Sherwood Forest Hospitals NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 2nd March 2023
Time: 09:00 – 12:00
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	**Welcome**		
2.		**Declarations of Interest** To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest **:-** https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ *Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.		**Apologies for Absence** Quoracy check: *(s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)*	Agree	Verbal
4.	09:00	**Minutes of the meeting held on 2nd February 2023** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Action Tracker**	Update	Enclosure 5
6.	09:10	**Chair's Report** • **Council of Governors highlight report** Report of the Chair	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	**Chief Executive's Report** • **Partnership Update** Report of the Director of Strategy and Partnerships	Assurance Assurance	Enclosure 7 Enclosure 7.1
	Strategy			
8.	09:30	**Strategic Objective 1 – To provide outstanding care** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 8.1
9.	09:45	**Strategic Priority 2 - To promote and support health and wellbeing** • **Guardian of Safe Working** Report of the Medical Director	Assurance	Enclosure 9.1

	Time	Item	Status	Paper
10.	10:00	**Patient Story – The Importance of Nutrition and Hydration** Emma Dawkins, Speech and Language Therapist	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
11.	10:30	**ICS Strategy** Report of the Director of Strategy and Partnerships	Consider	Enclosure 11
	Governance			
12.	11:30	**Discharge Lounge Funding** Report of the Chief Operating Officer	Approval	Enclosure 12
13.	11:40	**Assurance from Sub Committees** • Finance Committee Report of the Committee Chair (last meeting)	Assurance	Enclosure 13.1
14.	11:45	**Outstanding Service – Newark Hospital – Turning Strategy into Reality**	Assurance	Presentation
15.	11:50	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
16.	11:55	**Any Other Business**		
17.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **6th April 2023, Boardroom, King's Mill Hospital**		
18.		**Chair Declares the Meeting Closed**		
19.		**Questions from members of the public present** (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: *"That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."*		

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

Enc 08.1	• **What Good Maternity Care Looks Like**
Enc 08.1	• **Safe Staffing Report – February 2023**
Enc 08.1	• **Maternity Safe staffing Report – February 2023**
Enc 13.1	• **Finance Committee – previous minutes**

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 2nd February 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Andrew Marshall	Deputy Medical Director	AM
	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up Guardian	KB
	Amy Gouldstone	People Wellbeing Lead	AG
	Jacqueline Read	Head of People Partnering and People Operations teams	JR
	Donna Bowler	Associate Director of People Resourcing	DB
Observers:	Sue Holmes	Lead Governor	
	Linda Dales	Appointed Governor	
	Shantell Miles	Director of Nursing and Deputy Chief Nurse	
	Caroline Kirk	Communications Specialist	
	Claire Page	360 Assurance	
	4 members of the public		
Apologies:	David Selwyn	Medical Director	DS
	Aly Rashid	Non-Executive Director	AR

Item No.	Item	Action	Date
23/030	**WELCOME**		
1 min	The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.		
23/031	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/032	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from David Selwyn, Medical Director, and Aly Rashid, Non-Executive Director. It was noted Andrew Marshall, Deputy Medical Director, was attending the meeting in place of David Selwyn.		
23/033	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5th January 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/034	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 18/583.1, 18/615, 18/652, 18/653 and 23/009 were complete and could be removed from the action tracker.		
23/035	**CHAIR'S REPORT**		
1 min	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the 'Step into the NHS' recruitment event hosted by the Trust in partnership with West Notts College. CW expressed thanks to the governors for their work and the support they provide to the Trust. The Board of Directors were ASSURED by the report		

23/036	**CHIEF EXECUTIVE'S REPORT**		
3 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the pressures faced recently by the Trust, plans for a Community Diagnostics Centre at Mansfield Community Hospital and plans to expand theatres and operating capacity at Newark Hospital. PR noted NHS England (NHSE) have recently published their delivery plan for urgent and emergency care services, which included announcements of some additional beds and ambulances. PR advised the resources announced are included in the Integrated Care Board (ICB) allocations for 2023/2024. The Board of Directors were ASSURED by the report		
2 mins	**Integrated Care System (ICS) Update** DA presented the report, highlighting the resetting of priorities for 2023/2024, the work of the Mansfield Place Board and Health Scrutiny Committee approval for the Targeted Investment Fund (TIF) bid for expanding theatres at Newark Hospital. The Board of Directors were ASSURED by the report		
23/037	**2022/2023 STRATEGIC PRIORITIES QUARTER 3 UPDATE**		
10 mins	DA presented the report, advising all the strategic priorities have been assigned to an executive lead and are tracked by the relevant sub-committee. It was noted the rating for one indicator, namely 'successfully implement and optimise the use of Electronic Prescribing and Medicines Administration (EPMA)' has declined. However, there are no areas of concern. CW sought further information in relation to the Digital Strategy. AM advised in terms of digital funding, the Trust is at the behest of NHSE to revitalise the bid going forward. However, work is in progress to look at how the digital future of the Trust can be improved and to move forward with digital maturity. PR advised he and DS had recently met with the national programme leads for the Electronic Patient Record (EPR) rollout and they are supportive of the Trust's rollout and implementation plans. PB advised the rollout of EPMA into ED had been paused during the recent critical incident due to the pressures faced. However, EPMA has been rolled out in peripheral areas and there are plans to roll out into ED on 8th February 2023. SB queried if the Digital Strategy is seen as a key enabler, running through quality and patient outcomes, and how is it getting the impetus within the strategy work to ensure it is an integral part, as opposed to a stand-alone project.		

	DA advised the Trust has a Digital Strategy Group which helps ensure digital is integral to everything the Trust does. The Digital Strategy will feature as part of the Trust's future strategic direction. DA acknowledged the Digital Strategy is not yet in written form. This will take followed up with the Strategy Group. **Action** • **Confirm when the Digital Strategy will be available in written form** GW advised EPR is a major transformational project which will need to go through a number of stages. There is a need to get processes right and the Trust should start to look at process changes now, ahead of implementation. PR advised the Trust is developing a new 5 year strategy. Implementation of EPR is an important step forward, but it is not the end of the journey. EPR implementation will be within 1-2 years of the 5 year strategy and what the future state will 'look like' and the benefits of implementation will be in the latter part of the 5 year strategy. SB sought clarification regarding the governance arrangements for the Digital Strategy Group. PR advised the group reports into the Executive Team and to the Board of Directors via the Chief Executive's report. RM advised the Group will report into the Finance Committee for any specific investments. SH advised an update in relation to the Digital Strategy is due to be presented to the Board of Directors in June 2023. MG felt for future years it would be useful to include inputs and outcomes in the updates presented to the Board of Directors as this will help identify and assess the impact of actions. The Board of Directors were ASSURED by the report	**DA**	**02/03/23**
23/038	**STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE**		
11 mins	**Maternity Update** PS joined the meeting ***Safety Champions update*** PB presented the report, highlighting the Service User Voice, Safety Champions walkarounds, Ockenden and Kirkup singular assurance framework, Care Quality Commission (CQC) draft report and SCORE cultural survey. MG queried what PS and PB felt should be the main area of focus for improvement, risks or opportunities.		

	PS felt this should be how the Trust communicates out to all areas, noting there are a variety of dependencies within the community and the national picture is very different to the local picture. There is a need to increase awareness of the risks related to pre-term births, for example smoking, and to help women understand why they may not be able to stay at SFHFT if they deliver pre-term. PB noted maternity is a big agenda and the streamlining of some of the 'asks' would help. PB advised he welcomed the introduction of the joint oversight framework. PS advised this will be a single reporting portal. Currently the Trust reports to multiple external bodies. The single assurance framework will reduce duplication. The Board of Directors were ASSURED by the report ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting Friends and Family Test recommendation rate and commencement of the elective caesarean section list. CW welcomed the elective caesarean section list and sought clarification if this has caused any displacement of the gynae lists and what impact this has had. RE advised this was reviewed carefully before the decision was made. Gynae and general surgery are affected but the impact is low. The main impact will be for patients lower down the list but it will not impact on the trajectory for long waits and will not impact cancer and urgent pathways. This is an interim plan, pending introduction of a substantive caesarean section list from April 2023. The recruitment to support that is underway and is on track. SB noted postpartum haemorrhage appears to be a worsening trend and sought clarification if it is a worsening position or if it is being measured more accurately. PS advised the Trust is undertaking some work with the regional team. The first aspect of the care bundle which has been introduced relates to monitoring blood loss and how this is measured. Historically blood loss is generally underestimated and, therefore, there has been an increase. It is hoped this will settle. A risk assessment tool has also been introduced. Therefore, it is unclear which of the two changes has caused the difference. In addition, the Trust is currently working on two databases. All cases are reviewed and no harm has been identified. As part of the harms review, length of stay, percentage haemoglobin drop, etc. are looked at. All possible steps are being taken to improve the position. It was noted the national auditable standard is due for review. SB sought clarification if the situation will 'settle' at the new higher level. PS advised this will be the benchmark figure, i.e. below the threshold. The Board of Directors were ASSURED by the report PS left the meeting		

23/039	**STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING**		
17 mins	**Freedom to Speak Up (FTSU)** KB joined the meeting KB presented the report, highlighting consistent engagement, people profile of concerns raised, themes identified, learning and triangulation, Speak Up Month and updates to the FTSU Policy. ARB queried if there is any further support the Board of Directors can provide. KB advised FTSU is growing and developing. KB feels she has access points when she needs them, noting DA is a FTSU Champion, which will help leaders who come forward with a concern. BB noted how the agenda is maturing and how KB uses intelligence and works with the People Team to get triangulation in relation to what issues are live and what work needs to be done. RS advised he has an open dialogue with KB and this has extended across the wider team. There is a wider pool of FTSU champions, which is testament to how KB wants to take the agenda forward. MG queried what KB felt is the positive maturity over the last two years and if there is anything for the Board of Directors to tackle. KB advised consistent themes relate to how individuals interact with their line manager. This raised the question if there is assurance the people the Trust puts into line management positions have the skills and mindset to navigate the early conversations in Speaking Up and respond appropriately. This message has been taken to developing and evolving leaders through educational and training programmes. There is a need to ensure the offer is put to everyone who is in a line management position. PR advised KB has good executive support from DA, RS, SH and himself. PR advised he has regular catch-up meetings with KB, during which any thematic issues are raised. These meeting also provide the opportunity to discuss anything which is required to support KB in her role. PR acknowledged the role KB has played in growing the number of FTSU champions. KB advised the Trust has good reserves of champions, noting taking on the role helps colleagues' personal development. RM noted concerns are being raised by students, noting the steps taken to ensure students feel Speaking Up is for them as well as the substantive workforce. Students are the future workforce and it is important to learn from them. RM queried if there is anything further the Trust can do in terms of the teams who interact with students to enhance their experience. PB advised while FTSU is new for students, there are many other forums for them to raise concerns, providing lots of mechanisms to gather information. It is important to ensure all information is triangulated. The Board of Directors were ASSURED by the report KB left the meeting		

23/040	**STRATEGIC OBJECTIVE 5 - TO PROIDE BETTER VALUE**		
3 mins	**2023/24 Planning Guidance update** DA presented the report, advising the planning guidance was received on 23rd December 2022. It was noted the ICS are required to make the submission on behalf of the whole system by 30th March 2023, with draft plans required by 23rd February 2023. The Trust has a process in place to feed the Trust's activity and performance, workforce and financial information into the ICS plan submission. It was noted the Trust has submitted the initial draft plans within the requirements of the ICS timelines. The Board of Directors were ASSURED by the report		
23/041	**STAFF STORY – IT'S OK NOT TO BE OK**		
11 mins	AG and JR joined the meeting AG and JR presented the Staff Story, which highlighted the wellbeing support available to staff, noting the message 'It's OK not to be OK' and to ask for help when required. CW expressed thanks to Justin, the member of staff featured in the video, for opening up and sharing his story. PR expressed thanks to AG, JR and their team for providing the necessary support to colleagues, noting it is important for colleagues to feel supported. PR felt it was humbling to hear a senior member of staff, and staff governor, being able to speak about vulnerability. GW felt it was a powerful video, from a member of staff who most colleagues would not think would be in the position of needing help. GW noted Justin recognised he reached the point of needing some help and he reached out. He has been able to talk about his experience. It is important to get the message across to staff to help people recognise early when support is required, to look for that support and to know support will be forthcoming. ARB advised he found the video moving and humbling, noting it needs to be shared as widely as possible with staff. AG advised the video will be shared, noting it shows the importance of reducing the stigma of asking for help. Justin feared asking for help would stifle his career, but it has made him a stronger and better person and leader. AG and JR left the meeting		
23/042	**SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT**		
30 mins	**QUALITY CARE** PB highlighted serious incidents, falls, Covid-19 outbreaks and dementia. AM highlighted Hospital Standardised Mortality Ratio (HSMR).		

