. 4. Patients waiting for inpatient procedures should only be given a date to come in for surgery after they have had a preliminary perioperative screening assessment and been confirmed as fit or ready for surgery.	Since the COVID-19 pandemic routine screening for Inpatient (admitted) waiting list to highlight any patients who may require intervention whilst waiting for surgery. This includes both Hypertension and HbA1c screening. Identifying patients potentially needing STOPBANG (Sleep) Referrals preoperatively (STOPBANG is the assessment used to screen for obstructive sleep apnoea). 1. Patients are screened for potential lifestyle intervention and support for smoking cessation, weight loss, alcohol intake, and mobility. With patient consent referral can be made to community support services to ensure patients are 'waiting well' 2. A 'Health Navigator' working within the pre-operative team supports patients requiring more detailed pre-operative plans who can take referrals for patients at any point on their pathway. Wherever possible conducting pre-op assessments as close to the DTA date as possible (ideally on their clinic date) 3. Contact has been made to patients on the elective waiting list for surgery by letter on several occasions and now have a texting system enabling contact to be made with patients on a 3-month basis. We are working with a supplier to improve digital access to patients to support this process. 4. Patients are seen preoperatively before their TCI date is offered. 5. Shared decision-making conversations are encouraged with surgical patients and have anaesthetic support where risk vs benefit SDM decisions need to be made. Best Interest Meetings are also facilitated where required as early in the pathway as possible to ensure the right decisions are being made for the patient.	Green

	5. Patients must be involved in shared decision-making conversations		
14	Where is the trust/system against the standards of 85% capped Theatre Utilisation and 85% day case rate?	In August 2023 elective theatre in-session utilisation was at 83%. The Day case rate was 85%. There is a theatre transformation programme in place which reports to Planned Care Steering Group, this covers flow (how to make the best of the space and time available) and effective teams (supporting the teams with culture change to support flow).	Green
15	Is full use being made of protected capacity in Elective Surgical Hubs?	The planned launch date for the Newark TIF theatre is 30th October. The timetable in place allows for capacity to catch up with lost activity whilst wating for the theatre to open. Update to be provided through Trust Management Team Meeting.	Amber
16	Do diagnostic services meet the national optimal utilisation standards set for CT, MRI, Ultrasound, Echo and Endoscopy?	Data from regional diagnostics board shows that SFH perform well on CT, MRI and Endoscopy standards; CT – 3.9 scans per hour (target 3+ per hour) MRI – 2.9 scans per hour (target 2+ per hour) Endoscopy – 81 points per week (target 80+ per week) Echo and US benchmarking is not currently available. A diagnostics group is under development to ensure the utilisation standards are covered with performance and recovery plans.	Green
17	Are any new Community Diagnostic Centres (CDCs) on track to open on agreed dates, reducing DNAs to under 3% and ensuring that they have the workforce in place to provide the expected 12 hours a day, 7 day a week service? Are Elective Surgical Hub patients able to make full use of their nearest CDC for all their pre and post-op	CDC accelerated activity in due to commence in October 2023 across MRI, phlebotomy. Ultrasound activity will commence following further estates works. The CDC will run 12hrs a day 5 days per week, due to open March 25. Ongoing work on reducing DNA's forms the outpatient improvement programme, Elective Surgical hub patients will have opportunity to utilise the CDC and other sites depending where is the easiest to access. The CDC	Amber

	tests where this offers the fastest route for those patients??	accessible to any patients where this is the best location for them to receive pre and post op tests.	
18	Are you releasing any Mutual Aid capacity which may ordinarily have been utilised to treat non-urgent patients to treat clinically urgent and long-waiting patients from other providers? Is DMAS being used to offer or request support which cannot be realised within the ICB or region?	SFH continues to work with NUH supporting ENT backlogs, specifically Head and Neck non admitted patients and Rhinology where possible. Previously supported UHL and will continue to do so if required and able to DMAS (Digital Mutual Aid System) is a system to enable trusts to request support from other organisations outside of the region, SFH are DMAS registered but have not yet required to request support and currently take mutual aid from in region.	Green
19	Has Independent Sector capacity been secured with longevity of contract? Has this capacity formed a core part of planning for 2023/24?	Independent sector arrangements are reviewed annually as part of the planning processes. Sub-contracting arrangements to commence from end of September so the activity is counted in the trust.	Amber
20	Do recovery plans and trajectories ensure specialised commissioned services are enabled to recover at an equitable rate to non-specialised services? Do system plans balance high volume procedures and lower volume, more complex patient care	We have low numbers of elective specialised services, chemotherapy forms most of the volume, however most of the activity is delivered on behalf of NUH.	N/A
21	Have you agreed the health inequality actions put in place and the evidence and impact of the interventions as part of your operational planning return? Was this supported by disaggregated elective recovery data?	Alongside the work being embedded to support patients on the waiting lists who have specific needs and vulnerabilities, there is a system to enable the Trust to disaggregate the elective waiting list by vulnerable characteristics such as learning disability, ethnicity, age, gender and by social deprivation score.	Amber

22	Are children and young people explicitly included in elective recovery plans and actions in place to accelerate progress to tackle CYP elective waiting lists?	Planned Care Steering Group has a performance report and actions specifically to address the waits for Children and Young People (CYP). This includes PIFU which is already rolled out within the speciality and plans to use the text service to focus reduction of overdue reviews where the greatest clinical risk is. This applies with diagnostics where development and plans are needed for MRI paediatric sedation beds and paediatric sleep studies.	Amber

Appendix 3 – Glossary

Acronym / Term	Explanation
104w and 78w	Referral to Treatment (RTT) waits exceeding 104 weeks (2 years) and 78 weeks (1.5 years), respectively.
65-week 'cohort'	Patients who, if not treated by a certain date, will have exceeded a waiting period of 65 weeks for outpatient appointments.
Action On Outpatient Series	A series of actions or initiatives related to outpatient care
ASI (Appointment Slot Issue)	Issues related to available appointment slots for patients.
Cancer Alliance	A collaborative network of healthcare providers and organisations focused on cancer care and treatment.
Central Validation Team	A team responsible for validating patient pathways centrally.
Data Quality (DQ) Reports	Reports that assess and monitor the quality of data, ensuring it meets certain standards.
DMAS (Digital Mutual Aid System)	A digital system or platform used for coordinating and sharing resources within the healthcare system.
DNAs (Did Not Attend)	Did Not Attend, referring to patients who miss their scheduled appointments without cancelling or notifying the healthcare provider.
DPR (Divisional Performance Reviews)	Reviews that assess the performance of different divisions or departments within an organisation.
DrDoctor	A digital partner or solution used in healthcare settings.
GIRFT	Getting It Right First Time - a program designed to improve clinical quality and efficiency
Health Inequalities	Differences in health status or access to healthcare services among different populations or groups of people.
ICB (Integrated Care Board)	A body responsible for planning and delivering integrated health and social care services.
Independent Sector	Non-NHS healthcare providers, such as private hospitals, that may be used to support NHS services.
Industrial Action	Actions taken by employees, such as strikes, to protest labour-related issues or seek better working conditions.
Insourcing	Bringing services or functions back in-house that were previously outsourced to external providers.

Local Access Policies	Rules or guidelines specific to a particular healthcare facility or region regarding patient access to care.
LUNA	A data system or tool used for quality control and validation of healthcare data.
Model Health System	A framework or model for organising and managing healthcare services.
Mutual Aid	Collaboration and support among healthcare organisations to manage patient waits.
NHSapp	The official mobile app for the National Health Service in England, providing access to healthcare information and services.
Non-compliant Plan	A plan that does not meet the established standards or targets.
One-stop Clinics	Healthcare clinics where patients receive multiple services or assessments in a single visit.
Operational Performance	The measurement and assessment of how efficiently and effectively healthcare services are delivered.
OPFU	Outpatient Follow Up
OPRT (Outpatient Recovery and Transformation Programme)	A program focused on improving outpatient services and recovery.
PAS	Patient Administration System, a system for managing patient records and appointments.
PCSG (Planned Care Steering Group)	A group responsible for planning and overseeing planned care services.
PIFU (Patient Initiated Follow Up)	A method where patients initiate follow-up appointments themselves.
PTL (Patient Tracking List)	A list that tracks patients awaiting treatment or appointments.
Referral Assessment Service (RAS)	A service that assesses patient referrals and determines whether an appointment or sending for a diagnostic test is appropriate.
RTT (Referral to Treatment)	A pathway that tracks patients from referral to treatment.
Specialised Services	Healthcare services that require advanced expertise and resources, often for complex or rare conditions.
Specialist Advice	Expert medical advice provided by specialised clinicians to guide patient care and treatment decisions.
Trust Access Booking and Choice Policy	A policy that outlines how patients can access healthcare services and make choices about their care.

TTG-Compliant Plan	A plan compliant with "Time To Go" standards, indicating an approach for reducing follow-up appointments.
Validation	The process of ensuring data accuracy and correctness, especially in the context of patient records and information.
Waiting List Minimum Data Set	A dataset used to record and manage patient waiting times and data related to waiting lists.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public - Cover Sheet

Subject:	Fit and Proper Person Test	**Date**: 5th October 2023	
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
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 an update on the new Fit and Proper Person Test Framework to be introduced from 30th September 2023 and its implementation by the Trust.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

N/A

Acronyms

FPPT – Fit and Proper Person Test
NHSE – NHS England
ESR – Electronic Staff Record
CQC – Care Quality Commission

Executive Summary

The government commissioned Kark Review reported in 2019 on its review of the scope, operation and purpose of the FPPT as it applied under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including an assessment of how effective the FPPT was in preventing unsuitable staff from being redeployed or re-employed in the NHS. As a consequence, NHS England published guidance in August 2023 to support the implementation of the recommendations from the Kark Review and promote the effectiveness of the underlying legal requirements through the establishment of a Fit and Proper Person Test Framework. The Framework is effective from 30th September 2023 with the purpose to strengthen and reinforce individual accountability and transparency for board members, thereby enhancing the quality of NHS leadership.

The Framework also introduces a requirement to retain information relating to the application of the FPPT for individual directors, a standard set of competencies for all board directors (not published at the time of writing this paper), a new way of completing references with additional content whenever a director leaves an NHS Board as well as the extension of the applicability of the FPPT to some other organisations, including NHSE and the CQC.

The related paper provides additional background and contextual information together with a summary of the Framework and its implementation at the Trust. This includes the impact on

current board members and those recruited after the effective date and provides board members with a FPPT specific Privacy Notice giving details of the personal information that will be collected and processed in relation to the FPPT, including its storage in the ESR.

The Board is asked to **RECEIVE** the Privacy Notice appended to the paper and be **ASSURED** about the arrangements for the implementation of the new FPPT.

THE FIT AND PROPER PERSON TEST FRAMEWORK

Pre-30th September 2023, under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the way in which the Trust was required to establish whether a member was fit and proper comprised checks around their good character, competence and health with no specified grounds of unfitness.

Following the Kark Review, the recommendation that all directors should meet specified standards of competence to sit on the board of any health-providing organisation was accepted. The new Fit and Proper Person Test Framework published in response on 2nd August 2023 and in force from 30th September 2023 comprises five key elements:

1. **Applicability**

   The extension of the applicability of the FPPT to include those NHS organisations already covered namely, NHS Trusts and Foundation Trusts and Integrated Care Boards, to which NHS England and the CQC have been added. The FPPT continues to apply to all executive and non-executive board directors (permanent and interim appointments) noting there are specific arrangements in the Framework (Paragraph 3.5) to cover joint appointments, including a template letter of confirmation from the lead employing organisation following the application of the FPPT, were these to become applicable in future.

2. **The FPPT assessment and the new Leadership Competency Framework**

   The assessment will be carried out by the Director of Corporate Affairs and will include an annual request being sent to each board member asking them to complete a fit and proper self-attestation the outcomes from which are required to be updated on to the ESR from which an FPPT business dashboard report will be run. The Privacy Notice for Board members to cover the associated data processing requirements is appended to this paper.

   The ESR dashboard will then be reviewed by the Chair (for the CEO and Non-Executive Directors) and the Chief Executive (for the executive directors) and a conclusion reached on whether each member is fit and proper. In the event there are any adverse findings/mitigations these must be evidenced by a written record. The Chair will review all the FPPT results and once testing is complete, the ESR must be updated, and a conclusion recorded in the sign off field for each board member. The Senior Independent Director will carry out the FPPT on the Chair and sign-off in the same way on ESR. The Director of Corporate Affairs is required to complete an annual submission following review and signature by the Chair, for submission to the NHSE Regional Director, using the prescribed reporting template. The Regional Director will review the submission and respond back to the Trust as a record of receipt. The Regional Director will copy to the FPPT Central Team and NHSE that has responsibility for the collation of the records from the NHSE regions.

   The three core elements in the FPPT comprise:

   (i) Good character
   (ii) Qualifications, competence, skills required and experience

(iii) Financial soundness

These core elements will be established through testing, some of which is already in use, including Companies House searches for disqualified directors, Charity Commission searches of removed trustees, Employment Tribunal judgments, Settlement Agreements, testing to ensure there is no evidence of fraud, insolvency or bankruptcy, and to establish there have been no Investigations or criticisms by regulatory/professional bodies, courts or tribunals and any upheld/on-going or discontinued disciplinary, grievance or whistleblowing findings, noting particularly that this includes where a board member has left the NHS organisation prior to an investigation being completed. It must also be established that the board member has not been responsible for or contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of delivering CQC-regulated activity in England or equivalent activities elsewhere. This includes bullying, harassment, discrimination and victimisation, failure to make full and timely reports to the board of significant issues or incidents and/or repeated or ongoing tolerance of poor practice or failure to promote good practice.

A new NHS Leadership Competency Framework is still to be published. It will cover six competence categories and when launched will need to feed into job descriptions, the appraisal process and the FPPT. The competencies are:

(i) Setting strategy and delivering long term transformation
(ii) Leading for equality
(iii) Driving high quality, sustainable outcomes
(iv) Providing robust governance and assurance
(v) Creating a compassionate and inclusive culture
(vi) Building trusted relationships with partners and communities

Further information about the practical implementation of the Leadership Competency Framework will be disseminated to board members, when available.

3. A new way of completing references for Board members

The FPPT Framework introduces a new standardised Board Member Reference ("BMR") that is based on the standard NHS reference with additional requests for information relevant to the FPPT about discontinued, outstanding or upheld complaints, investigations, grievances and/or disciplinaries relevant to the FPPT and any further information and concerns about the applicant's fitness and propriety relevant to the FPPT.

When the Trust gets to the stage of making a conditional offer for appointment to its new NED role currently out to advert, and it has been accepted and the full FPPT assessment completed, a BMR request must be made on the mandatory template to two referees covering a minimum six-year reference period. The expectation is for their return within 14 days. If following satisfactory review, the appointment will be confirmed. However, where it is unsatisfactory further information can be requested before making a decision. The finalised reference must then be uploaded to the ESR record.

After a member leaves there is now an on-going obligation to complete and maintain a BMR for them (including retirees) to ensure the BMR only includes accurate, complete, open, honest and fair information, does not conceal facts and gives verified/documented facts and provides up to date information about health in line with the Equality Act 2010. A leaver has the right to see their BMR and to challenge, in writing, any judgments in it. The legal duty to the subject to take reasonable care to ensure a reference is true, accurate and fair, and does not lead by omission remains. The Trust will continue to have an equivalent duty to the recipient if it is to avoid liability for negligent misstatement.

4. **Record retention requirements**

   Information and BMRs must remain on the ESR until a board member's 75th birthday with supporting records to be held locally for a minimum of six years, mindful of the need to review whether the severity of the impact from the application of the FPPT may warrant extension.

5. **Dispute resolution process**

   Where a board member disagrees with a FPPT assessment there are dispute resolution processes set out in the FPPT Framework (Paragraph 3.12).

The recruitment process for the new NED will include application of the requirements in the new FPPT Framework.

Board Member Fit and Proper Person Test ("FPPT") Privacy Notice

Sherwood Forest Hospitals NHS Foundation Trust is required to provide you with details on the type of personal information which we collect and process. In addition to any other privacy notice which we may have provided to you, this notice relates to the information collected and processed in relation to the FPPT.

Information the Trust is required to collect in order to comply with its requirements under the FPPT is held in the Electronic Staff Record ("ESR") that is commissioned by NHS England.

The type of personal information we collect is in relation to the FPPT for board members and is described below, much of which is already collected and processed for other purposes than the FPPT:

1. Name, position, title
2. Employment history –including detail of all job titles, organisation, departments, dates, and role descriptions.
3. References.
4. Job descriptions and person specifications from previous roles.
5. Date of medical clearance.
6. Qualifications.
7. Record of training and development in application/CV.
8. Training and development in the last year.
9. Appraisal information incorporating the new leadership competency framework, when published by NHS England.
10. Records of any upheld, ongoing or discontinued disciplinary, complaint, grievance, adverse employee behaviour or whistleblowing related findings.

