

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 7th March 2024
Time: 09:00 – 11:45
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		Apologies for Absence Quoracy check: (s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)	Agree	Verbal
4.	09:00	Minutes of the meeting held on 1st February 2024 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Action Tracker	Update	Enclosure 5
6.	09:10	Chair's Report <ul style="list-style-type: none"> Council of Governors highlight report Report of the Chair 	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	Chief Executive's Report	Assurance	Enclosure 7
Strategy				
8.	09:25	Strategic Objective 1 – Provide outstanding care in the best place at the right time <ul style="list-style-type: none"> Maternity Update Report of the Director of Midwifery <ul style="list-style-type: none"> Safety Champions update Maternity Perinatal Quality Surveillance Model 	Assurance	Enclosure 8.1
9.	09:40	Strategic Objective 3 – Empower and support our people to be the best they can be <ul style="list-style-type: none"> Guardian of Safe Working Report of the Medical Director 	Assurance	Enclosure 9.1
10.	10:00	Patient Story – Diabetes – A young adult service Vicki Leivers, Diabetes Specialist Nurse	Assurance	Presentation
BREAK (10 mins)				

	Time	Item	Status	Paper
		Strategy		
11.	10:30	Trust Strategy for 2024-2029 Report of the Chief Executive	Approve	Enclosure 11
		Governance		
12.	10:55	Use of the Trust Seal Report of the Director of Corporate Affairs	Assurance	Enclosure 12
13.	10:55	External Well-led Review Recommendations Progress Report Report of the Director of Corporate Affairs	Assurance	Enclosure 13
14.	11:05	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) Quality Committee Report of the Committee Chair (last meeting) Partnerships and Communities Committee Report of the Committee Chair (last meeting) 	Assurance Assurance Assurance	Enclosure 14.1 Enclosure 14.2 Enclosure 14.3
15.	11:20	Outstanding Service – Mealtime Volunteers – Supporting nutrition and hydration across the Trust	Assurance	Presentation
16.	11:30	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
17.	11:35	Any Other Business		
18.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 4th April 2024, 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 14.1 Enc 14.2 Enc 14.3	<ul style="list-style-type: none"> Finance Committee – previous minutes Quality Committee – previous minutes Partnerships and Communities Committee – previous minutes
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st February 2024, in the Boardroom, Newark Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Neil McDonald	Non-Executive Director	NM
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	David Ainsworth	Director of Strategy and Partnerships	DA
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
Observers:	Claire Page	360 Assurance	
	1 member of the public		
Apologies:	Aly Rashid	Non-Executive Director	AR

Item No.	Item	Action	Date
24/031	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
24/032	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/033	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Aly Rashid, Non-Executive Director.		
24/034	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 4 th January 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/035	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that action 23/358.1 was complete and could be removed from the action tracker.</p> <p><i>Action 23/255</i> – SBS advised progress has been made against actions 13 and 15 of the external well-led review, noting they remained open at the time of the update to the Board of Directors in August 2023. A full report detailing all 15 actions will be provided to the March 2024 meeting of the Board of Directors.</p>		
24/036	CHAIR'S REPORT		
1 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting meetings with the Trust's partners and the work of the Trust's volunteers and Community Involvement Team.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/037	CHIEF EXECUTIVE'S REPORT		
3 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting operational pressures, reintroduction of the requirement to wear facemasks in clinical areas, listening events undertaken in relation to shaping the Trust's strategy for the next five years and additional health checks which have been		

	<p>undertaken, ahead of the new Community Diagnostics Centre (CDC) which is being built on the site of Mansfield Community Hospital. PR expressed thanks to colleagues for their continued commitment to maintaining essential services during periods of industrial action.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/038	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
19 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting increased activity, acuity and pressure within maternity and neonatal services, re-launch of facilities to enable birthing partners to stay overnight, revised format of the Maternity Forum, Safety Champion walkarounds, NHS Resolution (NHSR) submission and quality improvement.</p> <p>PS highlighted the ongoing safety culture work.</p> <p>SB noted the increased levels of acuity and queried if the reason for this is known and if there is any action the Trust can take in terms of health prevention to address this. PS advised acuity is monitored throughout the day, using a live acuity tool. An increase in obstetric intervention is being seen. The Trust is looking to apply the Robson 10 Methodology in terms of type of birth. The data is currently being run to identify where the significant increases are and then to focus resource accordingly.</p> <p>SB queried if there is anything societal which is leading to patients presenting in a more complex way. PS advised the Trust and the Local Maternity and Neonatal System (LMNS) is giving consideration to the public health element. SFHFT was an early implementer of work in relation to smoking cessation. There has been an increase in gestational diabetes and it is known most of the women affected will be Type 2 diabetic prior to pregnancy. Ways of improving this are being considered as a system, noting pregnancy complicated by diabetes becomes a complex pattern of care. This will be a focus for the Trust this year.</p> <p>PB advised the increased caesarean section rate being seen nationally is reflected at the Trust and this is a big factor, noting patients have a surgical procedure which leads to added complexities, added care and a prolonged stay.</p> <p>NM noted NHS England has set up a Perinatal Culture and Leadership Programme (PCLP) and queried how many people the Trust is planning to send on that programme. PS advised the Trust currently has four staff members on the programme, a midwife, neonatologist, obstetrician and a member of the business team. Any learning will be shared and the work they will take forward will mainly come from the score survey, noting the themes from the score survey will determine the next steps.</p>		

	<p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting massive obstetric haemorrhage rate and vacancy position. It was noted there was one suspension of service during December 2023.</p> <p>PS highlighted the high activity levels, advising that despite recruitment to vacancies, there has been the need to use some bank and agency staff to support services, for example, with additional elective caesarean section lists. PS advised the high levels of activity are reflected across the region.</p> <p>DS advised there was a lengthy discussion in relation to obstetric haemorrhage at the recent Maternity Forum, noting he raised the question if the Trust is comfortable with the surgical techniques used and if there are any concerns. DS advised good assurance in relation to this was received. Noting there is concern in relation to the standard which has been set nationally, the team are to undertake some benchmarking work and compare the regional data.</p> <p>CW noted the number of incidents resulting in low or no harm peaked in November, but reduced in December 2023 and queried if the reason for this is known.</p> <p>PS advised the peak in the number of incidents related to the triage staffing model, noting there was a massive change in the number of staffing related incidents until the national guidance was issued and the Trust was able to benchmark against that. In terms of clinical incidents, this relates to the high levels of activity.</p> <p>PB advised he expects and welcomes high reporting and low harm, particularly at times of high pressure. The Trust encourages a reporting culture, but clearly does not want to see harm.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
24/039	STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
25 mins	<p>Freedom to Speak Up (FTSU)</p> <p>KB joined the meeting.</p> <p>KB presented the report, highlighting the number of concerns raised, targeted work to raise awareness of FTSU within Urgent and Emergency Care, themes of concerns raised, triangulation work, mental health first aid training, work with Equality, Diversity and Inclusion (EDI) lead and work with international nurses. KB advised there are three newly recruited FTSU champions for Newark Hospital. The process for mapping SFHFT against the latest NHS England (NHSE) FTSU Trust Boards Reflection and Review Tool is underway.</p>		

	<p>MG queried if there was any triangulation between FTSU and information from the Staff Survey, EDI networks and learning from exit interviews.</p> <p>KB advised she attends meetings of the People and Wellbeing Subcabinet, which is also attended by colleagues who she triangulates information with. In addition, there are some informal routes which are utilised, advising the EDI Leads will spotlight areas where information is coming from. KB advised she does not receive feedback from exit interviews, but she encourages people to ask for them, particularly if they are leaving the organisation due to work related issues. There is some heatmapping work underway which will look at FTSU cases, EDI data and retention and recruitment issues.</p> <p>RS advised once the Staff Survey information is available, the heatmaps will be updated. FTSU information will start to be integrated, along with relevant exit interview information, to obtain a true picture of where there may be opportunities for wider discussions in relation to support and interventions.</p> <p>PB advised 'itchy feet' conversations are being trialled within nursing and midwifery as a way of gaining information before someone leaves the organisation.</p> <p>RE felt it helpful to see the divisional breakdown within the report. However, noting some divisions are larger than others, it would be useful to see the information as a percentage of the total workforce in future reports. PB advised strengthening the data will be helpful.</p> <p>Action</p> <ul style="list-style-type: none"> • Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports. <p>RE queried if there are any hotspots at service level to be concerned about. KB advised there was a spike in the number of concerns raised within the Clinical Support, Therapies and Outpatients (CSTO) Division in Q2, which related to the safety and wellbeing category. The pressure on clinical teams is well recognised. However, there are a lot of non-clinical teams within CSTO and the reason for this area highlighting as a hotspot related to the additional work required in terms of waiting list rearrangement, outpatients, etc. and how the non-clinical teams were having to work differently due to the impact of industrial action. There are areas within the Trust where there is a complex dynamic and teams which periodically feature in FTSU concerns. However, over the last 6 months there has been no particular area which has come through to FTSU month on month.</p> <p>PR acknowledged concerns are now being raised by groups that were previously underrepresented, noting an additional group which is underrepresented is line managers.</p>	SBS / KB	01/08/24
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	<p>KB advised some people in line management positions have approached her, which is welcomed. There is a need to consider a different approach as the 'funnel' for signposting is smaller and the risk feels greater for people in a leadership position to come forward with concerns. There is more work to do in terms of how to support line managers. The Leadership Development Programme has been launched. There is a need to acknowledge there is a vulnerability in leadership and where leaders can seek support. These conversations will build through the programme.</p> <p>PR noted there are a number of themes in the report relating to the fact the Trust was slow to respond when concerns were raised. The Leadership Development Programme will aid understanding in relation to how line managers can be supported to take issues forward. The Trust provides opportunities, and encourages people, to raise concerns. Colleagues need to have confidence they can raise concerns without detriment, but they also need to have confidence something will happen as a result of a concern being raised.</p> <p>KB advised most concerns are handled in an informal way, with colleagues being signposted to a formal process as applicable. KB acknowledged things can drift if they are handled informally and the wellbeing impact becomes evident. There is a need for leaders to recognise that what they see as something small, can be massive for the person raising the concern and awaiting a response. Quick feedback is important.</p> <p>BB noted the recent relaunch of the CARE values and highlighted the reference in the report to staff feeling it is futile reporting some behaviours as they feel nothing will change. BB queried how people can be encouraged to be brave and speak up about what they are experiencing, so hidden problems are exposed and they can be addressed.</p> <p>KB acknowledged behaviours can be engrained in certain areas and people are reluctant for issues to go through an HR (Human Resources) process. Sometimes the person will move area, but that does not solve the problem for others. Things can be normalised at the departmental / office level. If leaders are unable to deal with engrained behaviour, or they do not know how to deal with the behaviour, they need to feel empowered to reach out for support. It is hoped the Leadership Development Programme will help with this. Sometimes people will come to FTSU but they do not want to progress anything.</p> <p>BB queried the timeframe for all leaders to complete the Leadership Development Programme. RS advised this will be worked through over the next 12-18 months, with the current focus being on people who are new to the organisation or to a leadership role, in addition to complimenting existing programmes of support and education to deliver key messages. A further challenge is the new standards include an expectation that everyone in the organisation has a greater level of knowledge of the FTSU process. KB speaks at the Orientation Day for new starters and there is a need to compliment this further. The Trust is on a journey, but is taking every opportunity to ensure leaders are appropriately equipped.</p>		
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	<p>PB felt there is a need to guard against the thought that providing a training session will fully address the issues as it is more complex and the Trust is on a journey. RS advised the heatmap will be used to provide a more targeted approach.</p> <p>DA advised the CARE values are visible through the Trust's communication channels.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>KB left the meeting.</p>		
24/040	PARTNERSHIP STRATEGY		
13 mins	<p>DA presented the report, advising the Partnership Strategy is a sub-strategy of the overall Trust Strategy and has been discussed by the Partnership and Communities Committee. This strategy links to, and becomes the delivery framework for, Strategic Objective 6, Working Collaboratively with Partners. The strategy builds on existing partnerships, noting the Trust wants partnerships which create value. DA highlighted the vision, approach, high level plan and evaluation of the strategy.</p> <p>BB advised she welcomed the strategy and acknowledged it is a good starting point, noting this is a new area of work for the organisation which will develop and mature over the next two years. During this time it is anticipated there will be more examples of the Trust working in partnership to make a difference.</p> <p>MG felt the Trust now has a formal focus on ambitions and approach. There is a need to develop the work programme of the Partnerships and Communities Committee to seek assurance on the delivery of the strategy. This strategy cuts across the work plans of other committees. Therefore, MG felt it would be beneficial for the Board of Directors to have a discussion regarding how the sub-committees interrelate.</p> <p>CW advised this could be a topic for a future Board of Directors workshop, to ensure there is sight across the sub-committees. PR noted currently the sub-committees communicate with each other via the quadrant reports to the Board of Directors. If there is a matter where assurance is required from a fellow sub-committee, or it is felt it is a matter for another committee, this will be picked up via the quadrant report.</p> <p>Action</p> <ul style="list-style-type: none"> • How sub-committees inter-relate to be a topic for a future Board of Directors workshop. <p>PR advised the strategy is a good document which allows the Trust to focus on the areas and partnerships which will facilitate the delivery of the Trust's strategic objectives.</p> <p>SB felt the Trust needs to be open to partnerships where the benefit will not be immediately obvious, but will become evident further into the future.</p>	PR	TBC

	<p>DA acknowledged sometimes work is done today, which will not pay dividends for five years. Therefore, not all relationships will deliver in the first year.</p> <p>NM noted in terms of evaluation of shared benefits, there will be some things where the Trust will have a greater input, but a lesser output. However, it will help the wider system.</p> <p>The Board of Directors APPROVED the Partnership Strategy</p>		
24/041	STAFF STORY – NATIONAL APPRENTICE WEEK, HOW OUR PEOPLE HAVE THRIVED		
9 mins	<p>RS presented the Staff Story, which highlighted the work in relation to apprenticeships across the Trust.</p> <p>CW noted this was a very positive story and there are opportunities to expand apprenticeships.</p> <p>NM queried if consideration had been given to what the apprenticeship levy could be used for within local educational institutions. RS advised some of the courses featured in the video have been undertaken in conjunction with Nottingham Trent University and West Notts College. There is more the Trust wants to do and there is a need to look at how this can be done in a way which is sustainable.</p> <p>ARB felt it was an excellent video.</p>		
24/042	QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)		
75 mins	<p>QUALITY CARE</p> <p>PB highlighted a reduction in the number of falls, improvement in venous thromboembolism (VTE) risk assessment, Never Event, infection prevention and control (IPC), clostridium difficile (C.diff) rates and dementia and delirium.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).</p> <p>AH noted HSMR data is based on a 12-month rolling average and, therefore, this will take a long time to change. The co-morbidity index may provide a lead and this can be looked at through the Quality Committee.</p> <p>AH expressed disappointment about the Never Event in dermatology, noting the Trust has previously undertaken a piece of work to transform that pathway as a result of previous Never Events. There is a need to understand if the pathway is not being followed or if something has changed. DS advised the initial review showed all the changes which were put in place were followed, noting more things will be discovered as a more in-depth review is undertaken. GW felt if processes which were put in place to mitigate the risk were followed, there needs to be further review to understand why this incident occurred.</p>		

