

# MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

## AGENDA

**Date:** Thursday 7<sup>th</sup> December 2023  
**Time:** 09:00 – 12:00  
**Venue:** Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	<b>Welcome</b>		
2.		<b>Declarations of Interest</b> To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- <a href="https://www.sfh-tr.nhs.uk/about-us/register-of-interests/">https://www.sfh-tr.nhs.uk/about-us/register-of-interests/</a> <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.		<b>Apologies for Absence</b> 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	<b>Minutes of the meeting held on 2<sup>nd</sup> November 2023</b> To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	<b>Action Tracker</b>	Update	Enclosure 5
6.	09:10	<b>Chair's Report</b>  • <b>Council of Governors Highlight Report</b>	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	<b>Chief Executive's Report</b>	Assurance	Enclosure 7
<b>Strategy</b>				
8.	09:30	<b>Strategic Objective 1 – Provide outstanding care in the best place at the right time</b>  • <b>Maternity Update</b> Report of the Director of Midwifery  ○ <b>Safety Champions update</b> ○ <b>Maternity Perinatal Quality Surveillance Model</b>	Assurance	Enclosure 8.1
9.	09:50	<b>Strategic Objective 3 – Empower and support our people to be the best they can be</b>  • <b>Guardian of Safe Working</b> Report of the Medical Director	Assurance	Enclosure 9.1
10.	10:10	<b>Patient Story – Paul's Story – Recognising the symptoms of a heart attack</b> Shantell Miles, Director of Nursing and Deputy Chief Nurse	Assurance	Presentation
<b>BREAK (10 mins)</b>				

	Time	Item	Status	Paper
		<b>Operational</b>		
11.	10:40	<b>Financial Recovery Plan</b> Report of the Chief Financial Officer	Assurance	Enclosure 11
		<b>Governance</b>		
12.	11:15	<b>Assurance from Sub Committees</b> <ul style="list-style-type: none"> <li>Audit and Assurance Committee Report of the Committee Chair (last meeting)</li> <li>Finance Committee Report of the Committee Chair (last meeting)</li> <li>Quality Committee Report of the Committee Chair (last meeting)</li> <li>People and Culture Committee Report of the Committee Chair (last meeting)</li> <li>Partnerships and Communities Committee Report of the Committee Chair (last meeting)</li> </ul>	Assurance  Assurance  Assurance  Assurance  Assurance	Enclosure 12.1  Enclosure 12.2  Enclosure 12.3  Enclosure 12.4  Enclosure 12.5
13.	11:35	<b>Outstanding Service – The Launch of Newark Theatres</b>	Assurance	Presentation
14.	11:40	<b>Communications to wider organisation</b> (Agree Board decisions requiring communication to Trust)	Agree	Verbal
15.	11:45	<b>Any Other Business</b>		
16.		<b>Date of next meeting</b> The next scheduled meeting of the Board of Directors to be held in public will be <b>4<sup>th</sup> January 2024, MS Teams</b>		
17.		<b>Chair Declares the Meeting Closed</b>		
18.		<b>Questions from members of the public present</b> (Pertaining to items specific to the agenda)		
		<b>Resolution to move to the closed session of the meeting</b> In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

### Board of Directors Information Library Documents

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

Enc 12.1 Enc 12.2 Enc 12.3 Enc 12.4	<ul style="list-style-type: none"> <li><b>Audit and Assurance Committee - previous minutes</b></li> <li><b>Finance Committee - previous minutes</b></li> <li><b>Quality Committee - previous minutes</b></li> <li><b>People and Culture Committee - previous minutes</b></li> </ul>
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**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 2<sup>nd</sup> November 2023 in the Boardroom, King's Mill Hospital

<b>Present:</b>	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
	Aly Rashid	Non-Executive Director	AR
	Barbara Brady	Non-Executive Director	BB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	David Ainsworth	Director of Strategy and Partnerships	DA
<b>In Attendance:</b>	Debbie Kearsley	Deputy Director of People	DK
	Mark Bolton	Associate Director of Operational Performance	MB
	Paula Shore	Director of Midwifery	PS
	Richard Clarkson	Divisional Director of Nursing for Urgent and Emergency Care	RC
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
<b>Observers:</b>	Ashton Green	Transformation Team Administrator	
	Sue Holmes		
	2 members of the public		
<b>Apologies:</b>	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE

Item No.	Item	Action	Date
<b>23/346</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&amp;A function.</p>		
<b>23/347</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/348</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Rob Simcox, Director of People, and Rachel Eddie, Chief Operating Officer.</p> <p>It was noted Debbie Kearsley, Deputy Director of People, was attending the meeting in place of Rob Simcox and Mark Bolton, Associate Director of Operational Performance, was attending the meeting in place of Rachel Eddie.</p>		
<b>23/349</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5 <sup>th</sup> October 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>23/350</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that action 23/325 was complete and could be removed from the action tracker.		
<b>23/351</b>	<b>CHAIR'S REPORT</b>		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective. CW expressed thanks to Sue Holmes, departing Lead Governor, for her work over the past nine years, and advised Liz Barrett has now taken on the role of Lead Governor.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/352	<b>CHIEF EXECUTIVE'S REPORT</b>		
3 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting industrial action, engagement from the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to the overnight opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital, launch of the Elective Care Hub at Newark Hospital and the Trust's CARE values.</p> <p>PR advised the Executive Team recently attended an extraordinary meeting of the Medical Staff Committee. This provided the opportunity to hear the medical voice reflecting on the Lucy Letby case. The opportunities for speaking up, which are open to medical colleagues, were discussed at length at that meeting.</p> <p>The Trust has submitted an application for the Veterans Covenant Healthcare Alliance 'Veteran Aware' accreditation, noting the initial feedback has been favourable.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/353	<b>STRATEGIC PRIORITIES UPDATE 2023/2024</b>		
7 mins	<p>DA presented the report, which provides an update on progress at the end of Quarter 2, noting 16 priorities are on track and seven priorities have actions underway to address minor or major issues.</p> <p>AH noted there has been a significant improvement this quarter in relation to health inequalities and queried what has changed over the quarter to lead to the rating improving. DA advised there is a need to be cautious going into next year when reporting progress against these standards, noting there is a need to be careful in what is being measured. The impact the Trust has on people's overall health is difficult to quantify. However, the Trust has achieved the things it set out to achieve in the plan, which is why positive progress is being reported.</p> <p>DS advised a planning group has been established which cuts across different aspects. There is good work underway within the Trust, but there is a need to be careful this does not cut across the work which is happening in the Place Based Partnership (PBP). The ICB has established a health inequalities board which is starting to map data. It is important the Trust works with the ICB to avoid duplication.</p> <p>PB advised the Maternity Team presented examples of the work they are undertaking to the recent meeting of the Quality Committee. There are examples of people starting to focus and identify areas of work they are undertaking, or needing to undertake. There is a need to pull this information together to get visibility of what is already happening.</p> <p>GW noted the measurement relates to delivery of the plans, rather than a measurement of the things which the Trust needs to concentrate on to make a difference. As the Trust moves forward there is a need to drive towards outputs rather than just delivery of plans.</p>		

	<p>SB noted the two priorities which are furthest off track, “namely achieve elective activity levels, backlogs and patient waiting times” and “progress bespoke projects that optimise patient flow, expand Same Day Emergency Care and Virtual wards and reduce the number of MSFT (Medically Safer For Transfer)” are more outcome based.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>23/354</b>	<b>EARLY FINDINGS FROM PUBLIC ENGAGEMENT ON STRATEGY FOR 2024-2029</b>		
8 mins	<p>DA presented the report, highlighting the key messages received from members of the public and colleagues through the engagement process. DA expressed thanks to everyone who took the time to provide feedback. It was noted the overall vision for the 2024-2029 strategy is outstanding care, delivered by compassionate people, supporting healthier communities.</p> <p>MG queried what feedback had been received in relation to areas which are currently working well and if there was any specific information from the engagement work in terms of inequalities.</p> <p>DA advised in preparing the report he had been mindful of setting the right tone, noting consistency is an issue in relation to people's experience of local health services. However, the feedback does indicate that once patients are in hospital, they receive a fantastic service and are pleased with their treatment from compassionate and caring staff. In terms of inequalities, DA used the expanding Eastern European population as an example, advising their experience of healthcare in their country of origin is different to the NHS, with all of their healthcare being through secondary care as there is no GP system. Therefore, they do not think about registering with a GP and use A&amp;E as primary care. The Trust's partnership with the Mansfield voluntary sector will be key going forward to help people register with GPs, etc. There is a need to be cognisant one size does not fit all.</p> <p>MG queried if more information on inequalities could be provided in terms of vulnerabilities and how engagement has informed the strategy. CW advised there will be further discussion in relation to the strategy at the forthcoming Board of Directors Time Out session.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>23/355</b>	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
19 mins	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b><i>Safety Champions update</i></b></p> <p>PB presented the report, highlighting Maternity and Neonatal Safety Champion walk arounds, Ockenden insight visit and quality improvement work.</p>		

	<p>BB noted a key component of the Saving Babies' Lives Care Bundle is smoking cessation. Acknowledging the good work of the Phoenix Team within the Trust, BB queried if funding had been secured to make this mainstream. PS advised NHS England (NHSE) will not release the funding until the next financial year and the Trust has put forward a bid. It is likely some monies will be available as smoking cessation features heavily in the three year plan. Internally a business case is being developed, looking at how this work can be supported moving forward in case funding does cease. It would be disappointing to lose the funding as the Trust was an early implementer site and the model used at SFHFT has been shared nationally as good practice.</p> <p>DS advised this is a source of frustration across health inequalities as often projects only receive short-term funding. The Trust, via the Quality Committee and input into the Local Maternity and Neonatal System (LMNS), needs to make a concerted effort to request more of a commitment. PB advised the delay in getting funding guaranteed creates a risk to the service as staff will start to leave.</p> <p>AH queried if there had been any change to the number or demographic of bookings and how this is being planned for. PS advised the Trust has taken more of a strategic view, with the Regional Chief Midwife and Obstetrician, to look at the position, noting SFHFT is surrounded by units which are in a more challenging position. With the media coverage women may choose to book in a unit which they feel is safer. The Trust is monitoring booking numbers and is being supported by the region. There are currently no issues but the Trust is looking at capacity and demand. As the Trust moves into the establishment reviews, it will consider building in an uplift. The Birthrate plus report, which balances maternity staffing against delivery and takes into account complexity, etc. is reviewed every 3 years. This review can be brought forward if a significant trend becomes evident.</p> <p>AH felt there is also the need to take into account obstetric ultrasound, delays to clinics, elective caesarean sections, etc. PS confirmed this is being looked at. Nationally there is difficulty in recruiting ultrasonographers for obstetrics. The maternity team is working with colleagues in Clinical Support, Therapies and Outpatients (CSTO) to look at a role for a midwifery sonographer. There are some estates issues, which are being worked through with estates colleagues, and more services are being provided at Newark Hospital, including more clinic capacity. There is room to expand, but there is a need to monitor the situation. If the Trust complies with all elements of the Saving Babies Lives Care Bundle, it will be scanning the right women at the right time.</p> <p>PB advised there is unknown growth and there is a need to think strategically in terms of what this is likely to 'look like'. Estates is a constraint. The Trust is able to recruit midwives, but there is a need to recruit obstetricians, anaesthetists and sonographers, etc. at the same pace.</p> <p>AR queried if any discussions were taking place at the Provider Collaborative to help manage the situation, including considering a temporary move of resources.</p>		
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	<p>PR advised this is not being discussed via the Provider Collaborative, but it is a live conversation across the system via the LMNS. PB advised there is a network to divert resources as necessary across the system, but this is on an ad-hoc basis, rather than looking strategically at the longer term. There is a need to share data to evidence if there is a sustained increase.</p> <p>SB sought clarification that the Trust currently has the right number of staff in roles to meet demand. PS advised the Trust has done a lot of work to ensure this is maintained, looking specifically at intrapartum care. There are escalation processes in place, for example, using specialist midwives at busy periods, bank shifts, etc. The Trust is recruiting well, noting the risk in relation to the number of staff on maternity leave which the Trust has been able to backfill. Once staff are recruited, there is a need to support staff in order to retain them.</p> <p>DS advised it is important to note not all the staff are substantive. In terms of anaesthetics, the Trust prioritises maternity services, but if the service is looked at as a whole, there will be gaps.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting a slight reduction in obstetric haemorrhage, two suspensions of service and the national Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) report.</p> <p>PS highlighted the home births service.</p> <p>BB noted the running average for third and fourth degree tears is showing as red and sought further information on the work of the perinatal pelvic health service. PS advised this is a multidisciplinary team, which looks at both postpartum recovery and antenatal education, in terms of exercise in pregnancy, etc. There has been an improvement in diagnosing issues and the longer term health of women has improved.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/356	<b>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b>		
23 mins	<p><b>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</b></p> <p>PB presented the report, highlighting compliance with Safer Nursing Care Tool (SNCT) standards, increase in recruitment and retention, increase in vacancies, recruitment of international nurses, noting there is a delay to the Objective Structured Clinical Examinations (OSCE) process nationally (which is required for overseas nurses to complete their registration), pastoral support, registered nurse degree apprentices, agency staff usage, annual establishment review, Allied Health Professions (AHP) overview and Recruitment and Retention Lead Midwife role. It was noted the Trust is above 95% of the planned staffing fill rates.</p>		