11. DBS status.
12. Registration/revalidation status, where required.
13. Insolvency check.
14. Companies House register search to ensure that no board member is disqualified as a director.
15. A search of the Charity Commission's register of removed trustees.
16. A check with the CQC, NHS England and relevant professional bodies, where appropriate.
17. Social media check.
18. Employment Tribunal judgement check.
19. Exit reference completed (where applicable).
20. Annual self-attestation signed, including confirmation (as appropriate) that there have been no changes.

Processing of this data is necessary on the lawful basis set out in Article 6(1)(e) UK GDPR as the foundation for the database. This is because it relates to the processing of personal data which is necessary for the performance of the fit and proper person test which is carried out in the public interest and/or in the exercise of official authority vested in the controller.

As a CQC-registered provider, ensuring directors are fit and proper is a legal requirement on the Trust for the purposes of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the Trust is required to make information available connected with compliance to the CQC.

How we get the personal information and why we have it

Most of the personal information we process is provided to us directly by you as part of your application and recruitment process to satisfy recruitment checks and the FPPT requirements.

The Trust may also receive personal information indirectly, from the following sources in the following scenarios:

- References, when we have made a conditional offer to you.
- Publicly accessible registers and websites for our FPPT.
- Professional bodies for FPPT to test registration and or any other 'fitness' matters shared between organisations.
- Regulatory bodies, eg CQC and NHS England.

The Trust will use the information that you have given it to:

- conclude whether or not you are fit and proper to carry out the role of board director
- inform the regulators of our assessment outcome.

The Trust may share this information with NHS England, CQC, future employers (particularly where they themselves are subject to the FPP requirements), and professional bodies.

Under the UK General Data Protection Regulation (UK GDPR), the lawful basis upon which the Trust relies on for processing this information is that it needs to perform a public task.

How we store your personal information

Your information is securely stored. The Trust will keep the ESR FPPT information, including the board member reference, for the prescribed career long period. We will then dispose of your information in accordance with the Trust's policies and procedures.

Your data protection rights

Under data protection law, you have rights including:

- Your right of access – You have the right to ask us for copies of your personal information.
- Your right to rectification – You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.

- Your right to erasure – You have the right to ask us to erase your personal information in certain circumstances.
- Your right to restriction of processing – You have the right to ask us to restrict the processing of your personal information in certain circumstances.
- Your right to object to processing – You have the right to object to the processing of your personal information in certain circumstances.
- Your right to data portability – You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.
- You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

Please contact the [insert SAR email address] if you wish to make a request.

If you have any enquiries about the FPPT and/or this Privacy Notice, please contact the Director of Corporate Affairs sally.brookshanahan@nhs.net

How to complain

If you have any concerns about our use of your personal information, you can make a complaint to us at ADD IN . You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's contact details are

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline number: 0303 123 1113 ICO website: https://www.ico.org.uk

Contact:	SIRO]
Address:	[for the person or team above]
Phone Number	[for the person or team above]
E-mail:	[for the person or team above]

Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** 5 October 2023	
Prepared By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C		
Approved By:	Phil Bolton,Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C and 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 well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	**X**	**X**	**X**		

Principal Risk

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

Committees/groups where this item has been presented before

- Quality Committee 03/10/2023

Acronyms

CQC- Care Quality Commission
IEA – Immediate and Essential Actions
LMNS- Local Maternity and Neonatal System
MNSC-Maternity and Neonatal Safety Champion

Executive Summary

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

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

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

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

1.Service User Voice

At the beginning of September our newly appointed Neonatal Voice Chair, Clare Harris, and the Maternity Voice Chair Amanda Doughty completed 15 steps walk round of both the Neonatal and Maternity Unit. Key actions were taken around the signage and language used to describe the neonatal unit across the Trust. Further feedback will be provided from the written follow up report.

2.Staff Engagement

On the 5th of September the MNSC planned walk round and Maternity Forum were conducted. Feedback provided assurance around increased staffing levels and support for the preceptorship Midwives. Further feedback was provided around the elective caesarean section list and how this was improving the woman's journey, but further feedback and work was required to ensure that this becomes embedded.

Staff spoke passionately about the homebirth service and how since the re-launch in September last year this has gained strength due to the passion of the community teams. The team also reported the positive feedback from the revised antenatal education sessions, with the ask of support from the MNSC around finding a more suitable venue due to its success!

The team also updated the MNSC that the vaccination registered nurse is now in post and is awaiting the delivery of both the flu and COVID-19 vaccines to commence the plan annual vaccination programme offer to any pregnant woman attend at SFH.

3.Governance Summary

Three Year Maternity and Neonatal Plan:
Key members of the Maternity Safety Team attended the planned regional workshop to look at how to progress the bespoke workbook. Updates from this workshop will be brought through the MNSC and MAC meeting.

Ockenden:
Due to the industrial action planned on the 4th of October, the planned annual Ockenden Visit has been re-arranged for the 9th of October. All evidence uploads have been completed have been completed prior and we are now making arrangements for the visit. Clear direction has now been provided by the systems that once completed we will not be asked to formally report on the Ockenden IEA's but focus upon the workbook, provided from the Three-Year Plan, in which these actions are captured.

NHSR:
Discussed at the MNSC meeting was the progress of the NHSR Year 5 task and finish group. All the deadlines to date have been met and the evidence collection in underway. NHSR have issued a revised document which has been factored into the plan for delivery at SFH. Regional escalation has been made around safety action 6 and 8, specifically around element 2 of saving babies lives and MDT training. We are awaiting a response.

Saving Babies Lives:
SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) v2 through reviewing evidence to support the elements in preparation for the national upload due at the end of September. In addition to this our Phoenix Team prevention film is now live on the NHSE website, link as below. They were approached following the success of the smoke free pregnancy work the team have undertaken.

https://www.england.nhs.uk/ourwork/prevention/tobacco-dependency-programme/

Tobacco treatment services are being rolled out across a range of NHS settings. The following films show how the Phoenix Team at the Kings Mill hospital, which is part of the Sherwood Forest Hospitals NHS Foundations Trust, developed its service to assist pregnant women to get the real time support to quit.

Saving Babies Lives – Kings Mill Hospital

CQC:
Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has bee approved by the Quality Committee on the 13th of April 2023.

Work to complete the two "must-do" actions has been completed and the plan is to present this to the Quality Committee on the 3rd of October 2023.

A focus has now move on the "should do" actions, and a subsequent action plan will be cited at MNSC and MAC in the subsequent months. These "should do" actions are:

> The trust should ensure all medicines are stored safely and appropriately in line with trust policy.
>
> The trust should continue to implement their new electronic system. To support auditing the quality of the service. When issues are identified from audits action is taken further auditing cycles are undertaken to demonstrate if improvements and changes in practice have improved patient outcomes and improved practice.
>
> Leaders should continue to implement improvements to how they effectively communicate any changes in service provision with staff.

4. Quality Improvement

In September we have celebrated the Lime Green Infant Feeding Team (LGT) 10th Anniversary at SFH. Our (LGT) offer focused feeding support both in the hospital and home setting. A key part of the celebrations was a display of the feedback from our women, birthing people, and their families.

The Infant Feeding Leads for Maternity and Neonatal also presented the early breast milk QI project at the East Midlands Maternity and Neonatal Safety Improvement Programme Event which received positive feedback from across the region.

Today @KimHastings88 and I presented our early breast/chestmilk project @EM_AHSN - we reflected on the last 2 years, + had chance to thank colleagues who have made increased rates + good outcomes possible - as host @AlmaGallagher15 said it's about relationships & little wins

5.Safety Culture

The score survey is now closed for Maternity and Neonatal services, we are still awaiting the results, the feedback will be brought to the MNSC.

As part of the safety culture update, this month we have included the ongoing working around the addressing inequalities within Maternity Services, and the below flash report provides the current update as to the progress.

Addressing Health Inequalities in Maternity Care at SFHFT

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Reporting to: Quality Committee	
Report Date: September	**Completed by: Gemma Boyd – Consultant Midwife**

Key Actions Completed	Key Actions Planned
• Cultural Safety in maternity care Interactive workshop delivered as part of mandatory training to all midwives, MSWs. Obstetricians and Obstetrics Anaesthetists • MDT Cultural competency and safety 2 day training attended by 24 maternity staff in June 22. • 25 members of MDT team became cultural safety champions and supported embedding of training into practice • 12 maternity staff trained to deliver cultural safety training • Consultant Midwife worked closely with LMNS to develop Maternity Equity and Equality Strategy for Nottingham and Nottinghamshire • Active participation with LMNS Health Inequalities working group and identified key priorities to address • Phoenix team – in house tobacco dependency treatment service reduced smoking at delivery from 18.4% to 14.1% between Dec 2021-March 2023 • 121 smokefree babies birthed to referred families in 2022 • LMNS funded pilot incentive scheme achieved 83.3% whole smokefree pregnancy rate n42 • Consultant Midwife represents SFH at national Maternity EDI midwives network to learn from and share best practice nationally • NTU evaluation highlighted life changing outcomes for people who participated in our incentive scheme • Active participation with LMNS Interpreter Services working group scoping piloting options for improved interpreter services • Strong SFH representation in the MVP led BAME working group and have worked with MVP to embed recommendations	• 2 day cultural safety training for all Midwives and MSWs over 3 years. First cohort in October with view to develop action log from staff pledges and to evaluate impact of training to measure behaviour changes. • SFH personalisation and health inequality group established to move forward with actions identified within LMNS • Actively involved in LMNS funded social prescribers pilot. Phase 1 in Nottingham City 2023/24 with view that phase 2 would include SFH. • LMNS on business case to pilot CardMedic interpreter support • Development of LMNS hosted Health Inequalities Dashboard • To add ethnicity and language spoken to LMNS dashboard • Ensuring the images on our website reflect the diversity of our staff and population • Working with LMNS to secure antenatal education and ensure all leaflets and information is available in multiple languages

Delivery Issues	Delivery Risks
• Delay to meetings and training due to ongoing industrial action	• Funding for the inequalities workstream sits within the LMNS non-recurrently

Maternity Perinatal Quality Surveillance model for September 2023

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

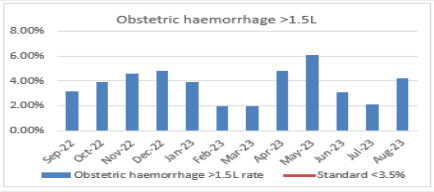
2022/23	
Proportion of Midwives responding with Agree" or "Strongly Agree" on whether they would recommend their Trust as a place to work of receive treatment (reported annually)	74.9%
Proportion of speciality trainees in O&G responding with "excellent or good" on how they would rate the quality of clinical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

Sherwood Forest Hospitals NHS Foundation Trust

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

Massive Obstetric Haemorrhage (Aug 4.2%)

- Rise in cases this month, reviewed and no harm, themes or trends.



Elective Care

Elective Caesarean (EL LSCS)

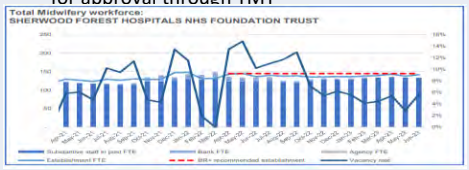
- Continued increased challenges this month associated to IA, additional lists planned.
- Increased service demand in Sept, additional list planned.

Induction of Labour (IOL)

- Lead Midwife continuing with the QI to improve the service
- QI work to be presented to the LMNS

Midwifery Workforce

- Current vacancy rate 4.2% , 16 newly recruited Midwives commenced in post 4th Sept
- Risk due to high number of expected Maternity Leave-paper presented to People Committee , for approval through TMT



Staffing red flags (Aug 2022)

- 6 staffing incident reported in the month.
- No harm related

Suspension of Maternity Services

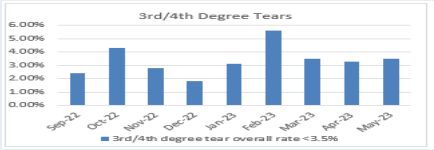
- No suspension of services within August

Home Birth Service

- 40 Homebirth conducted since re-launch
- First year re-start paper to be presented to MAC

Third and Fourth Degree Tears (Aug 4.5%)

- Rate remains above threshold, no themes or trends identified.
- Perinatal Pelvic Health Service workstreams now in place.



Stillbirth rate (4.0/1000 births)

- No stillbirth reported in August
- Rate remains below the national ambition of 4.4/1000 births
- MBRRACE-UK report released, noted national increase in still birth in 2021

Maternity Assurance

NHSR	Ockenden
• Working commenced flash reports to MAC/QC • Additional sign off meetings planned • Submission due 2nd of Feb 2024	• Initial 7 IEA- 100% compliant • Regional insight visit rescheduled for the 9th of Oct 2023 due to IA

Incidents reported Aug 2023 (85 no/low harm, 1 moderate or above)

Most reported	Comments
	MOH, third degree tears
Triggers x 16	No incidents required external escalations
1 incidents reported as 'moderate', awaiting MDT review to verify at time of report	

Other

- Staffing paper in regards to higher than expected maternity leave presented through People Committee on the 26th of Sept, noting this paper outlines additional measures to support current mitigations in place and requires TMT sign off on October the 11th.
- SBLCB, new template completed and submitted to the LMNS on schedule, awaiting national feedback around the evidence uploaded. No concerns raised through internal governance process.
- Entonox working group continues to progress through the actions

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Quality Metric	Standard	Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	55%	54%	43%	56%	56%	55%	60%	60%	50%	51%	47%	
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%	3.60%	4.60%	4.50%	
3rd/4th degree tear overall number		46	4	8	6	2	5	9	6	6	7	6	8	6	
Obstetric haemorrhage >1.5L number		59	9	9	14	14	5	5	5	13	19	9	6	11	
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%	3.10%	2.10%	4.20%	
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%	2.50%	5.20%	4.00%	
Stillbirth number		12	2	0	2	2	2	0	1	1	0	1	0	1	
Stillbirth rate	<4.4/1000		3.300			3.240			4.000			2.200			
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	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	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	1:29	1:29	1:29	
Number of compliments (PET)		40	2	2	2	3	2	3	3	6	9	1	3	3	
Number of concerns (PET)		13	1	2	1	1	1	1	1	1	2	1	1	0	
Complaints		8	1	0	1	0	0	1	1	0	1	1	0	2	
FFT recommendation rate	>93%		91%	89%	90%	90%	89%	91%	91%	91%	90%	90%	90%	92%	

External Reporting	Standard	Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trend
Maternity incidents no harm/low harm		595	96	72	80	79	64	70	64	70	77	85	84	85	
Maternity incidents moderate harm & above			0	0	0	0	0	0	0	0	3*	1	2	1*	
Findings of review of all perinatal deaths using the real time monitoring tool	Aug-23	PMRT- One reportable case IUFD at 25 weeks gestation, low PAPPA-mom and bilateral tallipes attended routine appointment and no fetal heart rate detected. Case openend within the correct time frames. PMRT review meeting completed drafted reports, no intial learning identifed. Previously issue around partogram improved with													
Findings of review all cases eligible for referral to HSIB	Aug-23	No cases met reportable threasholds in August. One case currently active (early neonatal death reported in March). Two cases completed in 2023, one with no safety recommendations, one with 3 relating to escaltions, clinical and risk assessment. Action plans have been comeplted and are monitered through governance													
Service user voice feedback	Aug-23	MVP service user walkround completed and action plan tracked through MNSC. Work continues around focused induction of labour plan following previous feedback. QI work on this to be presented at LMNS PSRG meeting.													
Staff feedback from frontline champions and walk-abouts	Aug-23	Feedback this month focused on the improvements within the staffing levels and support for preceptorship midwives. Positive feedback received for the EL LSCS list and the ongoing work to embed the service.													
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	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	0	0	0	
Progress in Achievement of CNST 10	<4 <7 7 & above														

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Learning from Deaths Group update	**Date**: 5th October 2023	
Prepared By:	Main report: John Tansley, Clinical Director for Patient Safety & Chair Learning from Deaths Group HSMR update: Nigel Marshall, Advisor to the Medical Director		
Approved By:	David Selwyn		
Presented By:	David Selwyn		

Purpose		
The purpose of this paper is to present a Summary of Mortality intelligence reviewed by the Learning from Deaths group and the ongoing resultant work to both respond to and improve that intelligence.	**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**

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

Some components of report previously presented to Medical Managers and Patient Safety Committee. The HSMR update (appendix 1) was discussed in detail at Quality Committee on 3/10/2023.

Acronyms

- **SFH** Sherwood Forest Hospitals
- **HES** Hospital Episode Statistics
- **HSMR** Hospital Standardised Mortality Ratio
- **SHMI** Summary Hospital-Level Mortality Indicator
- **CuSUM** Cumulative Sum
- **ICB** Integrated Care Board
- **SJR** Structured Judgement Review
- **MCCD** Medical Certificate of Cause of Death
- **ME** Medical Examiner
- **PSC** Patient safety Committee
- **SPC** Statistical Process Control
- **MHA** Mental Health Act
- **LD/ LeDeR** Learning Disabilities/ Learning Disabilities Mortality Review
- **ReSPECT** Recommended Summary Plan for Emergency Care and Treatment
- **PSIRF** Patient Safety Incident Response Framework

Executive Summary

Sherwood Forest Hospitals NHS Foundation Trust (SFHT) has been challenged by a persistently elevated Hospital Standardised Mortality Ratio (HSMR) which remains “higher-than-expected” at 129.98. The Summary Hospital-Level Mortality Indicator (SHMI) remains “as-expected” at 108.64 but is trending upwards. This is in the national context of “excess deaths” observed across the region and England.