	<p>AH noted more cases of delirium are being identified and queried what subsequent action is being taken and how cases are managed. PB advised the results of the annual dementia survey have been received and will be reported to the Quality Committee. A workplan will be developed to highlight the areas of focus, including an education piece of work being required. Patients come to hospital with dementia and there is a need to strengthen the work across system pathways. Dementia will be an area of focus and progress will be reported through the Quality Committee.</p> <p>AH requested an update in terms of nosocomial outbreaks of Covid within the Trust. PB advised there has been an increase in the number of patients who are found to be Covid positive when screened on admission. Once identified, patients are isolated and there have been no outbreaks over the last quarter. The process of screening, identifying and appropriately isolating patients has enabled the Trust to contain nosocomial outbreaks. Other actions, such as taking the decision to reintroduce the requirement to wear facemasks in clinical areas, may also have positively contributed to this. There is an increase in Covid rates in the community and across the region.</p> <p>DS advised the region has been an outlier all through Covid. Noting Covid is now being considered as a component of other respiratory illnesses, the focus is also on flu cases of which there has been an increase.</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted the impact of industrial action, vacancy position, mandatory training, appraisals, staff wellbeing, flu vaccination campaign, employee relation cases and usage of agency staff.</p> <p>CW noted the Trust is performing better than other areas of the NHS in terms of flu vaccination rates, but this is below the rate achieved in previous years. CW queried if it is known why staff, who have had the vaccination previously, have not come forward this year. RS advised the anecdotal evidence indicates vaccine fatigue, noting the Covid vaccination programme, and vaccine hesitancy. The Trust will continue to consider what can be done to mitigate against hesitancy and promote the positives of protecting staff and the community.</p> <p>BB acknowledged the low uptake of the flu vaccination, noting this makes both staff and patients vulnerable, and queried if there is any information in relation to staff who year on year do not have the flu vaccination, as well as understanding those colleagues who have previously had the vaccine but have not come forward this year.</p> <p>RS advised the Trust uses data to target interventions, whether that be from the perspective of staff group, area of work, etc. No noticeable trends have been identified in terms of areas where people have previously had the vaccination, but have not come forward this year. Once the programme closes, the Trust will look for areas of learning and will report this through the People Committee.</p>		
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	<p>CW queried if staff are asked to self-declare if they have had the flu and/or Covid vaccinations. DS advised this forms part of medical appraisals but there would be a need to trawl through appraisals in order to capture the information as a statistic. There has not been a bad flu season for a few years, which usually leads to a waning in terms of vaccine uptake.</p> <p>MG expressed concern the low uptake of the flu vaccination is a behavioural and cultural issue and there is a need to understand the causes of vaccine fatigue and hesitancy in order to inform actions. CW noted this is not a national focus and there is a need for the Trust to consider what action it can take to support staff. DS advised in the past national consideration was given to mandating the flu vaccination, but this did not happen. In the absence of national guidance, the Trust is limited in the actions it can take.</p> <p>BB noted uptake of the vaccine is discussed at professional appraisals for medical staff and queried if the same approach could be taken with other healthcare regulated staff who require professional appraisals. PB advised this could be included as a starting point.</p> <p>MG felt there is a need to identify the common myths and reasons for not having the vaccine and consider how those myths can be quashed. DS advised one of the difficulties is the efficacy of the flu vaccination. Covid vaccinations, assuming the variants have not drifted too far, are statistically proven to prevent life threatening illness and death. However, the contents of the flu vaccination are decided 9 months in advance of the flu season. This year's flu vaccine contains the immunological components which exactly match the flu variant which is circulating, but this is not the case every year.</p> <p>NM advised there is a need to acknowledge that having a vaccination is choice, noting hesitancy may be due to potential side effects and fatigue. BB felt there is a need for people to acknowledge the purpose of the vaccine is to protect themselves and others.</p> <p>TIMELY CARE</p> <p>RE advised the Timely Care section of the IPR had been presented to the Quality Committee, in advance of the Board of Directors' meeting.</p> <p>In terms of the emergency pathway, RE highlighted patterns of ambulance arrivals, high levels of demand, improvements to the discharge pathway, ambulance turnaround times, enactment of full capacity protocol and the strong Same Day Emergency Care (SDEC) offer.</p> <p>In terms of elective care, RE highlighted the impact of industrial action, opening of new theatre provision at Newark Hospital, constraints in relation to anaesthetic staffing, 78-week wait breaches, reduction in the number of 65-week waiters, patient initiated follow-ups and virtual appointments.</p> <p>In terms of the cancer pathway, RE highlighted the new cancer standards, 28-day faster diagnostic standard and the backlog in lower gastrointestinal (GI) tumour site.</p>		
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	<p>SB queried if going forward the Trust, and the system, will be planning capacity based on forecast activity levels, i.e. will existing capacity be retained or will it be expanded to 'keep up' with the new level of activity. RE advised, in terms of planning activity, the approach has to be different for the elective versus the emergency pathway. The elective planning is based on what is felt can be delivered, whereas, in terms of the emergency pathway, the Trust plans on what is felt will happen and the growth which is expected. The forward modelling produced by the Integrated Care System (ICS) is projecting a 3% year on year growth in the emergency pathway, without any mitigations in place. In an ideal scenario, energies would be focussed on admission avoidance. There is also the need to commission capacity in the right place, rather than adding to the acute trusts to compensate for the fact patients cannot be discharged from hospital to the right capacity.</p> <p>SB felt there is a need to be realistic about what can be done in terms of managing demand. RE advised the Trust is not planning to build in any capacity reductions to the plans for 2024/2025, noting all the escalation beds have now been substantivized and are part of the core bed base. Another constraint, in terms of increasing capacity, is the ability to enact that in terms of physical space, capital and timescales for delivery of large estates projects.</p> <p>AH queried if it is known how many other providers are achieving the ED 4-hour wait standard, at either a regional or national level. RE advised there are a small number of trusts which are achieving this standard. SFHFT's relative standing in 4-hour wait performance has dropped, but performance in terms of ambulance turnaround times is improving and these two indicators are linked. More information in terms of national benchmarking will be provided to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • National benchmarking in relation to ED 4-hour wait performance and ambulance turnaround times to be provided to the Quality Committee. <p>AH queried if the timescale for returning to pre-Covid levels of diagnostic waits is known and felt it would be useful for information regarding the actual number of tests being carried out to be presented to the Quality Committee. RE advised she was unable to provide a timescale, but noted there are two main areas which are driving the overall performance, echocardiographs and cardiac CT. Information in relation to the number of tests carried out will be presented to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Data relating to the number of diagnostic tests undertaken to be presented to the Quality Committee. 	<p>RE</p> <p>RE</p>	<p>07/03/24</p> <p>07/03/24</p>
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	<p>BB acknowledged the progress made in terms of reducing the number of patients who are medically safe for transfer and queried what opportunities are within the Trust's gift to reduce this further. BB noted the plan to involve Derbyshire Social Care in the Transfer of Care Hub and queried what proportion of patients are Derbyshire residents.</p> <p>RE advised the overall number of medically safe for discharge patients is reducing. Some of that progress is due to improvements the Trust has delivered internally in relation to the interface between the Transfer of Care Hub and the wards and that is driven by how Nervecentre is used. The changes will enable discharge planning to start in advance of patients being declared medically safe. There is a need to separate out the elements of the Trust's preparing patients for discharge and social care's ability to put a package in place.</p> <p>In addition, currently patients in peripheral units, for example, Newark Hospital and Mansfield Community Hospital, are included in the number of patients who are medically safe for discharge. However, these patients are potentially still undergoing rehabilitation. Therefore, while they may be medically safe from an acute perspective, they still have a valid reason to be in hospital. Using Nervecentre will enable these patients to be identified and separated out of the figures. There is a need to be clear on the definition of medically safe.</p> <p>In terms of Derbyshire residents, the Trust does not have a regular representative from Derbyshire Social Care in the Hub but there are direct escalation routes in place and there is a weekly multidisciplinary team (MDT) call to review Derbyshire patients. The position is improving, but there is more work to do as the Trust does not have the same level of support and engagement with Derbyshire as local partners.</p> <p>GW queried what percentage of ED attends are streamed to Primary Care (PC24). RE advised she would need to check the figures. However, feedback from the Urgent Care Division is that qualitatively the process is working well.</p> <p>Action</p> <ul style="list-style-type: none"> • Data in relation to the number of ED attends which are streamed to PC24 to be circulated to the Board of Directors. <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Q3, highlighting the work of the Financial Recovery Cabinet, submission of adjusted forecast outturn for 2023/2024, capital position, cash management and agency spend.</p> <p>MG queried what the trajectory is for agency spend and what are the key risk factors and mitigations.</p>	RE	07/03/24
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	<p>RS advised the Trust has submitted a plan to achieve 3.7% agency usage by year end. However, the difficulties and uncertainties in relation to industrial action will make this difficult to achieve, also noting the Trust is trying to recover the waiting list challenges. There will be a greater challenge for 2024/2025 as the target is reducing to 3%. However, there are excellent foundations in place in terms of grip and control mechanisms.</p> <p>RM advised the Trust has continued to make progress in relation to agency usage. Through the nursing and medical workstream, the Trust has focussed on the drivers of the variable pay to gain further understanding of them. Within the reporting of agency usage, the Trust is trying to highlight the impact of the elective recovery schemes.</p> <p>MG queried if the full capacity protocol provides capacity in addition to the escalation beds. DS advised this involves staffing areas which are not normally staffed overnight. RE advised, by way of example, the Trust has placed patients in the medical day case unit overnight who are being discharged the next morning.</p> <p>The Board of Directors CONSIDERED the report.</p>		
24/043	BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted four risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability) and PR4 (Failure to achieve the Trust's financial strategy) remain as significant risks and they are also above their tolerable risk ratings.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
24/044	USE OF THE TRUST SEAL		
1 min	<p>SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following document:</p> <ul style="list-style-type: none"> Seal number 108 was affixed to a document on 4th January 2024 for NHS Property Services Limited. The document related to a Deed of Surrender relating to the Out of Hours Emergency Facility (Byron House) at King's Mill Hospital. <p>The Board of Directors NOTED the use of the Trust Seal number 108.</p>		

24/045	ASSURANCE FROM SUB-COMMITTEES		
14 mins	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting Internal Audit progress report, development of Annual Governance Statement and Annual Accounts and the development of the alignment between system level risk management and Trust risk management.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting the impact of introducing IFRS16 (lease accounting), Electronic Patient Records (EPR) governance, impact of deficit position, Financial Strategy, CT Scanner business case, energy contract and review of BAF PR4 and PR8 (Failure to deliver sustainable reductions in the Trust's impact on climate change).</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>MG presented the report, highlighting industrial action, Patient Safety Committee report, HSMR and the new cancer waiting time standard.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>SB presented the report, highlighting internal audit report into staff wellbeing, violence and aggression action plan, deep dive into the employee relations landscape and cultural heatmap.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Partnerships and Communities Committee</p> <p>MG presented the report, highlighting approval of the Partnerships Strategy.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>ARB presented the report, highlighting consideration given to the frequency of meetings and recommendation to the Corporate Trustee that in the Trust's Accounts it continues to opt for non-consolidation of charitable funds.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/046	OUTSTANDING SERVICE – VIRTUAL WARDS – GETTING THE CARE YOU NEED, AT HOME		
8 mins	A short video was played highlighting the use of 'Virtual Wards' and noting this is now branded as SFH@Home.		
24/047	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Approval of Partnerships Strategy. • Approval of changes to the Board Assurance Framework (BAF). • Celebrating the work of the volunteers within the Trust. • Promoting the uptake of apprenticeships. • Implementation of SFH@Home. • Additional health checks being undertaken. • Continuing work to encourage colleagues to Speak Up, noting the need for line managers and the organisation to respond in a timely manner to concerns raised. • Operational pressures, noting thanks to colleagues for their work and commitment in the face of current pressures. • 'Good news' stories within the performance indicators. 		
24/048	ANY OTHER BUSINESS		
	No other business was raised.		
24/049	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th March 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:10.</p>		
24/050	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

24/051	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
24/052	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/255	03/08/2023	Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete	Public Board of Directors	None	04/02/2024 07/03/2024	S Brook Shanahan		Update 25/01/2024 A verbal update about the final two open Actions (13 and 15) will be given to the meeting. A paper reporting on all actions will be brought to the March 2024 meeting. Update 29/02/2024 On agenda for March meeting Complete	Green
23/315.1	05/10/2023	Comparative data in relation to obstetric haemorrhage to be included in future maternity update reports to the Board of Directors	Public Board of Directors	None	02/11/2023 04/01/2024 07/03/2024	P Bolton		Update 25/10/2023 Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data Update 21/12/2023 Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage. Update 28/02/2024 Discussed at Quality Committee on 26/02/2024. Work underway to develop scorecard following outcome of PSI (Patient Safety Incident Investigation) Complete	Green

23/315.2	05/10/2023	Further information on quality indicators linked to obstetric haemorrhage to be included in maternity reports to the Quality Committee	Public Board of Directors	Quality Committee	02/11/2023 04/04/2024 07/03/2024	P Bolton		<p>Update 25/10/2023 Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data</p> <p>Update 21/12/2023 Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage.</p> <p>Update 28/02/2024 Discussed at Quality Committee on 26/02/2024 as part of Maternity Assurance Committee update. PSI underway. Final outcomes to be shared in 2 months at Quality Committee</p> <p>Complete</p>	Green
23/356.1	02/11/2023	Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors	Public Board of Directors	None	02/05/2024	D Selwyn / P Bolton			Grey
24/007	04/01/2024	Report to be presented to the Quality Committee in relation to the impact of industrial action and to provide information in relation to the activity levels seen over the Christmas and New Year period	Public Board of Directors	Quality Committee	04/02/2024 04/04/2024	D Selwyn		<p>Update 22/01/2024 Report will be presented to the March meeting of the Quality Committee</p>	Grey
24/039	01/02/2024	Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports.	Public Board of Directors	None	01/08/2024	S Brook Shanahan	K Bosworth		Grey
24/040	01/02/2024	How sub-committees inter-relate to be a topic for a future Board of Directors workshop	Public Board of Directors	None	TBC	P Robinson		<p>Update Quadrant report template amended to include ability to recommend matters for consideration by other committees.</p> <p>Complete</p>	Green
24/042.1	01/02/2024	National benchmarking in relation to ED 4-hour wait performance and ambulance turnaround times to be provided to the Quality Committee	Public Board of Directors	Quality Committee	07/03/2024 04/04/2024	R Eddie		<p>Update 22/02/2024 Paper will be submitted to the March Quality Committee.</p>	Grey
24/042.2	01/02/2024	Data relating to the number of diagnostic tests undertaken to be presented to the Quality Committee	Public Board of Directors	Quality Committee	07/03/2024 04/04/2024	R Eddie		<p>Update 22/02/2024 Paper will be submitted to the March Quality Committee.</p>	Grey
24/042.3	01/02/2024	Data in relation to the number of ED attends which are streamed to PC24 to be circulated to the Board of Directors	Public Board of Directors	None	07/03/2024	R Eddie		<p>Update 22/02/2024 In the last six months the Trust streamed on average 18% of King's Mill A&E attends to Primary Care 24. This typically equates to between 500 and 600 patients per week. This level benchmarks well compared with peers. The Trust continues to work with Nottingham Emergency Medical Services (NEMS) to maximise the primary care offer in ED.</p> <p>Complete</p>	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 7 th March 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Claire Ward, Chair				
Presented By:	Claire Ward, Chair				
Purpose					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.			Approval		
			Assurance	Y	
			Update	Y	
			Consider	Y	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
KMH = King's Mill Hospital NICU = Neonatal Intensive Care Unit					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

Recognising the difference made by our Trust Charity and Trust volunteers



Caption: A host of Trust volunteers attend their annual update training in February

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 across our hospitals.

In February alone, 402 Trust volunteers generously gave over 4,300 hours of their time to help make great patient care happen across the 36 services they have supported during the month.

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

- During February, Co-ordinators have interviewed and inducted 19 new volunteers who will be placed in a variety of roles, including in our Mealtime Assist, End of Life Service, Daffodil Café and Patient Buggy teams. Some of the new recruits will also support the Pharmacy Team during the period of relocation and reception cover for pathology whilst the spine corridor works are underway.
- Our next cohort of Mealtime Assist volunteers at both King's Mill and Newark Hospitals undertook specialist training during the month from the Speech & Language Team. The volunteers are looking forward to joining ward teams to improve the patient experience at mealtimes. Volunteer Margaret Hurrell played a key part in explaining the role in a forthcoming outstanding service video.
- Newark Hospital volunteers are now supporting cardiac rehab colleagues and patients in the physiotherapy gym, making all the difference in improving patient experience by providing an extra pair of hands.
- Sally Brook Shanahan joined the team in presenting a basket of flowers to Newark Hospital Podiatry volunteer Pat Allen to celebrate her 90th birthday.
- The Early Pregnancy Unit at King's Mill extended grateful thanks to Sian Robertson and Mobility Operations Ltd have purchased a large quantity of speciality book titles to support those affected by baby loss.
- A selection of sensory toys has been purchased for the Urgent Treatment Centre at Newark Hospital by the Sherwood Forest Hospitals Charity, as pictured below. The toys, requested by Clinical Support Worker Natalie, will help to entertain and distract children receiving treatment.
- Furniture for the waiting area and admissions area on Ward 31 has been funded by the KMH volunteers utilising café and fundraising stall profits.

- West Burton Power Station recently closed. Their Social Club kindly donated funds to local charities, including £2,000 that was donated to the Newark Hospital Diabetes Team. Care packs for diabetic patients have been funded as a result of their donation, with the packs containing items to raise the blood sugar during a hypoglycaemic episode.
- SDC Trailers kindly chose the Sherwood Forest Hospitals Charity for their 2023 salary sacrifice scheme, resulting in a fantastic £5,000 being donated to the paediatrics fund.
- Alison Constantine, who designs and makes bags to sell at craft fairs, has made a £406 donation to Breast Services at King's Mill Hospital.
- The Dementia Team were delighted to receive £3,231.58 raised through Christmas 2023 activities including a Christmas Jumper Day, school's carol programme and our volunteer fundraisers Christmas Raffle.



Caption: Colleagues at Newark Urgent Treatment Centre with the donation of sensory toys made during February

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.

Hospital buggies benefit from refurb



Caption: Alan Taylor (far left) and his wife Kay (far right) with Claire Ward, Chair of Sherwood Forest Hospitals, and Paul Horton, Marketing Manager at B Taylor & Sons Transport Ltd. Pictured sitting in the buggy is volunteer Malc Coupe.

It was my pleasure to welcome representatives from Taylor's Transport Group of Huthwaite, Nottinghamshire, to King's Mill recently to personally thank them for their support for our buggy service.

Our transport buggies take patients and visitors on 1,000 journeys inside King's Mill Hospital each week have been refurbished, thanks to the local business.

The volunteer-run buggy service helps those who are less mobile get to their appointments on time and in comfort. It is very well used and appreciated by so many.

The company has generously resprayed the two buggies that it donated nearly 10 years ago. The logistics and warehousing company also kindly provided a 'Buggy Stop' sign for the pick-up point in the main reception area of the hospital.

In 2014, the company's Managing Director Alan Taylor and wife Kay raised £22,155 for the buggies by hosting a garden party as a 'thank you' for the excellent care Alan received as a patient at King's Mill.

Since then, the buggies have provided a major boost to patients and visitors, travelling many miles up and down the main corridors of the hospital five days a week.

The buggies, which are operated by some of the Trust's specially-trained 400 volunteers, have been freshly painted in red, with up-to-date branding.

Donations such as this by businesses, community groups and individuals, enable Sherwood Forest Hospitals Charity to make a positive difference to patients, their families and visitors across all areas of our three hospitals.

We thank Taylor's Transport Group for this kind gesture and to our fantastic volunteers for driving the buggies as part of the wide range of services they provide to our patients.

Nurse rewarded for making couple's wedding wish come true



Caption: Keela Darby, a Nurse at Sherwood Forest Hospitals (centre) alongside Michelle and Katherine Wilkinson

A nurse who helped a hospital patient to fulfil his final wish of marrying his partner received a prestigious award during the month. Keela Darby, a nurse at King's Mill Hospital in Sutton-in-Ashfield, supported Roy Wilkinson and his family while Roy was receiving end-of-life care.

Keela, assisted by colleagues, arranged balloons, flowers, a cake, cards and bubbles, at very short notice to celebrate Roy's marriage to his partner of three years, Michelle. Their wedding, attended by family, friends, and hospital staff, took place on 22nd September 2023 on the Surgical Assessment Unit, where Roy sadly passed away just five days later.

Roy's widow, Mrs Michelle Wilkinson, and their daughter, Katherine Wilkinson, were so grateful for the way Keela went above and beyond to support them and Roy in his final days that they nominated her for the internationally-recognised DAISY Award.

Keela, who has worked at Sherwood Forest Hospitals for 10 years, was given the award by Michelle, Katherine, and the Trust's Chief Nurse Phil Bolton, at a surprise presentation attended by colleagues. We are so proud of the way our nursing colleagues go the extra mile for patients and their families every day of the week.



Caption: Roy and Michelle Wilkinson on their wedding day

Lincolnshire patient urges everyone to 'Ask for Newark Hospital'



**Caption: Amit Bidwai, Consultant Trauma and Orthopaedic Surgeon
pictured with Linda Jones and members of the Newark Theatres team**

We have been continuing to promote the value of Newark Hospital across our communities since the turn of the year, including by sharing the story of a Lincolnshire resident who chose to have a planned operation at Newark Hospital and has been encouraging others to 'Ask for Newark' due to the high-quality care she received.

Linda Jones, 65, who lives in a village south of Lincoln, recently had shoulder replacement surgery in the hospital's new state-of-the-art operating theatre, which welcomed its first patients just three months ago.

The new theatre is expected to provide up to 2,600 more operations and procedures at Newark Hospital each year, enabling patients from across Nottinghamshire, Lincolnshire, and surrounding areas, to receive some treatments quicker than they would elsewhere due to shorter waiting times.

Linda was initially on the waiting list to have her operation at King's Mill Hospital. When Linda was told by the consultant that she met the criteria to have her surgery at Newark Hospital, she quickly agreed.

I am delighted but not surprised to learn about Linda's experiences. Feedback from patients who have operations at Newark Hospital is overwhelmingly positive. However, patients don't always realise that Newark Hospital is an option or that waiting lists there tend to be shorter than elsewhere. We want Newark Hospital to be a vibrant and valued community asset and we are committed to making best use of the site, including by further improving the services we provide there and the speed that people can access them.

Sherwood Forest Hospitals' Chaplain celebrates 80th birthday

We were delighted to support one of our chaplains to celebrate his 80th birthday during February, where he was surrounded by many of the colleagues and patients he has supported over the years.

Rodney Warden, who has worked at Sherwood for nearly 26 years, is one of four Trust employees aged in their 80s.

He has made a significant impact on the Trust over the years, developing a range of support groups and events. He is well-known for the support he gives to bereaved parents and families. Rodney helps ensure that the annual lantern walk takes place each year and hosts a support group where parents who have lost babies can find support and advice.

As well as supporting patients in their time of need, Rodney is always there to lend a listening ear and some comforting words of advice to colleagues. Colleague wellbeing support is a big part, not only of Rodney's role as a Chaplain, but also in his role as a Trust Wellbeing Champion.



We are proud of our diverse workforce and colleagues like Rodney who continue to provide a positive contribution for so many years and into their 80s.

We have colleagues of more than 100 nationalities, of all ages and from all backgrounds. Together, they bring a vast amount of skills, knowledge and expertise to our hospitals and help us to deliver outstanding care to our patients and each other.

Andy Haynes formally receives MBE

On a personal level, I would like to congratulate the Trust's Specialist Advisor to the Board, Dr Andy Haynes MBE, after he formally received his MBE at a ceremony at Windsor Castle in February.

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

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

This is fantastic and well-deserved recognition for Dr Haynes' career for this important work. We could not be prouder to call him a colleague here at Sherwood.

Other notable engagements:

- My regular visits to maternity and the Neonatal Intensive Care Unit (NICU) continue to provide the assurance needed of the services we provide to parents and our smallest patients. There are always improvements we can make to care, but I remain proud of our staff and the service they provide. I have visited wards and services during this month, including with other members of our executive team.
- I have attended meetings with other partners in the system including Nottinghamshire Healthcare Trust.
- I continue to meet regularly with our Lead Governor and other governors to hear their feedback from our patients, staff and public.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 7 th March 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.			Approval		
			Assurance	Y	
			Update	Y	
			Consider	Y	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Y	Y	Y	Y	Y	Y
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Not applicable					
Acronyms					
BAF = Board Assurance Framework BMA = British Medical Association CDC = Community Diagnostic Centre					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

Operational updates

Overview of operational activity

We have continued to face demand across our services throughout 2023/24 which has exceeded planned levels. That theme has continued throughout February.

