

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 6th March 2025
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Patient Story - The Chaplaincy Liz Franklin, Lead Chaplain	Assurance	Presentation
5.	09:20	Minutes of the meeting held on 6th February 2025 To be agreed as an accurate record	Agree	Enclosure 5
6.	09:25	Action Tracker	Update	Enclosure 6
7.	09:30	Chair's Report • Council of Governors Highlight Report	Assurance Assurance	Enclosure 7 Enclosure 7.1
8.	09:35	Acting Chief Executive's Report	Assurance	Enclosure 8
Strategy				
9.	09:45	Strategic Objective 1 – Provide outstanding care in the best place at the right time • Maternity and Neonatal Update Report of the Director of Midwifery ○ Safety Champions update ○ Maternity Perinatal Quality Surveillance Model	Assurance	Enclosure 9.1
10.	10:15	Strategic Objective 2 – Empower and support our people to be the best they can be • Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual report Report of the Chief Nurse • Medical Workforce Staffing – bi-annual report Report of the Acting Medical Director	Assurance Assurance	Enclosure 10.1 Enclosure 10.2

	Time	Item	Status	Paper
		<ul style="list-style-type: none"> Guardian of Safe Working Report of the Acting Medical Director / Guardian of Safe Working 	Assurance	Enclosure 10.3
		BREAK (10 mins)		
		Strategy		
11.	11:40	Strategic Objective 5 – Sustainable use of resources and estate <ul style="list-style-type: none"> Annual Update on the Trust's Green Plan Report of the Chief Financial Officer 	Assurance	Enclosure 11.1
		Governance		
12.	11:55	Use of the Trust Seal Report of the Director of Corporate Affairs	Assurance	Enclosure 12
13.	12:00	Proposal to update the Constitution Report of the Director of Corporate Affairs	Approval	Enclosure 13
14.	12:05	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) 	Assurance	Enclosure 14.1
15.	12:10	Spotlight on – The new Teledermatology Clinic	Assurance	Presentation
16.	12:15	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
17.	12:20	Any Other Business		
18.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 3rd April 2025, Boardroom, King's Mill Hospital		
19.		Chair Declares the Meeting Closed		
20.		Questions from members of the public present (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>"That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</i>		

Board of Directors Information Library Documents

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

Enc 09.1 Enc 09.1 Enc 14.1	<ul style="list-style-type: none"> Perinatal Safe Staffing Report Nursing Monthly Safe Staffing Finance Committee – previous minutes
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th February 2025, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	David Selwyn	Acting Chief Executive	DS
	Andy Haynes	Specialist Advisor to the Board	AH
	Steve Banks	Non-Executive Director	SB
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Manjeet Gill	Non-Executive Director	MG
	Richard Cotton	Non-Executive Director	RC
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
	Phil Bolton	Chief Nurse	PB
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
In Attendance:	Adam Grundy	Head of Occupational Health	AG
	Paula Shore	Director of Midwifery	PS
	Clare Jones	Minutes	
	Olivia Hammond	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Lisa Maclean	Non-Executive Director	
	Paul Robinson	Chief Executive Officer	
	Rebecca Herring	Corporate Matron	
	1 member of the public		
Apologies:	None		

Item No.	Item	Action	Date
25/011	WELCOME		
1 min	<p>The meeting being quorate, GW 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. GW welcomed RC to the meeting.</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 the public were able to submit questions via the live Q&A function.</p>		
25/012	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
25/013	APOLOGIES FOR ABSENCE		
1 min	It was confirmed that no apologies for absence have been received.		
25/014	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5 th December 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
25/015	MATTERS ARISING/ACTION LOG		
3 mins	The Board of Directors AGREED that actions 24/223, 24/312, 24/314.1, 24/314.2, 24/314.3, 24/314.4, 24/345.1, 24/347.3 and 24/377.2 were complete and could be removed from the action tracker.		
25/016	ACTING CHAIR'S REPORT		
4 mins	<p>GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, paying tribute to the late John Wood, Governor, alongside sending condolences to John's family. GW welcomed DS into the substantive Deputy Chief Executive role and welcomed the appointment of 2 Non-Executive Directors (NED) RC, and Lisa Maclean who is observing the meeting online. GW then announced the appointment of Professor Sir Jonathan Van-Tam as an Associate NED to work within the research and innovation team. GW noted the pending Council of Governors elections with a view to appointing 10 vacancies. GW highlighted the extensive valuable volunteer work and fundraising.</p> <p>DS paid tribute to colleagues within the Trust who have recently passed away and confirmed the offer to provide support to their families and colleagues impacted.</p> <p>The Board of Directors were ASSURED by the report.</p>		

25/017	ACTING CHIEF EXECUTIVE'S REPORT		
14 mins	<p>DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, including an update on Paul Robinson's progress.</p> <p>DS highlighted operational activity challenges, noting the difficult time for the Trust and patients despite the Winter Plan that has been in place to aid with mitigation. DS raised the importance of vaccinations. DS stated both Independent Television News (ITN) and Sky News have visited sites during the winter period, promoting a strong relationship between media and the Communications team.</p> <p>DS highlighted strengthening partnerships with the Academy Transformation Trust Further Education (ATTFE) College.</p> <p>DS also highlighted the ICS led Lifting the Gaze event at which leaders from health, social care, education and the third sector came together.</p> <p>DS drew attention to the Integrated Care System (ICS) newsletter reporting on the Community Diagnostic Centre (CDC). DS noted the delay in planning permissions and complexities, stating work continues to take place.</p> <p>DS highlighted Daisy and Tulip Awards presentations to colleagues. PB described the international recognition awards for registered and non-registered professionals. DS encouraged NEDs to attend a presentation. DS highlighted clinical colleague Rob Fleming has been honoured with the Kathleen Ferguson award, stating Rob is a powerful advocate for alternative career paths towards becoming an expert clinician.</p> <p>DS thanked the Emily Harris Foundation and Mansfield FM Toy Appeal for their donations.</p> <p>DS noted the work in progress in terms of the Sexual Safety Charter.</p> <p>DS highlighted the arrival of the Magnetic Resonance Imaging (MRI) Scanner in December 2024, alongside noting the nationally acclaimed Phoenix Smoking Cessation team are celebrating 3 years. DS then highlighted the success following the opening of the Surgical Same Day Emergency Care (SDEC) service and the positive impact on patients.</p> <p>DS raised the release of national planning guidance. RM elaborated NHS England released planning guidance on 30th January 2025. Work is taking place to address the priority objectives and regular updates will be provided. RM stated headline plans will be submitted by 27th February 2025, and final plans will be submitted by 27th March 2025. RM noted the later receipt and earlier deadline.</p> <p>DS highlighted a visit from Steve Yemm, Member of Parliament (MP) for Mansfield. PB discussed the areas visited. DS stated Mr Yemm is keen to act as conduit to the Secretary of State.</p>		

	<p>BB noted the positive links with ATTFF College, and suggested further focus is needed on Newark Hospital alongside the benefits of linking with Lincoln educational establishments. RS discussed the established relationship with West Notts College, noting the intention of utilising the relationship as a blueprint in terms of supporting services. ARB acknowledged the Trust CARE values.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/018	STAFF STORY, WELLBEING – STAFF MENTAL HEALTH		
23 mins	<p>RS introduced AG to the Board of Directors and a short video was played highlighting the work of the Occupational Health Team in terms of staff mental health.</p> <p>GW acknowledged the value of the Occupational Health Team and the work they do.</p> <p>NM queried the percentage of leaders and managers trained to have difficult conversations and trained in wellbeing, alongside the level of the training undertaken. RS promoted a supportive approach, raising benchmarking figures of 95% of new leaders who attend training sessions within the first 90 days of taking up post. NM queried the percentage of the remainder. RS stated whilst the percentage is not to hand, every opportunity is taken to support the key messages including work taking place with Divisional leaders to support development days. NM queried whether the training is voluntary or mandated. PB confirmed the training is mandated. NM raised the current significantly high rate of absence, noting the cost and pressures on the Trust. NM then suggested mandated training is carried out during development days. RS noted the challenge in staff attendance due to work duties, resulting in Bank and Agency staff providing cover. RE raised the role-based development programmes in place in terms of leadership training, noting the broad offer. NM suggested the offer be mandated. RS noted the work taking place with medical colleagues. PB noted the difficult decisions in terms of training, noting the capacity and financial constraints.</p> <p>MG noted the positive examples of excellence, acknowledging the pressures, then queried how to identify which leaders need the skills alongside how to address the areas where leaders need the skills but there is no capacity. RS referenced the Deep Dive into sickness absence conducted by the People Committee in January 2025 and the further discussion due to take place in March 2025 where an action plan has been incorporated. RS acknowledged the request to mandate training however, staff should feel empowered to participate. A discussion took place in terms of striking the correct balance. GW noted the wellbeing of staff is key to mitigation. MG raised the importance of leaders having an informed choice. RS recognised the ask of leaders is now far more complex and challenging.</p> <p>AH raised stress levels from outside work, noting the uptake of support has decreased since the Covid-19 pandemic and querying whether there is enough in place to aid mitigation. AG acknowledged the Occupational Health service needs to develop further, stating the reactionary measures during the pandemic now need to evolve to</p>		

	<p>preventative measures whilst noting the balance between addressing both, taking capacity challenges into account. AG raised the importance of both digitally and directly promoting services, stating there is work to do as a team to convey the message appropriately. RS referenced timely, appropriate impact which is both measured and sustainable.</p> <p>DS noted caution in terms of putting staff through mandatory training in order to 'complete' training, suggesting inclusion within the Pulse survey to focus on compassionate leadership and to provide feedback. RS raised the importance of appropriately conveying messages to staff, suggesting the utilisation of the staff story in order to provide a powerful message.</p> <p>GW summarised by stating the importance of embedding training into culture as opposed to mandating, alongside enquiring how the Board of Directors can provide further support. RS and AG agreed to develop further prior to presentation at the March 2025 People Committee.</p> <p>Action: To incorporate the training provision for leaders in terms of wellbeing and the resulting impact on staff sickness within the updated Deep Dive into staff sickness at the March 2025 People Committee.</p>	RS/AG	03/04/25
25/019	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
19 mins	<p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB introduced the report, highlighting the plans in place to mitigate Neonatal sickness, the continuation of Maternity forums, the positive focus on culture and visibility of the Divisional Leadership Team (DLT), the launch of the new Staff Council and compliance with the NHS Resolution, resulting in further investment opportunities as well as a quality marker.</p> <p>PS highlighted results of the Care Quality Commission (CQC) survey, noting improvements within most areas and benchmarking above the national average within significant areas. Work will take place in terms of key areas of focus, utilising a live action plan.</p> <p>PS highlighted the development of a virtual tour of the Neonatal Unit alongside the plan to incorporate within service user information and potential recruitment adverts. GW suggested similar development in other areas to mitigate service user stress prior to admission.</p> <p>NM noted the excellent CQC survey results, acknowledging the work taking place towards making improvements. NM then supported the creation of a Maternity virtual tour.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	<p>Maternity Perinatal Quality Surveillance Model</p> <p>PB presented the December 2024 report, highlighting key areas of focus, alongside the intention to further discuss the 3rd/4th degree tear work taking place at the next Quality Committee.</p> <p>ARB queried the level of risk in terms of the Home Birth Service. PS responded the risk is due to the number of pregnant staff within the community and the resulting restrictions. Plans are in place to mitigate shortages in terms of offering secondments alongside noting the uplift in establishment.</p> <p>AH reflected on the positive improvements made, enquiring whether there is enough focus on when things don't go well. PB raised the importance of consistency and balance, confirming focus on bad days and the resulting learning. PS compounded the consistency in terms of the introduction of a model of clinical educators, working alongside junior staff to provide support Trust wide. PS stated further support will be given upon identification, adding a robust Preceptorship is also provided. PB raised the importance of staff communication. AH suggested reflection within the feedback.</p> <p>MG thanked PS for sharing concerns as well as compliments in a transparent way. PB confirmed assurance will always be sought from the Board of Directors.</p> <p>BB raised concern in terms of further discussion of 3rd/4th degree tears at Quality Committee, referencing the recent Perinatal Pelvic Health Service and Obstetric Haemorrhage Deep Dives. PB will share both Deep Dives and will meet with BB to discuss prior to the next Quality Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/020	Q3 REVIEW AND INTEGRATED PERFORMANCE REPORT (IPR)		
73 mins	<p>DS introduced the Quarter 3 review alongside the IPR, raising the significant impact during the winter period. DS referenced full reporting at the end of month 6, resulting in the shorter Q3 review in conjunction with the IPR.</p> <p>PB referenced some of the most challenging days in many years, noting the processes and plans worked well despite making some very difficult decisions. PB referenced previous Board of Directors sight in terms of the one-over process to aid with mitigation, stating the decision was taken to introduce a 2-over protocol to avoid critical incidents at times, apologising to service users for the resulting impact. PB stated the winter report will be presented at Quality Committee in order to triangulate. PB noted the positive management in terms of respiratory illness and Norovirus. PB reported the CQC have received feedback from staff in order to provide assurance.</p>		

	<p>In terms of the IPR, PB reported 8 off-track metrics and the areas of focus for improvement, noting the positive benchmarking figures. SR added infection metrics as an area of focus. SR then referenced Hospital Standardised Mortality Ratios (HSMR) and HSMR+, hoping for concentration in terms of underlying factors as opposed to figures.</p> <p>BB acknowledged the issues and assurance provided, voicing concern in terms of infection control and antibiotic stewardship issues. DS reflected on the focus on sepsis and the consequences and difficulties in navigation. BB referenced risk adjustments, noting this is not a new issue. SR referenced previous sepsis guidelines and the resulting change in antibiotic usage alongside the importance of the 24-hour review. SR noted the recruitment of a Microbiologist in terms of further support on the wards.</p> <p>RS built on the conversations in terms of the impact on sickness absence alongside the resulting Deep Dive presented at the January 2025 People Committee. RS referenced the prevalence of short-term sickness and infection within hospitals alongside the number of deaths in service and the impact on staff. RS reported the increase in Flu vaccination uptake, noting the Trust is still under target. RS reported positive local benchmarking data alongside the intention to increase Trust uptake. RS reported consistent appraisals and mandatory & statutory training indicators, noting the ongoing challenges. RS reported a positive Month 9 position on Agency usage, highlighting achievement of the 3.2% NHS England target. RS reported a reduction in overprice cap. RS reported Workforce plan month 9 figures, noting the work that has taken place in terms of variable pay.</p> <p>GW raised that whilst the Trust is under plan, the plan isn't affordable, unless further reductions are achieved. GW noted Facilities Management Services staff are not included within sickness benchmarking figures.</p> <p>NM referenced Trust sickness rates at 6.1% compared to the 2.6% UK Plc national average, emphasising the challenge to reduce. RS acknowledged the challenge, recognising the current elevated ask of some staff. GW acknowledged the timing of the Staff Story and resulting impact.</p> <p>MG enquired in terms of how staff can prepare for vaccinations prior to winter 2025 / 2026. RS highlighted the importance of the return-to-work discussion to address, noting some staff have chosen their vaccines elsewhere therefore no data is recorded. GW referenced recent illness, noting the reduction in symptoms due to the vaccination.</p> <p>NM commented on the effect of the flu virus in Australia, suggesting utilisation to aid with mitigation. DS confirmed the message was conveyed by the Communications team. DS stated the vaccine for 2025 / 2026 has already been manufactured, anticipating the next strain.</p>		
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	<p>DS reported the systemwide community vaccine rate at approximately 57%. MG queried how to compound the importance of the vaccination to staff. RS feels the message needs to be appropriately conveyed. CH referenced more targeted communications as a potential route, suggesting communications conveying personal impact. MG referenced social media influencers. BB enquired in terms of the consistency in conveying the message to medical staff. SR confirmed sessions are in place at the end of the vaccination season to address the results.</p> <p>AH observed the early commencement of vaccinations within the Trust, noting the difficulties in terms of timing communications in order to maintain momentum. AH suggested a 'drip feed' of learning over the summer period. CH added the Communications team have been surveying people in terms of their understanding of the messaging, resulting in various suggestions, alongside reporting 98% of staff responding that they knew about the vaccine but chose not to participate. DS confirmed the community vaccine rate at 57.1%, welcoming the contribution and experience Professor Sir Jonathan Van-Tam will bring to next year's planning.</p> <p>ARB highlighted the reduction in Agency usage from 2023 to date. GW compounded the real progress made. RS referenced the planning guidance in terms of efficiency.</p> <p>AH referenced the Deep Dive into sickness absence, noting the difference in divisional patterns and the understanding that will be gained. RS responded, as demonstrated within the Staff Story, the intention is to offer additional support to leaders who need it in terms of managing wellbeing. GW offered support from the Board of Directors.</p> <p>RE presented the report, noting the pressures in terms of demand and the resulting impact on performance targets. RE referenced the hard work of staff despite extremely difficult circumstances, highlighting the New Year as the most pressured. RE reiterated the requirement to incorporate the 2-over protocol. RE reported positive progress in terms of medically safe patient figures, highlighting the Discharge team and the Transfer of Care Hub in terms of contributors. RE reported planned care activity levels, referencing the targets exceeded, alongside positive benchmarking figures. RE noted two 78-week breaches, stating both patients will be treated in February 2025. RE stated planning guidance will focus on managing the 18-week standard. RE noted the expectation of exceeding the 65% Referral to Treatment (RTT) target as the Trust currently stands at 63%. RE reported strong figures in terms of cancer performance.</p> <p>SB recognised the hard work of staff, then enquired in terms of Accident & Emergency whether to plan optimistically prior to next winter, referencing planning guidance, and can the Board of Directors provide support. SB then acknowledged the reduction in terms of medically safe to discharge figures, enquiring what would be the potential next step change to enable further reduction. RE acknowledged the annual challenge in triangulating, stating internal planning is based more on actual than projected figures. RE highlighted the physical capacity constraints. DS noted the difference within this year's planning guidance, as it requests Board of Directors sign off. Once signed off</p>		
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	<p>the Board of Directors will provide support. RM added it must be planned for however, new money will not be provided therefore, the Trust must work with system partners in terms of recovering finances. RS stated NHS England are clear that they are unable to provide extra resources therefore, the plan is to redirect the resources to the right places, noting the shortened time scales and potential emergency growth. SB suggested identification of areas the Trust are not going to achieve and being publicly accountable. RM highlighted the importance in terms of the practicality of patient care. RE stated there is more to be done in terms of working with partners to discharge medically safe patients, taking complexities into account. RE noted early planning upon admission is key to ensure a smooth discharge and is being addressed, incorporating the whole Multidisciplinary Team (MDT) approach.</p> <p>GW highlighted the presentation of the report, suggesting non-elective admissions are shown as a percentage rate as the level of admissions is higher than plan. RE confirmed inclusion.</p> <p>ARB queried January 2025 ambulance turnaround figures. RE referenced increased ambulance turnaround, noting anticipation of the final figures. RE noted deterioration in terms of 4-hour performance during January 2025 however, this is being managed appropriately. RE is meeting with the Urgent and Emergency Care (UEC) triumvirate to discuss further, recognising the ongoing challenges.</p> <p>RM compounded the current challenges, noting the exacerbation of the financial situation. RM reported the Q3 stance, noting the positive progress of the financial improvement programme, resulting in an over delivery against plan of £2.5m, and a year to date £26.6m of efficiency savings. RM highlighted the input from colleagues across the organisation. RM reported the reduction in Agency and Bank usage, referencing the sickness challenges. RM reported value weighted activity targets at above NHS England targets, referencing the plan to go above and beyond. RM referenced employer productivity, noting the inclusion within the IPR, utilising October 2024 figures; RM awaits the release of figures from NHS England. RM reported higher activity growth than 80% of providers. RM noted the Winter Plan from a financial perspective is positive but not in terms of practicality.</p> <p>RM reported an overall deficit position to date, referencing the extra challenges in terms of the vaccination programme redundancy costs, Consultant pay awards and UEC pressures, resulting in the current £1.9m off plan position. RM reported cash support has ceased from NHS England over the last quarter, resulting in the delay of payments to suppliers. RM stated the intention to continue to do everything to aid with financial recovery, referencing the regular release of communications alongside the ongoing budget holder briefing sessions. RM stated feedback is positive following the honest conversations. RM noted the capital forecast is on track and will be monitored via the Finance Committee.</p> <p>NM recognised the huge amount of work taking place to deliver, noting most schemes are not recurrent. NM encouraged the mindset of continuous delivery, referencing the benefit of recurrent programmes. DS referenced the capital forecast and the lack of future finances.</p>		
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	<p>MG queried the root cause of the failure to develop appropriate recurrent schemes, enquiring in terms of whether enough conversations are taking place with partners about the longer-term sustainability versus culture. RM responded the recurrency of efficiency is reflected within Principal Risk (PR) 4 of the Board Assurance Framework (BAF), alongside the need to focus on the longer-term, stating a 5-year finance strategy will be presented at the March Board of Directors meeting. In terms of root cause, RM feels that whilst identification is beneficial, due to the large target, the Trust focused on initial recoveries and schemes rather than recurrent schemes however, the intention is to address turning non-recurrent savings into recurrent savings within the planning guidance. DS raised the importance of changing culture. CH referenced the increase in financial improvement from £10m to £40m alongside the introduction of the Investigation and Intervention (I&I) process. CH stated Improvement Faculty staff are reviewing product efficiency, alongside working collaboratively with Estates, Digital and Research Teams to identify how to implement transformation across these areas without overwhelming the Trust. CH stated a single improvement plan is being developed, pending the release of planning guidance. CH highlighted the implementation of the Electronic Patient Record (EPR), noting the opportunity to think about processes. RS referenced the wider point in terms of the language around financial sustainability alongside the mindset both at home and work.</p> <p>AH queried the current spend within month 9 and the gap to the year-end position, alongside the gap to the next financial year-end position. ARB highlighted the Elective Recovery Fund (ERF) cap. RM responded stating the gap to the end of the next financial year is forecast to require approximately 30% improvement on the 2024/25 deficit, pending further consultation. RM reported in terms of Q4 a gap of approximately £13.4m. RM envisaged the reduction to approximately £5.8m, pending the release of Month 10 figures.</p> <p>GW commented on the amount achieved this year, recognising the non-recurrent spend, and stating the trajectory to deliver in excess of £60m, 11% of turnover, during the next financial year which is unachievable. GW suggested focus in terms of ensuring a percentage of the spend be turned into recurrent during the last 6 months of the year, alongside encouraging the mindset of continuous delivery. RM confirmed re-established grip and control processes continuing into the next financial year. RM reflected upon the ERF cap, noting a complex picture which is being addressed, and will compare upon receipt of month 10 figures.</p> <p>MG recognised the hard work, querying what messages of encouragement are being conveyed to the workforce to encourage motivation. DS referenced the wider communications, emphasising the efforts made to aid with recovery, alongside noting the further work to take place over the next 2 years.</p>		
25/021	BOARD ASSURANCE FRAMEWORK (BAF)		
5 mins	DS presented the report, highlighting the current position and the proposed changes in language. DS referenced the conversation in terms of cash alongside highlighting cyber security challenges.		