Work undertaken by the Learning from Deaths group to understand these metrics and the differences between then has not identified any new specific care or diagnosis concerns which will make any large difference to the numbers but has indicated several general areas for improvement in terms of documentation and coding.

The group continues to develop and refine other sources of mortality intelligence to complement these metrics and triangulate improvements in mortality intelligence.

The Mortality review process has been revised with clinical input, informed by changes made to mitigate the effects of industrial action. A trial of this process, which we anticipate will be more comprehensive, timely and efficient is planned for later in October.

The first element of the DCIQ (Datix) mortality management tool has been successfully implemented with further components expected soon. Potentially useful real-time data streams have been established.

The Trust continues to identify cases for further review using the Royal College of Physicians’ Structured Judgement Review methodology with support from our Medical Examiner Team. This system is generally working well although feedback around the timeliness and quality of some of the SJRs shows we still have room for improvement. We hope that time released by changes to other elements of the Mortality Review Process will help with this.

Conversations and documentation of decisions around end of life have been identified as an area for improvement in several ways. In addition to ongoing workstreams this has been identified as one of our themes for investigation in our PSIRF plan which launches on 2/10/2023. Whilst we have not identified any large, clear sources of avoidable death in the work of the Group we remain committed to improving the care at the end of those lives, where death is unavoidable.

Review of Deaths which met the serious incident (SI) threshold, the majority of which were hospital acquired Covid-19, identified no themes other than contact with community positive cases. Following discussions within PSC and following ICB discussions, future SI notifications and investigations in response to Covid-19, will be stood down.

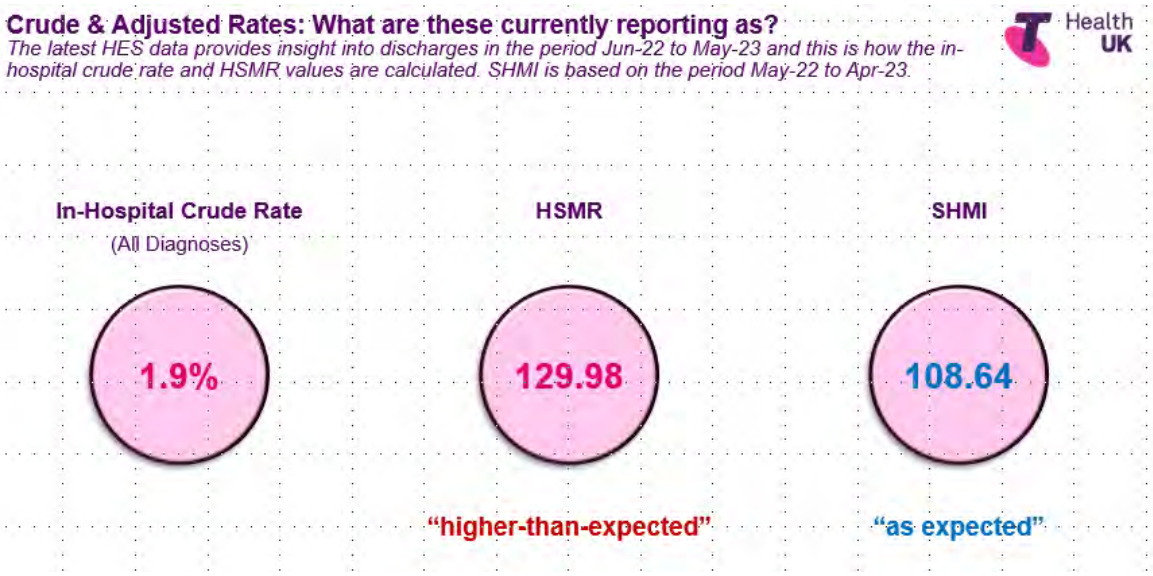
The Board is asked to note that we have received no new Regulation 28 notices from HM coroner.

In the next 6 months the Learning from Deaths Group plans to continue to develop and refine a broader range of mortality intelligence and communicate that to clinical teams to support ongoing improvements and learning, in patient care. We will also explore the possibilities for more integrated system working with our ICB and Regional NHS colleagues.

1 Mortality Surveillance Data

The most up-to-date high-level Trust mortality data is shown below.

Fig 1.1 Crude and adjusted SFH mortality rates



The paper attached in Appendix 1 was presented and discussed at Quality Committee on 3/10/23 with a presentation from our Dr Foster (Telstra) consultant dealing with derivation and interpretation of mortality metrics. This Appendix paper describes our current understanding and interpretation of this Trust-level data, offering explanations for the ongoing "higher than expected" HSMR and the "as expected" but rising SHMI.

Much of the analysis suggests this is due more to an ongoing under-estimate of our expected mortality according to the various models than a disproportionate increase in our number of deaths.

These data should be taken in context of a higher-than-expected number of deaths both regionally and nationally according to data from Office for Health Improvement and Disparities.

Fig 1.2 Excess Deaths East Midlands July 2021 to June 2023

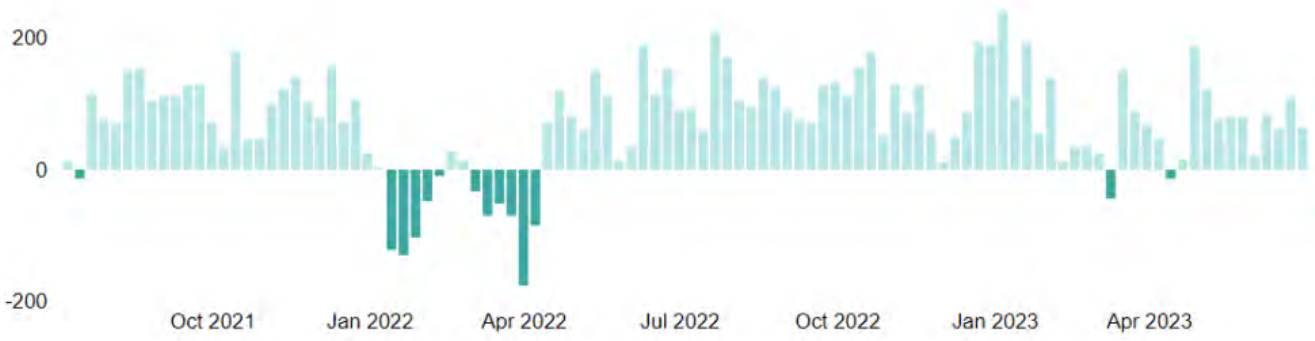


Fig 1.3 Total deaths East Midlands and England July 2021 to June 2023

Region	Registered deaths	Expected deaths	COVID-19 deaths	Excess deaths	Ratio: registered / expected
England	1,094,881	1,022,220	60,978	72,661	1.07
East Midlands	101,294	93,575	5,953	7,719	1.08

Source:
https://app.powerbi.com/view?r=eyJrIjoiOGNkMmY3NWMtMWM0MS00YTI1LWIyZTEtZjVhYTM0OTI3NmZiIiwidCI6ImVlNGUxNDk5LTRhMzUtNGIyZS1hZDQ3LTVmM2NmOWRlODY2NiIsImMiOjh9

Adjusted mortality rates all have the same vulnerabilities in that:

1) they rely on quality of documentation and coding
2) they are produced by models based on a number of assumptions. Each model differs by more than one parameter which makes comparison difficult although we feel we have a robust approach for triangulating outliers in HSMR, CuSUM and SHMI reports. One of our biggest challenges is understanding impact of the fact that we are a national (low) outlier for palliative care coding which will increase our HSMR but not our SHMI. We have no further update regarding the Telstra consultation inclusion of palliative care in their model which was discussed in the last report to board.

Findings of recent clinical reviews instigated by the Learning From Deaths group (liver disease, sepsis and fractured neck of femur) have revealed variation between coded interpretation and clinical presentation occurring both at the documentation and coding stages. Further evidence has been provided by a recent coding audit across the whole department. In addition to coding errors there are a number of "missed codes" which are typically non-resolving chronic conditions which are not repeatedly documented in subsequent admissions (and therefore cannot be coded).

In addition to changes to the admission documentation referred to in previous reports, which is now ready for implementation, the Trust is looking at ways to

1) identify coding errors (by using digital solutions such as NerveCentre which can provide information before paper notes arrive) and capture them (possibly by including coders in the ward round teams) at the time of admission. Our primary concern is the impact this missing information has on decision-making in our clinical work
2) identify coding errors at the time of coding by increasing clinical input into the coding process to mitigate the effects on outcome data and ultimately our funding base for future care
3) Providing increased coding educational resource in our acute admission area

We have undertaken a broad educational approach emphasising the importance of good documentation, coding, understanding and interpretation of mortality metrics. This has included presentations at Medical Grand Rounds, meetings for governance leads, Medical Managers, Divisional Teams and Clinical Chairs. Further engagement events are planned. We anticipate inclusion of mortality indicators at Divisional Performance Reviews will increase the sense that these data are relevant to everyone's work and we are making progress with providing data at diagnosis and specialty level to support these discussions and development of plans to address any clinical concerns.

At each clinical deep dive, we investigate signals from the data set. Some of these signals represent normal cause variation or overall system 'noise'. Each deep dive has an opportunity cost, and that work must compete with demands for patient-facing time against a background of increasing waiting list backlogs and on-going industrial action.

Our ongoing focus on HSMR has, however, resulted in learning that might have been missed had we solely been reassured by our historical SHMI. We are keen to ensure that our data is of the highest quality that we can achieve, to distinguish signal from noise and direct our resources most effectively and capture true learning.

1.2 Outlying diagnosis groups and progress on actions

Palliative Care

Work around reconfiguring the local palliative care provision is making slow progress but meanwhile we continue to work closely with our colleagues at John Eastwood Hospice, particularly in terms of education and understanding of Palliative, End-of-life and Last-days-of-life care, at multiple levels in the Trust and also in primary care. We hope that new appointments in both Nursing and Medical leadership in the Trust End-of-Life care team will build on this work. We are pleased to welcome these new colleagues to the Learning from Deaths Group.

1.3 External Mortality Intelligence Provider

We continue to use Dr Foster (Telstra) as our provider. We expect to undergo a re-tender process in the next year. Early discussions around potential advantages of commissioning these services at ICB level may be worthwhile.

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

Our concerns around the mortality metrics described to Board may be partially offset by other sources of mortality intelligence. We are making slow, but definite, progress in a number of other measures.

2.1 Mortality Review Tool

A new mortality process has been co-created with clinical teams and agreed at Clinical leadership groups and Patient Safety Committee. The aim is to launch this process as a trial in October- replacing the existing tool which we believe provides no useful information to Learning from Deaths. The model addresses the shortcomings of the previous MRT which is incompletely applied, retrospective (with a time lag often of several months) and conducted by those delivering the care and currently flagging up a very small number of cases for escalation to further review. Real-time reporting was not available. Building on learning from recent industrial action by Junior Doctors during which more senior members of the teams were involved in the Bereavement Centre and Medical Examiner (ME) processes the new tool asks a senior member of the team (ideally a consultant) to review and identify learning at the time of issue of MCCD alongside the independent ME scrutiny which captures 100% of hospital deaths. Based on experiences from the industrial action period and consultant with clinical staff this should improve both the quality and efficiency of the review. Real-time reporting will be available as this information will be supported on the DCIQ (Datix) platform. The outcome of this trial will be included in the next report to Board.

2.2 Data from Medical Examiner Service Office

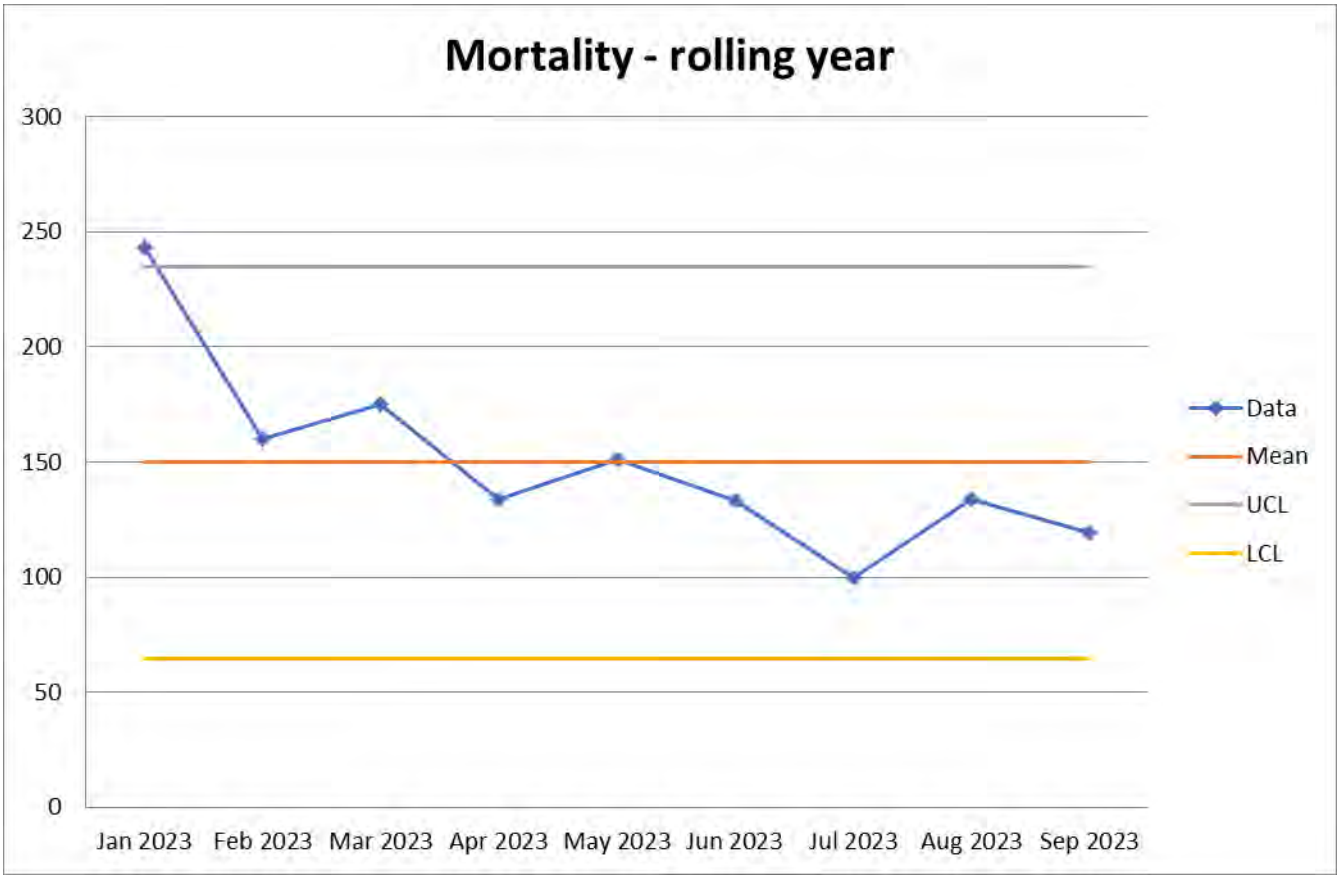
The service continues to scrutinise 100% of hospital cases.