In January 2024, the number of ambulance arrivals, Emergency Department attendances and non-elective admissions peaked at yearly highs, despite the Trust experiencing unusually low levels of patients with influenza.

That demand has meant that our urgent and emergency care pathway remains under sustained pressure, with patients having to wait longer than any of us would wish for admissions. It has also led to crowding in our Emergency Department.

That position is not unique to Sherwood, with similar challenges being experienced by many acute trusts across the country right now.

Those pressures have also meant we have needed to implement escalation actions – including our Full Capacity Protocol – on several occasions to ensure that we are using every possible bed across our services.

Despite those pressures, we have seen a number of improvements over recent months.

Significantly, we have managed to reduce the number of patients in our hospitals who are medically safe to be discharged from our services, as well as reducing the number of our 'long stay' patients.

We have also consistently delivered strong ambulance handover times during the month, meeting the 30-minute standard and improving our performance against the 15-minute standard in November after making improvements to our ambulance handover process. We continue to benchmark as one of the best trusts in the country for ambulance handover – a position we are proud of, as it recognises the emphasis we place on releasing ambulance crews to respond to the needs of our local populations.

Our planned care activity levels were above our plan in January across outpatient, day case and inpatient services, despite further industrial action at the start of the month.

Those planned care activity levels have supported a reduction in number of patients on our waiting list, including those patients waiting over 52 and 65 weeks. We continue to work to reduce the number of long-waiting patients in 2024 as we focus on recovery plans for our most challenged services.

Within our Cancer services, we continue to meet the national 28-day faster diagnosis standard and, in recent weeks, we have delivered reductions in the number of two-week wait patients waiting over 62-days for treatment. We have further work to do in 2024 to improve the timeliness of the treatment phase of our cancer pathways.

A more comprehensive update on our operational performance will be presented at the May 2024 Trust Board, where we are due to reflect on our quarter four 2023/24 performance.

Industrial action updates

We were disappointed that the lack of progress in the national talks to bring an end to the ongoing industrial action resulted in a further period of industrial action during February.

This latest period of industrial action was called by the British Medical Association (BMA), with junior doctors taking strike action between 7am on Saturday 24th February 2024 and 11.59pm on Wednesday 28th February 2024.

During this latest period of industrial action, over 759 appointments, procedures and operations needed to be postponed here at Sherwood to enable the Trust to focus on the delivery of safe urgent and emergency care.

Industrial action continues to have a significant impact on the Trust, adding to the impact of previous industrial action that has had. Across all periods of industrial action from the start of 2023 to date, the Trust has postponed a total of 9,085 appointments, procedures and operations.

In addition to the operational impact that industrial action has on our services, the financial cost of this year's industrial action up to and including an estimate of January's impact now totals over £7.9million. That figure will rise when the cost of the February industrial action is known. This includes the spend to cover lost shifts, lost income opportunities and missed efficiency saving opportunities. To date, the Trust has received £3.4million of national funding to mitigate the impact of this.

We remain disappointed about the continuing lack of progress over the negotiations that are happening to help bring this continuing industrial action to a close.

We continue to hope for a resolution to be found to this national issue that continues that cause real pain locally for our Trust colleagues and patients alike.

Partnership updates

Strengthening our relationship with Nottinghamshire County Council

As part of our ongoing commitment to strengthening our relationships with local partners, I was delighted to welcome colleagues from Nottinghamshire County Council to our King's Mill Hospital on Monday 26th February 2024.

Councillor Scott Carlton, Communities and Public Health portfolio holder, and Viv Robbins, the Council's Acting Director of Public Health, visited to explore how we can strengthen our work together.

During the visit, we were proud to showcase our amazing 'Phoenix Team' to tell the story of how our smoking cessation maternity service is helping to improve the lives of local families and improve the prospects of future generations – a key commitment of our new Trust Strategy.

The Trust team leading our work to create a permanent home for Nottinghamshire's first Community Diagnostic Centre (CDC) also showcased our plans for the site, as well as sharing how the service is already helping to improve the lives of local people.

We thank them for sharing our commitment to improving the lives of our local communities and we look forward to continuing that important work together over the months and years to come.

Other Trust updates

Resignation from the Trust Board of Directors

Sherwood Forest Hospitals' Director of Strategy and Partnerships, David Ainsworth, has resigned his position with the Trust.

David leaves with our best wishes and we thank him for all that he achieved during his time with the Trust.

Mansfield Community Diagnostic Centre information event held to share more on hospital development plans



In February, we held a dedicated information session for local people to learn more about plans build the second phase of Nottinghamshire's first Community Diagnostics Centre in Mansfield.

The event took place on Tuesday 20th February 2024 and welcomed dozens of Trust colleagues, partners and local residents to share information on the Trust's plans to deliver even better access to the tests and investigations they need in one visit, reducing the time it takes for patients to receive an 'all clear' or diagnosis sooner.

Community Diagnostic Centres are redefining the way patients access the vital tests and health checks they need across the country and we are proud to be further developing the first Centre to our area.

The event was well-attended by Trust colleagues, partners, local residents and businesses to learn more about the project and how they could be one of hundreds of lucky people who will join our brilliant team working in the Centre.

The development follows our announcement in February 2023 to bring Nottinghamshire's first Community Diagnostics Centre or 'CDC' to Mansfield, with the full facility eventually due to open its doors in summer 2025.

Since that date, we have delivered more than 10,000 blood tests, heart scans, MRI full body scans and ultrasound scans from our existing sites – even before work is due to start on the new permanent home for the facility this spring.

Contractors are now on-site at Mansfield Community Hospital as they prepare to start work to build the purpose-built, state-of-the art facility where a derelict building currently stands alongside our existing Mansfield Community Hospital building.

Once the full range of services are running from the Centre's new permanent home, the Mansfield Community Diagnostic Centre will also offer a full range of heart and lung tests, fertility checks and procedures including endoscopy where a simple camera can diagnose digestive problems. The Centre will also create hundreds of jobs at the facility.

For more information about the new Mansfield Community Diagnostics Centre, you can visit www.sfh-tr.nhs.uk/cdc

Step into the NHS event returns for 2024

A promotional poster for the 'Step into the NHS' event. The background is a solid blue color. In the center, there is a photograph of two healthcare professionals: a man on the left wearing blue scrubs and glasses, and a woman on the right with curly hair, wearing a white NHS uniform and glasses. They are both smiling. Overlaid on the blue background is white text. At the top, in large font, is 'Step into the NHS'. Below that, in slightly smaller font, is 'Your local hospitals are recruiting now'. Further down, in a smaller font, is 'Careers showcase Thursday 07 March 2024'. At the bottom of the text block, it says '5.00pm to 7.00pm West Nottinghamshire College'. The overall design is clean and professional, using the NHS blue and white color scheme.

The evening of the Public Meeting of our Board of Directors is due to see our first *Step into the NHS* event of the year take place, with the event due to take place between Thursday 7th March 2024 at West Nottinghamshire College's Derby Road campus.

The event is due to be another great opportunity for local people to learn more about the host of clinical and non-clinical roles available at their local hospitals.

Colleagues from across #TeamSFH will be in attendance, sharing more information about roles across our sites – including at Nottinghamshire's first Community Diagnostics Centre (CDC).

The event will also be an opportunity for local people to learn more about apprenticeships and bank opportunities at Sherwood, as well as receiving information from both West Nottinghamshire College and Nottingham Trent University on the courses available to support local people to find an ideal NHS role for them.

The events are always well-attended and we look forward to showcasing the varied and rewarding range of careers on offer here at Sherwood.

Submission of Thirlwall Inquiry response

I have previously updated the Board that NHS England had made a request to Sherwood Forest Hospitals to provide evidence to support the national Thirlwall Inquiry. [The full terms of reference for the inquiry are available to view on the gov.uk website.](#)

The Inquiry was announced following the trial of Lucy Letby, who was sentenced to life imprisonment and a whole life order on each of seven counts of murder and seven counts of attempted murder. That trial, which concluded on 21st August 2023, considered offences that took place at the Countess of Chester Hospital – part of the Countess of Chester Hospital NHS Foundation Trust.

I have previously updated the Board that the Trust has responded to the request for evidence, which took the form of a questionnaire that was sent to Trusts across the country. The Inquiry Team have confirmed receipt of that evidence.

The Inquiry Team has now confirmed that, as referenced in the Chair's [opening statement](#), the Inquiry will be sending a short, confidential survey to all midwives, doctors, nurses and managers in hospitals with neonatal units – including here at Sherwood Forest Hospitals.

The Trust will, of course, be supporting this important work and I will keep the Board of Directors updated about the Inquiry's progress and our role in supporting that.

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. The Committee has confirmed that there are no changes to the risk score.

The full and updated Board Assurance Framework (BAF) was presented at the Public Meeting of the Trust's Board of Directors in February.

Outstanding Care,
Compassionate People,
Healthier Communities



Sherwood Forest Hospitals
NHS Foundation Trust

Strategy

2024-2029

**IMPROVING
LIVES**





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Home • Community • Hospital

1. Welcome

We will improve lives of our patients, our people and our local population.

We are grateful to our colleagues who set out to deliver outstanding, compassionate care and treatment 24 hours a day, 365 days a year, and to all those behind the scenes who support this. We are proud of our achievements over the last five years and yet recognise communities and patients want more from us.

The NHS Constitution tells us that **“The NHS belongs to us all. It is there to improve our health and wellbeing, support us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.”**

Improving people’s lives and experience of care is at the heart of what matters to us and helps to drive the change we want to see. It is widely accepted that the current speed of change across health and social care, such as the spread and adoption of new ideas, is too slow to meet current and upcoming challenges including higher demand for health and care.

Every NHS service recognises that a culture of listening is central to providing safe, high-quality care. Despite this, across the NHS there have

been multiple incidents and subsequent inquiries that have shown how failing to listen and act on people’s concerns can result in poor experiences, and, in extreme cases, catastrophic consequences.

Our CARE values will ensure the concerns of staff and patients are viewed as an early warning system to highlight safety issues, and that the concerns of staff and patients is seen as integral to continually improving the quality and safety of care which delivers our vision. We will improve lives.

‘Outstanding care, provided by compassionate people, enabling healthier communities’. Improving lives.

In the next five years we want to be known as an outstanding local hospital that consistently delivers quality services for our patients and improves lives. We will achieve this by delivering consistently outstanding care by compassionate people who feel enabled and supported to do their best by Sherwood Forest Hospitals. If our people recommend us as the provider of choice for their family and friends and as a place to work, we will have gone a long way to meet this ambition.

We also want to look outside the walls of a traditional local hospital. We want to contribute towards delivering healthier communities in the areas we serve of Ashfield, Mansfield, Newark and Sherwood (Mid Nottinghamshire) and wider. We will achieve this through our role as an ‘anchor organisation’, through our commitments to the Armed Forces Covenant, through the partnerships we have already developed, for example with West Nottinghamshire College, as well as ones we are still developing.

We also recognise we need to do more on preventing ill health and promoting healthy behaviours. Supporting prevention, alongside other providers, is an important part of our business. Through the lifecycle of this strategy we want to positively impact upon prevention to reduce the need for our citizens to require healthcare in the future and to support those who already have a long term condition to manage this differently.

We will do this by expanding the current offer for health and wellbeing. We will promote healthy behaviours in the workplace and at home for our over 6,000 people which will improve lives.

Building on the expertise of our colleagues, over the next five years we will drive a vibrant culture where people choose us as a place to come and work. They will access opportunities supported by us to develop their career aspirations and to thrive in the work they do. Sherwood Forest Hospitals will be a healthy place to work with choices that enhance our people's own health and that of their patients, families and friends.

In providing outstanding services we also expect to transform them. We will support and develop services identified as challenged by moving them to become more sustainable.

We expect to work on our longer term sustainable financial health because having sustainable finances will lead to better investment decisions. We also need to do more to develop our opportunities with our partners where this serves the interests of our local population. The goal for our estate is to be fit for purpose and inclusive for the people we see and treat.

In creating this strategy, we engaged with our 6,000 people at workshops and events. We asked 14,000 Trust members, 400 volunteers and our partners what matters to them in delivering and receiving healthcare. We've heard from the public and our patients the importance of timely communication. To achieve that aim we will make the best use of technology, implementing an electronic patient record during the lifetime of this strategy. This will align communication within and between our hospital services and also across other sectors such as primary care.

This strategy is ambitious and sets the direction of travel for the forthcoming five years. We will achieve this through our six strategic objectives, which describe how we will deliver our vision:

- 1. Provide outstanding care in the best place at the right time**
- 2. Empower and support our people to be the best they can be**
- 3. Improve health and wellbeing within our communities**
- 4. Continuously learn and improve**
- 5. Sustainable use of resources and estate**
- 6. Work collaboratively with partners in the community**

The Trust Strategy is also delivered through supporting strategies for Clinical Services, Quality, People, Finance and Partnerships and several technical strategies. These supporting strategies detail actions and measures of success.

We will work with our patients, our people and partners in its implementation, and we will strive to do the very best for the population and communities we serve. Together we will improve lives of our patients, our people and our local communities.

Claire Ward
Chair



Paul Robinson
Chief Executive



2. Our Vision

**Outstanding
Care**

**Compassionate
People**

**Healthier
Communities**





3. Patient story

Preventing ill health is becoming more and more important across our NHS, as we work to improve the lives of the people we serve – now and in the future. We also know that smoking has a significant impact on the health of whole families.

In our maternity services, we know that smoking can cause serious health problems for mothers and babies, including miscarriage, premature birth, low birthweight of the baby, stillbirth and increased risk of sudden infant death.

Stopping smoking immediately helps to reduce health risks and the development of preventable diseases during pregnancy and – in the longer term – for the whole family.



How we're helping people to quit smoking here at Sherwood

In England, the current rate of smoking at the time of birth is 8.8%. At Sherwood Forest Hospitals, it is much higher at 14.12%.

Our Phoenix Team is part of the nationally-recognised maternity tobacco dependence treatment service. The service recognises that smoking is a nicotine addiction and helps improve the health and wellbeing of families by supporting parents to give up during pregnancy – and help them to remain smokefree beyond birth.

Their support is tailored to each individual and is completely free to them, with people able to refer themselves or accept a referral from a health professional – such as one of our midwives or doctors. The service can also offer financial incentives to further encourage people to overcome their addiction.

At the start, I felt embarrassed and anxious because I was still smoking while carrying a baby.

I was determined to quit and I'd already tried to do it by myself, but I was finding it really difficult, so I asked for support at my first midwife appointment.

The Phoenix Team was very welcoming and made me feel comfortable. There was no judgement and they reassured me that I wasn't alone.

I couldn't have done it without their support: even since I had Charlie, any time I need a little bit of support they were always available over the phone.

My partner gave up with support from the team around the same time after seeing my initial progress, so the future is now better for Charlie and our entire household.

Since the scheme launched here at Sherwood, the team has helped over **200 families to quit smoking** – including families like Fiona, Rick and baby Charlie from Warsop.

Fiona and Rick were each smoking at least 20 cigarettes a day before they quit. Now they're living a happy, healthier life with Charlie – and are even putting the money they have saved towards planning their wedding later this year.

After a successful trial, Sherwood Forest Hospitals has made the Phoenix Team a permanent part of its maternity services from 2024, meaning more families will benefit from the invaluable support they can offer.

4. Who we are 2023

We run services from three sites (King's Mill Hospital, Mansfield Community Hospital, Newark Hospital) and in the community.



We have five clinical divisions and a corporate division (Strategy and Partnership, People, Finance, Nursing, Medical, Governance and Operations).

Urgent and
Emergency
Care

Medicine

Women's
and
Children's

Surgery,
Anaesthetics
and Critical
Care

Clinical
Support,
Therapies and
Outpatients

Corporate

Our Council of 22 Governors is elected by our members and represents our patients, local communities and our people.

As a foundation trust, we are a membership organisation. We have 14,000 members, made up of patients, local residents, our people and partners.



NHS
Foundation Trust
We gained
foundation status
in 2007.





We employ **6,000** people



We have a vibrant community of **400** volunteers

We spend over **£500 million** each year to provide healthcare to our local population



We serve a population of **350,000** people in Mid-Nottinghamshire and beyond



We have over **650** beds



We prepare **630,000** meals for patients every year



We provide **450,000** outpatient appointments every year



We have **190,000** emergency department and urgent care attendances every year



We perform **30,000** scans every year



We deliver **3,500** babies each year at our hospital



We have achieved the UNICEF Baby Friendly **bronze** award



We achieved the Pathway to Excellence designation, a globally recognised nursing excellence framework



We recruited **12** people from our local area through 'Step into the NHS' events held with West Notts College



**VETERAN
AWARE**

We achieved the **gold** standard Veterans Aware accreditation



We have planted over **200** fruit trees in our Hope Orchard and more in local community orchards in Warsop and Mansfield

5. What is driving us to do better?

In preparing this strategy, we examined the internal and external driving forces that must be considered in our future planning. In this section we set out how the population we serve is changing and the implications for healthcare needs, new NHS policy and what that means for us and feedback from our people and communities about the improvements they would like to see.

Consistently outstanding care provision

We do well in many areas, as supported by our good and outstanding CQC ratings. We also know that there are opportunities for further improvement. We have a collective drive to do better and deliver consistently outstanding care. We know we must learn lessons from when things go wrong and to proactively reduce the risk of them happening here at Sherwood Forest Hospitals.

Our compassionate people

Many health professions are facing a national shortage of staff, leaving some of our services challenged in the delivery of consistent care. We will continue to shape and align our services and train our people to gain alternative skill sets to deliver the best care for our local communities.

We know nationally there are not enough training places to meet our upcoming workforce shortages and so we are driven to identify new ways of working alongside our partners in health, care and education.



Health inequalities, healthier communities and use of health services

Demand for our services continues to grow. Our population is increasing in age, fragility and more people have two or more health conditions requiring more complex care. A significant proportion of our population live in areas of high deprivation and suffer from health inequalities. We also see more younger people requiring hospital care to manage their health conditions.

Over the next eight years, the number of people over 65 years of age with moderate or severe frailty is predicted to increase by 25%. For those living in our most deprived areas 50% will have moderate or severe frailty which is three times greater than those living in the least deprived areas. The onset of frailty occurs at a much earlier age in those with deprivation; in the 50-54 age group 34% are living with frailty, which is equivalent to the 65-69 age group in least deprived areas. This has significant consequences; not only is their life expectancy shortened, but those in the most deprived areas experience a much longer period of poor health before they die (26 years compared to 15 years for those least deprived). Social isolation and living with two or more conditions are key factors in frailty. A failure to meet the health and care needs of those living in the most deprivation fuels the unrelenting rise in urgent care demand we are experiencing.

For those who die before reaching the expected age, cardiovascular disease, cancer and respiratory illness account for 65% of deaths, with smoking, obesity and high blood pressure as key contributors. Heart attacks, stroke, cancer, chronic lung disease, arthritis and dementia are major causes of ill health with obesity, alcohol and diabetes significant contributors.



Continuously learn and improve

Our people often feel empowered to deliver continuous improvement. We can develop this further culturally across our organisation and ensure we co-design services with the people who use them.

We must adopt innovations and technology where they provide us with opportunities to deliver improvements and efficiencies in response to the increased demand and complexity of healthcare conditions in our citizens.

The NHS impact self-assessment will also provide the underpinning framework in our improvement strategy.

Sustainable use of resources and estate

We have high quality buildings compared to many other hospitals but we will not have enough space to safely deliver the predicted growth in demand.

Due to the growing demand for our services and increasing complexity of clinical need, our finances are stretched and capital investment (in our buildings and equipment) remains challenged.

We will work with our partners across the local area to identify better local places and pathways to deliver care that also supports outstanding delivery closer to home.