	SB noted the measures highlighted are RAG rated (Red, Amber, Green) as Red. However, most of these are within the upper and lower limits on the Statistical Process Control (SPC) charts. SB queried if this is an indication about how indicators are measured. RM advised this may be similar to the discussions in relation to tolerance and target for the Board Assurance Framework (BAF). BB advised RAG ratings are a crude measure, which do not pick up on the 'direction of travel'. GW felt there may be a need to look more at the SPC process. AH advised consideration also needs to be given to the targets which are set. PR advised a review of the indicators used and how these are shown in the SOF can be undertaken. **Action** • **Review the indicators used and how they are shown in the SOF to give clarity on the 'direction of travel'** **PEOPLE AND CULTURE** RS highlighted sickness absence, appraisals, employee relation cases and flu and Covid vaccinations. GW noted the sickness absence level of 5.3% for Q3, advising 1% equates to in excess of £1m per annum. There is a need to maintain focus on this to ensure as much as possible is being done to address this issue. GW acknowledged the actions the Trust are taking, noting there is also the need to recognise the pressures faced by staff. While the Trust's position is good compared to peers, there is a need for the rate to be as low as possible from both a financial and quality of care perspective. MG noted the vacancy rate is 5.6% and requested a deep dive report be presented to the People, Culture and Improvement Committee. **Action** • **Deep dive into the vacancy rate to be presented to the next meeting of the People, Culture and Improvement Committee** DA highlighted the number of Quality Improvement (QI) projects. PR advised the Trust has established an improvement faculty. BB queried if the correct metric is being measured in the SOF in relation to QI projects. PR advised the metrics and targets were agreed in March 2022 and the Trust continues to report against those. The SOF is currently under review for 2023/2024 reporting and this indicator will change.	**SH** **RS**	**06/04/23** **06/04/23**

TIMELY CARE

RE advised the Trust has been on Opel 4 for the majority of Q3 and there have been four critical incidents. In the Winter Plan it was predicted Q3 would be busy. However, the numbers have exceeded those which were planned for. It was noted the indicators on the emergency care pathway have declined. However, the Trust still benchmarks well regionally and nationally, particularly for ambulance handover times.

There has been an impact on the elective programme due to the pressures on emergency care. It was noted the 78 week wait trajectory was slightly off track at the time of writing the report. However, this position is improving and the prediction is for zero 78 week waiters by the end of March 2023. The Trust has agreed to offer additional mutual aid to Nottingham University Hospitals (NUH) to support them in achieving the 78 week target and to equalise the very long waits across the system.

The cancer pathway is on trajectory and the Trust is outperforming other organisations for the faster diagnosis standard. It was noted the 62 day backlog is down to 63 patients, which is the best position this year.

GW felt the Trust's performance for ambulance turnaround times was exemplary. In terms of bed base planning, GW queried if this is being looked at strategically as an ICS and Place Based Partnership (PBP), noting the need to look at where beds are best positioned for the short, medium and longer term.

RE advised this is not yet the position as an ICS. From an organisational perspective the opportunity to see the bed model at such an early stage is positive, noting this is highlighting that the configuration is not yet correct between acute beds at King's Mill Hospital and sub-acute beds at Newark Hospital and Mansfield Community Hospital. In addition, the split is not right between divisions and there is a bottleneck in assessment unit capacity, which is impacting flow.

In terms of the wider system, there was a discussion at the Provider Collaborative workshop on 27th January 2023 in terms of starting to consider how organisations can work together on out of hospital capacity. Every organisation is taking a slightly different approach to this and there is value in looking at this more holistically as a system. Discussions are in their infancy, but are progressing in the right way.

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 9.

ARB confirmed there had been an in depth discussion about the Trust's financial position at the recent meeting of the Finance Committee.

The Board of Directors CONSIDERED the report

23/043	**BOARD ASSURANCE FRAMEWORK (BAF)**		
6 mins	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. There are three risks, namely PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity and PR4, Failure to achieve the Trust's financial strategy, where the current risk rating is above the tolerable risk rating. BB advised the Quality Committee had a robust discussion regarding the ratings for PR1 and PR2. The Committee took the decision to recommend increasing the rating for PR2. SH noted the discussions at Quality Committee, advising the same rigour needs to be applied when considering reducing the ratings. When the strategic priorities for 2023/2024 are agreed, there may be a need to consider how the principal risks are worded and how they are scored. PR advised there is a need to take a step back and consider if the BAF reflects where the Trust is as an organisation and if it reflects where the focus is for plans, discussions and strategies. ARB confirmed the Finance Committee had an in depth discussion in relation to PR4. The Board of Directors REVIEWED and APPROVED the Board Assurance Framework		
23/044	**APPLICATION OF THE TRUST SEAL**		
1 min	SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents: • Seal number 100 was affixed to a document on 18th January 2023 for Keir Construction Ltd. The document related to the repair and upgrade of firestopping installation (Keir project number 036356). The Board of Directors APPROVED the Use of the Trust Seal number 100		
23/045	**EXTERNAL WELL-LED RECOMMENDATIONS, PROGRESS REPORT**		
9 mins	SH presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. The report provides progress against those recommendations, noting 11 are complete and four remain outstanding, for which progress reports are provided.		

	SH highlighted Recommendation 8: The FTSU Guardian and Guardian of Safe Working Hours should capture data by gender and ethnicity where possible to allow for additional analysis, themes and trends. It was noted this information is included in the FTSU reports to the Board of Directors. However, the system used to collate the Guardian of Safe Working Hours report does not have the facility to record ethnicity and gender data, which would mean a manual investigation for each exception report, which would be very time consuming. This data is included in the Medical Workforce Report. Therefore, agreement was sought for this recommendation to be closed. SB noted the context for the recommendation was to highlight any groups being disadvantaged and sought clarification if the information provided in the Medical Workforce Report provide the same insights. SH advised it may not, but there are other methods where the information can be identified, which are not necessarily through the Guardian of Safe Working report. RS advised it is important to recognise FTSU is sometimes anonymous information which is provided. Therefore, it is not possible to get the level of detail from the information individuals are willing to disclose. This makes the process of obtaining the data difficult and requires manual intervention, which brings into question the reliability of the data being provided. There are other data sources, particularly for the Guardian of Safe Working, as reports are completed through a system and can be tracked to an individual. However, there are some caveats which may question the reliability of the data. AH felt there is a need to ensure all staff have the opportunity to come forward and there is no disadvantage in relation to gender, ethnicity, etc. If this information is not captured through FTSU Guardian and Guardian of Safe Working Hours reports, it needs to be captured elsewhere. RS advised the information is captured where possible, noting FTSU can be anonymous. SB felt Recommendation 8 is a low risk recommendation and the actions required to fully implement it are disproportionately high. However, there is a need to look for other ways to ensure people are not disadvantaged. SH advised the Trust makes use of the Equality, Diversity and Inclusion (EDI) networks. The Board of Directors AGREED Recommendation 8 should be closed, but with a review to take place in 6 months' time to ensure the data is monitored. **Action** • **Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored** MG noted the recommendation for outcomes of quality improvement projects to be celebrated through the Trust's services and sought an update in relation to this.	**SH**	**03/08/23**

	DA advised as part of closing down 2022/2023 and setting up the Quality Improvement Faculty to go live from April 2023, there will be the opportunity to look back at the QI projects undertaken and to celebrate those, while thanking the people involved. The Board of Directors were ASSURED by the report		
23/046	**ASSURANCE FROM SUB-COMMITTEES**		
10 mins	**Audit and Assurance Committee** GW presented the report, highlighting implementation of internal audit recommendations, governance survey, register of interests, non-clinical policies and procurement. The Board of Directors were ASSURED by the report **Quality Committee** BB presented the report, highlighting the Getting It Right First Time (GIRFT) programme, cancer services, water quality, deep dive looking at 3rd and 4th degree tears and the Maternity Incentive Scheme submission. The Board of Directors were ASSURED by the report **Charitable Funds Committee** SB presented the report, highlighting the Supporting Colleagues Psychological Safety project and interim fundraising appeal. The Board of Directors were ASSURED by the report **Finance Committee** ARB presented the report, highlighting monthly finance report, financial planning and budgeting and review of BAF risks. The Board of Directors were ASSURED by the report **People, Culture and Improvement Committee** MG presented the report, highlighting review of BAF risks, review of Committee Terms of Reference, annual report and effectiveness report, Workforce Plan, People, Culture and Improvement Strategy, EDI agenda and junior doctors experience feedback. The Board of Directors were ASSURED by the report		
23/047	**OUTSTANDING SERVICE – WORKING IN PARTNERSHIP TO HELP PEOPLE STEP INTO THE NHS**		
9 mins	DB joined the meeting A short video was played highlighting the work with West Notts College relating to recruitment, particularly the recent careers showcase event held at the college.		

	DB left the meeting		
23/048	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Freedom to Speak Up • Staff Story – wellbeing support • Recognition of response to the urgent care demands • Success of the 'Step into the NHS' careers event • Concerns about the Trust's financial position		
23/049	**ANY OTHER BUSINESS**		
	No other business was raised.		
23/050	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 2nd March 2023 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:30.		
23/051	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

23/052	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
2 mins	CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting. CW advised a comment had been received via the Q&A function on the live broadcast in relation to the use of acronyms. CW reminded members of the Board of Directors to provide an explanation of the acronym if one is used. In addition, a list of useful acronyms will be added to the Trust website. **Action** • **List of acronyms to be added to the Trust website alongside the Board of Directors reports**	**SH**	**02/03/23**
23/053	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/618.1	03/11/2022	Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level	Public Board of Directors	None	04/05/2023	P Bolton			Grey
23/037	02/02/2023	Confirm when the Digital Strategy will be available in written form	Public Board of Directors	None	02/03/2023	D Selwyn		**Verbal update to be provided**	Amber
23/042.1	02/02/2023	Review the indicators used and how they are shown in the SOF to give clarity on the 'direction of travel'	Public Board of Directors	None	06/04/2023	S Higginbotham		**Update 14/02/2023** To be presented to Board in April 2023	Grey
23/042.2	02/02/2023	Deep dive into the vacancy rate to be presented to the next meeting of the People, Culture and Improvement Committee	Public Board of Directors	People, Culture & Improvement Committee	06/04/2023	R Simcox			Grey
23/045	02/02/2023	Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored	Public Board of Directors	None	03/08/2023	S Higginbotham			Grey
23/052	02/02/2023	List of acronyms to be added to the Trust website alongside the Board of Directors reports	Public Board of Directors	None	02/03/2023	S Higginbotham		**Update 16/02/2023** Acronym and jargon buster document added to Trust website **Complete**	Green

Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date**: 2nd March 2023	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Executive Summary

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

Maternity services at King's Mill Hospital continue to be rated as 'good' following latest CQC inspection

One of the main updates to share from the month gone by has been the publication of the Care Quality Commission's (CQC) report, following the CQC's most recent inspection of the Trust's Maternity services.

As the Trust's Chair and Non Executive Director Maternity Safety Champion, I am proud to share that Maternity services at King's Mill Hospital have been rated 'good' and that – as a result – King's Mill Hospital as a whole remains 'outstanding'.

The overall rating of Sherwood Forest Hospitals Trust remains 'good'.

The inspection, which took place in November 2022 as part of the CQC's national review of maternity services, looked at two of the five areas the CQC uses to evaluate NHS trusts – well-led and safe.

The CQC did not look at the other three key areas, meaning caring remains 'outstanding', while effective and responsive remain 'good' from the previous inspection in 2018. Maternity services at Newark Hospital were not considered as part of the CQC's latest inspection.

As a Trust, we are really proud of many of the positive observations that inspectors noted following their inspection, including that:

- The service had enough maternity and medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- Infection risk was well-controlled. Equipment and premises were visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Records of women's care and treatment were detailed, clear, up to date, stored securely and easily available to all staff.
- The service managed safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.
- Leaders had the skills and abilities to run the service, were approachable for women and staff, and supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued, and were focused on the needs of women receiving care. The service promoted equality and diversity and provided opportunities for career development. The service had an open culture where women, families and staff could raise concerns without fear.