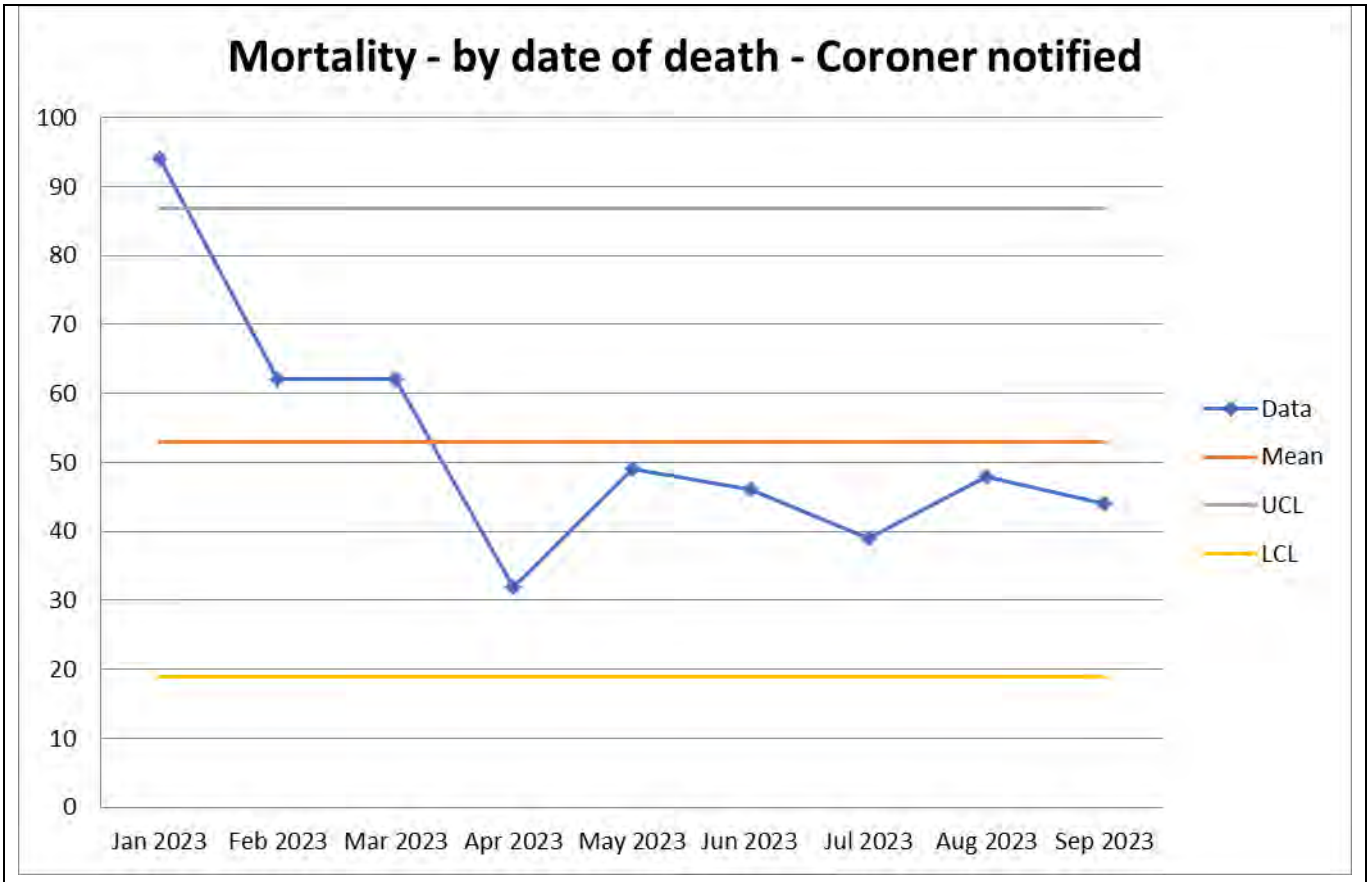
Since the last update to Board **989** deaths have been reported

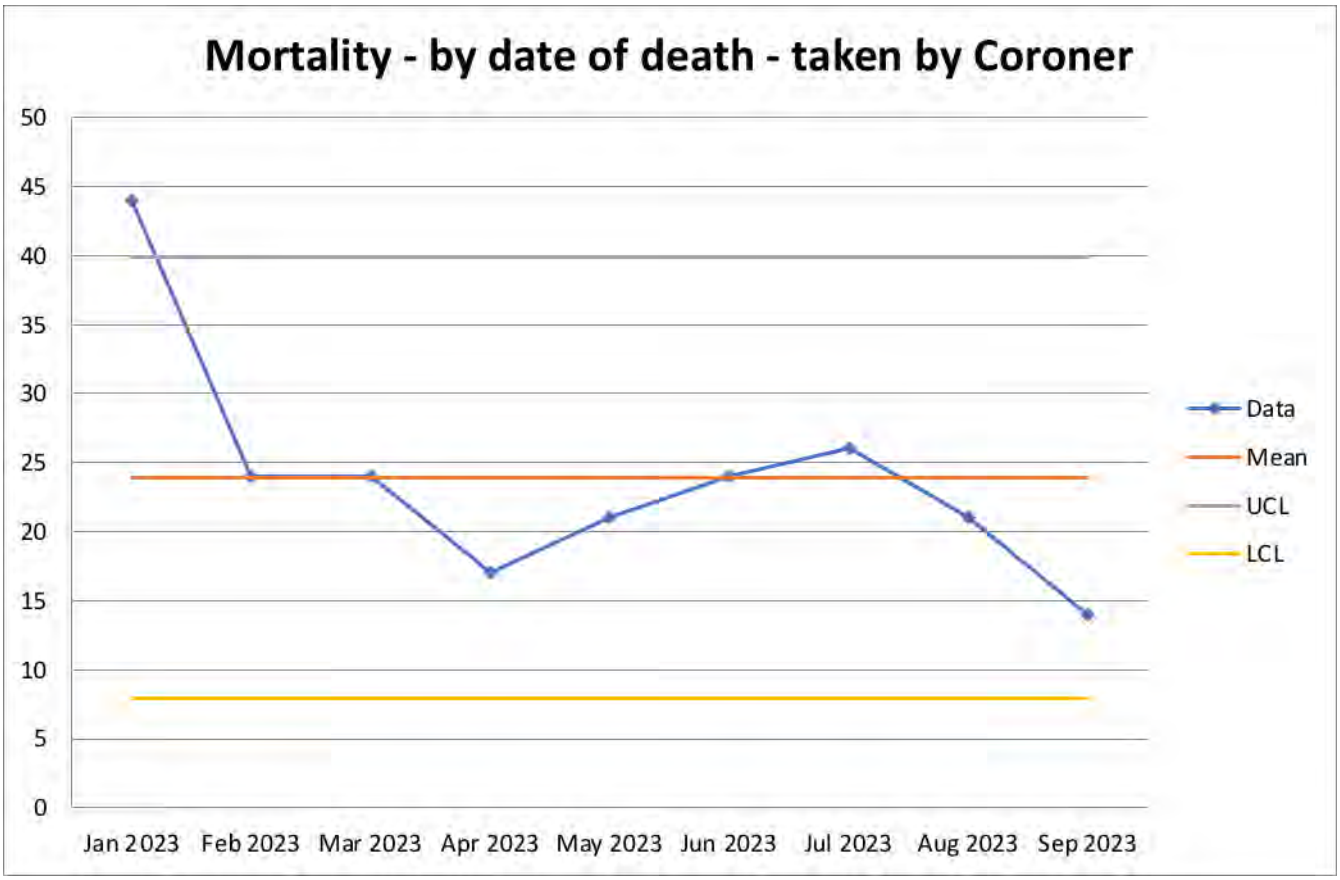
	2022-3 Q4	**2023-4 Q1**
Adult	568	414
Child	3	2
Stillbirth		2
Total	**571**	**418**

The new DCIQ (Datix) platform has successfully gone live for Bereavement Centre and Medical Examiner Office activities. This has enabled real-time reporting and creation of dashboards for Deaths, Coronial referrals (including type) and Structured Judgement Reviews. As these reports become established, we will be able to rapidly identify special cause variations in deaths or escalation using SPC charts without the many months' delay we see in our traditional mortality intelligence. Examples are included below.

Figure 2.2 Mortality trends







Of note, despite rising adjusted mortality indicators the number of deaths has been falling during the year.

Q1 Taken Over by Coroner - 63	
18x taken directly for Inquest-	**8 x Industrial Related Disease**
	5 x Falls/Traumatic injury
	2 x MHA/ LD
	1 x Procedure
	1 x Long standing Brain Injury
	1 x Out of Hospital Cardiac Arrest
42 x cases taken for PM	**9 x Occupational Related Disease**
	19 x Unclear COD/Out of hospital arrests
	4 x Family Concerns
	10 x Various – inc MH/LD/Recent Procedures
3 x cases for further investigation	**1x LD**
	1x Family Concerns
	1 x Occupation related

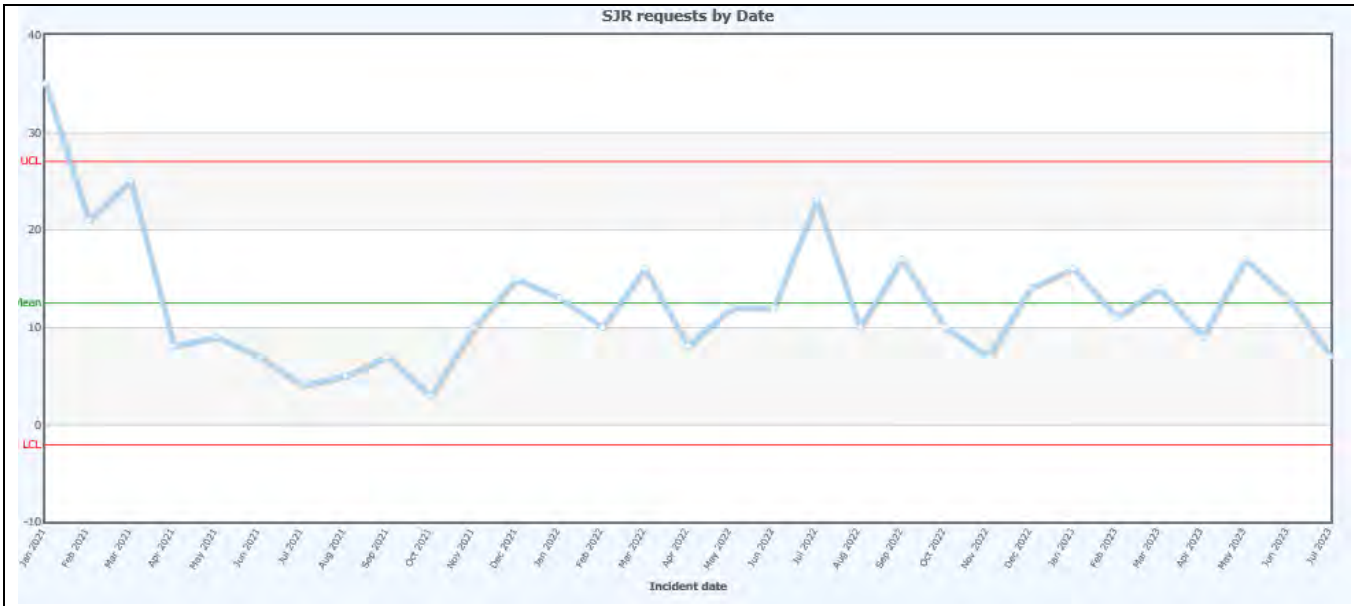
As our small cohort of medical examiners review all deaths, they are able to identify potentially outlying diagnosis groups (e.g. Primary PCI pathway patients which have been identified previously and which resulted in improvements to the pathway). We have not been made aware of any current concerns other than corroboration of known qualitative aspects of care such as End-of-life decision-making and communication which are identified elsewhere in this report. The Learning from Deaths group will seek to formalise the structure of reports from the Bereavement and Medical Examiner Teams in the next quarter to incorporate both quantitative and qualitative aspects.

2.3 Structured Judgement reviews

The ME team continue to assist learning from deaths by identifying cases for further review (including mandatory cases such as Learning Disabilities or patients detained under the Mental Health Act.) The average number of these cases being less than 10% of reported deaths. The system is working well and feedback from the lead ME is the responses appear qualitatively improved in general.

Feedback from Clinical Teams suggests that a number of reviews are requested to answer questions that do not require a full review, but information was not available within the timeframe given for the scrutiny process (5 days)- we anticipate improved senior involvement as outlined in 2.1 above will reduce theses requests.

Fig 2.3 Structured Judgement review requests at Q3 2022/23



2.4 Feedback from LeDeR reviews

Regionally aspiration pneumonia was the leading cause of death in this patient group. Autism, a recent addition to this category, remains poorly identified.

At SFH there have been 8 LeDeR deaths identified since the last update and we have received feedback from two cases which have had external review. There was no specific learning from the first case. The second case identified learning around communication of cause of death, discussion and documentation around ReSPECT and DNACPR (Do not attempt cardiopulmonary resuscitation). Also, from both, input from the family and review of the records. These have been communicated back to relevant clinical teams. Feedback around the timeliness and quality of some of the SJRs shows we still have room for improvement. We hope that time released by changes to other elements of the Mortality Review Process will help with this.

2.5 ReSPECT

We recognise that decisions and communication at the end of life are ongoing challenges in the Trust. Qualitative Audit of ReSPECT forms shows that processes are often started too late and the forms amount to little more than a de facto DNACPR. We have ongoing improvement workstreams and have identified this as an area that will benefit from a wide-ranging systems-based investigation and as such have identified it as one of our 5 PSIRF themes for the next year.

PSIRF launches formally in the Trust on 2/10/2023. Availability of a universally accessible “live” ReSPECT document remains a significant challenge. The solution is likely to be digital and is being addressed at ICB level. Easily- implementable coloured folders for respect forms to help location in the paper notes are being trialled as a temporary improvement.

3. Feedback and Learning Serious Incident Investigations and from Coroner.

We are required to report to the board an estimate of those deaths where a problem in care has contributed to a death. We believe that reviewing the cases subject to Serious Incident or Coronial

Investigation gives us the best insight into these rare cases.

We have received no new Regulation 28s (Prevention of Future Death orders) from HM Coroner. Some cases reported in the last 6 months are awaiting inquest or investigation and we will include in reports to Board as the outcomes become available.

11 deaths which met the Serious Incident Framework criteria were signed off in Q1 as detailed below.

April 2023

Medicine Division	5 Nosocomial Covid Deaths
U&EC Division	1 C. dif Death

May 2023

Medicine Division	1 Nosocomial Covid Deaths
	1 C. dif Death

June 2023

Medicine Division	2 Nosocomial Covid Deaths
CSTO Division	1 Missed posterior fossa stroke (investigation ongoing)

10 of these cases related to hospital acquired infection 8 of which were Covid. Thematic review of all our Nosocomial Covid Death cases was undertaken and showed the main theme identified was that the majority of patients had contact with a community positive case and all internal IPC precautions were adhered to. In response to changes in guidance from NHSE we were assured that no local learning would be missed in making a recommendation to stand down the full SI investigation process for Covid cases which was approved by Patient Safety committee.

4. Learning from Deaths meetings.

4.1 Attendance at meetings

The Learning from Deaths meetings continue to be well-attended and a venue for lively discussions which have stimulated Trust-wide actions as described in this report. Some changes in personnel, along with the updating of governance processes (which will be captured in a new version of the Learning from Deaths policy) has given us the opportunity to review our terms of reference. This will be in the context of discussions around an ICB-wide mortality surveillance and LFD programme. The Trust is represented at the Regional East Midlands Learning from Deaths Forum by Paula Arnold from the Governance Support Unit, who was recently appointed as Deputy Chair, and John Tansley who is the Co-chair of the Group.

5. Plans for Q1&2 2023/24

- Continue to develop sources of intelligence to complement the high-level metrics
- Communicate this information throughout the Trust to guide service improvement for our patients

- Review of Terms of Reference
- Review Mortality Management (Learning from Deaths) policy
- Complete migration of Mortality Review function onto DCIQ (Datix)

Sherwood Forest Hospitals NHS Foundation Trust

Trust Board

Subject:	2023/24 Staff Flu Vaccination Plan	**Date: 5th October 2023**	
Prepared By:	Victoria Kirkbride – Deputy Head of Occupational Health Adam Grundy – Head of Occupational Health Debbie Kearsley – Deputy Director of People		
Approved By:	Robert Simcox – Director of People		
Presented By:	Robert Simcox – Director of People		
Purpose			
The paper is to provide the Board of Directors with detail associated with the Staff Flu Vaccination programme for 2023/24 and relevant assurance that a robust program is in place.		**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	**X**	**X**	**X**	**X**	**X**

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

Committees/groups where this item has been presented before

Wellbeing and Belonging Sub-Cabinet – 3rd August 2023
People Cabinet – 8th August 2023
People Committee – 26th September 2023

Acronyms

HCW – Healthcare Worker
CQUIN – Commissioning for Quality and Innovation
QIVc – Quadrivalent Inactivated Seasonal Influenza Vaccine (Cell Based)
aQIV – Adjuvanted Quadrivalent Inactivated Seasonal Influenza Vaccine
OH – Occupational Health
SFH – Sherwood Forest Hospitals

Executive Summary

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

Introduction

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

Although 2022/23 campaign saw a lower-than-normal uptake of flu vaccine at SFH (62.2%) this still compared favourably against our regional partners and the national average (49.9%). The CQUIN target for 2023/24 for front line healthcare uptake is 80%. This plan aims to set out and provide assurance as to the plan for working towards that target.

Vaccine

For the 2023/24 campaign 7300 vaccines have been ordered. This represents sufficient vaccine for us to achieve the CQUIN target (80%) but also acknowledges that in previous years there has been significant vaccine wastage due to previous approach of ordering enough vaccine for 100% uptake, there is also a financial loss with the vaccine wastage.

Vaccines will be available for all staff with a specific vaccine available for colleagues ages 65 years and above.

Approach for 2023/24 season

Clinics offering flu vaccination commenced on Wednesday 20th September 2023 with Vaccination will be offered up to the end of February.