	<p>SB noted in terms of care hours per patient day, the Trust has moved from the fourth quartile (highest) into the third quartile from benchmarking data from Model Hospital. SB sought clarification as to what this means for the Trust.</p> <p>PB advised while it is useful to look at benchmarking data, if the Trust was in the upper quartile there may be a challenge that, compared to peers, the organisation has too many nurses / midwives, etc. so it is important not to look at the figures in isolation. The Trust is confident with the process used in relation to the acuity tool and evidence based way of understanding what staffing levels should be. The Trust does not want to be an outlier either way.</p> <p>BB noted pharmacists are not included in the AHP section of the report, nor are they included in the Medical Workforce Staffing report. Noting pharmacists are an important section of the workforce, BB queried if it is viable for them to be included in future reports.</p> <p>DS advised this needs to be considered as part of a broader issue, noting clinical scientists are also key members of the team but are not included in the staffing reports. There is a need to consider reporting staffing of 'significant others' to the Board of Directors.</p> <p>BB felt there is a need for assurance the Trust has the right workforce doing the right roles. PB advised there is clear and strict guidance in relation to how nursing and midwifery staffing is reported, noting at a recent national event there was some challenge in relation to embracing and encouraging alternative roles, but these should not replace or dilute the role of registered nurses. It is important to get the right balance.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul> <p>MG noted the report states there may be underreporting of incidents and queried how this can be verified and mitigated against. PB advised it is felt there is some underreporting as people tend to normalise things. There is a need to have an open culture and encourage people to report. The number of incidents in certain categories are looked at and there is confidence people do report. However, there is always room for the number of reports to be improved and this is an ongoing challenge. People need to feel safe and comfortable to report and formalise escalation by using the Datix system. There is a need to ensure people are aware of Datix, how to use it and can see the benefit in using it. There is a need to ensure people are provided with feedback.</p> <p>DS advised the issue of reporting had been discussed recently with the consultants at an Extraordinary Medical Staff committee meeting. There is a need to understand reporting of incidents is a way of capturing themes, rather than providing an immediate response and change. People did feel there was a delay in receiving feedback and there is a need improve this. The reporting feeds into Freedom to Speak Up reports, doctors' exception reports, etc.</p>	DS / PB	02/05/24
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	<p>AH noted there are some specialist nurse functions within the nursing group which may not be safe in terms of acute care, but may be safe in terms of the patient journey and experience. AH queried how the review of specialist nurse functions is captured to ensure the balance is right. PB advised there is room for improvement in relation to this. The job planning process has started, which will give some visibility. This provides the opportunity to see how time is being used and how that aligns to services.</p> <p>CW noted the Trust has funding to recruit 70 international nurses, with 26 appointed so far and plans to deploy a further 20 per month. CW queried when all 70 will be in place.</p> <p>PB advised all the international nurses will be in the organisation by the end of December 2023. They will initially work within the Health Care Assistant (HCA) establishment and the next step is dependent on availability of the OSCEs. There is a significant delay to the OSCEs. The delay which has been shared with the Trust means it will be June 2024 before this process is complete. This has been escalated to the national team, noting the Trust has been supported to recruit at scale but there is a challenge with the national infrastructure to support the next stage. This has a potential financial impact due to the reliance on bank and agency staff for a longer period of time. There will be a delay of approximately 3 months on what was planned for.</p> <p>CW queried what wider support is available to international nurses joining the Trust. DK advised when international recruits start work with the Trust a package of care is wrapped around them. This includes the basics, such as helping with accommodation, setting up bank accounts, etc. as well as robust wellbeing support being made available to them. Peer groups have been set up so they can socialise and establish networks. PB advised he is passionate about the way existing staff are supported and educated so they can help support overseas workers.</p> <p>CW felt it would be useful for the People and Culture Committee to receive assurance international nurses are supported and integrated into teams.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>People and Culture Committee to receive assurance international nurses are supported and integrated into teams.</b></li> </ul> <p>MG sought clarification regarding staff turnover over the last 6 months. PB advised the Trust has a low staff turnover and is currently recruiting more staff than are leaving, noting within maternity there have been no leavers from the 36 staff recruited. DK advised the figures are included in the Integrated Performance Report (IPR). Turnover within the Trust is relatively low when compared to system colleagues.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting</p>	PB	07/12/23
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22 mins	<p><b>Medical Workforce Staffing – 6 monthly report</b></p> <p>DS presented the report, highlighting the job planning process, appraisals, revalidation, General Medical Council (GMC) referral data, industrial action, medical workforce data, Chief Registrar post, doctors' mess, ethnicity data, exit interview data and work undertaken with Remedium Partners in terms of recruitment.</p> <p>BB sought clarification regarding the role of Remedium Partners. DS advised they are a bespoke recruitment agency which the Trust uses for hard to fill posts. They are approached when the Trust has exhausted its own processes, although there are certain bespoke roles where the Trust would approach them straightaway.</p> <p>DK advised they are a specialised agency, which has access to international recruits. They take a hybrid approach to filling vacancies, which includes some headhunting as well as international advertising. DS advised they also help candidates present themselves in the best possible way.</p> <p>SB noted there have been 13 doctors referred to the GMC and queried what impact this has on doctors in that situation and what support the Trust provides. DS advised it can be a long process, depending on the nature of the referral, noting the Trust has a statutory duty to report doctors to the GMC if there are any concerns in relation to professional practice. However, the Trust does provide support with information flow.</p> <p>DK advised when the Trust becomes aware of an individual going through a process, a person centred approach is taken and care is wrapped around them depending on what they feel they need. There is a need to understand each individual case on its own merit and what support the individual requires, either internally or externally to the Trust.</p> <p>DS advised if the issue is relatively low level, as far as can be ascertained, the Trust will have worked with the individual to achieve the outcome which would be desired from any investigation. However, a number of these cases are not low level and, therefore, the action the Trust can take is limited. It is only relatively recently that the GMC have started to recognise the impact on doctors, whose careers have been paused pending long enquiries, particularly the impact on their mental health. Suicide risk as a result of investigations is something the GMC needs to recognise and to improve its process and timelines.</p> <p>MG sought assurance in relation to the effectiveness of appraisals. In addition, MG noted 61 appraisals are overdue and queried how far overdue these were. DS advised there is tight guidance for doctors who do not comply with the appraisal process, with a series of referral processes which may involve referral to the GMC. The Trust has a robust process in place in relation to this and doctors will not be put forward for their revalidation if they are not engaging in the appraisal process.</p>		
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	<p>In terms of the effectiveness of appraisals and qualitative data, DS advised the quality of appraisals is variable, noting it is difficult to establish if the quality of the discussion is variable or if it is just the way it is captured on the paperwork. DS advised he reviews all appraisals and comments on any which raise concerns or do not demonstrate any stretch. There is work to do in terms of training appraisers and how discussions are documented.</p> <p>MG queried if there is any learning which can be taken forward in other areas in terms of leadership of appraisals. DK advised it is important to learn from experiences and quality of appraisals. Some new appraisal paperwork has recently been launched which is more robust in terms of allowing for meaningful conversations. Training in the use of the paperwork has been provided for leaders.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/357	<b>PATIENT STORY – MICHAEL’S JOURNEY THROUGH ED – THE IMPACT OF MEDICAL JARGON</b>		
14 mins	<p>RC joined the meeting.</p> <p>RC presented the Patient Story, which highlighted how patients are impacted by the use of medical jargon.</p> <p>DS advised it is a very powerful story and queried how this message can be shared with medical colleagues. RC felt the use of medical jargon is across the board and is not limited to ED. It would be useful to share this story with colleagues, advising he can show the video to colleagues in ED. DS advised he would show it to medical colleagues and juniors. PB reported the video had been shared with the Nursing, Midwifery and AHP Committee.</p> <p>CW felt it would be useful for the Board of Directors to be provided with feedback from medical colleagues in relation to how things have changed as a result of seeing this patient story. DS acknowledged language is very important. The Trust is trying to write letters to the patient, with a copy to the GP, as this serves as a reminder to make the discussion patient centred and to put the letter in a language the patient understands. There is more work to do to improve this.</p> <p>SB noted it was good to see a story which demonstrates an area for improvement and felt it would be useful to share the story among other staff, not just doctors, as other people have a role to play in helping patients’ understanding.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Feedback to be provided to the Board of Directors in relation to changes which have been made as a result of the patient story which highlighted the impact of the use of medical jargon for patients.</b></li> </ul> <p>MG felt there is a need to consider how the message will ‘land’ with consultants, noting there will be some who take time to explain things fully to patients.</p>	DS	TBC

	<p>AH noted it was a powerful story and advised patient information is not a 'tick box' exercise but it is important the patient understands what has happened to them and what will happen next. There are several points at which this can be sense checked.</p> <p>MG felt the volunteers may have a role to play in terms of sharing lived experiences with patients.</p> <p>RC left the meeting.</p>		
23/358	<b>QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)</b>		
43 mins	<p><b>QUALITY CARE</b></p> <p>PB highlighted the impact of industrial action on performance, a reduction in the number of falls with harm, Clostridium difficile (C.diff) and an improvement in Dementia or delirium case finding metrics.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Venous Thromboembolism (VTE).</p> <p>BB noted the recent reduction in HSMR, but noted one of the actions to be taken in relation to HSMR is the "reconfiguration of Specialist Palliative Care (SPC) service to increase activity". BB queried if there was a danger of increasing the SPC service in order to manage the figures, rather than taking the action to address an unmet need.</p> <p>DS advised this action is to improve care to patients and improve the relationship with palliative care colleagues. It will capture the appropriate demand.</p> <p><b>PEOPLE AND CULTURE</b></p> <p>DK highlighted the engagement score, Staff Survey, flu vaccinations, mandatory training, appraisals, employee relations cases and agency usage.</p> <p>AH queried, in terms of agency usage, if the balance between vacancies, elective recovery and industrial action is understood. DK advised work is underway in relation to this and will be reported to the People and Culture Committee on 28<sup>th</sup> November 2023.</p> <p>GW advised it would be useful for the same report to be presented to the Finance Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Report on the relationship between agency usage, elective recovery and industrial action to be presented to Finance Committee following discussion at People and Culture Committee in November.</b></li> </ul> <p>BB requested an update on Covid vaccination rates each month.</p>	RS	04/01/24

