

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 5th January 2023
Time: 09:00 – 12:00
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Minutes of the meeting held on 1st December 2022 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 • Integrated Care System Update Report of the Director of Strategy and Partnerships	Assurance Assurance	Enclosure 7 Enclosure 7.1
Strategy				
8.	09:30	Strategic Objective 1 – To provide outstanding care • Maternity Update Report of the Director of Midwifery ○ Safety Champions update ○ Maternity Perinatal Quality Surveillance Model	Assurance	Enclosure 8.1
9.	09:45	Strategic Objective 2 - To promote and support health and wellbeing • Covid Vaccination update Report of the Director of People	Assurance	Enclosure 9.1
10.	09:55	Patient Story – Beyond the Hospital Walls Sally Whittlestone, Corporate Matron	Assurance	Presentation
BREAK (10 mins)				

	Time	Item	Status	Paper
		Operational		
11.	10:25	Strategy Development Process Report of the Director of Strategy and Partnerships	Consider	Enclosure 11
		Governance		
12.	11:25	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) People, Culture and Improvement Committee Report of the Committee Chair (last meeting) 	Assurance Assurance	Enclosure 12.1 Enclosure 12.2
13.	11:35	Outstanding Service – Macmillan Cancer Information and Support	Assurance	Presentation
14.	11:45	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
15.	11:50	Any Other Business		
16.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 2nd February 2023, Boardroom, King’s Mill Hospital		
17.		Chair Declares the Meeting Closed		
18.		Questions from members of the public present (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

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

Enc 12.1 Enc 12.2	<ul style="list-style-type: none"> Finance Committee – previous minutes People, Culture and Improvement – previous minutes
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st December 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	Rachel Eddie	Chief Operating Officer	RE

In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Paula Shore	Director of Midwifery	PS
	Philip Buckley	Research Practitioner	PBu

Observers:	Carl Miller	Deputy Chief Nurse
	Sue Holmes	Public Governor
	Ian Holden	Public Governor
	Rich Brown	Head of Communications
	Andrew Marshall	Deputy Medical Director
	3 members of the public	

Apologies: None

Item No.	Item	Action	Date
18/645	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
18/646	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/647	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
18/648	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3 rd November 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/649	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/551, 18/618.2, 18/620.1, 18/620.2 and 18/621 were complete and could be removed from the action tracker.		
18/650	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting presentation of Staff Excellence Awards and preparations for the Council of Governor elections to be held early in 2023.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors highlight report</p> <p>CW presented the report, highlighting proactive recruitment of members, with a focus on youth governors.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/651	CHIEF EXECUTIVE'S REPORT		
15 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting achievement of Pathway to Excellence accreditation, preparations for possible industrial action, ICB Winter Plan and the planned retirement of Shirley Higginbotham, Director of Corporate Affairs.</p> <p>PR advised the Care Quality Commission (CQC) conducted an inspection of the Trust's maternity services on 22nd to 24th November 2022. There were no immediate concerns raised.</p> <p>From Monday 29th November 2022, the requirement to wear face masks in non-clinical areas of the Trust has been removed. Close monitoring of Covid, flu and other respiratory disease infection rates will continue on a weekly basis.</p> <p>The UK Covid-19 public enquiry continues. A questionnaire to understand the impact of the pandemic on individual organisations has been issued to all Integrated Care Boards (ICB) and provider trusts. This was received by SFHFT on 30th November 2022 and is due for return on 19th December 2022. There will be Executive Team oversight of the submission and the Board of Directors will be updated as appropriate.</p> <p>AR expressed concern the Infection Prevention and Control (IPC) requirements have been relaxed, given vaccination rates are not at the anticipated level. There is a need for the Trust to be vigilant and have a low threshold for reintroducing the wearing of face masks and other IPC measures.</p> <p>DS advised the Trust has been outwith actions taken by other organisations for a long time. Recently there has been a marked drop in the number of Covid infections within the organisation. The focus on keeping patients and colleagues safe remains and the relaxation of IPC measures provides the opportunity to push vaccination messages. The Trust has devised a 'step wise' system, relative to the number of patients with Covid and flu within the organisation and the number of outbreaks. As there is no longer community testing for Covid, the Trust does not have that insight. The Trust will remain vigilant and would not hesitate to make any changes necessary.</p> <p>SB queried if there has been any change in the Trust's response to an outbreak. PB advised there are fewer outbreaks but the way they are managed has not changed. DS advised previously patients were regularly tested as it was clearer to track when a patient acquired Covid within the organisation. This testing is less frequent, but admission Covid swabs are still undertaken for all patients.</p> <p>AR sought clarification regarding the number of additional beds in the ICB Winter Plan, noting the number of additional beds for SFHFT is almost the same as Nottingham University Hospitals (NUH), which has almost double the bed base. AR felt if NUH have difficulties, patients may come to SFHFT. AR queried the rationale for this approach.</p>		

<p>7 mins</p>	<p>PR advised the modelling which led NUH and SFHFT to the conclusions in the Winter Plan was done separately. While the principles were similar across both trusts, there was no single modelling piece of work as part of the ICB Winter planning.</p> <p>AR felt if organisations do not behave in equal ways, the patient burden will shift from one to the other. PR advised a piece of assurance work took place across the ICB to test out the plans and no risks were raised. Assurance has been provided that the plans in place mirror what the modelling suggests will be required and the bed base ensures the capacity is available.</p> <p>RE advised the approach to Winter planning is similar at both SFHFT and NUH, noting what varies is the opportunity. At SFHFT, there is the opportunity to use estate which had not been available for a number of years, i.e. Mansfield Community Hospital (MCH). In addition, the action taken by SFHFT to put the care home in place is quite different to actions taken by NUH. The balance between additional acute capacity verses system mitigations is driven by the art of the possible, rather than what the modelling is telling you. This explains some of the variation.</p> <p>AH felt the plan looks tight in terms of bed numbers and noted norovirus is not factored into the modelling. Elective activity appears to be the only contingency. AH queried what the effect on elective activity would be if that contingency had to be used.</p> <p>RE advised the Trust has not specifically modelled norovirus, noting there is insufficient 'good enough' data. However, the Trust has modelled flu and Covid. There is a degree of error margin around the predictions in the Winter Plan. The Winter Plan is predicated on trying to keep elective activity in place. In an extreme situation, where there was a compounded Covid, flu and norovirus spike, reducing elective activity would have to be one of the mitigations to consider. However, this would only be as a last resort.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Integrated Care System (ICS) Update</p> <p>DA presented the report, highlighting the ICS Strategy engagement events, the bid for Provider Collaborative innovator site and Place Based Partnership (PBP) 'stock-take'.</p> <p>ARB queried if the bid for the Provider Collaborative innovator site will include Bassetlaw. DA advised Bassetlaw will be included.</p> <p>MG queried what evaluation has taken place as part of the 'stock-take' and what are the lessons learned which will inform the next stage. DA advised through the PBP there has been the opportunity to drill down to community based data and some analysis of priority areas has taken place. Targeted areas have been identified and there have been a number of activities, together with district councils, in relation to engaging with those communities. Measurement of success is difficult and there is more work to do in relation to this.</p>		
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	The Board of Directors were ASSURED by the report		
18/652	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
17 mins	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the presentation of a Staff Excellence Award to the Maternity Team, CQC inspection, Freedom to Speak Up (FTSU) walkarounds, Maternity Support Worker Forum and SCORE survey.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting third and fourth degree tears and delays in elective care. PS advised postpartum haemorrhage and the Apgar score are slightly raised this month, noting there is no harm associated with this. The cases have gone through the multidisciplinary team (MDT) process and no cases required escalation.</p> <p>BB noted the increase in third and fourth degree tears in month, but acknowledged it is relatively small numbers which lead to the variation. It was noted the running average is 2.18%, which is within the normal range. However, BB advised she welcomed the deep dive which will be presented to Quality Committee.</p> <p>The Board of Directors were ASSURED by the report</p> <p>East Kent Gap Analysis</p> <p>PB presented the report, highlighting the four areas for action identified in the report into care at East Kent and the SFHFT's response. PS advised the response to the East Kent report has been escalated within the system and there are areas which can be worked on as a system, as part of the Ockenden Working Group, until national clarity is received. In addition, an internal benchmarking process has commenced. PB advised it is likely an overarching Single Oversight Framework (SOF) will be developed for maternity services, which will pull the various reports together.</p> <p>DS acknowledged the current spotlight on maternity services and advised PS has been asked to lift themes from the various reports into a thematic approach which can be used to look across other services within the organisation.</p> <p>MG queried how the Trust can identify optimism bias and avoid it. PB advised it is important to listen to people, triangulate information and sense check information. There is a need to identify learning across specialities and be prepared to listen and accept feedback without being defensive.</p>		

	<p>PS advised there are structures in place within maternity services and the service is subject to constant external scrutiny. The Trust's data is shared locally, regionally and nationally and external teams would contact the Trust if trends started to appear in any measure. This provides assurance but there is also a good governance framework in the division.</p> <p>GW advised he welcomed looking at how the approach adopted in maternity could be applied across other services within the organisation to obtain the same level of assurance.</p> <p>ARB queried how the good practice which is developing in the Trust can be shared with the wider system. PB advised within the maternity system there are lots of forums and networks for sharing information and best practice.</p> <p>The Board of Directors were ASSURED by the report</p> <p>NHS Resolution (NHSR) Submission</p> <p>PB presented the report, advising due to changes to timelines and deadlines for the NHSR submission, a request is being made to delegate responsibility for the evidence review to be transferred to the Medical Director and Chief Nurse.</p> <p>SH advised 360 Assurance have reviewed some of the evidence and completed an advisory report, which notes some of the evidence is not in place but recognises it will be in place by December 2022.</p> <p>BB requested an update regarding progress of the review of evidence be provided to the Quality Committee on 19th January 2023.</p> <p>Action</p> <ul style="list-style-type: none"> • Progress on the evidence review for the NHSR submission to be included in the Maternity Assurance Committee report to the Quality Committee in January 2023 <p>The Board of Directors APPROVED responsibility for reviewing evidence and signing off the NHSR submission be delegated to the Medical Director and Chief Nurse.</p> <p>PS left the meeting</p>	PB	02/02/23
18/653	STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
11 mins	<p>Covid Vaccination Update</p> <p>RS presented the report, advising the Trust continues to offer the Covid vaccination in accordance with Joint Committee on Vaccination and Immunisation (JCVI) guidance. It was noted activity has slowed. However, uptake is above the national average for the majority of cohorts. The Trust continues to encourage individuals to be vaccinated and offers a flexible approach.</p>		