This campaign will aim to return to the approach used pre COVID which was more visible and with a higher degree of accessibility. The following sets out the key points to the approach:

- Annual flu vaccination programme will be led by OH.
- The organisation and co-ordination of the campaign will be achieved via a Trust HCW flu vaccination group chaired by the Deputy Head of OH
- The campaign will be supported by a strong and innovative Communication strategy which includes using Trust staff in publicity material.
- Trained teams of peer vaccinators spread throughout the Trust will proactively vaccinate colleagues.
- OH will aim to provide a large number of the very successful drop in ‘grab a jab’ pop up flu clinics.
- Grab a jab clinics will be held in high traffic staff areas
- OH and peer vaccinators will attend opportunistic events throughout the season to offer vaccination (e.g.at mandatory update training for front line staff)

- SFH Hospital Vaccine hub will offer staff flu vaccines alongside COVID vaccine.
- Any staff member who attends OH for any reason during the flu season will be offered a flu vaccine

Incentives

A range of incentives will be offered:

- Every staff member who has the jab before Christmas will be entered into a monthly prize draw to win a prize (donated by Unison Dukeries Branch).
- Ward/peer vaccinators are also incentivised – when they have vaccinated 50 colleagues a £20 high street voucher can be claimed
- Every staff member who receives a flu vaccine before 31st December 2023 will also receive a Meal Deal voucher.

The Flu plan also includes Appendix 1 which is the National Best Practice Management Checklist for Flu vaccination campaigns.

Communications Plan (appendix 2)

The SFH Communication team have worked closely with the Flu Planning Group to agree the right approach to communications. Support from the Communications Team has been integral with the Flu campaign being a priority.

As well as consideration of the communications during the campaign a piece of work was undertaken during planning with the support of the workforce analytics team to identify any trends in staff who did not receive a vaccine last year. This will allow the Communications Team to tailor communications to colleagues in a way that will hopefully increase uptake in those groups not engaging with the campaign last year.

Recommendation

The Board of Directors are to note the with detail associated with the Staff Flu Vaccination programme for 2023/24 and take relevant assurance that a robust program is in place.

2023/24 season

Healthcare worker (HCW) flu vaccination approach with completed best practice management checklist – for public assurance via Trust boards by November 2023.

Introduction

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

The 2022/23 HCW flu vaccination campaign resulted in a 62.2% front line staff uptake – although a lower uptake than historically for the Trust this was still significantly higher than the national average (49.9%) and locally in other Nottinghamshire NHS Trusts (47.7%).

The CQUIN target for 2023/24 for front line healthcare uptake is 80%.

As social contact has now returned to pre-pandemic norms, it is anticipated that a resurgence in flu activity will be seen for winter 2023 to 2024 with levels at or above those seen before the pandemic.

The potential for significant co-circulation of Flu, COVID-19 and other respiratory viruses could substantially affect the pressure on the NHS from winter 2023 to 2024.

This means that the 2023/24 HCW flu vaccination programme remains a priority this year to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may also be managing winter viral infection outbreaks.

Vaccine

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

The first flu vaccine delivery is expected to be received in pharmacy week beginning 18th September 2023. Clinics are planned to start the same week.

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

Approach for 2023/24 season

The approach will be based on previous seasons as this has historically proved very successful.

- Annual flu vaccination programme will be led by OH.

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

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

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

- OH will aim to provide a large number of the very successful drop in 'grab a jab' pop up flu clinics.

    - Grab a jab clinics will be held in high traffic staff areas
    - OH and peer vaccinators will attend opportunistic events throughout the season to offer vaccination (e.g.at mandatory update training for front line staff)
    - Work is being undertaken with the SFH Hospital Vaccine Hub for this service to support the delivery of the flu programme
    - Any staff member who attends OH for any reason during the flu season will be offered a flu vaccine

- A range of incentives will be offered:

    - Every staff member who has the jab before Christmas will be entered into a monthly prize draw to win a prize (donated by Unison Dukeries Branch).
    - Ward/peer vaccinators are also incentivised – when they have vaccinated 50 colleagues a £20 high street voucher can be claimed
    - Every staff member who receives a flu vaccine before 31st December 2023 will also receive a Meal Deal voucher. This year there will be no option to donate the value of the voucher to Street Health.

Weekly uptake rates will be communicated to the Trust, starting from the end of October 2023 and performance will be reported through the Integrated Performance Report to Trust Board.

Recommendation

The Board of Directors are to note the with detail associated with the Staff Flu Vaccination programme for 2023/24 and take relevant assurance that a robust program is in place.

Appendix 1

Healthcare worker flu vaccination best practice management checklist – for public assurance via Trust boards by November 2023

A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all front-line healthcare workers	Yes – planned commitment to be recorded at Trust Management team meeting (date TBC)
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Yes – 7000 cell-based QIV and 300 adjuvanted QIV vaccines ordered. Planned delivery W/C 18th September 2023.
A3	Board receive an evaluation of the flu programme 2022/23, including data, successes, challenges and lessons learnt	Yes – summary of last year's flu programme presented to Board
A4	Agree on a board champion for flu campaign	Yes – Chief Nurse
A5	All board members receive flu vaccination and publicise this	Yes – to take place at Trust Board meeting (5th October 2023)
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Yes – long established group reconvened with trade union representation
A7	Flu team to meet regularly from September 2023	Yes – group will meet regularly from July 2023
B	**Communication plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Yes – Comms strategy in place to commence mid - September
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Yes – OH availability given to Comms for publication via social media and dedicated Intranet page
B3	Board and senior managers having their vaccinations to be publicised	Yes – To be arranged for next available board meeting
B4	Flu vaccination programme and access to vaccination on induction programmes	Yes – all front-line staff throughout flu season are offered flu vaccination at induction
B5	Programme to be publicised on screensavers, posters and social media	Yes – Comms strategy in place to commence mid - September

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

Appendix 2

Comms Plan Staff flu vaccination programme

Background

Each year the Trust delivers flu vaccinations to colleagues as per government guidance. All clinical and non-clinical colleagues are eligible for the vaccine to help prevent the transmission of flu between colleagues and the patients they care for.
The flu vaccination campaign is a priority of the Trust to help reduce morbidity and mortality associated with flu and reduce hospitalisations during a time where the NHS is under increased pressure.

Last year as a Trust we followed national guidance which included the 'Boost your Immunity campaign'. This campaign was to encourage healthcare workers to get both their flu and covid jabs that over the winter period. Possible that by grouping both covid and flu vaccinations together colleagues were more reluctant to have their flu jab.

Vaccination leads and NHSE have led research into staff-facing vaccination campaigns. They found there is real importance of face-to-face conversations whether this be collectively, in a team or online. This gives colleagues the opportunity to ask questions or raise concerns that they may have. This shouldn't be one off offer; colleagues should have the opportunity to come back with any further questions they may have.

National best practice suggests providing full Q&A materials the cover the common questions (side effects; fertility; faith; ingredients; waning immunity; transmission etc), signposting translated and faith sources. This can also be done through the one-to-one conversations. These conversations can be had with vaccinations leads but also with clinical champions such as midwives etc. They need to be as easy and as normal as possible to not make it feel like it's abnormal to have questions.
Aims and objectives.
Aims:

- To raise awareness among colleagues that they can receive a free flu vaccine
- To inform colleagues of the importance of having a free flu vaccination and encourage as may colleagues as possible to have their free flu vaccination.
- To communicate how colleagues can receive the vaccine.

Objectives:

- Maximise awareness of this year's flu campaign among Trust colleagues.
- Support the Trust to recruit peer vaccinators.
- Increase the number of staff reporting having their flu jab outside the Trust.
- To reduce the inequality gap between low uptake groups and the overall Trust average receiving their flu jabs.

We will deliver our communications to the Trust in two phases:

- **Pre-campaign promotion**

  This will include the promotion of the vaccine before clinics begin to raise awareness that the campaign is coming, as well as giving colleagues the opportunity to ask questions and know when to expect clinics.

- **Once the campaign is live**

  The second phase will include the promotion of how colleagues can get their vaccination when the programme begins on the 18 September 2023.

Once the flu campaign begins, our communications will target colleagues in two ways:

- Targeting the whole Trust through our usual communication channels such as the Bulletin, Team Brief, the #TeamSFH Facebook group.
- Discreetly targeting low uptake groups, weighting targeted communications more towards these groups as the flu campaign moves on.

Tactics

- The Communication team will support with the communications aspects of this programme, supporting the flu vaccination team with the operational elements of this programme.
- We will use national campaign materials to support our Trust specific messaging.
- The Nottingham and Nottinghamshire ICB will lead on public facing communications. We will support by sharing any messaging on our public facing channels when appropriate.
- We will act on data and insight to understand why uptake last year may have been lower than previous years and adapting our messaging around the findings.
- We will be responsive to data as it becomes available, adjusting and targeting our communications as we go.
- We will encourage colleagues to notify the Trust if they have chosen to have their vaccination elsewhere (i.e. at their local pharmacy rather than receiving their vaccine within the Trust).
- Ensuring we are including colleagues working at both the Newark and Mansfield sites.

Measuring success

- How many people have had the vaccine. Data to be provided by Occupational Health each week.
- Have lower uptake groups from last year improved after a more targeted approach?

- Employee awareness. Are colleagues aware they can have their vaccine and how to access it.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Workforce Race Equality Standard (WRES)	**Date:** 5 October 2023	
Prepared By:	Ali Pearson, People EDI Lead		
Approved By:	Vicky Malia, Head of Culture and Engagement		
Presented By:	Rob Simcox, Director of People		
Purpose			
To provide Board with the data and narrative from our 2022/23 WRES submission to NHS England in advance of publishing by the end of October.		**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	**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	**X**
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Wellbeing and Belonging Sub-Cabinet – September '23
People Cabinet – September '23
People Culture and Improvement Committee – October '23

Acronyms

WRES – Workforce Race Equality Standard
BME – Black and Minority Ethnic (colleagues)

Executive Summary

Background

The Workforce Race Equality Standard (WRES) is a mandatory annual report. All NHS organisations are required to demonstrate progress against indicators from workforce data metrics and staff survey results regarding BME colleagues experiences.
The reports also require us to provide data for our Board on levels of BME representation.

The attached report provides detailed year on year comparisons and narrative.

Summary of Findings - 9 indicators

No. of indicators where data has improved compared to last year	No. of indicators where data has declined compared to last year	No. of indicators where the data change is minimal
5/9	2/9	2/9

Highlights:

- We have seen a further increase in the proportion and number of BME staff in most areas in the last year; most notably at Bands 5 and 8A (non-clinical) and Bands 4, 5, 8b and 8c (clinical). Overall, BME representation has increased by just over 6% in the last 5 years.

- We have seen a reduction in the proportion of BME colleagues experiencing bullying, harassment and abuse from other colleagues and the figure is now at its lowest for 5 years although BME colleagues are still disproportionately affected compared to White colleagues.

- There has been a reduction in the proportion of BME colleagues reporting discrimination at work; whilst this is encouraging, the experience of BME colleagues is significantly higher than White colleagues where only 4.5% have experienced discrimination.

- An increase in BME representation at Board level (voting members; Executive Directors and Non-Executive Directors), and across the Trust overall has closed the gap between Board membership and the Trust overall.

Actions identified: We have identified 3 key objectives based on our results and these along with the actions to achieve them can be found within the report

1. Maintain performance against indicator 2 for Recruitment of BME applicants
2. Embed Anti-Racism message and reduce the percentage of colleagues reporting bullying, harassment, discrimination and violence and aggression
3. Ensure equity of opportunity for promotion and career progression for BME colleagues

In addition to the above actions, the new NHS England EDI Improvement Plan contains 6 High Impact Actions and WRES data will be monitored to review success against some of the actions contained within the plan.

The action plan and ongoing work associated with the WRES will be overseen by our People Culture and Improvement Committee.

A highlight summary infographic for the WRES and Workforce Disability Equality Standard (WDES) is included with this report.

Conclusion

Board members are asked to take assurance from the report provided and note the progress of the actions will be tracked through the Trusts People and Culture Committee.

Workforce Race Equality Standard (WRES) Report 2023-24 including Medical Workforce Race Equality Standard and Model Employer update

Introduction

The Workforce Race Equality Standard (WRES) is a set of nine specific measures (metrics) which enable NHS organisations to review the workplace and career experiences of our colleagues from Ethnic Minority backgrounds against those who are White British. We use the metrics data to review our performance and to identify any disparity in the experiences of colleagues and then use the findings to inform the actions we will take to reduce disparity. Our actions are contained within this report (page 5). Year on year comparison enables us to show the change against the indicators.

This year, NHS Trusts were asked to report data on their Medical workforce in addition to the overall workforce data and the specific metrics are detailed on page 3-4 of this report. Narrative is absent from the report due to this being the first time we have collected this data.

We have included a summary of our Model Employer data (Appendix 1, pages 6-7). The Model Employer (2019) from the WRES team at NHS England outlined for Sherwood the aspirational goals to be achieved over a 10-year period to increase BME Senior Leadership in the Trust; the data provided herein shows the progress we are making to achieving the specific goals set out for us in 2019.

The WRES is important, because research shows that a motivated, included and valued workforce will support us in the delivery of high quality patient care and will contribute to increased patient satisfaction and patient safety.

Our community

Since our last WRES report, the 2021 Census data for Ethnicity for our local populations has been updated. The Census data shows that across the populations of Mansfield, Ashfield and Newark and Sherwood, just 5.5% of our citizens identified as having an Ethnic Minority background. Here at Sherwood Forest Hospitals, just over 16% of our colleagues are from an Ethnic minority background demonstrating that we continue to have far greater Ethnic diversity in our workforce than in our local communities.

WRES Indicator	2022	2023	Notes
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. (Workforce Data)	15.0%	16.2%	Overall there has been an increase in the proportion and number of BME staff in most areas in the last year. Notably we have seen increases at Bands 5 and 8A (non-clinical) and Bands 4, 5, 8b and 8c (clinical).
2. Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data)	0.78	0.82	Whilst we have seen a slight increase in our data this year, our result for recruitment continues to be positive for BME applicants. The calculation of the likelihood means that a figure above 1.0 would indicate that White candidates are more likely to be appointed into roles; our figure is below one demonstrating that White candidates are not more likely to be offered roles after shortlisting; this is evidence that our recruitment processes provide equity of opportunity for all applicants.
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year. (Workforce Data)	0.60	1.67	Our data result here has increased this year and the calculation results in a figure above 1.0 which would indicate that BME staff are more likely to be entered into a formal disciplinary process. However, during the last year, one BME staff member was entered into a formal process which was the same number as 2022 so in this last year, there hasn't been an increase in the number of BME staff entering into the formal processes. What we have seen is a reduction overall in the numnber of formal disciplinary cases which has affected the outcome for this indicator.
4. Relative likelihood of White staff accessing non-mandatory training and Continued Professional Development (CPD).	1.13	1.00	The data here has reduced (and we have seen year on year reductions since 2019) so whereas last year, White staff were more likely to access non mandatory training and CPD, we are now seeing a more equitible position for colleagues wishing to undertake training and CPD.

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Annual Staff Survey)	30.8%	30.1%	The proportion of BME staff experiencing bullying and harrassment from patients and relatives has remaned at a similar level to last year and is very close to the national average of 30.8%.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. (Annual Staff Survey)	28.7%	25.5%	The proportion of BME staff experiencing bullying and harrassment from staff has seen an decrease from last year and we are seeing an annual trend in reduction for this indicator and our indicator outcome sits below the national average of 28.8%. Whilst this is an encouraging result, there is still considerable disparity between BME and White British colleagues.
7. Percentage believing that trust provides equal opportunities for career progression or promotion. (Annual Staff Survey)	53.3%	53.7%	The proportion of BME staff percentage believing that trust provides equal opportunities for career progression or promotion has seen a minimal increase from 2022 and our indicator outcome sits at above the national average of 47.0%.
8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. (Annual Staff Survey)	14.3%	12.7%	We have seen a reduction the proportion of BME staff experiencing discrimination but this is an indicator that remains significantly higher for BME staff than White British staff.
9. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	-7.8%	-3.7%	The overall board BME % has increased, and the overall trust diversity position has increased. These two movements have reduced the gap between the board membership and the Trust BME split.

Medical Workforce Race Equality Standard

Metric 1: The number of staff in each medical and dental subgroup, disaggregated by Ethnicity based on the workforce as at 31st March of the reporting year.		2021/22	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
		White	Black	Asian	Other	Not Known	White	Black	Asian	Other	Not Known
	Medical Director	1	0	0	0	0	1	0	0	0	0
	Clinical Directors	3	0	2	0	0	3	0	2	0	0

Metric 1b: The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award disaggregated by Ethnicity (based on the financial year)	2021/22 White	2021/22 Black	2021/22 Asian	2021/22 Other	2021/22 Not Known	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
	Data not available	Data not available	Data not available	Data not available	Data not available	61	8	83	5	1

Metric 2: Consultant recruitment aggregated by Ethnicity (based on the financial year)		2021/22 White	2021/22 Black	2021/22 Asian	2021/22 Other	2021/22 Not Known	2022/23 White	2022/23 Black	2022/23 Asian	2022/23 Other	2022/23 Not Known
	Applicants	Data not available	Data not available	Data not available	Data not available	Data not available	13	7	62	24	2
	Shortlisted	Data not available	Data not available	Data not available	Data not available	Data not available	4	1	20	8	2
	Appointed	Data not available	Data not available	Data not available	Data not available	Data not available	4	1	11	4	1

Reflections on our actions from 22-23

It is encouraging to see improvements in our data from our actions last year. We have continued to embed Anti-Racism through our updated posters and events, including REACH OUT!, a day dedicated to celebrating Race, Ethnicity And Cultural Heritage in Sherwood (inaugural event was in October last year, and this years event took place on 26th September and was a great success). We have also improved communication of different religious celebrations and we are engaging with other local public sector organisations to work together on our approaches to tackle abuse towards our colleagues. We have reviewed the Violence and Aggression Working Group and updated the Terms of Reference for this group moving forwards. Our commitment to providing training for staff network members to support diversity on recruitment panels is ongoing.