	<p>DK advised flu vaccination rates can be reported as these vaccinations are provided by Occupational Health and the data is available in house. However, Covid vaccination rates are more difficult to report from a staff perspective as the information cannot be extracted from the national data system.</p> <p><b>TIMELY CARE</b></p> <p>In terms of the emergency pathway, MB highlighted high demand in ED, ambulance handover times, 4-hour wait performance, progress in relation to patients who are medically safe for transfer and a reduction in the number of long stay patients.</p> <p>In terms of elective care, MB highlighted the impact of industrial action, 78-week waiters, 65-week waiters, opening of new theatre capacity at Newark Hospital and patient initiated follow-up.</p> <p>In terms of the cancer pathway, MB highlighted impact of industrial action and 28-day faster diagnostic standard. MB advised the cancer standards are being simplified at a national level, noting the number of nationally mandated cancer indicators has reduced from nine to three. This will be reflected in the next quarterly update.</p> <p>MB advised from the next quarterly report, the Quality Committee will receive an update in relation to the Timely Care indicators prior to their presentation to the Board of Directors.</p> <p>AR expressed concern in relation to the cancer pathway and queried if the people involved in industrial action are sighted on the figures. DS advised the figures are not specifically shared, but the IPR report is publicly available. The cancer teams regularly meet and discuss performance and the micro-management of each patient on the cancer pathway. To some degree this is the moral injury consultant colleagues describe, i.e. support for industrial action verses the backlogs.</p> <p>GW noted the downward trajectory for the number of 65-week waiters, but noted there is an increase in the number of 52-week waiters, which is likely to impact on the number of 65-week waiters. MB advised reducing the number of 52-week waiters to zero is likely to be included in the planning guidance for 2024/2025 and acknowledged there is a lot of work to do in relation to this.</p> <p>AH queried if patients waiting over 12 hours in ED are tracked to establish if they are associated with mortality. DS advised there is a flag which goes to the Medical Examiner to identify if there was an elevated wait for admission if a patient dies. There is no cause for concern in relation to this. National data suggests increased ED waits are associated with a significant impact on outcomes and the Trust has tried to pinpoint that data internally, but there is no evidence to support this. When patients are waiting in ED within the Trust, they are waiting in a different 'state' to many other EDs, for example the Trust has put additional nursing staff in place, patients are placed on beds early on the pathway as opposed to waiting on trolleys, there are medication and comfort rounds, etc. However, this is not good from a patient experience perspective and there is a delay to access to specialised care.</p>		
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	<p>PB advised while the Trust does a lot of things which may not happen elsewhere, it is not optimal, acknowledging patient experience is poor and privacy and dignity is poor. The Trust does focus on key safety elements, i.e. medication rounds, etc.</p> <p>MB advised the Trust does benchmark favourably in terms of the 12 hour length of stay metric and there will be an impact when the new discharge lounge opens as this will enable patients who are transport dependent to leave the department in a more timely manner. The Trust is considering other patient pathways which the discharge lounge could be utilised for which will help with decongesting ED, for example, Same Day Emergency Care (SDEC) pathways.</p> <p>AH queried what the community uptake of flu and Covid vaccinations is, particularly care home residents. MB advised he is not sighted on this information through any of the forums he attends. PB advised the Trust is not fully sighted on this and this needs to be followed up.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Data in relation to community uptake of flu and Covid vaccinations to be sought.</b></li> </ul> <p>SB sought clarification regarding progress in terms of reducing the number of patients who are medically safe for transfer (MSFT) and queried if the system is starting to make a difference in relation to this.</p> <p>MB advised there was a reduction in the number of MSFT patients in September, which is not a seasonal trend. Therefore, this does indicate some improvement. The mapping work, which PA Consulting have supported, will help to improve understanding of the delays and pathways. There is a group of system leaders who are committed to supporting this work and the expectation is there will be further progress over the coming months. However, there is a concern relating to seasonality over the Winter period. The Trust has appointed an Associate Director of Operations for Emergency Care which will provide additional focus on the discharge related element of the pathway.</p> <p>SB queried when improvements are expected in terms of the work PA Consulting have been engaged with and sought assurance the Trust is not 'waiting to hear what is already known'. PR advised the confidence and optimism described by MB is specifically in relation to actions which the Trust has agreed to take forward from the analysis work which PA Consulting has supported. This will provide a significant and material improvement which may enable the Trust to operate at 92% occupancy or below. However, the Trust is not yet confident to remove the escalated beds to the levels which were planned for. The actions which have been agreed relate to how teams interact with each other. The next phase is the system re-set.</p> <p>DS advised the Discharge Hub is now open 6 days per week and the Trust is starting to see a change which is having a material impact. PB advised there are internal actions which can be taken. An improvement has been evident in recent weeks which will have an impact.</p>	<p>PB</p>	<p>07/12/23</p>
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	<p>MG queried if the statement “rolling validation of the patients on the overdue review list to check if they still require their appointment” related to outpatient follow up appointments. DS advised this relates to first appointments.</p> <p><b>BEST VALUE CARE</b></p> <p>RM outlined the Trust’s financial position at the end of Q2, highlighting impact of industrial action, escalation capacity, establishment of Financial Recovery Cabinet, cash position and agency spend.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<b>23/359</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>		
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. There are three risks, PR1, PR3 and PR4, which are above their tolerable risk ratings.</p> <p>GW advised an action was agreed at the Finance Committee for further work to be undertaken in relation to PR8 (Failure to deliver sustainable reductions in the Trust’s impact on climate change) to enable consideration to be given to potentially increasing the risk factor.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
<b>23/360</b>	<b>PARTNERSHIPS AND COMMUNITIES COMMITTEE TERMS OF REFERENCE</b>		
4 mins	<p>SBS presented the report, advising currently the Terms of Reference lists the Chief Executive, Medical Director and Director of Strategy and Partnerships as attendees of Committee meetings. It was agreed these roles will be members of the Committee.</p> <p>Health inequalities is currently listed as a bullet point under “Monitor the effectiveness of the Trust’s role as an anchor organisation”. It was noted this needs to be separated out and made more meaningful. The Board of Directors agreed for BB and SBS to have a further discussion in relation to this.</p> <p>CW noted a minor change to wording as the Chair of the Committee shall be <i>approved</i> by the Board of Directors, rather than <i>appointed</i>.</p> <p>The Board of Directors APPROVED the Terms of Reference for the Partnerships and Communities Committee, subject to some minor amendments to be discussed by SBS and BB.</p>		

23/361	<b>USE OF THE TRUST SEAL</b>		
1 min	<p>SBS presented the report, advising the Trust Seal has been used four times in the past quarter, with the details being previously presented to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/362	<b>EMERGENCY PREPAREDNESS</b>		
12 mins	<p>MS joined the meeting</p> <p><b>Emergency Preparedness (EPRR) Core Standards Self-Assessment</b></p> <p>MS presented the report, advising the Trust submitted a rating of substantial compliance to NHSE, with 59 of the 62 standards being fully met. However, the subsequent confirm and challenge process downgraded the rating to partial compliance. There are six sections in which the Trust is deemed to be fully compliant, with most of the non-compliant areas falling into two sections, namely Duty to maintain plans and Business Continuity. MS advised this is mainly due to a change in evidence requirements and provided assurance nothing has changed to the detriment of the organisation. Compared to peers, the Trust benchmarks very well.</p> <p>SB queried if any of the actions identified in the report would lead to the Trust being significantly better prepared. MS advised none of the actions identified affect how the Trust responds to incidents. The Trust has a successful track record in responding to incidents, which is not reflected in the rating.</p> <p>GW felt the Trust is very proactive through incidents and responds to incidents better than other organisations. GW advised he was assured if the Trust faces anything significant, the organisation will react quickly and well.</p> <p>PR advised the areas in which the Trust is partially compliant are not material to the emergency preparedness arrangements and noted the resolve to turn those areas to fully compliant for next year's assessment.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Business Continuity Policy</b></p> <p>MS presented the report, advising the policy is subject to annual review. It was noted there have been no material changes to the policy.</p> <p>The Board of Directors APPROVED the Business Continuity Policy.</p> <p>MS left the meeting.</p>		

<b>23/363</b>	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
6 mins	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting financial recovery plan, ICB Month 6 finance report, Imaging Transformation Additional Asset Bid, Byron Court Lease and review of BAF risks.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Charitable Funds Committee</b></p> <p>ARB presented the report, highlighting the Annual Report and Accounts and Letter of Representation, delays with progress to create 16 enhanced End of Life rooms and approval of two funding requests.</p> <p>DS noted the review of patients' access to TV and advised some work in relation to this is underway in terms of the digital agenda.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
<b>23/364</b>	<b>OUTSTANDING SERVICE – SHERWOOD FOREST HOSPITALS CARE VALUES – TOGETHER WE CARE</b>		
7 mins	A short video was played highlighting the Trust's CARE values.		
<b>23/365</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Thanks to Sue Holmes, outgoing Lead Governor, and welcome to Liz Barrett as she takes on the role of Lead Governor.</li> <li>• Supporting colleagues through periods of industrial action and operational pressures.</li> <li>• Thanks for engagement in relation to development of strategy.</li> <li>• Patient story – understanding the negative impact of medical jargon when communicating with patients.</li> <li>• Operational performance.</li> <li>• Relaunch of CARE Values.</li> </ul>		
<b>23/366</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>23/367</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7<sup>th</sup> December 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15.</p>		

23/368	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <b>Date</b></p>		

<b>23/369</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
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>		
<b>23/370</b>	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></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
23/173.3	01/06/2023	Future Equality and Diversity Annual Reports to have an increased focus on the patient perspective	Public Board of Directors	None	Jun-24	R Simcox		<b>Update 29/11/2023</b> Agreed that the People & Culture Committee would oversee Equality and Diversity from a People perspective and the Partnerships and Communities Committee would oversee Equality and Diversity from a Patient perspective for the 2023/24 report <b>Complete</b>	Green
23/252.3	03/08/2023	Review of long-term vacancies to be considered by the People, Culture and Improvement Committee	Public Board of Directors	People and Culture Committee	05/10/2023 07/12/2023	R Simcox		<b>Update 23/08/2023</b> Item added to the September People, Culture and Improvement Committee agenda  <b>Update 15/09/2023</b> Confirmed item on agenda for September People, Culture & Improvement Committee  <b>Update 05/10/2023</b> Item deferred until the November meeting of the People and Culture Committee  <b>Update 29/11/2023</b> Item presented at November meeting of the People Committee <b>Complete</b>	Green
23/255	03/08/2023	Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete	Public Board of Directors	None	Feb-24	S Brook Shanahan			Grey
23/284	07/09/2023	Progress report to be provided to the People, Culture and Improvement Committee regarding review into issues within Acute Medicine following exception reports raised by junior doctors	Public Board of Directors	People and Culture Committee	07/12/2023	D Selwyn		<b>Update 28/11/2023</b> Details included in the Guardian of Safe Working report <b>Complete</b>	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	P Bolton		<b>Update 25/10/2023</b> 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	Grey

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 04/01/2024	P Bolton		<b>Update 25/10/2023</b> 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	Grey
23/315.3	05/10/2023	Information session on HSMR to be arranged for members of the Board of Directors, particularly those who are not members of the Quality Committee.	Public Board of Directors	None	TBC	D Selwyn		<b>Update 06/11/2024</b> Session to take place on 14th December 2023. Governors have also been invited to attend. <b>Complete</b>	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
23/356.2	02/11/2023	People and Culture Committee to receive assurance international nurses are supported and integrated into teams	Public Board of Directors	None	07/12/2023	P Bolton		<b>Update 23/11/2023</b> Achievement of Patient Care Award noted. International recruitment staff survey launched. To be included in next staffing report <b>Complete</b>	Green
23/357	02/11/2023	Feedback to be provided to the Board of Directors in relation to changes which have been made as a result of the patient story which highlighted the impact of the use of medical jargon for patients.	Public Board of Directors	None	TBC	D Selwyn			Grey
23/358.1	02/11/2023	Report on the relationship between agency usage, elective recovery and industrial action to be presented to Finance Committee following discussion at People and Culture Committee in November	Public Board of Directors	Finance Committee	04/01/2024	R Simcox		<b>Update 28/11/2023</b> Item to be presented to the January meeting of the Finance Committee	Grey
23/358.2	02/11/2023	Data in relation to community uptake of flu and Covid vaccinations to be sought	Public Board of Directors	None	07/12/2023	P Bolton / R Eddie		<b>Update 23/11/2023</b> Data obtained and shared through Patient Safety Committee (PSC) <b>Complete</b>	Green



## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chair's report		<b>Date:</b> 7 <sup>th</sup> December 2023		
<b>Prepared By:</b>	Rich Brown, Head of Communications				
<b>Approved By:</b>	Claire Ward, Chair				
<b>Presented By:</b>	Claire Ward, Chair				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.			<b>Approval</b>		
			<b>Assurance</b>	Y	
			<b>Update</b>	Y	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
<b>Principal Risk</b>					
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				
<b>Committees/groups where this item has been presented before</b>					
Not applicable					
<b>Acronyms</b>					
DVT = Deep Vein Thrombosis GP = General Practice KMH = King's Mill Hospital LED = Light Emitting Diode SDEC = Same Day Emergency Care TIF = Targeted Investment Fund					
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

## New multimillion pound operating theatre opens at Newark Hospital



I was delighted to join colleagues from our Theatres team recently at the opening of our new state-of-the-art operating theatre at Newark Hospital.

Following its opening, five patients who received total hip replacements on the theatre's first day of operations on Monday 6<sup>th</sup> November all went on to continue their recovery at home after being discharged the following afternoon.

By the time of writing, 38 patients have gone on to undergo operations in our new Theatres, with 26 more due to have their operations there by the time our Public Board meets on Thursday 7<sup>th</sup> December.

The addition of a third operating theatre at Newark is a demonstration of the Trust's commitment to Newark Hospital, as well as being an important part of the Trust's drive to increase elective activity there.

The addition of this new theatre means that patients across Newark and Sherwood, Mansfield, Ashfield and further afield – including parts of Lincolnshire – can benefit from shorter waiting times for a range of operations.

The project, known as the Newark Elective Hub, received £5.6million from NHS England's Targeted Investment Fund (TIF). It has created around 30 new medical, nursing and clinical support roles.

The multimillion-pound theatre will focus on delivering more orthopaedic activity, mainly hip, knee, hand and wrist procedures – including total hip and knee replacements. Additional

slots for general surgery, breast surgery, gynaecology and ophthalmology will also be available across the Newark theatre complex.

It will also bring much-needed additional theatre capacity, which means we can see more patients in a year, reducing waiting times for patients as well as improving overall patient experience and staff morale.

Our focus over the coming months will be to encourage more patients to 'Ask for Newark' when they visit their local GP or hospital team to see if they can have their operation or procedure at Newark Hospital.

We look forward to sharing more details of the difference this work is having on our patients in this month's *Outstanding Service* video.

## Recognising the difference made by our Trust Charity and Trust volunteers

### November summary from across our brilliant Community Involvement team

November 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 November alone, 391 Trust volunteers generously gave over 4,200 hours of their time to help make great patient care happen across the 34 services they have supported during the month.

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



*The celebratory cake and balloon that were quickly-sourced to help mark one patients' 91<sup>st</sup> birthday*

- Our volunteer fundraisers support our wards with funding for patients spending their birthday or other special occasion in hospital – including sourcing a celebratory cake and balloon at short notice for a patient spending their 91<sup>st</sup> birthday on Ward 31.
- We have presented a number of long service awards to our dedicated volunteers who are celebrating milestones with the Trust.
- The Christmas raffle was launched at King's Mill Hospital, in aid of the Sherwood Forest Hospitals' Charity Dementia Care Fund.



- LED lighting with a view of the treetops & sky has been funded and installed, offering a welcome distraction for patients having eye injections in Clinic 8 at King's Mill Hospital. The improvements have been made possible thanks to the KMH volunteers who funded this Dragons' Den project from fundraising and cafe profits.