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.

Several areas for improvement, which the Trust proactively identified to the CQC, were also confirmed during the inspection. This resulted in the safe aspect being rated as 'requires improvement'.

In order to improve our rating of 'requires improvement' under the safe domain, the Trust must:

- Ensure staff complete mandatory, safeguarding and maternity specific training in line with the Trust's own target

- Implement a robust system in maternity triage to include escalation process, monitoring and documentation.

The CQC also issued a number of points of advice to the Trust, including to:

- Ensure all medicines are stored safely and appropriately in line with Trust policy.

- Continue to implement the new electronic maternity notes system (known as BadgerNotes) that is already being rolled-out across our Maternity services

- Where audits identify issues, the Trust should undertake further audits to demonstrate if improvements and changes in practice have improved patient outcomes and improved practice

- Leaders should continue to implement improvements to how they effectively communicate any changes in service provision with staff.

We share the CQC's ambition to provide the best possible Maternity services to our local communities and we welcome their feedback on how we can make our already 'good' Maternity services even better.

I know that work is already underway to address each of those points, with our colleagues already receiving training ahead of the launch of a new maternity triage system. Staff training levels have increased significantly since the inspection, thanks to their dedication.

Each month, I take part in a walk around the maternity ward including NICU to talk to staff and patients. These visits allow myself and executives to understand the challenges but also to ensure that staff and patients have an opportunity to raise any matters with us. I want to thank our staff who work hard to provide excellent, safe and compassionate care to our expectant and new parents and their babies.

Maternity: Tobacco dependency team welcomes 101 'smoke-free' babies in first year

I am delighted to introduce baby Emily Thompson from Newark, who is pictured here with her parents.

Emily was born at King's Mill Hospital on Boxing Day 26 December 2022, weighing 6lb 2oz.

Emily is the 101st 'smoke-free' baby to be born thanks to support from the Trust's Phoenix Team – a maternity tobacco dependence treatment service.

Her mum Martyna Franiasz (31) quit smoking in July when she was pregnant with Emily, thanks to support from the team.

The service, which was set up at the end of 2021, helps mothers and birthing parents to give up smoking during pregnancy with support from trained tobacco dependence advisors and free nicotine replacement products.

People can refer themselves or be referred by a health professional such as a midwife or doctor. A member of their household or close family, such as a partner, can also receive support to quit smoking if they wish.

In England, the rate of pregnant women and people smoking at the time of birth is 9.1%. At Sherwood Forest Hospitals, it's 16.23%. Quitting smoking while pregnant reduces the risk of miscarriage, stillbirth, premature birth, low birth weight, heart defects and sudden infant death syndrome (SIDS).

Smoking can cause serious health problems for mums and babies, and that's why the support we provide is so vitally important. It can be difficult to stop smoking, but it's never too late to quit. Stopping smoking is one of the best things you can do to give a child a healthy start - it immediately reduces the effects of harmful gases such as carbon monoxide, and other damaging chemicals.

It's been an amazing first year for the service and we are proud to have welcomed 101 babies into the world, who have each benefited from support from the service.

Well done and congratulations to all the families who have already benefited from the Phoenix Team's support.

Maternity: Emily Harris Foundation raises quarter of a million pounds for King's Mill Hospital's Neonatal Unit

I wanted to place on record my thanks to everyone involved in the Emily Harris Foundation, after they celebrated raising a quarter of a million pounds.

The Emily Harris Foundation is a charity that supports the families of babies born too soon or needing medical treatment.

The Foundation was founded by Clare Harris of Clipstone Village (pictured above) on 5 September 2008 on what would have been her daughter Emily's second birthday. It raises money for the neonatal intensive care unit at King's Mill Hospital.

Emily, born six weeks prematurely with a serious heart condition, spent ten weeks in the Trust's neonatal intensive care unit but sadly died in 2007 at just five months old.

After seeing first-hand how the unit benefits the parents of newborn babies needing extra care, Clare and her husband Neil agreed that they wanted to do something more for the unit. This led to their decision to start the Emily Harris Foundation. Initially, the charity provided essential items such as nappies to new parents, but over the years donations, which come from a mixture of family, friends and supporters, have grown tremendously.

We are truly thankful at SFH to have the support from Clare, Neil and everyone involved within the Emily Harris Foundation.

The charity regularly donates items to support families and staff, as well as making bigger one-off donations when needed. All families on the unit receive a Welcome Pack which includes essential items such as nappies and bibs. Over 2,500 of these have been given out over the years.

The Foundation also funds a counsellor to visit the unit and covers the annual fee for an app, which enables staff to send parents secure videos and photographs of their baby when they can't be with them.

All staff working on the unit benefit from a copy of the book Pocket Neonatology, a subscription to a Neonatal Journal and funding to attend various annual conferences, as well as additional training when required.

Over the years, the charity has also made significant one-off contributions, and these include nursing chairs, breast pumps, a digital camera for staff to take photos of babies for their families, cool bags and ice blocks for expressing mums to transport milk, and a trial of donor breast milk in 2013. This trial led to the hospital becoming a hub for donor milk in December 2021, which means they store and provide much-needed milk to other hospitals in the local area.

The donations don't just stop there, with Clare visiting the unit once a week for her 'Cake and Chat' sessions, where she provides a listening ear to parents of babies on the unit.

Fundraising for the charity is done purely through the goodwill of friends, family as well as significant donations from businesses. Activities that have taken place to date include an annual curry night and race night, the London Marathon, Scotland Coast to Coast and the Great North Run.

The amount of support given to the unit by the Emily Harris Foundation over the years is truly amazing and we are so thankful for everything that Clare and Neil do.

The money they raise really does make a difference to parents, neonates and staff and we are all incredibly grateful for all that they do for the Trust and the families we serve.

Engagements and visits over the past month including:

- Attending the Robotic Surgery showcase organised by our consultant William Dudill and his team to promote this advanced piece of kit and show how this might help our patients and staff.
- Meeting with governors to understand the issues raised through Meet The Governor sessions with patients and public
- Taking part in recruitment panels
- Meeting with colleagues in the ICS
- Discussions with staff and our EDI network leaders.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date**: 2nd March 2023	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on key events and information from the last month.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Executive Summary

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

Pressures: Update on pressures across our hospitals

Things have remained busy across our hospitals throughout February, where we have continued to manage demand at the 'front doors' of our Emergency Department at King's Mill Hospital and our Urgent Treatment Centre at Newark Hospital. We also continue to experience difficulties in discharging patients in a timely manner as soon as they are medically fit to leave our hospitals.

Those challenges underline the importance of continuing to make every bed count across the Trust, including by avoiding hospital admissions wherever possible, making good use of all our capacity across our hospitals, and working with our partners to ease discharges of patients as quickly as possible.

During February, we have seen a decrease in the numbers of patients who are being admitted into our hospitals with COVID and flu. This is a real positive following the high numbers of patients we treated for both conditions in December and early January.

While demand for our services remains high, those levels are beginning to return to a level that is more typical for the time of year. I am grateful to our colleagues across the Trust for the outstanding work they have done to help manage those pressures over the past month.

Preparing for potential industrial action

We continue to monitor national announcements relating to the government's disputes with a number of national staff bodies working across the NHS.

Significant developments over recent weeks have included the Royal College of Nursing (RCN) pausing its plans to take industrial action elsewhere in Nottinghamshire in early March, as well as the British Medical Association (BMA) announcing its own plans to take industrial action. The date for that industrial action from the BMA remains to be confirmed.

We know how important the work of our Junior Doctors is across the Trust every day and we are now accelerating the work to refine plans to prepare for potential industrial action from the BMA.

The Trust has tried and tested plans to ensure we can continue to provide the best possible care to our patients. We work really closely with all our trade unions and we are now doubling our efforts to refine our plans to keep essential services running for our patients throughout any period of industrial action that may directly impact our services.

We value all the hard work and dedication of our colleagues and we understand the importance of good pay and conditions for both them as individuals and the organisation. As a Trust, we will do everything we can to ensure that they are properly supported over the months ahead.

Maternity services at King's Mill Hospital rated 'good' following CQC inspection

I am proud to share the news that Maternity services at King's Mill Hospital have been rated 'good' following our latest Care Quality Commission (CQC) inspection.

In the report that was published on Thursday 23 February following their most recent inspection, King's Mill Hospital has maintained its rating as 'outstanding', while the Trust's overall rating remains 'good'.

We share the CQC's ambition to provide the best possible Maternity service to our local communities and I am grateful to the CQC for highlighting the areas that we can be rightly proud of – as well as those areas that we need to improve.

More detail about the findings of the inspection are included in the Chair's report to the Trust's Board of Directors Meeting today and I know that work is already underway to address the points raised in their report.

Multimillion pound funding bid approved for Mansfield Community Diagnostics Centre

During February, we have been delighted to welcome the announcement from the Department of Health and Social Care that confirmed that our multimillion pound government funding bid to bring Nottinghamshire's first Community Diagnostics Centre to Mansfield has been given the green light.

The news follows the announcement we shared in January that we have submitted plans to Mansfield District Council to build the purpose-built 'Community Diagnostics Centre' – or CDC – alongside our Mansfield Community Hospital.

The plans had been subject to both a national funding bid and local planning approval, prior to national announcement from the Department for Health and Social Care that confirmed the government funding had been secured for the project.

We are now expecting the plans to be considered by the Council's planning committee in spring 2023. If approved, the Centre will become a 'one-stop shop' for patients to access the tests and investigations they need in a single visit, helping to give patients an answer to their concerns – including with an 'all clear' or diagnosis – sooner.

If the plans are given the go-ahead, the facility could open its doors to its first patients as soon as autumn 2024 to complement the services already provided at the Trust's other sites.

We hope the Centre will welcome thousands of patients each year, as well as creating hundreds of new jobs across a range of clinical and non-clinical roles at the Centre.

We have made a commitment to recruit 20 new apprentices across #TeamSFH over the year ahead

During National Apprenticeships Week, we were delighted to announce our plans to allow more local people to step into the NHS by sharing our commitment to recruit 20 new apprentices over the year ahead.

I was honoured to join a number of our existing apprentices pictured above to help share our announcement, as we prepare to welcome a number of other apprentices to a wide range of clinical and non-clinical roles across the Trust.

The apprenticeships, which will specifically be aimed at GCSE and A-level students, will be advertised by June, ready for successful applicants to start in September. The plan is for all apprentices to be offered a permanent job at the end of their training.

The Trust already has 198 employees who are studying for or have completed an apprenticeship as part of their current role. Offering external apprenticeships will help support recruitment and retention in line with both the national and the Trust's own People Policy.

As a Trust, we are already working closely in partnership with local education providers – including West Nottinghamshire College and Nottingham Trent University – to understand what courses are available to see how they can be aligned to roles within the Trust.