	<p>CW queried if the roving team visits care homes and other people who are the most vulnerable in the community. RS advised the vaccination programme is a flexible model which is system led. SFHFT works collaboratively with system partners to ensure teams are resourced to go out into the community.</p> <p>BB noted uptake of the vaccine is above the national average, but is still low, highlighting the uptake rates for staff and healthcare workers, of both the flu and Covid vaccines, and the more vulnerable members of the community. BB queried what more could be done to encourage people to have the vaccine.</p> <p>RS advised the Trust has tried to make obtaining the vaccine as easy and as accessible as possible, including teams going out to ward areas. A promotional campaign has been run about the importance of vaccination. However, it was acknowledged uptake levels are not where they need to be. Encouraging people to have the vaccine continues to be a priority. There is a need to be supportive and try to understand what is preventing vaccine uptake.</p> <p>BB queried if there is any intelligence to explain why uptake of the vaccine is low for this booster programme. RS advised there has been no national media approach for this campaign, which has been the case in previous campaigns. In addition, there is no longer the level of scrutiny for foreign travel which has previously been in place. DS advised the societal message is Covid is over. This makes it difficult for the Trust, as a healthcare organisation, to explain this is not the case as people will 'hear what they want to hear'.</p> <p>BB noted the Winter Plan puts an emphasis on vaccination as a mitigation. If the community is not protected, the implication is elective activity will suffer.</p> <p>PB advised the vaccine has been made accessible, but it is personal choice whether to have the vaccine. The importance of vaccination is pushed with teams as far as it is appropriate to do so.</p> <p>AR queried if staff working on the Vaccination Team are being diverted elsewhere, given they are not vaccinating as many people as they were previously. RS advised the Trust operates a flexible employment model for the delivery of services, with a core team which is complemented by the bank model. This means the Trust can step up and step down as appropriate and be as efficient and effective as possible in the utilisation of staff. RS advised his team works collaborative with PB to redirect colleagues elsewhere at periods of 'lull' in the Vaccination Centre.</p> <p>DA advised feedback from the voluntary sector suggested people are distracted with the cost of living crisis. The Covid test and trace service has gone and people do not have the resource or resilience to pay for a test.</p> <p>PR advised in recognition of the lack of national communication about the importance of vaccination, the Trust has recently stepped up the internal communications relating to urging staff to get protected.</p> <p>The Board of Directors were ASSURED by the report</p>		
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14 mins	<p>Guardian of Safe Working</p> <p>DS presented the report, advising the Trust encourages all trainees and fellows to complete exception reports which relate to working hours compliance. In the reporting period there were 109 exception reports, 106 of which relate to working hours. There were four reports categorised as immediate safety concerns, three of which have now been closed. Targeted work undertaken in relation to medical vacancies is detailed in the report.</p> <p>AR queried if junior doctors are not feeling valued enough, which is leading to them reporting working an hour or two hours over their time. DS advised there is significant 'disgruntlement' among the national medical trainee workforce. However, there are things the Trust can do to ensure trainees feel welcomed and part of SFHFT. Trainees are provided with some basics, such as parking spaces, but there is more which can be done, for example, provision of a doctors' mess and sleeping pods and hot food provision overnight. In addition, a more seamless approach to rotation is required.</p> <p>AH felt intelligence obtained from people exiting the organisation needs to be triangulated with other sources of information.</p> <p>CW noted the issue relating to hot food provision affects all staff, not just doctors.</p> <p>RS advised the Trust actively strives to influence the processes in relation to people moving from one organisation to another within the system. There is a need to use existing forums within the organisation to listen to staff, particularly in relation to what would make a difference to them, noting there is a dedicated medical education team who communicate with the junior doctors.</p> <p>SB felt an action plan needs to be developed detailing what actions will be taken to improve the experience of junior doctors at the Trust. DS advised he would develop this and provide a report to the People, Culture and Improvement Committee.</p> <p>Action</p> <ul style="list-style-type: none"> Action plan detailing actions to be taken to improve the experience of junior doctors to be presented to the People, Culture and Improvement Committee <p>The Board of Directors were ASSURED by the report</p>	DS	02/02/23
18/654	PATIENT STORY – RESEARCH THROUGH THE EYES OF A PANDEMIC		
14 mins	<p>PBu joined the meeting</p> <p>PBu presented the Patient Story, which highlighted the importance of research through the Covid pandemic.</p> <p>PB thanked PBu and the Research Team for their work.</p>		

	<p>DS advised Covid has changed the world of research forever, primarily because there was a common 'enemy' and people came together. The recovery trial is an example of a platform trial, whereby one therapy is tested against another. It is a constantly evolving process, which enables a large amount of data to be obtained in a short period of time. Platform trials have previously been rarely used. However, it is recognised they are the future way of working for research.</p> <p>AH thanked the Research Team, noting there are real positives to be taken from the story. It is important to maintain the focus on research.</p> <p>GW noted the support which being involved in the recovery trial provided the patient.</p> <p>DA advised a process is in place to share videos which are presented to the Board of Directors both internally and on social media platforms and media outlets.</p> <p>PBu left the meeting</p>		
18/655	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
23 mins	<p>QUALITY CARE</p> <p>PB highlighted nosocomial Covid infections, MRSA and Friends and Family Test (FFT) in ED.</p> <p>DS highlighted Venous thromboembolism (VTE).</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted sickness absence, staff wellbeing, appraisals, increase in formal employee relation cases and Staff Survey.</p> <p>TIMELY CARE</p> <p>RE advised the Trust continues to be under significant pressure at the 'front door' and this is reflected in the ED 4 hour wait performance. While this is under target, SFHFT continues to benchmark well, both regionally and nationally. Ambulance turnaround times remain very good and the Trust benchmarks well nationally.</p> <p>The number of patients medically fit for discharge remains high, notwithstanding some improvement due to the implementation of the Discharge to Assess business case. However, the full impact of this on the number of medically fit patients is still to be seen. The Transfer of Care Hub has been in place for approximately a month. While there is more work to do, there are signs of improvement.</p> <p>Actions outlined in the Winter Plan are starting to be implemented. It was noted there has been a significant delay relating to the opening of the beds on Oakham Ward at Mansfield Community Hospital. Due to delays in work to the lifts, only 12 of the planned 24 beds are currently open.</p>		

	<p>In terms of elective activity, a challenge remains to achieve plan for the majority of indicators. A key driver in relation to day case and inpatient activity remains as the challenge in relation to anaesthetic staffing and a recruitment plan is in place to mitigate this. Outpatient activity is performing well, particularly in relation to patient initiated follow ups. Did Not Attend (DNA) rates are reducing, which will increase productivity. The Trust remains under target for remote appointments. There are currently zero 104 week waits and the 78 week waits are on trajectory.</p> <p>In terms of cancer, this is not showing a huge sign of improvement up to the date of the report. However, there has been improvement over the past month. There is more work to do to reduce backlogs but progress is being made. Diagnostic standards are holding up well.</p> <p>AH noted in terms of day case work it is noted in the report as a root cause for underperformance that there is insufficient activity to the anticipated plan. AH sought clarification on this.</p> <p>RE advised the reasons are multifactorial, noting there is more which can be done to improve utilisation, for example moving more work over to Newark Hospital. There is an underlying challenge in relation to theatre staffing, particularly anaesthetics, and there is a rolling recruitment plan in place. However, it was noted this is a fragile speciality in terms of recruitment nationally. An improvement programme is in place which is focused on 'in-list' utilisation. The Trust has recently secured funding from the national Targeted Investment Fund (TIF) to expand day case work and minor ops capacity at Newark. This will not deliver in the short term but will provide more capacity.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 7.</p> <p>AR queried how many staff have been taken on since the beginning of Covid and where are they deployed. RM advised this relates to the productivity question which is being asked. At a gross level, workforce numbers between Q3 of 2019/2020 and now is circa 600 whole time equivalents (WTE). There is cover for increased sickness, which continues to run at higher levels than the baseline period. In addition, there has been growth in areas such as ED. The Trust has invested in medical staffing in terms of out of hours provision and there has been further investment in maternity. The national data shows increased spend and more people, but overall activity related output has not necessarily increased. The Trust is trying to understand where the opportunity might lie.</p> <p>GW advised the Finance Committee has had a good discussion in relation to this. The key part is the protocol for change, which sets a lot of information requirements, many of which relate to workforce. The Finance Committee have agreed to do a detailed analysis. The Trust and system will not necessarily exercise the protocol for change, but the areas it covers are things the Trust should be doing.</p> <p>The Board of Directors CONSIDERED the report</p>		
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18/656	INFECTION PREVENTION AND CONTROL (IPC) BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>PB presented the report, advising there are 96 key lines of enquiry. The Trust can evidence compliance with 94 of those. The two areas of non-compliance relate to ventilation and require more evidence.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/657	ED BUSINESS CASE		
17 mins	<p>RE presented the report, highlighting the drivers for developing the business case and the 'exit strategy' for redeploying the additional staff recruited should the point be reached where the risk can be mitigated and patients are no longer waiting in ED.</p> <p>AR felt it there is a need to identify the 'exam question'. Is it, 'there are a lot of patients attending ED and the Trust needs to treat them', or is it 'there are patients attending ED who do not need to and what is the ICS doing to control that flow of patients, many of whom should be cared for in the community'. AR advised he welcomed the plans for staff to be redeployed, but expressed concern, given the financial challenges the Trust faces.</p> <p>RE advised the business case is based on a realistic view of what is anticipated will happen over the coming years. Obviously the preference is not to have people in ED who could be treated elsewhere and to not have long bed waits in ED. However, they are there and have been over a number of years. The Trust is currently addressing this in a way which is unsustainable and is not right for the workforce, nor is it providing good value for money. There is a need to take a pragmatic approach to how the risk being faced now is dealt with, whilst continuing to work on the initiatives in relation to reducing bed waits, increasing flow, ensuring patients are treated in the community when they do not need to come to ED, etc. If the workforce is not invested in, to deal with the problem faced, ED will be under ever increasing pressure which will impact on quality, staff wellbeing and the financial position. The actions currently being taken are not having sufficient impact.</p> <p>ARB advised the Finance Committee fully scrutinised the staffing figures.</p> <p>SB queried if the Trust has been cautious in developing the business case and if more could be done. RE advised there is a need to get the balance between addressing the issues the Trust currently faces, while trying to keep a little tension in the system to address the underlying issues. The case as outlined is where the department feel they need to be to provide a safe service and shore it up for the future. RE advised she felt the balance is right.</p> <p>SB noted the improvement in the metrics the implementation of the case should provide and queried how these would be measured.</p>		

	<p>RE advised the metrics will be tracked through the Emergency Pathway Steering Group. In addition, RE advised there would be a post business case evaluation in the form of a review in 6 months' time through the Trust Management Team (TMT) to confirm staff have been recruited as expected and the benefits, both financial and in terms of the quality metrics, have been delivered.</p> <p>SB queried if, given the value of the business case, the review would need to come back to the Board of Directors. SH advised the business case would be monitored through the Finance Committee. GW felt there should be ongoing review through the Finance Committee, after the initial review in 6 months' time, to check staff have been redeployed if the position in ED stabilises.</p> <p>MG queried if the Trust has done any work with the primary care function on site in terms of any missed opportunities. RE advised the PC24 model, which is run by NEMS on the King's Mill Hospital site, is a very effective model. ED and PC24 work together and RE advised she has regular meetings with the PC24 general manager. Therefore, there is constant dialogue exploring how ED and PC24 can work together. The Trust streams patients to PC24 and works very closely on setting the criteria. This is an area which is within the Trust's gift to maximise the amount of activity going through PC24.</p> <p>CW felt this case will have an impact to reduce some of the risks in Newark. The Urgent Treatment Centre (UTC) at Newark Hospital is under considerable pressure, particularly because of what might be 'inappropriate' referrals or encouragement within primary care for patients to attend the UTC. RE noted GP coverage in the Newark area is not quite as strong as it is in the Mansfield area.</p> <p>DS advised there are workstreams across the system looking at demand. There is a need for improved signposting to the community in terms of directing people to where the services they require are best provided and to ensure those services are available in a timely way. It is important to recognise many parts of the healthcare system are feeling significant stress and strain.</p> <p>DA advised the UTC at Newark has recently been designated as an urgent treatment centre. This means there is a national specification and set of criteria in relation to the patients which should be seen there. There has been a recent change in the skillset of staff at Newark UTC to be cognisant of the change in complexity of patients. There is not the same strength of model with primary care at Newark as with PC24 and there are some drivers relating to the way things like NHS 111 work in terms of directing patients in the system. In terms of communication, the Trust has a weekly column in the Newark Advertiser and this has recently been used to raise the profile of what an urgent treatment centre is. In addition, the Trust has met with parish councils to help cascade information. While some progress is being made, there is always more which can be done in terms of signposting.</p> <p>AH queried if the onboarding time for new staff could be shortened and, if so, how would this affect the demand profile predicted in the modelling.</p>		
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	<p>RS advised the Trust has the ability to recruit at pace and there are colleagues who want to work in ED. The HR Team work collaboratively with the senior team in the department to ensure recruitment happens at pace. There is a flexible approach to the onboarding mechanism in relation to relevant checks to ensure they are done, but in a way which ensures individuals are in post as quickly as possible.</p> <p>PB advised he is confident nursing and health care support workers are available, some of whom the Trust was not able to appoint through recent interviews due to the number of vacancies. In addition, there are people working on a temporary, bank or agency basis who are prepared to move onto substantive contracts.</p> <p>PR advised when the case was presented to TMT and the Executive Team, a number of drafts were requested to ensure the current risks were described in a way which could be understood and, therefore, what the 'exit strategy' might be should the Trust be able to influence the work in the system and that work gives the reduction in demand which the system plans would suggest.</p> <p>The Board of Directors APPROVED the business case to increase substantive ED staffing.</p>		
18/658	BOARD AGENDA REVIEW		
8 min	<p>SH presented the report, advising one of the key duties of the Board of Directors is to develop, implement and monitor the strategy of the organisation and all strategies which underpin that strategy. To allow time for a focus on strategy development and implementation, it is proposed to move reporting of the SOF from monthly to quarterly.</p> <p>PR advised there will still be space on the agenda each month to discuss operational performance, should this be necessary. This will be through the Chief Executive's report. Moving to a quarterly SOF allows for greater analysis of trends on the actions which are being taken. In terms of moving the agenda to a more strategic focus, this approach will allow the long term view to be developed and discussed. There will be the opportunity for further discussion on the process and how this will be moved forward at the January meeting of the Board of Directors.</p> <p>BB advised she welcomed the proposal and felt it would be useful to review the arrangements in 12 months' time.</p> <p>MG felt it would be useful to see the relevant system level strategy when the Trust's strategies are discussed and have a discussion on what will be done differently.</p> <p>SB queried if there is some way of bringing other services in to enable scrutiny on a regular basis, potentially those which are fragile, noting the maternity reports which are received each month. SH advised there is a need to consider how reports feed up to the Board of Directors through the sub committees. For example, maternity services report to the Quality Committee and there is a fragile services report which comes to the Board of Directors.</p>		