Three Key Objectives for Improvement - WRES Action Plan 2023-24

Objective	Action	Owner	Measure	Date for completion
1. Maintain performance against indicator 2 for Recruitment of BME applicants	Provide recruitment and selection training for staff network members to support diversity on recruitment panels.	EDI Lead Staff Network Chairs	Maintain and/or improve on result for indicator 2	On-going; training will be offered to members on an ongoing basis
2. Embed Anti-Racism message and reduce the percentage of colleagues reporting bullying, harassment, discrimination and violence and aggression	Engage colleagues in what they think will support a reduction through REACH OUT! and Staff Networks Focus groups with colleagues to be led by Violence & Aggression Working Group members to better understand colleague experience Signpost colleagues to Staff Network support as part of Care Values refresh Reduction targets to be agreed from 2023 Staff Survey results (part of the national EDI Improvement Plan) Audit of prominence of Anti-Racism posters Trust-wide	EDI Lead EM Staff Network Chair/Co-Chair DDoPeople HoC&E EDI Lead HoC&E EDI Lead EDI Lead	Improvements in results for indicators 5, 6 and 8 and see a reduction in the disparity of experience between BME and White British colleagues	On-going; lived experiences and lessons learnt will be an on-going priority at events and network meetings Focus groups will be arranged by Q4 23/24 Care Values refresh due by the end of Q4 Results will be available to review by March '24 Audit to be completed by the end of Q4 23/24.
3. Ensure equity of opportunity for promotion and career progression for BME colleagues into senior roles	Implementation of a Talent Management Plan (part of the national EDI Improvement Plan)	EDI Lead People Development Team	Indicator 7 to increase to above 55%.	Due to be implemented during 24/25.

In addition to the above actions specific to our WRES results, the new NHS England EDI Improvement Plan contains 6 High Impact Actions and WRES data will be monitored to review success against some of the actions contained within the plan over the next 3-years.

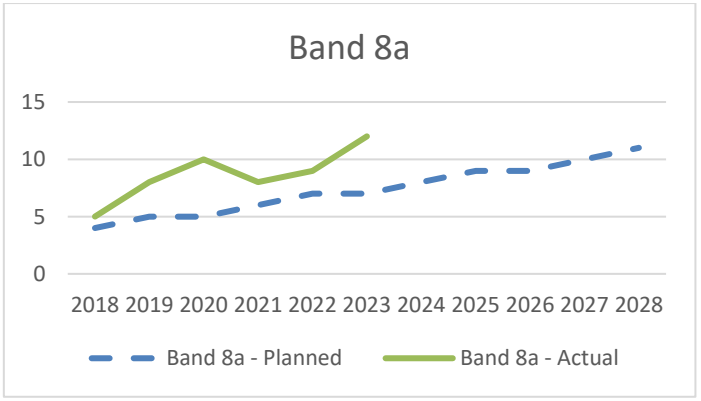
Appendix 1: Model Employer

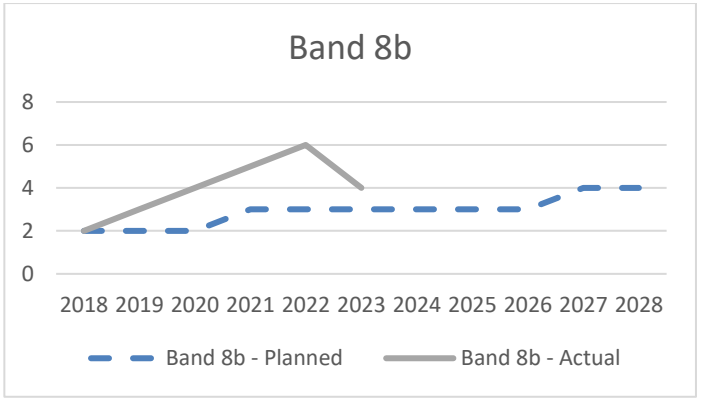
Model Employer

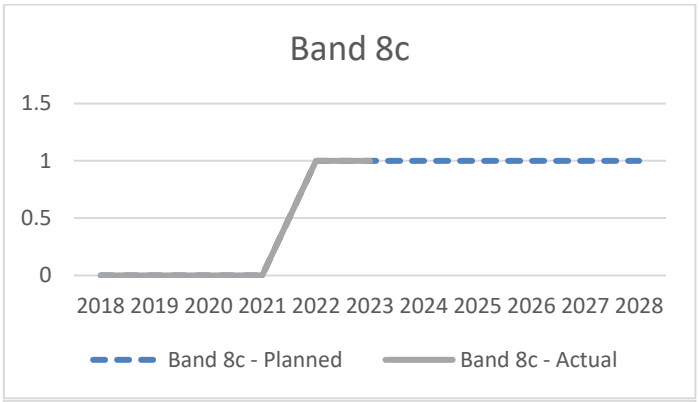
Table 1: Aspirational Goals from Model Employer (current year in bold)											
	2018	2019	2020	2021	2022	**2023**	2024	2025	2026	2027	2028
Band 8a	4	5	5	6	7	**7**	8	9	9	10	11
Band 8b	2	2	2	3	3	**3**	3	3	3	4	4
Band 8c	0	0	0	0	1	**1**	1	1	1	1	1
Band 8d	0	0	0	1	1	**1**	1	1	1	2	2
Band 9	0	0	0	0	0	**0**	0	0	0	0	0
VSM	0	0	0	0	1	**1**	1	1	1	1	1

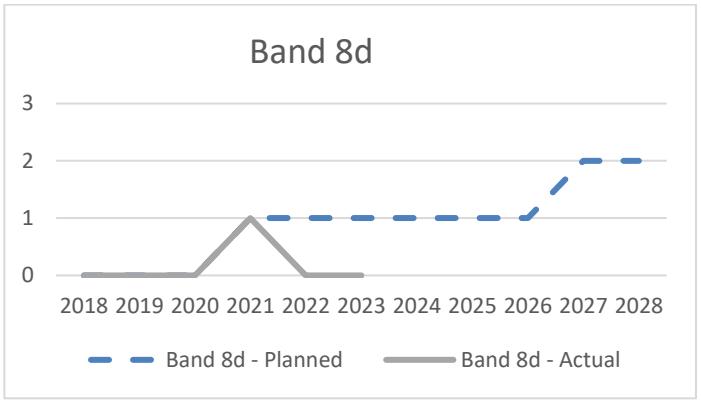
Table 2: Actual headcount in each year of the Model Employer						
	2018	2019	2020	2021	2022	**2023**
Band 8a	5	8	10	8	9	**12**
Band 8b	2	3	4	5	6	**4**
Band 8c	0	0	0	0	1	**1**
Band 8d	0	0	0	1	0	**0**
Band 9	0	0	0	0	0	**0**
VSM	0	0	0	0	0	**0**

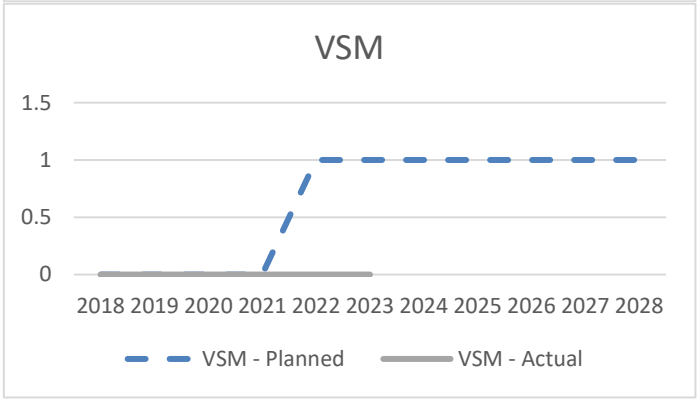
The charts below show progress and trajectory towards model employer goals.











NB:

Further work will be undertaken across the forthcoming year to ensure ESR is reflected of our workforce profile, focusing and areas where a non-declaration of ethnicity is stated.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Workforce Disability Equality Standard (WDES)	**Date:** 5 October 2023	
Prepared By:	Ali Pearson, People EDI Lead		
Approved By:	Vicky Malia, Head of Culture and Engagement		
Presented By:	Rob Simcox, Director of People		
Purpose			
To provide Board with the data and narrative from our 2022/23 WDES submission to NHS England in advance of publishing by the end of October.		**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	**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	**X**
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

People Wellbeing and Belonging Sub-Cabinet – September '23
People Cabinet – September '23
People Culture and Improvement Committee – October '23

Acronyms

WDES – Workforce Disability Equality Standard

Executive Summary

Background

The Workforce Disability Equality Standard (WDES) is a mandatory annual report. All NHS organisations are required to demonstrate progress against indicators from workforce data metrics and staff survey results regarding disabled colleagues' experiences.

The reports also require us to provide data for our Board to receive levels of disabled representation.

The attached report provides detailed year on year comparisons and narrative.

Summary of Findings

10 indicators (13 data scores due to multiple responses required for Indicator 4)

No. of indicators where data has improved compared to last year	No. of indicators where data has declined compared to last year	No. of indicators where the data change is minimal
4/13	4/13	5/13

Highlights:

- Further increase in the number of colleagues declaring disability on ESR. The declaration rate is now at its highest since 2019 when WDES reporting began. There is still work to do to close the gap between ESR declarations and staff survey.

- We continue to do well in appointing disabled candidates from shortlisting versus non-disabled with data showing we are more likely to appoint disabled candidates and we are in the Top 10% of Trust's nationally for our performance here.

- Achieving 0.00 data for indicator 3 in regard to the likelihood of disabled colleagues entering the formal capability process; maintaining our position from last year. In the reporting period no colleagues with disabilities entered the process.

Actions identified: We have identified 3 key objectives based on our results and these along with the actions to achieve them can be found within the report

1. Maintain performance against indicator 2 for Recruitment of Disabled applicants
2. Improve percentage of colleagues indicating the Trust provides reasonable adjustments (indicator 9) and reduce presenteeism (indicator 7)
3. Ensure equity of opportunity for promotion and career progression for disabled colleagues

In addition to the above actions, the new NHS England EDI Improvement Plan contains 6 High Impact Actions and WDES data will be monitored to review success against some of the actions contained within the plan.

The action plan and ongoing work associated with the WRES will be overseen by our People Culture and Improvement Committee.

A highlight summary infographic for the WDES and Workforce Race Equality Standard (WRES) is included with this report.

Conclusion

Board members are asked to take assurance from the report provided, and note the progress of the action will be tracked through the Trusts People and Culture Committee.

Workforce Disability Equality Standard (WDES) Report 2023-24

Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enable NHS organisations to review the workplace and career experiences of our colleagues who have declared that they have a disability against those who have not declared a disability. We use the metrics data to review our performance and to identify any disparity in the experiences of colleagues and then use the findings to inform the actions we will take to reduce disparity. Our actions are contained within this report (pages 4-5). Year on year comparison enables us to demonstrate change against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce will support us in the delivery of high-quality patient care and will contribute to increased patient satisfaction and patient safety.

Our community

Since our last WDES report, the 2021 Census data for Disability for our local populations has been updated. The Census data shows that across the populations of Mansfield, Ashfield and Newark and Sherwood, an average of 7% of our citizens identified as having a disability defined under the Equality Act 2010. Specifically, 9.63% have a disability that limits activity a lot, 11.6% where activity is limited a little. A further 6.73% noted that whilst they didn't have a disability as defined by the Equality Act 2010, they have a long term physical or mental health condition.

WDES Indicator	2022	2023	Notes
1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. (Workforce Data)	4.0%	5.3%	Overall the data shows continued improvement in the percentage of Disabled staff in the organisation declaring a disability on ESR. Our decleration rate is now at it's highest since WDES reporting began in 2018/19. Whilst this is encouraging, we still have disaprity between our ESR data and Staff Survey where just over 21% of respondants noted they had a disability in 2022.
2. Relative likelihood of non-Disabled staff being appointed from shortlisting compared to Disabled staff (Workforce Data)	0.74	0.61	In 22/23 our result for recruitment of disabled applicants remains positive as the figure suggests that disabled applicants were more successful in securing employment than those without a disability. We are in the Top 10 percentage of Trusts nationally as a result of our performance in this area.
3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. (Workforce Data)	0.00	0.00	During the 2023 reporting period there were no staff recorded as disabled who entered the formal capability process. This is at the same level as the previous year and shows that disabled staff are less likely to enter the formal capability process than non-disabled staff. This is testament to our person-centred approach to Employee Relations.

4. a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues	30.8% 12.0% 25.3%	31.0% 12.7% 24.6%	i. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from service users has remianed at the same level. Trust sits below national NHS average (33.0%) ii. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from managers has increased slightly. Trust sits below national NHS average (17.1%) iii. The percentage of staff recorded as being disabled who have experienced bullying and harrassment from other colleagues has decreased slightly. Trust sits below national NHS average (26.9%)
5. b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	49.5%	48.8%	b) Incident reporting has decreased over the last year for disabled staff. Although this decrease is positive it indicates that some of our disabled colleagues may not feel able to report their experiences.
6. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion	61.1%	58.5%	Whilst this result is showing a small decease from last year, our result remains positive when compared to the national average where we are performing 7% above the national average.
7. Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	30.9%	32.3%	We have seen a small increase in presenteesim this year and we are perfoming close to the national average of 30%.
8. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	44.8%	38.8%	We have seen a recution in this result this year and we are at our lowest level for satisfaction since WDES began; natually, this is an area identified for imprvement in our action plan for 23/24. Despite this result, we are still performing well above the national average of 32.5%.
9. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	76.1%	76.7%	We've seen a very slight improvement in our result for this indicator but we still need to retain some focus in this area in order to return to the percentage level from 2021 (77%) and further improve our score in this area.

10. a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	6.9 Yes	6.8 Yes	The staff engagement score for Disabled staff has remained at a similar level and Trust sits above national NHS average (6.4%). Our WAND staff network continues to provide colleagues with a safe space to share their experiences and take forward actions to improve the experience for disabled colleagues at Sherwood.
11. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	3.1%	1.0%	The number of the Board members eligible to vote who have declared a disability has increased over the last year, due to an increase in the numbers of the workforce the percentage has reduced.

Reflections on our actions from 22-23

We raised awareness of disabilities in the last year through a video of colleagues talking about their lived experiences during Disability History Month last December, we shared a staff story in our Communications Bulletin during Cerebral Palsy Awareness Month in February and a colleague shared her lived experience via a video during Deaf Awareness week in May. We are delighted to have supported four young people through our first year of the Project SEARCH programme with one intern securing employment in the Trust. The launch of the Health Passport is planned for Disability History Month in December this year. Our commitment to providing training for staff network members to support diversity on recruitment panels is ongoing.

Three Key Objectives for Improvement - WDES Action Plan 2023-24

Objective	Action	Owner	Measure	Date for completion
1. Maintain performance against indicator 2 for Recruitment of Disabled applicants	Provide recruitment and selection training for staff network members to support diversity on recruitment panels.	EDI Lead Staff Network Chairs	Maintain and/or improve on result for indicator 2	On-going; training will be offered to members on an ongoing basis
	Support for Project SEARCH programme	EDI Lead Trust programme sponsors/mentors	Widen the number of roles available to interns for their work experience	Will be reviewed during the 23/24 academic year

2. Improve percentage of colleagues indicating the Trust provides reasonable adjustments (indicator 9) and reduce presenteeism (indicator 7)	Launch the Health Passport for colleagues Review of Disability Awareness training and Reasonable adjustment guidance	EDI Lead EDI Lead	Improvement to 80% for indicator 9 Indicator 7 to move to below 30%	Q4 23/24 Training and guidance to be reviewed by end of Q2 24/25
3. Ensure equity of opportunity for promotion and career progression for disabled colleagues	Implementation of a Talent Management Plan (part of the national EDI Improvement Plan) inline with Trust's new Talent Strategy	EDI Lead People Development Team	Indicator 6 to increase to above 60%.	Due to be implemented during 24/25.