	<p>GW supported the current position, referencing the IPR conversations that have taken place.</p> <p>SB highlighted a rich conversation during the January 2025 People Committee and the action taken in terms of tangible ways to reduce the score from 20 to 16. DS acknowledged the action, referencing the ever-changing state alongside the material impact.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
25/022	WELL LED REVIEW – SUMMARY REPORT AND ACTION PLAN		
4 mins	<p>SBS presented the report, highlighting the results and progress in terms of arising actions. SBS referenced 5 areas for improvement within the action plan, stating the intention to report within appropriate Committee meetings.</p> <p>GW thanked Grant Thornton UK LLP for their work in terms of collating the report, noting the plan to deliver improvements.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/023	ASSURANCE FROM SUB-COMMITTEES		
28 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting the concern in terms of cash alongside the impact of the Band 2/3 Healthcare Support Workers review. DS has requested the Integrated Care Board (ICB) include the review within the next quarterly meeting with a view to discussing nationally. RS suggested Board of Directors write to NHS Employers to raise. GW noted assurance in terms of the Deep Dive into Surgery and ongoing Consultant vacancies, alongside the Deep Dive into Clinical Support, Therapies and Outpatients (CSTO) Division. GW noted positive assurance in terms of Did Not Attend (DNA) improvement rates.</p> <p>DS sought clarification in terms of Band 2/3 review costing terminology. GW responded in Accountant terms the costing is accounted for, but not provided.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Audit and Assurance Committee</p> <p>ARB presented the report, raising concern in terms of the proposed Mental Capacity Act actions alongside Safeguarding visibility. BB confirmed discussion during Quality Committee and the resulting focus. PB referenced an agreement to present a quarterly report in 2025 in order to provide assurance. SB raised concern in terms of providing visibility and assurance within Board of Directors other Committee meetings in order to provide accountability. PB confirmed the presentation of associated data within Quality Committee, suggesting wider presentation if required. SBS suggested presentation at a Board of Directors Workshop. BB stated a Safeguarding annual report is</p>		

	<p>received incorporating the relevant data, suggesting inclusion within the Reading Room upon receipt, alongside other appropriate Quality Committee annual reports if required. PB confirmed bi-monthly reporting within the Safeguarding Committee meeting, prior to sharing externally.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting the Deep Dive into Cardiology. BB noted that colleagues choose the areas in terms of Deep Dives as external scrutiny is welcomed. DS raised the current spotlight on mental health, querying whether the Board of Directors are assured in terms of the Trust's mental health provision, and can assurance be provided via Quality Committee or Board of Directors meeting. SB requested Board of Directors sight of the provision. PB confirmed the presentation of the provision, incorporating the reporting of statistics.</p> <p>BB highlighted the positive assurance provided in terms of exposing the UEC pathway during the winter period, alongside raising the dangers in terms of normalising the previously unthinkable. BB raised the ongoing concern in terms of Quality Impact Assessments (QIA), particularly pertaining to joint areas with other Trusts and the resulting impact. BB welcomed the attendance of an ICB representative, noting a rich confirm and challenge conversation. PB confirmed robust internal QIA processes, noting no sight in terms of external procedures. RE referenced a systemwide meeting, discussing cost saving utilising the QIA process. RE raised concern in terms of 'normalising' risk, stating risk is being reviewed and balanced across the organisation on a daily basis and is never defined as normal. SR reflected on the additional actions that had to be taken in order to mitigate risk.</p> <p>Action: To present the Trust provision in terms of mental health to the Board of Directors, incorporating the reporting of statistics.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>The Board of Directors RECEIVED and took the report as READ. No comments or questions were raised.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>The Board of Directors RECEIVED and took the report as READ. ARB presented the report, highlighting the planned initial draw of the hospital lottery in May 2025, the commencement of End-of-Life work on 2 wards, the donation of £44,000.00 from the Trust's charity to provide 36 Pain Drivers, and details of 2 fund-raising events.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>PB</p>	<p>06/03/25</p>
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	Partnerships and Communities Committee BB presented the report, highlighting the system level review in terms of Musculoskeletal (MSK) health, the lack of plan across the partnerships in terms of transformational change, alongside ongoing concerns in terms of resources to support collaboration and governance. BB commented generally in terms of partnerships being formed via different forums, referencing the People Directorate as impacting positively. BB raised the importance of focusing on smaller key partnerships. GW agreed, confirming the importance of prioritising. CH noted the challenges of prioritising, referencing the number of Strategic Reviews currently underway. NM noted the primary challenge is to ask what value is gained prior to focusing on the Strategic Reviews, in order to influence the reviews and take partnerships forward. DS raised the potential funding opportunities. The Board of Directors were ASSURED by the report.		
25/024	OUTSTANDING SERVICE – COMMUNITY DIAGNOSTIC CENTRE, SITE HERITAGE		
7 mins	A short video was played highlighting the work taking place on the Community Diagnostic Centre (CDC). GW commented on the progression of a tremendous facility and the resulting impact on patients.		
25/025	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	The Board of Directors AGREED the following items would be disseminated to the wider organisation: <ul style="list-style-type: none"> • NED and Associate NED appointments • Promotion of Council of Governor elections • Invitation to stand as Staff Governors • Reminder to members of the Trust to vote for Governors • Extend a thank you to all colleagues for their extraordinary efforts over the winter period. • Continuation to convey meaningful financial communications to staff and to ask for help to achieve the year end position, alongside extending a thank you for all the efforts achieved so far. • Promotion of CDC video • Communications plan in terms of the promotion of the Freedom to Speak Up Guardian and service including success stories in line with Well-Led review recommendations. 		
25/026	ANY OTHER BUSINESS		
1 min	RC introduced himself to the Board of Directors, sharing his background and experience, alongside reflecting on the contents of the Board of Directors meeting.		

25/027	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th March 2025 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12.22.</p>		
25/028	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>Graham Ward</p> <p>Acting Chair Date</p>		

25/029	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>GW 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>No questions were raised from members of the public.</p>		
25/030	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
24/183.2	06/06/2024	Sub-committee annual reports to follow same format	Public Board of Directors	None	03/04/2025	S Brook Shanahan			Grey
24/313.1	03/10/2024	Rolling death rate for alcoholic liver disease to be included in future learning from deaths reports	Public Board of Directors	None	03/04/2025	S Roe			Grey
24/377.1	05/12/2024	Report to be presented to the Perinatal Assurance Committee (and onwards to the Quality Committee) in relation to inequalities and equity of access issues in maternity.	Public Board of Directors	Quality Committee	03/04/2025	P Bolton			Grey
25/018	06/02/2025	To incorporate the training provision for leaders in terms of wellbeing and the resulting impact on staff sickness within the updated Deep Dive into staff sickness at the March 2025 People Committee.	Public Board of Directors	None	03/04/2025	R Simcox	A Grundy	Update 24/02/2025 Details to be included and incorporated in Deep Dive item to be presented at March People Committee meeting	Grey
25/023	06/02/2025	To present the Trust provision in terms of mental health to the Board of Directors, incorporating the reporting of statistics.	Public Board of Directors	Quality Committee	06/03/2025	P Bolton		Update 25/02/2025 All data relating to mental health matters at the Trust, including the number of detentions report, will be shared at the bi-monthly Safeguarding Committee meeting and the reporting through to Quality Committee will also increase. Complete	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report				Date:	6 th March 2025
Prepared By:	Rich Brown, Head of Communications					
Approved By:	Graham Ward, Chair					
Presented By:	Graham 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	
					Update	Y
					Consider	Y
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
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						
Acronyms						
CT = Computed Tomography ICB = Integrated Care Board ICU = Intensive Care Unit MRI = Magnetic Resonance Imaging MSK = Muscular Skeletal NHS = National Health Service NUH = Nottingham University Hospitals OBE = Officer of the Order of the British Empire						
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.						

Board of Directors update

At the most recent meeting of our Council of Governors on Tuesday 11th February 2025, I was delighted to learn that my appointment as the Trust's substantive Chair was confirmed for a final one-year term to 25th May 2026. That appointment was confirmed on the recommendation of the Trust's Remuneration and Nomination Committee.

It has been my pleasure to serve as the Trust's Acting Chair since May 2024 and I look forward to continuing in the role in a substantive capacity over the coming year.

At the same meeting, the Council of Governors also approved the re-appointment of Andrew Rose-Britton as a Non-Executive Director for a term of one year to 30th April 2026.

I am delighted that Andrew will be continuing to serve the Trust in the role, which will mean we will continue to benefit from his considerable knowledge, skills and experience, with his continuation in the role bringing further stability to the Trust's leadership.

Council of Governors election update

The process has now begun to elect 10 new governors to the Trust's Council of Governors, following the publication of the notice of election by the Trust on Thursday 27th February 2025.

As a NHS Foundation Trust, Sherwood Forest Hospitals is required to elect public and staff governors who will ensure accountability, hold Non-Executive Directors to account and help ensure the voices of the local communities we serve are considered in the running of our services.

This latest election will seek to appoint to 10 vacancies on the Trust's Council of Governors, with those 10 vacancies due to be elected in the following constituencies:

- Five public governor vacancies in our 'Mansfield, Ashfield and surrounding wards' constituency
- Two public governor vacancies in our 'Newark and Sherwood and surrounding wards' constituency
- One public governor vacancy in our 'Rest of England' constituency; and
- Two staff governor vacancies

A period of intensive communications, marketing and membership engagement activity has now been launched to ensure that our Council of Governors will continue to attract the best possible candidates, as well as to encourage as many members as possible to register their email address with the Trust and then cast their vote in this year's election.

Anyone interested in standing to become a staff or public governor will be able to learn more about the role at one of the following governor information sessions which will offer candidates an invaluable insight into the role:

- Public governors: Friday 7th March 2025, 5.30pm to 6.30pm virtually on Microsoft Teams
- Public governors: Wednesday 12th March 2025, 5.30pm to 6.30pm in Lecture Theatre 1 at King's Mill Hospital

- Staff governors: Monday 10th March, 11.30am-12.30pm in Lecture Theatre 1 at King's Mill Hospital and online via Microsoft Teams

For more information and to secure your place at one of these sessions, please visit the Sherwood Forest Hospitals website at www.sfh-tr.nhs.uk

Recognising the difference made by our Trust Charity and Trust volunteers

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

In February alone, 377 Trust volunteers generously gave over 4,500 hours of their time to help make great patient care happen across the 29 services they supported during the month.

Long Service Awards were presented to five volunteers, including a 25-year award for Newark Refreshment Bar volunteer Viv Maltby.

Other notable developments from our brilliant Community Involvement Team and our team of volunteers during the month included arranging presentations and publicity for several completed Dragons' Den projects.

These are service improvement ideas up to £5,000 funded by the King's Mill volunteers that include:

- A handheld ultrasound machine for the Muscular Skeletal (MSK) team that enables the team to provide a real-time diagnosis in one-stop clinics at the 'MSK Hubs' at Ashfield Health Village and Mansfield Community Hospital. Pictured right.

It is also used to improve the accuracy of needle placement during guided injections.



Viv Maltby celebrates 25 years of volunteering at Newark Hospital



Colleagues celebrate the purchase of new hand-held ultrasound machine funded by volunteers at King's Mill

- 'Glow and tell machines' for main, day case and maternity theatres to support hand hygiene training and scrub technique simulation. These will promote the importance of infection control procedures and have a positive impact on patient safety.
- A SENSE micro-wellbeing suite and ultra-portable interactive projection unit for the Stroke Ward. This projector, set within an engaging and interactive system, has many benefits for our stroke patients, simulating physical and mental activity through motion-activated projections that respond to any movement on the table or floor. The programmes support intergenerational activities by appealing to all ages and abilities with a huge range of interactive content.
- Resources including leaflet carousels to support a monthly dementia drop-in clinic which enables people to ask the dementia specialist team questions, receive signposting to services and information and receive emotional support.
- Creating a quiet room on Ward 44 following a service improvement idea from the Ward Shared Governance Council. New flooring, decor and furnishings have been funded to create a tranquil space for relatives and for sensitive conversations.

During the month, the Community Involvement Team were also delighted to welcome fundraisers into the hub to accept generous donations including:

- A donation of £1,574.21 for breast services from Early Years students at Vision West Nottinghamshire College who raised this at various fundraising events at the college, including a Christmas raffle and tombola. The students presented their donation to members of the breast care team and visited the unit to see examples of how charitable donations are utilised.
- Regular fundraisers Neil and Sonia Eminson kindly donated £3,775 to be split between urology and dementia from several fundraising events held throughout the year. We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

I think all those who have made donations and who have given their time to support our hospitals over the past month.

Other notable engagements:

- I joined the Acting Chief Executive in holding our quarterly meeting with partners from Ashfield District Council to strengthen our relationships with local authority colleagues.
- I took part in the Nottingham and Nottinghamshire elected members meeting, which included NHS chairs and elected representatives from local authorities.
- I joined my regular one-to-one meeting with the Chair of the Nottingham and Nottinghamshire Integrated Care Board (ICB), Dr Kathy Mclean OBE.
- I took part in one of our regular catch-up meetings with Chairs from local NHS provider organisations. This was also attended by Nick Carver from Nottingham University Hospitals (NUH) and Paul Devlin from Nottinghamshire Healthcare.

- On Monday 24th February 2025, we welcomed the Chair, Dr Kathy Mclean and the Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB), Amanda Sullivan, to the Trust. Their visit to Mansfield Community Hospital included an update on the work to bring Nottinghamshire's first Community Diagnostic Centre to Mansfield.

The pair also visited King's Mill Hospital for an update on the work the Trust has been undertaking to bring the new Computed Tomography (CT) scanner and hybrid MRI (Magnetic Resonance Imaging) scanners to the site. Their visit was also an opportunity to talk to our challenges with the Trust's existing estate.

- I took part in a monthly Chairs catch-up meeting with the regional director for NHS England (Midlands), Dale Bywater.
- I took part in a '15 Steps' visit to the Trust's Intensive Care Unit (ICU) at King's Mill Hospital where the ward matron, Kathy Smiley, shared a recent success for the team after taking part in their latest East Midlands Critical Care Peer Review.

That comprehensive review saw the service ranked the best anywhere in the region, based on 120 criteria considered as part of the review.

The report showed the unit has continued to be the highest scoring unit within the region, with strong evidence of effective and sustained change that is supported by a clear patient care ethos and a drive to continuously improve. I congratulate them on their continued success.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chief Executive's report				Date:	6 th March 2025
Prepared By:	Caroline Kirk, Communications Specialist					
Approved By:	Dr David Selwyn, Acting Chief Executive					
Presented By:	Dr David Selwyn, Acting Chief Executive					
Purpose						
An update regarding some of the most noteworthy events and items since the last Public Board meeting from the Acting Chief Executive's perspective.					Approval	
					Assurance	Y
					Update	Y
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Y	Y	Y	Y	Y	Y	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
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						
Acronyms						
ATTTFE = Academy Transformation Trust Further Education (ATTTFE) BAF = Board Assurance Framework CDC = Community Diagnostic Centre ED = Emergency Department EMAS = East Midlands Ambulance Service NHS Trust ICB = Integrated Care Board LED = light-emitting diode MSFT = Medically Safe for Transfer NHIS = Nottinghamshire Health Informatics Services UTC = Urgent Treatment Centre						
Executive Summary						
An update regarding some of the most noteworthy events and items over the past month, shared on behalf of the Acting Chief Executive.						

In loving memory of Paul Robinson

This is the blog that was shared with colleagues across the Trust following the heartbreaking news that our Chief Executive, Paul Robinson had passed away following a year-long battle with severe illness.

We recognise the very significant impact that this news has had across Sherwood Forest Hospitals and our #TeamSFH family and we ensured that we highlighted information on emotional support available.

We also asked colleagues for their suggestions on how we might capture the memories of Paul and three other colleagues that we have lost in recent weeks.



Looking Forward blog published 21 February 2025

Quite simply, this week has been one of the most difficult in my career as we were heartbroken to learn of the devastating news that our Trust Chief Executive, Paul Robinson, had passed away following a year-long battle with severe illness.

Paul had worked in the NHS for more than 30 years and had been a well-loved member of #TeamSFH since the moment he joined the Trust in May 2015. From there, he became a significant force behind helping Sherwood to exit special measures to making the enormous progress we have made together since.

As a Chief Executive, he was an outstandingly compassionate man, someone who always had time for colleagues, was a great listener and truly put patients at the centre of all of his thinking.

Paul's leadership has helped to cement the Trust's standing as one of the best NHS organisations in the country to work for, with the Trust also retaining its crown as the Midlands' best to work at for an incredible sixth year – something he was incredibly proud of.

But Paul was far more than a Chief Executive, a colleague and a boss to us all. He was also a husband to Clare, a father to his sons, and a mentor to countless others who he had offered advice, guidance and inspiration to over the years.

When I first met Paul, I was taken aback by how he approached his role as Finance Director. Instead of solely honing-in on the financial details of a business case, he prioritised what was best for patients and viewed finance as a tool to facilitate that goal. For me, it was a breath of fresh air at the time and a truly enlightening perspective.

Over time, we developed a close professional and personal bond, which has only deepened during the past nine months or so, as I've been his main point of contact with the organisation during his illness.

He will be missed immensely by all who knew him and he leaves a strong SFH legacy and memory. I will miss him.

Since the sad news was announced, we have received hundreds of messages of condolence across our Trust Facebook, X and LinkedIn pages and I have also been contacted by countless colleagues from across our country's NHS and beyond to express their sadness for our loss.

Thank you to all of you who have taken the time to leave a comment on social media, email me or reach-out to the colleagues who knew and loved Paul.

It has been of great comfort to me – just as I know it has to Paul's family, who are understandably devastated by their loss.

We are now working with Paul's family to agree how the Trust will recognise and celebrate Paul's life and legacy, which will include opening books of condolences for colleagues to record their thoughts across all our three sites.

We are also planning a celebration service over the coming weeks, with more details to be announced in Trust communications as soon as we have finalised the finer details.

If you would like a very practicable way to honour Paul's memory this week, Paul's sons are running the Sheffield Half Marathon on Sunday 23rd March 2025 in loving memory of Paul and to raise money for the Weston Park Hospital Charity.

You can sponsor their efforts via this link <https://sheffield-half-marathon-2025.raiselysite.com/t/teamrlxconstruction>.

Losing Paul is hard enough in itself, but there is also a cruel 'second wave' of grief that hits many of us as it reminds us of others we have lost – including those in our home lives and colleagues we have lost from our work families like 'Dee' Kelsey, Katy Flint and Jill Rawlings.

This sad event is unfortunately not the only passing of a close colleague in recent weeks, which has also made us consider how we honour other Sherwood colleagues we have lost. I would welcome colleagues' thoughts on how we can best capture their memories. If you have any ideas, please let me know by emailing david.selwyn@nhs.net



'Dee' Kelsey



Katy Flint



Jill Rawlings

If you have been affected by the passing of 'Dee', Katy, Jill, Paul or anyone else, we are proud to offer a wealth of emotional support to our Trust colleagues to call upon in times like these.

I have given and received many 'Sherwood hugs' over this past week, as well as shedding many tears. I have found talking to people to be an immense comfort this week and I would encourage anyone who feels they would benefit from more structured support to reach-out.

You can access a wealth of information on the Bereavement and Loss pages of our Trust website at www.sfh-tr.nhs.uk/for-health-professionals/looking-after-your-wellbeing/bereavement-and-loss, with further support also available – 24 hours a day, seven days a week – by calling our VIVUP confidential support line on freephone 0330 380 0658.

Thank you for your support over this incredibly difficult week – I hope you all manage to spend some time with your loved ones over the coming days.

Thank you,
Dave

Operational updates

Overview of operational performance

We faced demand pressures across our urgent and emergency care services throughout 2024 at levels not previously seen. This theme of high patient demand has continued into 2025 where the number of patients conveyed by ambulance to King's Mill hospital remained high with an average of 106 arrivals per day in January (the third highest monthly level in the last three and a half years).

Newark Urgent Treatment Centre (UTC) remained under pressure with on average 105 patients attending per day in January 2025. This is 13 more patients (or 14% increase) when compared to the same month in 2024. Newark UTC has consistently seen more than 100 patients per day since a step rise in demand in March 2024.

The acuity of patients presenting at our hospitals this winter has been higher than the previous winter in line with our experience of a more challenging influenza season. The peak of the seasonal influenza period passed in January and as we entered February 2025, we started to see the seasonal rise in patient acuity (measured by the National Early Warning Score) ease marginally.

With support from our system partners, we have maintained relatively low numbers of patients who no longer require our specialist care (referred to as patients that are medically safe for transfer) in our bed base over the winter period. We have also shortened the average time patients spend in hospital over the past year. This reduction in length of stay has enabled us to care for around 4,500 additional patients over the course of the year.

As we see across the NHS, our colleagues continue to work relentlessly in caring for our patients in as timely and dignified manner as possible in very challenging circumstances. Unfortunately, despite our efforts we have not been able to turn patients around as quickly as we would like in our urgent care settings and have seen patients spend more than 12 hours in our emergency department and we have not delivered the four-hour emergency access performance that we aspire to deliver for our patients. It is highly likely that there will be a national drive for rapid four-hour performance improvement in March like last year. The rationale for this is a post-winter reset in preparation for the rapidly approaching Easter holiday period.

In terms of planned care, we have continued to reduce the number of long wait patients, increased our performance against the (returning to prominence) incomplete 18-week RTT metric which is a constitutional standard to ensure patients receive non-emergency consultant-led treatment within 18-weeks of referral. We have made significant progress during 2024/25 improving our diagnostic waiting time (DM01) performance to be above our operational plan position. Our cancer performance remains strong for the 28-day faster diagnostic standard with our main area of focus being on the 62-day treatment standard with focus on tumour site recovery plans and histopathology reporting turnaround times.

A more comprehensive update on our operational performance will be presented in our Integrated Performance Report at the May 2025 Trust Board, where we are due to reflect on our quarter four 2024/25 performance.

Partnership updates

New chair for place-based partnership

Mid-Nottinghamshire Place-Based Partnership (MNPBP) recently announced the appointment of Theresa Hodgkinson, Chief Executive of Ashfield District Council, as its new Chair.

The Mid Notts Partnership brings together over 15 health and care organisations including local authority, community services, GPs and hospitals, as well as wider partners such as the community, voluntary and social enterprise sector.

Working in partnership with people within our communities, the organisations collaborate to deliver the MNPBP's shared ambition, which is: "Working Together to enable everyone across Ashfield, Mansfield, Newark and Sherwood to live healthier and happier lives, to prosper in their communities and remain independent throughout life."

Theresa's appointment comes after previous Chair Adam Hill, former Chief Executive at Mansfield District Council, announced his departure from the MNPBP to take on a new role at Rushcliffe Borough Council.

English Devolution White Paper

I want to make Board aware of the English Devolution White Paper, which was published before Christmas, as it will affect all of us - both in our daily work and in our personal lives.

The White Paper sets out the government's plans to widen and deepen devolution across England, providing mayors with unprecedented powers and funding, and outlines how the government will rebuild and reform local government.

The leaders of all nine councils across Nottinghamshire and Nottingham have agreed to work together on a response to the Government's invitation for local government reorganisation. Council Leaders agreed that all options should be 'on the table' with only those proposals that deliver quality services for local people and create sustainable councils to be taken forward.

Detailed work will be undertaken by a joint team from across all councils to develop and test initial options, with initial responses submitted in March. Following the County Council elections in May, further work, including appropriate consultation will be carried out on preferred options before members consider proposals for reorganisation to submit to Government in the Autumn.

We look forward to seeing how this progresses.

You can read the White Paper at www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth.

Sherwood Observatory visit



Thank you to our Lead Governor Liz Barrett, Principal of ATTFF College, who kindly arranged for our February Council of Governors meeting to be held at the very impressive Sherwood Observatory, on Coxmoor Road, near Sutton-in-Ashfield. It is home to a brand new planetarium and science centre, providing a family-friendly visitor attraction that brings the wonder of the universe to life. Governors and colleagues attending were treated to a 'tour' and rapidly transported on a journey to the moon!