Risk ratings reviewed

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

- Principal Risk 6: Working more closely with local health and care partners does not fully deliver the required benefits

- Principal Risk 7: A major disruptive incident

Sherwood Forest Hospitals NHS Foundation Trust

Trust Board - Cover Sheet

Subject:	ICS Integrated Care Strategy	**Date: 2nd March 2023**
Prepared By:	Kevin Gallacher, Associate Director – Planning & Partnerships	
Approved By:	David Ainsworth, Director of Strategy and Partnerships	
Presented By:	David Ainsworth, Director of Strategy and Partnerships	

Purpose

To share the latest iteration of the ICS Integrated Care Strategy	**Approval**	
	Assurance	
	Update	**X**
	Consider	

Strategic Objectives

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

Strategic Objective: To Provide Outstanding Care

Identify which principal risk this report relates to:

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

Committees/groups where this item has been presented before

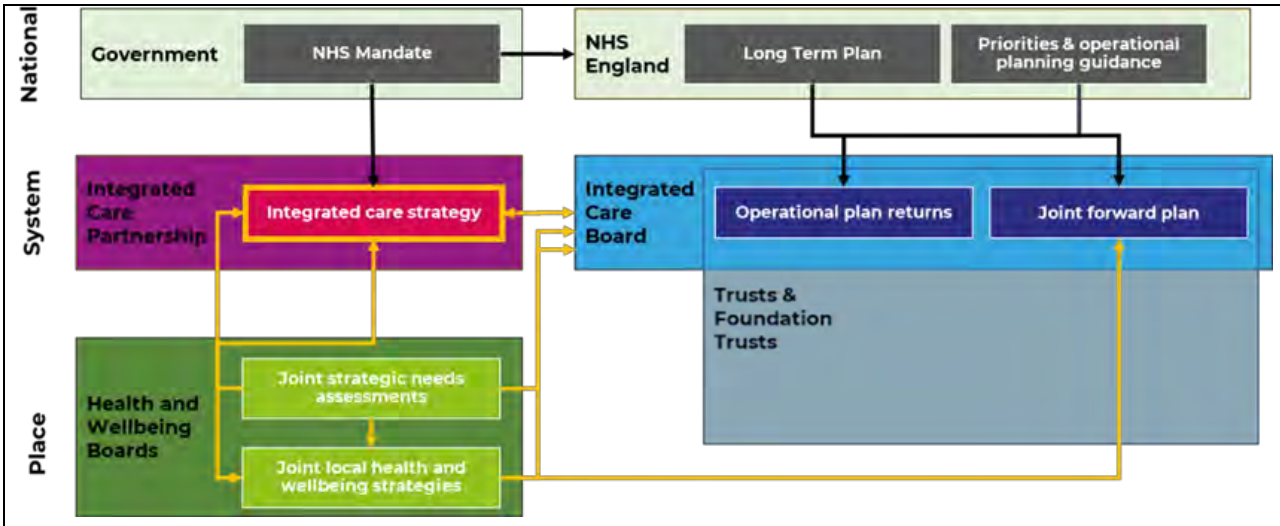
None

Executive Summary

Following the December update to Board work has been ongoing across all partners to finalise the Integrated Care System (ICS) Integrated Care Strategy. The attached strategy is the latest iteration of this document following feedback on earlier versions from partners including SFH Board.

The strategy has been built bottom-up from local assessments of needs and assets identified at place level. The Health and Care Act 2022, which established the ICP on a statutory basis also places a duty on the Integrated Care Board (ICB) to have regard to the Joint Strategic Needs Assessments (JSNAs), Integrated Care Strategy, and Joint Health and Wellbeing Strategies (JHWBSs) when exercising its functions and developing its Joint Forward Plan with NHS Trusts and Foundation Trusts.

The following diagram shows the relationships between the key system strategies and how they interface:



The final version of the ICS Integrated Care Strategy will be published on 9th March 2023 with the ICP papers in readiness for the ICP meeting on 17 March where the final version will be approved. Following this the strategy will be launched offering the opportunity for SFH to align the design and content of our new 5 year strategy alongside this and other key system strategies.

The Board is asked to:

To receive the current version of the ICS strategy

Integrated Care System
Nottingham & Nottinghamshire

Every person will enjoy their best possible **health** and **wellbeing**

Integrated Care Strategy

2023 - 2027

Nottinghamshire County Council

Nottingham City Council

NHS

Contents

Foreword

The Nottingham and Nottinghamshire Integrated Care System (ICS) brings together partner organisations from across health and care with a renewed focus on providing joined up services and improving the lives of all people who live and work in the city and county.

We know that many people in Nottingham and Nottinghamshire could be living longer, healthier, happier lives than they currently do. To address this, our ICS health and care partners have agreed that we will work together to ensure that 'every person will enjoy their best possible health and wellbeing'. That is our vision, and this Integrated Care Strategy will guide us as we seek to deliver that vision over the next five years.

This strategy is being presented against a backdrop of very challenging times as we seek to recover from the pandemic and cope with the cost-of-living crisis, issues which have both had a huge impact on people's health and wellbeing. Colleagues across the health and care system are facing an unprecedented challenge in delivering services, with pent-up demand from the pandemic, the ongoing increased demand on services due to Covid-19 and seasonal viruses, significant shortfalls of staff across services which are running a high number of vacancies, and continued pressures on budgets. We are mindful that staff report feeling over-stretched, stressed and exhausted. It is a situation that cannot be tolerated. We have to do things differently.

In spite of the challenges, we believe there is cause for optimism and that we have an opportunity to change how we approach improving health and wellbeing, with a sense of common purpose and shared endeavour across all partners. This strategy sets out a way forward as to how we can best improve services, access, outcomes, experiences and, critically, tackle health inequalities.

It is built on a series of important principles - placing a greater emphasis on supporting wellbeing and preventing ill health; ensuring equity in our approach to supporting people and their communities; and seeking to better integrate services – and we have made significant progress in each over the last few years. However, there is much more to do.

Over the next five years, we will:

- Reframe health and wellbeing as an asset, not a cost. We recognise that without good health and wellbeing, life becomes infinitely harder for people from all backgrounds
- Increase investment in wellness, as well as sickness, and focus resources in such a way that frail older people are supported to remain independent in their own home and reduce our current reliance on hospital and social care
- Focus on children and young people - they are the future and everything that we can do to support them to make a healthy start in life is an investment that benefits us all
- Recognise that while our services are 'universal', access to them is not and where inequity in access or outcomes exists, we will seek to rectify it
- Use data and intelligence to help us understand issues better, like smoking and obesity. We will tailor and personalise support for people, so that they feel empowered to make healthy changes in areas that are important to them

- Work together as a system, embracing the views and experiences of local people. We will work on the basis of what is best for our population, best for our system and best for our organisation, in that order and, in doing so, enable our staff to work across the system in genuinely integrated ways
- Make careers in health and care an attractive option for all, especially our young people, so that our workforce is representative of the people we serve
- Spend our money wisely, recognising the challenged economic circumstances and we will seek to support local business when we are buying goods and services
- Be honest, transparent and accountable for delivering what we set out in this strategy and we will be the first ICS to report progress in ways that puts health and wellbeing on a par with finance, wealth and productivity.

The strategy highlights the importance of our role as large public sector organisations in adding 'social value' to our local communities. This will be particularly seen through the way we spend our money and how we recruit to our workforce in creating additional benefits for society. We also want to make sure that we are doing all that we can to reduce our impact on the environment and deliver sustainable health and care services.

With the ICS now in place, and with an enhanced sense of partnership working throughout all agencies, across the city and county, we must embrace this opportunity to improve the health and wellbeing of our population, to make a difference through our combined resource and working in new and innovative ways.

Dr Kathy McLean OBE
Chair of the Integrated Care Partnership

Chair, NHS Nottingham and Nottinghamshire

Cllr Adele Williams
Vice Chair of the Integrated Care Partnership

Chair of Nottingham City Health and Wellbeing Board

Cllr John Doddy
Vice Chair of the Integrated Care Partnership

Chair of Nottinghamshire Health and Wellbeing Board

Plan on a page

This is the five-year strategy of the Nottingham and Nottinghamshire Integrated Care System (ICS). Figure 1, below, summarises our vision, key aims, guiding principles and our approach to delivery.

Why are we here?	**Our vision:** Every person will enjoy their best possible health and wellbeing			
What are we going to do: Our aims and principles	**1. Improve outcomes** in population health and healthcare	**2. Tackle inequalities** in outcomes, experiences and access	**3.** Enhance **productivity and value for money**	**4.** Support broader **social and economic development**
	Prevention is better than cure			
	Equity in everything			
	Integration by default			
What we need to achieve	• We will support children and young people to have the best start in life. • We will support frail older people with underlying conditions to maintain their independence and health. • We will 'Make Every Contact Count (MECC) for traditional areas of health, for example, mental health and healthy lifestyle and incorporating signposting to other services like financial advice which support people to improve their health and wellbeing.	• We will support people with the greatest need (the 20% most deprived, **those in** vulnerable or inclusion groups and those experiencing severe multiple disadvantage). • We will focus and invest prevention priorities, like tobacco, alcohol, healthy weight and mental health, to support independence, prevent illness, **poor birth outcomes** and premature death from heart attack, stroke, cancer, COPD **and** suicide.	• We will establish a single health and care recruitment hub. • We will adopt a single system-wide approach to quality and continuous service improvement. • We will bring our collective data, intelligence and insight together. • We will review our Better Care Fund programme. • We will make it easier for our staff to work across the system.	• **Use our collective funding and influence to support our local communities and encourage people from the local area to organisations.** • **We will add social value as major institutions in our area.** • **Work together to reduce our impact on the environment and deliver sustainable health and care services.**
How are we going to do it	**Supporting our workforce** / **Working with people and their communities** / **Evidence based approach, whilst encouraging innovation**		**Focus on outcomes and impact to ensure we're making a difference** / **Our delivery vehicles** / **Having the right enabling infrastructure**	
	Three key principles to system working: • We will work with, and put the needs of, local people at the heart of the ICS • We will be ambitious for the health and wellbeing of our local population • We will work to the principle of system by default, moving from operational silos to a system wide perspective		Three core values: • We will be open and honest with each other • We will be respectful in working together • We will be accountable, doing what we say we will do and following through on agreed actions	

Executive summary

Background

In July 2022, the Nottingham and Nottinghamshire Integrated Care System (ICS) became one of 42 ICS partnerships set up across the country. Our ICS brings together local health and care organisations to improve population health and healthcare, tackle unequal outcomes, experience and access, enhance productivity and value for money and help local organisations to support broader social and economic development. The strategy has been produced at a time of significant challenge to the health and care sector, with a rising demand for services, issues with both staff recruitment and retention, and financial pressures. This is the first strategy produced by the ICS and is set to run for five years. The strategy has been produced following extensive engagement with local people and communities and key stakeholders and is based on existing work, such as the two local Joint Health and Wellbeing Strategies. This version, produced December 2022, is intended to set out our initial position and we expect refinements prior to publication of the final document in early 2023.

Strategic principles

The strategy is based on three guiding principles.

Principle 1: Prevention is better than cure

There is a saying that 'prevention is better than cure'. We know that finding a health problem early or helping people know when to ask for help can mean that:

- People need less treatment
- We can stop more serious illness
- We can stop diseases getting worse.

By focusing on prevention, we can make sure we use our limited resources most efficiently and improve people's health and wellbeing. For the ICS, this means taking action now at all levels of the system to identify how we can build a preventative approach into service delivery.

This includes acknowledging that the building blocks for good health sit outside the GP's room and hospital ward and are influenced by other factors such as where we are born, grow, live work and age. There are many opportunities to integrate prevention and these wider social factors into our everyday thinking about health and care which will improve people's health and wellbeing in the most effective and efficient way.

Principle 2: Equity in everything

We believe that a 'one size fits all' method for what we do across health and care can create barriers and exclude certain groups of people, ultimately impacting on the needs of the population and demand across the system. The principle of equity recognises that not all people have equal health and care access, experience or indeed outcomes. This strategy sets out that for some people and communities more support and resource might be required to achieve similar outcomes to others.

Principle 3: Integration by default

In past years, different health and care organisations have developed their plans in relative isolation of one another, leading in some cases to fragmented services. Local people have told us that they want joined up and seamless services. By making collaboration between all the workforce and teams the normal way of working, and by harnessing our resource and ingenuity, we can re-shape services to become more integrated, treating the 'whole person'.

Strategic aims

Aim one: Improve outcomes in population health and healthcare

From birth through to end-of-life, and every contact with services inbetween, we want to maximise the opportunities for improving people's health and wellbeing. Babies, children and young people make up 20% of our population (ages 0-18 years)[1] and we want to support children and young people to have the best start in life.

Those aged 65 years and over make up less than one in five (19%) of the Nottingham and Nottinghamshire population[2]. However, many of our population experience a greater number of years spent in ill health than seen on average for England and as a result are more likely to experience multiple long-term conditions that increase their risk of hospital admission. We want to support older people to stay well, remain independent and, where preventable, reduce admissions to hospital.

Aim two: Tackle inequalities in outcomes, experiences and access

Our second aim is to tackle inequalities in health outcomes, experiences and access – and increase equity (fairness in approach) for the people of Nottingham and Nottinghamshire. We will aim to support people in greater need (those living in the 20% most deprived areas, in vulnerable or inclusion groups and those experiencing severe multiple disadvantage). We will focus and invest in prevention priorities, like tobacco, alcohol and substance misuse, healthy weight and mental health, to support people's independence, prevent illness and premature death from heart attack, stroke, cancer, chronic obstructive pulmonary disease (COPD), suicide and poor birth outcomes.

Aim three: Enhance productivity and value for money

We have a duty to ensure that we make the very best use of the funding received for health and care. Our strategy sets out a range of focus areas that should result in better value, improved ways of working and, in turn, better support for local people. This includes seeing organisations working closer together, removing traditional organisational barriers, and a drive to improve the quality of services.