	<p>PR noted there is a statutory requirement for the maternity services reports to be presented to the Board of Directors. However, consideration can be given to applying the same 'lens' in the appropriate place.</p> <p>The Board of Directors APPROVED the proposal to move reporting of the SOF to quarterly to allow time for a focus on strategy development and implementation.</p>		
18/659	ASSURANCE FROM SUB COMMITTEES		
13 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting internal audit work and counter fraud.</p> <p>PR advised internal audit is the Trust's tool to provide assurance on internal controls and governance. The Trust directs and agrees the work and if the Trust wants to change direction of the work, there is a need to ensure there is a process to do so.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting scrutiny of three business cases.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Quality Committee</p> <p>BB presented the report, highlighting capacity of the Pharmacy Team, progress on CQC 'Must Dos', Hospital Standardised Mortality Ratio (HSMR), water safety and a review of the BAF risks.</p> <p>DS advised, in terms of water safety issues, following recent meetings he has received assurance regarding work which has taken place where there have been positive samples. Previously the Trust received information on the number of samples as opposed to specific locations. There is a move to different metrics which will provide this information. DS expressed thanks to Skanska for the actions they have put in place. A substantial, long term solution is being explored and water safety will continue to be an area of focus.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/660	OUTSTANDING SERVICE – PATHWAY TO EXCELLENCE		
6 mins	<p>A short video was played highlighting the Trust's Pathway to Excellence accreditation.</p>		

18/661	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Pathway to Excellence accreditation • Research activity through Covid • Operational challenges and the financial impact of those • Approval of ED business case • CQC visit to maternity • Encourage uptake of flu and Covid vaccinations • Preparations for possible industrial action 		
18/662	ANY OTHER BUSINESS		
	No other business was raised.		
18/663	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th January 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:05.</p>		
18/664	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/665	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
12 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised a question had been received via the Q&A function on the live broadcast in relation to Covid and the vaccination programme.</p> <p>DS acknowledged some members of the public have strongly held views on the safety of the Covid vaccination. However, as the Trust's Medical Director, with responsibility for the health, wellbeing and prevention of disease for the population the Trust serves, as well as colleagues within the organisation, DS expressed concern about this misinformation. It is recognised all drugs have 'good' and 'bad' sides and come with complications. However, there has never been a drug as extensively researched and quality reviewed as the Covid vaccination.</p> <p>The complications which are seen are listed, described and monitored by the Medicines and Healthcare products Regulatory Agency (MHRA). This information is publicly available. DS advised he reviews this information and the Trust receives any updates. There is an irrefutable body of evidence about the Covid vaccination and the positive impact it has had across the world. Recently there was an article in The Lancet which looked at the efficacy and safety of the new Covid bivalent vaccines which clearly demonstrates their safety record. This article is also publicly available.</p> <p>DS advised he has no concerns or worries about the Covid vaccination and strongly encouraged everyone to take up the offer of a vaccination. There is some data available from the national intensive care audit which shows the admission rate into intensive care due to Covid since the start of the pandemic. Since the introduction of the vaccine, there has been a huge reduction in the number of admissions.</p> <p>CW advised a question had been received via the Q&A function on the live broadcast in relation to the support provided to staff, further to the discussion on the availability of drinks and hot food, in relation to whether staff are supported to be sufficiently hydrated while at work.</p> <p>RS advised a key component of the Trust's wellbeing programme relates to colleagues having time to rest, refuel and rehydrate throughout the working day. A variety of different initiatives have been run over the past 12 months to reinforce this message, for example, there was a water bottle campaign when the entire workforce had the opportunity to receive a refillable water bottle. This has been reinforced by rehydration stations in clinical areas and a lot of work has been done with partners in relation to ensuring there is adequate provision across all three sites. In recent weeks the Trust has worked with partners who provide food and drink across all three sites and has secured a discounted rate for staff in food provision with effect from 1st December 2022 until the end of January 2023. This will ensure uptake, during what is a challenging period of time, which is affordable and accessible.</p>		

	<p>PB advised there is an 'urban myth' that staff cannot have a drink at nurses' stations, on wards or in departments as it is an infection control risk. This is not the case and a lot of work has been done to spread this message. All staff are encouraged to have drinks and keep hydrated.</p> <p>Ian Holden (IH), Public Governor, referenced the discussion in relation to maternity services at East Kent, advising as a governor he was concerned the governor / Non-Executive Director (NED) relationship appeared to have failed for a number of years at East Kent. IH sought assurance a similar issue would not arise at SFHFT and queried if everything possible was being done to avoid the issue arising at the Trust and governors are able to fulfil their role of holding the NEDs to account.</p> <p>CW acknowledged there is always more which can be done. However, engagement with governors is a 2-way process and the Trust is keen to see more engagement from the governors, in the form of increased attendance at meetings, participation in 15 Steps, etc. Governors are encouraged to come back on site, not just for Meet Your Governor events but to participate in other discussions. CW advised governors have regular meetings with her and participate in sub committee meetings as observers. The Trust is open to further discussion regarding how governors can be assured NEDs are doing their jobs in holding the Executive Team to account. A key point is how NEDs can build relationships with new governors, who maybe have not had the opportunity to get to know NEDs face to face. There will be further governor elections in 2023 and members of the public are encouraged to get involved in that process.</p> <p>SH advised governors at SFHFT have the opportunity to observe meetings of the sub committees, noting feedback from the observers to the Full Council of Governors is important. If a situation similar to the one which arose at East Kent were to happen at SFHFT, this would be flagged in one of the sub committees. It would, therefore, be for the governor observer to provide feedback to the rest of the governors. The vehicle to inform the Council of Governors is through the governor observer role.</p>		
18/666	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/583.1	06/10/2022	Deep Dive into 3rd and 4th degree tears to be reported to the Quality Committee	Public Board of Directors	Quality Committee	04/12/2022 02/02/2023	P Bolton		Update 21/11/2022 To be presented to the January meeting of the Quality Committee	Grey
18/615	03/11/2022	Future strategic objective update report to include information where each priority sits and a narrative for any areas which are underperforming	Public Board of Directors	None	02/02/2023	D Ainsworth			Grey
18/618.1	03/11/2022	Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level	Public Board of Directors	None	04/05/2023	P Bolton			Grey
18/652	01/12/2022	Progress on the evidence review for the NHR submission to be included in the Maternity Assurance Committee report to the Quality Committee in January 2023	Public Board of Directors	Quality Committee	02/02/2023	P Bolton			Grey
18/653	01/12/2022	Action plan detailing actions to be taken to improve the experience of junior doctors to be presented to the People, Culture and Improvement Committee	Public Board of Directors	People, Culture & Improvement Committee	02/02/2023	D Selwyn			Grey

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 5 th January 2023	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Claire Ward, Chair			
Presented By:	Claire Ward, Chair			
Purpose				
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Not applicable				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.				

Pressures: Recognising the impact of winter pressures on our hardworking colleagues

The Chief's Executive's report to Board references the pressures that we have seen continuing throughout the year – and some of the causes that are compounding those pressures.

As Chair, I know I speak on behalf of the whole Trust Board in wanting to be proactive in recognising the extreme and relentless operational pressures that our hospitals have been under throughout 2022 – and the consequent impact this has on our hardworking #TeamSFH staff and volunteers.

While it is unlikely that we will see any reduction in this demand and activity for several months, the Trust Board have heard stories from a variety of teams across SFH regarding the personal and professional impact felt by this activity.

Like NHS organisations across the country right now, we are endeavouring to provide the best possible care that we can within the current situation.

We are so incredibly grateful to all our teams for the pressures they are continuing to manage so brilliantly and I would like to offer my personal thanks, on behalf of the Board, for the tireless efforts our hardworking colleagues continue to make – both professionally and personally.

As a Trust Board, we recognise the need to support each other during this time – both as teams and as individuals. We are proud to prioritise the wellbeing of our hardworking colleagues and we will continue to be proactive in supporting them however we can.

We already offer a comprehensive support for colleagues' physical, mental and financial wellbeing – and that is something I know we will continue to develop well into 2023.

To any of our colleagues who happen to read this report: thank you for all that you do.

Community Involvement: A thank you to everyone for their amazing donations this Christmas and New Year

As a Trust, we receive such incredible support from the local communities we are so proud to serve throughout the year – and that is never more true than at Christmas time!

Throughout December, we have been blown away with generous donations of everything from flowers and chocolates to clothing and gifts from the community who have shown their strength of feeling towards our staff, patients, volunteers – and the outstanding patient care we are proud to offer here at Sherwood.

Thank you to everyone who has made a donation to our hospitals and to the Trust Charity throughout 2022. Your support is genuinely invaluable.

In addition, I would also like to thank our amazing Trust volunteers and governors for the roles they all play in helping to make our hospitals a better place to give and receive care. We are our community – and that is never more true than with our volunteers and governors, be it in giving their time to support patient care or helping to better involve our community in our services.

Showcasing the range of improvements we continue to make at Newark Hospital

We know how much local people value Newark Hospital and, as a Trust, we are committed to working with our partners to expanding and improving the services available there.

During December, I have undertaken several visits to Newark Hospital to talk to staff, to hear how they're feeling and to ensure we're targeting our support and improvements in the right areas.

During the month, I was also delighted to welcome Robert Jenrick MP (Newark) on a visit to the site to showcase some of the great work that is going on there to make Newark Hospital a valued and vibrant part of the community.

I look forward to sharing more details of those announcements over the coming months.

Update following the relaunch of our amazing 24-hour home birth service



As the Trust's Non-Executive Board Member responsible for Maternity Safety, I am delighted to share an update on number of babies who have been born at home since the relaunch of a hospital trust's 24-hour home birth service.

There were a total of five home births in October, 2 in November and four more were due to be born in December.

Freya (pictured above) was the first to be born at home after Sherwood Forest Hospitals NHS Foundation Trust restarted its full 24-hour service in mid-September. The new arrival, who weighed 7lbs 2oz, arrived in a birthing pool at home in Swinderby, Lincolnshire. She is the first child for Kamila (pictured) and Hugh Cornwell.