Other Trust updates

Sustainability improvements

Key success in our estates include a recent grant for around £3million to deliver a rapid change to LED lights throughout the Trust and improved energy management systems. This will deliver projected savings of about £1m per year. Work has already been completed at Newark Hospital.

Work is starting this month to install sensors in our operating theatres which will power down ventilation and lights when not in use. This can save up to £200,000 per year.

NHIS are currently rolling out the power down of computers and laptops when they are not in use. This has been shown to deliver significant electricity saving with no impact on staff or patients. Once completed at SFH, they plan to roll it out to other provider organisations, amplifying the financial and carbon savings across the system.

Success of walking aid reuse and recycle scheme

Hundreds of unneeded walking aids have been returned to the Trust since we launched a reuse and recycling scheme at the start of February.

Members of the public can return metal crutches, sticks and frames to any of our three hospitals regardless of when and where they got them.

The equipment is safety checked, repaired, and reissued where appropriate, or recycled when not safe for reuse, reducing carbon emissions associated with manufacturing, and saving money.

Providing young people with opportunities



Two West Nottinghamshire College students are putting their knowledge into practice thanks to industry placements working on Mansfield Community Diagnostic Centre (CDC).

Niall Clapperton, 17, from Sutton-in-Ashfield, and Liam Armstrong, also 17, from Ollerton, are four months into their placement. Both students bring enthusiasm and a keen interest in building a career in the construction industry.

Thanks to a partnership with building contractor Kier, project management company Pulse Management, and West Nottinghamshire College, these students are gaining hands-on experience in construction and project management within one of the most significant healthcare projects for the local community.

The CDC, which is Nottinghamshire's first, will provide tens of thousands of health checks. We were pleased to share an update and future plans with the CEO and Chair of NHS Nottingham and Nottinghamshire ICB during a recent visit to SFH.



Celebrating success



Ros Roddy, a Matron at Mansfield Community Hospital, has been presented with a prestigious DAISY award by Rob Simcox, Director of People and Phil Bolton, Chief Nurse.

Ros, who has worked for the Trust for 15 years in various roles describes her current role as 'a role I love, in a town where I feel at home.'

The nomination came from a colleague who had witnessed Ros provide outstanding care to a patient who had been in hospital for several months and consistently go above and beyond to ensure their needs were met.

They said 'Ros created a person-centred approach to the care and wellbeing of the patient' and catered for not only their medical needs but also went the extra mile to ensure home comforts were made available.

The nomination explained that these gestures were not a one-off and Ros was regularly supporting patients in this way. Congratulations, Ros!

National Apprenticeship Week

We celebrated National Apprenticeship Week 2025 in February.

The Trust currently has 148 people on apprenticeships, and we have successfully recruited 21 individuals from outside of the Trust into apprenticeship roles.

By working in partnership with West Nottinghamshire College, Nottingham Trent University and other education providers we are helping to create entry level routes in the NHS for the local community.

Apprenticeships are a brilliant opportunity to work and study at the same time and a fantastic way to learn on the job and gain practical and specific workplace experience.

Step into the NHS

On Tuesday we held our latest Step into the NHS event in partnership with Nottingham Trent University (NTU) and West Nottinghamshire College (WNC). It was a great

opportunity for people to get advice and guidance on pathways into non-clinical NHS careers including Finance, HR, IT and Estates and Facilities.

The event took place at Mansfield and Ashfield Sixth Form College, Chesterfield Road, Mansfield.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7 – ‘A major disruptive incident’ – for which the Risk Committee is the lead committee, has been scrutinised by the Trust’s Risk Committee.

Committee members discussed the risk scores and assurance ratings but decided that they should remain unchanged.

The full and updated Board Assurance Framework (BAF) is next due to be presented at the Public Meeting of the Trust’s Board of Directors in May 2025.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Application of Trust Seal				Date:	6 th March 2025
Prepared By:	Clare Jones, Corporate PA					
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs					
Purpose						
This report serves to provide the Board with a comprehensive overview of the Trust's use of the Official Seal, ensuring transparency and accountability in its application.					Approval	
					Assurance	X
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
Principal Risk						
PR1 Significant deterioration in standards of safety and care						
PR2 Demand that overwhelms capacity						
PR3 Critical shortage of workforce capacity and capability						
PR4 Insufficient financial resources available to support the delivery of services						
PR5 Inability to initiate and implement evidence-based Improvement and innovation						
PR6 Working more closely with local health and care partners does not fully deliver the required benefits						
PR7 Major disruptive incident						
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change						
Committees/groups where this item has been presented before						
N/A						
Acronyms						
None						
Executive Summary						
In accordance with Standing Order 10 and the delegated authority in the Scheme of Delegation, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed to the following documents:						
<u>Seal number 119</u>						
Between:						
Sherwood Forest Hospitals NHS Trust and Nottingham University Hospitals Trust						
Details of the contract:						
Dialysis Unit Lease (Renewal)						
Signed/Sealed by the Chief Financial Officer and Director of Corporate Affairs Dated 22 nd January 2025.						
The Board is asked to NOTE the use of the Trust Seal						

Board of Directors Meeting in Public - Cover Sheet

Subject:	Revised Constitution				Date:	6 th March 2025
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs					
Approved By:	Graham Ward, Trust and CoG Chair and Liz Barrett, Lead Governor					
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs					
Purpose						
To seek approval from the Board, on the recommendation of the Council of Governors, to proposed updates to the Trust's Constitution in order to clarify in advance of the forthcoming Council of Governors election that a prerequisite of Trust membership is to be able to communicate via email.					Approval	X
					Assurance	
					Update	
					Consider	
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X	X	X	X	X	
Principal Risk						
PR1	Significant deterioration in standards of safety and care					X
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					X
PR4	Insufficient financial resources available to support the delivery of services					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
Constitution Working Group meetings held on 16 th May and 5 th July 2024						
Council of Governors meeting on 13 th August 2024						
Trust Board on 5 th September 2024						
Council of Governors written resolution passed on 21 st February 2025						
Acronyms						
Executive Summary						
<p>In May and July 2024, a Governor working group comprising the Lead Governor, Ian Holden, Peter Gregory, Sam Musson, and Vikram Desai met to consider changes to the Constitution. The working group's focus concentrated on two main areas namely, the revision of the constituencies and voting arrangements.</p> <p>As a consequence of the working group's recommendations revisions were made to the constituencies and to modernise the voting arrangements that were approved by the full Council of Governors at its meeting in August 2024 and recommended to the Trust Board in September 2024 where they were approved.</p>						

This paper focusses on the revisions made in respect of voting arrangements that specifically referenced the NHSE Model Election Rules that permit e-voting, thereby enabling future elections to be both more efficient and significantly less expensive as no postage and printing charges will be incurred and, with full support of governors, enshrined the principle that all future governor elections would be conducted exclusively electronically.

The timetable for the Governor elections to enable the successful candidates to take up office with effect from 1st May 2025 was communicated at the full Council of Governors meeting on 11th February 2025. The election planning arrangements include the appointment of a Returning Officer to organise and run the ballot, return the outcome of the election and oversee the overall probity of the process.

During the course of the pre-election planning with the company appointed to run the forthcoming governor election, a concern was expressed about the potential reputational risk to it and the Trust if it moves to an all e-voting election without the Constitution stating expressly that membership is conditional on Members being e-enabled. Notwithstanding that the principle of holding e-voting only elections had already been agreed by the Council of Governors and Trust Board, the company maintained it required an unequivocal statement in the membership criteria to enshrine that intent.

To that the end, the Council of Governors was asked to agree to amendments to the Constitution shown below **in bold**:

6.2 Public Constituency

6.2.1 Subject to paragraph 6.5 an individual is eligible to become a member of a Public Constituency if they:

6.2.1.1 live in the area specified for that Public Constituency in the corresponding entry in column 2 of Annex 1.

6.2.1.2 are not a member of another Public Constituency.

6.2.1.3 are not eligible to become a member of the Staff Constituency.

6.2.1.4 are at least 16 years old at the time of their application to be a Member, **and**

6.2.1.5 provide a valid email address for communicating between themselves and the Trust including, but not limited to, for the purpose of voting in governor elections.

For the avoidance of doubt, it was also proposed to include these same words, as an additional sub-paragraph (d) within paragraph 6.3.3, in relation to the qualifications necessary to be a member of the Staff Constituency in the unlikely event a member of staff does not have a Trust email account.

The company appointed to provide the election services has confirmed that with the amendment made to confirm that Trust membership is only open to those persons able to communicate electronically, they will be able to conduct an electronic only ballot. This will enable the total cost of the election to be kept below £4,000 compared with the last election in 2023 that cost £19,029.24 of which postage amounted to £11,078.76 and printed items £4,076.89. In the context of the current financial challenges this is a saving we need to make.

For information, it is relevant to record that in the paperwork that was posted out to all of the Trust membership (currently this comprises 13,249 individuals) was a message urging members to let the Trust have their email address, hence the direction of travel was clear in 2023. Our “Trust Matters” members’ newsletter is only sent out electronically meaning that the opportunities to engage with the Trust for members without an email address is very limited. Further, all communications with governors are via email, including the distribution of Council of Governors’ papers as well as those for Workshops, Forums and other governor activities. Currently 3,525 members have an email address on the Trust’s membership database and receive regular updates from the Trust. It follows that those without an email address are not active members as we are unable to engage with them in an effective and economical way.

The process for the approval of changes to the Constitution is contained in Paragraph 20 of the Constitution and requires a recommendation to be made from the Council of Governors to the Trust Board. To this end a paper was circulated electronically to all governors on 17th February 2025 seeking approval to recommend the changes recorded above to be recommended to the Board for approval. Responses confirming agreement were in the majority, however some governors expressed concerns about the removal of a significant number of members from the database without further efforts being made to alert them to the need for them to provide an email address to the Trust.

In response to this feedback a number of targeted activities have taken place and will continue until the deadline for the list of electors to be closed. These include:

- Sending a text to all 1,093 members who currently have a mobile number but no email address recorded so that they are personally alerted to the change and have the opportunity to provide an email address to stay connected.
- Working with our Trust volunteers to call as many Trust members as possible of the 3,745 who have registered a landline phone number with us but have not provided a mobile number or an email address.
- Publishing information on the Sherwood public channels, including its website and social media
- A memo to all Sherwood Staff
- A graphic to share with staff and governors for individuals to share on their personal and professional social media
- An A4 poster being put up at each of the Trust sites and can be supplied to governors / staff electronically to print off to take to GP surgeries, community spaces / places and share at *Meet your Governor* events that governors are planning to attend over the coming weeks.
- Using digital screens in the hospital including in our Emergency Department, Daffodil Cafes and clinics to promote the message.
- Asking MPs and local political representatives and local authority organisations to share the messages
- Sharing information with local councils and other partners in the Mid Nottinghamshire Place-Based Partnership for them to share on social media / with residents
- Sharing information across Trust staff channels

By using all alternative direct contact methods, the Trust can potentially reach 8,363 members without using postal services. This reduces the number of members at risk of being lost to 4,886.

As a result of these initiatives the Council of Governors was able to take assurance that the email requirements have been well publicised and as a result has given its unanimous support to a recommendation being made to the Trust Board on 5th March 2025 to approve the proposed revisions to the Constitution at which point they will take effect. Thereafter, they will be presented to the Annual Public meeting on 16th September 2025 for information, as required by the Constitution.

Recommendation

That the Board agrees the proposed amendments to the Constitution with immediate effect on the recommendation of the Council of Governors and notes that the updated Constitution will be included on the agenda for the Annual Members' meeting on 16th September 2025, for information.

Council of Governors - Chair's Highlight Report to the Board

Subject:	Council of Governors (CoG) Highlight Report	Date:	6 th March 2025
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Graham Ward, Trust Chair		
Presented By:	Graham Ward, Trust Chair		
Purpose:			
To provide assurance to the Board of Directors from the CoG meeting held on 11 th February 2025.			

Matters of Concern or Key Risks Escalated for Noting / Action	Major Actions Commissioned / Work Underway
The need for improved forward planning and notification to governors about plans for 15 Steps visits	A request to enable governors to hold Meet Your Governor sessions for 2 hours on any weekday. Governor Peter Gregory's offer to have a Choir Concert on 6 th July 2025 is being taken forward via the Community Involvement Team with support and the active participation of governors to raise funds for the Hospitals' Charity.
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Positive feedback contained in the Patient Story about the successful implementation of Martha's rule.</p> <p>Chief Executive's, Acting Chair's and Lead Governor's reports.</p> <p>Feedback from 15 Steps visits.</p> <p>Update on the Operational Plan 2025/26.</p> <p>External Audit Update.</p> <p>Quadrant reports received from the Audit and Assurance Committee, Quality Committee, Finance Committee, People Committee, Partnerships and Communities Committee and Charitable Funds Committee.</p> <p>Membership and Engagement Group feedback from the Lead Governor.</p> <p>An update on the site heritage and progress at the under-construction Community Diagnostic Centre in Mansfield.</p>	<p>On the recommendation of the Governor Remuneration and Nomination Committee the full CoG approved the appointment of Graham Ward as substantive Chair with immediate effect and to his re-appointment for a further and final term of one year to 25th May 2026.</p> <p>On the recommendation of the Governor Remuneration and Nomination Committee the full CoG approved the re-appointment of Andrew Rose-Britton as a Non-Executive Director for a term of one year to 30th April 2026.</p>

Comments on effectiveness of the meeting

A well-attended meeting with active participation and feedback from governors.

The CoG is indebted to Liz Barrett, Lead Governor, for facilitating the meeting to be held at the Sherwood Observatory and arranging for a post-meeting planetarium show. We also thank the learners and staff of ATTFE College for generously providing a buffet for the meeting attendees.

Items recommended for consideration by other Committees

None.

Board of Directors – Public Session - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date:	6 March 2025	
Prepared By:	Sarah Ayre, Head of Midwifery, and Rachael Giles Deputy Divisional Director of Nursing, Women's, and Children's Division				
Approved By:	Philip Bolton, Executive Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Philip Bolton, Executive Chief Nurse				
Purpose					
To update the Board of Directors on our progress as maternity and neonatal safety champions			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Insufficient financial resources available to support the delivery of services				
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 items have been presented before					
<ul style="list-style-type: none"> • Perinatal Assurance Committee • Divisional Governance Meeting • Maternity and Gynaecology Clinical Governance • Paediatric Clinical Governance • Service Line • Divisional Performance Review • Perinatal Forum (formally Maternity Forum) • Divisional People Committee • Senior Management Team weekly meeting 					
Acronyms					
<ul style="list-style-type: none"> • BAPM. British Association of Perinatal Medicine • HoM. Head of Midwifery • LMNS. Local Maternity and Neonatal System • MIC. Midwife in Charge • MNSC. Maternity and Neonatal Safety Champion • MNVP. Maternity and Neonatal Voice Champion • MSW/ MCA. Maternity Support Workers/Maternity Care Assistants • NICU. Neonatal Intensive Care Unit • NIPE. Newborn and Infant Physical Examination • NTC. Neonatal Transitional Care • PAC. Perinatal Assurance Committee • PMA. Professional Midwifery Advocate 					

Executive Summary

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

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

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

Maternity and Neonatal Safety Champion (MNSC) oversight February 2025

Maternity

1. Staff Engagement

The planned monthly MNSC Safety Champions Walk around took place on Monday 3rd February 2025. Paula Shore reports that as part of Non-Executive Director Neil McDonald's continued orientation to the Perinatal portfolio, they spent some time walking through the bereavement services pathways, with a focus upon baby loss within mortuary services. Following a recent incident within the department they spent time looking at the actions which had been taken and discussing the new processes embedded within the service. They looked at areas which needed additional support, these focused on storage and administration boards. An action was taken by Phil Bolton as Board Level Safety Champion to feed this into the CSTO Division working group focused on improvements.

The next walkaround is planned for Friday 7th March 2025.

The Maternity Forum is planned to be remodelled and relaunched from March 2025 as our Perinatal Forum and an updated agenda and meeting series will be provided. An update from the Forum will continue from April 2025's PAC paper.

2. Service User Feedback

2.1 Patient Experience Committee

From 21st March 2025 Maternity and Neonatal representatives from the senior team will be attending the Trust wide Patient Experience Committee. We will share outcomes and learning from our attendance via this paper.

2.2 Friend and Family Test December 2024

The way in which we collect and utilise FFT data to shape improvements across maternity services is being reviewed in February 2025 by our PMA Team, under Consultant Midwife Gemma Boyd's guidance. Working alongside our MNVP and Patient Advocate Sarah Seddon we will review how best to engage our families in providing the feedback, and in turn how this shapes quality improvements. Closing the loop and sharing results will also be tracked through this assurance paper.

2.3 Complaints/Concerns

We have not received any formal complaints for midwifery services in January 2025.

2.4 Compliments

One way in which we receive positive feedback is through the monthly Envoy report compiled through the FFT feedback which names specific members of our MDT. We work hard to ensure this is shared across the teams.

For January 2025, for example:

Had the most fantastic experience throughout with Shania and Hollie my community midwives, and Daisy Burch was amazing, Daisy delivered my baby

3. Culture

3.1 QUAD +3 PROJECT

NHS England has implemented the 'Perinatal Culture and Leadership Programme' designed to support senior leaders in perinatal teams, including senior midwifery, obstetric, neonatal, and operational leads (known as the 'quad'), to create and nurture a culture of safety, compassionate and relational leadership, openness, and collaborative teamwork.

Our Quad+3 is led by HoM Sarah Ayre and has so far been instrumental in the introduction of the Staff Council and worked hard to have a positive influence over staff participation in last year's staff survey.

One of the first wellbeing strategies the Quad+3 introduced was 10@10. In April 2024 we introduced 10@10 across the acute setting for all staff to take a time out/stop moment at 10.00am and 10.00pm and have 10 minutes to have a drink and snack. Posters were shared across the Unit so women, birthing individuals and their families were all aware of this staff wellbeing initiative. The hope was to normalise stop moments and staff taking time to rehydrate. This will be reviewed in April 2025 by Pastoral Lead PMA Ruth Nanthambwe (RN).

Our initiatives to date have included:

- Tree teams
- Staff council
- Clinical facilitators
- Escalation support
- Team meetings
- Policy update board
- PMA Band 7 – PASTORAL CARE
- Welcome Boards – information for service user, visitors and staff
- SBU Band 7 Engagement days in 2025 – March June and Sept 2025 led by Andrea Clegg. Senior Team working clinically to support full attendance.
- Posivitea trolleys
- Perinatal Post
- Safe Staffing reviews and new Safe staffing models
- Civility Board

A formal report of progress and next steps for the year ahead is due to go to Trust Board in early May 2025 and will include more detail to the strategies we have been working on, and progress to date.

3.4 STAFF COMMENTS BOXES

In January 2025 our Matrons introduced Staff Comment Boxes across the Unit and are encouraging staff to comment on all and any aspects of their experience of working within our service, they are encouraged to share improvement ideas or make any suggestions on how we can improve their experience. These are collated and read monthly by the Matrons, themes identified, and a poster and email circulated, adopting the You Said We Did approach.

4. National Programmes

4.1 NHSE Perinatal Culture and Leadership Programme (QUAD+3)

The final face to face session planned for Tuesday 4th February 2025 was stood down by Kornferry. The Quad+3 alongside Neil McDonald NED will now attend the two final Teams sessions led by Kornferry, in February and March 2025.

The programme concludes on 15th March 2025 and a paper around what we have learnt and what we have and are achieving will be presented through PAC by the end of April 2025.

4.2 CQC Action Plan

The Should Do Action plan based on the CQC visit 2023 has been completed and embedded, however we will continue to monitor success and additional actions through the peer review process, and further action plans will be presented through PAC. The Quality and Safety Lead Midwife has oversight for this action plan.

4.3 Three Year Maternity and Neonatal Delivery Plan

We continue to collaborate with the LMNS on the 4 main themes and 12 objectives of the 3-year delivery plan. The collaborative LMNS mapping process against this plan is currently being overseen by the Head of Midwifery. Once the LMNS formally request our evidence for meeting the 4 main themes, we will fix an agenda item at PAC to share our status and provide assurance against the plan. Overall, our current benchmarking demonstrates we are working well to meet each of the 4 themes and 2 objectives, with a Maternity and Neonatal Digital Improvement Programme being led by Clare Madon Chief Nursing Information Officer which will support objective 12.

The 4 main themes and the 12 objectives of the delivery plan are summarised below:

Theme 1: Listening to women and families with compassion which promotes safer care.

Objective 1: Care that is personalised

Objective 2: Improve equity for mothers and babies

Objective 3: Work with service users to improve care

Theme 2: Supporting our workforce to develop their skills and capacity to provide high-quality care.

Objective 4: Grow our workforce

Objective 5: Value and retain our workforce

Objective 6: Invest in skills

Theme 3: Developing and sustaining a culture of safety to benefit everyone.

Objective 7: Develop a positive safety culture

Objective 8: Learning and improving

Objective 9: Support and oversight

Theme 4: Meeting and improving standards and structures that underpin the national ambition.

Objective 10: Standards to ensure best practice

Objective 11: Data to inform learning

Objective 12: Make better use of digital technology in maternity and neonatal Services

4.4 NHSR

The Task and Finish group for the Maternity Incentive Scheme worked successfully to meet each of the 10 Safety Actions for Year 6, led by Speciality General Manager Sam Cole in collaboration with Operations Manager Jess Devlin. We now await the actions for Year 7 and the technical guidance from NHSR, anticipated

4.5 Saving Babies Live Care Bundle, Version 3

There are 6 elements of care that focus on achieving the national ambition of reducing stillbirth by 50% by the end of 2025.

Element 1 - Reducing smoking in pregnancy.

Element 2 - Fetal Growth: Risk assessment, surveillance, and management.

Element 3 - Reduced fetal movement (RFM).

Element 4 - Effective fetal monitoring during labour.

Element 5 - Reducing preterm birth.

Element 6 - Diabetes in pregnancy.

Our audits demonstrate an improvement in compliance from Q2 2023 to Q2 2024 with 5 of the 6 elements.

Trust:		Sherwood Forest Hospitals NHS Foundation Trust				
ICB:		Midlands				
		Baseline Assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter		Q2	Q3	Q4	Q1	Q2
Assurance Review Date		17/10/23	15/12/23	11/03/24	15/06/24	03/10/24
% of Interventions Fully Implemented (LMNS Validated)	Element 1	60%	80%	70%	60%	80%
	Element 2	80%	95%	100%	100%	85%
	Element 3	50%	50%	50%	50%	50%
	Element 4	20%	100%	100%	100%	100%
	Element 5	81%	85%	93%	85%	96%
	Element 6	67%	83%	83%	83%	83%
	TOTAL	71%	87%	90%	86%	89%

Figure 1: LMNS Quarterly Assurance Data

Element 3, Reduced Fetal Movements (RFM); at SFH we record RFM instances at/after 26+0 weeks gestation and the SBLCBV3 audit criteria is at/after 28/40 weeks. Current action sits with the LMNS to address and advise on the different systems in place and their impact on data quality.