Responding to the climate emergency is an aim as we work towards NHS Net Zero by 2040.

Our climate action team have made significant progress already in reducing our emissions and are passionate in making sure everybody feels they too can contribute to making a difference. We know poor air quality impacts long term conditions and affects our most deprived local areas more than the least deprived. We will continue to be driven to work with our local population and our partners to continue this work.

Working with our partners

We are not alone in the challenges we face and the drivers of why we want to develop our services. Working collaboratively with our local partners gives us greater opportunities to successfully achieve our objectives. Collaborative working supports quality, sustainable, efficient services and positively impacts on the lives of our local population.



Population health management

Population health management is an important focus as health and care needs are changing and behaviours may increase the risk of preventable disease. As we live longer, the risk of living with multiple long-term conditions, like asthma, diabetes and heart disease, increases. The gap between living longer in good health versus poor health is widening, with the effects of Covid-19 still to be fully realised.

Taking a population health management approach to future healthcare delivery will be a key to our success. Sherwood Forest Hospitals' role in population health is to understand the health needs now and in the future of our local communities in Mid Nottinghamshire and to work with our partners to reduce inequalities.

As an anchor organisation we can positively impact on the wider issues that support health and wellbeing of the local population, our people and our patients. We will make positive contributions to the wider determinants of health and wellbeing such as housing, employment and education.

Significant numbers of our people and their families work and live in our area of healthcare provision and we have an ambition to support living a longer healthier life.

We know that a one-size-fits-all approach to delivering healthcare is an outdated model that we seek to improve over the course of this strategy. Our strategy will also focus on designing more joined up and sustainable health and care services along with making better use of public resources. We will equip our people with the skills and experience to deliver modern healthcare treatment that provides an outstanding experience for our patients.

Mid Nottinghamshire is more deprived overall than the England average, with a higher proportion of people aged 65 years and over and more people reporting a long-term illness or disability and poor health. The period of life people have before illness or disability is lower overall in Mid Nottinghamshire than other areas of the county. The prevalence of major illness such as diabetes, respiratory illness, heart failure, dementia, asthma and stroke and use of tobacco and alcohol is also higher than the England average but it is not equally distributed across all Mid Notts areas.

Working with our partners to reduce health inequalities, focus on prevention and improve the amount of time our population lives a healthy life is our ambition. We will take a targeted approach across our local population to better support health outcomes. Our clinical services strategy will set out our approach to targeted interventions.

FACTS

**Mid Nottinghamshire
population:**

343,059 (2023)

In Mid Nottinghamshire 28% of the population are living in the most deprived areas of England (defined as in the most deprived 20%.

Source eHS Profile Tool, N&N ICB SAIU).

Mid Nottinghamshire is made up of Ashfield, Mansfield, Newark and Sherwood and the level of deprivation is not spread equally, as shown below:



- **Ashfield - 26.9%**
- **Mansfield - 41%**
- **Newark and Sherwood - 14.6%**

The 2019 Indices of Multiple Deprivation (IMD) score for Mid Notts is **24.6%** which is **2.9%** more deprived against an England average of **21.7%**.

The Mid Nottinghamshire population is older than the England average and getting older.

- **20.1%** are aged 65+ versus England average of **18.6%**.

Of those people with a known electronic frailty index (eFI) score:

- Mild frailty is estimated to be **30%**
- Moderate frailty at **17%** and
- Severe frailty at **12%**

The estimated growth in those aged over 65 years over the next five years is over 10% (ONS 2018 Population projections) with:

- 21% aged over 65 years living within the most deprived areas.

The number of people aged over 65 years in Mid Nottinghamshire has increased by 15.6% since 2011

Comments and feedback from our communities

We asked our patients, members and volunteers for thoughts on what we can do better or more consistently. The themes are captured below:

1. Shorter waiting times. *You want us to offer prompt appointments and a diagnosis as quickly as possible. Continue to provide the best care and to provide access to consultants and treatments without delay.*

2. Better communication *from us that supports continuity of care inside and outside of the Trust in a timely way. This includes informing both our partners and patients of appointments, decisions and treatment summaries. It also includes improving our verbal communication in a way that is sensitive and inclusive to individuals.*

3. Joined up care. *We've been asked to reduce inconvenience (e.g. duplication, unnecessary appointments or tests) in any form. People tell us they know resources are scarce and need to be used wisely as well as correctly by delivering care together. We've been asked to provide as much care as possible locally.*

4. Personalised care. *We need to pay attention to people's individual needs such as wheelchair users, people with dementia, older adults, children and young people and people with sight difficulties for example. Our service delivery and the environment should take into account that we all have individual requirements of healthcare. Equity and equality should drive future service improvements and estate improvements.*

Comments and feedback from our people

We asked our people for thoughts on what we can do better or more consistently. The themes are captured below:

1. People our people want to be supported through clear career development and good quality, appropriate and accessible training and development. This should include personalised career chats and equitable access to development opportunities. For teams to have the right skill mix to both lead their services well and be well led at all levels of the organisation. So that people feel that the Trust recognises them as our most important element of outstanding care that they are.

2. Patient pathways and transformation team members highlighted many good areas for improving pathways and transforming services including strengthening and developing our partnerships, reviewing discharge processes, better use of digital and new technologies and integration.

3. Communication staff members talked about communication in the light of the organisation needing a multifactorial approach to ensuring information is shared with the correct people, both internally and externally in a timely fashion and using varied delivery methods that reflect different needs and working practices.

4. Getting the basics right team members highlighted the importance of ensuring we are consistently doing the everyday things really well as well as looking to transforming our services. For the need for everyone to adhere to the CARE values of the organisation, that our team members feel valued and are given sufficient time to care and for services to be developed involving our communities and team members from the outset.

Feedback received from engagement with our patients, our people, our members and our volunteers shaped the commitments within this strategy.

Integrated Care Systems and integration by default

The healthcare system that we operate within has changed with Integrated Care Systems becoming a legal requirement in July 2022. Nottinghamshire was one of the first areas in England to develop an Integrated Care System (ICS). Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Being part of the ICS places a legal duty on Sherwood Forest Hospitals to be accountable for our own delivery of services and accountable for delivery of the system-wide requirements.

The Nottingham and Nottinghamshire Integrated Care System strategy (2023-27) leads with three principles and four aims that all partners will deliver. The principles are:

1. Prevention is better than cure
2. Equity in everything
3. Integration by default

The four aims are:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experiences and access
3. Enhance productivity and value for money
4. Support broader social and economic development

Sherwood Forest Hospitals has contributed to the Joint Forward Plan (JFP), a 5-year delivery plan created by partners in the ICS which ensures progress is made towards the ICS Strategy.

The Sherwood Forest Hospitals strategy responds to all of the principles and aims above - whilst retaining the requirements that meet our local population's health needs and our vision of Outstanding care, provided by compassionate people, enabling healthier communities.

The JFP sets out a "collective ambition to improve the health and wellbeing of our local population... will require us to accelerate our collaborative working at neighbourhood, Place, System and Regional level" (Nottingham and Nottinghamshire JFP).

Sherwood Forest Hospitals has a long history of working in partnership across our community and during the lifecycle of this strategy that will be developed further to ensure care is delivered as close to home as possible and that we are using our resources wisely for maximum quality and efficiency.



6. Commitments

We want to improve lives by delivering consistently outstanding care to our patients, by supporting our compassionate people and by improving the health and wellbeing in the community we serve.

We commit to improving lives of our patients

- We will deliver consistently outstanding care at the right time and in the right place, ensuring we are a provider of choice for our patients, people and their family and friends
- We will ensure our patients are partners in their personalised care decisions, through shared decision making, to improve health outcomes
- We will provide healthy food choices and a healthy, safe, clean environment across our hospitals which will encourage and support our patients to make healthy choices
- Embedding the Patient Safety Incident Response Framework will allow us to continue learning from when we don't always get it right
- Implementing and using an electronic patient record and other digital solutions will support seamless care, timely communication and a joined up approach for our patients
- We will improve access to locally delivered services including diagnostics at a community diagnostic centre at Mansfield Community Hospital, and elective care services at Newark Hospital which will offer prompt appointments and a diagnosis as quickly as possible
- We will deliver locally accessible services that contribute to reducing health inequalities across our local population, supporting our patients who are managing complex health needs and frailty
- We will provide accessible services that meet the needs of our patients and support us in reducing our harmful emissions

We commit to improving lives of our people

- All our people will consistently demonstrate the CARE values, creating an inclusive and respectful culture where our people are treated with compassion and kindness
- We will empower and support our people to be the best they can be, so they can deliver consistently outstanding care
- Expanding our health and wellbeing offers to promote better work life balance for our people where they can flourish and reach their potential
- We will provide opportunities for career development for our people to thrive at Sherwood Forest Hospitals to attract and retain the best people and become an employer of choice
- Our people will strive to deliver continuous quality improvement, ensuring the care we deliver is safe, effective, and efficient, utilising digital and technology opportunities





We commit to improving lives of our local population

- We will work collaboratively with local partners to deliver healthier communities through our role as an anchor organisation
- Expanding our health prevention approach and working alongside our partners will make every contact count through better screening, and discussions that support living a healthy life
- We will collaborate with primary care to tackle health's biggest killers and support healthier choices and behaviours within our local population
- Reducing our impact on the environment and re-affirming our commitment to achieving Net Zero will lead to improvements in the climate and long term health of our most deprived populations
- We will ensure our buildings, estate and equipment are fit for purpose and sustainable, and where possible used collaboratively with partners
- We will deliver on our statutory requirement to work in partnership, collaboration and integration as an Integrated Care System, sharing delivery of system wide strategic objectives that support improved health outcomes and improve system resilience and sustainability

To achieve our commitments, our strategy and supporting strategies will come together through the Board and sub-committees to review strategic direction, delivery of strategic objectives and to address changes in directions as we navigate a complex external environment.

We will refresh this strategy annually.

In delivery of our commitments, we will:

- Be rated Outstanding by the CQC
- Increase the percentage of our people who recommend Sherwood Forest Hospitals as a place to work
- Increase the percentage of people who recommend Sherwood Forest Hospitals as a place to be cared for
- Increase the percentage of our local population engaging in healthy choices and behaviours
- Be recognised locally and nationally as a committed anchor organisation who works in partnership by default

7. CARE Values and Behaviours

The Trust CARE values are well embedded across Sherwood Forest Hospitals and set out expected standards and behaviours for our people.

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

Our CARE values were developed through engagement with our people, patients, service users and volunteers. In October 2023 we refreshed our CARE values to show our ongoing commitment to empower our people, to support one another and to deliver outstanding care to our patients.

The CARE values were relaunched during 2023 to ensure the organisation remembers the very heart of our culture and supports us on our journey to providing consistently outstanding care.



IMPROVING LIVES

VISION:

Outstanding care, compassionate people,
healthier communities.

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
estate

Work
collaboratively
with partners
in the
community

Values

Scan the QR code for
the full Trust Strategy
and deliver plans.



C

Communicating
and working
together

A

Aspiring and
improving

R

Respectful,
inclusive
and caring

E

Efficient
and safe

8. Strategic objectives

Strategic Objective 1

Provide outstanding care in the best place at the right time

Our ambition is to be one of the leading healthcare organisations in the country and rated as Outstanding across all our services

What this means in practice:

- We will be at the forefront of service provision delivering innovative, safe, efficient health care
- We will build on our current Care Quality Commissions (CQC) ratings and work towards 'Outstanding' across all our services
- We will provide timely access to specialist health care across all our pathways
- We will consistently work with our patients, partners and within provider collaboratives to design and deliver service transformations

We will deliver it by:

- Building on our reputation as a caring organisation
- Working with our partners to deliver modern estate for modern healthcare delivery
- Implementing and embedding an electronic patient record
- Building our offer as an anchor institution to support local communities

We will measure success by:

- Our score in the national staff survey
- Our CQC rating
- Implementation of an electronic patient record
- Our performance against outcome and experience measures reported by patients, carers and families

Case study:

When being referred for an operation to have cataracts removed, 101 year old Doris Sale, who lives in Newark, asked if she could have the operation done at Newark Hospital. The Newark option was not available for Doris four years ago when she had the same surgery on her other eye 23 miles away at King's Mill Hospital. Following the successful operation, Doris said: "It made a big difference straight away. My vision was very misty but it's clear now."

I can see the garden better, watch TV and safely do other things like chopping vegetables and doing the washing up. This will keep me going for another couple of years, which is all I want.

Doris, who lives with her son Michael, said she had nothing but praise for the care she received at Newark Hospital and this reflected the patient centred approach to Doris' care where Louise and Sarah from the Newark Pre-Operative Team ensured that everything needed was done in as few appointments as possible for Doris.



Strategic Objective 2

Empower and support our people to be the best they can be

We will make Sherwood a great place to work and belong by empowering and supporting our people to be the best they can be.

The delivery pillars for this strategic objective are:

- Looking after our people
- Belonging in the NHS
- Growing for the future
- New ways of working

What this means in practice:

- Our people are healthy and psychologically safe, allowing them to deliver safe, high-quality care
- We have an embedded culture of kindness, civility and respect at SFH, where our people feel a sense of belonging and have a voice
- We are the employer of choice in the local area, with recruitment, development and promotion practices that are inclusive, fair and equitable. We retain and attract talent
- We are leaders in transformation, innovation and partnership working within Sherwood, across Nottinghamshire and throughout the East Midlands.

We will deliver it by :

- We will follow a person-centred approach, where our people are supported based on their individual needs, acknowledging there is an overlap professionally and personally. We will provide the practical and emotional support our people need to do their jobs
- We will create an inclusive culture and take action to reduce our people's experience of discrimination, violence and bullying. We will recognise and reward colleagues through key celebration events
- We will develop our workforce by investing in our people, utilising internal and external education opportunities, growing our people through apprenticeships
- We will empower our people to work flexibly and in different ways, working more digitally and efficiently. This will include designing multi-professional teams to make the best use of our people's skills and actively seeking ways to reduce the use of agency workers from employment agencies.

We will measure success by:

- Providing a health and wellbeing support offer that implements a just culture, supporting the delivery of sickness absence and employee relations targets.
- High levels of workforce engagement as measured by the annual NHS staff survey and quarterly pulse surveys, resulting in delivery of our engagement score.
- Achieving mandatory training and appraisals compliance.
- Performance across a range of workforce metrics that demonstrate productive services and efficiencies, for example: agency costs, vacancy and turnover rates, plus ESR and Health Roster utilisation scores.

Case study

Apprenticeships are a key part of our Sherwood Forest Hospitals People Strategy. A great example of how we empower and support our people to be the best they can be is the recent recruitment of our Health and Safety Advisor Apprentice.

We asked **Rob Simcox, Director of People** how the opportunity arose:

'Our Health and Safety service is essential to supporting our people to be safe and well at work. As part of succession planning, we scoped out ways to ensure the service had solid business continuity plans in place, being mindful it can be a challenging speciality to recruit to'

Deborah Kearsley, Deputy Director of People added:

'We advertised the position using our traditional methods and were unsuccessful at recruiting, we recognised we needed to think differently about how to recruit into the role. An apprenticeship role felt like the natural solution and a great way to show our commitment to developing our people. We developed a role that meant the person would be trained up on the job.'

Iain Downie who previously worked as a Vaccinator in the Vaccination Hub was successfully appointed to the **Health and Safety Advisor Apprentice** role. Iain shared his personal reflections on the apprenticeship so far:

'After 7 months in post, the apprenticeship has already proven to be a brilliant opportunity which I am very grateful for. I've been able to use my skills and experience from previous roles, both inside and outside the NHS. The training and development I have already received has boosted my knowledge and I feel I can contribute more to supporting and protecting the Sherwood Forest Hospitals workforce and patients. I'm really looking forward to being able to complete professional qualifications whilst working in this role.'

Strategic Objective 3

Improve Health and Wellbeing within our Communities

Working with our health and care partners across Nottinghamshire, we will focus on providing joined up services to improve the health of our population who work and live in Nottinghamshire. We will ensure we make every contact count.

What this means in practice:

- We will deliver support, guidance and treatment to prevent further health issues eg smoking cessation and alcohol
- We will review how we deliver our services and ensure access is equitable
- We will collaborate with our communities and partners to better understand the health needs of our local population

We will deliver it by:

- Providing different levels and types of services, ourselves and with partners, to support people who have additional needs in accessing and using our services
- Coming together with our population and partners to design the response needed to improve health and wellbeing
- Implementing and embedding an electronic patient record
- Involving our colleagues, many of whom live locally, in improving health and wellbeing at work

We will measure success by:

- Patient, carers and family feedback through compliments and complaints
- Patient and population health participation in service development
- Recognised metrics within our services about health and wellbeing such as smoking cessation in maternity services

Case study

Sherwood Forest Hospital's Drug and Alcohol Liaison Team (DALT) work to improve the health and wellbeing of patients identified as having substance misuse issues.

The team are employed by Change Grow Live, a social care and health charity commissioned by Notts County Council. Working together with us, they support the health and wellbeing of individuals across the hospital and community.

The work of DALT includes ensuring a safe patient journey, specialist assessment and tailored advice, health education and promotion, motivational work to reduce harm and promote healthier behaviours, signposting, and referral on for continued support. They offer education to hospital staff and community clinicians to support them and share best practice.

Together with Gastroenterology services, they offer fibro scan diagnostics (a type of ultrasound to measure inflammation and scarring of the liver). This contributes to the identification and support of some of the most complex cases and high intensity users of the hospital and other services. It also helps to reduce the wider social and economic harms associated with drug and alcohol use.

Nationally, the annual social and economic costs of alcohol related harm amount to £21.5billion, while harm from illicit drug use costs £10.7bn. For the taxpayer drug and alcohol services are good value for money because they improve health, cut crime, and can support individuals and families on the road to recovery.

As well as contributing to 'Improving Lives' and the health and wellbeing of our communities, evidence shows the work of teams like DALT can reduce overnight stays in hospitals and re-admissions by 3%, and emergency department attendances related to alcohol by 43%. This reduces the pressure on our urgent care services and frees up beds and time for others to receive care.



Strategic Objective 4

Continuously learn and improve

Our ability to deliver all our strategic objectives and the highest quality and safest possible care relies upon us continuously learning and improving as a Trust and across the Integrated Care System. A strong culture of continuous improvement enables better outcomes for our patients, our service delivery and safety, our people's experience, our finances and our population's health and wellbeing.

What this means in practice:

- The leadership and governance of the organisation supports learning and promotes an open and fair culture
- We listen and act on patient concerns, complaints and compliments
- Our people feel able to report incidents and speak about concerns
- We maintain a strong and effective improvement approach

We will deliver it by:

- We will embed a continuous quality improvement strategy and delivery plan that brings together our focus areas of patient safety, quality improvement, digital and technological opportunities
- We will use nationally recognised tools and assessments to review our maturity of delivery, skillset and culture within continuous improvement
- We will embed and refine our delivery of the Patient Safety Incident Response Framework (PSIRF)
- We will ensure active involvement in clinical research and clinical audit

We will measure success by:

- Demonstrable learning outcomes from our Patient Safety Incident Response Framework
- Self-assessment of our maturity towards continuous improvement
- Skill set analysis of all our colleagues with improvement skills and knowledge
- Our score in the national staff survey
- Monthly improvement ambassador awards

Case study

A team of maternity staff recently came together to listen and improve their services. Early on the team identified that many found the post-natal discharge process frustrating and were often left confused not knowing what was going on or when they would eventually be able to go home. This was evidenced from formal sources, such as 'friends and family' feedback and complaints and less formal sources, such as clinics after birth and general conversations on the maternity ward. This service is different as effectively two people are being cared for following the birth requiring input from both Obstetrics services for the parent and Paediatrics services for the baby.