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.

**King's Mill Hospital patients to benefit from new ultrasound machine, thanks to legacy donation to Sherwood Forest Hospitals Charity**



Some patients who receive care at King's Mill Hospital's Same Day Emergency Care (SDEC) Unit are to receive quicker tests and diagnoses, thanks to a new ultrasound machine that has been purchased by our Sherwood Forest Hospitals Charity.

Patients with suspected Deep Vein Thrombosis (DVT) will be among those who will benefit from the £41,500 machine that has been purchased, thanks to a legacy donation made to the Charity.

The Trust's purpose-built 'SDEC' unit reduces hospital admissions by providing high-quality diagnostic tests, treatment and care without the need for an overnight stay in a hospital bed.

Until now, patients in the unit who needed an ultrasound scan had to wait for availability in the x-ray department or while equipment was sourced from other areas of the hospital.

The machine will result in faster tests and diagnoses, increasing flow through the department and reducing the number of patients who receive unnecessary medication, for example to prevent blood clotting. It will also improve access to scans for inpatients because fewer SDEC patients will need to visit the x-ray department.

We are very grateful to Sherwood Forest Hospitals Charity for providing this ultrasound machine, which will enable timely scans to be carried out by the medical team in SDEC, resulting in improved patient care and experience.

### Other notable engagements:

- I was pleased to observe the first meeting of our new Board Committee covering Partnerships and Communities. This committee has been established so that we can give appropriate discussion and scrutiny to our partnerships across the community and within the NHS to ensure that collectively we are working in a way to deliver improvements and healthier lives.
- I have attended several meetings with colleagues across the NHS and the Nottingham and Nottinghamshire system to discuss the ongoing pressures upon services and finances.
- I have spent time in the last month with our Executive and Non-Executive Directors to review the progress of our strategy for 2024 to 2029, including the opportunity for an update on progress at our recent Council of Governors meeting.
- I am pleased to welcome our recently-appointed Non-Executive Director, Neil McDonald, to the Board meeting this month.

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chief Executive's report		<b>Date:</b> 7 <sup>th</sup> December 2023		
<b>Prepared By:</b>	Rich Brown, Head of Communication				
<b>Approved By:</b>	Paul Robinson, Chief Executive				
<b>Presented By:</b>	Paul Robinson, Chief Executive				
<b>Purpose</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.			<b>Approval</b>		
			<b>Assurance</b>	Y	
			<b>Update</b>		
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
<b>Principal Risk</b>					
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					
<b>Committees/groups where this item has been presented before</b>					
None					
<b>Acronyms</b>					
BAF = Board Assurance Framework CDC = Community Diagnostics Centre CQC = Care Quality Commission GP = General Practice		NHS = National Health Service UNICEF = United Nations Children's Fund UTC = Urgent Treatment Centre VCHA = Veterans Covenant Healthcare Alliance			
<b>Executive Summary</b>					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					
The Board is asked to:					
<ul style="list-style-type: none"> <li>APPROVE the recommendation from our People Committee that Sherwood Forest Hospitals makes arrangements to sign the NHSE Organisational Charter for Sexual Safety.</li> <li>NOTE the other updates included in this report.</li> </ul>					

## Operational updates

### Overview of operational activity

Attendance and non-elective admission numbers increased in October 2023 to be the highest of 2023/24, as seasonal pressures increased.

The non-elective pathway remains under sustained pressure as the mismatch between patient demand and hospital capacity leads to patients waiting longer than we would wish for admission – a position seen across many acute Trusts across the country.

Despite the high attendance and admission, there are a number of improvements to note – including increased levels of supported discharges, reductions in the number of long stay patients and reductions in the number of medically safe patients remaining in our hospitals.

In response to the pressures, during October and November, we enacted escalation actions including our full capacity protocol. We also opened some of our winter capacity slightly earlier than planned in mid-November to cope with rising winter pressures.

Despite the urgent and emergency care challenges, we continue to deliver a strong Same Day Emergency Care (SDEC) offer that is exceeding the national target and we benchmark well in terms of our ability to handover patients from our ambulance crews in a timely manner, which continues to release crews to serve our local population.

Our planned care activity was impacted in October by industrial action that took place for three days at the start of the month. Fortunately, we saw no further instances of industrial action in November and there are no further periods of industrial action have been announced at the time of writing. We welcome the progress that appears to be made nationally in negotiations that have made this reprieve in this year's industrial action possible.

During recent months, we have also seen the total referral to treatment waiting list size begin to stabilise, partly due to increased validation. And although our long waits position has slightly deteriorated, we have plans in place to reduce the number of long waiting patients by the end of the financial year as we focus on recovery plans for our fragile services.

Within our cancer services, we have some challenges in terms of the number of patients waiting greater than 62 days for treatment compared with earlier in the year. This is due to the periods of industrial action over the summer, however we continue our strong delivery of the national 28-day faster diagnostic standard as we remain one of only 10 Trusts in the region meeting the standard out of 23 trusts.



## National updates

### **NHS England letter on addressing the significant financial challenges created by industrial action in 2023/24 and immediate actions to take**

On Wednesday 8<sup>th</sup> November 2023, NHS England issued [this letter](#) to address the significant financial challenges created by industrial action in 2023/24 and immediate actions for systems and providers across the country to take.

The letter sought to provide clarity on the funding and actions that our NHS has been asked to take to manage the financial and performance pressures created by industrial action following discussions with Government.

As a result of those pressures, the nationally-agreed priorities up to the end of the financial year are: to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.

In response, systems across the country have been asked to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year. As a Trust, we have been supporting that exercise here in the Nottingham and Nottinghamshire system.

Those plans have been requested against a backdrop of NHS England asking systems to set ambitious plans for 2023/24 in the context of NHS funding increasing in real terms between 2019/20 and 2023/24 to over £160billion, recognising the actions that systems have had to take to deal with a range of significant new pressures.

The impact of more than 40 days of industrial action this financial year are acknowledged within those plans, with that pressure alone creating unavoidable financial costs that are estimated at more than £1billion nationally with an equivalent loss of elective activity.

To cover the costs of industrial action to date, NHS England has taken the following actions which have been agreed with Government:

- Allocating a total of £800million to systems sourced from a combination of reprioritisation of national budgets and new funding.
- Reducing the elective activity target for 2023/24 to a national average of 103%, which will now be maintained for the remainder of the financial year.
- Discontinuing the application of holdback to the Elective Recovery Fund (ERF) for the rest of the year and formally allocating systems their full ERF funding.

By 22<sup>nd</sup> November, systems were asked to agree the steps required to live within their re-baselined system allocation and reflecting the impact of the reduced elective activity goal.

Within those plans, systems were asked to show how they will deliver financial balance, including by showing:

- How they have fully worked-up efficiency plans, including the reductions in agency staffing set out at the start of the year;
- Where they require flexibility on programme funding;
- An elective plan that is refocused on driving productivity from core capacity, identifying the insourcing/outsourcing and waiting list initiatives you still consider necessary within a balanced financial plan focused on the longest waits, urgent elective, and cancer care.

Plans were also asked to be based on a scenario where there are no further junior doctor or consultant strikes.

The Trust and our partners in the Nottingham and Nottinghamshire ICS submitted its return by 22<sup>nd</sup> November and we remain in discussions with NHS England on the outcome of those plans.

### **Trust receives advance notice of Thirlwall Inquiry, including upcoming request for evidence**

The Board is asked to note that NHS England has given Sherwood Forest Hospitals formal advance notice of the Thirlwall Inquiry beginning its work, including with the advance notification of a request for evidence.

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 21<sup>st</sup> August 2023, considered offences that took place at the Countess of Chester Hospital, part of the Countess of Chester Hospital NHS Foundation Trust.

The Thirlwall Public Inquiry published [its terms of reference](#) in October and is now starting its work, with the inquiry to investigate three broad areas:

- A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.
- B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently, including:
  - i. whether suspicions should have been raised earlier, whether Lucy Letby should have been suspended earlier and whether the police and other external bodies should have been informed sooner of suspicions about her
  - ii. the responses to concerns raised about Lucy Letby from those with management responsibilities within the Trust

- iii. whether the Trust's culture, management and governance structures and processes contributed to the failure to protect babies from Lucy Letby
- C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

The Public Inquiry has asked NHS England to cascade on their behalf a request for evidence to all trusts with neonatal units, so that it can better understand their work.

NHS England has requested that all Trusts notify their Boards of this development, which is the purpose of this written update to our Trust Board today.

While we are still awaiting to receive that letter as a Trust, the information published on the gov.uk website suggests that the letter from the Public Inquiry will formally request evidence from the Trust around the following questions:

- 28. Whether recommendations to address culture and governance issues made by previous inquiries into the NHS have been implemented into wider NHS practice? To what effect?
- 29. What concerns are there about the effectiveness of the current culture, governance management structures and processes, regulation and other external scrutiny in keeping babies in hospital safe and ensuring the quality of their care? What further changes, if any, should be made to the current structures, culture or professional regulation to improve the quality of care and safety of babies? How should accountability of senior managers be strengthened?
- 30. Would any concerns with the conduct of the board, managers, doctors, nurses and midwives at the Countess of Chester Hospital have been addressed through changes in NHS culture, management and governance structures and professional regulation?

Members of our Executive Team are now working to coordinate the Trust's response to those questions in anticipation of receiving that letter.

## Other Trust updates

### Trust strategy update

The refresh of the Trust's strategy is continuing ahead of its launch in April 2024, with the promise that there will be plenty of opportunities for our Trust Board, patients, members, partners and the communities we serve to help shape that work.

The Trust's current strategy is due to end in March 2024, meaning a new strategy is needed to help set the direction of the Trust and how it aims to continue to deliver great patient care to the communities it serves.

Once developed, the strategy will set the direction for the Trust over the next five years up to 2029 under a new-look vision that will aim to deliver outstanding care by compassionate people in a way that enables healthier communities.

During December and January, the Trust's governors and host of Trust ambassadors will be getting out-and-about in our hospitals and the wider community to help take that strategy 'out on the road' to help engage key stakeholders on our new approach.

Those conversations will play a vital role in helping to test-out the strategy, including to share the new vision with our communities, partners and colleagues and talk about what we are committing to deliver over the next five years.

The events will take place online and across our hospitals, including with a host of pop-up stalls and sessions – both in-person and online.

Dates and locations for those events will be shared across our Trust communications as soon as they are confirmed, so keep a look out for those over the coming weeks to find out how you can have your say.

### **England's Chief Nursing Officer and Chief Midwifery Officer visit Sherwood Forest Hospitals**



The work of Sherwood Forest Hospitals NHS Foundation Trust's maternity team was in the spotlight during November when England's Chief Nursing Officer and Chief Midwifery Officer visited King's Mill Hospital on Thursday 23<sup>rd</sup> November.



Dame Ruth May, Chief Nursing Officer for England, and Kate Brintworth, Chief Midwifery Officer for England, spoke to midwives, nurses and maternity support workers who showcased various aspects of their work.

The pair were given a tour of the Sherwood Birthing Unit, the Maternity Ward, and Neonatal Unit at King's Mill, where maternity services were rated 'good' in the Care Quality Commission's (CQC) latest report.

This is the first time that England's Chief Nursing Officer has visited the Trust since it achieved Pathway to Excellence accreditation almost exactly a year ago.

During their visit, the pair also heard from the Trust's Recruitment and Retention Midwife, Sharon Parker, who explained how the Trust has created a safe, nurturing environment for newly-qualified midwives. Since taking up post in 2022, Sharon has successfully recruited into all vacant posts for newly-qualified midwives and all these midwives still work for the Trust – something that is recognised as a huge success given the challenge nationally.

The Trust also shared news of its Neonatal team achieving Stage 2 Baby Friendly accreditation from the United Nations Children's Fund (UNICEF). The programme enables services to support families with feeding and help parents build a close and loving relationship with their baby.

Claire Allison, Tobacco Dependence Maternity Lead for the Trust's maternity tobacco treatment service, also showcased how the Trust supports pregnant families to quit smoking. The specialist Phoenix team recognises that smoking in pregnancy is the result of addiction to nicotine, which requires treatment, so they provide free, friendly support that is tailored to each individual - without judgement or pressure. More than 185 babies have been born 'smoke-free' as a result of the team's support.

During their visit, the Chief Nursing Officer and Chief Midwifery Officer also presented the Pastoral Care Award to the Trust in recognition of the support the Trust provides to its internationally-educated Nurses and Midwives from the moment the recruitment process begins and throughout their employment. The Trust has been recruiting international colleagues for more than four years and currently has more than 200 international Nurses and two international Midwives.

We are immensely proud of our teams and the care and dedication they provide to our patients here at Sherwood. We were really pleased to be able to showcase just some of the great things going on here across our hospitals to two of the county's most senior leaders.

### **NHSE organisational charter for sexual safety**

At its meeting on Thursday 9 November, the Nottingham and Nottinghamshire Integrated Care Board confirmed it has signed [NHS England's organisational charter for sexual safety in healthcare](#).

The charter commits organisations to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace.

Like NHS England and our ICB colleagues, we are clear that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

Having reviewed the charter, our the Trust's People Committee has recommended that the Trust's signs the charter itself as a demonstration of our commitment to tackling this important issue.