For a year the service had been limited to Mondays to Fridays between 9am and 5pm during the pandemic. As a result of successful recruitment to the community midwifery team, the 24-hour service was able to safely restart, and the team were busy upskilling in preparation for the relaunch.

Those who are well and are having a straightforward pregnancy may want to consider a home birth for a variety of reasons, including the benefits it can bring.

We know how important it is for families to have personalised choice and reinstating the full 24-hour service as soon as it was safe to do so has been a priority for us.

Congratulations to Kamila and Hugh on the birth of Freya – and thank you to our amazing maternity team who have helped to make the return of our fabulous 24-hour home birth service possible.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 5 th January 2023	
Prepared By:	Rich Brown, Head of Communications			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	Paul Robinson, Chief Executive			
Purpose				
To update on key events and information from the last month.			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Not applicable				
Executive Summary				
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.				

Pressures: Nottingham and Nottinghamshire-wide critical incident

It will be no surprise to anyone that demand for NHS services across the country remains high right now – and this month has been no different. At the time of writing, [the whole of the Nottingham and Nottinghamshire NHS remains under a system-wide critical incident due to the pressures it continues to face](#).

The cause of those pressures are multiple and complex, but at its core are:

- 1. The high numbers of patients we continue to treat in our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark Hospital**
In fact, [Newark Hospital's Urgent Treatment Centre experienced its busiest ever day on Monday 19 December](#), as staff there treated over 135 patients that day – more than double the average number of attendances seen at the site in December 2021, where hospital staff treated an average of 64 patients each day.

The Emergency Department at King's Mill Hospital also welcomed 1,000 more ED attendances between Thursday 1 and Wednesday 21 December 2022, compared to the same period last year.

- 2. The challenges we continue to experience with discharging patients as soon as they are medically fit to leave hospital.**

On an average day between Thursday 1 and Sunday 18 December, we were continuing to care for an average of 115 patients who had each been medically fit to be discharged from our hospitals for more than 24 hours.

Despite the Trust having opened more beds in our hospitals than ever before this winter, those challenges persist and have been compounded by the return of flu and other winter bugs – as well as the impact that industrial action elsewhere in the NHS over the past month.

I would like to assure the Board, our partners, the public and the patients we are doing everything in our power – including working with our partners – to manage these pressures to ensure that our hospitals remain there to treat patients safely, whenever they need them. I am grateful to all our colleagues for their continued efforts and for sharing that commitment.

Pressures: We're working with our partner organisations across Nottingham and Nottinghamshire to get people home sooner

During December, [we celebrated the work that our shared Transfer of Care Hub is doing to help get patients discharged from our hospitals to wherever they call in time for Christmas](#).

The new Hub, which is based at King's Mill Hospital, opened in October and has already helped to oversee the discharge of hundreds of patients from hospital.

The Hub sees partners from Nottinghamshire County Council's adult social care team working alongside colleagues from Sherwood Forest Hospitals, Nottinghamshire Healthcare, Mansfield District Council and others to help speed-up the discharging of patients from the Trust's hospitals.

It is hoped the move will further improve our already well-established working relationships and efficiency between the organisations, enabling us all to focus on getting patients discharged to patients' homes, local care homes and other community settings sooner – ideally on the same day they become medically fit to leave hospital.

Colleagues from Nottinghamshire County Council are part of the Discharge Hub, as they work to liaise with the relevant services outside of the hospital to support discharges and look at patients' short- and longer-term care needs.

Colleagues from Mansfield District Council work as part of the Hub to understand and make the changes that patients need to enable them to return home – including something as simple as installing bath, shower and stair rails.

Pressures: Our message to patients is that your NHS is here for you

Despite how busy our services remain, our message to patients remains that your NHS is here for you – but please consider the full range of NHS services available to you when you need your NHS this winter.

The simple things we can all do to help our NHS this winter includes:

- Only calling 999 or attend accident and emergency departments for serious accidents and for genuine emergencies.
- When you need urgent medical care but it's not an emergency, please visit NHS 111 online or call NHS111 for advice on how to get the care you need at any time of day or night.
- If you do need to attend our hospitals, you may need to wait longer than any of us would like to access the treatment you need. Please rest assured that our hardworking staff are working so hard to help you get the treatment you need, so please continue to be kind to them and wear a mask in higher-risk hospitals when you are asked to wear one.
- Urgent treatment centres – like the ones in Newark, Nottingham and Ripley – can help you get the care you need for dealing with the most common issues that people attend emergency departments for. They will often be able to help you get the care you need more quickly than accident and emergency departments if you are suffering from things like a burn or a sprain.
- We know that most patients want to return home as soon as possible, especially at this time of year. If your relative is due to be discharged from hospital and needs to be collected, please do so as early as possible to free up hospital beds for someone waiting to be admitted.
- For other non-urgent cases when you need medical advice and it's not an emergency, please speak to your GP practice or a pharmacist.

Inspiring the next generation of NHS recruits, thanks to our partnership with Vision West Nottinghamshire College

We're working with Vision West Nottinghamshire College to encourage our next generations of doctors, nurses and other NHS colleagues to explore how they can 'step into the NHS' as they look to start their careers.

The event, which will take place at Vision West Nottinghamshire College on Tuesday 17 January between 4pm and 7pm, will feature many of our brilliant #TeamSFH colleagues who will be sharing their own personal journeys to encourage others to follow in their footsteps.

The event will also feature significant contributions from our colleagues at Vision West Nottinghamshire College and Nottingham Trent University, who will both be sharing their further education offers to support learners to start their journey into one of 350 potential careers across our NHS.

The event is already receiving significant interest, so be sure to register your place fast – or share it with someone who you think would make a great addition to our NHS. You can register your place online at www.wnc.ac.uk/events

Updates from Newark Hospital

We know how much local people value Newark Hospital – and that's why we're so committed to working with our partners to expanding and improving the services available there. I am delighted to share news of three really positive updates with you all, as a result of our hardworking colleagues' efforts:

Parking boost for Newark Hospital

The first relates to [the creation of up to 80 extra parking spaces at Newark Hospital – something that I know will be of real benefit to our patients, visitors and staff alike.](#)

That work has been made possible thanks to our partnership with Newark and Sherwood District Council, who have purchased a 1.2hectare plot of land in Bowbridge Road next door to Newark Hospital.

The District Council is expected to submit a planning application in the coming weeks, which will consider whether some of the land can be converted into additional parking for the site. If approved, work could begin at the site early in 2023 to further improve patient access to the hospital.

Newark Hospital recruitment open day

In November and December, we advertised a range of roles for admin, clerical, healthcare support workers, physiotherapists, occupational therapists and registered nurses to help support the running of services at Newark Hospitals.

That activity resulted in a flurry of applications and I am delighted to confirm that 25 applicants are preparing to being their roles at Newark Hospital as a result of those efforts. That is a huge boost for the site, our patients and the wider community alike – and I am looking forward to meeting them all, once their necessary pre-employment checks are rubber-stamped.

Enhanced audiology service helping to slash patients' waiting times

We were delighted to share the news during December that more patients than ever are benefiting from being able to access more accurate and timely hearing tests at Newark Hospital, thanks to the introduction of a new state-of-the-art facility there.

The improvements have seen a Newark Hospital consultation room converted into a fully soundproofed booth which is already helping specialist teams to conduct more accurate hearing tests on both adults and children, including those who are referred to the hospital for support with their hearing aids.

The increased capacity of the new facility has also helped the Trust's audiology service to meet national targets of welcoming 99% of patients for diagnostic tests within six weeks of being referred by their GP since May – the first time those targets have been met across the Trust's King's Mill and Newark sites since the start of the pandemic.

Over 500 adults, children and young people visit Newark Hospital each month to access support with their hearing and our new audiology booth is already helping patients to access the support they need in a more timely way, which is great news for everyone.

Thank you to everyone who has helped to make those really positive developments happen.

We are committed to continuing to make Newark Hospital a valued and vibrant community asset and, over the past five years, more than £5million has been invested in improvements to equipment, additional staffing and clinical supplies to expand the services there.

We are working hard behind-the-scenes on a host of other improvements and enhancements to services at Newark Hospital that we can't wait to share with our patients and the public throughout 2023. We will, of course, keep you informed.

Christmas: Mansfield Council carol service

Just before Christmas, I was delighted to attend the Civic Carol Service at St Peter & St Paul's Church in Mansfield, which was organised in partnership between Mansfield District Council, Mansfield 103.2 Radio, the Trust and the church.

The service is a fantastic opportunity to bring people together from across the area together to celebrate community life and spread some festive joy in the church – all of which was broadcast live on the radio.

Events like these are an important part of showing the commitment of Sherwood Forest Hospitals and our hardworking staff and volunteers to being a key part of the local communities we are so proud to serve.

Risk ratings reviewed

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

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

Trust Board - Cover Sheet

Subject:	Strategy Process		Date: 5 January 2023	
Prepared By:	Kevin Gallacher, Associate Director – Business Planning & Partnerships			
Approved By:	David Ainsworth, Director of Strategy and Partnerships			
Presented By:	David Ainsworth, Director of Strategy and Partnerships			
Purpose				
To update the Board on the strategy development			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			X
PR5	Inability to initiate and implement evidence-based Improvement and innovation			X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			X
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			X
Committees/groups where this item has been presented before				
Trust Executive Team				
Executive Summary				
<p>The current SFH strategy, published in Spring 2019, expires in Spring 2024 with 2023-24 the final year.</p> <p>Two Board workshops earlier this year confirmed the Trust Vision: '<i>Healthier Communities and outstanding care for all</i>' remained appropriate and did not need to be updated.</p> <p>These workshops also confirmed with small updates that the Trust CARE values and strategic objectives should remain in place.</p> <p>On this basis two strategy development workstreams are being progressed:</p> <ol style="list-style-type: none"> 1. SFH strategy final year update and 2023-24 priority setting 2. Establishment of an engagement process to inform the development of the Trust 2024-29 strategy. <p>The Board are asked to:</p> <p>Note the update</p>				

SFH Strategy final year update and 2023-24 priority setting

During Qtr4 of 2022-23 the Strategic Planning & Oversight Group will:

- Provide a refreshed year 5 of our current strategy. This will recognise the changes over the last 4 years, the new Health & Social Care arrangements and the ongoing pressures SFH staff and the wider system are operating under.
- It will set out clear deliverables in 23-24 building on years 1-4.
- Underpinning this there will be a clear link through to divisional deliverables for 2023/24 and links to our recently updated supporting strategies.
 - Quality Strategy 2022-25
 - People Culture & Improvement Strategy 2022-25
 - Nursing, Midwifery and Allied Health Strategy 2022-24
- The year 5 refresh will also include a high level description of the process to develop the Trust Strategy for 2024 to 2029. Making a link into the five year Joint Forward Plan and to the ICP strategy.

Board will receive the 2023-24 priorities and assurance timetable on 6th April 23.

Development of the Trust 2024-29 Strategy.

An engagement plan is being developed based around key internal Board and Council of Governor dates. This will be structured as a series of pre-draft listening events across a wide range of stakeholders followed by post draft engagement. The key dates for this are:

- Board update on process (this paper) - 5th January 23
- Council of Governors update on process - 21st February 23
- Board Workshop (2024-29 Strategy - Single Agenda Item) - 29th June 23
- Board approval of final draft consultation strategy for engagement - 5th October 23
- Council of Governors formal engagement on draft consultation document - 14th November 23
- Board Time Out – Strategy progress update 15-16 November 23
- Board Approval of 2024-29 Strategy - 4th January 2024
- Launch of 2024-29 Trust Strategy - February/ March 24

Proposed Approach to Increasing Strategic Focus at Board

Introduction

The Good Governance Institute recommends the role of Boards to lead, guide and support the business in its ongoing quest for sustainability through strategic planning. A growing appreciation the Board at SFHFT have come to over the course of the last 6 months. Especially as the external architecture changed from 1st July and the introduction of a Director of Strategy and Partnerships.