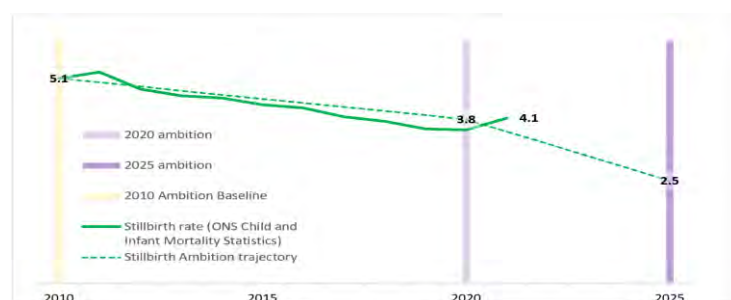


Figure 2: National maternity safety ambition – summary of progress on stillbirths

4.6 Ockenden

The report received following our annual Ockenden visit in October 2023 forms the basis of the robust action plan embedded within Maternity. The visit's findings supported the self-assessment completed by the Trust.

Area's have been identified from the visit to strengthen the embedding of the immediate and essential actions however, important to note the continuing progress as a system around bereavement care provision, specifically with the counselling support.

The plan is to revisit the maternity self-assessment tool created by NHSE in July 2021, in the new year to benchmark progress and will be undertaken by the Head of Midwifery and Consultant Midwife and presented at PAC once completed. The National Maternity Self- Assessment Tool provides support to all trusts seeking to improve their maternity service rating from 'requires improvement' to 'good,' as well as a supporting tool to support trusts looking to benchmark their services against national standards and best practice guidance.

4.7 CQC National Survey

CQC Survey 2025. We have received the posters ready to share across the service for the next survey and we will be working as a senior team over the coming weeks to formulate and embed next steps on engaging our service users with this work, alongside our MNVP colleagues.

4.8 MBRRACE-UK:

The Trust Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 was published

Governance Lead Midwife Hannah Lewis (HL) is currently benchmarking against the report and her updates will be shared via PAC once completed in April 2025.

5 - Neonatal Services

5.1 Workforce - Nursing Staffing Update

The staffing position on NICU remains challenging with vacancies and sickness. We have recruited into the band 5 vacancies and are awaiting start dates. Band 6 recruitment was initially unsuccessful, but this has since been recruited into with 1.6 wte both external candidates. Sickness management is more effected by long term sickness at - 22% with a headroom of 3.5% allocated. Sickness policy followed and plans and support in place for all staff. Parenting leave at 6%, headroom 0.5%. The Team continues to embed the plan for transitional care service to work collaboratively with NICU.

5.2 QIS compliance

QIS compliance is now at 70%, meeting BAPM standards. It is a challenge to maintain and retain staff and support into role. We are exploring the uplift for QIS / NIC band 6 role. A paper is currently going through the approval process.

Once the finance is agreed this will require a workforce change with HR support as staff will be moved onto a NICU senior nurse job description and person specification. The uplift not only acknowledges their clinical knowledge and skills but also their leadership and staff management development. This will support two Band 6 on each shift, uplifting 1 Band 5 providing more senior clinical support on the shop floor and cover for NIC role.

Within the East Midlands Neonatal Network this approach has already been embedded at Derby and Burton and Leicester NICU and shared practice and learning from these Trusts has supported the development of this pathway.

5.3 Neonatal Transitional Care Service

The Lead nurse is fully back in post. Hours have been increased temporary to support the embedding of NTC and support staff training and pathways. The Trust are on track for full

implementation by June 2025. They continue to support the NICU staffing gap, but we are seeing less babies needing to come to NICU and TC care being delivered on maternity ward.

5.4 Neonatal Home Care service

On 27th January 2025, the TUPE process to merge our existing homecare team into the Nottingham service to provide a more equitable 7-day week services to our families was completed.

5.5 Proposal for change of room

A change is proposed to the Ward Attenders room on NNU. The change would be to make cubicle 1 into the Ward Attenders room and for the current room to become a MDT communication room, for difficult conversations, meetings, a prescribing area, and room to complete badgers/notes.

The room was originally designated a meeting room on plans, so it is changing back to the original design. Ward Attenders from the postnatal wards should now start to be screened in the TC room as the antibiotics are now being completed on TC in the day and this will increase as TC is established. However, if needed for screens, cubicle one has piped o2 and suction in case of emergency, which it currently does not have. It would be away from the main ward area, for confidentiality and privacy, especially for LPs. As there are less screens completed on NICU due to the establishment of TC, we will be able to combine the screening room with the emergency admission room. We have only needed to use the cubicles once for parent accommodation and this would be left available, we would also be able to move equipment from room 4 as we have done previously. This has been agreed with nursing and medical team and approved and supported by senior management team on 17th February 2025

Maternity Perinatal Quality Surveillance Model for February 2025 (January 2025 data)

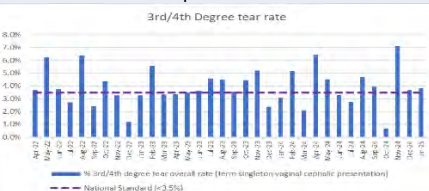


Sherwood Forest Hospitals
NHS Foundation Trust

Exception report based on highlighted fields in monthly scorecard using Jan 2025 data (Slide 2)

3rd/4th Degree Tear – 3.8% (Jan 25)

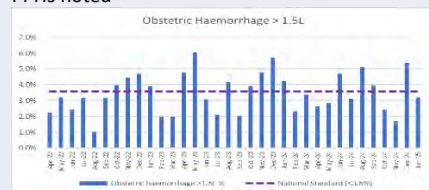
- Rate reduced. No significant trends identified from previous month's review.



Postpartum Haemorrhage 3.2% (Jan 25)

Increase in cases last month; review noted specific increase in secondary PPH

Decrease noted in Jan data, less secondary PPHs noted



Stillbirth Rate (3.8/1000 births YTD)

- PMRT – 1 reportable case for January 2025. 25+4 IUFD

Patient Experience (Jan 25)

- No complaints received in January 2025
- Advocacy Lead Sarah Seddon in post from January 2025, 0.2 wte alongside MNVP collaboration to support FFT response rate and service user engagement in QI
- Senior Team attending PEC from March 2025

Friends and Family Test (FFT) (Jan 25)

Overall response rate 82%

Lower response rate continues across service- to review current process with support from MNVP

Workforce – vacancy rate 8% (Jan 25)

Maternity

- 1 Obstetric Consultant vacancy – recruitment underway
- Midwifery B6 vacancy due to increased headroom from 1st April 25
- Maternity Support Workers – band 2 to band 3 project to be completed early in 2025. B3 vacancy to be advertised early March 2025 to support additional B3 for Triage in new staffing model

Neonatal

- Significant nursing challenges due to staff absence through maternity and sickness. Local plan enacted to support.
- No Neonatal Consultant vacancy.

Staffing Red Flags (Jan 25)

Suspension of Maternity Services

0 suspension of service in January 2025

Home Birth Service

Service suspended overnight 09.01.25, 16.01.25 and 20.01.25 due to staff sickness. Risk to service remains due to expected parenting leave – mitigated through recruiting into increased headroom



IOL/Planned Care Lead Midwife

- New lead in post to focus on QI work around improving delays in IOL and pathways of care for elective cesarean sections

Saving Babies Lives Care Bundle (SBLCB v3)

National ambition to achieve a 50% reduction in stillbirths and maternal and neonatal deaths by 2025.

- 6 elements – **FULLY COMPLIANT** AS PER MIS YR 6 SUBMISSION, SA6
- Audit, data review and submissions now led by Governance Lead Midwife from Jan 2025 – submitted through Futures Platform
- Continuing to support improvements for element 1 – reducing smoking in pregnancy. Ensuring that CO testing is offered to all pregnant women at the antenatal booking and 36-week antenatal appointment and at all other antenatal appointments to groups identified within NICE Guidance NG209.

Maternity Assurance

NHSR

- Year 6 MIS completed and achieved
- Planning for Year 7 underway – awaiting technical guidance.

National Reporting

- Ockenden - Initial 7 IEA- 100% compliant
- 3 yr. delivery plan – system plan in development

Incidents reported Jan 2024; 89 (87 no/low harm, 2 moderate or above*)

MDT reviews

Triggers x 11

Comments

No themes identified

*2 Incidents reported as 'moderate or above' from the cases reviewed. 1 regarding diabetic care and 1 awaiting triggers

Maternity Perinatal Quality Surveillance scorecard



Sherwood Forest Hospitals
NHS Foundation Trust

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

Quality Metric	Standard	Running Total/ average	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			51%	53%	47%	56%	49%	49%	48%	48%	46%	48%	46%	44%	54%	51%	52%	
3rd/4th degree tear overall rate	<3.5%	3.50%	5.20%	2.40%	3.00%	5.00%	2.10%	6.00%	4.50%	3.00%	2.80%	4.70%	3.90%	0.70%	7.10%	3.70%	3.80%	
3rd/4th degree tear overall number		79	9	4	5	8	3	11	8	4	4	7	6	1	12	6	6	
Obstetric haemorrhage >1.5L number		127	15	17	13	6	9	9	9	11	9	15	12	7	5	16	9	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	4.80%	5.70%	4.00%	2.60%	3.40%	2.60%	2.90%	4.70%	3.10%	5.10%	3.90%	2.40%	1.70%	5.40%	3.20%	
Term admissions to NICU	<6%	3.10%	3.00%	3.10%	3.00%	2.80%	3.80%	2.60%	4.00%	2.90%	4.70%	4.00%	3.90%	3.60%	3.30%	1.90%	1.10%	
Stillbirth number		10	0	2	1	2	1	0	1	1	0	2	2	1	3	0	1	
Stillbirth rate	<4.4/1000			2.300			3.100			2.300			4.400			4.500		
Rostered consultant cover on SBU - hours per week	60 hours	60	60	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	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:22	1:22	1:23	1:22.18	1:22.10	1:22.10	1:22.10	
Midwife / band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:23	1:23	1:24	1:22.75	1:22.18	1:22.10	1:22.18	
Number of compliments (PET)		38	4	3	2	3	4	5	4	1			1	2	1	1	2	
Number of concerns (PET)		9	0	1	1	1	1	0	0	4			4	0	1	0	0	
Complaints		6	0	0	1	0	0	1	1	0			0	0	0	0	0	
FFT recommendation rate	>93%		91%	90%	90%	90%	90%	90%	91%	91%			84%	89%	84%	83%	82%	

External Reporting	Standard	Running Total/ average	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Maternity incidents no harm/low harm		1339	158	94	148	102	102	95	130	102	125	169	115	159	142	131	89	
Maternity incidents moderate harm & above		4	2	1	1	0	0	0	0	0	2	1	0	0	0	0	2	
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	
Progress in Achievement of MIS YEAR 6		4 < 7 & above																

Findings of review of all perinatal deaths using the real time monitoring tool	Jan-25	All PMRT cases have been reported and reviewed within the MIS reporting deadlines. 3 cases were reviewed and moved to draft status. x1 IUFD case reported to PMRT.
Findings of review all cases eligible for referral to MNSI	Jan-25	No cases eligible for reporting to MNSI.
Service user voice feedback	Jan-25	FFT RESPONSE RATE - remains poor / collaboration with MNVP to address
Staff feedback from frontline champions and walk-about	Jan-25	MNSC walk arounds continue and Staff Council formed

Trust Board of Directors

Subject:	Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report.		Date:	6 March 2025	
Prepared By:	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Chief Allied Health Professional)				
Approved By:	Phil Bolton Chief Nurse & Paula Shore Director of Midwifery.				
Presented By:	Rebecca Herring (Associate Director of Nursing - Workforce)				
Purpose					
<p>The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity within Sherwood Forest Hospitals Foundation NHS Trust (SFH).</p> <p>It is also to provide assurance of our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p>				Approval	
				Assurance	X
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
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	Insufficient financial resources available to support the delivery of services				
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					
Acronyms					
Executive Summary					
<u>Nursing and Midwifery Overview</u>					
<p>Since our last report, ensuring safer staffing provision across our services has remained an ongoing challenge due to a combination of factors. Patient attendance and activity across our services remain high resulting in multiple episodes of the full capacity protocol being enacted, all whilst navigating an average workforce absence rate of 5% or more. This has influenced the flexibility capability to deploy staff where required. However, with that said, clinical leaders continue to risk assess and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.</p> <p>Unsurprisingly, requests for additional resources to provide enhanced therapeutic observations remain a persistent theme when reporting delays in care due to short notice absence, and increased acuity and activity continue to dominate red flag events within nursing. Recognising the increasing dependency for</p>					

enhanced therapeutic observation and care (ETOC), a national key workstream has been developed by NHS England (NHSE). The programme has been designed to focus on clinical assessment and decision-making, workforce deployment models, temporary staffing escalations and, learning from insights through regular reviews. Despite the Trust being unsuccessful in its application to be part of the national working group, the Trust will be represented at the new regional Community of Practice from January.

The Educator Workforce Strategy (2023) has been developed by NHSE to provide context and content to the role of the Clinical Educators as we move to a new era within nurse education. The current model of Practice Development at SFH does not deliver the required focus at ward or department level. Therefore, aligned with the NHSE's sets actions and priorities, the local aim is to implement a framework that will develop a new workforce, training, and education functionality. A pilot of the Clinical Educator Framework was trailed in 2024 and was received well across several areas. Due to its success this has led to other areas across SFH wishing to progress with the implementation this model.

A multidisciplinary review of the establishments commenced late November 2024 were led by the Director of Nursing/ Deputy Chief Nurse, the Associate Director of Nursing (Workforce), the Deputy Chief Financial Officer, Divisional Directors of Nursing, Divisional Matrons and Divisional Finance Managers. The recommendations put forward acknowledged collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval was received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.

The findings from the maternity wide workforce review recognised the significant changes and additional requirements of the service since 2020 (most recent Birthrate Plus review), and in line with NICE recommendations, we have commissioned a repeat Birthrate Plus analysis to commence in 2025.

As we move into 2025, we will be looking to develop our Band 3 maternity non-registered workforce with support from our local maternity and neonatal service (LMNS) which will enable us to offer staff an opportunity to attend the 2-year apprenticeship programme. This will future proof our workforce by creating the N9 ESR requirement within the Band 3 maternity support worker (MSW) role and will improve our national compliance from an NHSE workforce perspective.

The Recruitment and Retention Band 7 Lead post for maternity services has been instrumental in reducing the midwifery vacancy. The themes from exit interviews over the last 6 months have been related to relocation or promotions and we are planning a dedicated and focused Divisional Recruitment Open Day for June 2025.

AHP Overview

All band 5 AHPs (within scope) now have an electronic job plan and have achieved 3rd level final sign off. This includes agreement and sign off by the band 5 AHP, line manager, Chief AHP and Divisional Director of Nursing.

Ongoing concerns for Speech and Language Therapy (SLT) remain with a national vacancy rate of 25-28%. At SFH, our vacancy rate has risen above the national average and the current SLT service provision is fragile and the team are being supported by divisional leadership team. SLT staffing remains on the Clinical Services, Therapies and Outpatients (CSTO) Risk Register.

The Chief Nurse Clinical Fellow (CNCF) AHP preceptorship secondment is due to finish next month. Concerns have been raised regarding the sustainability of AHP preceptorship without dedicated resource to support, especially with the absence of a multi-professional facilitated learning sessions having been established due to clinical restraints limiting the time of the project.

AHP establishment reviews have commenced in CSTO for all AHP groups and is the first time there has been a detailed review of baseline establishments using a grip and control methodology similar to that used across nursing. Embedding confirm and challenges meetings alongside and the triangulation of several data sets including workforce metrics, key performance indicators and financial utilisation is acknowledged as a transformative large piece of AHP work and has not been undertaken at SFH previously.

Recommendations

The Board of Directors are asked to receive this report and note the ongoing plans to provide safer staffing levels across nursing, midwifery, and AHP disciplines.

The Board of Directors are asked to note the Nursing, Midwifery and AHP establishment recommendation of a 14.98 WTE increase to the collective workforce, with a total financial impact of £65,487.

The Board of Directors are asked to note the collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.

The Board of Directors are asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support service and strategy development for 2025/2026.

The Board of Directors are asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.

The Board of Directors is asked to note the Developing Workforce Safeguards compliance standards.

Report Title:	Nursing, Midwifery and Allied Health Professional Bi-annual Staffing Report
Date:	February 2025
Author:	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Associate Chief Allied Health Professional)
Executive Sponsor:	Phil Bolton, Chief Nurse Paula Shore Director of Midwifery

Purpose

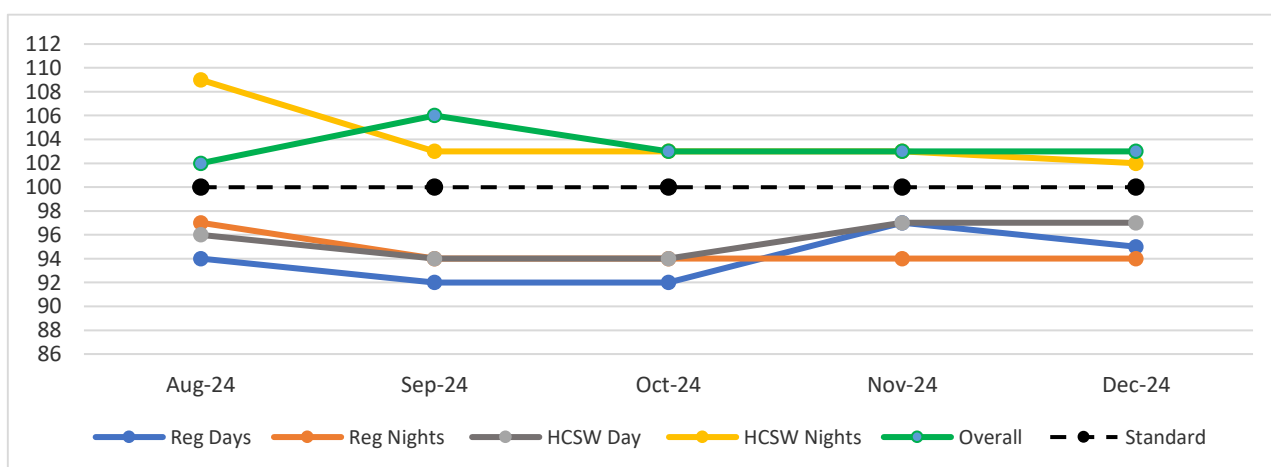
- 1.0 The purpose of this report is to provide an overview of the nursing, midwifery, and AHP workforce to ensure we have the right number of staff, with the right skills, delivering high-quality care at the right time and in the right place.
- 1.1 The report will also analyse the Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) expectations, and the NHSI (2018) Developing Workforce Safeguards recommendations as well as discuss the recommendations put forward from the NMAHP establishment reviews.

Nursing Overview

Workforce Position

- 2.0 Since our last report, ensuring safer staffing provision across our services has remained an ongoing challenge due to a combination of factors. Patient attendance and activity across our services remain high resulting in multiple episodes of the full capacity protocol being enacted, whilst navigating an average workforce absence rate of 5% or more. This has then influenced the flexibility capability to deploy staff where required. However, with that said, clinical leaders continue to risk assess and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.

Figure 1: Planned vs Actual Fill Rates



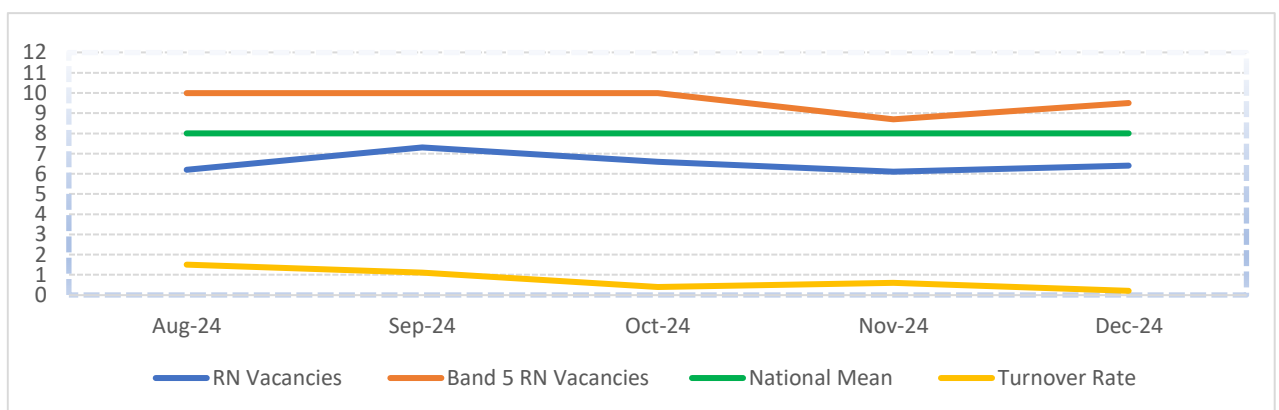
Data Source: Strategic Data Submission NHSE 2024.

- 2.2 Through flexible and risk-assessed deployment, the Trust has remained above 92% of the planned staffing fill rates for registered staff on day duty and 94% of shifts filled for registered staff on night

duty. Nonetheless, it is acknowledged that despite maintaining minimum staffing levels there have been several occasions when optimal staffing levels have not been achieved and this will have had a negative impact on patient and staff experience.

- 2.3 Temporary staffing is a crucial enabler in providing a safe and flexible response to workforce variability, whilst recognising the financial sustainability of this approach. With that in mind, agency usage paid at the standard cascade rates consistently averages approximately 6000 hours or the equivalent of approximately 500 shifts per month, however, usage at escalated rates has remained consistently low (1 shift utilised from August to November) which echoes the continued collaborative efforts from the NMAHP transformation workstream.
- 2.4 Collective nursing and midwifery vacancies at SFH continue to remain below the national average vacancy position of 8%, whilst noting our band 5 nursing remains above this. Our Band 5 cohort is one of the largest elements of the registered workforce and steady improvement is being made in reducing the vacancy deficit despite national fragility concerning workforce supply and demand.

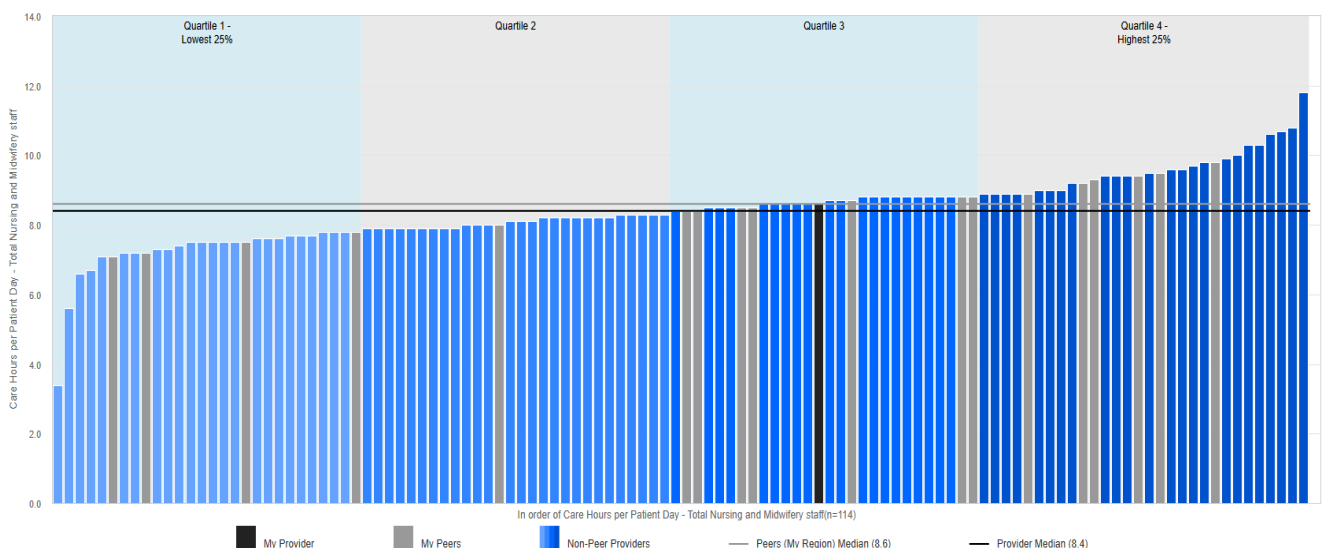
Figure 1: Nursing and Midwifery Vacancy Position



Data Source: Workforce Informatics December 2024

- 2.5 As part of our triangulated approach to safer staffing, the benchmarking care hours per patient day (CHPPD) metric displayed on Model Hospital demonstrates the average number of actual care hours spent with each patient per day, and data at Trust and ward level assists in reducing unwarranted variation by providing a transparent comparable data set.