We are now making arrangements for the Trust to sign that charter and, over the coming weeks, we will be taking the practical steps needed to realise the commitments we are signing up to within this charter.

We will keep the Board updated about this important work as it progresses.

### **Sherwood Forest Hospitals gains 'Veterans Aware' accreditation**



During Remembrance Week in early November, we were delighted to receive the news that Sherwood Forest Hospitals has been accredited to the highest standard available from the Veterans Covenant Healthcare Alliance in recognition of the support we provide for armed forces serving personnel and veterans.

Over the last 12 months, we have worked to strengthen the support provided to the area's armed forces community by working towards achieving a gold standard of the independently-assessed Veterans Covenant Healthcare Alliance accreditation.

As a Trust, we originally signed the Armed Forces Covenant in 2016 as a commitment to ensuring that those who serve or have served in the armed forces and their families are treated fairly whenever they need the Trust's services. This commitment also covers all members of staff and volunteers across the Trust.

The VCHA's aim is to make sure that patients from the Armed Forces Community, including families, are paid due regard, and are not disadvantaged in terms of access to and outcomes of healthcare, as a result of their military life in line with the principles of the Armed Forces Covenant.

Achieving the gold standard accreditation shows the strength of our commitment to supporting our armed forces veterans and serving personnel across Nottinghamshire.

### **Mobile clinical research van visits King's Mill**

Members of the local community have been invited to find out more about clinical research by visiting a mobile research unit at King's Mill Hospital, when the Nottinghamshire Mobile Research Unit visited King's Mill Hospital between Monday 20<sup>th</sup> November and Friday 1<sup>st</sup> December.

The unit – which has a fully-equipped research clinic – aims to make it easier for members of the public to access research opportunities and take part in clinical trials.

Sherwood Forest Hospitals already carries out research in its dedicated facilities at King's Mill Hospital alongside local GP practices.

During its stay at King's Mill, patients and members of the public had the opportunity to talk to clinical research colleagues between 10am and 3pm every weekday where they were able to learn about how the Trust's Research and Innovation team carries out cutting-edge research. This includes screening for undiagnosed liver disease and treatment for high cholesterol.

The Trust currently has more than 4,000 patients taking part in research trials in more than 25 areas, including Respiratory, Oncology and Rheumatology. As a Trust, we are planning to build on this work by expanding studies into areas not previously involved in research.

Having the unit outside the hospital is showcasing how we can make research more visible and accessible to the local community in the hope that more people have the opportunity to participate in clinical research studies and provide them with access to new treatments and interventions.

## **Newark Hospital updates**

### **Update on the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB) review of the overnight opening hours of Newark Hospital's Urgent Treatment Centre (UTC)**

The NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has led a number of public engagement events over recent months to discuss the best permanent opening hours for the UTC, enabling local people to feedback via an online survey that was available on the ICB website and promoted at a number of public engagement events.

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



The UTC is currently open for 13 hours a day between 9am to 10pm, slightly exceeding the national minimum standard of 12 hours per day. Those opening hours were put in place in March 2020 as a temporary measure to address ongoing staffing issues made worse by the COVID-19 pandemic.

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

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

As part of that engagement period, we worked alongside ICB and NHS England colleagues to host a 'clinical senate' to give credibility to these discussions around the longer-term opening hours of the facility.

The senate saw a collective set of independent clinical advisors receive a presentation about the proposals, as well as allowing the independent experts to visit and talk to several Newark Hospital colleagues about their experiences.

On Wednesday 29<sup>th</sup> and Thursday 30<sup>th</sup> November, the independently-facilitated Options Appraisal Panel were due to consider the findings of the listening exercise, independent clinical expert advice from the East Midlands Clinical Senate and a range of evidence, including data about the local population and the safe staffing and running of the UTC service.

The outcomes of the listening exercise and Clinical Senate review – along with the process followed by the Options Appraisal Panel – are then due to be considered by the Nottinghamshire County Council Health Scrutiny Committee (HSC) at its next scheduled meeting on Tuesday 12<sup>th</sup> December 2023.

### **Additional health tests introduced at Newark Hospital, as 'accelerated' Community Diagnostics Centre activity is rolled-out**

It is our pleasure to bring you exciting news of the latest developments in our efforts to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to our area, with the benefits of those tests now boasting a physical presence at Newark Hospital.

Community Diagnostics Centres are being developed across the country to create 'one-stop shops' for patients to access the health tests and investigations they need in a single visit. The Centres will also help to reduce waiting times for these vital tests, in-turn helping patients to receive an 'all clear' or diagnosis sooner.

The new Centre will be built alongside Mansfield Community Hospital in Stockwell Gate, Mansfield. Once open, it is expected to benefit tens of thousands of patients each year to help them get the answers they need to their health concerns sooner.

That work is continuing at pace and, rather than waiting for the full Centre to open in Spring 2025, we are delighted to confirm that hundreds of additional health checks and scans are already being made available across mid-Nottinghamshire.

And while these essential health checks and scans are available to every patient in the Mid Nottinghamshire area and beyond, that accelerated activity had previously been delivered from the Mansfield area until recently.

In November, we began offering up to 275 additional blood tests at Newark Hospital each week as part of a new drop-in service that makes it even more convenient for patients to access the vital tests they need – all without the need to book.

The tests are available at the Eastwood Centre at Newark Hospital every weekday between 11.30am and 3.30pm and we have been reaching-out to local General Practice teams to encourage them to refer in as many of their patients into the clinic as possible.

We are proud of the work that is going on to bring Nottinghamshire's first Community Diagnostics Centre (CDC) to Mansfield and we look forward to bringing you the latest developments about this exciting work over the coming months.

### **Praise for audiology services at Newark Hospital**

Newark resident Lynn Roulstone has praised the Audiology department at Newark



Hospital after being fitted with Bluetooth hearing aids which she felt gave her a new 'lease of life'.

Lynn, 70, has struggled with her hearing since contracting a nasty bout of measles as a child. Her hearing worsened as she got older and she began to wear hearing aids in her forties.

She moved to Newark from Kingston in 2021 at a time when she was struggling with hearing aids she'd had fitted at a previous hospital and, as a result, she was struggling to hear and communicate with people.

By the time Lynn booked an appointment to see the audiologist at Newark Hospital, she had stopped going out and become very withdrawn due to her inability to participate in conversations. Upon learning her situation, the audiology team booked her in for an emergency appointment where they immediately offered to fit her with Bluetooth hearing aids.

Bluetooth hearing aids come with a range of features and can be connected to a mobile phone so users can adjust the volume, connect to a hearing loop system and even select a restaurant setting which drowns out external noise, allowing them to focus on the conversation in front of them.

The hearing aids were introduced to the department in 2021 and the team have received really good feedback from patients about the Bluetooth hearing aids.

The state-of-the-art audiology facility at Newark Hospital became operational early in 2022 and was introduced as part of our Trust's continuing programme of works to expand and improve the range of services available at Newark Hospital.

The facility provides a service Monday to Friday between 8.30am and 5.30pm, offering appointments for hearing assessments, hearing aid fittings and follow-ups, tinnitus management, paediatric assessment and hearing rehabilitation. New patients will need a referral from their GP to access the service.

Patients are encouraged to 'Ask for Newark' and speak to their GP when being referred for any hospital treatment to see if they can benefit from the ever-increasing range of outpatient appointments, procedures and operations available at Newark Hospital.

## Trust risk ratings reviewed

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

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

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

The Trust's Partnerships and Communities Committee has become the Lead Committee for PR6, but will not receive the BAF report until its February 2024 meeting due to the meetings schedule.

Risk Committee maintains oversight of PR6 until this time, with any points raised during the new Board Committee meeting captured to ensure nothing is lost during the transition to the new Committee.

## Board of Directors Meeting in Public

<b>Subject:</b>	Financial Recovery Plan		<b>Date:</b> 7 <sup>th</sup> December 2023		
<b>Prepared By:</b>	Richard Mills, Chief Financial Officer				
<b>Approved By:</b>	Paul Robinson, Chief Executive Officer				
<b>Presented By:</b>	Richard Mills, Chief Financial Officer				
<b>Purpose</b>					
To update the Board on the actions being taken in relation to financial recovery for 2023/24			<b>Approval</b>		
			<b>Assurance</b>		
			<b>Update</b>	<b>X</b>	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
				<b>X</b>	
Indicate which strategic objective(s) the report support					
<b>Identify which Principal Risk this report relates to:</b>					
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				<b>X</b>
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				
<b>Committees/groups where this item has been presented before</b>					
Finance Committee					
Executive Team					
<b>Acronyms</b>					
N/A					
<b>Executive Summary</b>					
<p>In response to the extremely challenging financial plan for 2023/24 the Trust established a Financial Recovery Cabinet in September 2023. The Cabinet meets monthly and is chaired by the Chief Executive and attended by the Executive Team.</p> <p>The Cabinet exists to oversee the development and delivery of a Financial Recovery Plan, to support the Trust in meeting its financial obligations and delivering the financial plan. The Cabinet is supported by four workstreams to focus on the key elements of financial improvement opportunity. These are:</p> <ul style="list-style-type: none"> <li>• Escalation Bed Optimisation: Ambition to reduce the number of patients in hospital beds having been assessed as Medically Safe For Transfer and to reduce the running costs of ongoing escalation capacity.</li> <li>• Elective Recovery Programme: Ambition to increase the levels of elective activity and reduce patient backlogs.</li> <li>• Financial Improvement Programme: Ambition to ensure Value for Money across all services and to optimise the use of resources.</li> </ul>					



- Budgetary Control: Ambition to enhance financial grip and control and minimise unwarranted variation.

Reports from the Cabinet are discussed at the Finance Committee each month. The work of the Cabinet informs the financial forecasting of the Trust, which includes a number of scenarios covering a best-case to worst-case range of potential outturns.

The NHS England letter received in November 2023 on addressing the significant financial challenges created by industrial action in 2023/24 set out actions for all NHS systems and providers to take. The impact of this letter has been discussed through the Cabinet, and the risks and opportunities arising from the four workstreams have been factored into our initial response to the letter.

***The Board of Directors are asked to note the update on the Financial Recovery Cabinet.***

## Council of Governor Chair's Highlight Report to Board of Directors

Subject:	Council of Governors (“CoG”)	Date: 7 <sup>th</sup> December 2023	
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 14 <sup>th</sup> November 2023		Assurance	Good

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
	The Medical Director to deliver a Mortality briefing at the Governors' Workshop in March 2024.
<b>Positive Assurances to Provide</b>	<b>Decisions Made</b>
<p>Detailed presentation and related discussion on the Trust Strategy for 2024-29.</p> <p>The offers from Linda Dales and Tracy Burton to support the "Road Shows" being organised to support the socialisation of the Trust Strategy for 2024-29 with stakeholders.</p> <p>Winter Plan 2023-24 arrangements.</p>	<p>Agreement to the appointment of Neil McDonald as a new Non-Executive Director.</p> <p>Agreement to the re-appointment of Graham Ward as a new Non-Executive Director for a further one-year term.</p> <p>The allocation of Governor Observers at Board Committees for 2024-25.</p> <p>Hybrid MS Teams/in-person Governor meetings to be facilitated over Winter.</p>
<b>Comments on Effectiveness of the Meeting</b>	
Very well attended meeting with active contributions from Governors, including those recently appointed. Feedback received about the high quality of the Trust Strategy presentation.	

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report		<b>Date:</b> 7 December 2023		
<b>Prepared By:</b>	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C				
<b>Approved By:</b>	Phil Bolton, Chief Nurse				
<b>Presented By:</b>	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C. Phil Bolton, Chief Nurse				
<b>Purpose</b>					
To update the Board of Directors on our progress as maternity and neonatal safety champions				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	<b>X</b>
				<b>Consider</b>	
<b>Strategic Objectives</b>					
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
<b>X</b>	<b>X</b>		<b>X</b>		<b>X</b>
<b>Principal Risk</b>					
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					
<b>Committees/groups where this item has been presented before</b>					
<ul style="list-style-type: none"> <li>Nursing and Midwifery AHP Committee</li> <li>Maternity Assurance Committee</li> <li>Quality Committee</li> </ul>					
<b>Acronyms</b>					
<ul style="list-style-type: none"> <li>Induction of labour (IOL)</li> <li>Maternity and Neonatal Safety Champion (MNSC)</li> <li>Maternity Voice Champion (MVP)</li> <li>Care Quality Commission (CQC)</li> <li>Local Maternity and Neonatal System (LMNS)</li> </ul>					
<b>Executive Summary</b>					
<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"> <li>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.</li> <li>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.</li> <li>act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.</li> </ul> <p>This report provides highlights of our work over the last month</p>					

## **Summary of Maternity and Neonatal Safety Champion (MNSC) work for November 2023**

### **1. Service User Voice**

Emma, the MVP volunteer for SFH has worked with the Induction of Labour (IOL) lead Midwife this month to look at progressing the actions identified through service users' feedback. This work has focused upon the information provided as part of the IOL process and

Teams from Maternity and Neonates attended the Baby Week Celebration event at a local Leisure Centre supporting Mum's within our areas with children under 5 to attend engaging in free activities and speaking to key services within child health.