Aim four: Support broader social and economic development

The ICS partner organisations employ 70,000 people and have a combined spend on goods and services of £3.6 billion. How and where that money is spent, how we support our local communities, encourage people from the local area to consider jobs in our organisations and how we offer employment opportunities for all are areas where partners can increase the 'social value' of what we do. We also want to make sure that we are doing all that we can to reduce our impact on the environment and deliver sustainable health and care services. An example of social value in procurement is Nottingham University Hospitals' ongoing replacement of 18,000 square metres of glass windows, sourcing local suppliers where possible, funded by a £70 million national Decarbonisation Scheme grant.

Introduction to the strategy

How we will organise ourselves to deliver the strategy

Oversight and ongoing review of the strategy is owned by the Nottingham and Nottinghamshire Integrated Care Partnership (ICP), which brings together NHS, social care, public health and independent and third sector providers. The ICP is a statutory committee jointly formed between the local NHS Integrated Care Board and upper-tier local authorities (Nottingham City Council and Nottinghamshire County Council). All partners – NHS, local government, the voluntary, community and social enterprise sector, and other agencies linked to the ICS – will have a role to play in implementing the strategy. There are a number of formal partnerships which will support the delivery of the strategy including Health and Wellbeing Boards, Place-Based Partnerships, Provider Collaboratives at Scale and the Voluntary, Community and Social Enterprise Alliance.

How we will deliver the strategy

Our staff are at the centre of our ambition for integration to deliver better care and support to local people. We are working across the ICS to take a 'one workforce' approach, inclusive of all staff involved in supporting local people's health and wellbeing. This will enable us to make the most of skills and talent across our system, building integrated teams with the adaptability and capacity to support prevention and deliver person-centred care.

All system partners are committed to putting people at the heart of all that we do by consistently listening to, involving and collectively acting on, the experience and aspirations of local people and their communities. Implementation of the strategy will therefore be under-pinned by a process of co-production. This will become the default position for how we will work with people as equal partners at all stages of the design, development and commissioning of health and care services and support.

Strategy evaluation

In order to ensure a positive impact is being made, monitoring of the strategy will be achieved through an ICS outcomes framework. This framework looks at how we measure progress against our aims – how we listen to the views of our population, how services are being delivered and how we assess the state of people's health and wellbeing.

We are working across the ICS to take a 'one workforce' approach, inclusive of all staff involved in supporting local people's health and wellbeing.

The national context

Our integrated care system (ICS)[3,4] is a partnership of organsiations that has come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in Nottingham and Nottinghamshire. This is the first integrated care strategy produced by our system.

Our integrated care system

Our ICS has two statutory elements:

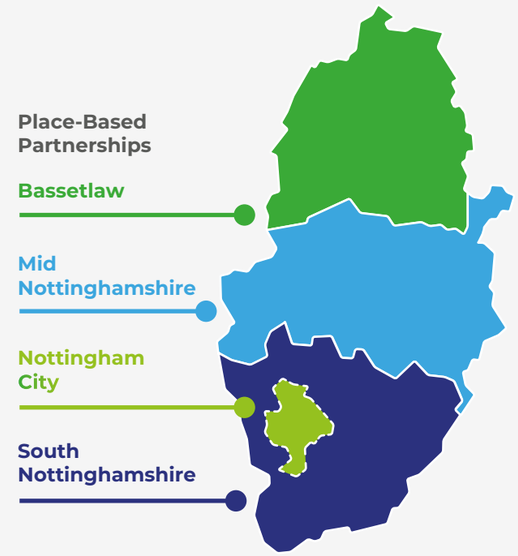
- Integrated Care Board (ICB) – a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. The ICB works to deliver the ICS outcomes with partners from across our system
- Integrated Care Partnership (ICP)[5] - a statutory committee formed between the NHS Integrated Care Board and upper-tier local authorities. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population.

With a combined annual budget of £3.6 billion for the commissioning and provision of health and care services, the partners collaborate at:

- A 'neighbourhood level' through 23 primary care networks (PCNs) covering populations between 30,000 and 50,000
- At a 'place level' through four Place-Based Partnerships (PBPs): Bassetlaw, Mid Nottinghamshire, Nottingham City, and South Nottinghamshire. Each PBP serves a population of about 120,000-350,000 people and leads the detailed design and delivery of integrated services across their localities and neighbourhoods. These involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners
- Through 'provider collaboratives at scale' which bring NHS providers together to achieve the benefits of working at scale across multiple places to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers
- At a whole 'system' (ICS) level

The voluntary, community and social enterprise (VCSE) Alliance will be an essential part of how the system operates at all levels. This will include involving the sector in how we govern and run the system, how we use data and insights to better understand our population, and how we intend to re-design services.

Figure 2: Place areas of the Nottingham and Nottinghamshire ICS



23 Primary Care Networks (PCNs) will operate across the healthcare system, and will be aligned with the four Place Based Partnerships.

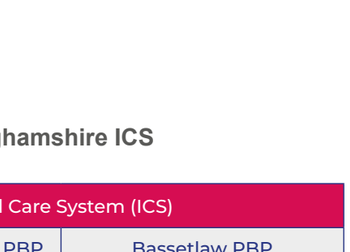
Figure 3: The structure of the Nottingham and Nottinghamshire ICS

Our family portrait - Nottingham and Nottinghamshire Integrated Care System (ICS)			
Nottingham City PBP 396,000 population	South Nottinghamshire PBP 378,000 population	Mid Nottinghamshire PBP 334,000 population	Bassetlaw PBP 118,000 population
8 PCNs	6 PCNs	6 PCNs	3 PCNs
NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)			
Nottingham University Hospitals NHS Trust		Sherwood Forest NHS Foundation Trust	Doncaster and Bassetlaw NHS Foundation Trust
Nottinghamshire Healthcare NHS Foundation Trust (mental health, learning disability and autism)			
Nottingham CityCare Partnership (community provider)	Nottinghamshire Healthcare NHS Foundation Trust (community provider)		
111 and NEMS			
East Midlands Ambulance NHS Trust			
Voluntary and community sector input	Voluntary and community sector input	Voluntary and community sector input	Voluntary and community sector input
Nottingham City Council (Unitary)	Nottinghamshire County Council		
	Broxtowe Borough Council Gedling Borough Council Rushcliffe Borough Council	Mansfield District Council Newark & Sherwood District Council	Bassetlaw District Council
	Ashfield District Council		

The health and wellbeing of our population

We know that many people in Nottingham and Nottinghamshire could be living longer, healthier, happier lives than they currently do.

Here is an illustration of the scale of need and poor health in the local communities of Nottingham and Nottinghamshire:



More than **50,000** people in Nottingham and Nottinghamshire of working age who are 'economically inactive' have long term health problems [6]

Across Nottingham and Nottinghamshire, **36,684** children live in relative low-income families, including over a quarter of those living in Nottingham City

Nottingham (40.8%) and **Bassetlaw (38.4%)** both have significantly higher proportions of children in year six who are overweight [7]

Compared to national figures, both **Nottingham (13 %)** and **Nottinghamshire (12.6%)** have significantly higher prevalence of babies born to mothers who were smoking at the time of delivery [8]

On average, women living in Nottingham can expect to live **57.5 years** in good health, compared to **60 years** for women in Nottinghamshire. This is lower than the England average of nearly 64 years

Life expectancy for men is significantly lower than England in Ashfield, Mansfield and Nottingham, at between **76.6 and 78.2 years**

Among those aged 65 years and over, the proportion of people identified as having **moderate frailty varies between 12% and 21%,** and **severe frailty between 10% and 18%,** varying across Nottingham and Nottinghamshire

Black and Asian people died from Covid-19 at significantly higher rates than White groups in the East Midlands, illustrating the structural inequalities faced by some groups [9]

More than **65% of adults** across Nottingham and Nottinghamshire are overweight or obese

More than **11,000 hospital admissions** and more than **4,500 preventable deaths** each year in our ICS are caused by smoking [10]

Data over the past two years shows **one in six young people** aged 6-19 years now has a probable **mental health disorder** [11]

Compared to other systems, we have a **high prevalence of obesity, diabetes, chronic kidney disease** and **coronary heart disease** [12]

More detailed information on local health needs and inequalities is included in the Joint Strategic Needs Assessments (JSNAs) which inform the work of the Health and Wellbeing Boards in Nottingham and Nottinghamshire. They are available on Nottingham Insight[13] and Nottinghamshire Insight[14].

The Joint Health and Wellbeing Strategies for Nottingham[15] and Nottinghamshire[16] summarise health needs and describe their agreed priorities for partnership working.

Strategy engagement with people and communities

This strategy has its origins in the Joint Health and Wellbeing Strategies for Nottingham[17] and Nottinghamshire[18] and, as such, should be seen as both complementary to, and building upon, the aims set out in those documents.

We have listened extensively to the public, patients and stakeholders during production of the strategy to check that it reflected the hopes, needs and aspirations of local people and their communities.

The engagement programme included desk research, stakeholder meetings, presentations at existing forums, public events and a survey. In total, just under 750 individuals were involved in a range of activities, between October and November 2022. A full engagement report has been produced[19].

We are committed to continue engaging with our communities and harnessing co-production through the delivery of this strategy.

Guiding principles

Our Integrated Care Strategy is built on three guiding principles:

Principle 1: Prevention is better than cure

There is a saying that 'prevention is better than cure'. We know that finding a health problem early or helping people know when to ask for help can mean that:

- People need less treatment (for example, immunisation can stop serious illnesses like meningitis)
- We can stop more serious illness (for example, changes in diet and weight-loss can reduce the risk and, in some cases, reverse the need for medications for type 2 diabetes or heart disease)
- We can stop diseases getting worse (for example, physical activity rehabilitation programmes to help people recover after a heart attack).

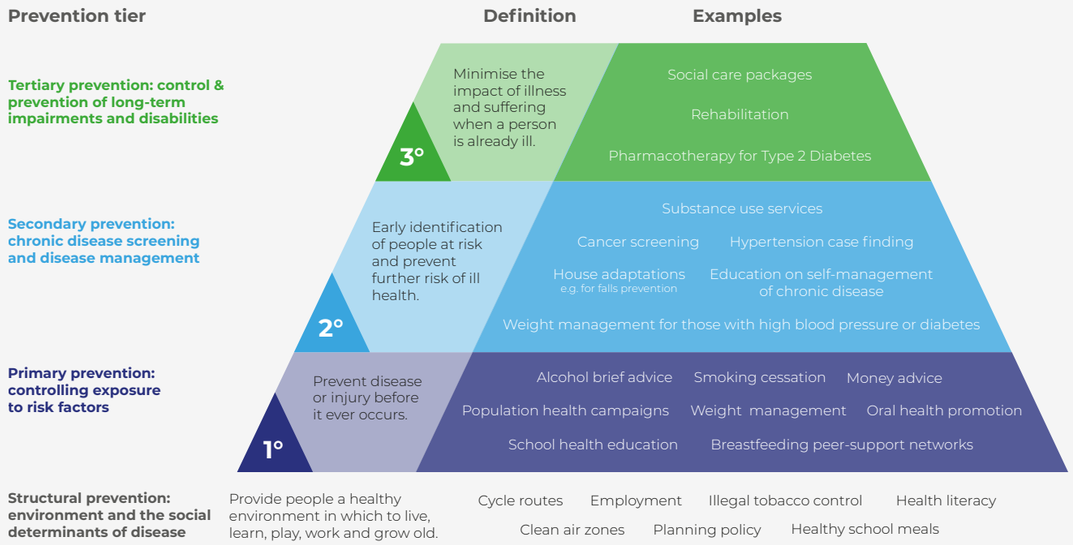


Figure 4: How different levels of prevention can improve health and wellbeing outcomes for people and help reduce or delay the future need for health or care services.

By focusing on prevention, we can make sure we use our limited resources most efficiently and improve people's health and wellbeing.

For the ICS, this means taking action now at all levels of the system to identify how we can build a preventative approach into service delivery. We know that health is affected by more than healthcare provision. It is also influenced by other factors such as where we live; what we eat; how many family members and friends we have nearby to support us; if we work; or how much time we spent in education. Acknowledging that the building blocks for good health sit outside the GP's room and hospital ward is key in our approach to influencing health and care needs; there are many opportunities to integrate prevention and these wider social factors into our everyday thinking about health and care.