Figure 4: Trust Level CHPPD



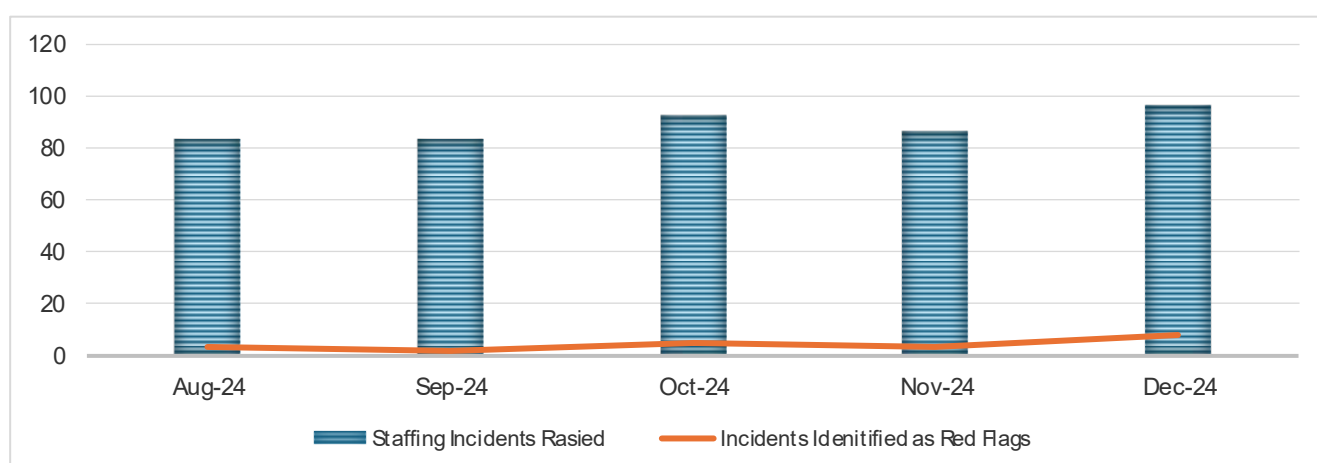
Data Source: Model Hospital, October 2024

- 2.6 The chart below represents CHPPD at a Trust level and highlights a position that has remained stable and aligned with an overall peer median of 8.6. Whilst this metric should not be used in isolation, it does indicate that our staffing levels are reflective of other similar-sized peer organisations across the NHS and is not an outlier in terms of efficiency and variation.

Measurement and Improvement of Quality Care

- 3.0 Datix remains the governance process for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (2014); however, other reporting processes are being explored to complement our escalation and governance processes.
- 3.1 Unsurprisingly, additional resources requests to provide enhanced therapeutic observations remain a persistent theme when reporting delays in care due to short notice absence, and increased acuity and activity continue to dominate red flag events for nursing. Recognising the increasing dependency for enhanced therapeutic observation and care, a national key workstream has been developed by NHSE. The programme has been designed to focus on clinical assessment and decision-making, workforce deployment models, temporary staffing escalations and, learning from insights through regular reviews. Despite the Trust being unsuccessful in its application to be part of the national working group, the Trust will be represented at the new regional Community of Practice from January

Figure 5: Staffing Incidents



Data Source: Datix Reporting System December 2024.

Recruitment and Retention

- 4.0 The national focus for workforce planning has shifted towards staff retention being the priority focus however, recruitment remains a driver for strategy development. A working group led by the Peoples Promise Manager has redeveloped the exit interview process to ensure managers have the necessary toolkit to support conversations with staff moving on from the Trust. The intelligence gained from these conversations will be fundamental to understanding our workforce needs, themes and future development and will feed into our future staffing reports.
- 4.1 Supporting our early career nurses through their Preceptorship programme has been a large undertaking for the team supporting 126 newly qualified nurses and nursing associates currently within the first year of being a registrant. The supportive programme is delivered through restorative supervision, bespoke clinical support and structured learning events tailored to promote professional development, personal growth, and clinical competence. As part of collaborative working approach, we remain an active member of the Integrated Care System Nursing (ICS) and Midwifery Cabinet Preceptorship Working Group looking at aligning Preceptorship offers and sharing best practice across the ICS..
- 4.2 In line with the People Promise (NHSE, 2021) and the Staff Recognition Framework (NHSE, 2023) the Trust remains committed to celebrating the achievement of those completing

Preceptorship, a celebration event has been scheduled for March 2025. The event will be attended by the Chief Nurse and Deputy Chief Nurse and staff will have opportunity to network at the 'Next steps Marketplace' which has a focus on career opportunities and development at SFH.

- 4.3 Local and regional engagement continues with nursing and midwifery representatives showcasing the professions with students at educational providers. Most recently the corporate nursing team represented SFH at the Newark Careers Expo event for school aged children showcasing nursing and midwifery, as well as raising awareness into the variety of career options available within the NHS. The stand was well attended, and the team were awarded with the most interactive stall from the event organisers. Following on from this, the team have received several invites from schools within the locality to attend upcoming career events.
- 4.4 SFH continues to undertake additional work on the Band 2/3 healthcare support worker (HCSW) JDs in line with NHS Employers national guidance. Following a divisional audit on the roles Band 2 and Band 3 HCSWs undertake, a job description has been written which reflects those results. The Band 2/3 Task and Finish Group continues to meet bi-monthly to support the potential changes across the Trust and has approved the revised job description. The Risk Register (Risk 2898) remains at 16, noting a financial risk, which continues to be updated in line with statutory requirements.
- 4.5 The Educator Workforce Strategy (2023) has been developed by NHSE to provide context and content to the role of the Clinical Educators as we move to a new era within nurse education. The current model of Practice Development at SFH does not deliver the required focus at ward or department level. Therefore, aligned with the NHSE's sets actions and priorities, the local aim is to implement a framework that will develop a new workforce, training and education functionality. A pilot of the Clinical Educator Framework was trailed in 2024 and was received well across several areas. Due to its success this has led to other areas wishing to progress with the implementation this model.
- 4.6 Reflecting the NHS Long Term Workforce Plan (NHSE, 2023), the advanced practitioner workforce at SFH is steadily growing. Drawn from highly skilled (non-medical) registered professionals, advanced practitioners contribute to providing wards, departments, and services with a stable, permanent clinical workforce. It also provides professionals with a clinical career development and progression opportunity, of which there is great appetite for here at SFH.
- 4.7 The number of advanced practitioners qualifying continues to increase with 17 practitioners currently in post, ranging from stroke, emergency medicine and neonatal specialities. Qualified practitioners will achieve a MSc in Advanced Clinical Practice.
- 4.8 Trainee advanced practitioner numbers are also demonstrating growth, and new for 2025, is the introduction of trainee advanced practitioners into the recently established surgical SDEC unit, and i gastroenterology. There are currently 17 trainees across the Trust.
- 4.9 The Advanced Clinical Practitioner Accountability and Assurance Policy was ratified in May 2024 and provides the organisation with a robust governance framework for the recruitment, training and ongoing development of its advanced practitioner workforce.
- 4.10 Principles within the framework are also being considered in relation to the enhanced practice career pathway, and how national guidance supporting this this can be embedded at SFH. Looking forward to 2025, opportunities for the expansion of advanced practitioners into certain services at Mansfield Community Hospital and Newark are being explored, as well as the ongoing workforce planning at the Kings Mill Site.

Workforce Planning for 2025-2026

- 5.0 The workforce planning tool utilised for inpatient areas across SFH is the Safer Nursing Care Tool (SNCT), this objective evidence-based tool provides patient acuity and dependency intelligence, which is aligned with nurse-sensitive indicators and professional judgement to inform the Trust establishment setting process. As per the Imperial licensing agreement two 30-day cycles of SNCT

data collection took place in March and September 2024, which ensured representation of seasonal variation. The principles underpinning SNCT methodology is consistent with the endorsement from NICE and their safe staffing inpatient setting (2014) guidance, and the recommendations within the Developing Workforce Safeguards (2018) guidance.

- 5.1 Birthrate Plus® is the workforce planning tool of choice for maternity services at SFH. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the Birthrate Plus® methodology is consistent with the recommendations in the NICE Safe Midwifery Staffing for Maternity Settings (2015) guidance, including the endorsement by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.
- 5.2 A multidisciplinary review of the establishments commenced late November 2024 were led by the Director of Nursing/ Deputy Chief Nurse, the Associate Director of Nursing (Workforce), the Deputy Chief Financial Officer, Divisional Directors of Nursing, Divisional Matrons and Divisional Finance Managers.
- 5.3 Each review was aligned to the components below:
- ✓ Application of professional judgement,
 - ✓ Consideration of skill mix and environmental factors,
 - ✓ SNCT and Birthrate Plus® modelling,
 - ✓ Speciality and Royal College guidance,
 - ✓ Benchmarking data from Model hospital (Peer ward level CHPPD and national mean CHPPD),
 - ✓ A 12-month overview of nurse sensitive indicators for each area,
 - ✓ Potential future service demand,
 - ✓ Health Roster template confirm and challenge,
 - ✓ Confirm and challenge of financial impacts upon budgets.
- 5.4 Staffing establishments consider the need to enable nursing, midwifery, and HCSW time to undertake professional development and supervision roles, therefore core principles in determining these establishments have remained aligned with previous reviews, namely:
- ✓ 22% 'headroom' is allocated to establishments based on the minimum headroom supported within the SNCT and represents a built-in efficiency. However, ED, Newark Urgent Treatment Centre, SDEC, NICCU and ICU are allocated 25% headroom acknowledging the speciality guidance for additional training requirements for these specific areas.
 - ✓ The ward/department leader role remaining supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership and support unfilled shifts.
 - ✓ The skill split upon ward areas should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards, 60:40 for sub-acute wards and 50:50% for rehabilitation wards. However professional judgement is always taken into consideration noting environmental factors and multidisciplinary input across each service.

Medicine Division Review:

- 5.5 The Medicine Division is not seeking any additional investment during the re-setting of the 2025/2026 establishments. During the professional confirm and challenge discussion the current establishment was deemed to be safe, sustainable and in line with speciality guidance. The SNCT information was triangulated with nurse-sensitive information which informed the discussion, and this recommendation was supported by the Divisional Director of Nursing and the Director/Deputy Chief Nurse.

Surgery Division Review:

- 5.6 The Surgical Division is seeking an additional uplift of 2.51 WTE (HCSWs) to support Ward 12 with the increasing dependency needs of patients and noting the increasing requirements for enhanced patient observation support. Division is also seeking a 5.26 WTE uplift (2.51 WTE RNs and 2.75

HCSWs), to support Ward 31 with the complex needs of post operative patients returning from theatre and ITU step down into enhanced care beds. During the professional confirm and challenge discussion, the division supported the case of need with a comprehensive breakdown of the additional staffing requests made over a several month period whilst triangulating this with SNCT information, nurse-sensitive information, and staff health and wellbeing feedback since the increasing pressure was noted.

- 5.7 The division are not seeking any additional financial investment; this is due to efficiencies made across several of the ward budgets and refining the roster templates. The recommendation was supported by the Divisional Director of Nursing and the Director of Nursing/Deputy Chief Nurse.

Women's and Children Division Review:

- 5.8 The Women's and Childrens Division is seeking an additional staffing uplift of 5.37 WTE (RMs) across the Acute Maternity Team. The additional resource will support the ongoing challenges and demands seen within the triage service thus enabling right sizing of the workforce in preparation for the commissioned BR+ review. The division have also tracked the unavailable time allocated for parenting and have noted that there has been a consistent elevated demand for parenting leave that exceeds the 0.5% currently allocated. Consequently, the Division has requested that to increase this allocation to support a headroom increase from 22% up to 25% which is contributing to the 5.37 WTE ask.
- 5.9 Due to efficiencies made within the division through improved roster management, variable pay utilisation and the de-establishment of unfilled long-term vacancies, the Division have provided assurance they have the ability fund this ask within their current financial envelope.
- 5.10 In line with rightsizing the registered workforce, the division are requesting an uplift of 1.84 WTE for the MSWs. The additional band 3 staff will support the demand seen within our maternity triage services, whilst ensuring the service provision remains in line with the Birmingham Symptom specific Triage System recommended by the Royal College of Obstetricians and Gynaecologists whilst addressing concerns received from HM Coroner in July 2024. The financial ask to support this recommendation is £65,487.
- 5.11 The overall recommendation from the Women's and Childrens Division is an uplift of 7.21 WTE in totality with a financial ask of £65,487.

CTSO Review:

- 5.12 The division continues to make excellent progress with a complex detailed transformation review of their current workforce provision by aligning the affiliated therapy services a with the job planning process and a individual service need review. Consequently, the CSTO division have not requested any additional establishment changes to their current services whilst this review remains in progress, and this is supported by the Divisional Director of Nursing, the Chief AHP and the Director of Nursing/Deputy Chief Nurse.

Urgent and Emergency Care Review:

- 5.13 The Urgent and Emergency Care Division are not seeking any additional investment during the re-setting of the 2025/2026 establishments. During the professional confirm and challenge discussion the current establishment was deemed to be safe and sustainable. The SNCT information was triangulated with nurse-sensitive information which informed the discussion, and the recommendation was supported by the Divisional Director of Nursing and the Director of Nursing/Deputy Chief Nurse.
- 5.14 However, it was recognised that as the capacity within Emergency Care is expected to expand, and services evolve, a full review of the workforce utilisation that is mapped against the patient pathway would be required. It is expected that the intelligence gained from this review will inform the future need of service demand whilst ensuring the quality care remains safe and within a sustainable model of delivery.

Figure 7: Establishments Recommendations

Division	WTE Requested	Financial Investment Requested
Medicine	0	£0
Urgent and Emergency care	0	£0
Surgery	7.77	£0 Funded within Division
Clinical Therapies, Services and Outpatients	0	£0
Women and Children	7.21 (investment being asked for 1.84 WTE only)	£65,487
Total	14.98	£65,487

- 5.15 The nursing, midwifery and AHP establishment recommendation is for an increase of 14.98 WTE to the collective workforce, with a total financial impact of £65,487. Funding was approved by the Trust Management Team in January 2025 in preparation for the 2025/2026 budgets.

Midwifery Overview

- 6.0 Maternity Services at SFH strives to provide safe and quality care to all women, birthing individuals, and their babies who access our services. Alongside clinical excellence, we aim to be the very best place to work, ensuring our staff's health and wellbeing, alongside their professional development.
- 6.1 The workforce requirements are clearly defined through national guidelines, which support the Trust in assessing compliance against safer maternity services, midwifery workforce, and service transformation programmes: these include Better Births (2016), Safer Maternity Care (2016), the NHS Long Term Plan (2019), the Ockenden Reports of December 2020 and March 2022, Saving Babies Lives Care Bundle version 3 (2023) and the Maternity Incentive Scheme's ten safety actions, currently Year 6 of the scheme, alongside NHSE's national Single Maternity Plan (2023).
- 6.2 Ockenden (2022) acknowledges the urgent need for all Trusts to ensure a robust and fully funded maternity-wide workforce plan, which addresses the present and future requirements for midwives, obstetricians, anaesthetists, neonatal teams, and associated staff working in and around maternity services. In addition, Ockenden (2022) recommends this workforce plan focuses significantly on reducing the attrition of midwives and doctors, since increases in workforce numbers are of limited use if those already within the maternity workforce continue to leave.

Safe Midwifery Staffing for Maternity Settings

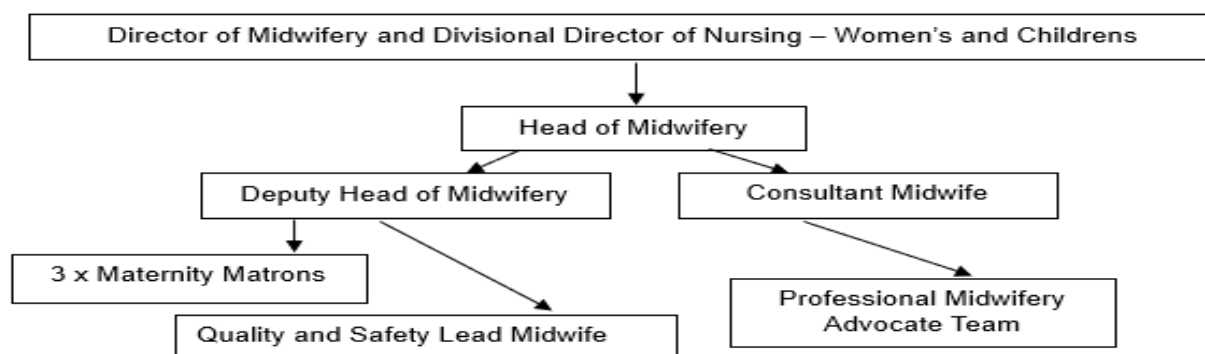
- 7.0 Aligned with the NICE recommendation NG4 (2015), division undertook a systematic process to calculate the midwifery staffing establishment utilising the BR+ toolkit. BR+ is a nationally recognised workforce planning and decision-making system for assessing the needs of women and birthing individuals for midwifery care throughout pregnancy, labour, and the postnatal period, both in hospital and community settings.
- 7.1 The findings from this service wide review provided SFH with a robust analysis of the numbers of staff required to deliver safe maternity care based on the acuity of the women and birthing individuals receiving care for 3 months between February to April 2020. Important consideration is now given to the significant changes and additional requirements of the service since 2020, and in line with NICE recommendations, we have commissioned a repeat audit by BR+ for 2025.

7.2 The outcome from our 2025-2026 establishment review is detailed in within section 5.8 of the report.

Leadership

8.0 In line with Ockenden (2022) recommendations, the structure within Maternity Services has been strengthened, introducing the Divisional Lead role of Director of Midwifery/Divisional Director of Nursing in 2022, and increasing Matron cover by 1.0 WTE in 2024. Figure 6 below outlines the Senior Leadership Team structure as of January 2025.

Figure 6: Divisional Structure



Consultant Midwife

9.0 The role of Consultant Midwife at SFH was initially recruited to support the implementation of Continuity of Carer in February 2021. The role has now transformed with a focus on education, research and innovation alongside leading our work on addressing health inequalities amongst our community. In 2025 our Consultant Midwife will be working closely with the Head of Midwifery to lead and embed improvements in care with an improvement project in collaboration with our Intrapartum Services Matron and Birthing Unit Clinical Lead Obstetrician focusing on prioritising choice and personalisation during labour and birth. Our Consultant Midwife will also be leading on embedding the work of our newly established staff focused Professional Midwifery Advocate for Perinatal Pastoral Care, our new Service User Advocate, alongside improving access for women and birthing individuals to pre and post birth counselling.

Specialists Midwives

10.0 Ockenden (2022) highlights the need to develop and embed a strategy to support succession-planning for the maternity workforce with the aim of developing potential future leaders and senior managers, with additional focus on Specialist roles.

10.1 We recognise that some women and birthing individuals, such as those with long-term conditions, need more specialist care during pregnancy from our specialist midwives and teams. Specialist Midwives provide expert midwifery care to groups of women and birthing individuals with additional support needs, for example diabetes, those with mental health issues, or substance abuse issues.

10.2 Our Specialist team at SFH are funded both internally and externally, for 2025, as described in the table below.

Figure 7: Specialist Midwife Breakdown.

WTE	Role	Funding source for 2025
1.00	Bereavement Lead	OCKENDEN 5
0.53	Preceptorship Lead	OCKENDEN 5
1.00	Pre-Term Birth Lead	LMNS
0.91	B3 PTB Support	LMNS
0.80	B4 CL Skills Trainer	OCKENDEN 5
0.80	Recruitment and Retention Lead	LMNS
1.00	Saving Babies Lives Lead	NHSR
0.63	Fetal Monitoring Lead	OCKENDEN 5

0.91	Professional Midwifery Advocate	Establishment
0.80	Screening Lead	
1.00	Infant Feeding Lead	
1.00	Audit Lead	
0.40	Bereavement Midwife	
0.71	Governance Lead	
1.00	Deputy Quality and Safety Lead	
0.92	Perinatal Mental Health Lead	
1.00	Diabetes Lead	
0.80	Drug and Alcohol Lead	
0.80	Clinical Facilitator	
0.53	Digital Lead	
0.60	Clinical Facilitator, to commence in post March.	
1.00	B6 Screening Midwife	
0.80	B6 Perinatal Mental Health Midwife	
0.40	B6 Diabetes Midwife to be recruited.	
1.0	B6 Antenatal Services Midwife to be recruited	

Lime Green Team

- 11.0 Following a successful quality improvement pilot in 2023 the team now also provides a daily education round on the postnatal ward (for all parents and all feeding methods), alongside community visits and antenatal classes. Led by the Infant Feeding Lead Band 7 Specialist Midwife, they will support audit, data preparation and assurance reports, achieving and maintaining Baby Friendly accreditation, as well as the in house frenulotomy clinics and staff training and education. Moving forward, the team will be launching an evening class for service users in response to feedback to improve access to education for all service users.
- 11.1 The future ambition of the team is to develop and expand the specialist role of the Band 3 to include further teaching and education elements to their portfolio, expanding their work across the neonatal service and our families, working alongside the Homecare Team and thus look to benchmark the role at agenda for change Band 4.

Labour Ward Coordinators (LWC)

- 12.0 As recommended in the Workforce planning and sustainability Immediate and Essential Actions (Ockenden, 2022), a nationally recognised LWC development and educational framework has been developed by NHSE. The Framework is designed to reflect the special nature of the LWC role and defines the core proficiencies across six domains.
- 12.1 Throughout 2025, our Intrapartum Services Matron will be leading the LWC's engagement in adopting the framework and this will involve attendance at 3 dedicated away days supported by senior management. These are planned for March, June and September 2025 and will be led by the Associate Director for Nursing & AHP Development.
- 12.2 As of January 2025, we have permanently recruited into the Sherwood Birthing Unit Lead Midwife role, this was previously covered by a secondment due to several internal moves and role changes. We have also had a positive response to the current Band 7 LWC advert and are optimistic that we will have filled all vacancies for LWCs by the end of January 2025.

Quality and Safety

- 13.0 In 2024 we strengthened the Maternity Quality and Safety Team with the recruitment of an additional Band 7 Lead Midwife, and this has been further improved by the organisational changes made to the Quality Governance Corporate Team.

Maternity Support Workers

- 13.1 In 2018 Health Education England (HEE) launched a framework to provide all Trusts with a blueprint for the development of support worker roles across maternity services. It was created in response to the Government recognising that professionalising the role of maternity support workers was vital to delivering safe and personalised care within Maternity. In recognition of this, BirthRate use a 90:10 registered to non-registered skill split as part of their algorithm when calculating establishment.