In addition to the above actions specific to our WDES results, the new NHS England EDI Improvement Plan contains 6 High Impact Actions and WDES data will be monitored to review success against some of the actions contained within the plan over the next 3-years.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

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Highlights from 2022/23 reports

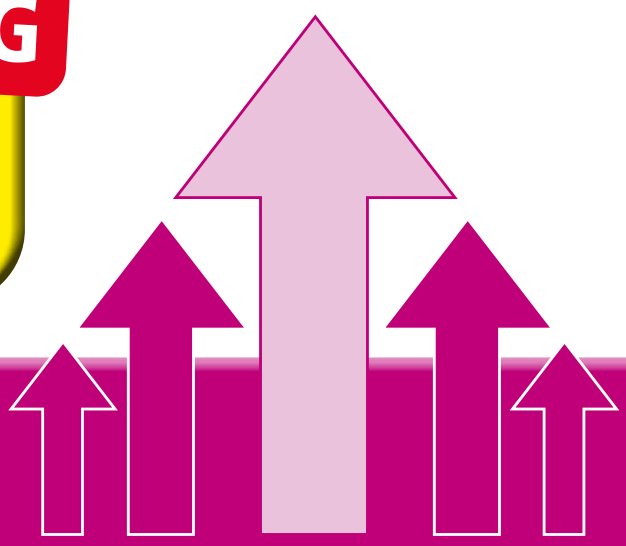
We continue to grow BME representation in the Trust with **16.2%** of colleagues having a BME Background

Year on year, our declaration rates are improving with **5.3%** of colleagues declaring their disability on ESR

Poor behaviour towards BME and Disabled colleagues is reducing compared to last year

IMPROVING

Over half of our BME and Disabled colleagues feel they can progress their career with us



PROGRESSION

National:

We provide equitable recruitment processes for BME and disabled candidates

In the Top 10% of Trusts nationally for recruitment (WDES)

Our focus for improvement

- Reducing abuse towards colleagues
- Embedding Anti-Racism at Sherwood
- Reducing presenteeism from Disabled colleagues

For more information on EDI, WRES/WDES, please email Alison.Pearson6@nhs.net

002235

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	**Research and Development Performance and Strategy Update Report – Q1&2, 2023**			**Date: 5th October 2023**	
Prepared By:	Alison Steel, Head of Research and Innovation				
Approved By:	Elizabeth Gemmill, Director of Research, and Innovation				
Presented By:	Alison Steel, Head of Research and Innovation				
Purpose					
To present the Research and Innovation Q1&2 Performance and strategy update report Update and assurance on performance, strategic priorities, patient experience and financial position.				**Approval**	
				Assurance	**X**
				Update	**X**
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X		**X**	**X**		**X**

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

None

Acronyms

List all acronyms used within the report.

ICB = Integrated Care Board
ICS = Integrated Care System
EMCRM= East Midlands Clinical Research Network
CRN = Clinical Research Network
NIHR= National Institute Clinical Research
R&I=Research and Innovation
IAOCR = International Accrediting Organisation for Clinical Research
NTU = Nottingham Trent University
NUH= Nottingham University Hospital's
GCP= Good Clinical Practice
CRO= Contract Research Organisation

Executive Summary

Performance Metrics

- 3,310 participants recruited into research studies compared to 1,138 this time last year, 121 studies on the SFH portfolio.
- Confirmed £793, 206.86 EMCRN 2023/24 budget.
- Commercial income at Q2 £31,318.23

Patient Experience

- 94% of participants Agree/Strongly Agree their participation in research has been valued.
- 90% of participants would consider taking part in research again.
- All Participants Agree/Strongly Agree that they have been treated with courtesy and respect.

Research Strategy update 22-27
Year 1& 2 Priority Objectives

Progress:
1.1 Collaboration with EMCRN & commercial sponsors to increase commercial research opportunities
1.2 Streamline the set-up process for faster delivery

Place:
2.1 Open a new Clinical Research Facility at Kings Mill Hospital in 2023 for early phase clinical trials of new drugs, devices, and diagnostics
2.2 Host the Nottinghamshire Mobile Research Unit to deliver place based research in our community

People:
3.1 Further develop the role of the Research Academy and research opportunities for SFH staff.
3.2 Investment in our management workforce to ensure a sustainable future for research and future developments

Partnerships:
4.1 Increase our academic and industry partnerships to maximise mutual benefits from collaboration

Research & Innovation

23-24 Q1/2 Performance and Strategy Update

We are pleased to present the Q1 & 2, 2023/24 performance and strategy update for Research and Innovation

The Research and innovation team is responsible for developing and supporting a varied research portfolio, creating better opportunities for patients and staff to participate in research activity, whilst informing the provision of high-quality, evidence-based health care. Patient participation in research is mainly through studies adopted by the National Institute for Health Research (NIHR). The Trust is involved in a small number of non-adopted studies which are typically undertaken for educational purposes.

The focus for R&I in 2023/24 is to continue growing a balanced research portfolio, including attracting increased activity from commercial sponsors. The research activity will be reviewed regularly, with bi-annual reporting to the Trust board and monthly reporting to Divisional teams and research investigators.

The new R&I strategy 2022-2027, 'Research is for Everyone' sets out a clear vision to make research part of our daily business, realising the research potential in all areas of our hospitals for the benefit of patients, staff, and our community. This includes 4 key pillars: Place, Progress, People, and Partnership. This report provides an update on recruitment activity and progress against the key strategic objectives for year 1 and 2.

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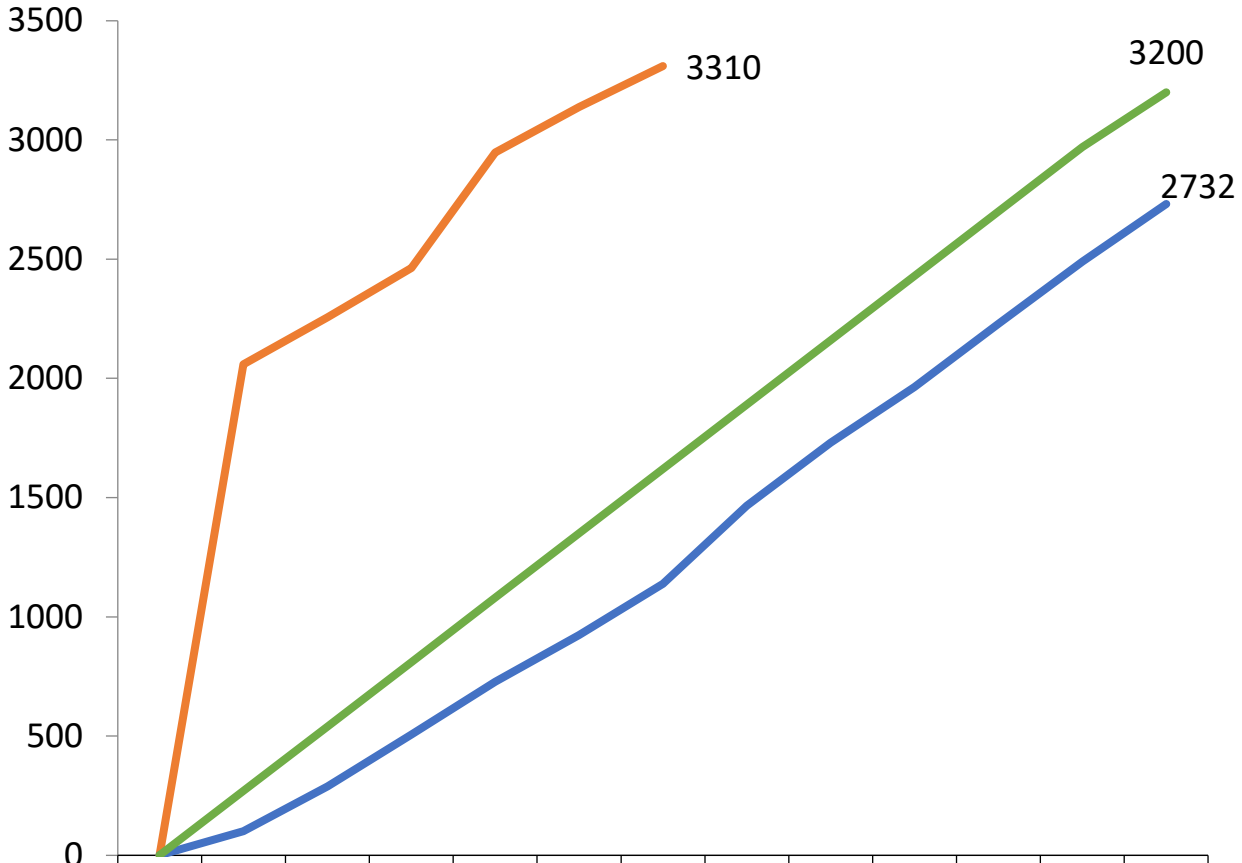
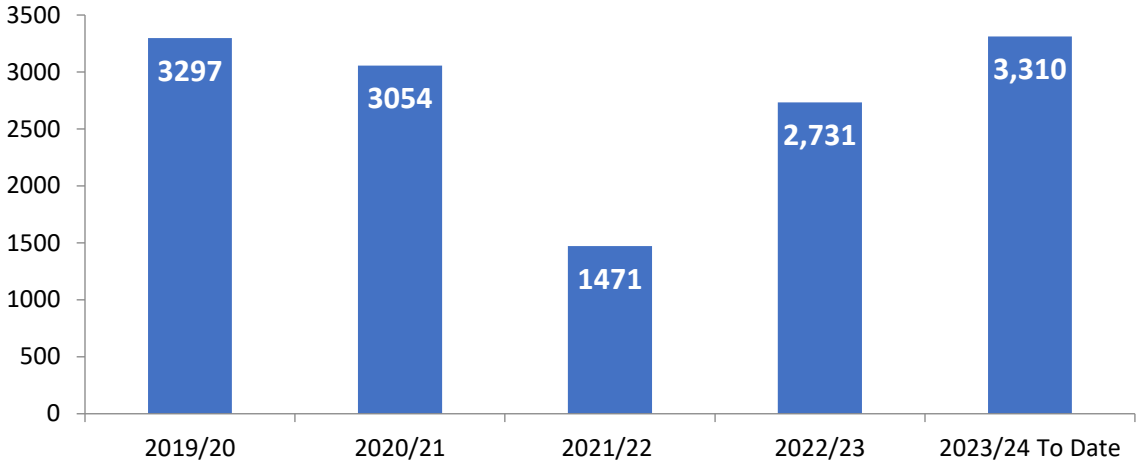
Performance

Cumulative Monthly Recruitment 2022-23 and 2023-24

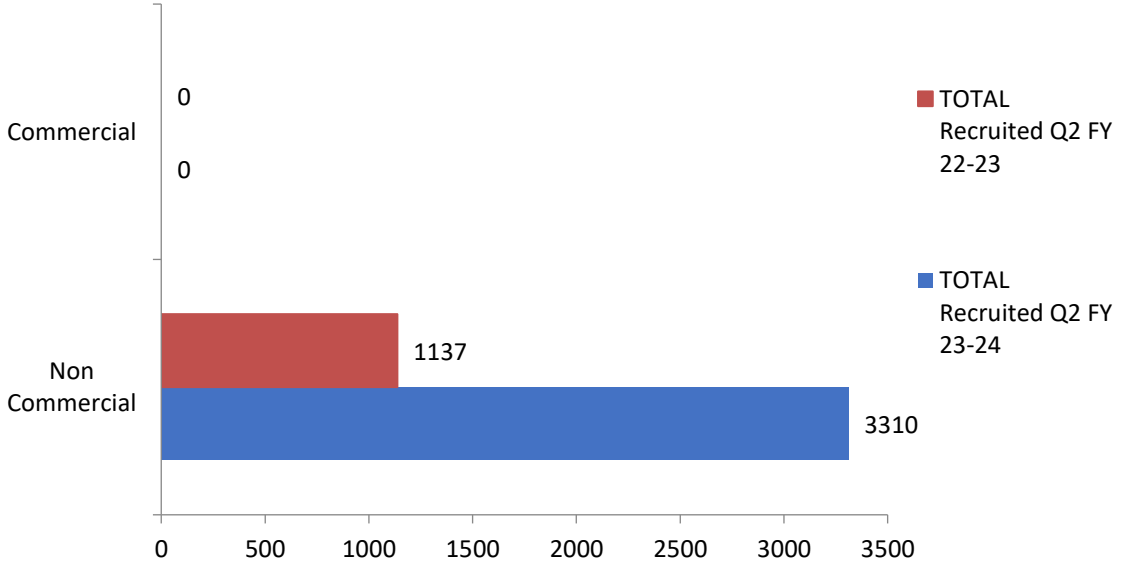


	FY Start	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
23-24	0	2059	2256	2463	2948	3138	3310						
22-23	0	101	289	506	727	924	1138	1466	1730	1964	2230	2490	2732
23 - 24 Target	0	270	540	810	1080	1350	1620	1890	2160	2430	2700	2970	3200

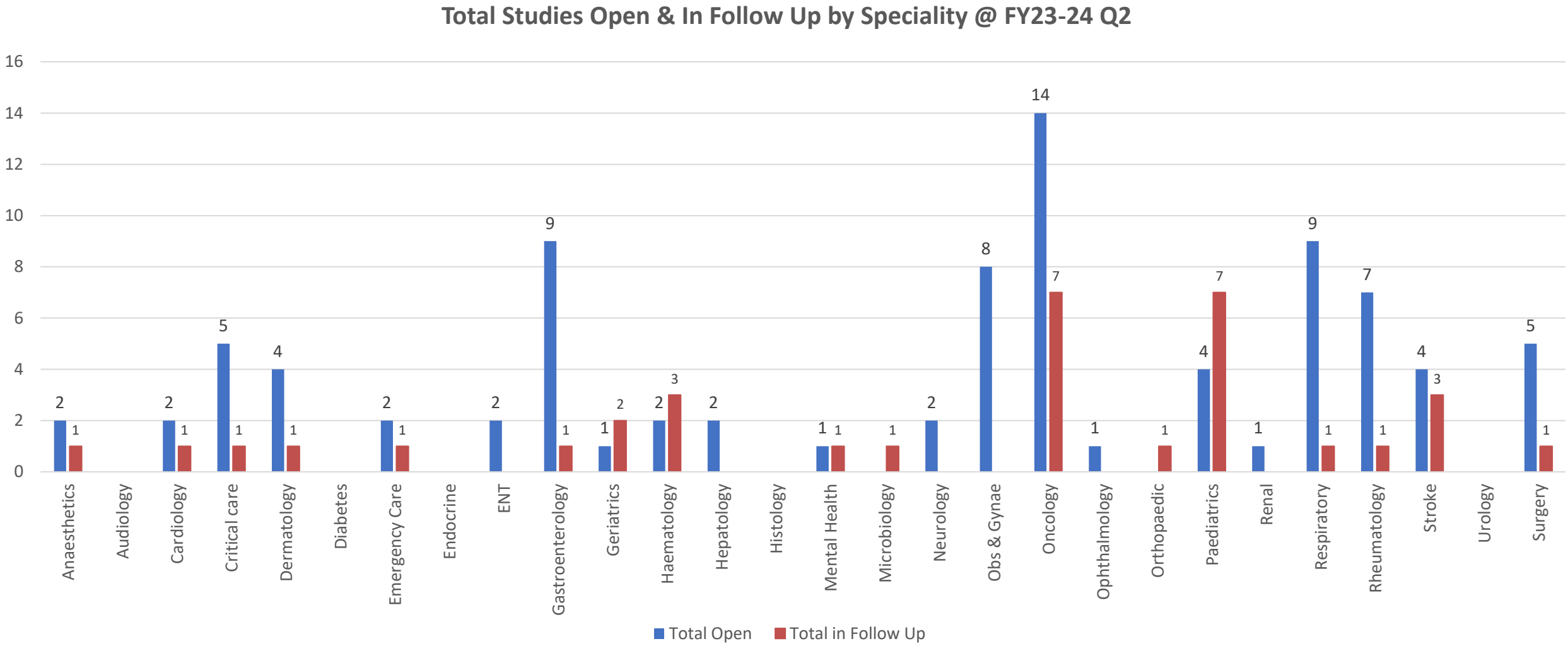
Total Participants Recruited Over the Last 5 Years



Recruitment 22-23 & 23-24 at Q2



Performance



Finance

2023/24

CRN East Midlands Income

Indicative budget

£793,206.86

2023/24 - Q1 & 2

Commercial Income

£ 31,318.23

For re-investment into future research capability and capacity across SFH

Department of Health Funding

£20,000.0

To maintain research capability and capacity

£15,000

CRN successful bid for small equipment

Patient Experience Q1-2, 23/24

Very professional and courteous

The team explained everything in detail, and I am helping future generations

Found the research interesting and good to know if will help people in the future

- 94% of participants agree/strongly agree their participation in research has been valued
- 90% of participants would consider taking part in research again
- For 85% of participants, it was their 1st time taking part in research.
- 100% Participants agree/strongly agree that they have been treated with courtesy and respect

Strategy Update	Progress	Place	People	Partnerships
Objectives	**1.1** Collaboration with EMCRN & commercial sponsors to increase commercial research opportunities **1.2** Streamline the set-up process for faster delivery	**2.1** Open a new Clinical Research Facility at Kings Mill Hospital in 2023 for early phase clinical trials of new drugs, devices, and diagnostics **2.2** Host the Nottinghamshire Mobile Research Unit to deliver place based research in our community	**3.1** Further develop the role of the Research Academy and research opportunities for SFH staff **3.2** Investment into our management workforce to ensure a sustainable future for research and future developments	**4.1** Increase our academic and industry partnerships to maximise mutual benefits from collaboration
Risks	**1.1** Reduction in access to novel interventions and medicines. Loss of income, reputation, and future growth as a research system partner **1.2** Loss of repeat business, reduction in portfolio size. Failure to meet CRN targets	**2.1** Significant impact on achieving objectives 1.1 and 4.1. Negative impact recruitment and retention and ability to fulfil our partnership with NUH for NIHR CRF bid 2026 **2.2** Unable to work efficiently across Mid Notts ICS and provide equity in access to research opportunities	**3.1** Unable to offer the development and training opportunities to SFH staff reduce research engagement. Negative impact on staff satisfaction **3.2** Inadequate career pathways for research staff, impact on recruitment and retention. Loss of expertise to develop R&I at SFH	**4.1** Fail to secure and sustain business from industry and showcase SFH research capabilities, linked to 1.1. Reduced access to research expertise and training for our staff. Inability to be an equitable research partner across the system
Progress	IAOCR Bronze level accreditation achieved Review of our front facing offer to commercial companies. Bespoke webpage dedicated to SFH hosted by CRN. Priority working with CRN Industry Lead 68% of portfolio target for new studies met	Significant delays with CRF. Funding not in place	Training lead post in place, qualified GCP trainer Secured funding for Lead Academic Research NMAHP post-out to advert	Present at Industry Think Tank 2023. Access to select platforms to showcase our capabilities Early discussions CRO's regarding SFH being a priority site Research Communities of Practice and agreement with NTU to support training and mentorship

Freedom To Speak Up Review of action points from NHSE Letby Verdict Letter August 2023
Kerry Bosworth FTSUG

The Freedom To Speak Up Guardian (FTSUG) has reviewed the 5 urgent actions requested by NHSE in response to the Lucy Letby verdict from the perspective of the current Freedom To Speak up agenda at SFH.