For this strategy, the ICS will focus on:

- Prioritising prevention across the health and social care system
- Moving the NHS from a 'treatment only' to a health and wellbeing service
- Considering how social care can intervene earlier to support people to remain healthy and independent for as long as possible
- Making sure the local organisations play a full role in supporting building and increasing 'social value' and strengthening communities, as well as helping families and carers in supporting an individual's independence, health and wellbeing.

Principle 2: Equity in everything

Equity has been adopted as a core guiding principle of the ICS, recognising that a 'one size fits all' method for what we do across health and care can create barriers and exclude certain groups of people, ultimately impacting on the needs of the population and demand across the system.

Figure 5: The difference between equality and equity. Source: Robert Wood Johnson Foundation (Better Bike Share, 2017)

It is important to be clear by what we mean by 'equity' as the word is often used interchangeably with 'equality', although they have different meanings. Equality means ensuring that everyone has the same opportunities and receives the same treatment and support. Equity is about tailoring the approach to people's needs, in order to make things fair.

Our strategy on tackling inequity will be based on an approach called 'proportionate universalism', as set out by Sir Michael Marmot in a national review into health inequalities[20]. This means that actions must be universal (in keeping with the founding principles of the NHS) but with a scale and intensity that is proportionate to the level of disadvantage need.

'Proportionate universalism' aims to improve the health and wellbeing of the whole population, while simultaneously seeking to improve the health and wellbeing of the most disadvantaged fastest.

Principle 3: Integration by default

Many of our organisations and teams will be serving the same communities and the same individuals, but in many instances, they will be doing it independently of one another. This leads to situations for people with multiple health and care needs having different agencies visiting for support at different times during the day. This is not in the best interests of local people or our workforce and teams. We want to support our workforce and teams to work in a more integrated way to ensure that local people have care that is joined up around them.

Achieving integration will depend on a culture of collaboration, bringing together:

- Our communities, who will help shape the delivery of services to meet their needs
- NHS services, including primary care, community, mental health and hospitals
- Local authority services, including social care, public health, housing and planning
- The voluntary and community sector involved in health and care as well as supporting broader determinants of health
- And supporting a more joined up response alongside other public services such as schools, police, fire and job centres.

We want to support our workforce and teams to work in a more integrated way to ensure that local people have care that is joined up around them.

Strategic aims

Aim one: Improve outcomes in population health and healthcare

Our priority: We will support children and young people to have the best start in life.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will support children and young people to have the best start in life by: ◦ Prioritising the first 1,001 critical days including implementing recommendations from the Ockenden Review[21] to equitably transform our maternity services ◦ Develop multidisciplinary family hubs to support the holistic needs of all children and families, and equip parents to make informed decisions ◦ Tackling the impact of Covid-19 on our children, with a particular focus on emotional health and wellbeing and school readiness, including speech and language support ◦ Delivering our six physical health transformation programmes, with a particular focus on developing a system approach to childhood obesity ◦ Recognising young carers at the earliest opportunity and ensuring that appropriate person-centred support is in place following a needs-led, strengths-based and personalised conversation ◦ Prioritising those children at greatest need.	◦ A reduction in the proportion of women smoking at time of delivery ◦ An improvement in breastfeeding prevalence at six-to-eight weeks after birth with 6 in every 10 women is still breastfeeding at [outcome to be completed] ◦ A stabilisation of the rising rates of obese and overweight children in year six from [date to be included] baseline. ◦ An improvement in school readiness: percentage of children achieving agood level of development at the end of reception ◦ A reduction in [figure] per 100,000 hospital admissions as a result of self-harm **in** Nottingham and Nottinghamshire ◦ An increase in access to children and young people mental health services (one contact) annual plan

Our priority: We will support frail older people with underlying conditions to maintain their independence and health.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will focus on supporting frail and/or older people with underlying conditions to stay well, remain independent and avoid unnecessary admissions to hospital in the short term. This will include: ◦ Using risk stratification to identify, screen and categorise those people at greatest risk of frailty and admission to hospital ◦ Developing multi-disciplinary personalised care plans for those at greatest need to support their health, care and independence needs ◦ Seeking parity of esteem for mental and physical health needs including a focus on dementia ◦ Prioritising secondary and tertiary prevention (including social care, falls prevention, home adaptations, and technology) to delay disease progression and maintain independence for as long as possible ◦ A system review of hospital discharge and reablement pathways to get people back to their place of home as quickly and independently as possible. This includes implementing the Local Government Association recommendations on transfer of care, one shared data set and culture ◦ Recognising carers of all ages at the earliest opportunity, and ensuring that appropriate person-centred support is in place following a needs-led, strengths-based and personalised conversation ◦ Further improving infection prevention and control practice and reducing antimicrobial resistance to reduce the likelihood and impact of hospital acquired infections.	◦ A 5% reduction in emergency hospital admissions over the next 5 years compared with an unmitigated growth scenario ◦ A reduction in the rate of emergency admissions due to falls in people aged 65 and over (rate per 100,000) ◦ An increase in the proportion of people who feel they have control over their daily life ◦ An increase in the proportion of adults in contact with secondary mental health services living independently, with or without support ◦ An improvement in the proportion of frail and/or older people discharged home ◦ A reduction in the proportion of patients in hospital that are medically fit for discharge ◦ An increase in proportion of people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (effectiveness of the service and offered the service) ◦ An increase in the proportion of carers who reported that they had as much social contact as they would like ◦ An increase in carer reported quality of life score ◦ A reduction in hospital acquired infections. [Measurement details to be added]

Our priority: We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will ensure that all health and care staff understand the building blocks of health and health inequalities, and are competent and confident to deliver brief interventions on a range of prevention topics to support people's wellbeing. This will include: ◦ Developing a Making Every Contact Count[22] (MECC) framework for action across ICS organisations ◦ Developing a flexible approach to MECC training and support that will be owned and tailored by the different services across the ICS. This will be linked to health literacy, better three conversations and strengths-based approaches ◦ Embedding MECC training into the personal development plans and appraisals of all health and care staff, with consideration that MECC becomes mandatory training ◦ Clarifying signposting and referral mechanisms into prevention services, collaborating with local health and wellbeing services ◦ Prioritising brief interventions for those of greatest need.	◦ MECC framework developed and agreed at the ICP ◦ All health and care staff have completed local, high quality bespoke MECC training to build their confidence and competence in delivering health and wellbeing advice ◦ An increase in MECC conversations across the system ◦ An increase in referrals into prevention services.

Aim two: Tackle inequalities in outcomes, experiences and access

Our priority: We will support people with the greatest need (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage).

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will prioritise the areas and population groups of most need, including those living in the most deprived areas, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage. This will involve embedding a 'proportionate universalism'[23] approach, delivering a core service to our people, but tailoring the scale and intensity to the level of need. This will include: ◦ Delivering the priorities of the adult and children and young people NHS England Core20Plus524 frameworks ◦ Equitable access to immunisation and screening and health checks, including those for people with severe mental health and learning disabilities ◦ Identifying and addressing the 'care gap' in effective anticipatory care and secondary prevention interventions that are not completed, to provide a holistic, personalised approach to care, prioritising those most in need ◦ Embedding a trauma informed approach across the system ◦ Delivering the priorities of the NHS Mental Health Implementation Plan and adopting the reforms to the Mental Health Act ◦ Reviewing progress of the local Transforming Care programme ◦ Focusing on populations including those with severe mental illness, homelessness, domestic abuse, severe multiple disadvantage, financial vulnerability, multiple or life limiting illness, ethnic minority groups, and people with learning disabilities and/or autism.	◦ An improvement in years of healthy life expectancy from [insert date] baseline – yet we acknowledge that this may well require a longer timeframe than five years ◦ A reduction in life expectancy gap (measured in years) between the most and least deprived areas of the ICS from [insert date] baseline ◦ An improvement in the take-up, experience of and outcomes from services for those at greatest need (split where appropriate by 20% most deprived areas, ethnicity, age, gender, disability etc) ◦ A reduction in non-elective activity through proactive management of long-term conditions (split where appropriate by 20% most deprived areas, ethnicity, age, gender, disability etc.) ◦ [Insert figure] of staff attending trauma informed approach training ◦ At least 75% of people aged 14 or older with a learning disability will have had an annual health check (NHS Long Term Plan25) ◦ An increase in the number of people with learning disabilities, autism or mental health needs in paid employment ◦ An increase in the number of people with learning disabilities, autism or mental health needs in settled accommodation. ◦ ICS to consider including a target on improving the data quality of Core20Plus5

Our priority: We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack, stroke, cancer, chronic obstructive pulmonary disease (COPD), and suicide.

What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will prioritise equitable investment in prevention across the ICS, focusing on the key priorities of the two local Joint Health and Wellbeing Strategies. This will include: ◦ Creating an Inequalities and Innovation Investment Fund to tackle the top prevention priorities for local people, including tobacco, alcohol, healthy weight and mental health ◦ Agreeing to adopt the principle of 'proportionate universalism' in future funding allocations across the partnership so that resources are deployed according to need rather than historic allocation ◦ Completing an evidence-based system review of the prevention offer and operating model to reshape and integrate services.	◦ A commitment to increasing the proportion of spend on prevention ◦ Best start in life indicators (as highlighted earlier) ◦ A smokefree generation by 2040 ensuring that we take an equitable approach to working with our most vulnerable groups. ◦ A reduction in alcohol-related hospital admissions (split by deprivation where possible) ◦ A reduction in the percentage of adults (aged 18-plus) classified as overweight or obese (split by deprivation where possible) ◦ A reduction in suicide rate

Aim three: Enhance productivity and value for money

Our priority: We will establish a single health and care recruitment hub.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will explore opportunities to develop a single health and care recruitment hub. This is likely to include: ◦ Leading on joint recruitment, enabling deployment and sharing of staff to respond to service needs. This could include benchmarking and exploring opportunities across the ICS and the wider D2N2 Local Enterprise Partnership ◦ Completing work to explore opportunities to address parity issues for care workers across the system.	◦ Provider collaborative at scale partners working together from April 2023. By April 2024, the model may be expanded to include wider partners for selected shared staff groups, such as care support workers and nurses ◦ Workforce is more reflective of our local population (split by deprivation, age, ethnicity, gender and disability) – through all levels/bands ◦ A reduction in ICS health and care vacancy rate ◦ An increase in the number of jointly employed health and care posts ◦ An increased proportion of the population with health conditions who are supported back into work.

Our priority: We will adopt a single system-wide approach to quality and continuous service improvement.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will adopt a single system-wide approach to quality and continuous service improvement, exploring opportunities and aligning where practicable.	◦ [Figure here] staff trained in system-wide quality and improvement approach by quarter four 2022-23 ◦ System ambitions (prevention, equity and integration) embedded into all staff performance development reviews.

Our priority: We will bring our collective data, intelligence and insight together.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will collaborate on our collective data, intelligence and insight. This will include: ◦ Creating a common view of outcomes, quality and performance across the ICS ◦ Looking for opportunities for alignment across the system to support service planning and integration ◦ Developing 'one version of the truth' through agreed system metrics and dashboards ◦ Developing a pipeline for the next generation of data, intelligence and insight workforce across the system.	◦ Development of a collaborative virtual intelligence system across the ICS ◦ An agreed ICS outcomes framework, with associated dashboards, that is used to identify priorities across the system ◦ A reduction in vacancies across data, intelligence and insight posts across the system.

We will review our Better Care Fund programme.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will ensure our Better Care Fund[26] programme is meeting the needs of local people and aligned with the ambition of this strategy.	Completed review of the Better Care Fund programme by March 2023. This review will seek to assess how the Better Care Fund has performed and how it has helped increase integration – as well as looking to explore areas where we can expand the programme and go further.

Aim three: Enhance productivity and value for money

Our priority: We will make it easier for our staff to work across the system.	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will make it as easy as possible for staff to work across different teams and organisations. This will include: ◦ Establishing jointly employed head of commissioning posts for Ageing Well and Living Well, and head of quality and market management ◦ Further developing the Memorandum of Understanding for mutual aid between organisations ◦ All NHS providers being registered to utilise the digital staff passport to support movement of staff between organisations ◦ Developing a rotational scheme to support allied health professionals to move between sectors (NHS providers, primary care and social care) ◦ Establishing an integrated commissioning function and a quality and market management function across the ICB/ICS – to be agreed ◦ Developing integrated discharge hubs to encourage an integrated approach to service delivery ◦ Completing a system-wide partner review ◦ Reviewing data sharing agreements to ensure staff have access the information they need to deliver the best care.	◦ Recruited head of commissioning posts for Ageing Well and Living Well, and head of quality and market management ◦ Signed Memorandum of Understanding for mutual aid between organisations ◦ All NHS organisations signed up to and using the digital staff passport ◦ Rotation scheme for allied health professionals operational by April 2023 ◦ System-wide partner review completed by [date] ◦ Integrated discharge hubs implemented ◦ Integrated commissioning function and a quality and market management function established across ICB/ICS – to be agreed ◦ Streamlined, appropriate information sharing in place ◦ Agreed an ICB/ICS staff induction which sets out the expected standards across the workforce to embody this strategy's principles – and helps equip staff in this regard.