- 13.2 We note that across the wider organisation, work is underway regrading Band 2/3 HCSWS in line with the national work and job profiles. This extensive review has already been completed within maternity due to the HEE framework, and we are now become aligned with the national expectation.
- 13.3 There will no longer be a Band 2 role for maternity support workers (MSWs) within the acute maternity service and future staff will be appointed using the Band 3 MSW job description. This has identified the need to re-band our current Band 2 staff and has informed a quality improvement project undertaken over the last 2 years to ensure training, education, and skills of all staff identified.
- 13.4 As we move into 2025, we will also be looking to develop our Band 3 workforce with support from our local maternity and neonatal service (LMNS) which will enable us to offer staff an opportunity to attend the 2-year apprenticeship programme. This will future proof of our workforce by creating the N9 ESR requirement within the Band 3 MSW role and will improve our national compliance from an NHSE workforce perspective.

Newly Qualified Midwives (NQMs)

- 14..0 Newly qualified midwives (NQMs) commence in post on a 12-month Band 5 preceptorship package. Once all elements are completed, they progress to band 6. This differs from band progression seen in nursing. At present due to the national shortage of qualified and experienced midwives SFH have recruited predominantly newly qualified midwives for the last 18 months and recognises approximately 20% of its current workforce on a rostered clinical shift are considered newly qualified.
- 14.1 At SFH at the start of 2024 our Band 5 midwives reported poor experience of support, teaching, and supervision whilst on shift and escalated to the senior team how they are often moved off supernumerary status when acuity challenges increase. We acknowledge the impact of this experience on retention and the health and wellbeing of our staff. The unavailability on shift of senior midwives to support our NQM has been identified as a key priority to address moving into 2025. Our action plan to date has included the successful recruitment of an additional Band 7 Clinical Facilitator, who commences in post March 2025 alongside increased engagement sessions with a professional midwifery advocate (PMA) via the introduction of Compassion Circles.
- 14.2 In line with Ockenden's (2022) recommendations, going into 2025 we will ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings. This will be led by our Lead PMA and Consultant Midwife with a starting focus on Sherwood Birthing Unit, as this has been identified by the NQM as their main area requiring additional practice support.
- 14.3 Consideration must also be given to the learning needs and experiences of our student midwives. We work closely with our education partners at Derby and Nottingham Universities and have also been asked to accommodate Lincoln students. We support BSc and MSc Midwifery students, paramedic students and our junior doctors across our acute and antenatal services.

Culture: Civility in the Workplace

- 15.0 Operational pressures due to midwifery vacancy, sickness absence, secondments and maternity leave all continue to contribute to the significant challenges in ensuring overall staff experience as well as staff health and wellbeing. Demonstrated through the staff survey responses, alongside the orientation experience of the newly registered midwives and international midwives, we have taken time as a senior team to listen and embed various strategies in a 'YOU SAID; WE DID' approach. This includes:
- National NHSE Perinatal Quad Work
 - Tree Teams
 - 10@10
 - Review and refresh of Bronze on Call role and responsibilities.
 - B7 LWC engagement days
 - Staff Council
 - Dedicated staff side PMA

- Perinatal Post – improved MDT communication strategies
- Midwife: Doctor Forum

The focus on the retention of midwives in post is of significant concern nationally with a shortage of around four thousand midwives.

Risk Register

- 16.0 We currently have 6 risks on the Maternity Risk Register that are related to and impacted by midwifery staffing as noted below.

Figure 8: Maternity Services Risks – Staffing Impact

Risk No 2893	Birmingham Symptom-specific Obstetric Triage System (BSOTS) triage system has not been fully embedded within Maternity Triage	High risk (12)
Risk No 1246	Deteriorating patient	Medium risk (9)
Risk No 2704	Diabetic Antenatal clinic appointments	Low risk (6)
Risk No 1969	Safe & effective patient care	Medium risk (9)
Risk No 1971	Midwifery Staffing levels	Low risk (4)
Risk No 1970	Staffing levels In-patient Maternity Services	Low risk (4)

- 16.1 There is one risk scored at 12 and is related to BSOTS (risk number 2893). It describes the clinical space, midwifery staffing vacancy, experience and telephone communication as factors that impact the services ability to fully embed BSOTS. A fortnightly improvement group has been developed to ensure mitigations and transformation are progressed to support improvements and an overall reduction in risk.
- 16.2 Currently we are actively recruiting for core Triage Band 6 midwives and have recently welcomed a Lead Midwife specifically for this team. and are continuing to work closely with Skanska to improve the telecommunications.

Forward Planning

- 17.0 The service acknowledges the immediate requirement to recruit dedicated Triage midwives to ensure we meet the requirement of a 24-hour service, seven days per week, aligned with the BSOTS model. This will ensure a dedicated experienced midwife for Telephone Triage across the 24-hour service, 7 days a week.
- 17.1 Our Pregnancy Day Care unit is weekday days and includes screening, flu, and pertussis services. To ensure we meet the diverse demands of the women and birthing individuals whom we provide care for, Outpatient Clinic services are based on session times and numbers of staff to cover these, rather than on a dependency classification and average hours. BirthRate Plus therefore recommended professional judgement is used to assess the numbers of midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.
- 17.2 The Recruitment and Retention Band 7 Lead post for maternity services has been instrumental in reducing the midwifery vacancy. The themes from exit interviews over the last 6 months have been related to relocation or promotions and we are planning a dedicated and focused Divisional Recruitment Open Day for June 2025.
- 17.3 In 2025 Women's and Children's Division will be supporting the Trust pilot on talent management and supporting people who move on quickly; research has shown that most staff who leave will do so in the first 6,9 and 12 months of being in post.
- 17.4 Thinking of Moving conversations will be used alongside the other suite of resources across the Trust which includes wellbeing conversations, 30/60/90-day conversations, appraisal, and talent conversations.

Specialist Champions

- 18.0 For 2025 the funding for the Digital Lead role will be moved fully over to the corporate team, alongside our safeguarding Lead midwife who is also funded corporately. As these roles are based across the organisation, we are looking to support band 6 development roles into Champions for each of these fields. This will be led by the Recruitment and Retention Midwife as part of the nurturing and development Band 6 Pathway Passport.

Advanced Clinical Skills Practitioners – Midwifery

- 19.0 In November 2022 HEE published the Advanced Clinical Practice in Midwifery Capabilities Framework which enables organisations to put in place new midwifery roles, helping them better meet the needs of those who use their maternity services. The framework was produced in line with recommendations made by HEE and builds upon examples of good practice from across the midwifery system nationally. Advanced clinical practitioners (ACPs) play a key role in maternity services that deliver safer, more personalised care for all women and birthing individuals, helping to improve outcomes and reduces inequalities. The aim is for a whole time equivalent Advanced Clinical Skills Midwife for each site who will support complex pregnancies, enhance obstetric care, and lead the way in improving and developing standards of practice for all midwives whilst improving the safety and quality of care.

Allied Health Professional (AHP) Overview

- 20.0 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing resource advised of a particular service.
- 20.1 At SFH, we are gathering data that will support an informed AHP staffing profile, this will provide transparency on the availability of the information we already have and new data we are currently collating. One element contributing to this workstream includes Job planning AHPs, individually and, as a team providing a specific service.

AHP Job Planning Project Progress Update.

- 21.0 AHPs within scope (according to NHSE AHP job planning guidance), include all our AHPs professions at SFH, except for ODP's. All band 5 AHPs now have an electronic job plan and have achieved 3rd level final sign off. This includes agreement and sign off by the band 5 AHP, line manager, Chief AHP and Divisional Director of Nursing.
- 21.1 In addition to this, job planning is now included on induction and e-learning AHP job planning training webinars have been developed and added to new AHP intranet webpage. Band 6 job plans are progressing well, and activity data analysis has now concluded, and job plans are currently being draft. Band 7 activity data harvesting has concluded and is currently in the analysis stage.
- 21.2 As this project progresses, the benefits of job planning, and data harvesting realised so far include:
- ✓ Identification of actual vs recommended range of direct clinical care, supporting professional activities per band (as defined by NHSE and the HCPC) and the identification of potential gaps.
 - ✓ Sharing activity with team members, resulting in efficiency improvements, for example the duplication of administrative activity releasing time for direct clinical care.
 - ✓ Visibility of workforce activity available to operational leads. Access to this information has enabled team skill mix reviews.
 - ✓ Transparency of equity across AHP bands and services.
 - ✓ Identification of individuals within teams, working beyond or under capacity. Data validation is underway to reduce unwarranted variation.

- ✓ Statistical data from activity exercise (actual) and job planning (planned) is providing standardised capacity, in hours, for different activities, which when developed, will aid establishment planning.
- ✓ Presentation of project at national conference in October 2024 by the AHP CNCF

- 21.3 A pilot collecting in-patient physiotherapy statistics (via Nervecentre) has concluded, and data analysis will be performed by the digital team when capacity allows, prior to potential roll out across the other in-patient AHP teams.
- 21.4 AHP establishment reviews have commenced in CSTO for all AHP groups, and it is the first time there has been a detailed review of baseline establishments using a grip and control methodology similar to that used across nursing. Embedding confirm and challenge meetings alongside and the triangulation of several data sets including workforce metrics, key performance indicators and financial utilisation is acknowledged this is a transformative large piece of AHP work and has not been undertaken at SFH previously.
- 21.5 CSTO division continue to transition all their AHPs onto Health Roster. Five AHP professions are now on Health roster which include Physiotherapy, Occupational therapy, SLT, Dietetics and Orthotics, with Radiography currently transitioning across. Health roster information combined with professional judgement and real time activity data, will support future AHP productivity and efficiencies at SFH.
- 21.6 The CNCF AHP job planning secondment ends 31st March and there is no sustainability plan or funding in place to continue this project beyond this date.

Dietetics

- 22.0 The recruitment of the Band 7 Diabetes (young adult) position has been unsuccessful and has been re-submitted through the recruitment process to re-advertise.

Occupational Therapy (OT)

- 23.0 OT is a workforce risk that has been downgraded in severity remains a risk at present. Recruitment continues to improve but significant upcoming maternity leave is creating challenges for service provision in the smaller teams.

Operating Department Practitioners (ODP's)

- 24.0 Recruitment of ODPs continues to be a risk but work is progressing on the reduction of vacancies, namely through the utilisation temporary staffing and supporting the growth of the qualified workforce via apprenticeships.

Orthoptists

- 25.0 Orthoptist substantive posts are currently fully established but the small team is experiencing significant long-term planned and unplanned sickness, impacting staffing and service delivery, because of this Orthoptist staffing has been added to the divisional risk register. To support staffing resource a bank position is currently bank post is out to advert, and variable pay continues to be utilised to support additional clinic capacity.

Orthotics

- 26.0 Orthotics are currently out to recruitment for a Band 5/6 vacancy equating to a 25% reduction in capacity. There has been a good response with the re-advertisement of this post (previously no applicants) and Interviews are pending. Orthotic technicians are fully established.

Paramedics

- 27.0 We continue to employ four paramedics working as advanced clinical practitioners (ACPs) at KMH. Two ACPs are based within ED triage, one in the Newark hospital Urgent Treatment Centre and one in based in ICCU.

Physiotherapy

- 28.0 There are no concerns with current physiotherapy recruitment and SFH continue to attract a healthy number of applicants into the workforce. However, exception is noted for Neurology due to a Band 7 position needing to be re-advertised with an annexe 21 to progress and band 6 to a band 7.

Radiography

- 29.0 Five vacancies in radiology will be progressed to advert in February with a target audience of the undergraduate workforce due to qualify in the spring 2025.
- 29.1 Sonography recruitment continues to be a significant challenge with 10.5 WTE vacancies. 6.0 WTE of the vacant posts are being utilised with trainee sonographers resulting in 4.5 WTE vacant posts overall. 2.0WTE qualified sonographers, who have completed their preceptorship at SFH, have recently resigned and has resulted in increased use of temporary staffing to support the current service.
- 29.2 It is anticipated resourcing MRI staffing for the Community Diagnostic Centre will be challenging, therefore, to test the current market, hybrid rotational posts have been proposed as part of the Vacancy Control Panel process.

Speech and Language Therapy (SLT)

- 30.0 SLT have recently seen a recent high attrition rate of experienced staff with three band 7's having left the Trust. In addition to this, the recent Band 7 SLT Neurology post received no applicants and is back out to advert. 0.6 WTE Band 7 Paediatrics and 0.6 WTE head and neck posts are also being re-advertised after unsuccessful recruitment. There has been successful recruitment of the Band 7 General Medicine SLT post, and the candidate is expected to start in March 2025.
- 30.1 Ongoing concerns for recruitment nationally for SLT remain with a vacancy rate of 25-28%. At SFH, our vacancy rate has risen above the national average and the current SLT service provision is fragile and the team are being supported by divisional leadership team. SLT staffing remains on the CSTO Risk Register.
- 30.2 Therapy services continue to work in collaboration with West Notts College to provide placements for 'T' level students accessing the therapy module in healthcare. The 'T' level provides entry level requirements for AHP undergraduate degree courses (equivalent to 'A' level), and on-going collaboration is underway to encourage students to consider Occupational Therapy training.

Chief Nurse Clinical Fellows (CNCF) - AHP Preceptorship

- 31.0 Each of our AHP Professions has a designated preceptorship lead, and with the support of the AHP Preceptorship CNCF and the new AHP Preceptorship champions, AHP preceptorship provision at SFH (aligned to NHSE guidance) has been redesigned.
- 31.1 All newly qualified AHP practitioners are now accessing preceptorship support; they have all been assigned trained preceptors who provide one-to-one structured monthly meetings over a 12-month period, with access to a newly developed toolkit of resources and guidance on the AHP intranet. Initial trialling of cross-profession AHP preceptor support is underway, and AHP preceptors can access ongoing development and support opportunities through newly developed training and peer support forums.

- 31.2 The CNCF AHP preceptorship secondment is due to finish next month. Concerns have been raised about the sustainability of AHP preceptorship without dedicated resource to support, especially with the absence of a multi-professional facilitated learning sessions having been established due to clinical restraints limiting the time of the project.

National Compliance

- 32.0 The Developing Workforce Safeguards published by NHSI in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This approach combines evidence-based tools with professional judgement and patient outcomes to ensure the right staff with the right skills are in the right place at the right time.
- 32.1 Appendix One details the Trust's compliance with the nursing and midwifery elements of the Developing Workforce Safeguards recommendations. The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.
- 32.3 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable

Recommendations

- 33.0 The Board of Directors are asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 33.1 The Board of Directors are asked to note the Nursing, Midwifery and AHP establishment recommendation of a 14.98 WTE increase to the collective workforce, with a total financial impact of £65,487.
- 33.2 The Board of Directors are asked to note the collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.
- 33.3 The Board of Directors is asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services and strategy development for 2025/2026.
- 33.4 The Board of Directors is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 33.5 The Board of Directors is asked to note the Developing Workforce Safeguards compliance standards.

34.0 Appendix One: Developing Workforce Safeguards Compliance Standards

Recommendation:	Compliance:
Recommendation 1: Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Compliant <ul style="list-style-type: none"> ✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department. ✓ BR+ is embedded with Maternity services and a refresh of training has been undertaken. ✓ Monthly, Biannual and annual reporting to Trust Board
Recommendation 2: Trust must ensure the three components are used in their safe staffing process.	Compliant <ul style="list-style-type: none"> ✓ SNCT and BirthRate are in use at the Trust and provide an evidence-based benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
Recommendation 3 & 4: Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.	Compliant <ul style="list-style-type: none"> ✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
Recommendation 5: As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.	Compliant <ul style="list-style-type: none"> ✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.
Recommendation 6: As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable.	Compliant <ul style="list-style-type: none"> ✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report.
Recommendation 7: Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.	Compliant <ul style="list-style-type: none"> ✓ Annual submission to NHS England
Recommendation 8: They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.	Compliant <ul style="list-style-type: none"> ✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.
Recommendation 9: An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	Compliant <ul style="list-style-type: none"> ✓ A bi-annual review for nursing using SNCT is completed across all services; establishments are reviewed on an annual basis. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors.
Recommendation 10: There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Compliant <ul style="list-style-type: none"> ✓ SNCT and BR+ are in use as per full license agreements.
Recommendation 11 & 12: As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.	Compliant <ul style="list-style-type: none"> ✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.

<p>Recommendation 13 & 14: Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p>Compliant</p> <ul style="list-style-type: none"> ✓ Staffing resource is also discussed at the flow and capacity meetings throughout the day. ✓ Staffing escalation process via Matron and Bronze on call. ✓ Safe Staffing Standard Operating Procedure. Perinatal Assurance Committee. ✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.
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Developing Workforce Safeguards (NHSI, 2018)

35.0 Appendix Two: Establishments Outcome Breakdown 2025/2026

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
Medicine	Ward 22 (24 beds)	37.9	37.90	0	30	0	6.6	5.88	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 23 (23 beds)	35.16	35.16	0	32.4	0	7.16	7.63	77/33	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 24 (24 beds)	37.9	37.9	0	31.6	0	6.64	7.63	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the speciality on the ward is haematology and cardiology medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron Divisional Director of Nursing and Deputy Chief Nurse.
	Ward 43 (24 beds)	37.90	37.90	0	34.5	0	7.5	6.6	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 34 (24 beds)	37.89	37.89	0	40.3	0	6.86	6.35	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 41 (24 beds)	37.89	37.89	0	37.9	0	6.84	76.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 42 (24 beds)	37.89	37.89	0	38.2	0	7.24	6.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	21/ RSU (24 beds)	40.40	40.40	0	38.7	0	7.75	6.64	67/33	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 44 (24 beds)	37.90	37.90	0	34	0	6.89	6.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 51 (24 beds)	40.71	40.71	0	32.4	0	7.13	7.02	40:60	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 52 (24 beds)	41.27	41.27	0.	40.3	0	7.56	7.02	50/50	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief

											Nurse
	Stroke Unit (35 beds, 4 HASU and 31 acute stroke beds)	74.95	74.95	0	68.2	0	9.58	7.26	56/44	1:3	The SNCT principles of professional judgement and RCP stroke guidance have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Sconce (24 beds & 6 escalation beds)	44.12	44.12	0	44.4	0	6.36	7.5	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse.
	Castle (18 beds-escalation)	27.19	27.19	0	26.5	0	7.1	7.5	40/60	1:9	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Chatsworth MCH (16 beds-escalation)	24.69	24.69	0	NA	0	6.64	7.56	40/60	1:8	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Lindhurst (19 beds-escalation)	27.19	27.19	0	28.5	0	7.57	7.02	40/60	1:9	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Oakham MCH (24 beds)	32.42	32.42	0	33.1	0	5.88	7.56	50/50	1:8	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse

	Ward/Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
SURGERY	Ward 11 (24 beds)	37.9	37.9	0	38.1	0	New Ward	New Ward	50:50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 12 (24 beds)	37.92	40.43	2.51	39.1	0	6.95	8.02	50/50	1:6	The SNCT principles and professional judgement have been applied and a 2.51 WTE increase to the establishment is recommended. No financial investment is required due to the service efficiencies made within division. The uplift will support the increasing demand for enhanced patient observations (1;1 care) out of hours. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	Ward 14B (12 beds)	24.57	20.88	- 3.69	16.5 (small ward)	Repurposed	New Ward	New Ward	60/40	1:4	The SNCT principles, professional judgement and Roster efficiencies have been undertaken to ensure roster templates align with budgets for transparency and this has realised a 3.69 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse, and the relevant QIA have been undertaken.
	Ward 31 (24 beds)	35.19	40.45	5.26	35.35	182,300 (funded by division)	6.91	7.54	57/43 1:6	1:6	The SNCT principles and professional judgement have been applied and a 5.26 WTE increase to the establishment is recommended. No financial investment is required due to the service efficiencies made within the division. The uplift will support

											the increasing complexities of the post-operative patients and those patients who have been stepped down from ICU care. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	Ward 32 (24 beds)	37.95	37.95	0	37.03	0	7.84	7.54	50/50 1:6	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 33 SAU/SDEC (17 beds, 5 recliners and 4 trolleys)	35.55	34.76	- 0.79	Ward reconfig ured	Repurposed	0	0	67/33	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets to ensure transparency and this has realised 0.79 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse, and the relevant QIA have been undertaken.
	ITU RN	99.09	97.73	- 1.36	GPICS	Repurposed	38.48	30.99	GPICS	NA	The GPICS principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets for transparency and this has realised a 2.36 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	DCU - King's Mill	39.01	39.09	0.08	NA	2,800 (funded by division)	23.77	7.91	54/36	NA	Professional judgement has been applied an a 0.08 WTE increase to the establishment has been recommended. This is to ensure the roster template is aligned with the budget This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	Minister - NWK	25.74	22.64	3.1	NA	Repurposed	NA	NA	64/36	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets to ensure transparency and this has realised a 3.1 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse the relevant QIA has been undertaken.

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
UFC	UCC RN - Newark	21.62	21.62	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	UCC - Newark	6.20	6.20	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	SSU (48 beds)	70.83	70.83	0	70.82	0	7.09	8.02	58/42	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron, Divisional Director of Nursing and Deputy Chief Nurse.
	EAU (46 beds)	95.88	95.29	0	88.7	0	10.29	8.4	57/43	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.

	Discharge Lounge	27.01	27.01	0	NA	0	NA	NA	50/50	NA	Professional judgement has been applied and professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	SDEC	21.77	21.77	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Divisional Director of Nursing.
	ED RN	130.36	130.36	0	117.1	0	NA	NA	62/38	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	ED HCA	78.70	78.70	0	29.3	0	NA	NA	38/62	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	ED ENP	9.41	9.41	0	NA	NA	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	HOOH	9.29	9.29	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
W&C	Ward 25 (26 beds)	50.06	53.20	0 Budget and roster template being aligned	53.5	0	16.57	15.21	67/23	1:3.7	The SNCT principles and professional judgement have been applied with no changes to the establishment. Budget and roster templates have been aligned to ensure transparency. This is supported by the Divisional Director of Nursing and Divisional Director of Nursing
	Ward 25 (HDU)	7.82	7.46	- 0.36	NA	Repurposed	NA	NA	PICS	PICS	Professional judgement and guidance from PICS guidance have been applied with no changes to the establishment recommended. This is supported by the Deputy Divisional Director of Nursing and Divisional Director of Nursing
	Ward 14 (12 beds)	26.60	26.63	- 3.06	23.54	Repurposed	8.48	8.28	57/43	1:6	The SNCT principles and professional judgement have been applied and a 3.06 WTE decrease has been recommended. This has been based on 2 posts being redeployed to support the service from an outpatient setting. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	NICU RN	29.33	28.60	- 0.73	BAPM	Repurposed	13.89	14.14	84/16	BAPM	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. Roster templates and budget codes have been re-aligned to ensure transparency. This is supported by the Deputy Divisional Director of Divisional Nursing and Divisional Director of Nursing.
	NICCU HCA	5.24	5.24	0	BAPM	0	1.79	1.79	16/84	BAPM	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. Roster templates and budget codes have been aligned to ensure transparency. This is supported by the Deputy Divisional Director of Divisional Nursing and Divisional Director of Nursing.