Moving the Board to a strategic mindset will require time and thought from committed members who support the Executive to understand the benefits of aligning every level of the organisation to produce desired results.

The SFHFT Board recognises the need to adapt to working with Integrated Care Systems. As well as playing its part, as an Anchor organisation, where working with partners in local authorities, the voluntary sector and local businesses adds combined public value. Through collective efforts on tackling inequalities and the wider determinants of health and wellbeing.

In order to develop the future sustainability and maturity of the organisation, the Board has decided to make a shift to spending time on thinking and considering its future strategic priorities and horizon scanning for innovation.

This clearly cannot be at the expense of maintaining grip through the Executive team and providing assurance on operational matters, regulatory compliance, and delivery performance. This will continue at Board through the quarterly SOF with trend analysis and the CEO/subcommittee updates for assurance in between.

Integral to this will be the review of the trusts supporting strategies such as the People and Culture Strategy, Finance strategy and the Quality Strategy. Planned scheduling for these reviews will be built into the Board's future agenda setting through the lead for corporate governance.

Over time the Board should put onus on its sub committees to drill down into detail on operational issues as dictated by key performance indicators. Leaving Board to review trends over a longer period. For purposes of discussion, longer term is recommended as 2-5 years. This should be an enabler for more strategic conversations and focus on tomorrow's opportunities for transformation and innovation.

An Overarching Trust Wide Strategy that Provides the Context and Direction

A single overarching Trust wide strategy provides the overall strategic framework for the organisation. From which supporting strategies will be aligned. This tiered approach gives greater assurance when it comes to the implementation of the strategies. The planning cycle, which will be sensitive to annual planning guidance but not limited to a period of 12 months, will support divisions and corporate teams to plan on a service line basis.

It should be recognised that organisational culture goes hand in hand with strategy and both need to coalesce in ensuring the organisation has the right capacity, capability, effectiveness, and maturity when it comes to framing the way the organisation cares for its

colleagues. This will be reviewed as part of the new process recommended in this paper and led by the Director of People and the People and Culture Strategy.

There are some key imperatives in relation to the external environment which need to be integrated into future versions of the strategy and into the Board's strategic thinking.

The Board have already indicated a desire to see the Health and Wellbeing strategy as a core component running through the way we frame the future strategy. Placing a greater emphasis on our role in secondary prevention and increasingly primary and tertiary prevention and making clear our intent to operate as an anchor organisation at its heart. Such an approach can take many years to come to fruition. This will require bravery and educated assumptions which will need to be adapted as the environment around the trust does.

How to Make Strategy a Reality in Delivery Terms

Increasingly the provider collaborative at scale and Mid Nottinghamshire Place will be key areas for the development of strategic thinking. Both of which should be viewed as delivery vehicles for change; across large providers in the Nottingham and Nottinghamshire space formerly and as strong partnership principles working closer with the communities served by the organisation and its trusted partners laterally.

There will be a requirement of Board members to create headspace for operational and clinical teams to think and plan the future. Key aspects of the way the Trust delivers its core business in the future needs a fresh strategic view. Board will recognise it won't be enough to continue operating exactly as we do today. A corporate view of the urgent and emergency care provision; future bed models inclusive of acute, subacute and rehabilitation; site management and patient flow; elective care; cancer care; diagnostic services; Newark Hospital, Mansfield Community Hospital & Sherwood Care Home, and the vaccination hub; all likely to require considerable strategic thinking and planning. Board is recommended to support and encourage this strategic approach to demand and capacity as a complimentary contribution to traditional annual winter planning. This work will be undertaken by the Chief Operating Officer supported by the executive team.

The Quality Committee should be asked by the Board to provide leadership and direction for the next phase of maternity transformation specifically. Led by the Chief Nurse.

Discussion point: given capacity and current operational pressures, creating headspace remains one of the largest blockers. To what extent do board want:

- *pace and scale and how can we enable this?*
- *to agree the order of prioritisation for pieces of work?*

To help this discussion – see appendix one – outputs from the board timeout in October 2022.

This approach will require the Trust to undertake planned engagement activities with internal and external stakeholders. Not forgetting the need to consult where significant service change is likely to be recommended. The approach to public engagement will require a refocus of internal teams to create the capacity and should be led by the Chief Nurse.

Monitoring Delivery Needs to Look and Feel Different to Our Current View

At the Board time out it was recommended the trust undertake some external expertise from out with the NHS where it is felt a wholly different perspective could bring about real term benefits realisation.

Discussion Point: does board recommend spending time and resource on procuring such external support and if so, what recommendations can Board members make?

To be at the forefront of thinking and ahead in terms of our role, our delivery and our ability to share best practice, the Board will be required to think longer term. A shift away from traditional annual planning to a place of 3 to 5 years.

Sub committees should refocus on the next 1-3 years. Helping the organisation and its middle management infrastructure to get into a space where longer term benefits are planned and managed in a coherent and forward looking way.

There will be three components of the sub committee strategic approach enabling this way of working and thinking:

1. Sub committee objectives will need to have actions, delivery dates, metrics and a framework to monitor delivery (in detail at Board sub committees and in summary at Board)
2. The risk management sub committee will put in place an appropriate system of risk oversight and internal controls, reflective of the new sub committee approach.
3. The introduction of an improvement faculty will provide some capacity to undertake the horizon scanning function and a high-level assessment of opportunities.

Planning should be adaptable enough to span 1-3 years and fleet of foot to respond to short term opportunities. A recent investment workshop started this journey with greater transparency of divisional and corporate investment priorities. This will require a financial strategy that helps the trust deliver FIP as well as expenditure of its resources to best effect. The director of finance will lead this.

Where Business Cases are required to deliver actions within the 5-year Strategy then these should be developed and approved in advance

Concluding Thoughts and Recommendations

This paper sets a new direction. Creates a framework for longer term planning and sustainability. Places greater emphasis on sub committees to maintain grip and detail on today's pressures. Whilst Board shifts focus to assurance and longer-term priorities and planning.

Sub strategies will form the basis of implementation and progress will be tracked by the lead for governance who in turn will ensure Board papers reflect the new approach.

The executive team will drive the implementation around their respective portfolios as well as matrix opportunities to bring about innovation and leading-edge thinking. Board will provide support, guidance and oversight of recommendations. This will begin April 2023 and ought to span a five-year cycle at which point a formal look back and learn evaluation will be undertaken. Board is therefore asked to endorse the recommendations.

Appendix One – Outputs from Board Time Out

STRENGTHS <ul style="list-style-type: none">• Culture• Relationships• Ability to face change• Education• Resources	WEAKNESSES <ul style="list-style-type: none">• Partnerships not seen e.g mental health• Public voice• Understanding population health management• Capacity and head space
OPPORTUNITIES <ul style="list-style-type: none">• Partnerships• Digital as an enabler• Use of data• Engagement with the public• Role as anchor• Understanding PLACE role and SFH role within it	THREATS <ul style="list-style-type: none">• Governance for new world being fit for purpose• Time/capacity/headspace• Risk of a provider partner falling over



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- **Meet up with friends**
- **Make new friends**
- **Stay active**
- **Enjoy a hot drink**
- **Play some board games**
- **Build a puzzle**

Sessions Will run

Mondays Kirkby Leisure Centre

10.30-12.00pm

Tuesdays Hucknall Leisure Centre

1.30-3.00pm

Wednesdays Lammas Leisure Centre

1.30-3.00pm

A warm welcome awaits you.



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Public Board of Directors meeting Coversheet and Report

Subject:	Integrated Care System Update		Date: 5 th January 2023	
Prepared By:	David Ainsworth, Executive Director of Strategy & Partnerships			
Approved By:	Paul Robinson, Chief Executive			
Presented By:	David Ainsworth, Executive Director of Strategy & Partnerships			
Purpose				
To update on key events and information from the past month.			Approval	
			Assurance	x
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<p>Integrated Care System (ICS)</p> <p>Feedback was provided on the draft strategy shared at board in December. The ICS has since submitted the strategy and conversations have moved the focus towards a delivery plan. A group of interested parties meet with Lucy Dadge, the executive director of integration.</p> <p>The ICS has been supporting the wider system with the declaration of a critical incident as a result of increasing demand.</p> <p>Provider Collaborative at Scale</p> <p>A planning workshop is being coordinated for 12 January. Attendance will include Nottinghamshire Healthcare Trust, Nottingham University Hospitals, Bassetlaw and East Midlands Ambulance Service. The outputs expected include agreement on resource requirements of the collaborative work during 2023 and priorities for delivery.</p>				

The chairs and chief executives met on 12 December. The emergent picture is a vehicle for large providers to come together on key complex issues being faced where joint solutions make most sense. Rather than a vessel by which the integrated care system delegates work downwards

Place Based Partnership and Our Wider Anchor Responsibilities

The three health and wellbeing groups aligned to each local authority have been focussing action to tackle the cost of living and energy price increases. An example is attached for boards awareness.

Mansfield Civic Ceremony

The trust attended an evening civic service of thanksgiving to the community and our partners across education, councils and community leaders. Members of the public joined in a celebration mixed with music and readings.

Arts, Culture and Heritage Compact

The trust chairs a compact across Mansfield and Ashfield. Supported by Nottingham Trent University and members from the provider and commissioner sector, the compact brings together partners to raise aspirations of young people locally and to raise the sector's contribution to people's overall health and wellbeing. An expression of interest for Arts Council funding has been submitted to fund the continuation of the compact. Captivate are leading a piece of work targeted towards people who are learning disabled, autistic or have ADHD.

Vision West Nottinghamshire

The chair and CEO, accompanied by the director of people and director of strategy and partnerships attended the college to jointly sign a strategic compact. Following the successful trainee nurse associate programme led through our Executive Nurse, SFH and VWNC have agreed to a longer term strategic compact that delivers not only a future workforce pipeline but also being a valuable partner to the education sector.

The Board are asked to NOTE the update.

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

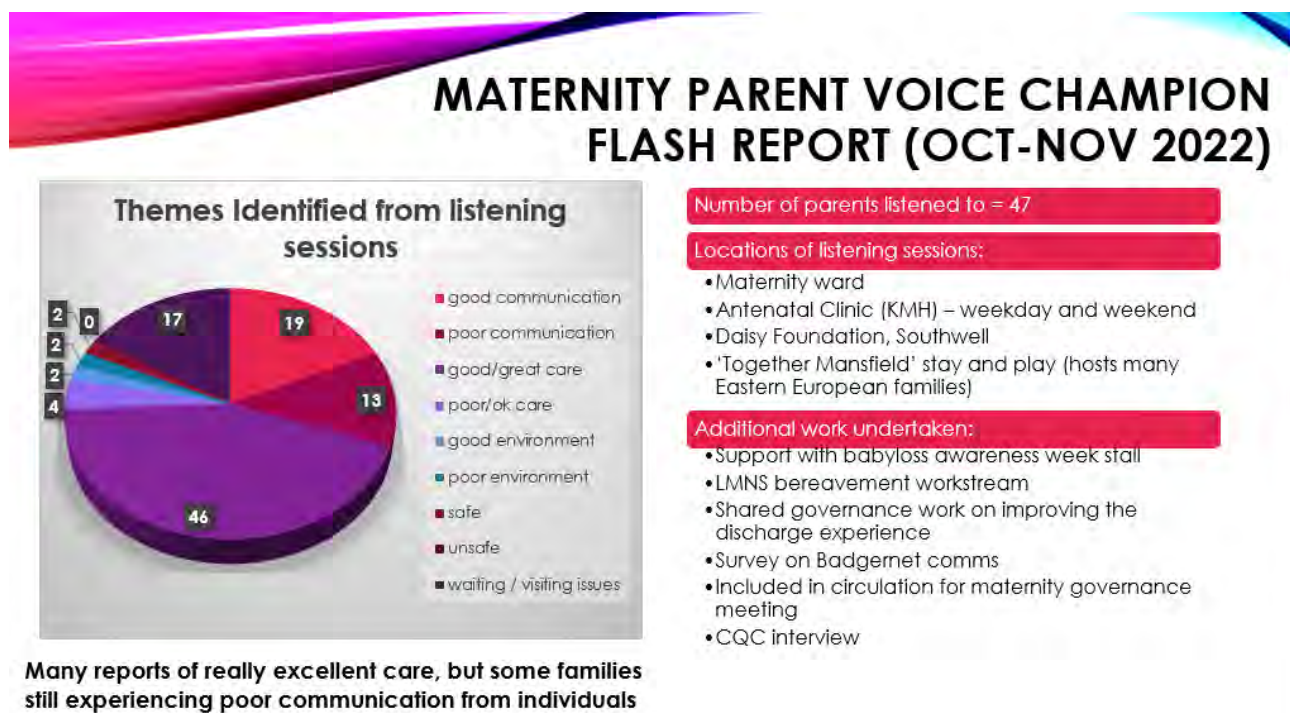
All reports **MUST** have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date: January 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing			
Approved By:	Phil Bolton, Chief Nurse			
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse			
Purpose				
To update the Board on our progress as Maternity and Neonatal Safety Champions			Approval	
			Assurance	X
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X		X	
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Maternity and Neonatal Safety Champions Meeting				
Executive Summary				
<p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> • build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme (MTP) and the national ambition • provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care • act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation. <p>This report provides highlights of our work over the last month.</p>				

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

1. Service User Voice

Discussed through MNSC meeting was the bi-monthly flash report produced by our Maternity Parent Voice Champion. The main theme identified from the listening events was communication. This theme was discussed in detail and an action taken around communication with women. It was noted that the change in patient records to a digital platform may also enhance the communication, however, as this was only launched mid-November we will need to allow time to observe any potential outcomes.