Aim four: Support broader social and economic development

Our priority: We will add social value as major institutions in our area	
What will we do?	**How will we know we have got there?** A five-year ambition unless otherwise stated.
We will use our role as large public sector organisations that are linked integrally to place, people and communities (anchor institutions), to go beyond normal service delivery. We will use our resources and influence to maximise social, economic and environmental impacts (social value[28]) to improve the building blocks of health and reduce inequalities. Collectively, we have the potential to leverage our size and strengths to deliver greater benefits. We will also need to consider how other anchor institutions (private sector) can contribute to our aims and their local communities. This will include: ◦ Building on the work of local authorities to align the social value approach across the system ◦ Strengthening the ICS Anchor Champions Network to explore how we maximise support for social and economic development through the collective work of anchor institutions and the ICS delivery groups ◦ Implementing the University of Nottingham Civic Agreement29 as our mission for anchor institutions across the ICS and D2N2 Local Enterprise Partnership ◦ Reducing our environmental impact by delivering our ICS Green Plan ◦ Putting actions in place to support local people with the rising cost of living, including signposting to relevant support services and fair reimbursement for skills.	◦ Agreement of a collective procurement strategy for ICS partners, gaining efficiencies from our combined purchasing power, and supporting sustainability and social value in our communities. ◦ University of Nottingham Civic Agreement approved across all ICS organisations ◦ Agreement for the ICS Anchor Champions Network on specific targets for April 2023 including: - [Insert figure] of all contracts and sub-contracts awarded are with local businesses/providers - An increase above baseline for small and medium-sized enterprises procurement - An increase in the utilisation of the apprenticeship levy[30]. One additional local apprentice/entry level post per £x million spend (measured through Nottingham Jobs) - An increase above baseline tenders that include environmental impact assessments - Embed healthy places policy (smokefree place, food charter) - An increased weighting of social value in all procurements ◦ Organisations achieving carbon net zero31 by [insert date] ◦ An increase in the proportion of our buildings and spaces used to support communities ◦ A reduction in staff sickness and absence rates.

How we will deliver the strategy

For our strategy to be successful it will mean that many of our colleagues and teams will need to adapt the way that they work. This will require an approach which prioritises the needs of the population first, then the system, and then the employing organisation.

Supporting our workforce

We are working across the ICS to take a 'one workforce' approach, inclusive of all staff involved in supporting local people's health and wellbeing. This will enable us to make the most of skills and talent across our system, building integrated teams with the adaptability and capacity to support prevention and deliver person-centred care. In line with this, we will review our People and Culture Strategy[32] to ensure that it meets the ambitions of the Integrated Care Strategy.

We will support our staff and teams in:

- Improving how we best make use of colleagues' skills and capability to make services better. We will lead the process of co-designing and developing an integrated workforce development plan, including developing new roles and new ways of working, built around population health modelling (gaining insights from analysing data). This will ensure our workforce is deliberately designed and developed to meet current and future health and care needs.
- Establishing a workforce representative of our population. Our aspirational goal is to have a workforce that reflects the communities we serve, through all levels/bands. Our equality, diversity and inclusion (EDI) leads will work collaboratively to support our people and culture programmes and to embed EDI principles and practice into all aspects of planning and delivery. We will continue to grow and develop our EDI Partnership Group and staff networks (race equality, disability and sexual identity) to provide support for existing staff. We will actively identify and remove inequity in all its forms across the ICS to foster a sense of belonging and in return broaden participation and engagement.
- Expanding CARE4Notts Health and Care Careers Academy to support people into work. CARE4Notts provides a single point of access to promote health and care careers, delivering information, advice and guidance, focusing on schools and colleges, young people and growing the future talent pipeline to ensure our teams reflect the diversity of our local population. We also have a Foundation School in Health, a partnership between Doncaster and Bassetlaw Teaching Hospitals and Retford Oaks Academy. We will continue to progress apprenticeship routes into clinical and non-clinical roles and a system approach to support diverse and inclusive work placements. We recognise the social value and impact within our local communities to better enable, develop and provide career opportunities to those who are under-represented, due to existing processes within securing and further career development.
- Embedding organisational development, culture and quality improvement. In, October 2022, we established our new system People and Culture function. Working with local health and care partners, we will set our vision and objectives, supported by a collection of measurable outcomes for improvement. System strategic areas include equality, diversity and inclusion, health and wellbeing, organisational development, leadership and talent management, training and education, and quality improvement.

Working with people and their communities

We are keen to further improve our work with the people and communities we serve by:

- Co-producing services alongside local people as equal partners to understand what matters to them. All system partners are committed to putting people at the heart of all that we do by consistently listening to, involving and collectively acting on, the experience and aspirations of local people and their communities. We will embed co-production as the default position for how we will work with people as equal partners at all stages of the design, development and commissioning of health and care services and support
- Further information on the approach to be taken is available in the Working with People and Communities Strategy[33].
- Embedding a true system culture into the way that we work. Culture and leadership development will be appropriately invested in and supported as a health and care system. We will attract, develop and retain our workforce through a demonstration of behaviours, style and technical capability. We will develop leadership capability and capacity by designing culture transformation and leadership programmes that are inclusive and outcome focused. Our interventions will be underpinned by collaborative leadership development, and where networks and spaces are created to support connectivity, conversations and act as a safe space to build and nurture relationships.
- Embedding personalised care and social prescribing. We will increasingly shift from a reactive, professional-led, illness-focused 'medicalised' approach, towards a proactive, strength-based, partnership and holistic care approach.

Evidence-based approach

We want to work together to embed an evidence-based continuous improvement approach. This will include:

- Building on our successful data, analytics, information and technology (DAIT) approach. Further information on how we will progress areas such as digital information, systems and services is contained in our DAIT strategy[34].
- Accelerating our research programmes, including service evaluation and audit. We will use evidence from research to inform the choices and decisions we make. We will work together with our population, Nottingham's universities and our local National Institute for Health and Care Research infrastructure. We support the ambition to become an Academic Health Science Centre which combines excellence in research, education and care.
- Developing a system-wide approach to quality improvement. Our partner organisations have committed to working together to build on our current System Quality Strategy[35] by incorporating principles and approaches from this to form a system-wide delivery plan.

Focus on outcomes

In order to ensure we are making an impact, monitoring delivery of the strategy will be achieved through the ICS outcomes framework. This framework is built from system outcomes relevant to each aim, which are measured by a set of metrics that apply across all that we do - service delivery, service change, transformation, people and culture.

Through our System Analytics and Insight Unit, we will develop a way of measuring people's health and wellbeing at neighbourhood, place and system level, using a 'Gross Domestic Wellbeing'[36] measurement. This will be supported by feedback from our population about what is and is not working for them.

Our delivery organisations and partnerships

In addition to the Integrated Care Partnership, there are a number of formal partnerships which will support the delivery of the strategy. These include:

1. **Health and Wellbeing Boards** – statutory committees of Nottingham City and Nottinghamshire County Councils respectively, with membership across public health, social care, children's services, the NHS and local Healthwatch.
2. **Place-Based Partnerships** – formed by organisations responsible for arranging and delivering health and care services in a locality or community. They include the NHS, local government and providers of health and care services, including the voluntary, community and social enterprise sector, and people and communities.
3. **Provider collaboratives at scale** – delivering benefits of mutual aid working across a wider footprint, both within places and between places.
4. **Primary care** – GP practices, multi-disciplinary teams and primary care networks (groups of GP practices and others working together) implementing the Primary Care Strategy[37].
5. **Voluntary, Community and Social Enterprise Alliance** – formally embedded within the ICS. The Alliance will engage and embed the sector within the system governance and decision-making structures. The purpose of the VCSE Alliance is to enable every citizen to enjoy their best possible health and wellbeing, by bringing together local representatives of national and regional VCSE organisations as a single point of contact, to generate citizen intelligence from the groups and communities that they work with.

Enabling infrastructure

To implement the strategy, we will be reliant on the enabling support of:

- **Finance** – the challenges to public sector financing mean that the strategy will need to be delivered within our organisations' resources. How we use our funding will be a key enabler to the delivery of the strategy. As statutory organisations we will develop a set of guiding principles, in line with our ambitions for Nottingham and Nottinghamshire, to inform how our resources are used, achieving value for money and ensuring budgets are balanced.
- **Estates** – our ICS Estates Transformation Programme aims to complete the SHAPE database (capturing all public estate) so our baseline position is clear. Our ICS has identified the development of its next estates strategy as one of the key deliverables to support achieving our strategic ambitions. This will be developed on the basis of 'one public estate' so we deliver integrated care at place, using our estate in the most efficient ways.
- **Sustainability** – partner organisations have already agreed a Green Plan for the system to support the NHS achieve its commitment to becoming carbon neutral by 2040 and support the ambition set by Nottingham City Council for Nottingham to be the first carbon neutral city in the UK, with a target of net zero emissions by 2028. Our ICS Green Plan outlines the specific actions and priority interventions for achieving carbon net zero, to lay the foundation to deliver carbon emission reductions through the delivery of sustainable health and care services.

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Business Case Template
Capital Oversight Group

Scheme Title	**Discharge Lounge – Capital Bid**
Divisional Lead	**Steve Jenkins – Divisional General Manager**
Clinical Lead	**Ben Owens – Clinical Chair**
Divisional Finance Manager	**Claire Haynes**
Revenue funding requested for project	**Not required**
Capital funding requested for project	**£1.57m (externally funded)**
Charitable funding requested for project	**No**
Date project presented at Operations Meeting/recommended for progression to IGG	**1st Feb 2023**
Date project approved	**1st Feb 2023**
Executive Signature	
Type of Case:	Growth ☐ Service Development ☒ Efficiency Plan ☒ Compliance / Safety ☐

CURRENT VERSION

To ensure inclusion in the next meeting please complete this form and return to:

Michael.powell5@nhs.net

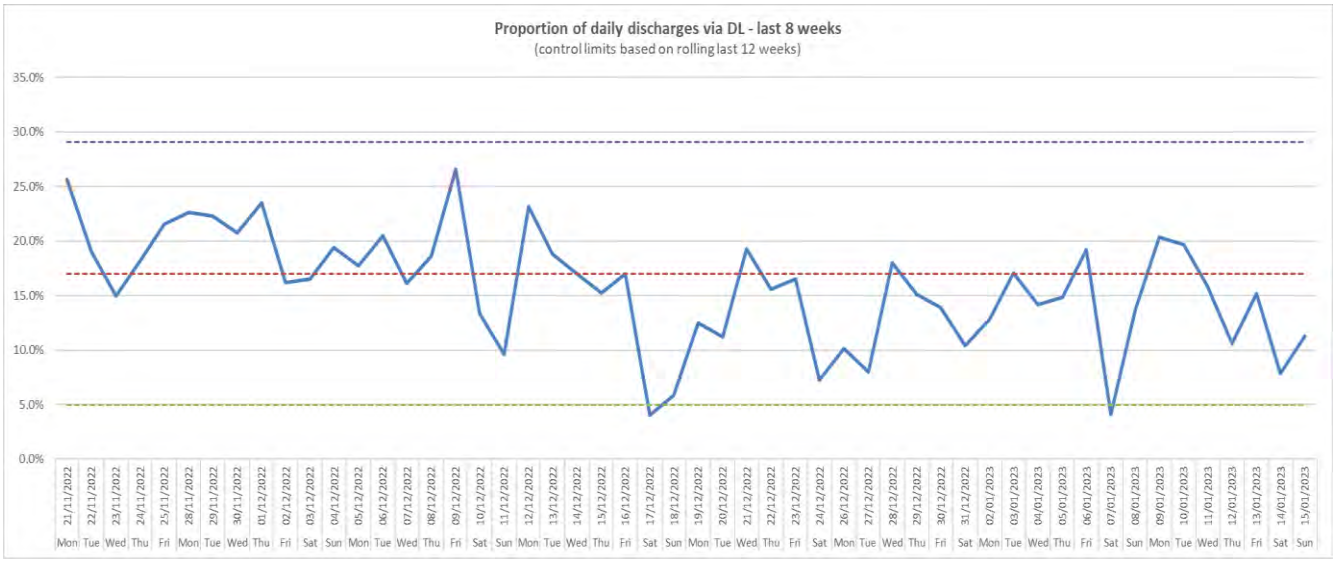
Managers should complete all sections. Any additional supplementary information should be attached as an Appendix in the **Business Case+** document