	Midwifery RM	92.19	97.56	5.37	Birthrate Plus	(funded by division)	8.58	9.87	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 5.37 WTE increase has been recommended. to the establishment. This is to enable the increase in headroom from 22-25% and align the increased demand for parenting leave, The increase will also the senior midwifery presence in triage. This is supported by the Divisional Director of Nursing.
	Midwifery MSW	29.15	30.99	1.84	Birthrate Plus	£65,487	2.30	2.79	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 1.84 WTE increase has been recommended. to the establishment. The increase will also the clinical support presence in triage and align the model of care with BSOTS. This is supported by the Divisional Director of Midwifery and the Deputy Chief Nurse.
	Community Midwives	46.23	45.04	- 1.19	Birthrate Plus	0	NA	NA	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 1.19 WTE decrease to the establishment has been recommended. This has resulted from improved roster efficiency and the disestablishment of a long-term unfilled post. This is supported by the Director of Midwifery and the Deputy Chief Nurse.
	Specialist Midwives	12.84	19.34	6.5 Roster aligned with external funding streams	Birthrate Plus	0	NA	NA	Birthrate Plus	Birthrate Plus	The BirthRate Plus principles and professional judgement have been applied and no changes to the establishment are recommended. The external funding stream have been transacted and reflected into the budget planning to ensure transparency. This is supported by the Director of Midwifery and the Deputy Chief Nurse.

- The nursing, midwifery and AHP establishment recommendation is an increase of 14.98 WTE to the collective workforce, with a total financial impact of £65,487.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Medical Workforce Report	Date:	06.03.25			
Prepared By:	Rebecca Freeman – Head of Medical Workforce					
Approved By:	Simon Roe – Acting Medical Director					
Presented By:	Simon Roe – Acting Medical Director					
Purpose						
The purpose of this paper is to provide an update to the Board of Directors relating to the Medical Workforce. This paper is the half yearly Medical Workforce update.		Approval				
		Assurance	X			
		Update	X			
		Consider				
Strategic Objectives						
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community	
X	X		X			
Principal Risk						
PR1	Significant deterioration in standards of safety and care					
PR2	Demand that overwhelms capacity					X
PR3	Critical shortage of workforce capacity and capability					X
PR4	Insufficient financial resources available to support the delivery of services					X
PR5	Inability to initiate and implement evidence-based Improvement and innovation					
PR6	Working more closely with local health and care partners does not fully deliver the required benefits					
PR7	Major disruptive incident					
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before						
None						
Acronyms						
SAS – Specialists and Specialty Doctors JLNC – Joint Local Negotiating Committee ARCP – Annual Review of Competency Progression GMC – General Medical Council RD – Resident Doctor KTC – Kings Treatment Centre						
Executive Summary						
Conclusion						
<p>The Board of Directors are asked to take this Medical Workforce Report as an assurance item and an update from the previous report and to note the following: -</p> <ul style="list-style-type: none"> - The progress with job planning, appraisal and revalidation. - The development of the Resident Doctors Forums 						

- The work that is being undertaken in relation to the annual leave audit and the planned completion date of end March 2025.
- The work that is ongoing looking at the rates of pay for work undertaken in addition to contract for Consultants and Specialists.
- The bids that have been submitted for additional training post for August 2025.

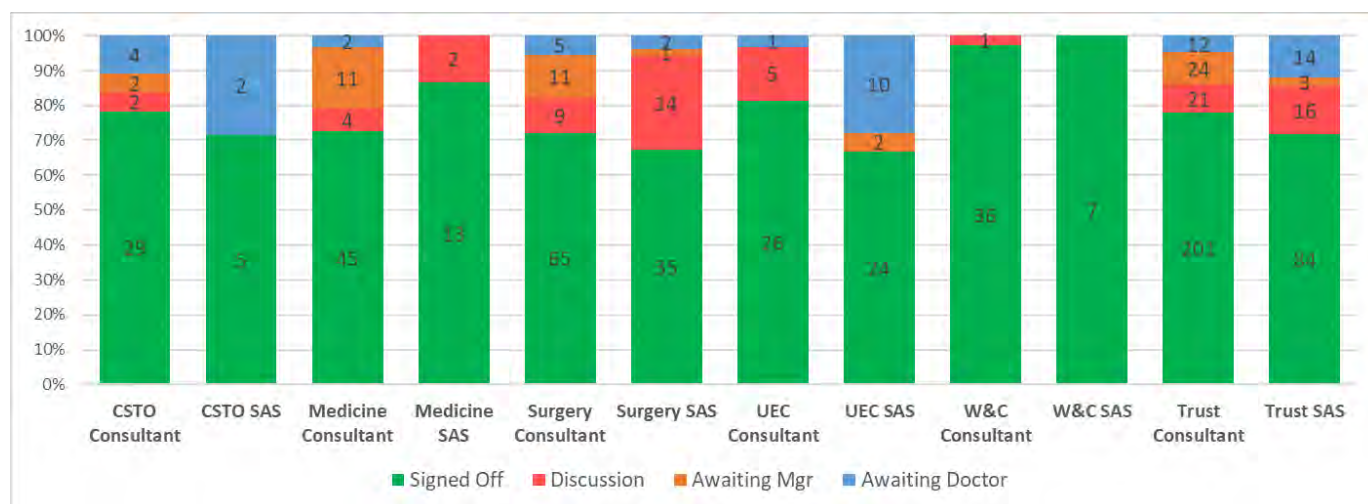
Medical Workforce Report – March 2025

Looking After our People

Job Planning

The job planning round for 2025/26 has started, with around 200 April 2025 job plans being published. For 2024/25, we have a successful sign off completion of 80% of the Consultants and 71% of the SAS doctors job plans.

There have been some new Heads of Service appointed since the last job plan round started, so our Team will be offering training on the eJobPlan system and the Trust processes and procedures.

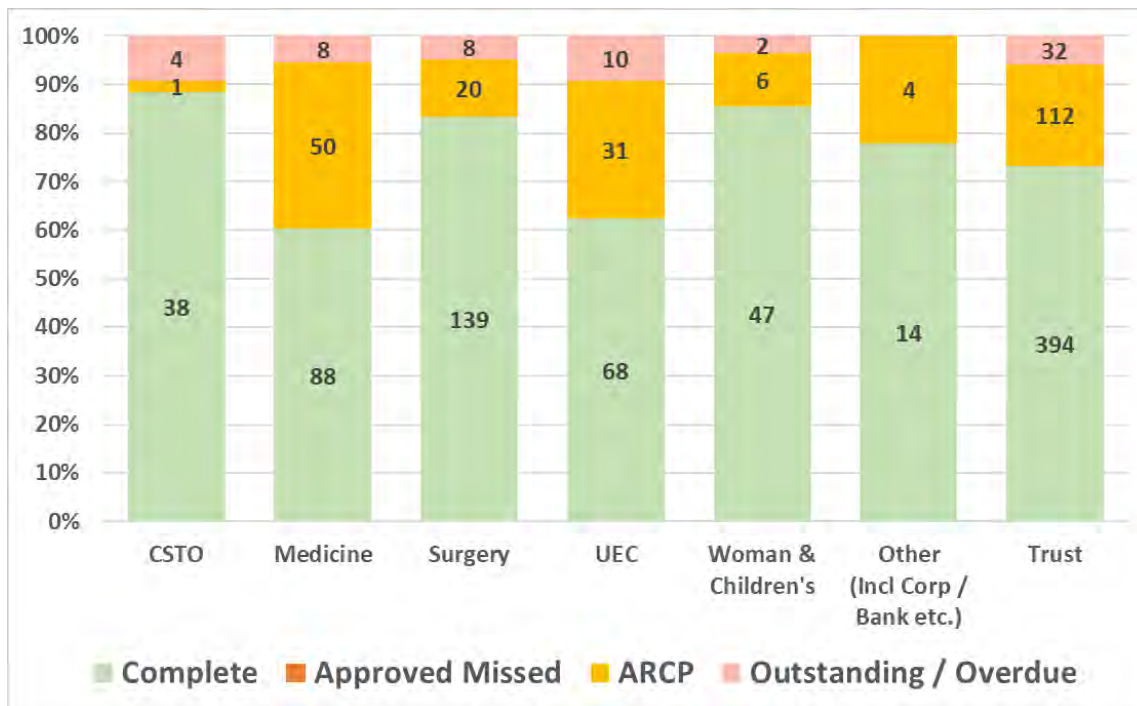


The revised Trust Job Planning Toolkit was approved by the JLNC at the February 2025 meeting. Sessions will be held with Heads of Service advising of the key changes to the toolkit and the implications of those changes and a communication will be sent to Consultants and SAS Doctors. Drop-in sessions will also be held for anyone with further questions about the Toolkit.

Appraisal

Following a targeted approach over the past few months, from the Medical Workforce Team and the Appraisers, we have successfully attained a 94% completion rate for January.

The Trust currently has 27 appraisers undertaking appraisals. The Trust now has over 420 individuals that require an appraisal (excluding those that complete an ARCP portfolio) therefore an exercise will be undertaken to request expressions of interest again for new appraisers in the coming months.

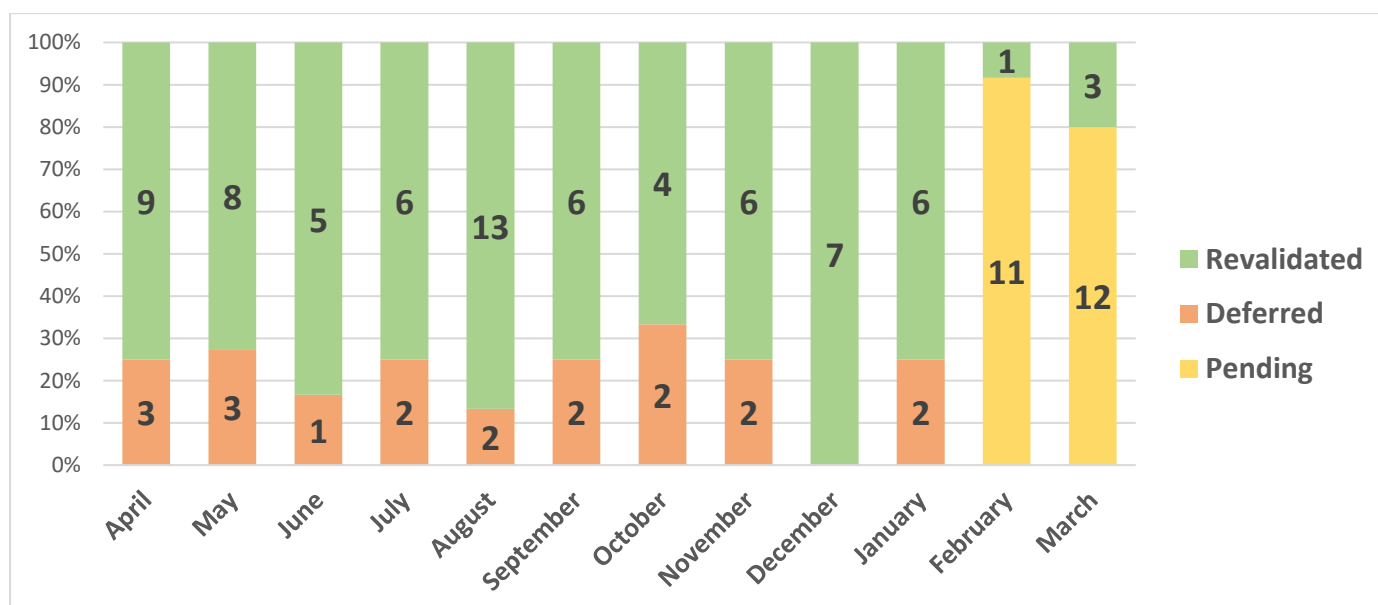


GMC Revalidation

The GMC Revalidation year runs adjacent to the financial year and for 2024/25 we had originally had 120 doctors due for revalidation. However, since Resident Doctors (RD) change over in August, we have had a few of our Clinical Fellows leave for RD posts and this has reduced our numbers of revalidation required to 116.

Of the 116, 74 have been revalidated, and 19 deferred for various reasons. The majority of which due to lacking appraisal outputs or new doctors that haven't established their evidence since starting with the Trust.

2024/25 Revalidation Tracker



Belonging in the NHS

Doctors Mess

The Well Being spaces for staff have now been completed between the KTC Clinics in what were known as the KTC Fingers enabling the work on the doctor's mess to commence.

Resident Doctors Forums

Since the last report, the Resident Doctors Forums have been established and the Associate College Tutors appointed to. The Associate College Tutors are resident doctors representing specialties across the Trust who are responsible with the support of the Rota Coordinators for holding forums in each area. After the regular specialty forums the Associate College Tutors meet and agree the points that they want to raise at the Resident Doctor Board meeting. There have been two Resident Doctor Board meetings where the Tutors meet with members of the Executive Team to raise issues. These meetings are coordinated by the Chief Registrar and are well attended by the Associate College Tutors. Both meetings have been productive with appropriate issues being raised and any required action is taken following the meeting and fed back to the Associate College Tutors and the Chief Registrar following investigation. Initial feedback is that the change to the Resident Doctors Forum and the introduction of the Associate College Tutors has improved engagement and resident doctors feel empowered to raise concerns.

New Ways of Working

Annual Leave Audit

Work is continuing with the Medical Staff Annual Leave Audit. A number of discussions have taken place with the Joint Local Negotiating Committee and a communication has been developed by the joint LNC chairs that will be sent to all clinicians involved in the Audit. The communication clarifies some principles of the audit, confirms that a person-centred approach will be taken and that the key aim of the audit is to ensure fairness and equity in the allocation of annual leave. It is anticipated that the audit will be completed by the end of March and following the audit, the Trust annual leave guidance will be updated and processes for ensuring that annual leave entitlements and leave booking patterns are amended as required with job plan changes going forward.

Rates of Pay for Work undertaken in Addition to Contract for Consultants and Specialists

An analysis of payments that are currently being made to Consultants and Specialists for work undertaken in addition to contract including what is described as waiting list initiative work has been undertaken. The analysis has shown that the rates being paid are variable across different specialties and as such further analysis is being undertaken to develop a proposal that is fair and equitable. Initial conversations have taken place with Clinical Chairs and further work is underway to develop a proposal to be taken through our governance processes.

Bid for Additional Training Posts for August 2025

The Trust has bid for 8 training posts for August 2025. All these bids will replace other posts most of which will be Clinical Fellow posts.

Specialty	Number of Posts	Grade of Post
Gastroenterology/Geriatrics/Respiratory	3	CT1
Respiratory	1	ST4
Trauma & Orthopaedics	1	ST3+

Geriatrics	1	ST3+
Anaesthetics	1	ST4
Radiology	1	ST1

The Trust will know within the coming weeks whether the bids have been successful. Should that be the case it will result in an overall cost saving as these posts will come with funding for approximately 40% of the basic salary.

Conclusion

The Board of Directors are asked to take this Medical Workforce Report as an assurance item and an update from the previous report and to note the following:-

- The progress with job planning, appraisal and revalidation.
- The development of the Resident Doctors Forums
- The work that is being undertaken in relation to the annual leave audit and the planned completion date of end March 2025.
- The work that is on going looking at the rates of pay for work undertaken in addition to contract for Consultants and Specialists.
- The bids that have been submitted for additional training post for August 2025.

Guardian of Safe Working Report - Cover Sheet

Subject:	Guardian of Safe Working Report		Date:	06/03/2025	
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Specialist				
Approved By:	Dr Simon Roe – Acting Medical Director				
Presented By:	Rebecca Freeman – Head of Medical Workforce				
Purpose					
The paper provides the Board of Directors with an update on the exception reports received from Resident Doctors between 1 st November 2024 and 31 st January 2025.				Approval	
				Assurance	X
				Update	X
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X		X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
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					
Acronyms					
JLNC – Joint Local Negotiating Committee ED – Emergency Department ST – Specialty Trainee NHSE – National Health Service – England LTFT – Less than Full Time PA – Programmed Activity WTE – Whole Time Equivalent TOIL – Time off in Lieu FY1 – Foundation Year 1 Doctor					
Executive Summary					
The Board of Directors is asked to take assurance from this paper and to note the following: - <ul style="list-style-type: none"> The largest number of exception reports have been received from the Division of Surgery Anaesthetics and Critical Care. Most Exception reports are being received from Foundation Year 1 doctors. The number of exception reports being received from St3+ doctors is still quite low. 					

- Concerns that have been raised regarding incivility in ED and action is being taken to address these concerns.
- Work is taking place nationally reviewing the Exception Reporting Process.
- A review is being undertaken of the exception reports in Trauma & Orthopaedics to decide if action needs to be taken to review the rota.

Guardian of Safe Working Report covering the period from 1st November 2024 to 31st January 2025

Introduction

This report provides an update on exception reporting data, from 1st November 2024 to 31st January 2025. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the data below, 255 (241.4 wte) resident doctors have been allocated to the Trust by NHSE. The Trust has an establishment of 273 resident doctor posts, so this rotation, there are 26 vacant resident doctor posts. This is due to NHSE not being able to fill these posts for a variety of reasons, including doctors being on maternity leave, unanticipated lack of training progress (not passing their exams), doctors leaving the training programme early, or there not being enough trainees following a particular training pathway to fill the posts across the country. The Trust isn't always informed of the reasons for the vacant posts and as can be seen from previous reports, these vacancy numbers fluctuate for each rotation. It is generally the first rotation of the year where there are the least number of vacancies and the last rotation from April where there are the highest number of vacancies. Further information is included in the vacancies section.

High level data as of 31st January 2025

Established resident doctor posts:	273		
Established trust grade doctor posts:	114		
	Posts	Heads	WTE
Number of resident doctors in post:	247	255	241.4
Number of vacant resident doctor posts:	26	-	31.6
Number of unfilled resident doctor posts filled by a trust grade doctor:	7	-	6.8
Number of trust grade doctors in post:	111	123	119.6
Number of vacant trust grade doctor posts:	3	-	-5.6

Please note the above table shows that there are an additional 5.6 wte trust grade doctors, this is due to the over-recruitment at Clinical Fellow level in Medicine division.

High level data from previous quarter (as of 31st October 2024)

Established resident doctor posts:	273		
Established trust grade doctor posts:	116		
	Posts	Heads	WTE
Number of resident doctors in post:	259	268	253.8
Number of vacant resident doctor posts:	14	-	19.2
Number of unfilled resident doctor posts filled by a trust grade doctor:	6	-	5.8
Number of trust grade doctors in post:	109	125	123.2
Number of vacant trust grade doctor posts:	7	-	-7.2

Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PA per trainee

Exception reports from 1st November 2024 (with regard to working hours)

The data from 1st November 2024 to 31st January 2025 shows there have been 33 exception reports in total.

Of the 33 exception reports from the resident doctors, none were categorised as an immediate safety concern.

By month there were 9 exception reports in November 2024, 11 in December 2024 and 13 in January 2025.

Of the 33 exception reports 31 were due to working additional hours and 2 were due to missing natural breaks.

Of the total 33 exception reports, all 33 have been closed.

For the exception reports where there has been an initial meeting with the supervisor the median time to the first meeting is 5 days. The time to the first meeting is an improvement on the previous report which was 8 days.

Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 8 (24%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting, this is much lower than the 53% from the last quarter and a considerable improvement. Reminders are sent automatically to the Educational Supervisors listed by the resident doctor to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the straight forward exception reports, the Medical Workforce Team will respond, however, in some instances further information is needed from the Educational Supervisor to complete the response. Where a doctor is on nights, or the Educational Supervisor is on leave, it can be difficult to ensure that the initial meeting takes place within 7 days.

Where an outcome has been suggested there are 12 (36%) with time off in lieu (TOIL) totalling 15 hours and 20 minutes, 18 (55%) with additional payment totalling 19 hours and 35 minutes at normal hourly rate and 0 hours at premium rate and 3 (9%) with no further action.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce Team, a report is completed for the rota coordinators and the Payroll Team to ensure that time off in lieu is added to the doctor's record or any payment is made. This is completed monthly in line with payroll cut off periods.

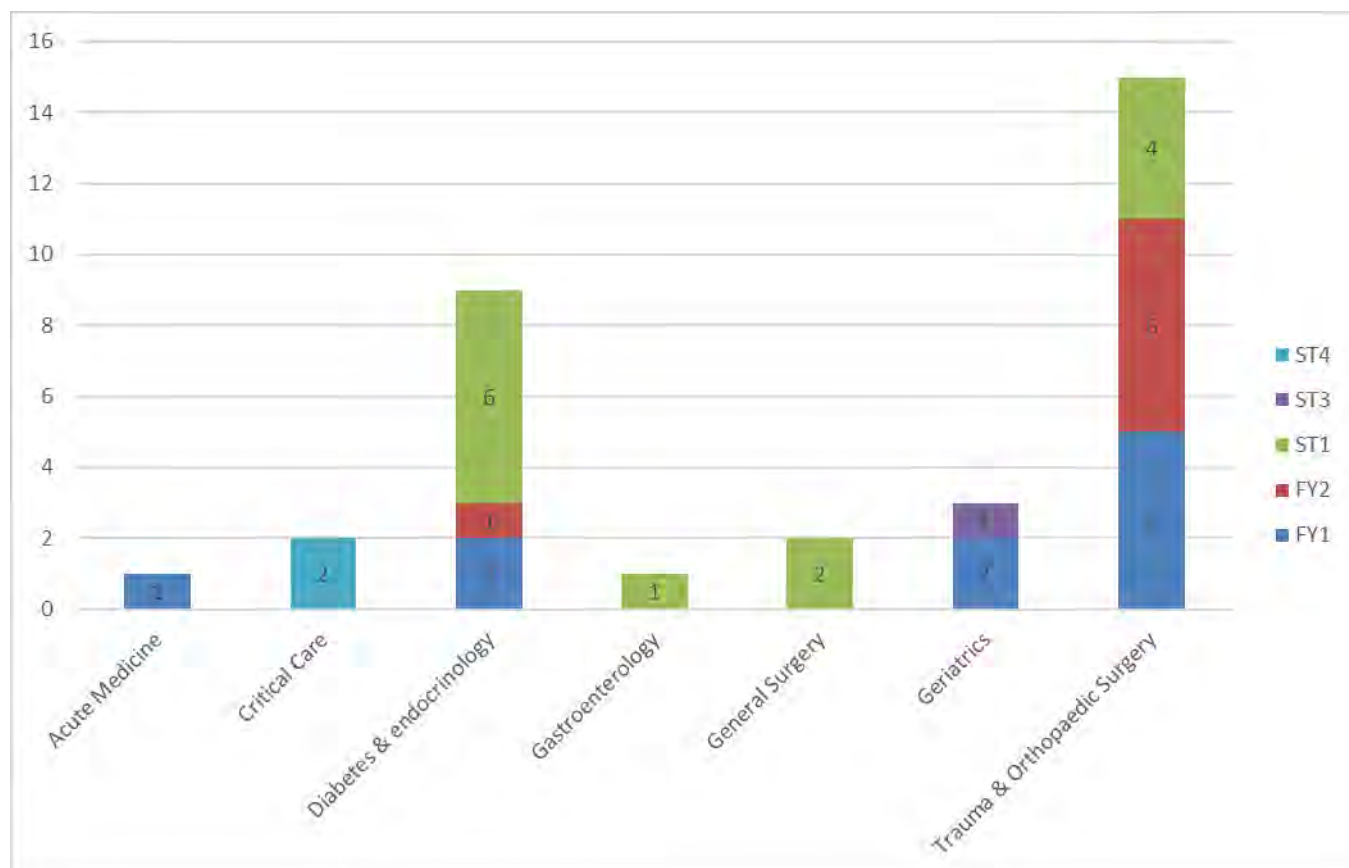


Figure 1. Exception reports submitted by Specialty and Grade.

Figure 1 shows that the majority of the exception reports received during this period - 15 (45%) in total - are from resident doctors working in the **Trauma & Orthopaedic Department** and that a high number of exception reports were submitted by the **F2 and ST1/2 doctors**.