2. Staff Engagement

The MNSC Walk Round was completed on 9 November 2022. Similar themes to previous walk rounds have been report around the increased activity and the issues around the estates as to how this is impacting on the daily activity.

The Maternity Forum was cancelled due to ongoing Trust wide pressures this month and is rescheduled for the 19th of December 2022.

3. Governance

On 22 November 2022 the Trust had a 3-day visit from the Care Quality Commission (CQC). This was part of the national planned review of all Maternity Services across England following the recommendation from the Ockenden Report. We are awaiting the full report but have yet, to date, received any urgent escalations or requests for further information. Any subsequent action plans from this report will be monitored through the MNSC and Maternity Assurance Committee (MAC) meetings.

4.Ockenden

The National team are currently out for consultation, for a single delivery plan, which is understood to propose that the findings from the Ockenden and Kirkup Report be combined under a singular assurance framework. Initially anticipated for early 2023, this has now been delayed until Easter 2023.

Through the quarterly Ockenden Assurance Meeting, an agreement has been reached within the system to focus upon three key aspects from the East Kent report. Once the details have been finalised these will be reviewed through both the MNSC meeting and MAC. Attendance continues at both the monthly and quarterly Ockenden Assurance Panel. The outstanding action required for full compliance sits with the development of the website at SFH.

5. NHSR:

The divisional working group continues to work on the delivery of the scheme, meeting fortnightly to review the progress and upload progress to the shared portal. The revised timeframes have been presented through the MNSC and MAC and approved.

No risks have been identified and the safety actions are being prepared for the review through MAC.

6.Quality Improvement Approach

As part of the national QI work for the Maternity and Neonatal Safety Improvement Programme, the MDT team at SFH have produced the below pre-term checklist. This has been produced in line with the driver diagram for the Mat/Neo SIP and in conjunction with colleagues at NUH to allow for standardisation within the system. This will now be taken through a PDSA cycle in clinical practice.

Optimisation and stabilisation of the pre-term infant checklist

This checklist must be completed for all births <34/40 and accompany baby on transfer to NNU.

Personal details

Surname: _____
 First Name: _____
 Hospital Number: _____
 NHS Number: _____
 DOB: _____

Date of birth: / / Time of birth: / : /
 Time of NICU admission: _____ Gestation: A/G
 Type of birth: _____ Birthweight: G
 APGAR5 @ 1 @ 5 @ 10

1. Magnesium sulphate For all babies born < 30/40

Was magnesium sulphate given? Yes ☐ No ☐ Date and time: _____
 If no, reason: _____

2. Antenatal steroids

Were antenatal steroids given? Yes ☐ No ☐ First dose (date/time): _____
 Second dose (date/time): _____
 If no, reason: _____

3. Intrapartum antibiotics

Were prophylactic intrapartum antibiotics given? Yes ☐ No ☐ Antibiotics given: _____
 Last dose (date/time): _____
 If no, reason: _____

4. Right place of birth

Was birth in a hospital with access to a NICU? Yes ☐ No ☐ If no, reason: _____

5. Delayed cord clamping

Was there delayed cord clamping at birth? Yes ☐ No ☐ Duration of delay: _____ min _____ sec
 If no, reason: _____

6. Early colostrum

AN counselling on benefits of EBM? Yes ☐ No ☐ Colostrum suck given? Yes ☐ No ☐
 First feed (date/time): _____ EBM expression (date/time): _____

7. Normothermia

Temp on admission to NICU: _____ °C Details of thermal care: _____

DATIX completed and number _____

Version 1. Issue Date: October 2022 Review Date: October 2025. Reproduced with kind permission of NUH 001973

5.Safety Culture

The Pathway to Excellence Survey feedback has been provided, with SFH celebrating after it was globally recognised as an excellent place for nurses and midwives to work. The Trust is one of only five in Europe to receive Pathway to Excellence® designation from the American Nurses Credentialing Center (ANCC), showing its commitment to creating a healthy work environment where nurses feel empowered and valued.

The staff survey has now closed, and we are awaiting these results. The SCORE survey remains on track for Q4 2022/23 and will be used to provide a local quality improvement plan, triangulating the PTE and staff survey findings.

Maternity Perinatal Quality Surveillance model for December 2022



Sherwood Forest Hospitals
NHS Foundation Trust

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

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

3 rd and 4 th Degree Tears (2.8% N=5 Nov 2022)	Stillbirth rate year to date (1.6/1000 births)		Staffing red flags (Nov 2022)	
<ul style="list-style-type: none"> Rate back below national threshold. Deep dive review into cases and comparison to be completed. No identifiable themes or trends found. 	<ul style="list-style-type: none"> SFH stillbirth rate, for year to date now returned and remains below the national ambition of 4.4/1000 birth One reportable case for November, reportable to PMRT surveillance tool only at present. 		<ul style="list-style-type: none"> 6 staffing incident reported in the month, related to activity and acuity. No harm related incidents reported. <p>Home Birth Service</p> <ul style="list-style-type: none"> Homebirth services resumed on the 19th of September. 8 Homebirth conducted since the writing of the paper 	
Delays in Elective Care	Maternity Assurance Divisional Working Group		Incidents reported Nov 2022 (79 no/low harm, 1 moderate or above)	
<ul style="list-style-type: none"> EL LSCS- x1 on the day cancellation, moved to the following day due to high acuity (Total N=41 Elective LSCS performed) Two additional lists performed to support volume Ongoing work with the EL LSCS list, options paper presented to TMT 	NHSR	Ockenden	Most reported	Comments
	<ul style="list-style-type: none"> NHSR year 4 guidance revised, Interim post in to support Reporting timeline approved through MAC No escalations from the task and finish group 	<ul style="list-style-type: none"> Initial 7 IEA- final IEA is 91% compliant following evidence review at LMNS panel. Final 15 IEA, 14 have been peer assessed pause as single oversight framework delayed until Easter 23 	Other (Labour & delivery)	No themes identified
			Triggers x 16	Themes includes Category 1 LSCS, 3 rd and 4 th degree tears and PPH

Other

- Birth-rate increased on previous year (21/22= 287 vs 22/23=308). Increased staffing measures in place to support higher activity days and measures in place, such as EL LSCS list in response to higher demand days
- Noted consecutive increase in both PPH and Apgar's again this month, noted no harm or reportable cases attributed- to observe.
- One Moderate case reported PPH, reviewed through MDT meeting and harm downgraded with no further action required.
- FFT rate remains improved with QI work, to remain on scorecard.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals														
		OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE						WELL LED		
CQC Maternity Ratings - last assessed 2018		GOOD	GOOD	GOOD	OUTSTANDING	GOOD						GOOD		
Maternity Quality Dashboard 2020-2021		Alert [national standard/average]	Running Total/ average	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
1:1 care in labour		>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway														
Women receiving MCOC intrapartum														
Total BAME women booked														
BAME women on CoC pathway														
Spontaneous Vaginal Birth				63%	61%	59%	55%	60%	60%	60%	58%	55%	55%	54%
3rd/4th degree tear overall rate		>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%	6.30%	2.40%	4.30%	2.80%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7	3	9	9	9	14
Obstetric haemorrhage >1.5L		>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%	1.10%	3.20%	3.90%	4.60%
Term admissions to NNU		<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%	3.70%	3.1%	1.30%	2.00%
Apgar <7 at 5 minutes		<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%	1.20%	0.79%	2.10%	2.70%
Stillbirth number	Actual	11	1	1	0	1	2	2	1	0	2	0	0	2
Stillbirth number/rate	0	4.63			3.727			5.952					3.300	
Rostered consultant cover on SBU - hours per week	<60	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		1:29	1:22	1:22	1:22	1:22	1:22	1:24.5	1:27	1:27	1:27	1:27	1:27
Midwife / band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:24	1:26.5	1:29	1:29	1:29	1:29	1:29
Number of compliments (PET)		0	0	0	1	1	1	1	1	1	1	2	2	2
Number of concerns (PET)		9	0	0	2	2	1	0	0	0	0	1	2	1
Complaints		11	1	1	2	1	0	2	1	0	0	0	0	0
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%	91%	91%	89%	90%	
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%	95%	96%	92%	94%	
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	92%	92%
Core competency framework compliance			81%	81%	88%	95%	95%	95%	95%	95%	95%	95%	95%	
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above													
Maternity incidents no harm/low harm	Actual	849	83	45	69	58	70	99	105	72	96	72	80	
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1	0	0	0	0	
Coroner Reg 28 made directly to the Trust	Y/N		0	0	0	0	0	0	0	0	0	0	0	
HSIB/CQC etc with a concern or request for action	Y/N		N	N	N	N	N	N	Y	N	N	N	N	

Subject:	Covid-19 Vaccination Programme Autumn Booster Update	Date: 5 th January 2023		
Prepared By:	Robert Simcox, Director of People Kim Kirk, Operations Lead for Hospital Hub			
Approved By:	Robert Simcox, Director of People			
Presented By:	Robert Simcox, Director of People			
Purpose				
The paper updates the Executive Team on the COVID-19 Vaccination Autumn Booster Programme Performance and Plan.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			X
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
None				
Executive Summary				
Background				
<p>The KMH Hospital Hub continues to provide COVID-19 vaccines to eligible people locally, and co-administration of COVID-19 and Flu vaccines to SFH staff.</p> <p>The COVID-19 Autumn Booster Vaccination Programme continues to progress with almost 10 million of eligible people receiving booster vaccines to date. 2.9million covid-19 vaccines across 5 phases delivered by ICB.</p> <p>A roving service continues to support vaccine update across KMH and Newark Hospital targeting areas of low vaccine update for COVID and Flu. Eligible Inpatient's are offered COVID vaccine.</p> <p>The attached slides provide operational programme details and performance noting:</p> <ul style="list-style-type: none">45.76% Healthcare workers received COVID-19 vaccine exceeding national uptake 45.2%.All eligible patients in Care Home have now received their Autumn Booster Vaccine				

- Reporting of vaccine progress will end through a dedicated report to board, and areas of progress and exception will be presented through the Single Oversight Framework (SoF) from February 2023 onwards.

Recommendation

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

Phase 5 – COVID-19 Autumn Booster Vaccination Programme Update

December 2022

Robert Simcox Director of People
Kim Kirk, Operations Lead for Hospital Hub

Home, Community, Hospital.