### **2. Staff Engagement**

The MNSC planned walk round was conducted on 7 November 2023. The activity has remained high but evidence of the additional LSCS and staffing levels to support this had eased the pressure. All teams reported the higher activity and the difficulties which have led to the suspension of services.

The senior leadership team took away an action away to look at how to support the division with these challenges. The outcome was that now all areas within division attend a safety huddle three times a day, prior to the Trust's bed meetings, to discuss activity, safety and any escalations. We have run this now for two weeks and initial feedback has been positive.

The Maternity Forum was held on 3<sup>rd</sup> November 2023. With the members that joined, we continued to discuss was held around reforming the forum. The outcome was that the meeting will become hybrid so that colleagues can continue to join via MS Teams but through holding the opportunity for face-to-face engagement within a clinical area. Feedback was given around the actions from the previous meeting, specifically regarding the venue for the antenatal education and log design for Maternity.

On 23 November 2023, the Trust received a visit from Dame Ruth May, Chief Nursing Officer and Kate Brintworth, Chief Midwifery Officer for England. This visit provided a great opportunity for all the team to meet and showcase their MNSC work to Ruth and Kate.





The team received very positive feedback from Kate Brintworth following the visit which is detailed below

*I just wanted to write on behalf of Ruth and I and say thank-you to you and all the team for such a fantastic visit on Thursday. We felt so inspired by so many things that the maternity team are doing, and have been telling everyone about how your PROMPT training is rooted in human factors, about your brilliant PMA Julia Andrews and the work on choice you are doing and the focus on inequalities for everyone in the team – I really need to see that business case to help others achieve the same.*

*Everyone we met was so enthused by their work and proud of their team and the successes which you are clearly achieving by working together. Thank-you to everyone who showed us round, especially Paula and she can tell Melanie that I have read her document from cover to cover – I always enjoy reading homebirth stats and learnt a new thing about a ‘fuddle in a field’. A new one on me (!) but again with that precious focus on caring on one another. I am very grateful Melanie took the time.*

*Thank-you for all the time and energy that went into making us feel welcome and for the care your team gives every day.*

*Please do pass this on to the team.*

*Very best wishes*

*Kate and Ruth*

### 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.



**Ockenden:**

We have received the annual Ockenden insight visit report from our visit in October. The report is very positive and supports the team's self-assessment against the initial 7 IEA from the report. The have suggested areas for consideration and the team are looking at an action plan which will be tracked through the MNSC meetings.

**NHSR:**

The evidence review continues through the MAC meetings this month, all safety actions remain on track, noting that following escalations around SA8 the guidance has been revised around training standards. This was following escalation due to the industrial action and the pressure that it has placed on MDT training.

**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. 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 focus has move on the "should do" actions, and a subsequent action plan has been completed and will be presented at the next Patient Safety Committee meeting for sign off.

#### **4. Quality Improvement**

Aligning to the World Prematurity Day, on the 17<sup>th</sup> November the Neonatal teams celebrated obtaining stage 2 of the Baby Friendly Initiative accreditation. The unit is only one of a few nationally that have achieved this stage, prior to full accreditation, before the outlined target set by the Three-Year Plan of all Maternity and Neonatal Units achieving the standard for BFI by March 2027.



## **5.Safety Culture**

Divisional colleagues have worked with organisational development to support the debriefing following the release of the score survey. This plan has had to be revised from the original due to operational pressures. Once the debriefing has been completed an action plan will be addressed through the MNSC meetings.

# Maternity Perinatal Quality Surveillance model for November 2023

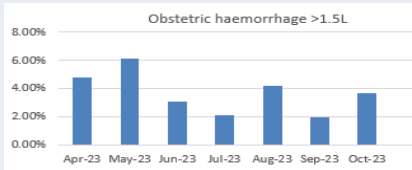
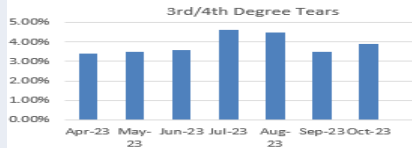


**Sherwood Forest Hospitals**  
NHS Foundation Trust

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

2022/23	
Proportion of Midwives responding with Agree" or "Strongly Agree" on whether they would recommend their Trust as a place to work 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 September data (Slide 2 & 3)

Massive Obstetric Haemorrhage (Oct 3.7%)	Elective Care	Midwifery & Obstetric Workforce		Staffing red flags (Oct 2023)	
<div><ul style="list-style-type: none"><li>Rise in cases this month, reviewed and no harm, themes or trends.</li><li>Plan to present at PSIRG for a thematic review</li></ul></div> <div><p>Obstetric haemorrhage &gt;1.5L</p></div>	<div>Elective Caesarean (EL LSCS)</div> <ul style="list-style-type: none"><li>Increased service demand sustained in October</li><li>Service now running 5 days to support demand.</li></ul> <div>Induction of Labour (IOL)</div> <ul style="list-style-type: none"><li>IOL work presented to LMNS</li><li>IOL Lead Midwife role extended to support QI projects- rate remains stable</li></ul>	<ul style="list-style-type: none"><li>Current vacancy rate 3.2% , New recruited Midwives now onsite and in preceptorship programme</li><li>We have recruited into the vacancy and the new starters start in post over the next three months.</li><li>Recruited into the 2 vacant Obstetric posts for Fetal and Maternal Medicine, one now in post the second starting in the new year.</li></ul>		<ul style="list-style-type: none"><li>32 staffing incident reported in the month.</li><li>No harm related</li><li>Noted increase in Datix numbers, reviewed and related to high activity through triage</li></ul> <div>Suspension of Maternity Services</div> <ul style="list-style-type: none"><li>One suspension of services within October</li></ul> <div>Home Birth Service</div> <ul style="list-style-type: none"><li>45 Homebirth conducted since re-launch</li></ul>	
Third and Fourth Degree Tears (Oct 3.9%)	Stillbirth rate (1.2 /1000 births)	Maternity Assurance		Incidents reported Oct 2023 (128 no/low harm, 2 moderate or above*)	
<div><ul style="list-style-type: none"><li>Increased rate noted cases under review</li><li>Pelvic Lead Appointed for SFH- working to support the additional service/ clinics</li></ul></div> <div><p>3rd/4th Degree Tears</p></div>	<ul style="list-style-type: none"><li>No stillbirth reported in October</li><li>Rate remains below the national ambition of 4.4/1000 births</li><li>MBRRACE-UK report released, noted national increase in still birth in 2021</li></ul>	<div>NHSR</div> <div><ul style="list-style-type: none"><li>Working commenced flash reports to MAC/QC</li><li>Additional sign off meetings planned</li><li>Submission due 2<sup>nd</sup> of Feb 2024</li></ul></div>	<div>Ockenden</div> <div><ul style="list-style-type: none"><li>Initial 7 IEA- 100% compliant</li><li>Positive initial feedback from the Ockenden. Report received and response/ action plan to be approved at MAC</li></ul></div>	<div>Most reported</div> <div>Triggers x 20</div>	<div>Comments</div> <div>MOH, Cat 1 LSCS</div> <div>2 Incidents reported as ‘moderate or above’, see below</div>

## Other

- Two cases reported at moderate= awaiting MDT verification of harm and onwards reporting.
- Letter received from MNSI regarding the catastrophic case reported in September 2023. Letter responded within timeframes; themes support the rapid review concerns. Investigation ongoing.
- One suspension of service, unit declared however where unable to transfer women to any neighbouring units. No cases with harm reported within the suspension.

# 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	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	53%	
3rd/4th degree tear overall rate	<3.5%	3.80%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	
3rd/4th degree tear overall number		39	6	7	6	8	6	6	7	
Obstetric haemorrhage >1.5L number		64	13	19	9	6	11	6	11	
Obstetric haemorrhage >1.5L rate	<3.5%	3.40%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	
Stillbirth number		2	1	0	1	0	1	0	0	
Stillbirth rate	<4.4/1000				2.200			1.200		
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	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	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		15	2	2	3	2	3	3	4	
Number of concerns (PET)		7	2	1	1	1	1	1	2	
Complaints		2	0	0	0	0	1	1	1	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	

External Reporting	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Trend
Maternity incidents no harm/low harm		629	58	78	85	86	85	107	130	
Maternity incidents moderate harm & above		8	0	1	1	0	1	3	2	
Findings of review of all perinatal deaths using the real time monitoring tool	Oct-23	To date all cases reportable to PMRT are within reporting timeframes.								
Findings of review all cases eligible for referral to MNSI	Oct-23	3 current live cases with MNSI, 1 report returned for Trust/LMNS sign off. 2 remain under investigation.								
Service user voice feedback	Oct-23	Work presented to the LMNS, IOL Lead Midwife role extended to support improvement work.								
Staff feedback from frontline champions and walk-about	Oct-23	Additional LSCS underway following feedback from previous walkrounds and supporting high activity.								
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	
Coroner Reg 28 made directly to the Trust		Y/N	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

<b>Subject:</b>	Guardian of Safe Working Report		<b>Date:</b> 7 <sup>th</sup> December 2023		
<b>Prepared By:</b>	Rebecca Freeman - Head of Medical Workforce, Jayne Cresswell – Medical Workforce Specialist				
<b>Approved By:</b>	Dr David Selwyn				
<b>Presented By:</b>	Dr David Selwyn – Medical Director				
<b>Purpose</b>					
To provide the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 <sup>st</sup> August 2023 and 31 <sup>st</sup> October 2023.			<b>Approval</b>		
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>		
			<b>Consider</b>		
<b>Strategic Objectives</b>					
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
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
PR1	Significant deterioration in standards of safety and care				<b>X</b>
PR2	Demand that overwhelms capacity				<b>X</b>
PR3	Critical shortage of workforce capacity and capability				<b>X</b>
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				
<b>Committees/groups where this item has been presented before</b>					
Joint Local Negotiating Committee					
<b>Acronyms</b>					
TCS – Terms and Conditions of Service WTE - Whole Time Equivalent NHSE – National Health Service England LTFT – Less than Full time ED - Emergency Department 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 DME – Director of Medical Education TOIL – Time off in lieu					



## Executive Summary

The paper provides the Committee with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1<sup>st</sup> August 2023 and 31<sup>st</sup> October 2023.

The Board of Directors is asked to note the following:

- The reduction in Exception reports from this time last year across all grades.
- The largest number of exception reports have been received from the Women & Childrens Division. It is the first time since the reporting began that the largest number of exception reports have been received from this Division.
- The number of exception reports from F1 doctors is high as would be expected with this being their first post as a doctor.
- There are still small numbers of exception reports being received from St3+ doctors.
- The progress relating to the new junior doctors' mess has been slightly delayed.
- The fine that has been levied by the Guardian of Safe Working due to the non-compliant rota in Anaesthetics.

## **Guardian of Safe Working Report covering the period from 1<sup>st</sup> August 2023 to 31<sup>st</sup> October 2023**

### **Introduction**

This report provides an update on exception reporting data, from 1<sup>st</sup> August 2023 to 31<sup>st</sup> October 2023. 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 below, 240 (228.9 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 first rotation of the year, there are 21 vacant trainee posts. This is due to NHSE not being able to fill these posts for a number of reasons, including doctors being on maternity leave (2 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 October 2023

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	<b>Posts</b>	<b>Heads</b>	<b>WTE</b>
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

**Please note** the above table shows that there are 240 doctors in training (228.9wte) covering 231 training posts, this is due to more than 1 LTFT doctor occupying a post.

### High level data from previous quarter (as of 31<sup>st</sup> July 2023)

Established doctor in training posts:	224		
Established non-training doctor posts:	97		
	<b>Posts</b>	<b>Heads</b>	<b>WTE</b>
Number of doctors in training in post:	201	204	196.6
Number of vacant training posts:	23	-	27.4
Number of unfilled training posts filled by a non-training doctor:	5	-	4.8
Number of non-training doctors in post:	90	90	89.6
Number of vacant non-training posts:	7	-	7.4

The doctor in training posts have increased by 28 due to an increase of 16 x Foundation Programme Doctors and 12 x St3+ trainees in the August 2023 rotation.

The non-training doctor posts have increased by 12 due to:

- A Chief Registrar being appointed
- 6 additional Clinical Fellow posts to cover Ward 31/32 and Ward 41
- 2 additional Clinical Fellow posts in Acute Medicine funded by an approved business case

- 2 Senior Clinical Fellow posts established to cover Trust Funded NHSE posts at IMT3 level which were withdrawn (in Acute Medicine and Gastroenterology)
- A vacant Advanced Care Practitioner post in ED replaced by a Clinical Fellow post

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 August 2023 (with regard to working hours)

The data from 1st August 2023 to 31st October 2023 shows there have been 55 exception reports in total, 47 related specifically to safe working hours while 4 were related to educational issues, 1 related to service support and 3 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 14 exception reports in August 2023, 26 in September 2023 and 15 in October 2023.

Of the 47 exception reports relating to safe working hours 39 were due to working additional hours, 6 were due to inability to take natural breaks and 2 related to rest.