On reviewing these exception reports, in most instances the doctors have stayed later than the finishing time for their shift. The data will be reviewed and presented to the T & O department to consider if any changes need to be made to the rotas.

In total 10 (30%) of the exception reports have come from the Foundation Year 1 doctors, 7 (21%) from the Foundation Year 2 doctors, 13 (40%) from the ST1/2 doctors and 3 (9%) from ST3+ doctors.

We would usually expect to see more exception reports from Foundation Year 1 doctors in the first quarter of the year, with them just starting their career as a qualified doctor, however, this year the peak has come in the second quarter as can be seen above.

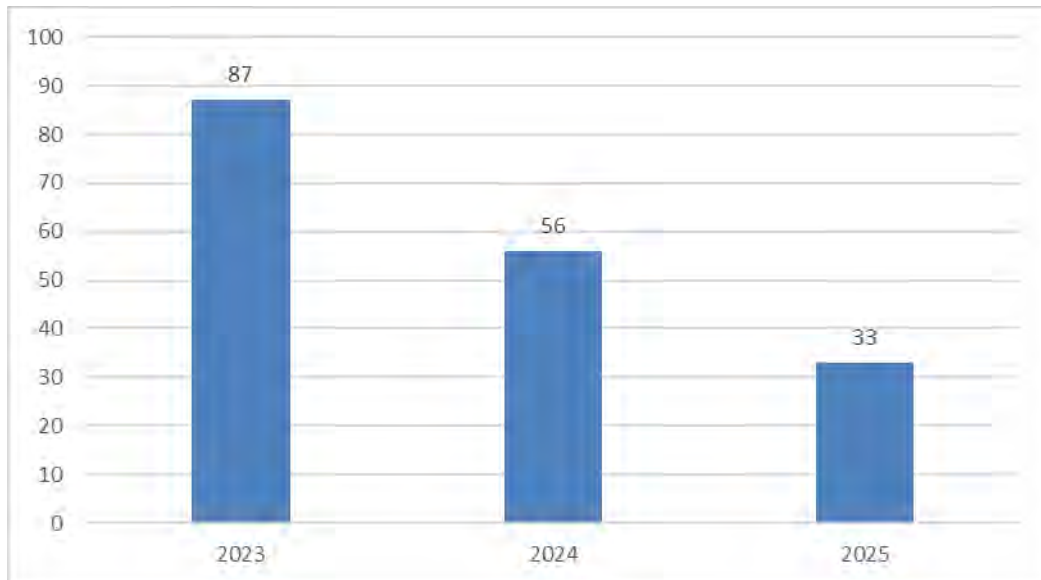


Figure 2. Comparison of number of exception reports for the same quarter between 2023, 2024 and 2025.

Figure 2 shows that for this period this year there have been less exception reports in total than in the previous years.

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
		None submitted		

Table 1. Immediate Safety Concern Concerns Raised.

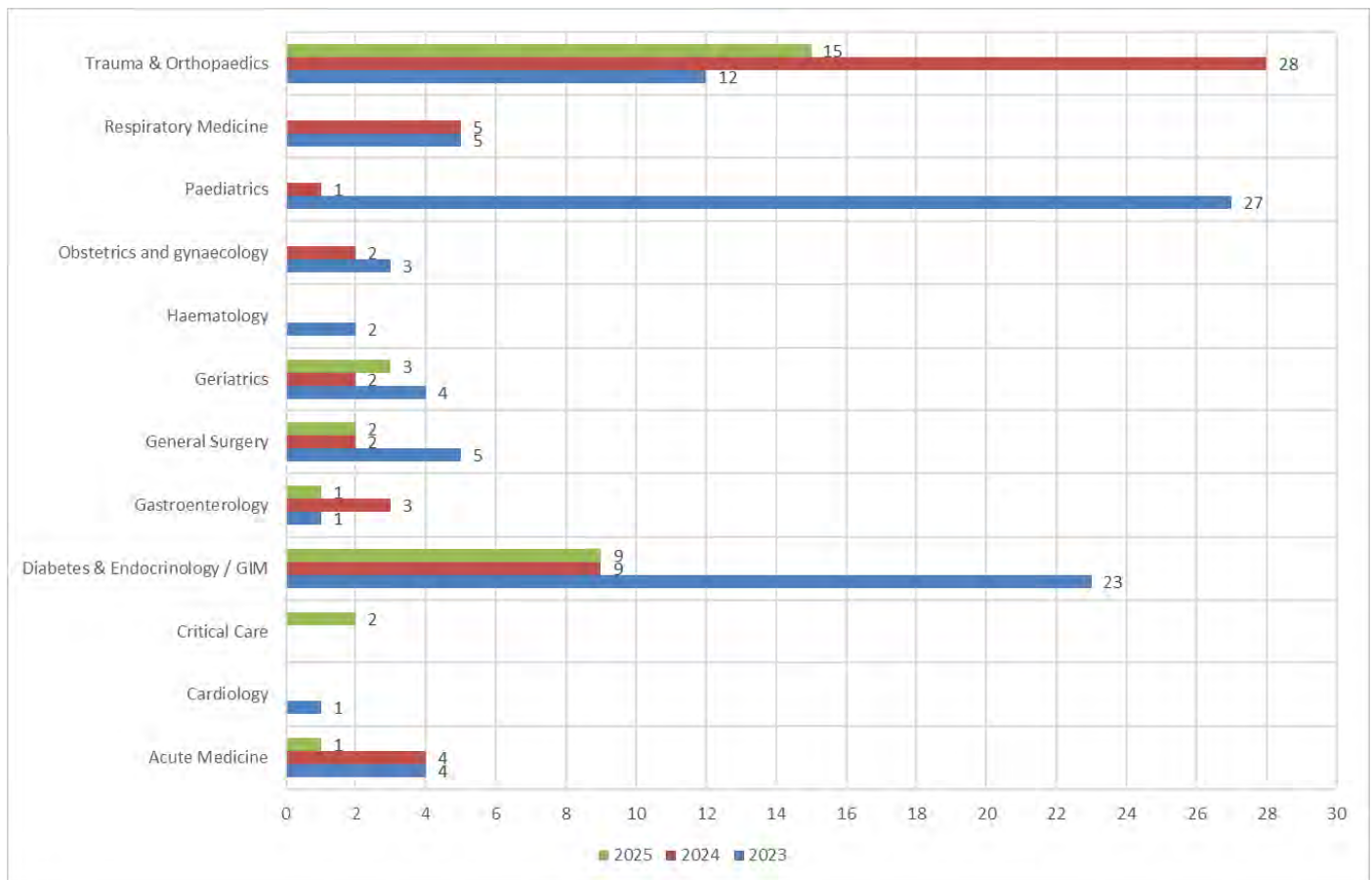


Figure 3. Comparison of number of exception reports submitted by Specialty for the same quarter between 2023, 2024 and 2025.

Figure 3 shows that for this period this year there have been less exception reports from the doctors across all specialties than in the previous years.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 273 resident doctors allocated by NHSE. As mentioned in the introduction, there are 26 vacancies where the Trust has not been allocated resident doctors by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 7 of the vacancies are currently filled by trust grade doctors.

The remaining gaps will be filled by doctors on the bank where needed to support the rotas, which represents a cost pressure to the Trust. An analysis will be undertaken of the gaps each quarter to predict the likely gaps in August 2025 and consideration will be given to how the potential gaps can be mitigated rather than rely on bank or doctors from agencies at premium rates.

Qualitative information

Table 3 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year. This number is high and is an ongoing theme, however, with the intervention of the Guardian of Safe Working and the Medical Workforce Team there has been an improvement. The Guardian of Safe Working regularly reminds Educational Supervisors of their responsibility to respond to exception reports within the required timescale of 7 days. As can be seen from the data below, this has improved significantly in the last quarter.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
November 2024 – January 2025	24% of all reports received. 8 reports
August 2024 – October 2024	53% of all reports received. 21 reports
May 2024 – July 2024	51% of all reports received. 26 reports
February 2024 – April 2024	67% of all reports received. 18 reports

Table 3 Exception reports not responded to within 7 days.

Visiting Clinical Areas

The Guardian of Safe Working and the Head of Medical Workforce have walked around the wards and other clinical areas within the Trust on several occasions to talk to doctors about the importance of exception reporting and the role of the Guardian of Safe Working. Within the last three months the areas that have been visited include Acute Medicine, where the doctors said that the rota post August was much improved, and they felt they had more support available after 5pm and at the weekends. Having Hospital out of Hours support has also improved the management of tasks, and all resident doctors have said that this has made the shifts much more manageable.

In Obstetrics & Gynaecology, where resident doctors fed back that they were finding it difficult due to there being 4 vacancies within the rota. It left the service with gaps particularly at St1&2 level. This has improved as two of the four vacancies have now been filled.

Concern had also been raised by the doctors in Anaesthetics, particularly out of hours. Again, this was primarily due to rota gaps and more than 50% of the resident doctors in Anaesthetics are working less than full time. A meeting took place with the Training Programme Directors on 18th December 2024 to discuss the concerns around the gaps on the rota. These concerns were noted.

The walks around the wards and clinical areas take place on a fortnightly basis, generally on a Wednesday afternoon after the grand round.

Resident Doctor Forums

The first meeting of the Resident Doctor Board took place on 2nd December 2024. This was well attended by both the Associate College Tutors and the Trust Executive. Several issues were discussed, and these were addressed.

The second meeting took place on 4th February where again several issues were raised and there were also some suggestions made to help the Resident Doctors feel that they belong at the Trust which will be taken forward. The main concern that was raised was that doctors in the ED department feel that there is a lack of civility. Clinical Fellows particularly felt that they were not being treated with respect and were able to provide some examples which did not meet the Trust CARE Values. The Division have been made aware of this and there are plans being taken forward to address this led by the Clinical Chair and the Head of Service with support from the Acting Deputy Medical Director and the Head of Medical Workforce.

National Review of the Exception Reporting Process

A National review of the process of Exception reporting is currently taking place and a reference group has been established to support this review. The Head of Medical Workforce from the Trust is involved in this process and the first meeting took place on 11th December 2024.

Several concerns relating to the process were discussed, the most important of which was the engagement of resident doctors in the reporting process and encouraging exception reporting. Discussions took place around the time to submit and close exception reports and whether the timeframe should be extended. There was also discussion around differentiating between the action required where a doctor stays up to 2 hours beyond the finishing time of their shift and more than 2 hours. Discussions are being held with the BMA and it is anticipated that the review will conclude later in the year.

Guardian Newsletter

The Guardian of Safe Working is currently composing a newsletter to send to the doctors to remind them about the importance of exception reporting, where they can obtain information about exception reporting and how to contact the Guardian.

Conclusion

The Board of Directors is asked to note the following and the actions planned for the next quarter detailed in Appendix 1.

- The largest number of exception reports have been received from the Division of Surgery Anaesthetics and Critical Care.
- Most Exception reports are being received from Foundation Year 1 doctors.
- The number of exception reports being received from St3+ doctors is still quite low.
- The concerns that have been raised regarding incivility in ED and the action that is being taken.
- The work that is taking place nationally reviewing the Exception Reporting Process.

- A review is being undertaken of the exception reports in Trauma & Orthopaedics to decide if action needs to be taken to review the rota.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report to be taken forward.

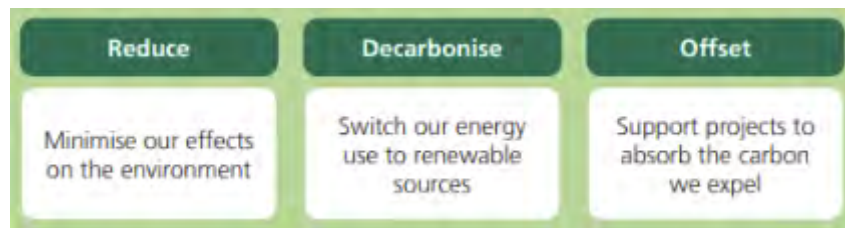
Action/Issue	Action Taken (to be taken)	Date of completion/Deadline
Increase awareness of the importance of Exception Reporting	Produce a Guardian Newsletter on a quarterly basis with the first newsletter to be sent to the resident doctor prior to the end of March. Continue to visit Wards and Departments	31 st March 2025 Visits to continue to take place on a fortnightly basis
Incivility within the ED Department	Continue to visit ED on a regular basis to support the doctors within the specialty. Action is also being taken by the Clinical Chair and Head of Service and an update will be provided in the next Guardian of Safe Working Report.	Fortnightly during the Guardian visits. Action will be ongoing, and an update will be provided in the next Guardian of Safe Working Report in May 2025.
45% of Exception Reports have been received from Trauma & Orthopaedics	A review of the reason for the exception reports is to be undertaken and discussed with the Specialty. Any action to be taken will be reported in the next Guardian of Safe Working Report.	31 st March 2025 May 2025

Private Board - Cover Sheet

Subject:	Sustainability Development Update	Date:	06/03/2025		
Prepared By:	Helena Clements - Consultant Paediatrician Mark Jackson – Director of Estates and Facilities				
Approved By:	Richard Mills – Chief Finance Officer				
Presented By:	Richard Mills – Chief Finance Officer				
Purpose					
Update of progress against the Trust Green Plan – Summary of significant achievements and plans for 2025		Approval			
		Assurance			
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	X		X	X	X
Indicate which strategic objective(s) the report support					
Identify which Principal Risk this report relates to:					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Insufficient financial resources available to support the delivery of services					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					X
Committees/groups where this item has been presented before					
Trust Management Team – 26 th February 2025					
Acronyms					
SFH = Sherwood Forest Hospitals NHS FT ICB = Integrated Care Board KMH = Kings Mill Hospital NEEF = National Energy Efficiency Fund NH = Newark Hospital SDOG = Sustainable Development Operational Group SDSG = Sustainable Development Strategic Group					
Executive Summary					
This paper provides the Trust Board with an annual update on the progress of the Sustainable Development workstreams within the Trust.					

Sherwood Forest Hospitals NHS Foundation Trust (SFH) continues to work through the Green Plan (2021-2026) which looks at the NHS becoming “Net Zero” by 2040. Net Zero refers to the balance between the amount of greenhouse gases produced and amount removed from the atmosphere.

The goals we are aspiring too is the emissions we control directly that we will reach net zero by 2040 with an ambition to reach an 80% reduction by 2028 to 2032.



In the later part of 2024 support and funding for significant capital investments have been approved by NHSE, the continued working with Nottingham University Hospitals NHS Trust (NUH) continues and the recruitment of an energy apprentice has made 2025 look to be a promising year for SFH on the sustainability agenda.

The Trust Board is asked to review the content of the paper for assurance on the sustainability agenda.

Introduction

The Trust has seen significant investment over the year in capital developments on energy saving related schemes. With two years left on the current SFH Green Plan (although this will be refreshed this coming year) there needs to be a focus on the delivery of the remaining actions identified. Despite all the great work and investments undertaken SFH still have some way to go in the final two years to achieve all its actions so have engaged LowCarbon Europe to support in this delivery.

Governance

The Sustainable Development Operational Group (SDOG) aims to meet monthly and review various workstreams aligned to the SFH Green Plan. The work streams cover all aspects of the work of SFH including corporate areas such as our People, Our Estate and our Digital innovation. The reason for a whole SFH response from both clinical and non-clinical involvement is that 60% of NHS carbon emissions are clinical with 25% of this related to medicines alone.

The Sustainable Development Strategic Group (SDSG) remains on a quarterly basis, Chaired by the Chief Financial Officer, and this group continues to support the delivery of the Sustainability Agenda. The group reviews the Trust Energy and Sustainability KPIS which are also updated every 6 months to Risk Committee which are

- Waste Volumes
- Carbon Emissions
- Water Usage
- Energy Usage
- Green Plan Completion

The Climate Action Group continues to be active in supporting the local teams within SFH and we now have 50 Climate Champions who are working at ward and clinic level to reduce our consumption of single use items and improve recycling and waste management.

Successes

Key successes for SFH in 2024/25 include: -

- Working with SSE (Decarbonisation Plan)
- Grant Monies from NEEF (2/3 Submissions)
- Grant Monies from CEPA
- Installation of EV Charges Across SFH
- Energy Manager Apprentice
- Theatre Ventilation
- Computer Power Down

Working with SSE (Decarbonisation Plan)

SFH are working with SSE to look to decarbonise the King's Mill Hospital (KMH) site and this in very early stages of discussion and what the art of the possible is with early design proposals being discussed. Solar, air sourced heat pumps, wind generation are just a few of the technologies being looked at with SSE.

Grant Monies from NEEF and CEPA

In November 2024 funding was announced by NHSE to support energy efficiency schemes under Phase 3 of the National Energy Efficiency Fund (NEEF) and the NHS Centralised Energy Purchasing Agreement (CEPA) in order to drive direct energy efficiency into projects. SFH had to submit by the 22nd December with approval coming in early January 2025 if successful.

SFH were successful with 3 out of their 4 bids which were: -

Building Management Systems - £676,962 for the expansion of controls to our chilling systems, including chillers and split units, at our KMH site. The project will save SFH approximately £132,600 per year in electricity, based on surveys undertaken and usage of chilled systems. Please note that this is with no effect on the amount of chilling SFH produce but improves the efficiency of the units producing it. The project must be completely installed by 30th June 2025 and equates to a 4.25-year payback if funding had not been approved.

LED - £2,344,486 to undertake LED lighting replacements at the KMH site. The project will save SFH approximately £1,730,610 per year in electricity, based on next years forecast energy pricing from Crown Commercial Services. The project must be completely installed by 30th September 2025 and equates to a 1.4-year payback if funding had not been approved.

Sub-Metering - £61,479 to undertake electrical submetering at the KMH site. The project will save SFH approximately £37,512 per year in electricity, based on a 2.5% reduction being found through the interrogation of the meter data, leading to no cost changes at each building. The project must be completed within this financial year, by 31st March 2025, and equates to a 1.64-year payback if funding had not been approved.

Installation of EV Charges Across SFH

KMH and NH have seen Electrical Charge Points put in through Pod-Point (KMH) and the Council (NH). Staff now have the choice of 20 charge points at KMH and 5 charge points at NH. This has been well received.

Energy Manager Apprentice

SFH have recruited to an Energy Manager Apprentice which will see the Trust further supported on the Sustainability agenda. With the investments identified earlier, this role now becomes more crucial in being able to achieve the savings set. The person will start early April 2025.

Theatre Ventilation

Work is commencing this month to install sensors in our operating theaters which will power down ventilation and lights when they are not in use. This has the potential to save SFH to £200,000 per year based on next year's forecast energy pricing from Crown Commercial Services.

Computer Power Down

NHIS are currently rolling out the power down of computers and laptops when they are not in use. This has been shown to deliver significant energy savings with no impact on staff or patients. Once completed at SFH they will roll out to their other provider organizations, amplifying the financial and carbon savings across the system.

Low Carbon Europe (LCE)

SFH are now utilising LCE who were involved in the original writing of the Green Plan and will support the completion in the coming year. They also supported in the NEEF and CEPA submissions and are project managing these schemes.

Our People

Sustainability carbon literacy training has been delivered to the Trust Board, to FY1 and FY2s, and Climate champions. Members of the Greener ICS Clinical reference group have been teaching undergraduate health professionals and developing a faculty of multidisciplinary fellows across the system working collectively towards net zero.

Debs Kerry is leading Sustainable Quality Improvement (QI) in the Improvement Hub and has relaunched the walking aids recycling scheme.

SFH have applied to NHSE for funding for QI fellowships (announcements regarding funding awaited).

We are working closely with system partners to amplify learning and QI and collectively develop a workforce ready to deliver resilient health care in a low carbon future.

We continue to work closely with NUH sustainability team and regular meetings are now in place to share learning.

Clinical Progress

Following a successful bid to NHSE for a grant of £20K we have converted our anesthetic trolleys to allow us to decommission piped nitrous oxide from our theatres in Newark. We expect to complete this at Kings Mill Hospital by the end of Q4. This will avoid the current leakage of 90% of nitrous oxide purchased and is a priority action of NHSE.

UEC has a Green Initiatives Meeting which meets every 1-2 months and is a great model for divisional engagement. They have been looking at the switch from IV to oral paracetamol, use of reusable tourniquets, the switch from Entonox to pentrox for analgesia.

Women's and Children are attempting to reduce leakage and waste of Entonox in maternity, by disconnecting from the wall when not in use.

In Surgery, Anaesthetics and critical care reusable cool sticks are replacing the use of the volatile ethyl chloride "cold spray" for regional anesthesia.

In CSTO our Chief Registrar Darren Fernando is doing work on reducing investigations especially in Radiology. This will, improve diagnostic pathways, reduce waiting lists and has potential to reduce length of stay. In addition, it will save both money and carbon footprint.

Plan for 2025

- All Divisions to follow the example of UEC and develop their own Green Initiatives Meeting with leadership from senior clinicians and managers
- Everyone in the Improvement Hub to complete eLearning for health Sustainable QI training (30 minutes) so that sustainability is embedded in every QI initiative.
- Each division to identify at least 3 initiatives to deliver progress towards Net Zero each year.
- Ensure that there is explicit reference to Sustainability in the new focus on Research and Innovation led by Professor Van Tam.
- We should seek every opportunity to improve health and wellbeing of our staff and community as the most efficient use of resources, minimise demand, cost and carbon footprint.
- SFH has a Green Plan which will be reviewed in the next 12 months.
- SFH Progress on the Decarbonisation Plan with SSE
- NHSE has an increasing focus on our progress towards Net Zero and CQC will consider Sustainability within the Well Led section.

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	Date:	6 th March 2025
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the Finance Committee meetings of 25 February 2025.			

Matters of Concern or Key Risks Escalated for Noting / Action		Major Actions Commissioned / Work Underway	
<ul style="list-style-type: none"> <u>Month 10 Financial Position</u> (to NOTE) – At the end of Month 10 the Trust has an adverse variance to plan of £4.5M. Financial recovery actions have been taken but further mitigations will be required to meet the 2024/25 financial plan. <u>Cash</u> (to NOTE) – Cash continues to be a major issue with all recent requests for revenue support having been turned down by NHSE. <u>Financial Planning</u> (to NOTE) – After expected system non-recurrent deficit support for 2025/26 to break-even the FIP requirement is £41M. To date potential schemes totalling £22.5M have been identified. 		<ul style="list-style-type: none"> <u>Financial Strategy</u> – Final draft version to be prepared incorporating up to date financials for 2024/25 and 2025/26 to be reviewed at the next meeting with a plan to present to Board in April. 	
Positive Assurances to Provide		Decisions Made (include BAF review outcomes)	
<ul style="list-style-type: none"> <u>PLICS</u> – a very useful presentation of PLICS and discussion on how the information could be used in the future, together with training of staff to understand how they can interrogate. <u>Accounts Receivable & Asset Register Internal Audit Report</u> – Noted significant assurance and that all actions had either been implemented or would be implemented shortly. 		<ul style="list-style-type: none"> <u>BAF</u> – PR4 (Finance) and PR8 (Sustainability) – no changes to Risk or Assurance ratings. 	

Comments on effectiveness of the meeting

All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.

Items recommended for consideration by other Committees

- Internal Audit Report for Accounts Receivable & Asset Register presented, reviewed and noted the significant assurance and implementation of recommendations.

Progress with Actions

Number of actions considered at the meeting – 16 (8 not yet due)

Number of actions closed at the meeting – 5

Number of actions carried forward – 3

Any concerns with progress of actions – No

Note: this report does not require a cover sheet due to sufficient information provided.