1. All staff have easy access to information on how to speak up

The revised SFH Speaking Up Policy was ratified in June 2023 and this policy is accessible for all via our People Policies / Guidance Intranet site. The SFH Speaking Up policy has adopted the mandated national policy ahead of the Jan 2024 deadline. Using the national policy wording ensures consistency, simplicity and a unified approach to speaking up.

There is a dedicated FTSU page on the Trust Intranet site with information and link to the policy.

The CEO weekly blog has signposting to the FTSUG and Champions for support in speaking up.

The FTSUG presents speaking up information at each Trust Induction. There are 30 FTSU Champions supporting visibility of speaking up across all sites.

2. Relevant departments such as HR and FTSU are aware of the National Speaking Up Support Scheme and actively refer individuals to the scheme

The FTSUG is aware of the scheme. Currently the National Speaking Up Support Scheme has limited resource and applications must fall in the annual application window with limited spaces. The regional FTSU Guardian team have asked for an update from the NGO on these points . Due to the limited resource currently if referrals aren't accepted onto the scheme there currently isn't a process to support an individual further.

3. Approaches / Mechanisms put in place to support staff who may have cultural barriers to speaking up or in lower paid roles and may be less confident to do so, those working unsociable hours who may not always have access or aware of policies. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up put in place

The FTSUG supports all SFH Staff Networks and has regular engagement with the Staff Network Leads to promote speaking up and support for colleagues with protected characteristics, who may have additional barriers in speaking up. The FTSUG is now actively supporting the induction of the International Educated Nurse (IEN) cohorts and presents sessions on speaking up to nurses in preceptorship.

There are FTSU Champions in roles supporting our ethnic minority colleagues and our IEN colleagues to give extra visibility. The FTSUG meets regularly with the EDI Lead and signposts colleagues as required.

October is Speak Up Month and there is to be a focus on speaking up out of hours and encouraging colleagues to have a say who work out of hours or invite the FTSUG to visit. This will be extended to colleagues employed on the SFH Bank.

In 2022 NHSE in conjunction with the NGO, launched Speak Up , Listen Up and Follow up online training, with a strong recommendation that all colleagues undertake Speak Up training, all line managers undertake Listen Up training and all senior leaders undertake Follow Up training. This Freedom to Speak Up in Healthcare in England programme is designed to help workers understand their vital role in building a healthy speaking-up culture that protects patients and service users and enhances worker experience as well as ensuring leaders set the tone in creating healthy , supportive speak up cultures . Many NHS Trusts have mandated this training. Currently at SFH this training isn't mandated and is on our Sherwood E Academy as optionable but mandating speak up training would be a step in ensuring that all colleagues have information and empowerment on speaking up and also that all leaders have had some training in listening to concerns and setting the cultural tone in respect of this

4. Boards seek reassurance that staff can speak up with confidence and whistleblowers are treated well

The new Speak Up Policy now contains information and advice on detriment for speaking up following a case raised to the FTSU Executive in 2022, of a colleague feeling detriment for speaking up. An investigation led by the FTSU Senior Independent Director, concluded no evidence of detriment but from this it was recognised the policy didn't cover detriment and therefore now added.

The FTSUG encourages colleagues using FTSU to report any feelings of detriment from speaking up and this would be raised with the executive team. The FTSUG asks for feedback on process outcomes from those that speak up to ensure a positive experience.

5**. Boards are regularly reporting, reviewing and acting upon available data**

The FTSUG submits quarterly reports to the People, Culture & Improvement Committee and twice a year to the SFH Board on data, themes , trends and actions from speaking up.

The FTSUG meets regularly with the CEO, the Director of Corporate Affairs and the Director of People to triangulate themes and actions.

Freedom To Speak Up Review of action points from NHSE Letby Verdict Letter August 2023
Kerry Bosworth FTSUG

In June 2022 the NHSE FTSU Reflection and Planning Tool was updated and launched, advising a self-review is undertaken 2 yearly against the tool by the Trust Board. A review had just been undertaken in April 2022 using the previous tool, therefore the review mapping is scheduled for April 2024 using the new document. However, in the light of this case , the SFH Board may like to consider bringing this forward to align with the original mandate for completion by January 2024.

Recommendations for consideration-

- Review position on mandated Speak Up , Listen Up and Follow Up training as a vehicle to ensure all colleagues have knowledge of speaking up and associated culture benefits, line managers are reminded how to listen to concerns and senior leaders encouraged to reflect on their style of leadership in following up concerns
- Consider NHSE FTSU Reflection and Planning Tool for NHS Trust Boards be brought forward to accurately benchmark current speak up arrangements at SFH in light of the Letby case.

To:
- All integrated care boards and NHS trusts:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses
  - heads of primary care
  - directors of medical education
- Primary care networks:
  - clinical directors

cc.
- NHS England regions:
  - directors
  - chief nurses
  - medical directors
  - directors of primary care and community services
  - directors of commissioning
  - workforce leads
  - postgraduate deans
  - heads of school
  - regional workforce, training and education directors / regional heads of nursing

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co-operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper implementation and oversight. Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer, England

Professor Sir Stephen Powis
National Medical Director
NHS England

Board of Directors - Cover Sheet

Subject:	Assurances following the verdict in the trial of Lucy Letby	**Date: 5th October 2023**	
Prepared By:	Paul Robinson, CEO & Kerry Bosworth, Freedom to Speak Up Guardian		
Approved By:	Paul Robinson, CEO & Kerry Bosworth, Freedom to Speak Up Guardian		
Presented By:	Paul Robinson, CEO & Kerry Bosworth, Freedom to Speak Up Guardian		

Purpose		
To provide assurances to the Board requested by NHS England following the verdict in the trial of Lucy Letby	**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		**X**	**X**		

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

FTSU Freedom to Speak Up
PSIRF Patient Safety Incident Reporting Framework
HSMR Hospital Standardised Mortality Ratio
SHMI Summary Hospital level Mortality Level Indicator
NHS National Health Service
HR Human Resources

Executive Summary

Following the verdict of the trial of Lucy Letby, NHS England wrote to all NHS Trusts and Integrated Care Boards setting out requirements for Board governance and oversight. Specific assurances are required in respect of:

1. All staff have easy access to information on how to speak up
2. Relevant departments such as HR and FTSU are aware of the National Speaking Up Support Scheme and actively refer individuals to the scheme
3. Approaches or mechanisms put in place to support staff who may have cultural barriers to speaking up or in lower paid roles and may be less confident to do so, those working unsociable hours who may not always have access or aware of policies. Methods for communicating with

staff to build healthy and supporting cultures where everyone feels safe to speak up put in place

4. Boards seek reassurance that staff can speak up with confidence and whistleblowers are treated well
5. Boards are regularly reporting, reviewing and acting upon available data

The Trust's Freedom to Speak Up Guardian has reviewed the areas required for assurance and has provided the attached report and provided recommendations to strengthen further.

The Board can also take assurance in a number of additional areas:

1. The Patient safety culture of the Trust, the role of Trust's Clinical Director for Patient Safety and implementation of Patient Safety Incident Reporting Framework (PSIRF) and continued, relentless focus on governance and safety via the governance safety unit
2. Monthly Maternity services reporting to Board in respect of Maternity and Neonatal Safety Champion and Maternity Voice Champion updates, Maternity and Neonatal Incidents and Investigations and Perinatal Quality Surveillance and Mortality Reviews
3. Local, System and Regional mortality and morbidity meetings are established and mature with respect to Neonatal mortality
4. Speciality and Divisional governance process, morbidity & mortality reviews and learning. Patient Safety and sub-committees including Deteriorating Patient and Learning from Deaths
5. Robust oversight and management of Board Assurance Framework Principal Risk 1 - *Significant deterioration in standards of safety and culture* by Quality Committee
6. Quality Committee routine scrutiny of local quality metrics and nationally reportable mortality ratios (HSMR & SHMI)
7. Board Maternity and Neonatal safety Champion fully embedded and undertaking regular walk-rounds of the service
8. Monthly Maternity and Neonatal Forum in place and attended by Chief Executive Office and Chief Nurse
9. The role of the Trust's Medical Examiners to provide independent scrutiny of the causes of deaths. SFH Examiner is the chair of the regional Learning from Deaths Committee
10. Robust application of the current Fit and Proper Persons requirements and commitment to full implementation of the revised requirements
11. Regular promotion of FTSU importance and mechanisms by Chief Executive Officer in staff briefings and weekly blogs
12. Relentless drive to embedding an organisational culture to be curious. To appropriately challenge, escalate, to call out when things don't feel right, along with developing a truly listening organisation

The Board is requested to:

13. **Receive the assurance of the FTSU Guardian and consider and agree the recommendations**
14. **Receive the further assurances provided by the Chief Executive Officer**

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Audit Chair's Highlight Report to Board

Subject	Audit and Assurance Report	**Date:** 14/09/23	
Prepared By:	Steve Banks, Non-Executive Director		
Approved By:	Steve Banks, Non-Executive Director		
Presented By:	Steve Banks, Non-Executive Director		
Purpose:			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Governance arrangements for MSK Services – clarity of way forward needed	
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• Internal Audit – Further improvement in implementation • Head of Internal audit stage 1 memo • Audit reports submitted to Board Sub-Committees • Risk Committee report – Committee assured by the work of the Committee • External Audit progress – at very early stages	• Single tender waiver - approved • Losses and special payments – below approval threshold, but approved for completeness • HFMA Audit output – proposal had been to repeat the exercise to provide further assurance on controls, however Committee approved proposal that the new Regional NHSE controls document superseded this • Committee Terms of Reference were approved with the minor amendments proposed
Comments on Effectiveness of the Meeting	
High quality papers, good level of discussion, overall was very assuring meeting	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	**Date:** 26th September 2023	
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
The paper summarises the key highlights from the Finance Committee meeting held on 26th September 2023		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Month 5 Finance Report – The deficit year to date is £7.3M (£1.4M adverse to plan). Recognised that plan is going to be increasingly difficult to deliver. Key issues include the running costs of keeping the escalation beds open, ERF and having adequate cash resources.	• Financial Recovery Plan – further updates on the development and delivery of FRP actions to be provided to future meetings. • ICB – a standing agenda item for Escalations to the ICB to be included in future meetings.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• Financial Analysis of Long-Term Length of Stay Patients/Medically Safe for Discharge – a detailed paper highlighted the cost to date of £1.12M, recognising that this will now 'ramp up' quickly unless the number of escalation beds can be reduced. • Financial Recovery Plan – highlighted the strong governance being put in place to oversee the financial recovery plan, including the 'cabinet' and the four key workstreams (escalation bed optimisation, elective recovery programme, financial improvement programme and budgetary controls and non-recurrent). • Financial Controls – assurance gained that of the NHSE 85 controls 45 are fully addressed, 37 are partially covered with the remaining 3 still to be addressed. It was noted that there are plans in place to move this forward and that Audit & Assurance Committee would oversee the implementation of those plans.	• 2023/24 Capital Plan Reprioritisation – Recognised that a number of key projects were costing more than planned due to emerging cost pressures and approved the deferral of £4.3M from other projects to cover the shortfall. • Public Sector Decarbonisation Scheme (PSDS) – Trust has been advised that some key elements of the application would no longer attract funding and therefore the PSDS would no longer free up the planned £575K to utilise on alternative projects and it was therefore agreed that the Trust should withdraw its application. • BAF – Current risk ratings of 20 for PR 4 (failure to achieve the Trust's financial strategy) and 9 for PR 8 (failure to deliver sustainable reductions in the Trust's impact on climate change) were reviewed and discussed with agreement that the current risk scores were appropriate.

• NHSE Revenue Support – it was noted that revenue support (cash) had been requested for Quarter 2 (and response letter to conditions set sent to NHSE) and that a further request will be made for Quarter 3.	• Contract Extensions – considered and supported the extension of three contracts for Endoscopy, Microbiology and Urology equipment (subject to Board approval). • Electronic Patient Record (EPR) – considered and supported for onward approval an Outline Business Case for the EPR development.
Comments on Effectiveness of the Meeting	
• All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee Chair's Highlight Report to the Board of Directors

Subject:	Quality Committee	**Date:** 3rd October 2023	
Prepared By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Approved By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Presented By:	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
Purpose:			
This paper summarises the key highlights from the Quality Committee Meeting held on 3rd October 2023		**Assurance**	**X**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
- Increase in mortality rates – Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator SHMI (although figures are within the expected range). An in-depth discussion was held, and it was agreed for continued internal scrutiny and external oversight of data. - The impact of continued Industrial Action, particularly in relation to Cancer, Elective and Urgent Care and the subsequent impact on patient safety. The paper provided will be shared with all Non-Executive Directors from the Medical Director ahead of Private Board for information.	- Continued work commissioned in relation to Virtual Wards with updates to the Quality Committee.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
- Assurance received with regard to the Safeguarding Annual Report. - Assurance received in relation to the Patient Experience Report and decrease in complaints by 8%. - Positive progress of the Quality Strategy. - Assurance provided with regard to the Patient Safety Incident Review Policy. - Industrial Action Report and detail provided. - The agreed level of assurance provided in relation to the Outpatient Transformation Self-Assessment.	- PR1- Significant Deterioration in Standards of Safety & Care – Decision made for the Risk Ratings to remain the same. - PR2- Demand That Overwhelms Capacity – Decision made for the Risk Ratings to remain the same. - PR5- Inability to initiate and implement evidence-based improvement and innovation- Decision made for the Risk Ratings to remain the same. - Maternity CQC Must Do Actions- Approved sign- off. These will be monitored through the Maternity Assurance Committee to ensure these are embedded. The Team will escalate to the Quality Committee as required going forward.
Comments on Effectiveness of the Meeting	
- Excellent quality of papers provided, prompting a good level of discussion and challenge throughout the meeting.	

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

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

Subject:	People & Culture Committee	**Date:** 5th October 2023	
Prepared By:	Steve Banks, Non-Executive Director		
Approved By:	Steve Banks, Non-Executive Director		
Presented By:	Steve Banks, Non-Executive Director		
Purpose:			
To provide a summary overview from the recent People and Culture Committee that was held on Tuesday 26th September 2023		**Assurance**	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• Continuing Industrial action is increasingly impacting on Trust staff as well as patient care. Strike fatigue is leading to increased risk of burnout and loss of goodwill. Despite assurance around mitigating actions the risk increases the longer strike action continues with no sign of a resolution. • Employee relations cases continue to increase.	• Ongoing assurance with regard to the work to understand and support the fragile and challenged services with significant recruitment plans. Likewise with safe staffing for Nursing, midwifery & AHPs, and for medical workforce staffing.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• Looking after our people through the Health and Wellbeing campaign • Preparation for the staff survey • The rigour of consultant selection • Alignment of the people strategy with the NHS long-term workforce plan, and progress on strategic priorities in Q2 • Progress seen in the WRES and WDES reports, with challenges remaining captured in the EDI improvement plan • Progress with heat maps to support services on culture development • The self-assessment of the NHS Education contract	• PR3 of the BAF was reviewed and the risk rating held at 20. Gaps in assurances due to co-ordinated strike action result in inconclusive assurance of the strategic threat of short-term loss of staff availability, morale and engagement.

• The improved understanding and reporting on agency usage • The plans for the flu vaccination campaign • Positive actions to respond to violence and aggression in the workplace. • The Committee Chairs attendance at the People Cabinet of 12th September 2023	

Comments on Effectiveness of the Meeting

Governor observer commented positively on the actions underway with regard to violence and aggression. A very packed agenda provided assurances through well written and presented papers.