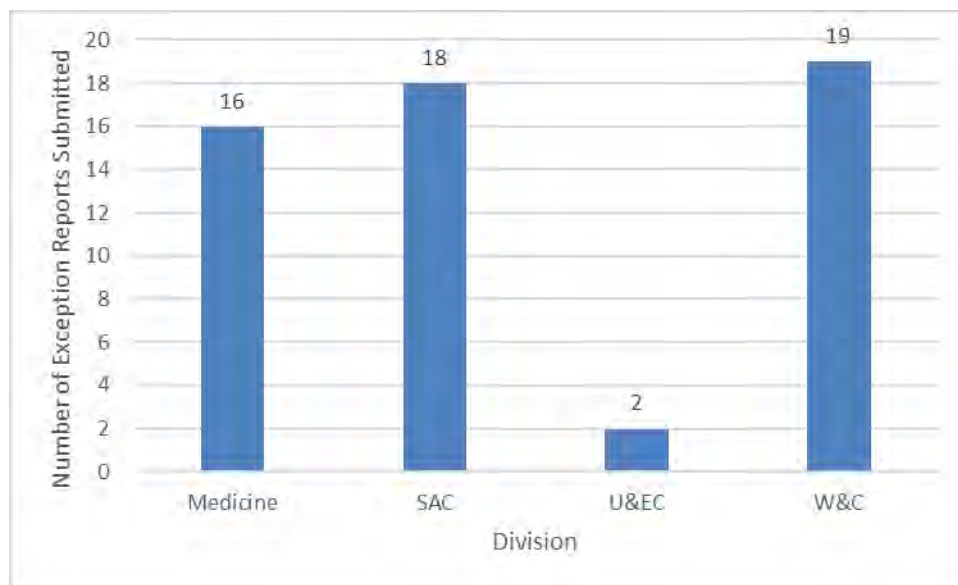
Of the total 55 exception reports, 52 have been closed, with 1 being unresolved due to the doctor in training needing to accept the outcome and 1 where the supervisor has requested further information. 1 report is still pending which was submitted on 27<sup>th</sup> October 2023.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 8 days. The time to the first meeting is a significant improvement from previous reports. However, recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 29 (53%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Reminders are now 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 straight forward exception reports,

the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response.

Where an outcome has been suggested there are 34 (64%) with time off in lieu (TOIL) totaling 32 hours and 40 minutes, 13 (25%) with additional payment totaling 12 hours and 43 minutes at normal hourly rate and 2 hours 30 minutes at premium rate and 6 (11%) 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.



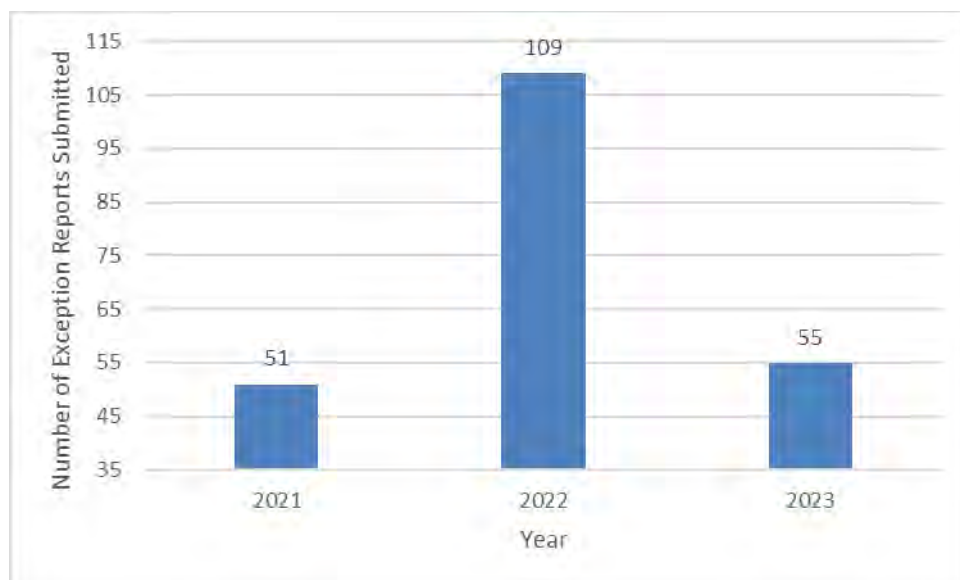
**Figure 1. Exception reports by Division for Trainees**

Figure 1 shows that the majority of the exception reports received during this period - 19 (35%) in total - are from postgraduate doctors working in the **Women's and Childrens Division**.



**Figure 2. Exception reports by Grade for Trainees**

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 1 and Foundation Year 2 Doctors. In total 24 (44%) of the exception reports have come from the Foundation Year 1 Doctors, 17 (31%) from the Foundation Year 2 Doctors, 12 (22%) ST1/2 doctors and 2 (3%) from ST3+ doctors.



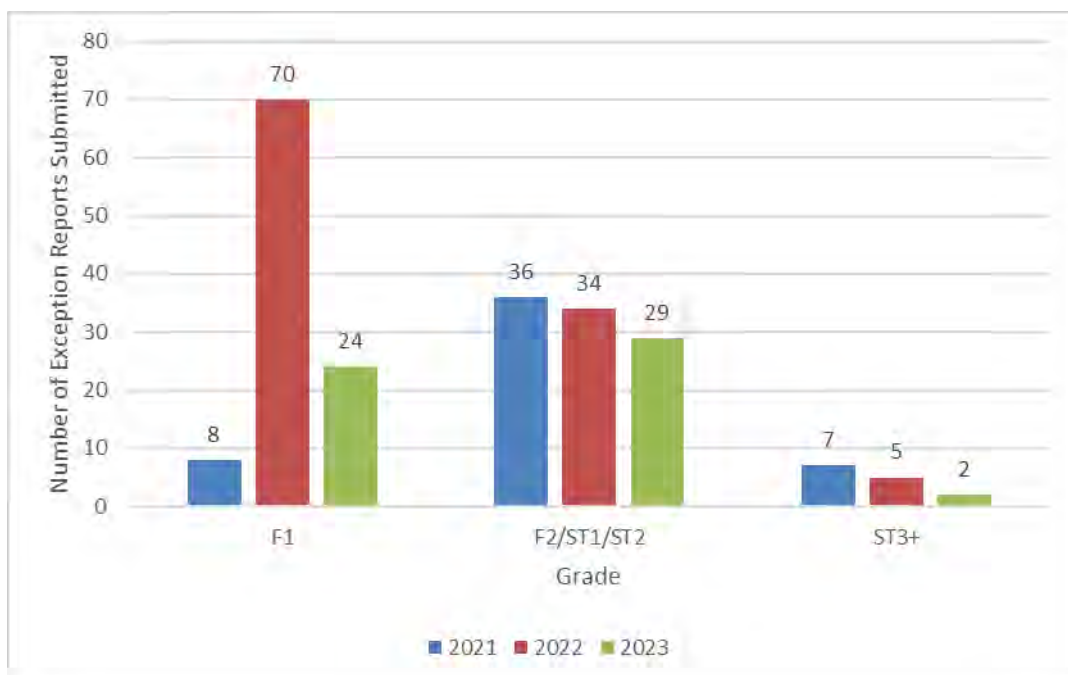
**Figure 3. Comparison of number of exception reports for the same period between 2021, 2022 and 2023**



Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
01.08.23	Clinical Fellow in Acute Medicine	The Clinical Fellow said they felt there were too many patients to see and minimum senior support was available during weekends, making it very unsafe for the patients.	Mr Akhtar the Clinical Fellow Programme Director has met with the trainee and agreed some actions. This concern was also raised with the DME and the Specialty as there have been a number of similar concerns raised previously relating to Acute Medicine.	The report has been responded to and has been closed. However, this forms part of the ongoing work in Acute Medicine regarding the availability of staff at weekends particularly.
02.10.23	F1 in General Surgery	On call F1 left at 5pm, no on-call F1's present in the hospital from 5pm-8pm.	The Trainee raised a concern about the lack of cover for a 3.5 hour period during strike action. This was discussed with the HoS and it was agreed that generally the twilight role would include both ward cover and SAU. It was agreed with the rota team to inform ward staff of rota gaps in the event locum cover was not available in advance of the shift and to ensure handover is robust particularly on strike days and to escalate to	The report has been closed and the reorganisation of cover in the future and the communication with the rota team should ensure this will not happen in future. This was a particularly difficult period with it being during a strike.

			middle-grade/consultant if handover is not in the usual place/time.	
04.10.23	F1 in General Surgery	From 17:00-20:00 I was the only non-registrar junior doctor in the department. There was no SHO on call, and no other F1/equivalent on call in the department. This is below Christmas day (minimum) staffing and is an immediate safety concern.	Discussed lack of cover for 3.5h period during strike action. All regular ward F1s unaware whether any locum/other cover arranged. It was discussed with HoS and agreed generally the twilight role would include both ward cover and SAU. It was agreed to inform ward staff of rota gaps in the event locum cover was not available in advance of a shift and to ensure handover is robust particularly on strike days.	The report has been closed and the reorganisation of cover in the future and the communication with the rota team should ensure this will not happen in future. This was a particularly difficult period with it being during a strike.

**Table 1. Immediate Safety Concern Concerns Raised**



**Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2021, 2022 and 2023.**

Figure 4 shows that this year there have been less exception reports from all grades than in the previous year but more exception reports from the F1 doctors this year than in 2021. This is typical and it is expected that there would be more exception reports from F1 doctors during their first post as a doctor.

**Work Schedule Reviews**

There has been a work schedule review undertaken in Anesthetics this was following a concern that was raised by a trainee. On investigating the concern, it became clear that the rota from August 2022 until August 2023 was non-compliant for the doctors entitled to 32 days leave as the leave setting in the allocate system had been set at 27 days. This has meant that the doctors entitled to 32 days leave have worked 15 minutes extra each week for the duration of the rotation. This has been addressed and has resulted in a payment being made to the doctors for this additional time.

**Fines**

The above has therefore resulted in a fine being levied by the Guardian of Safe Working. The total fine equates to £4612.79. This is the second fine that has been levied by the Guardian since the implementation of this junior doctors' contract in 2016.

**Vacancies**

The Trust currently has 240 doctors in training. As mentioned in the introduction, there are 21 vacancies currently where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 7 of the vacancies are currently filled by Trust Grade Doctors. 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 gaps will be filled by doctors on the bank where needed to support the rotas, which represents a cost pressure to the Trust.

The numbers of clinical fellows that have been recruited for the August changeover have been increased to allow more flexibility to cover trainee vacancies in August and to support the Trust over the winter period.

This will negate the need for as many agency doctors and bank doctors as have been used in previous years at a junior and middle grade level. The additional numbers recruited have been based on the need in previous years.

3 Clinical Fellows covering ward 31/32 and 3 doctors covering ward 41 from the over-recruitment.

The high-level data shows that the Clinical Fellows are currently over recruited in Medicine by 5, one of these is covering the Maternity Leave of another Clinical Fellow.

### 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. Although the number of reports that have not been responded to has reduced, this number still remains high. This 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
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
November 2022 - January 2023	75% of all reports received 65 reports

**Table 3 Exception Reports not responded to within 7 days**

As previously reported, a Task and Finish Group has been established to manage the relocation of the doctors' mess. This work is progressing however, the completion date has now been put back until February 2024. The Trust was asked to present this development at the recent national Medical Directors meeting as an exemplar project of investing in the trainee workforce. The mess when completed will be an excellent facility for the junior doctors.

Several periods of industrial action have taken place during this period, some of which has involved joint industrial action with consultants. It is understood that talks are currently taking place between the British Medical Association and the Government. There are no further strikes planned at this stage.

As can be seen from the above, the Trust has bid for additional posts and from August there are an additional 28 training posts. This number comprises of 16 foundation doctors and 12 St3+ trainees. These additional posts at St3+ level will considerably improve the support at senior trainee level.

Although meetings have taken place with representatives from Acute Medicine, concerns are still being raised by trainees about the Medical Staff availability at night and over the weekend, it is understood that the department is undertaking an options appraisal in relation to the rotas that are being worked together with the patient flow through the department with the aim of ensuring that

there are consistently the right number of doctors needed to be able to see the patients coming to the department and there is also senior support on hand.

This is the first time that the Women & Childrens Division has had the most exception reports. Most of these reports are due to doctors staying late. In Paediatrics particularly it is due to the handover taking longer than the scheduled time.

A concern was raised by the junior doctors in Anaesthetics in March 2023 with the rota that the Anaesthetics Specialty Registrars were working. The night shift on the rota commences at 7.30pm and where a night shift commences at this time, according to the rules of the junior doctors' terms and conditions of service 2016 – Schedule 2 it does not attract the 37% enhancement for all of the hours on the shift. Whereas if the shift commenced at 8pm instead of 7.30pm and finishes later the following morning, the shift would attract the enhancement for the full duration of the shift.

This issue was discussed at the Trust Joint Local Negotiating Committee at the end of March 2023. It was confirmed at the meeting that whilst the shift did meet all the rules of the junior doctors contract and as such is a compliant rota in terms of the working time regulations, with regard to the rostering guidance, it was not a shift that met with best practice due to the enhancement not being paid for the full duration of the shift, however, it was also explained by a consultant colleague in the Anaesthetics team that this particular rota in Anaesthetics has been in place since 2009. At the time of the rota being introduced, it was discussed and agreed with the Specialty Registrars in post at that time as was required in accordance with the previous junior doctors' terms and conditions of service. It also met with the Terms and conditions of the Junior doctors' contract 2001.