Members of the team spent every day for four weeks on 'walkabout' talking to everyone about their experience and listening to their suggestions on what sort of things would improve their experience. Following this a whole new discharge process and supporting documentation was developed and tested with people to see how this improved their experience. Following further feedback and refinement this was put in place and, while 'paperless' digital-only forms are now normal practice, paper copies are still provided. Some families prefer to see this physically at their bedside as with a newborn to care for they don't always have the motivation to follow QR codes or log into phones. This has resulted in a better experience for service users and their families, improved experiences for the staff on ward as there are lower levels of frustration to deal with, an overall reduction in complaints and an increase in positive feedback.



Strategic Objective 5

Sustainable use of resources and estate

Our ambition is to deliver the best care possible for the community we serve within the funding we have available.

What this means in practice:

- We support our services to be high-quality, safe, productive and efficient and demonstrate value for taxpayers money
- We are committed to reducing health inequalities and improving equity of health outcomes for the communities we serve and therefore reducing the future impact on the 'public purse'

We will deliver it by:

- We will maintain robust processes and procedures to facilitate strong financial management across the Trust
- We will make evidence based investment decisions
- We will explore attracting funding sources from less traditional routes to fund our ambition
- We will not shy away from difficult decisions where they are needed and will work with our communities, colleagues and partners to deliver both excellent care and financial sustainability through internal and system transformation and new ways of working

We will measure success by:

- Playing our part in ensuring financial sustainability and viability within the ICS
- Demonstrating a sustainable financial and resource plan to 'break even'
- Redesigning services and pathways with our partners

Case study:

Newark Hospital is an invaluable part of the Sherwood Forest Hospitals estate that is supporting us to protect our planned care services. Through investing £5.6 million in a new state of the art theatre suite, we are turning Newark into an elective hub that will see up to 2,600 additional procedures every year. This will give our patients more certainty that their elective procedure will go ahead, even when the King's Mill Hospital site is experiencing extreme demand on urgent care services. At the same time, this allows us to:

- **organise our services in a more cost-efficient way;**
- **maximise the utilisation of our existing estate; and**
- **contribute towards us achieving our ambition that our population will wait less time to see a specialist for their planned care.**

This project has also had wider community benefit with increased local employment and a lower carbon footprint through using modern construction methods. We have also contributed to healthier communities through care closer to home with reduced travel and easier access.



Strategic Objective 6

Work collaboratively with partners in the community

Sherwood Forest Hospitals has a long history of working in partnership for the benefit of our communities. Our ambition during the life of this strategy is to support broader economic and social development, recognising this has a major impact on good versus poor physical and mental health.

What this means in practice:

- We will strategically assess our partnerships to ensure outcomes that impact on the Trust's delivery of its strategic ambitions
- We will ensure everyone involved in partnerships understands the importance of an outcome focused on delivering outstanding care
- We will deliver service transformations through collaborative working

We will measure success by:

- Our CQC rating
- Our performance against effectiveness measures as reported by patients, carers and families
- Annually assessing the impact of our partnership work on delivery of the Trust's strategic objectives



Case study:

Educational routes into meaningful employment contribute directly to the local economy, provide opportunities for local people and, done well, can inspire young people to make career choices for a secure future. Such a strategic pipeline approach was taken with Vision West Notts College. Taking the form of a Compact, six priorities were agreed and delivered through various events such as Step into the NHS - working between the people directorate and the communications team. People arrived with their CV and had interviews on the night, directly employing people at the event as well as various stands providing career choices for young people. More recently as a local high street company went into administration, an event attracted people facing redundancy and directly engaged them into job opportunities.



9. Appendix

Life expectancy has been increasing over the past 20 years nationally and locally for both males and females. Within Mid Nottinghamshire, life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts. (source Nottinghamshire Insight). Healthy life expectancy spans 58-66 across Mid Nottinghamshire, compared to 70 in Rushcliffe in South Nottinghamshire.

Area	Female	Male	Healthy life expectancy
Mid Notts	82.6	78.2	
Ashfield North	82.6	75.8	58
Ashfield South	81.7	77.6	62
Mansfield North	81.3	78	58
Rosewood	82	77.1	61
Newark	83.2	80.4	66
Sherwood	84.2	79.3	62
England (ONS Nat. Life tables 2024)	82.6	78.6	

(Source eHS PHM Outcome Dashboard, N&N ICB SAIU)

Patient reported health measures demonstrate a higher reporting of long-term illness or disability and poorer state of health across Mid Nottinghamshire compared to the England average.

78% of the Mid Nottinghamshire population report they are in good or very good health however this is below the England and Wales average of 80%. This is reported fairly equally across our five primary care networks (PCNs) in Ashfield, Mansfield and Sherwood with a slightly better picture in the Newark PCN:

Ashfield North	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	23.5%	7.6%

Ashfield South	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	22.9%	7.5%

Mansfield North	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	25.3%	8.7%

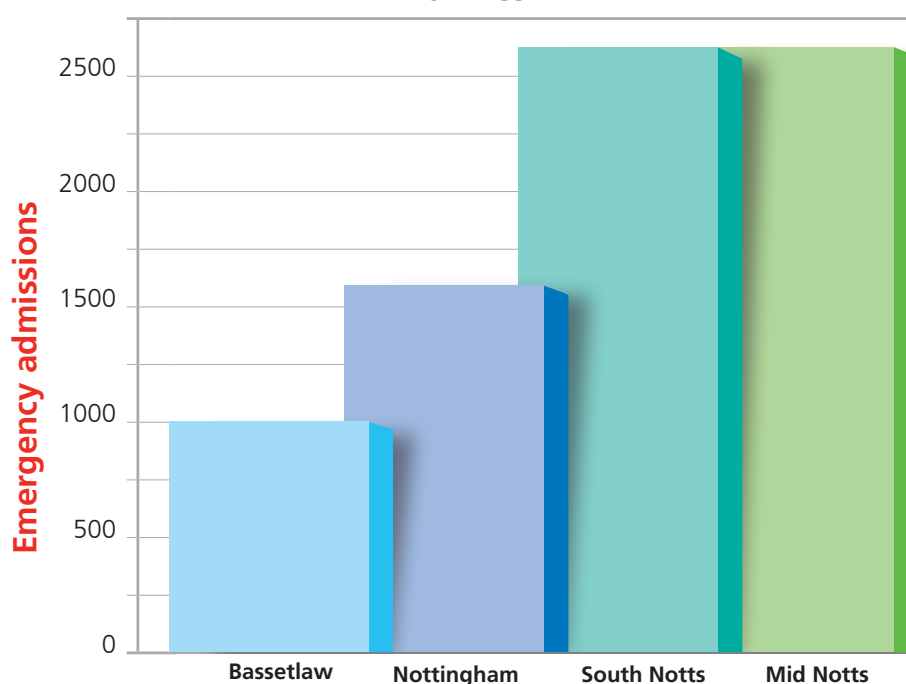
Newark	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	18.7%	4.9%

Rosewood	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	22.5%	7.5%

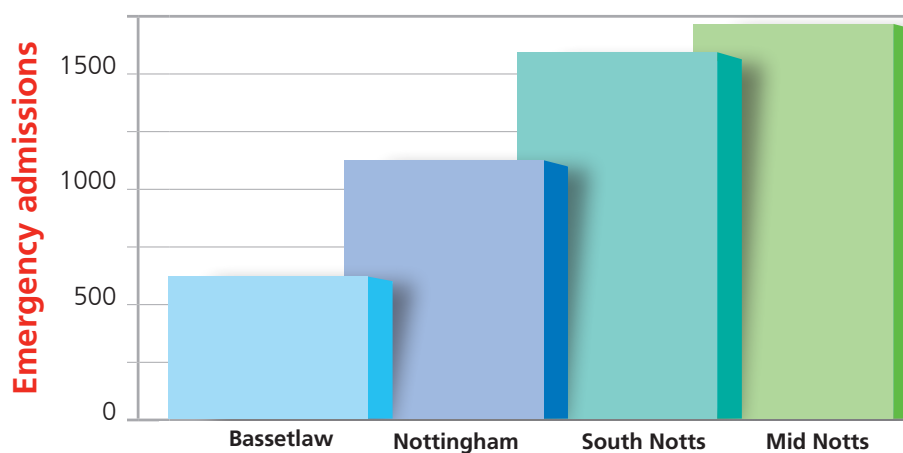
Sherwood	Report a limiting, long-term illness or disability	Rate health as bad / very bad
England	17.6%	5.5%
PCN	23.2%	7.4%

Emergency admissions for falls, injuries, fractures, flu and pneumonia are higher amongst our communities than the rest of Nottingham and Nottinghamshire. These emergency admissions make up 21% of admissions for people aged 65+ and are a reflection of the higher prevalence of long term conditions highlighted in the population health management section at page 13.

Emergency admissions for Falls, Injuries and Fractures
N&N ICS



Emergency admissions for Flu and Pneumonia
N&N ICS



10. Glossary

Anchor Institution are usually large non-profit public sector organisations who have a strong and lasting link to the wellbeing of the community they work in. It's called an Anchor as they are unlikely to move away because of their link to the local community and they have a great influence on the health and wellbeing of the people who live or work there.

Also known as **Anchor Organisations**

By default This is a saying to mean that this is the only option / action being taken or considered.

Care Quality Commission This is the legal organisation that keeps an eye on and checks on the quality of services we get from hospitals, GP's, dentists, care homes, ambulance and mental health services for example. There are 4 ratings: outstanding (service is really good); good (gives a service that we would expect); requires improvement (service could be better); inadequate (service is poor and action is being taken).

Name is often shortened to **CQC**.

Clinical Audit This is the method of testing the result of a process (here the process would be the treatment received) and the aim is to get better results from the process.

Compact This is a written agreement that binds you to a promise.

Continuous Improvement This is a habit (or culture) that encourages everyone to look for ways to enhance the way the organisation works, and in the context of healthcare this relates to the way it provides and deliver patient care as well as the way it operates.

Elective Care / Planned Care This is care or treatment that is scheduled in advance as is opposite to emergency or unplanned care / treatment.

Electronic Frailty Index (eFI) This enables the identification of older people who are fit, and those with mild, moderate and severe frailty.

Electronic Patient Record Also known as **EPR**.

This is a system where all your medical information can be viewed and accessed. Information included includes your medical history including results of investigations and medications. Having information in one place allows clinicians to use / see everything related to your care in real time which can speed up decision making and improving the quality of care patients receive.

Equality This talks about giving individuals and groups the same resources or opportunities and does not take into account whether each individual or groups will have the same result (or outcome).

Equity This is different to **equality** in that it does take into account whether each individual or group will experience the same result (or outcome) and changes the resources or opportunities available so each individual or group do have the same the result (or outcome).

Every contact counts This is the NHS's approach to behaviour change (make every contact count) which encourages health and social care staff to use every opportunity (or contact) they have with a patient to have discussions about how they can make changes that make their health and wellbeing better. Also known as **MECC / Make Every Contact Count**

Foundation Trust Hospitals that are Foundation Trusts are ones that have the additional freedom to decide how to organise their services to best meet the needs of the population it serves, but still have to meet the same standards as other NHS Trusts.

Friends and Family This is the quick and anonymous survey that is used in the NHS to collect patient views about the treatment and care they've received. Collecting this information helps identify problems and things that can be improved in the future.

Good (in the context of a **CQC** rating) - Please see entry for **Care Quality Commission**

Healthcare system This is made up of all the organisations and people whose primary purpose is to promote, restore or maintain health. This includes work to influence the wider determinants of health, as well as direct health-improving activities.

Health and Care partners For care partners, this is often local authority social services, but there are other organisations that provide care that would be also qualify. Examples of health partners are community, mental health, primary care or acute care providers.

Health Inequalities This is talking about the unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health Outcomes This is the result after a treatment, intervention or interaction with healthcare services.

Index of multiple deprivation (IMD) This provides a means of identifying the most and least deprived areas in England and to compare whether one area is more deprived than another.

Integrated Care System This is a partnership of organisations that come together to plan and deliver joined up health and care services. The organisations in this partnership can include voluntary sector, as well as health services and local authorities and are based on a defined geographic area. Sherwood Forest Hospitals is part of Nottingham and Nottinghamshire ICS.

Name is often shortened to **ICS**.

Integrated Care Partnership This is the statutory group is usually made up of the NHS **Integrated Care Board** and the Upper Tier Local Authorities in a defined geographic area. The group works together with the aim to improve the care, health and wellbeing of the population. The group is responsible for producing the plan (also known as the **integrated care strategy**) that sets out how they will work together to meet the health and wellbeing needs of the population the ICS area.

Name is often shorted to **ICP**.

Integrated Care Strategy This is the plan that sets out the most important problems that will be tackled by the **ICS**.

Long term condition These are health problems that need to be controlled or managed using medication or therapies because there is not cure at the moment.

Lower Tier Local Authority These exist in areas where the delivery of Council services is split between two councils (with a **County Council / Upper Tier Local Authority**).

They deliver different services for a smaller defined area when compared to an Upper Tier Local Authority. The services they are typically responsible for including waste collection, council tax, housing and planning applications.

They are also known as a **District Council**.

NHS IMPACT Framework Improving Patient Care Together is a methodology that healthcare providers/ systems are encouraged to use to taking clinical, operational and financial challenges.

Outstanding (in the context of a **CQC rating**) - Please see entry for **Care Quality Commission**

Patient pathway This is a term to describe all the stages a patient experiences in the management of his or her disease /condition.

Sometimes called **Care pathway**

Patient Safety Incident Response

Framework (PSIRF) Sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Population Health An approach aimed at improving the health of an entire population, addressing physical and mental health outcomes and wellbeing of people and reducing health inequalities.

Prevention Is the term to describe actions that aim to keep people healthy and well, and prevent or avoid risk or poor health, illness, injury and early death.

Primary Care Network Is the term used to describe the group of GP practices who work in partnership with other health and social care organisations to focus on populations ranging from 30,000 – 50,000 in size. In Mid Nottinghamshire Place there are six Primary Care Networks.

This is often shortened to **PCN**

Primary prevention This is taking about actions that prevent particular health effects occurring or developing e.g. vaccinations, encouragement to give up risky behaviours (e.g. smoking, poor eating habits).

Provider Collaboratives These are partnerships involving at least two NHS trusts with a shared purpose and combined decision-making arrangements, aimed at transforming health services by promoting better health outcomes and values.

Public Health Though is a term that is sometimes used interchangeably with **Population Health** there is a slight differences in the focus of their populations. Public Health is focused on improving the health outcomes and overall well-being of the public at large rather than individual patients / specific community.

QR Codes This is the short name for **Quick Response** codes and are barcodes that contain information. When scanned (with a compatible device) they often direct the user to a defined webpage as part of a purpose.

Secondary prevention This is regularly testing to find the early stages of disease and taking action before full symptoms develop, for example prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

Wider determinants of health These are the social, economic, environmental and structural factors that affect health, well-being and **health inequalities**.

Improving Lives in Mid Nottinghamshire with our partners...







Board of Directors Meeting in Public - Cover Sheet

Subject:	Improving Lives, Trust Strategy 2024 – 2029		Date: 7 th March 2024		
Prepared By:	Paula Longden, Associate Director of Strategy and Partnerships				
Approved By:	Claire Hinchley, Deputy Director Strategy and Partnerships				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
To present the Trust strategy 'Improving Lives' to the Board for approval.			Approval	X	
			Assurance		
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Executive Team Meeting – various meetings through September 2023 to January 2024 Board development sessions October and November 2023 Trust Management Team Meeting – October 2023 Council of Governors – November 2023 Strategic Planning and Oversight Group – December 2023 Private Board – January 2024 and February 2024 Council of Governors – January 2024 Trust Management Team Meeting – January 2024					
Acronyms					
CQC – Care Quality Commission UNICEF - United Nations Children's Fund COVID-19 – coronavirus N&N ICB SAIU – Nottingham and Nottinghamshire Integrated Care Board System Analytics and Information Unit IMD – Index of Multiple Deprivation eFI – Electronic Frailty Index ICS – integrated care system JFP – joint forward plan SFH – Sherwood Forest Hospitals NHS Foundation Trust ESR – electronic staff record DALT – Drug and Alcohol Liaison Team PSIRF - Patient Safety Incident Response Framework CV – curriculum vitae ONS – Office for National Statistics PCN – primary care network					

Executive Summary

Trust strategy

The Trust strategy for 2024-2029 is presented to Board for approval following a period of development and engagement. The strategy commits to improving the lives of our patients, our people and the local population.

Six strategic objectives provide direction for setting priorities and decision making over the next five years that will lead to delivery of our vision:

Outstanding care, compassionate people, healthier communities.

The strategic objectives are:



Underpinning the objectives are the Trust's CARE values that were relaunched during October 2023 with colleagues pledging to follow the values with a specific example of how they will do so.



The strategy provides drivers of change and a review of data relating to the health inequalities of the Mid-Notts population. It also reflects case studies of where the Trust is already delivering outstanding care.

Engagement

During the summer months our people, Trust members, volunteers and the local population were asked what matters to them for the next five years and this feedback provided direction for the developing Trust strategy.

During January and February this year a programme of roadshow events were held with our people, members and partners. Governors and senior leaders attended and presented the draft strategy at team meetings, groups, network meetings and member drop-in sessions. A schedule of engagement with our external partners included health, local government and the community and voluntary sector.

A strategy stand was set up and facilitated during 4 days in January in the Kings Treatment Centre providing an opportunity for patients and colleagues to have an informal discussion related to the strategy, to sign a CARE values pledge and to consider joining the Trust as a member.

The strategy was well received in each forum, with the overarching feedback being positive. People told us they felt supported by the vision and that they could get behind delivery of the strategy.

Supporting strategies

Five supporting strategies align to the Trust strategy. These include:

- Clinical services strategy
- Quality Strategy
- People plan
- Finance strategy
- Partnership strategy

Each of these supporting strategies will be launched or updated (Quality and People) in the next few months following the Trust strategy launch, followed by delivery plans.

Strategy Launch

A strategy launch session is planned for 7th March providing an opportunity to showcase the final document and share its vision and objectives with an audience comprising of the Trust Board, Trust Management Team members and external partners. Provision of a network area will include stands from the Trust's networks, the Phoenix project, Improvement Faculty, Mid Notts Place Based Partnership and Step into the NHS.

Next steps

The Trust strategy will be made accessible for our local population including translation into different languages, provided in easy read formats and a format that supports people with visual impairment. A 'strategy on a page' is available as a single page summary of the vision, strategic objectives, care values and a QR code that takes people to the Trust website where the full strategy document can be found.

Recommendations

The Board is asked to approve the Trust strategy.

Board of Directors (Public) - Cover Sheet

Subject:	Application of Trust Seal		Date: 7 th March 2024		
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	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
Identify which Principal Risk this report relates to:					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
N/A					
Acronyms					
None					
Executive Summary					
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 109</u>					
Between:					
<i>Sherwood Forest Hospitals NHS FT and Kier Construction Ltd</i>					
Details of the contract:					
Demolition of the old Victorian Building and associated Service Divisions located at Mansfield Community Hospital					
Signed/Sealed by the Chief Executive Officer and the Chief Financial Officer					
Dated: 26 th January 2024					

Seal number 110

Between:

Sherwood Forest Hospitals NHS FT and Bizspace Ltd

Details of the contract:

Five-year lease for Byron Court

Signed/Sealed by the Chief Executive and Chief Financial Officer

Dated 7th February 2024

Seal number 111

Between:

Sherwood Forest Hospitals NHS FT and Bevan Brittan

Details of the contract:

Appointment of WSP UK Ltd in relation to the Provision of Asset Surveying and Scheduling of Programmed Maintenance Works at KMH, MCH and Newark Hospital

Signed/Sealed by the Chief Executive and Chief Financial Officer

Dated 23rd February 2024

Seal number 112

Between:

Sherwood Forest Hospitals NHS FT and Bevan Brittan

Details of the contract:

Survey Deed in relation to the Project Agreement for KHM, MCH and Newark Hospital

Signed/Sealed by the Chief Executive and Chief Financial Officer

Dated 23rd February 2024

Seal number 113

Between:

Sherwood Forest Hospitals NHS FT and Bevan Brittan

Details of the contract:

Letter of Appointment of Fire Safety Engineer relating to Fire Safety Requirements at KMH, MCH and Newark Hospital

Signed/Sealed by the Chief Executive and Chief Financial Officer

Dated 23rd February 2024

Seal number 114

Between:

Sherwood Forest Hospitals NHS FT, NHS Property Services Ltd, Nottinghamshire Healthcare NHS Foundation Trust and Bevan Brittan

Details of the contract:

Enabling Works Licence relating to land at Mansfield Community Hospital

Signed/Sealed by the Chief Executive and Chief Financial Officer

Dated 28th February 2024

The Board is asked to **NOTE** the use of the Trust Seal.