Background

The COVID-19 Autumn Booster Vaccination Programme continues to progress with almost 10 million of eligible people receiving booster vaccines to date. 2.9million covid-19 vaccines across 5 phases delivered by ICB.

Current delivery is via hub and spoke model from VCs using satellite sites and mobile delivery units to supplement HH+, Community Pharmacy and PCN delivery.

The eligibility criteria remains unchanged from September 2022, with Autumn Boosters offered to:

- aged 50 and over
- pregnant
- aged 5 and over and at high risk due to a health condition
- aged 5 and over and at high risk because of a weakened immune system
- aged 5 and over and live with someone who has a weakened immune system
- aged 16 and over and a carer, either paid or unpaid
- living or working in a care home for older people
- Health and social care workers

Home, Community, Hospital.

Autumn Booster Summary

The COVID-19 Autumn Booster Vaccination Programme continues to offer eligible people receiving booster vaccines to date.

KMH Hub

- KMH Hub open Monday-Friday, 8am-6pm (last vaccination 5.45pm) and Saturday 8am-2pm (last Vaccination 1.45pm) with staggered clinics offering Autumn Boosters, Ever Green Offer (primary dose) and Paediatric Clinics.
- Walk-in COVID and Flu vaccines available to SFH staff from 3rd October 2022.
- Roving service in place at KMH and Newark to offer COVID vaccine to all eligible patients and staff. Flu vaccines are available to SFH staff. Low update areas and department targeted.
- Communication updates in weekly SFH staff bulletin.
- Bookable appointments and walk-ins are available daily.

Home, Community, Hospital.

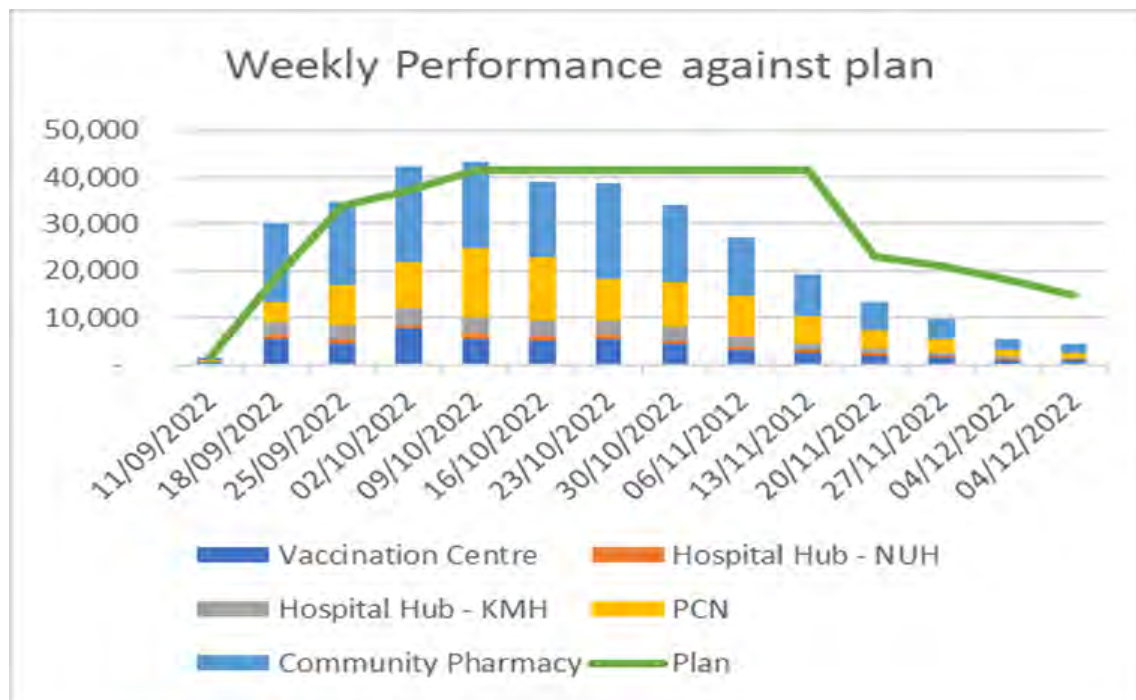
Autumn Booster Summary

Vaccine Supply

- National vaccine supply has transitioned to Pfizer/BioNTech (Comirnaty bivalent), and Nuvaxovid (Non-mRNA).
- Update of Green Book by the JvCI enables Pfizer/BioNTech to wider cohorts who may have previously required AZ due to allergic contraindications. Appropriate counselling with prescribing clinician is arranged and where necessary observation time post vaccination. KMH hub have successfully safe vaccination to cohort of SFH previously requiring AZ vaccine to maximise protection over winter months.

Home, Community, Hospital.

Autumn Booster Summary (2)

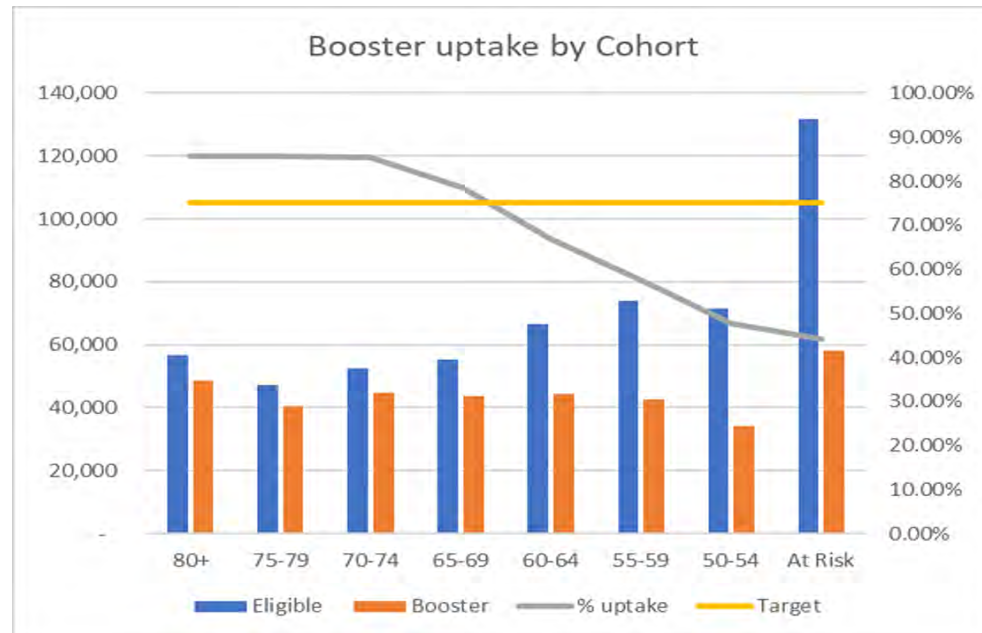


4,543 vaccines delivered
85 First doses
137 Second doses
0 Third dose
4,321 Seasonal Booster

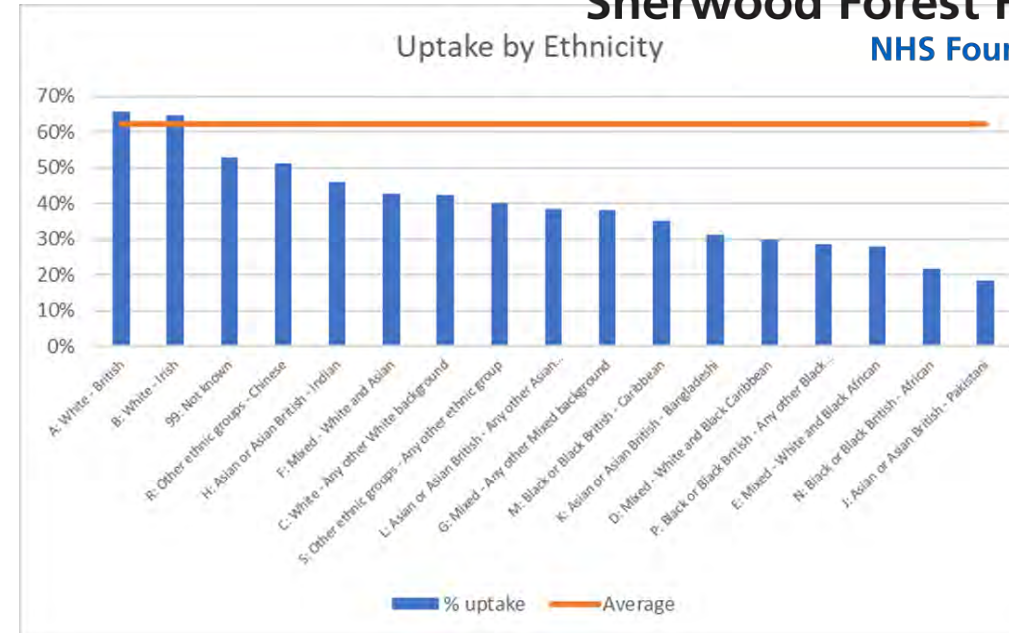
Pillar	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	16/10/2022	23/10/2022	30/10/2022	06/11/2022	13/11/2022	20/11/2022	27/11/2022	04/12/2022	04/12/2022
Vaccination Centre	540	5,592	4,455	7,709	5,643	5,273	5,470	4,461	3,154	2,442	1,978	1,623	1,013	885
Hospital Hub - NUH	121	821	968	820	1,178	1,000	877	763	683	606	539	431	376	313
Hospital Hub - KMH	59	2,593	2,924	3,711	3,240	3,135	2,967	2,897	2,301	1,424	987	645	474	359
PCN	342	4,443	8,655	9,591	14,806	13,349	9,155	9,680	8,478	5,804	3,893	2,747	1,339	963
Community Pharmacy	536	16,741	17,672	20,558	18,347	16,386	20,101	16,222	12,705	9,040	5,927	4,301	2,309	2,019
Plan	1,583	18,500	33,900	37,100	41,500	41,500	41,500	41,500	41,500	41,500	23,000	21,000	18,000	15,000

Home, Community, Hospital.

Autumn Booster Summary (3)



- 86% (last week 85%) of citizens over the age of 80 have received their seasonal booster
- 86% (last week 85%) of citizens aged between 75 and 79 have received their seasonal booster dose
- 85% (last week 85%) of citizens aged between 70 and 74 have received their seasonal booster
- 79% (last week 78%) of citizens aged between 65 and 69 have had their booster dose



Uptake highest in the White – Irish and White – British populations
Uptake lowest in:

- Black ethnic categories
- Asian or Asian British
- The programme continues to operate pop-ups vaccination clinics in remote settings along with satellite clinics in South Nottinghamshire. The Medivans are now out in specific locations with varying levels of success and engagement targeting areas of inequality. Costing to continue the service in January 2023 is currently under review.
- All care homes and At-home service has been completed.
- The Roving service continues to support the Nottinghamshire Healthcare Inpatients sites, this is progressing well aimed for completion by 13th December 2022.

Home, Community, Hospital.