After the issue was raised, the rota was reviewed to change the timings of the night shift to commence at 8pm, this shift therefore now attracts the 37% enhancement for the full duration of the shift and satisfies the best practice guidance in terms of Rostering. This change took place in August when the new cohort of Specialty Registrars commenced in post. The junior doctors in Anaesthetics rotate in February and August each year, hence the reason for the new rota commencing in August.

The Anaesthetics trainees that were in post prior to August 2023 are wanting to be paid the enhancements for the full duration of the nightshift from when they commenced in post in August 2022.

It is important to note that the Trust did not break any rostering rules, this shift has been in place for a considerable number of years and has met the needs of previous junior doctors in post and the needs of the service, both pre and post the junior doctors contract change. The shift did not meet



the best practice guidance. When the issue was raised, it was investigated and the shift times changed to ensure the guidance was met.

The Guardian of Safe Working is currently away from the Trust and a temporary cover for the role is currently being sought.

## **Conclusion**

- Note the reduction in Exception reports from this time last year across all grades.
- Note that the largest number of exception reports have been received from the Women & Childrens Division. It is the first time since the reporting began that the largest number of exception reports have been received from this Division.
- The number of exception reports from F1 doctors is quite high as would be expected with this being their first post as a doctor.
- There are still small numbers of exception reports being received from St3+ doctors.
- The progress relating to the new junior doctor's mess has been slightly delayed.
- Note the fine that has been levied by the Guardian of Safe Working due to the non-compliant rota in Anaesthetics.

## 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	December 2023 (now delayed to February 2024)
Trainees to be informed of the email address for the Guardian of Safe Working inbox.	Communication to be sent to trainees	December 2023
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.	Updates on progress to be provided in future reports.
Exception reports in Women & Childrens Handover is lasting longer than the allotted time.	Consideration to be given to how this can be managed differently going forward.	Update on progress to address this issue to be provided in future reports.

## Audit Committee - Chair's Highlight Report to Board

<b>Subject</b>	Audit and Assurance Report	<b>Date:</b> 07/12/2023	
<b>Prepared By:</b>	Sally Brook Shanahan, Director of Corporate Affairs		
<b>Approved By:</b>	Manjeet Gill, Non-Executive Director		
<b>Presented By:</b>	Manjeet Gill, Non-Executive Director		
<b>Purpose:</b>			
To provide assurance and any escalations to the Board from the meeting of the Audit Committee held on 23 <sup>rd</sup> November 2023		<b>Assurance</b>	The reports and presentations received gave good assurance. Further work on compliance of DOI were agreed

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
<p>Absence of a representative from the Finance Team.</p> <p>The time taken (&gt;10 working days) to agree the Terms of Reference for some IA Reviews and the risk of normalising a non-compliance culture.</p> <p>The risk of adverse impact on the HOIA Opinion due to the reduction in the timely completion of IA Actions, reported as 69% on the meeting date with the expectation of an increase to 71% by the end of November.</p>	<p>To assess whether a suggestion from the ICB that its representative attend a future A&amp;AC meeting is appropriate.</p> <p>A report detailing possible changes to the IA Plan 2023/24 to be presented to the next meeting (18/01/24) for decision.</p> <p>Completion of the FTSU self-review tool underway (April 2024 deadline).</p>
<b>Positive Assurances to Provide</b>	<b>Decisions Made (include BAF review outcomes)</b>
<p>Jess Townsend introduced as the new External Auditor reporting to Richard Walton.</p> <p>Confirmation the MSK Service Review was received by the Quality Committee.</p> <p>Progress with the number of Declarations of Interests made, with concerns about the failure of some senior staff to declare to be addressed in the next report.</p>	<p>To appoint Andrew Rose-Britton as Committee Vice Chair.</p> <p>To avoid duplication, the removal of the Procurement Annual Report (AACWP 34) from the Committee's Workplan as it is received by the Finance Committee and the Risk Committee.</p> <p>Not to accept the changes proposed to the Committee's Terms of Reference around membership and agreement to make some other minor amendments.</p>
<b>Comments on Effectiveness of the Meeting</b>	
A rigorous and appropriately challenging meeting.	

## Finance Committee Chair's Highlight Report to Trust Board

<b>Subject:</b>	Finance Committee (FC) Report	<b>Date:</b> 30 November 2023
<b>Prepared By:</b>	Graham Ward – FC Chair	
<b>Approved By:</b>		
<b>Presented By:</b>	Graham Ward – FC Chair	
<b>Purpose:</b>	To provide an overview of the key discussion items from the Finance Committee meeting of 30 November 2023.	
	<b>Assurance</b>	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li><u>Month 7 Finance Report</u> – The deficit year to date is £12.7M (£3.8M adverse to plan). Key issues for escalation: <ul style="list-style-type: none"> <li>Cash – this is becoming increasingly challenging, and this needs support and recognition from the System through the ICB.</li> <li>CDC Income – we are dependent on receiving, but to date have been given verbal assurance only that this will be received.</li> <li>Agency Spend – continues to run at 6%, need to reduce closer to the 3.7% cap (actions taking place through Financial Recovery Cabinet).</li> </ul> </li> <li><u>H2 NHSE Resubmission</u> – submission made on 22<sup>nd</sup> November, but subject to on going discussions.</li> <li><u>Financial Recovery Plan</u> – This is progressing through the ‘cabinet’ and the four workstreams. The quantification of opportunities is still under development and further progress will be reported to the Committee in December and January.</li> </ul>	<ul style="list-style-type: none"> <li><u>International Nurse Recruitment</u> – noted that the implementation of this business case has been delayed subject to review of its need in the light of the current financial pressures. Agreed that a further update would be brought to the Committee when known.</li> <li><u>PFI Settlement</u> – A forward revenue resource plan to oversee the execution and future contract management of the PFI contract be prepared and tabled at the December or January Committee Meeting for approval.</li> </ul>
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <li><u>Emergency Department Staffing Business Case</u> – Received assurance from a 12 month review of the implementation and outcomes from the delivery of this business case that the benefits were being realised.</li> <li><u>Financial Strategy</u> – progress was noted Committee looked forward to reviewing at the January meeting.</li> </ul>	<ul style="list-style-type: none"> <li><u>Nottingham CityCare Partnership IT Refresh</u> – this business case was approved (fully funded).</li> <li><u>Level 2 Paediatric Critical Care Business Case</u> – business case was approved (fully funded by NHSE).</li> <li><u>Endoscopy Capital Funding</u> – Business Case was approved and</li> </ul>

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| <ul style="list-style-type: none"> <li>• <u>PFI Governance</u> – assurance gained on the progress being made on the Operational Development Plan and the Settlement Agreement. Further work to be undertaken on future contract management (both by CNH and the Trust), this is a key focus area raised by DHSC. It was noted that the settlement paper is expected to be tabled at the next Committee meeting.</li> </ul> | <p>assurance gained that revenue implications could be managed.</p> <ul style="list-style-type: none"> <li>• <u>Inpatient MRI Capacity</u> – Business case agreed to be recommended to Board for approval.</li> <li>• <u>PFI Settlement</u> – The following decisions were agreed: <ul style="list-style-type: none"> <li>○ Recommend to Board execution of the Soft FM Deed of Variation</li> <li>○ Recommend to Board that the Settlement Agreement is <b>not</b> yet ready for execution and that when progressed further a summary paper of key elements be prepared with a legal commentary confirming their coverage in the Agreement and highlighting any risks the Trust should be aware of. In addition the paper should address how the contract will be managed in the future.</li> <li>○ Approved the continued external support required in concluding the settlement, subject to NHSE approval.</li> </ul> </li> </ul> |
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#### 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.



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

<b>Subject:</b>	Quality Committee	<b>Date: 13<sup>th</sup> November 2023</b>	
<b>Prepared By:</b>	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
<b>Approved By:</b>	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
<b>Presented By:</b>	Aly Rashid, Non- Executive Director & Chair of the Quality Committee		
<b>Purpose:</b>			
This paper summarises the key highlights from the Quality Committee Meeting held on 13 <sup>th</sup> November 2023		<b>Assurance</b>	<b>X</b>

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"><li>- End of Life Care (EoLC) Provision- Discussions held in relation to the In Reach Provision figure of 12%, against the national average of 48%. Following work underway an update will be provided to the Quality Committee in 2024.</li><li>- On-going issues noted with Water Safety.</li><li>- 360 Assurance Report into Musculoskeletal Service noted for information and discussions to be highlighted to the Board of Directors.</li></ul>	<ul style="list-style-type: none"><li>- Continued work commissioned in relation to Virtual Wards with updates to the Quality Committee.</li><li>- Noted actions underway in relation to water safety and chlorination of water – also noted omission of this plan for Dialysis units.</li><li>- 360 Assurance Report – Cancer Waiting Times to be raised with the Audit &amp; Assurance Committee in relation to inclusion of Health Inequalities within review of waiting times.</li></ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<ul style="list-style-type: none"><li>- Assurance provided in relation to the Virtual Ward report with continued updates to be provided.</li><li>- Assurance provided in relation to the Medicines Strategy update and progress with recruitment to challenged areas.</li><li>- Assurance provided in relation to the Infection Prevention &amp; Control Annual Report and actions underway.</li><li>- Positive assurance received against the review of the process for sending Patient letters.</li></ul>	<ul style="list-style-type: none"><li>- PR1- Significant Deterioration in Standards of Safety &amp; Care – Decision made for the Risk Ratings to remain the same.</li><li>- PR2- Demand That Overwhelms Capacity – Decision made for the Risk Ratings to remain the same.</li><li>- PR5- Inability to initiate and implement evidence-based improvement and innovation- Decision made for the Risk Ratings to remain the same.</li></ul>
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"><li>- Excellent quality of papers provided, prompting a good level of discussion and challenge throughout the meeting.</li></ul>	

## People Committee Chair's Highlight Report to Board

<b>Subject:</b>	People Committee	<b>Date:</b> 28 <sup>th</sup> November 2023
<b>Prepared By:</b>	Steve Banks, Non-Executive Director and Chair of Committee	
<b>Approved By:</b>	Steve Banks, Non-Executive Director and Chair of Committee	
<b>Presented By:</b>	Steve Banks, Non-Executive Director and Chair of Committee	
<b>Purpose:</b>		
	<b>Assurance</b>	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <li>Following the Board development session on the Pharmacy Workforce Development proposals, a verbal update on progress was received. Shortage of staff in key roles remain a significant risk during the development of a new model.</li> <li>Although assurance was received on actions to support the workforce, strike fatigue and it's impact on people remains a major concern</li> </ul>	<ul style="list-style-type: none"> <li>Following the development of the NHS Sexual Safety Charter, the Committee endorsed the development of a working group and recommended that the Trust sign up to the Charter.</li> </ul>
Positive Assurances to Provide	Decisions Made <i>(include BAF review outcomes)</i>
<p>Much assurance was provided, including:</p> <ul style="list-style-type: none"> <li>Actions to encourage a good level of response to the Staff Survey</li> <li>Progress on Strategic priorities for Q2</li> <li>Actions to improve the Integrated Performance Report, subject to concerns above</li> <li>The development of new approaches to Strategic workforce planning and approach to staffing models for the Community Diagnostic Centre</li> <li>The development of the Health and Wellbeing Improvement plan</li> </ul>	<p>Decision made include:</p> <ul style="list-style-type: none"> <li>The BAF was discussed, minor amendments to reflect Committee changes made, and risk ratings remain unchanged.</li> <li>The updated Terms of Reference were approved and the change of title to "People Committee."</li> </ul>

### **Comments on Effectiveness of the Meeting**

Well written papers and a good level of support and challenge made for a positive and productive Committee.

No observers were present.

Following the meeting a lively workshop discussion regarding the People Strategy year 3 priorities was held. Additional participants from the Trust were invited to support wider and more diverse views being received, that will had develop relation areas of focus for year 3.

## Partnerships and Communities Chair's Highlight Report to Trust Board

<b>Subject:</b>	Report of the Partnerships and Communities Committee	<b>Date:</b> 6 <sup>th</sup> November 2023	
<b>Prepared By:</b>	Barbara Brady, Non-Executive Director, Chair of Partnerships and Communities Committee		
<b>Approved By:</b>	Barbara Brady, Non-Executive Director, Chair of Partnerships and Communities Committee		
<b>Presented By:</b>	Barbara Brady, Non-Executive Director, Chair of Partnerships and Communities Committee		
<b>Purpose:</b>			
Overview of key items from the inaugural meeting of the committee		<b>Assurance</b>	

<b>Matters of Concern or Key Risks to Escalate</b>	<b>Major Actions Commissioned / Work Underway</b>
Terms of Reference, proposed changes to the role description and addition of a duty. The terms of reference are elsewhere on the Board's agenda	Next iteration of the Partnership Strategy to include appraisal of current partnerships in light of health needs of local population
<b>Positive Assurances to Provide</b>	<b>Decisions Made (include BAF review outcomes)</b>
Strategy & Partnership cabinet established as engine room for this committee	
<b>Comments on Effectiveness of the Meeting</b>	
Excellent discussion enabled by papers and draft strategy	