Board of Directors Meeting in Public - Cover Sheet

Subject:	External Well-Led Review – Recommendations, Progress Report		Date: 7 th March 2024		
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs				
Purpose					
The purpose of this paper is for the Board to receive assurance that each of the recommendations identified in the final report from the Grant Thornton Well Led Review conducted in March 2022 has been actioned, to provide a current view on their embeddedness and to make recommendations about how an external follow up could be conducted.			Approval		
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X		X	X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				X
PR7	Major disruptive incident				X
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Trust Board					
Acronyms					
Executive Summary					
Grant Thornton undertook an external Well-led review of the organisation, delivering its final report to the Trust in March 2022.					
The Well-Led review is an important assessment for the Trust, not only because Trusts are expected to advise NHSE of any material governance concerns that have arisen from the review and the action plan in response to those concerns, but more importantly because it provides the opportunity for the Trust to fully understand the strengths and weaknesses of its current governance arrangements and implement actions at an appropriate pace.					
The initial report detailing the 15 recommendations was presented to Board in April 2022 with further updates in August 2022, February 2023 and August 2023.					
This report provides progress against all 15 recommendations, including Actions 13 and 15 that remained open at the time of the last report. Of these 15, three were medium level recommendations, 12 low level recommendations and none of a high-level. The progress made in respect of each Action is reported below for discussion and agreement by the Board.					

Grant Thornton's 2022 report followed the 8 key lines of enquiry (KLOEs) from the NHSI Well-Led framework in use at that time. Since then, a single assessment framework has been developed by the CQC to streamline and simplify the assessment process with five quality statements – is the service safe, effective, caring, responsive, and well-led. It is, therefore, proposed that a follow-up external report is commissioned to assess the Trust's level of compliance focussed on "well-led" domain.

Recommendation

The Board is asked to:

- note the current status, including where work is on-going and the current state of embeddedness, in relation to the 15 Recommendations to enable the on-going monitoring of the actions from the 2022 Grant Thornton Report to be concluded, and,
- support the commissioning of a follow-up external Well-Led report in the context of the CQC's updated assessment framework.

No.	Risk	Recommendation	Action	Lead		Timeline
	KLOE 1. – Is there the leadership capacity and capability to deliver high quality, sustainable care?					
1	Medium	<p>Internal v external priorities</p> <p>The Director of Human Resources is a joint post with Nottinghamshire Healthcare NHS Foundation Trust. However, due to the way the portfolio of work is arranged and the existence of a strong deputy this appears to and is reported to work well.</p> <p>The Director of HR is also prominent in the Integrated Care System (ICS) leading the people agenda and this workload needs to be regularly reviewed to ensure it remains manageable.</p> <p>Recommendation:</p> <p>As external priorities become more apparent in the establishment of the ICS a watching brief should be reviewed to ensure executives continue to have sufficient bandwidth to undertake their portfolio of work.</p>	<p>All joint posts with Nottinghamshire Healthcare have ceased.</p> <p>Complete</p> <p><u>March 2024 Update</u></p> <p>No further joint post arrangements in place or planned.</p> <p>Remains Complete.</p>	Chief Executive Officer	Complete	June 2022
2	Low	<p>Succession planning</p> <p>The Trust had undertaken a formal succession planning exercise for its executive roles in 2019, and this is best practice. It is important to refresh this periodically and this</p>	<p>A report will be presented to the Nomination and Remuneration Committee</p> <p>Progress update:</p> <p>Draft report presented to the CEO – to</p>	Chief Executive Officer	Complete	September 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>should be completed following the appointment of the CEO. Some Trusts include the NED skills in this exercise as this can help to identify any gaps and target skill sets of future appointments.</p> <p>Recommendation:</p> <p>Following the appointment of the Chief Executive post the Trust should refresh its succession planning and consider extending the exercise to include NEDs and Divisional triumvirate team members</p>	<p>be further discussed with the Executive Team in August 2022, once all Executives are in post.</p> <p>Final succession planning report presented to RemCom in October 2022</p> <p><u>March 2024 Update</u></p> <p>Update and assurance provided to the Remuneration Committee in May 2023 and an annual refresh and update agreed with the next report due April 2024.</p> <p>The Remuneration Committee received the CEO's report describing the overall performance of the Executive Team across 2022/23 and visibility of the Executive Team objectives for 2023/24.</p> <p>Ongoing</p>			
3	Low	<p>Structured visits programme</p> <p>The structured quality visit programme where NEDs and Executive Directors undertake more formal visits to the services has been suspended and is planned to be reinstated when the Covid -19 restrictions on access to clinical</p>	<p>Visits did commence once restrictions were lifted unfortunately these have now been paused due to the increase in COVID infections across the Trust.</p> <p>Visits will re-commence as soon as current restrictions are lifted, schedules for visits have been developed and are in place.</p>	Chief Nurse	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>areas allow. This will be particularly helpful to the new NEDs as they familiarise themselves with the Trust's services.</p> <p>Recommendation:</p> <p>As soon as Covid 19 restrictions allow the Board should reinstate its structured visits programme to its services. This will be particularly beneficial to the new NEDs and existing NEDs who have missed the opportunities to undertake face to face activities</p>	<p>Complete</p> <p><u>March 2024 Update</u></p> <p>The 15 Steps structured programme was relaunched and has been in place over the last 12 months. Process and SOP revised. Monthly visits incorporating NEDs, Executive team, governors and SLT covering both inpatient wards and departments but now widened to cover other key areas within the organisation. Observations and findings reported quarterly through the Quality Committee for triangulation. Also shared with CoG and patient experience forum for learning.</p> <p>Complete and embedded.</p>			
KLOE 2 – is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?						
4	Low	<p>Quality Strategy</p> <p>A new Quality Strategy is in development. A working draft version was presented at the November 2021 Quality Committee. The new strategy will run from 2022-2025 and has four campaigns on delivery quality care:</p> <ol style="list-style-type: none"> 1. Create a positive practice environment to support the 	<p>Updated Quality Strategy approved by Quality Committee in September 2022, to include quality improvement methodology and linkages to the People, Culture and Improvement Strategy.</p> <p>Indicators provided in the Advancing Quality Programme will track delivery of the strategy.</p>	Chief Nurse	Complete	September 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>delivery of safest and most effective care</p> <ol style="list-style-type: none"> Excellent patient experience for users and the wider community Strengthen and sustain a culture of continuous quality improvement and learning Deliver high quality care through kindness and supporting each other <p>It is not clear however how the third campaign links to the improvement techniques and training that are currently being rolled out in the Trust and this should be made more explicit</p> <p>Recommendation The Quality Strategy should more explicitly document the quality improvement methodology that is being rolled out within its campaign to strengthen and sustain a culture of continuous quality improvement and learning.</p>	<p>March 2024 Update</p> <p>The Quality Strategy, now in year 2, is progressed and tracked through the Quality Committee. The Executive Director of Strategy and Partnerships has come into post since the last review and holds Executive responsibility for improvement. The Improvement agenda reports directly into the Quality Committee for assurance.</p> <p>The SFHT Improvement faculty was launched in April 2023.</p> <p>The PSIRF framework launched in October 2023 with structured focus on learning and improvement.</p> <p>Complete</p>			
KLOE 3 – Is there a culture of high quality sustainable care?						
5.	Low	<p>Freedom to Speak up Guardian meetings with Divisions</p> <p>The Guardian has regular meetings within one Division as these were established by her predecessor however does not regularly meet with</p>	<p>Regular meetings with all triumvirates have been scheduled.</p> <p>Complete</p>	Director of Corporate Affairs	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>all of the Divisional triumvirates, generally only meeting with them to discuss specific cases.</p> <p>Recommendation:</p> <p>The FTSU Guardian should schedule regular meetings with the Divisional triumvirate teams to develop relationships and establish a more proactive approach</p>	<p><u>March 2024 Update</u></p> <p>Meetings with Divisional Triumvirates have been diarised. However, as the operational focus of these meetings does not lend itself well to cultural matters it is now planned to include FTSU updates into the SLT / DPB setting, where updates about FTSU culture/feedback are more useful and appropriate. To date CSTO and Surgery have diarised plans taking this approach forward.</p> <p>Ongoing.</p>			
6.	Low	<p>Freedom to Speak Up Guardian meetings with the Guardian of Safe Working Hours</p> <p>Nationally the data suggests medical staff tend not to use FTSU mechanisms to raise concerns and in some Trusts we see the Guardian of Safe Working Hours used to raise a broad range of issues. The Trust has successfully recruited a doctor to a FTSU Champion role and this may encourage medical staff to speak up if they have concerns. The FTSU Guardian does not meet with the Guardian of Safe Working Hours and this would be a useful link.</p>	<p>Regular meetings with the Guardian of Safe Working Hours have been scheduled.</p> <p>Complete</p> <p><u>March 2024 Update</u></p> <p>A new Guardian for Safe Working was appointed in Autumn 2023. The FTSUG has asked for regular 6 monthly contact to be established between him and herself.</p> <p>Continued completion anticipated.</p>	Director of Corporate Affairs	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		Recommendation: The FTSU Guarding should arrange to meet periodically with the Guardian of Safe Working Hours as there are linkages with these roles.				
7.	Low	Awareness of detriment It is important to ensure that people do not suffer detriment as a result of speaking up. Currently, following the closure of a case, the FTSU Guardian sends out a short four question email to staff who have raised concerns, however the response rate is low and the questions do not adequately assess if there has been any detriment. Recommendation: The FTSU Guardian should formalise a process to contact staff who have raised concerns three to six months following closure of the case to discuss how they are and if they have suffered detriment as a result of speaking up	A formal process to contact staff who have raised concerns to ascertain if they have suffered detriment has been developed and implemented Complete <u>March 2024 Update</u> The Speaking Up Policy was amended in July 2023 to include information and pathway regarding detriment from speaking up at SFH . The guideline informs staff the pathway to use if they feel any detriment from speaking up. The FTSUG sends, annually, a confidential questionnaire to those whose concerns were escalated via FTSU asking whether they have encountered any detriment. The FTSUG verbally discusses detriment with FTSU contacts whose concerns are escalated and asks for feedback if they feel detriment. The National Speaking Up Support Scheme (NHSE) for those affected by having raised formal processes, is circulated to the People Team for	Director of Corporate Affairs	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
			<p>awareness of the application window and information regarding the scheme.</p> <p>Remains complete and embedded.</p>			
8.	Low	<p>Reporting data to capture gender and ethnicity characteristics</p> <p>The FTSU Guardian submits data as required to the National Guardian's Office and the FTSU Guardian and the Guardian of Safe Working Hours report to the Board twice a year. Neither Guardians report data by ethnic group or gender and this may offer additional information for the Board to analyse in terms of themes and trends.</p> <p>Recommendation:</p> <p>The FTSU Guardian and Guardian of Safe Working Hours should capture data by gender and ethnicity where possible to allow for additional analysis, themes and trends.</p>	<p>Progress update July 2023: At its meeting on 2nd February 2023 the Board of Directors agreed this recommendation could be closed, and requested a review take place in 6 months' time to ensure the data is monitored. A report will be brought to the October 2023 Board.</p> <p><u>March 2024 Update</u></p> <p>The FTSU Guardian's reports to the Board and People Committee now contain EDI information regarding ethnic group and gender of those using the FTSU service.</p> <p>Remains complete and embedded.</p>	Director of Corporate Affairs and Executive Medical Director	Complete	September 2022
KLOE 4 – Are there clear responsibilities, roles and systems of accountability to support good governance and management?						
9.	Low	<p>Highlight report to the Board of Directors</p> <p>There is variance in the quality of reporting the work of the Committees</p>	<p>A quadrant template has been developed and has been implemented from April 2023 Committees.</p> <p>Complete</p>	Director of Corporate Affairs	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>to the Board. A more common approach using a quadrant style reporting could more effectively identify key issues and action taken.</p> <p>Recommendation:</p> <p>Committee Chairs should consider the use of a quadrant style report to present at the Board meeting. Headings of the 4 quadrants are commonly:</p> <ul style="list-style-type: none"> • Matters of concern or key risks to escalate • Major actions commissioned / work underway • Positive assurances to provide • Decisions made 	<p><u>March 2024 Update</u></p> <p>The use of the quadrant report across all Board Committees and the Council of Governors' meetings is well-embedded. In February 2024 it was enhanced to enable items to be recommended for consideration by other Committees thereby further enhancing its effectiveness.</p> <p>Remains complete and embedded.</p>			
10.	Low	<p>Committee Assurance</p> <p>Committee Chairs have not routinely observed the key meetings that feed into their Committee for assurance, and this should be considered on an annual basis to confirm confidence in the governance and reporting framework.</p> <p>Recommendation:</p> <p>On an annual basis NEDs who Chair Committees should observe the sub-meetings/groups that feed into their Committee to gain a view on how</p>	<p>Committee Chairs have observed all key meetings which feed into their committee.</p> <p><u>March 2024 Update</u></p> <p>The recommended action continues to happen including since the recent changes of subcommittees chairs.</p> <p>Remains complete</p>	Director of Corporate Affairs	Complete	September 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		business is undertaken.				
11.	Low	<p>People, Culture and Improvement Committee</p> <p>The Chair of the Committee does not routinely meet with the Lead Executive for this Committee, more ad-hoc arrangements occur. Setting up a scheduled arrangement would be beneficial to allow for regular discussion of progress, current issues and the identification of areas where further work may be indicated</p> <p>Recommendation:</p> <p>The Chair of the People, Culture and Improvement Committee should set up regular meetings with the lead Executive Directors</p>	<p>A schedule of regular meetings prior to committee meeting will be developed and implemented.</p> <p>Complete</p> <p><u>March 2024 Update</u></p> <p>The Chair of the People Committee and the Executive Director of People meet on a regular basis to discuss the Trust Strategy, People Strategy, and wider people agenda. These meetings are a combination of formal and informal discussions. In terms of scheduled meetings, the Chair of the People Committee and Executive Director of People meet to discuss the agenda for the People Committee and also have a meeting prior to the committee to discuss the content of the papers and any other relevant topics and discussion points.</p> <p>Furthermore, the Chair of the People Committee and Executive Director of People have a scheduled meeting before the Board of Directors to discuss the Board agenda, review papers and also highlight any people elements to the papers which are to be presented, and how these align to the Trust and People Strategy.</p>	Director of People	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
			<p>These meeting also allow the Chair of the People Committee and Executive Director of People to highlight any points of escalation or requests for support at the earliest opportunity.</p> <p>Remains complete and embedded.</p>			
KLOE 5. – Are there clear and effective processes for managing risks, issues and performance?						
12.	Low	<p>Divisional Performance Reviews</p> <p>We attended the November 2021 round of Performance Reviews for all five clinical Divisions. The Performance Review meetings are well organised and mutually supportive.</p> <p>We note that Urgent and Emergency Care Division presented an informative HR performance report and whilst other Divisions talk about their HR issues, they did not include a presentation of metrics. HR performance reports are routinely created and supplied to Divisions via the HR Business Partner, and these should be presented at each Division Performance Review.</p> <p>Recommendation:</p> <p>All Divisions should ensure their HR</p>	<p>All future Divisional Performance Reviews will include the presentation of their HR Performance report. All divisions now have an HR report which they present monthly within their DPRs</p> <p>Complete</p> <p><u>March 2024 Update</u></p> <p>All Divisions now present a consistent performance scorecard and pack which includes sections for Quality, Finance, HR and Operational Performance.</p> <p>Remains complete and embedded.</p>	Chief Operating Officer	Complete	June 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		performance report is presented for discussion at Divisional Performance Reviews.				
KLOE 6 – Is appropriate and accurate information being effectively processed, challenged and acted on						
13.	Medium	<p>Data Quality Strategy</p> <p>The Trust's Data Quality Strategy 2018-2020 is due for review. It sets out governance arrangements involving the Data Quality Oversight Group (DQOG).</p> <p>However, the DQOG was disbanded in November 2020 as the workstreams actions had been completed. Therefore, the Trust does not currently have a stand-alone formal forum through which data quality issues are monitored and addressed.</p> <p>The Trust is currently in the process of moving to a more integrated approach, where data quality is owned and monitored across the wider governance structure.</p> <p>It is intended that updates on data quality for areas within their remit will be provided regularly through the Divisional governance structures and the Trust's Risk Management framework, but this process is not yet fully documented, and roles and</p>	<p>Progress update July 2023:</p> <p>The Patient Information and Data Assurance Group (PIDAG) is in place. The Chief Digital Information Officer is chairing. That enables the detailed work that is necessary in the field of data quality. Bringing the various teams together under the digital structure is also enabling closer working and a focus on data standards, quality, and completeness. All developments or configuration changes will be reviewed by PIDAG. The appointment of a Head of Information Services will provide professional oversight to this area going forward.</p> <p><u>March 2024 Update</u></p> <p>The Data Quality Strategy has been revised and was presented at the Data Assurance Group in February 2024 for validation. This includes the formal responses to the September 2023 360 audit report.</p>	Executive Medical Director	On-going	December 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>responsibilities need to be clarified.</p> <p>It is however a reasonable expectation that the new postholder will formalise the governance arrangements at the time the Data Quality Strategy is refreshed.</p> <p>Recommendation:</p> <p>Once in post the new Chief Digital Information Officer should contribute to the refresh of the Data Quality Strategy to ensure it adequately documents roles/responsibilities and the governance structure where data quality issues will receive oversight and management.</p>	<p>A revised Data Assurance Group has been formed to strengthen the management of data quality within the organisation. The group meets monthly and provides a quadrant report into the Digital Strategy Group</p> <p>The Deputy Chief Digital Information Officer has revised the group and been acting as the chair until the appointee to the new Head of Information post takes up their position on 4th March 2024.</p> <p>On-going.</p>			
14.	Low	<p>Data Quality Assurance Indicators</p> <p>The Trust does not at present utilise a Data Quality Assurance Indicator. A data quality traffic light or kite mark could be used to appear next to key performance indicators in the SOF report to provide visual assurance on the quality of data underpinning a performance indicator. A visual indicator acknowledges the variability of data and makes an explicit assessment of the quality of evidence on which the performance measurement is based.</p>	<p>Progress update July 2023:</p> <p>We recognise the importance of providing assurance on the quality of data and highlighting potential risks. Identifying appropriate kite marks would involve a full review of each key performance indicator with engagement from operational and clinical colleagues, focusing on the four domains: timeliness, completeness, validity, process. Once set up there would be an ongoing requirement to review regularly to ensure any changes in data quality and risks are reflected.</p>	<p>Executive Medical Director</p> <p>(previously Director of Corporate Affairs)</p>	On-going	On-going

No.	Risk	Recommendation	Action	Lead		Timeline
		Recommendation: The Trust should consider the use of Data Quality Assurance Indicators to inform users of any data quality risks attached to the data that might impact decision making.	<u>March 2024 Update</u> A Regional Data Quality Assessment Indicator Framework has been adopted by other providers in our System. This approach is under consideration with a view to SFH adopting it in 2024/25. Remains on-going.			
	KLOE 7. – Are people who use services, the public, staff and external partner engaged and involved to support high quality sustainable services?					
	We have not made any recommendations in this area as the Trust is already working on issues identified.					
	KLOE 8. – Are there robust systems and processes for learning, continuous improvement and innovation?					
15.	Medium	Continuous Improvement The Trust has a vision for 'Continuous Improvement at SFH'. Whilst it is clear that there is considerable improvement activity at the Trust it is not clear how the improvement activities e.g. Continuous Improvement; Pathways to Excellence; Advancing Quality programme and Clinical Audit are linked. Although staff refer to a Continuous Improvement Strategy this is not described in a document and this is required to demonstrate the breadth and depth of work, how it aligns to other strategies and to	Progress update July 2023 The Q1 (2023/24) ambition was to deliver a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and/or transformation. The Improvement Faculty launched as planned on 4 th May 2023 and has brought together a number of existing teams, including the Improvement Team, Transformation Team and PMO to create a centre of excellence. The Faculty's work plan is based on the following four pillars: a. Pillar 1 - Improving Capability,	Director of Strategy and Partnerships	Complete	September 2022