Autumn Booster Summary (4)



Sherwood Forest Hospitals

NHS Foundation Trust

JCVI	National	Midlands	BSOL	CW	HW	JUCD	LLR	LINCS	NHAM	NOTTS	STW	SSOT	BC
1: Care Home Residents & Residential Care Workers	86.39%	86.24%	80.66%	86.70%	90.76%	84.98%	88.25%	89.70%	84.27%	84.67%	89.96%	88.28%	81.49%
2: Healthcare Workers	45.02%	44.60%	35.19%	43.88%	51.44%	51.93%	43.32%	52.79%	43.27%	45.76%	49.37%	48.09%	34.00%
3: Social Care Workers	36.41%	37.99%	26.52%	39.62%	43.14%	44.05%	37.33%	45.84%	40.10%	38.90%	40.76%	37.32%	29.48%
4: 80+	85.39%	85.38%	75.83%	86.94%	89.80%	87.24%	85.84%	89.74%	86.91%	85.55%	88.90%	87.30%	78.71%
5: 75-79	85.82%	86.03%	78.79%	86.76%	89.67%	88.05%	85.70%	89.21%	87.88%	85.71%	88.99%	87.41%	79.23%
6: 70-74	84.30%	84.42%	74.90%	85.61%	88.59%	86.54%	84.51%	88.43%	86.60%	85.22%	87.47%	86.17%	76.37%
7: 65-69	78.49%	78.24%	65.49%	79.75%	84.11%	82.27%	77.75%	84.25%	80.98%	78.37%	82.83%	81.42%	67.60%
8: At Risk	44.23%	44.12%	31.50%	43.94%	52.60%	50.15%	42.94%	54.45%	49.03%	44.74%	48.59%	47.81%	34.48%
9: 12-15 At Risk	21.90%	21.18%	15.14%	22.94%	22.09%	20.50%	20.02%	19.44%	18.18%	21.89%	25.24%	30.12%	18.90%
10: 12-17 Household contacts of immunosuppressed	4.06%	3.93%	3.09%	3.26%	3.77%	3.99%	4.63%	4.62%	4.24%	3.71%	4.74%	4.59%	2.66%
11: 5-11 At Risk	24.44%	25.02%	21.45%	22.96%	22.67%	29.14%	21.41%	23.19%	20.96%	25.63%	27.24%	34.51%	22.30%
12: 60-64	65.37%	65.08%	54.45%	67.05%	73.07%	68.34%	64.85%	71.78%	67.03%	63.74%	69.50%	67.17%	51.99%
13: 55-59	54.85%	54.55%	43.53%	57.77%	62.74%	58.41%	54.37%	61.70%	56.57%	52.94%	58.39%	57.06%	40.85%
14: 50-54	44.78%	44.27%	33.43%	47.03%	52.14%	48.66%	43.95%	52.36%	47.01%	42.55%	47.59%	47.59%	31.26%

Equal to or greater than National Uptake Change
Within the 70 th Percentile of National Uptake Change
Below the 70 th Percentile of National Uptake Change

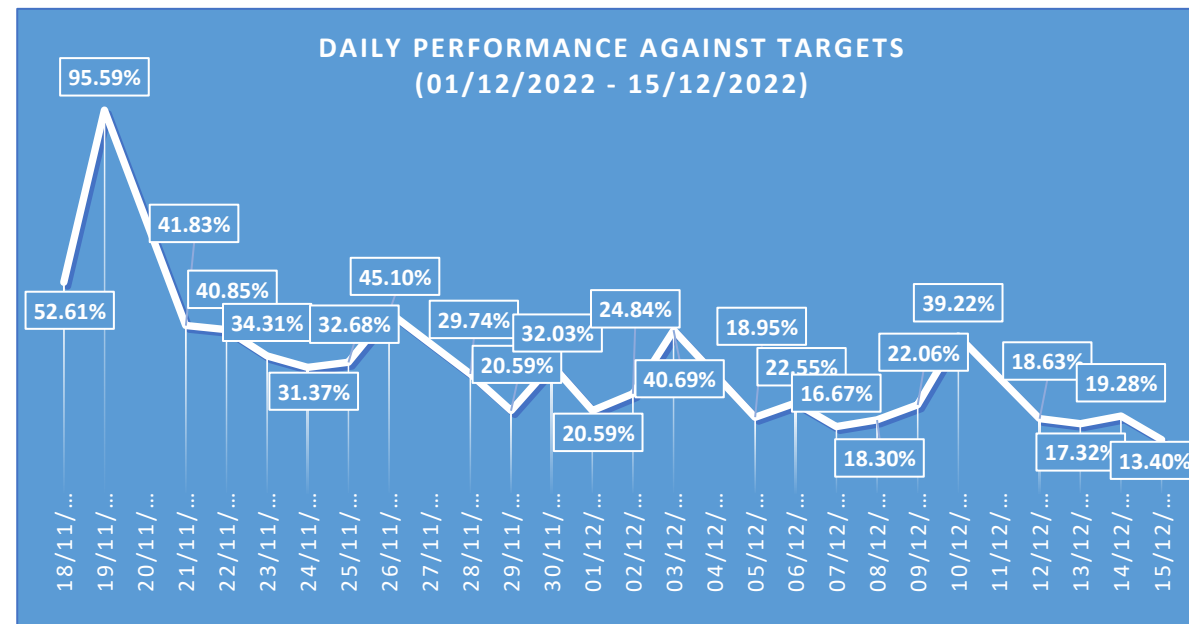
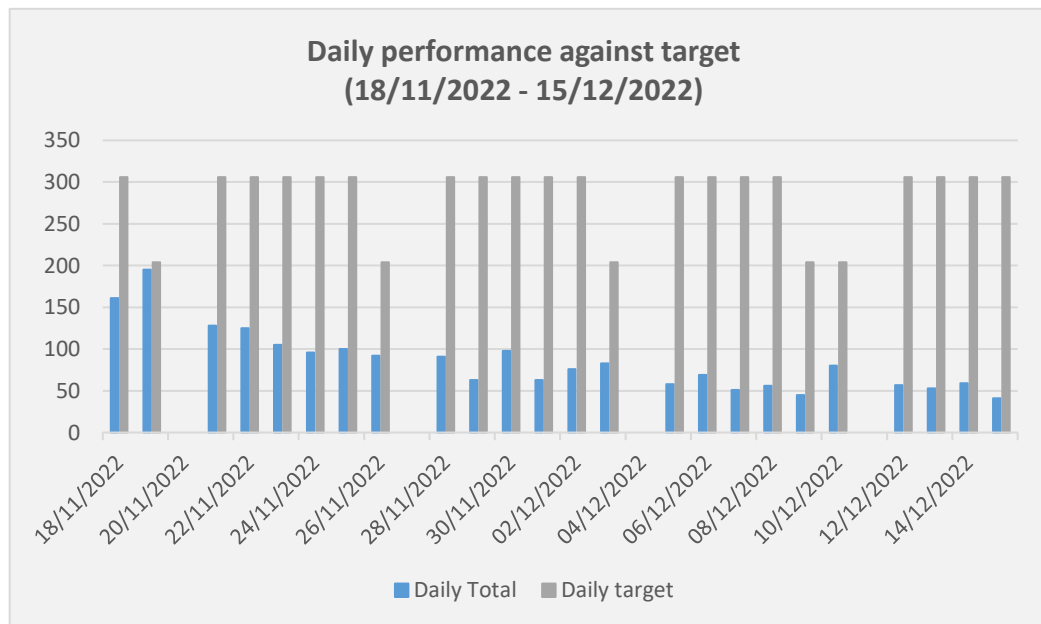
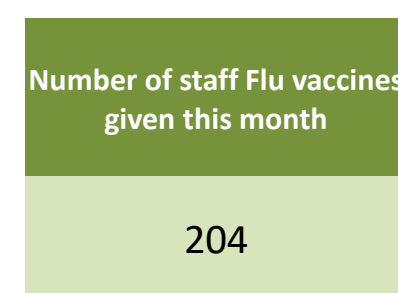
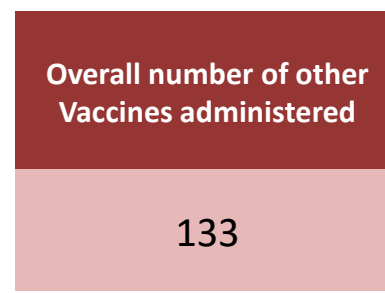
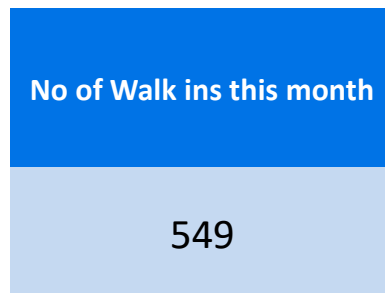
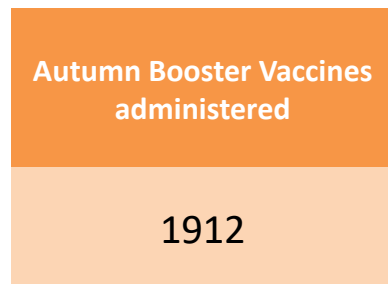
Uptake higher than the national average for all cohorts except for:

- Care Homes
- 75-79
- 65-69
- 50-64
- 12-15 at risk
- 12-17 household contacts of immunosuppressed

Home, Community, Hospital.

KMH Hub Performance – 18th November – 15th December 2022

Sherwood Forest Hospitals
NHS Foundation Trust



Home, Community, Hospital.

KMH Hub Next Steps

Next steps over the forthcoming 4/6 weeks

- Continue engagement with community pharmacy's and localities to scope further support opportunities
- Move VC activity solely into health centre satellites, pop-up venues and mobile delivery units (vans) that support PCN/CP delivery, and confirm new Hub bases City and County to utilise existing NHS estate.
- Review workforce planning to based upon a small core team, with flexible upskilled clinical team (hybrid of substantive and bank). Plan to maintain existing key roles and develop new skills and knowledge required for a wider remit of health protection delivery.
- On-going engagement with local partners to continue to support maximum vaccine uptake

Home, Community, Hospital.

Finance Chair's Highlight Report to Trust Board

Subject:	Finance Committee meeting	Date: 20 th December 2022	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, Chair of Finance Committee		
Purpose			
The paper summaries the key highlights from the Finance Committee meeting held on 20h December 2022		Assurance	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Board Assurance Framework Principle Risk 4 remains at a score of 16 (Significant) in recognition of the financial risks facing the organisation. In accordance with the Trust Scheme of Delegation final approval is required by the Board of Directors for: <ul style="list-style-type: none"> Frontline Digitisation Infrastructure Mansfield CDC <p>These cases have been added to relevant agendas for consideration.</p>	<ul style="list-style-type: none"> Further analysis of National Cost Collection Review of 2022/23 financial forecast at next Finance Committee Further Executive team review on the mitigation of any risks arising from temporary Pharmacy arrangements Post implementation reviews of the supported business case Planning and budgeting report for next finance committee meeting Ensure Action tracker reflects Quadrant report
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Monthly Finance report ICS Update Procurement review PFI Governance National cost collection NHS England update 	<ul style="list-style-type: none"> Board Assurance Framework PR4 and PR8 scores reviewed and agreed. <p>Approval granted for:</p> <ul style="list-style-type: none"> SQUIRE Stroke funding bid (with further discussions with ICB) Finance Committee Terms of Reference <p>Approved for submission to Board of Directors:</p> <ul style="list-style-type: none"> Mansfield CDC Frontline Digitisation Infrastructure
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Good discussion around past and future figures and around the financial risks at Trust and System level. 	

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

Subject:	People, Culture & Improvement Committee Highlight Report	Date: 06/12/2022	
Prepared By:	Manjeet Gill, Non-Executive Director		
Approved By:	Manjeet Gill, Non-Executive Director		
Presented By:	Manjeet Gill, Non-Executive Director		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Two areas of potential risks on the horizon are industrial action and impact of pensions and further assurance was provided on mitigation actions, which included an industrial action taskforce and collaboration at system level.	<p>The Committee to receive assurance on a regular basis on the Safe Working Hours for Medical staff report to Board</p> <p>An update on the workforce plan implementation plans, especially a focus on the immediate critical areas and actions being taken to mitigate. This was referred to as 'fragile' or/and 'challenged' services in both clinical and non-clinical areas.</p>
Positive Assurances to Provide	Decisions Made
<p>Positive assurance was received in various areas including the appraisals measure, which saw an increase to 87.8%, benchmarking</p> <p>Progress report on the improvement agenda, including the faculty development.</p> <p>Quarter 2 report on strategic priorities.</p>	<p>Strategic Workforce Plan to be scheduled for presentation to Board later in the year.</p> <p>Board to receive ongoing assurance on industrial action if this matter escalates into industrial action.</p>
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Update report on the Committee Maturity Matrix and actions assured as completed 	