No.	Risk	Recommendation	Action	Lead		Timeline
		<p>enable a better understanding for staff. During our interviews, including some Board level interviews, this area was not well articulated, with staff talking very generally about improvement activity and some staff not being familiar with what improvement methodology was in place. It is important that staff can articulate how the Trust describes and navigates its improvement activities, and this will be a key area CQC will look for assurances of an embedded and well understood approach when they talk to staff, and further work is required as a priority to achieve this.</p> <p>Recommendation:</p> <p>Further work is required to document and communicate the vision for 'Continuous Improvement at SFH' This will assist staff in their understanding of the breadth and depth of work and the methodologies in use.</p> <p>Outcomes of quality improvement projects should be celebrated through the Trust's services.</p>	<p>Engagement and Culture – Building 'The Sherwood Way'</p> <p>b. Pillar 2 - Evaluating New Ideas and Providing Solutions</p> <p>c. Pillar 3 - Programme and Project Delivery</p> <p>d. Pillar 4 - Programme Monitoring, Evaluation and Assurance</p> <p>There are several large-scale transformation programmes for which the Faculty are providing coordinated support (Pillar 3). These include the Optimising Patient Journey (OPJ) Programme, Planned Care Programme (including Theatres, Outpatients and Diagnostics), a series of Workforce Programmes, several Capital Programmes and a number of Financial Improvement Programmes. All large-scale transformation programmes have robust governance arrangements in place, have completed PIDs and identified senior leadership in place.</p> <p>The remaining pillars are under development and will continue to be shaped and delivered during Q2 including strengthening the organisation's vision for improvement and developing in line with NHS Impact (national improvement direction) across ICS partners.</p>			

No.	Risk	Recommendation	Action	Lead		Timeline
			<p>Development of the Improvement and Innovation strategy, as an enabler to the Trust strategy, will fully implement and embed the recommendation.</p> <p><u>March 2024 update</u></p> <p>The Improvement Faculty commenced in May 2023 bringing together quality improvement, clinical audit and PMO functions into a single space. Work has continued over 2023 to ensure there is a single approach undertaken across these functions. QSIR is the approved quality improvement methodology aligned with a robust approach to project and programme management (reporting structure). QSIR is also the approved approach across the Nottingham and Nottinghamshire ICS, with training sessions provided for ICS colleagues and delivered in part by SFH colleagues.</p> <p>In Q3 of 2023/24 Quality Improvement assurance transferred from the People Committee to the Quality Committee providing Board level assurance on improvement activities and outcomes across the range of activities including the Improvement Faculty, Pathway to Excellence, Advancing Quality</p>			

No.	Risk	Recommendation	Action	Lead		Timeline
			<p>Programme and Clinical Audit.</p> <p>A recent improvement agenda item at Quality committee was to share the approach to Trust wide engagement for the upcoming Continuous Quality Improvement Strategy which will be launched in Spring 2024. This new strategy will respond to the Trust strategic objective 4: Bring Improvement to Life and will link closely to the Quality strategy and Clinical Services strategy. A baseline of the Trust's quality improvement efforts has been undertaken as part of NHS Impact which the continuous quality improvement strategy will respond to.</p> <p>The QSIR requirements have changed in year and Trust's are expected to pay to register QSIR associates on an annual basis – SFH has agreed to pay this registration requirement for 2024/25 to continue providing this methodology. SFH has 3 QSIR associates.</p> <p>Complete</p>			

Council of Governors' Chair's Highlight Report to Board of Directors

Subject:	Council of Governors ("CoG")	Date: 7 th March 2024
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs	
Approved By:	Claire Ward, Chair	
Presented By:	Claire Ward, Chair	
Purpose:		
To provide assurance to the Board of Directors from the CoG meeting held on 13 th February 2024		Assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<p>IFRS 16 change and its impact on the balance sheet was noted.</p> <p>Matters relating to the discharge process for LD patients raised by a governor to be reported via the Quality Committee.</p> <p>Launch of the Trust Strategy on 7th March 2024.</p> <p>2023/24 External Audit Plan content and timetable outlined.</p> <p>Full Report on the Staff Survey to be issued on 7th March 2024.</p>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>It was confirmed that the new Patient Experience Committee will triangulate the information from the FFT feedback forms.</p> <p>Governor observers at the Quality Committee meeting commended the high-quality discussion and the people and patient focus.</p> <p>The inaugural Governors' Conference on 16th April and the opportunity it will provide to re-set the role of governors.</p> <p>The alignment of feedback from 15 steps visits with peer reviews.</p>	
Comments on effectiveness of the meeting	
Well attended meeting with wide ranging contributions from governors.	
Items recommended for consideration by other Committees	

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

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date: 7 March 2024		
Prepared By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C				
Approved By:	Phil Bolton, Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C. Phil Bolton, Chief Nurse				
Purpose					
To update the Board 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	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X		X		X
Principal Risk					
PR1 Significant deterioration in standards of safety and care					
PR2 Demand that overwhelms capacity					
PR3 Critical shortage of workforce capacity and capability					
PR4 Failure to achieve the Trust's financial strategy					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
<ul style="list-style-type: none"> Maternity and Neonatal Safety Champions meeting – 01.03.24 					
Acronyms					
<ul style="list-style-type: none"> Maternity and Neonatal Safety Champion (MNSC) Maternity Voice Champion (MVP) Care Quality Commission (CQC) Local Maternity and Neonatal System (LMNS) 					
Executive Summary					
<p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme and the national ambition. provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care. act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation. <p>This report provides highlights of our work over the last month</p>					

Summary of Maternity and Neonatal Safety Champion (MNSC) work for January 2024

1. Service User Voice

February saw the national release of the annual CQC Maternity survey results. The CQC Maternity Survey is sent to all women and birthing people who were aged 16 and had their baby at Sherwood Forest Hospitals in February 2023. 300 women were invited to participate and 116 completed the survey., which is a 39% return rate.

Nearly all responses showed very little statistical change from last year.

The majority of Sherwood Forest Hospitals NHS Foundation Trust's scores are in the intermediate-60% range of all Trusts surveyed by IQVIA. There are 9 scores in the top-20% range, which appear mainly in the antenatal and postnatal care at home sections.

The area where are results are better than most other Trusts are in our support of birthing people's mental health with 92.7% of respondents saying they were given enough support with their mental health and 90.2 % of respondents were asked about their mental health at antenatal appointments. This was mirrored in the postnatal period, with 77.6% of respondents being given information about any changes you might experience to your mental health after having a baby and 89.9% of birthing people were told what support was available to them should they experience any changes to their mental health.

The response to 'Was your partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital?' has showed the biggest increase in satisfaction. We will expect this score to rise next year even more as we have listened to families and worked with our MNVP and our charitable funds and now have a recliner chair in every room and bay on the birthing unit and on the ward, so partners or supporters are able to stay comfortably.

The areas in which the questions scored in the lower-20% range, mainly focused around labour and birth and have a clear action plan, detailed below.

Our care could be even better if.....

'If you raised concerns during labour and birth, were these taken seriously' is a question where we did not score as highly as other Trusts.

Actions to address

- Training for all doctors, midwives and maternity support workers last year was delivered focusing on listening to women, supporting choices and addressing unconscious bias
- A more in depth 2-day cultural safety training is now mandatory for all midwives and MSWs and has been running since September 2023.

'Before you were induced, were you given appropriate information and advice on the risks of induction of labour?' also had a reduced score from 73% to 50%.

Actions to address

- Induction of Labour Lead Midwife who has been working this year to improve the service. In partnership with our Professional Midwifery Advocate and the MNVP, we have developed a new leaflet that is available on badgernotes and the website that helps families make informed decisions around induction of labour.

- Poster to go on the wall of every induction of labour room that outlines the options available at every stage of the process.

A new question that we could improve on *‘Do you think your healthcare professionals did everything they could to help you manage your pain?’*

Actions to address

- Currently seeking feedback from service users via MNVP social media and 1-2-1 conversations with postnatal women on the ward with MNVP volunteer to deep dive into this area and understand better the actions we can take to address this.
- We have relaunched our face-to-face antenatal education classes this year and our MNVP volunteers have observed the sessions around pain relief to n feedback around the level and depth of information we share.
- We are planning to offer a more choice for pain relief option for birthing people who are being induced or are in early labour, recognising this can be a particularly challenging time for getting pain relief right.

The question with the biggest decrease was *‘During evening, nights and weekends and you needed advice about feeding your baby, were you able to get it?’*

Actions to address

- Updated out antenatal education and contact details so birthing people know who to contact out of hours.
- Developing pathway for ensuring when birthing people call for advice out of hours, we can signpost them to the right service
- Relaunched our Maternity website with lots of feeding support information and contacts.

The report has several recommendations included in it and we are currently working closely with our teams and our birthing people to implement these.

2. Staff Engagement

The planned MNSC walk round took place on the 6th of February 2024. Staff reflected on the positive changes to the team and activity. The MNSC caught up with the Lead Midwife for Recruitment and Retention and discussed the positive workforce plans for 2024/2025. The MNSC also spoke to the teams and families on the Neonatal Unit and the complexities of discharge planning on the unit and how the wider Trust teams can support.

On the 15th of February 2024 the revised Maternity Forum was held. The teams met the new Head of Midwifery, Sarah Ayre, who started on the 5th of February 2024. The teams welcomed Sarah and updated through actions that have been taken from previous meetings, these included the ongoing work around recruitment and student support.

3. Governance Summary

Three Year Maternity and Neonatal Plan:

The Maternity Safety Team continued to work with the LMNS at looking at the planned workbook activities and how this can embed into the current work the division is undertaking. Key deliverable have been identified, and the Trust are working through individual plans.

Ockenden:

The action plans continue through following the annual Ockenden insight visit report from our visit in October 2023. The visit findings supported the self-assessment completed by the Trusts. Area's have been identified from the visit to strengthen the embedding of the immediate and essential actions; these are included within the action plan and focus on bereavement resources across the system.

NHSR:

The Year 5 submission for full compliance has been submitted to NHSR for the deadline of the 2nd of February 2024. We are awaiting the results and the Year 6 MIS is due for release in April 2024.

Saving Babies Lives:

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) in version 2 and following the uploaded evidence submitted to the regional teams we have received confirmation that we have achieved the agreed over 70% of compliance for version 3 (SFH currently at 87%). Work continues to ensure that we aim for full compliance within the agreed time thresholds.

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the QC, further is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC. The Trust Mandatory training remains above the 90% threshold and a standardised triage system is in place, this continues to have support from a task and finish group to ensure this becomes embedded.

4. Quality Improvement

On the 12th of February 2024, pulling together the actions from the initial Ockenden immediate and essentials actions and feedback from our service users, the Maternity landing page for the Trust internet was relaunched. The Maternity and communication team leading the project, supported by the chairs of the MVP and NVP attended the live launch event and celebratory packs were given to all babies born that day. The ongoing management and updating will remain under the responsibility of the Digital Midwife with support from the wider teams.



On the 26th of February 2024 the Aromatherapy service was re-launched following consultation against the national guidance and was supported by our service users.



5. Safety Culture

The debriefing has been completed now, with the support of the organisational development team, and the key themes are to be presented to the divisional leadership team via the People Board. The perinatal quad team, outlined within the last paper, will be utilised as the key drivers to support the action plan from the survey.

Maternity Perinatal Quality Surveillance model for February 2024

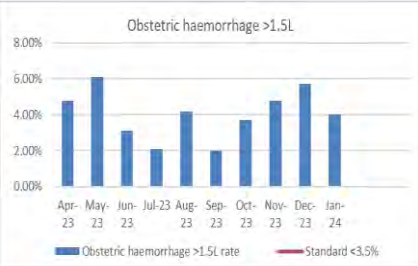


Sherwood Forest Hospitals
NHS Foundation Trust

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

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

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

<div>Massive Obstetric Haemorrhage (Jan 4.0%)</div> <div><ul style="list-style-type: none">Reduction in cases this monthRapid review presented to PSIRG, identified potential alternative ways to report rates for the division to explore.<div><div>Obstetric haemorrhage >1.5L</div><table><thead><tr><th>Month</th><th>Obstetric haemorrhage >1.5L rate</th><th>Standard <3.5%</th></tr></thead><tbody><tr><td>Apr-23</td><td>4.8%</td><td>3.5%</td></tr><tr><td>May-23</td><td>6.2%</td><td>3.5%</td></tr><tr><td>Jun-23</td><td>3.2%</td><td>3.5%</td></tr><tr><td>Jul-23</td><td>2.2%</td><td>3.5%</td></tr><tr><td>Aug-23</td><td>4.2%</td><td>3.5%</td></tr><tr><td>Sep-23</td><td>2.2%</td><td>3.5%</td></tr><tr><td>Oct-23</td><td>3.8%</td><td>3.5%</td></tr><tr><td>Nov-23</td><td>4.8%</td><td>3.5%</td></tr><tr><td>Dec-23</td><td>5.8%</td><td>3.5%</td></tr><tr><td>Jan-24</td><td>4.2%</td><td>3.5%</td></tr></tbody></table></div></div>	Month	Obstetric haemorrhage >1.5L rate	Standard <3.5%	Apr-23	4.8%	3.5%	May-23	6.2%	3.5%	Jun-23	3.2%	3.5%	Jul-23	2.2%	3.5%	Aug-23	4.2%	3.5%	Sep-23	2.2%	3.5%	Oct-23	3.8%	3.5%	Nov-23	4.8%	3.5%	Dec-23	5.8%	3.5%	Jan-24	4.2%	3.5%	<div>Elective Care</div> <div><div>Elective Caesarean (EL LSCS)</div><ul style="list-style-type: none">Increased service demand sustained in January.Perfect fortnight feedback- action plan made priority digitisation of referrals and MDT schedulingLSCS data under review using Robson 10 methodology<div>Induction of Labour (IOL)</div><ul style="list-style-type: none">Non-medical and outpatient IOL to commence March 2024Digital referrals now live</div>	<div>Midwifery & Obstetric Workforce</div> <div><ul style="list-style-type: none">Current vacancy rate (PWR data) Midwifery workforce 0.6%, newly recruited Midwives now onsite and in induction programme.MSSW recruitment live now.No obstetric vacancy<table><thead><tr><th>Staffing</th><th colspan="2">(Regional rate)</th></tr></thead><tbody><tr><td>Obstetrician vacancy rate</td><td>0.00%</td><td>11.51%</td></tr><tr><td>Obstetrician vacancy band</td><td colspan="2">>5% less than national rate</td></tr><tr><td>MSW vacancy rate</td><td>18.69%</td><td>14.11%</td></tr><tr><td>MSSW vacancy banding</td><td colspan="2">>=5% but <10% higher than national rate</td></tr><tr><td>Midwives vacancy rate</td><td>2.18%</td><td>9.45%</td></tr><tr><td>Midwives vacancy banding</td><td colspan="2">>5% less than national rate</td></tr></tbody></table></div>	Staffing	(Regional rate)		Obstetrician vacancy rate	0.00%	11.51%	Obstetrician vacancy band	>5% less than national rate		MSW vacancy rate	18.69%	14.11%	MSSW vacancy banding	>=5% but <10% higher than national rate		Midwives vacancy rate	2.18%	9.45%	Midwives vacancy banding	>5% less than national rate		<div>Staffing red flags (Jan 2024)</div> <div><ul style="list-style-type: none">13 staffing incident reported in the month, decrease on previous monthNo harm related staffing incident, increase noted in short term sickness/ Datix needed for agency approval.<div>Suspension of Maternity Services</div><ul style="list-style-type: none">One suspension of services within January, no local support, full capacity plans operationalised.<div>Home Birth Service</div><ul style="list-style-type: none">53 Homebirth conducted since re-launch</div>
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Other

- Increased activity noted (births n= 307) and reflected within the increase in clinical Datix reported.
- Increase in staffing reported Datix relates to increase in short notice sickness and reporting required for agency use.

Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	47%	
3rd/4th degree tear overall rate	<3.5%	3.80%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	
3rd/4th degree tear overall number		60	6	7	6	8	6	6	7	9	4	5	
Obstetric haemorrhage >1.5L number		103	13	19	9	6	11	6	11	15	17	13	
Obstetric haemorrhage >1.5L rate	<3.5%	3.40%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	
Stillbirth number		6	1	0	1	0	1	0	0	0	2	1	
Stillbirth rate	<4.4/1000				2.200			1.700			2.300		
Rostered consultant cover on SBU - hours per week	60 hours	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	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		28	2	2	3	2	3	3	4	4	3	2	
Number of concerns (PET)		11	2	1	1	1	1	1	2	0	1	1	
Complaints		4	0	0	0	0	1	1	1	0	0	1	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	90%	

External Reporting	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Maternity incidents no harm/low harm		1029	58	78	85	86	85	107	130	158	94	148	
Maternity incidents moderate harm & above		12	0	1	1	0	1	3	2	2	1	1	
Findings of review of all perinatal deaths using the real time monitoring tool	Jan-24	To date all cases reportable to PMRT are within reporting timeframes inline with MIS, deadline met											
Findings of review all cases eligible for referral to MNSI	Jan-24	Four current live cases with MNSI, one report completed for SFH sign off and one draft report received with no recommendations											
Service user voice feedback	Jan-24	MVP supporting with CQC Survey action plan, focus around pain relief											
Staff feedback from frontline champions and walk-about	Jan-24	Focus around recruitment and retention work, high activity remains clear theme											
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10	<4 <7 7 & above												

Board of Directors Meeting in Public - Cover Sheet

Subject:	Guardian of Safe Working Report		Date: 7 th March 2024		
Prepared By:	Rebecca Freeman - Head of Medical Workforce, Jayne Cresswell – Medical Workforce Specialist				
Approved By:	Dr David Selwyn				
Presented By:	Dr David Selwyn – Medical Director				
Purpose					
To provide the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st November 2023 and 31 st January 2024			Approval		
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X		
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					
Joint Local Negotiating Committee					
Acronyms					
TCS – Terms and Conditions of Service WTE - Whole Time Equivalent NHSE – National Health Service England LTFT – Less than Full time PA – Programmed Activity TOIL – Time Off in Lieu IMT – Internal Medicine Trainee Ct – Core trainee St – Specialty trainee EAU – Emergency Assessment Unit GMC – General Medical Council W&C – Women's and Childrens U&EC – Urgent and Emergency Care SAC – Surgery, Anaesthetics and Critical Care HOOH – Hospital out of Hours					
Executive Summary					
The paper provides the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st November 2023 and 31 st January 2024.					

The Board of Directors is asked to note the following:

- The largest number of exception reports have been received from the Division of Surgery, Anaesthetics and Critical Care. It is the second time since the reporting began that the largest number of exception reports have been received from this Division and this will be closely monitored going forward.
- Most Exception reports are being received from Foundation Year 2 doctors.
- There are still very small numbers of exception reports being received from St3+ doctors.
- A pilot is ongoing where the Hospital out of Hours team are supporting Acute Medicine.
- The progress relating to the new junior doctor's mess has been delayed.
- There have been two periods of industrial action by junior doctors during this period and concerns are being raised regarding the impact industrial action is having on training.
- The Guardian of Safe Working has returned following a period of leave.
- The Guardian of Safe Working inbox is now operational.

Guardian of Safe Working Report covering the period from 1st November 2023 to 31st January 2024

Introduction

This report provides an update on exception reporting data, from 1st November 2023 to 31st January 2024. 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, 219 (218.1 wte) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 252 trainee posts, so this rotation, the second rotation of the year, there are 33 vacant trainee posts. This is due to NHSE not being able to fill these posts for a variety of reasons, including doctors being on maternity leave (7 doctors), 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. Further information is included in the vacancies section.

High level data as of 31st January 2024

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	219	227	218.1
Number of vacant training posts:	33	-	33.9
Number of unfilled training posts filled by a non-training doctor:	8	-	8
Number of non-training doctors in post:	100	106	104.2
Number of vacant non-training posts:	9	-	4.8

Please note the above table shows that there are 227 doctors in training (218.1 wte) covering 219 training posts, this is due to more than 1 LTFT doctor occupying a post.

High level data from previous quarter (as of 31st October 2023)

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	231	240	228.9
Number of vacant training posts:	21	-	23.1
Number of unfilled training posts filled by a non-training doctor:	7	-	6.6
Number of non-training doctors in post:	101	108	106.2
Number of vacant non-training posts:	8	-	2.8

The doctor in training and the non-training doctor posts have remained the same as the previous quarter.

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 November 2023 (with regard to working hours)

The data from 1st November 2023 to 31st January 2024 shows there have been 56 exception reports in total, 54 related specifically to safe working hours while 1 related to service support and 1 related to the rota pattern.

Three of the exception reports were categorised by the postgraduate trainees as immediate safety concerns. Further details of the immediate safety concerns can be found in Table 1.

By month there were 12 exception reports in November 2023, 33 in December 2023 and 11 in January 2024.

Of the 54 exception reports relating to safe working hours 39 were due to working additional hours, 13 were due to inability to take natural breaks and 2 related to rest.

Of the total 56 exception reports, 55 have been closed, with 1 being unresolved as the supervisor has requested further information.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 21 days. The time to the first meeting is a significantly higher from the previous report. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 38 (68%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Reminders are sent automatically to the Educational Supervisors listed by the Trainee to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the more straightforward exception reports, the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response. There have been particular difficulties as a result of periods of annual leave during the Christmas period and one exception report was responded to via email rather than through the system which also skewed the above figure.

Where an outcome has been suggested there are 14 (25%) with time off in lieu (TOIL) totalling 14 hours and 40 minutes, 30 (55%) with additional payment totalling 33 hours and 26 minutes at normal hourly rate and 6 hours at premium rate and 11 (20%) 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 to ensure that time off in lieu is added to the doctor's record or any payment is made.

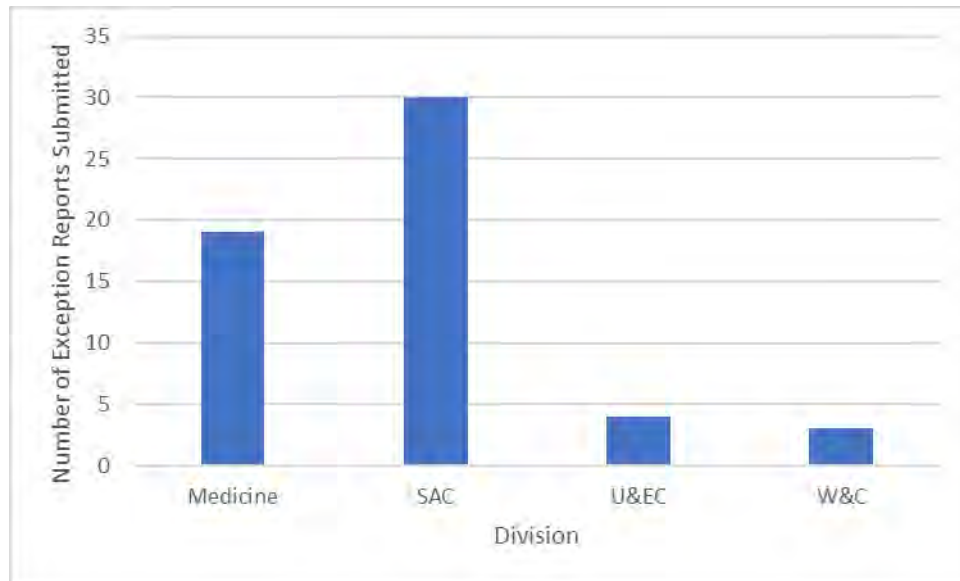


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 30 (54%) in total - are from postgraduate doctors working in the **Surgery, Anaesthetics and Critical Care Division**.

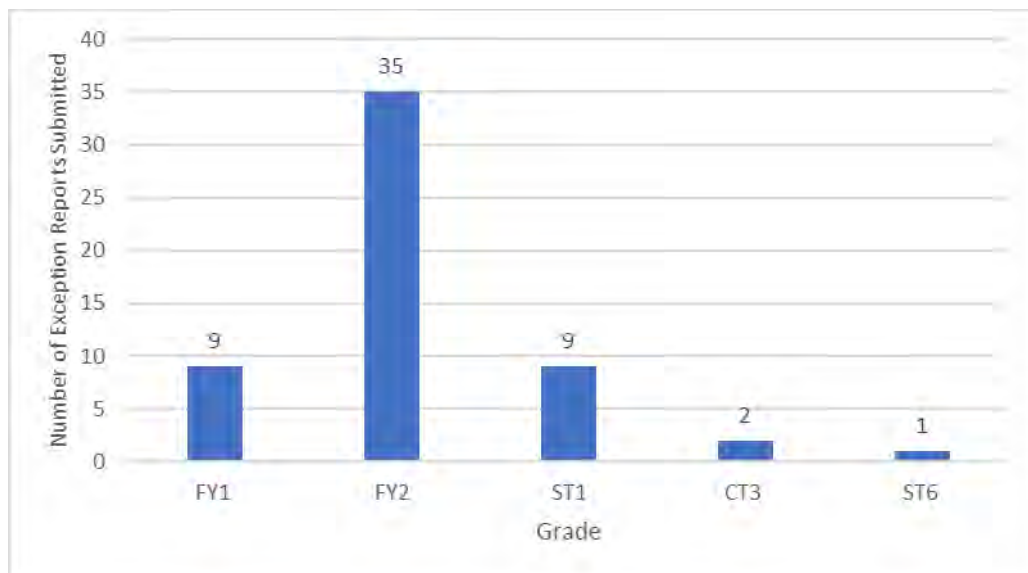


Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 2 Doctors. In total 9 (16%) of the exception reports have come from the Foundation Year 1 Doctors, 35 (63%) from the Foundation Year 2 Doctors, 9 (16%) ST1/2 doctors and 3 (5%) from ST3+ doctors.



Figure 3. Comparison of number of exception reports for the same period between 2022, 2023 and 2024

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
19.11.23	Clinical Fellow in Acute Medicine	The doctor felt it was unsafe during their EAU weekend shift, as they had to see over 26 patients. The doctor didn't feel that they had support available to help. Many new patients were also moved during the shift which the doctor felt they had to manage.	Staffing was discussed with the doctor; it was explained to them that there are plans to pilot using HOOH to coordinate the work on the unit. Support was also offered for them.	The concern has been closed
19.11.23	Clinical Fellow in Acute Medicine	Unable to have a break during their shift	Staffing was discussed with the doctor; it was explained to them that there are plans to pilot using HOOH to coordinate the work on the unit. Support was also offered for them	The concern has been closed
11.12.23	ST6 in Geriatrics	Only one registrar on a night shift led to a heavy and unsafe burden of work causing delays in reviewing patients.	Due to last minute sickness of the other overnight SpR the doctor had to carry both bleeps and effectively do 2 people's work that night shift. The doctor did not	The concern has been closed

			<p>get any of their break time during the 12 hour shift. This was also impacted by gaps in junior staffing cover on that night and EAU being open to extra capacity.</p> <p>The doctor suggested the Trust could deal with last minute rota gaps in the future by offering escalated rates of pay when it is very short notice.</p>	
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Table 1. Immediate Safety Concern Concerns Raised

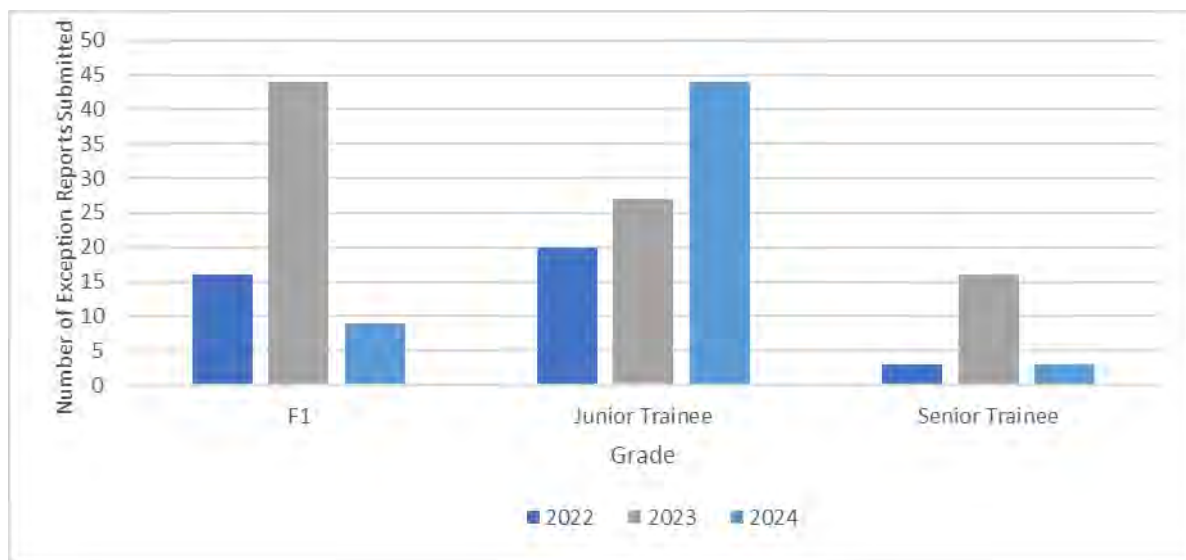


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2022, 2023 and 2024.

Figure 4 shows that this year there have been less exception reports from the F1 and ST3+ doctors than in the previous year but more exception reports from the F2/ST1/ST2 doctors this year than in previous years, with the majority of these being from F2 doctors.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 227 doctors in training. As mentioned in the introduction, there are 33 vacancies where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 8 of the vacancies are currently filled by Clinical Fellows/Senior Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible particularly in Medicine, Urgent & Emergency Care and some specialties within Surgery, Anaesthetics and Critical Care.

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.

The process of recruiting Clinical Fellows for August has commenced, the plan will be to over recruit particularly for the Medical Division which will hopefully negate the need for as many agency and bank doctors as have been used in previous years. A piece of work is currently being undertaken corporately, looking at the number of vacancies across the Division of Surgery, Anaesthetics and Critical Care to consider the option of over recruiting in some surgical specialties.

Currently to support with winter pressures, 3 Clinical Fellows are covering ward 31/32 and 4 Clinical Fellows covering ward 41 from the over-recruitment that took place prior to August 2023.

The high-level data shows that the Clinical Fellows are currently over recruited in Medicine by 3 and in Urgent & Emergency Care by 1.

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 and there is an action plan to address this.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
November 2023 - January 2024	68% of all reports received 38 reports
August 2023 – October 2023	53% of all reports received 29 reports
May 2023 – July 2023	54% of all reports received 20 reports
February 2023 – April 2023	58% of all reports received 54 reports

Table 3 Exception Reports not responded to within 7 days

Work is progressing, with the relocation of the doctors' mess. Unfortunately due to the increase in the quote for the work required, further scrutiny has taken place to understand the reason for the increase which has delayed the progress of this project, however, the work will be commencing shortly.

Two periods of industrial action have taken place during this period involving the junior doctors the first being from 7am on Wednesday 20th December 2023 until 7am on Saturday 23rd December 2023 and from 7am on Wednesday 3rd January 2024 until 7am on Tuesday 9th January 2024. Concern is being raised regarding the impact that periods of industrial action are having on training.

As can be seen from the immediate safety concern data, two concerns relate to weekend working in Acute Medicine, in addition to the work described in the last report, a pilot is also being undertaken where the Hospital Out of Hours Team support the service with coordinating the allocation of work to the doctors. This pilot commenced in December and early indications are showing that the doctors are finding this it is very beneficial for them, they are finding that there are less interruptions and they are able to be more efficient, they are feeling less stressed and the shifts are more organised. The pilot is ongoing.

The Guardian of Safe Working has now returned from an extended period of leave and he visited the wards on Wednesday 10th January, this is something that he plans to do on a regular basis. The inbox for trainees to be able to contact the Guardian is now operational.

He has also asked Consultants to ensure that they respond to exception reports as soon as possible, in addition to encouraging junior doctors to make their Educational/Clinical Supervisors aware when they exception report and make them aware of the reason for the report so that a response can be added to the system in a timely manner and within the required 7 days. Work is continuing to use opportunities to remind both the consultants and the junior doctors of the requirements.

Conclusion

- Note that the largest number of exception reports have been received from the Division of Surgery, Anaesthetics and Critical Care. It is the second time since the reporting began that the largest number of exception reports have been received from this Division and this will be closely monitored going forward.
- Most Exception reports are being received from Foundation Year 2 doctors.
- A pilot is ongoing where the Hospital out of Hours team are supporting Acute Medicine.
- There are still very small numbers of exception reports being received from St3+ doctors.
- The progress relating to the new junior doctor's mess has been delayed.
- There have been two periods of industrial action by junior doctors during this period and concerns are being raised regarding the impact industrial action is having on training.
- The Guardian of Safe Working has returned following a period of leave.
- The Guardian of Safe Working inbox is now operational.

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
Junior Doctors mess to be relocated to the Deli Marche	Task and Finish Group in place involving key stakeholders to manage this transition.	On going
Guardian of Safe Working inbox to be operational	Inbox to be implemented.	Complete
Concerns have been raised by trainees relating to Acute Medicine	A meeting has been held with the specialty, an action plan has been developed and several actions are being taken by the specialty. A further update has been provided in this report	Updates on progress to be provided in the next report.
Exception reports increased in Women & Childrens. Handover in Paediatrics is lasting longer than the allotted time.	Consideration to be given to how this can be managed differently going forward.	This has been addressed by the Division and no longer appears to be a concern.
Increase in the number of Exception reports in Surgery, Anaesthetics and Critical Care.	Monitor the number of and reasons for the exception reports from this Division over the next quarter.	30th April 2024

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	Date: 7 th March 2024
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 meeting of 27 February 2024.	
	Assurance	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>ED Attendance Deep Dive</u> – to note that Ambulance conveyances have increased by 11% and there has been a 6% increase in ED attendances. These increases are significant and any discussions on the block contract value for 2024/25 should include reference to this movement. <u>Month 10 Finance Report</u> – The deficit year to date is £11.7M (£1.2M adverse to plan). Key issues for escalation: <ul style="list-style-type: none"> Financial outturn position is on target to deliver the forecast £8.5M deficit, plus the £4.2M impact of Industrial Action in January and December (total deficit of £12.7M). There remains a risk that the CDC funding of £5.5M for 2023/24 may not be received. <u>PFI Update</u> – Progress is being made, but further work remains. 	<ul style="list-style-type: none"> <u>Agency Expenditure</u> – More detail to be provided on the components of agency expenditure and the accruals approach, to ensure trends can be understood. <u>Financial Strategy</u> – Agreed to receive more detailed report at the next meeting ahead of future presentation to Board.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>Financial Recovery Update</u> – progress highlighted in the FRC quadrant report was noted and that alignment with the ICS 'System Opportunity' workstreams in 2024/25 will be included. <u>2024/25 Planning</u> – progress, approach and next steps were noted. <u>Productivity</u> – NHSE analysis shows SFH to have improved productivity by 2.2% compared to 2022/23, with cost growth below the regional 	<ul style="list-style-type: none"> <u>Pathology LIMS Contract</u> – agreed to recommend to Board approval, with request that Board paper include reference to expected benefits. <u>GP IT Refresh</u> – Approved the business case. <u>2024/25 Planning</u> – agreed to recommend to Board that delegated authority for the detailed planning submission to the ICB on 16th March be granted.

and national average for acute providers.

- BAF – Agreement of recommendations to hold the overall risk for PR4 (Financial Strategy) at 16 and the Assurance Rating to be updated to Green. Agreed that PR8 (sustainability) retain a risk rating of 9 and the Assurance Rating at Amber.

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

- Quality Committee to have site of the ED Attendance Deep Dive Report.

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

Subject:	Quality Committee Highlight Report	Date: 26 th February 2024
Prepared By:	Aly Rashid, Non- Executive Director / Quality Committee Chair	
Approved By:	Aly Rashid, Non- Executive Director / Quality Committee Chair	
Presented By:	Aly Rashid, Non- Executive Director / Quality Committee Chair	
Purpose:		
To provide an update to the Trust BOD following the Quality Committee meeting on 26 th February 2024.		Assurance x

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Attendance at key statutory meetings following the 360 Assurance Audit undertaken into the Governance of Statutory Regulatory Committees. The number of challenged services remains high, though the Committee have noted the high level of mitigating actions underway and the constant monitoring of Patient safety. 	<ul style="list-style-type: none"> Action identified to check the accuracy of information provided following the 360 Assurance Report into the Governance of Statutory Regulatory Committees. The report will come back to the Quality Committee in September 2024 following confirmation and the completion of actions by the Medical Director.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> Positive assurance was taken following the review into the process for sending patient letters. The CQC Update and the next steps on the Single Assessment Framework. Positive Assurance was taken from the highlight reports provided for the Patient Safety Committee, NMAHP Committee and Maternity Assurance Committee. 	<ul style="list-style-type: none"> The Committee APPROVED the final draft of the Clinical Services Strategy with an annual review scheduled after the first year. The Committee APPROVED amendments to Principal Risk (PR) 5 of the BAF noting no changes to the Risk Scores. The Committee also noted no proposed changes to the risk scores for PR1 and 2 with a review scheduled for 25th March 2024. The Quality Committee Annual Work Plan was APPROVED pending an agreed addition relating to a annual review of Clinical Policies. Manjeet Gill was confirmed as the Quality Committee Vice Chair.
Comments on effectiveness of the meeting	
Positive feedback was provided from the Governor Observers following the meeting, in relation to the level of reports provided, prompting a good level of debate and challenge.	
Items recommended for consideration by other Committees	
To note for the Audit and Assurance Committee- the Limited Assurance Report into Governance of Statutory Regulatory Committees will be coming back to the QC in September 2024, on completion of actions and accuracy checks.	

Partnerships and Communities Chair's Highlight Report to Trust Board

Subject:	Report of the Partnerships and Communities Committee	Date: 7 th March 2024
Prepared By:	Barbara Brady, Chair of Partnerships and Communities Committee	
Approved By:	Barbara Brady, Chair of Partnerships and Communities Committee	
Presented By:	Barbara Brady, Chair of Partnerships and Communities Committee	
Purpose:		
To provide an overview of key discussion items from the Committee meeting of the 9 th February 2024		Assurance

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Pause of the Health Inequalities Funding stream through ICB for 2023/24. Opportunity to raise concerns regarding plans for 2024/5 and the need to align strategy and resources Need to recognise the time commitment required for relevant clinicians to be active in collaborative endeavours. Need to develop whole organisations understanding of local health needs and implications for services 	<ul style="list-style-type: none"> Review of Public Health Framework developed in Nottingham to determine if this is applicable for SFHT. Review the impact of the 'people' strand of the Nottinghamshire Provider Collaborative
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"> Work in progress on the delivery plan supporting the Partnership strategy Anchor institute, success of the work stream relating to joining the NHS workforce 	<ul style="list-style-type: none"> PR 6 Increase current exposure to 8 Agreed slight modification to Terms of Reference Agreed Vice Chair as Manjeet Gill
Comments on effectiveness of the meeting	
Good contributions from all those present, effective engagement from all	
Items recommended for consideration by other Committees	
None	