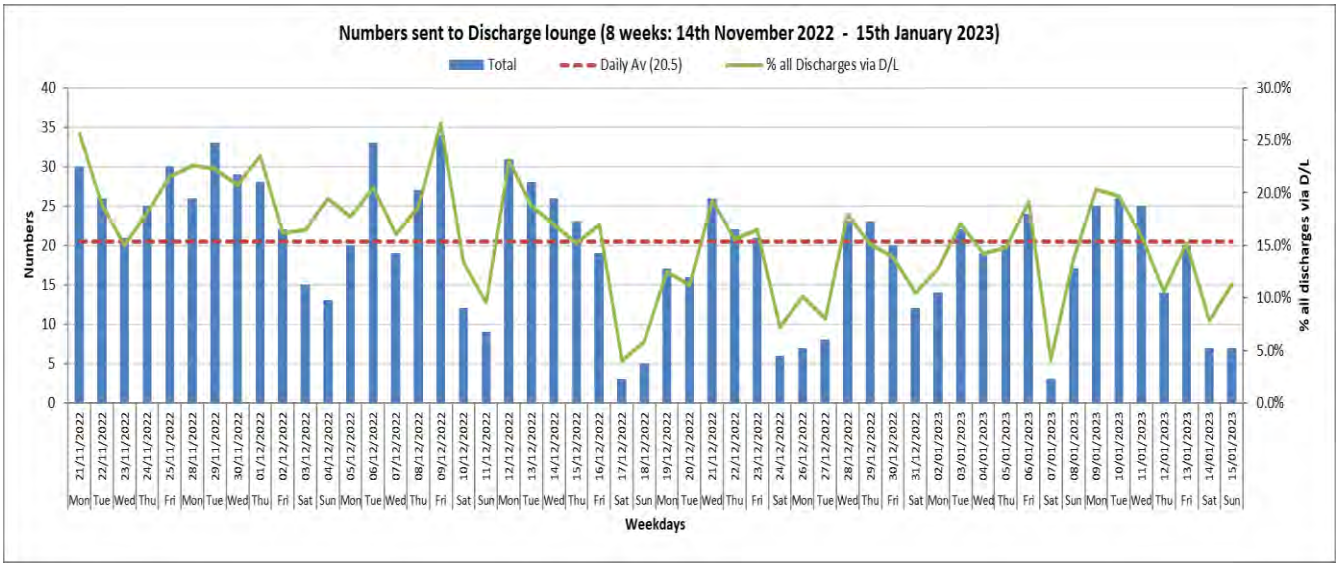
Summary of Proposal

The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds and decompress the Emergency Department.

Sherwood Forest Hospitals submitted a bid nationally for £1.57m of capital in support of enhancing the discharge lounge at Kings Mill Hospital and creating a discharge lounge at Newark Hospital.

Currently 10-15% of Trust discharges are moved to the discharge lounge, with the increase in capacity, we would be able to facilitate a significant increase in these levels to allow circa 45% of discharges saving a mean of 2 hours per patient from a bed capacity perspective, support reduction in ED crowding by facilitating timely moves from ED awaiting transfers to reduce the mean time in department and support Ambulance turnaround times.





The benefits of the creation of this space will:

- Contribute to the delivery of 76% 4 hour target
- Improved efficiency of the Discharge lounge

- Increased early discharge from wards before and improved pre-noon discharge performance
- Reduction in mean time patients spend in ED
- Improvement in patient flow across the Trust
- Release estate to increase acute bed base by 8 beds
- Patients will have a more positive and comfortable experience of the Discharge lounge

The proposal is to refurb the existing unused estate (Old Ward 3) to increase current capacity from 8 x chairs / 1 x trolley, 0 x bed spaces with no isolation requirement) to:

- 4 isolation cubicles,
- 12 bed spaces in 3 bays (ability to flex as required)
- 25 chaired space (including "3 red chairs") at Kings Mill Hospital and
- 8 x spaces at Newark Hospital.

The Trust has been successful in obtaining external capital funding for the £1.57m to complete the works. There is no request for additional revenue at present. Initially the intention is to staff the Discharge Lounge at the current staffing model which is:

- 1 x RN and 1 x HCA – 7am – 7pm
- 1 x RN and 1 x HCA – 9am – 9pm
- Monday to Friday only

We envisage that we would be able to accommodate up to 35 patients per day on the current staffing. Anything over 35 its envisaged that delays would be introduced with the collection of patients.

A service improvement workstream which includes demand modelling has been created to look at maximising the benefits and opportunities an extended discharge lounge will deliver in efficiencies elsewhere in beds and ED crowding so we will fund any increases by redeployment of existing funding.

How does the Proposal fit with the Trust's Strategic Objectives?	
To provide outstanding care	The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds. It is a designated area for patients that are waiting for their medications or transport when they are medically fit to leave the hospital to their planned discharge destination. The discharge lounge will maximise hospital wide patient flow, reduce ED overcrowding and provide a comfortable area for patients to await their onward destination.
To promote and support health and wellbeing	A fit for purpose discharge lounge which is resourced appropriately will support staff to feel listened to and valued.
To maximise the potential of our workforce	Improvement in patient flow across the Trust
To continuously learn and improve	The increase in capacity will contribute to the delivery of 76% 4 hour target, improve the efficiency of the Discharge lounge,

	drive and Increase in early discharge from wards before and improved pre-noon discharge performance.
To achieve better value	The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds and decompress ED.

Will this proposal impact on quality and service development for the wider community. Please detail below.

No

Benefit /Risk to the Trust- If Financial Risk and Service Benefit, please summarise issues **(Including mitigations & exit strategy)** in the Business Case+ document

Financial Benefit ☒

Service Benefit ☒

Financial **Risk** and service benefit ☐

Is the proposal to commission /expand a service?

No ☐

YES ☒ - Please contact the Resuscitation Department in the initial business planning

Have you considered the impact on environmental sustainability in this case?
Please describe any impact here:

N/A

Does the proposal mitigate a risk on the Risk Register?

No ☐ - Please expand

YES ☒

Is this in line with the Trust's risk appetite as defined in the Risk Management and Assurance Policy?
('Respond to the risk' - Section 6 of the Policy - click here)

Risk 1429: Overcrowding in ED due to High Volume and delayed patient transfer from ED to admission area – 20

Divisional Finance Manager to complete finance template and insert here

ACUTE MEDICINE SERVICE LINE

BUSINESS CASE PROPOSAL

DISCHARGE LOUNGE - REFURBISHMENT OF CURRENT ESTATE

1. INVESTMENT REQUIREMENT

CURRENT VERSION

	Capital	Revenue			
Discharge Lounge Refurbishment of Current Estate	**22/23**	**WTE**	**22/23**	**23/24**	**Supporting Notes**
Works Costs	(£737,000)				
Fees	(£125,000)				
Non-Works Costs	(£54,000)				
Equipment Costs	(£208,000)				
Optimism Bias	(£25,000)				
Planning Contingency	(£100,000)				
VAT	(£251,000)				
Sub Total - Capital	**(£1,500,000)**				
Capital Funding					
DHSC PDC funded capital expenditure	**£1,500,000**				
Sub Total - DHSC PDC Funded Capital Expenditure	**£1,500,000**				
Capital Charges					
Revenue implications of capital - Estates				(£32,300)	40 Year Life Cycle
Revenue implications of capital - Equipment				(£29,714)	7 Year Life Cycle
Interest costs of borrowing					
Sub Total	**£0**			**(£62,014)**	
Grand Total	**£0**			**(£62,014)**	

Has funding been identified YES ☒ NO ☐

If **YES,** please provide Budget Codes _____External Capital Funding

If funding has **NOT** been identified where do you expect funding to be sourced/provided?

What is the nature of funding required?

Capital ☒
Revenue ☐
Both ☐

Does the scheme require any training or project management to be carried out? Please summarise any costs for training in the Business Case+ document

NO ☒
YES- Training ☐
YES- Project Mt ☐

CURRENT VERSION

Does the scheme require a Quality Impact Assessment (QIA)? If Yes, please include in the Business Case+ document YES ☐ NO ☒

The project must be considered by various corporate departments before it is able to proceed. Please complete the Corporate Services checklist. If further detail or explanation is required, please provide this within the Business Case+ document.

Corporate Services Checklist

Have you consulted with?	**YES**	**NO**	**N/A**	Further detail included in **Business Case+** document
Commercial- is a commercial contract or SLA with an external provider required? Are negotiations with the Commissioner required?	☐	☒	☐	☐
Procurement- if support required, Procurement Business Partner to describe procurement route option and sign off in Business Case+	☒	☐	☐	☐
NHIS- has approval been sought from Digital Strategy Group? Please evidence DSG case and outcome in Business Case+	☒	☐	☐	☐
Support Services- are there any Pharmacy, Diagnostic, Pathology, Admin, etc implications? Summarise requirements in Business Case+	☒	☐	☐	☐
Information Governance- If there are any implications, please summarise in Business Case+	☐	☒	☐	☐
Medical Devices Equipment Group- if the project involves medical equipment, please confirm MDEG approval. Summarise ranking assumptions in Business Case+	☐	☒	☐	☐
Space Management Group- does the project require additional space? Outline requirements, cost and consent in Business Case+	☒	☐	☐	☐
Estates FM Support- changes to opening times, additional FM support, cleaning, portering. Summarise PFI variation implications and costs in Business Case+	☒	☐	☐	☐
Human Resources- does the project involve	☐	☒	☐	☐

CURRENT VERSION

recruitment of staff? If staffing change, recruitment or TUPE is required, HR Business Partner to describe costs and options in Business Case+				
Decontamination (Medical equipment) Have IPC and Decontamination requirements undergone review with appropriate Service Leads.	☐	☒	☐	☐

Business Case+	
Financial Risk AND Service Benefit- please summarise issues (including mitigations and exit strategy)	N/A
Commercial- is a commercial contract or SLA with an external provider required? Are negotiations with the Commissioner required?	N/A
Procurement- if support required, Procurement Business Partner to describe procurement route option and sign off	Procurement involved in the project group to establish equipment requirements
NHIS- has approval been sought from Digital Strategy Group? Please evidence DSG case and outcome	NHIS involved in the operational group to establish wifi and device requirements
Support Services- are there any Pharmacy, Diagnostic, Pathology, Admin, etc implications? Summarise requirements	N/A
Information Governance- If there are any implications, please summarise	N/A
Medical Devices Equipment Group- if the project involves medical equipment, please confirm MDEG approval. Summarise ranking assumptions	N/A
Space Management Group- does the project require additional space? Outline requirements, cost and consent	Old Ward 3 and space at Newark – Estates involved and supportive.
Estates FM Support- changes to opening times, additional FM support, cleaning, portering. Summarise PFI variation implications and costs	Old Ward 3
Human Resources- does the project involve recruitment of staff? If staffing change, recruitment or TUPE is required, HR Business Partner to describe costs and options	N/A

CURRENT VERSION

Project Management & Training- please summarise costs	N/A
Quality Impact Assessment- please insert here if required	N/A
Administration staffing - Do you foresee any impact on administration roles as a result of this proposed change? If so, what additional support will be needed?	N/A

CURRENT VERSION

Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Discharge Lounge Capital Fund	**Date**: 2nd March 2023	
Prepared By:	Steven Jenkins – Divisional General Manager		
Approved By:	Rachel Eddie – Chief Operating Officer		
Presented By:	Rachel Eddie – Chief Operating Officer		
Purpose			
Update Board on the discharge lounge capital fund bid and seek approval to progress capital draw down		**Approval**	x
		Assurance	
		Update	x
		Consider	

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

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

Committees/groups where this item has been presented before

TMT – 15 February 2023
Finance Committee – 28 February 2023

Executive Summary

The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds and decompress the Emergency Department.

Sherwood Forest Hospitals submitted a bid nationally for £1.57m of capital in support of enhancing the discharge lounge at Kings Mill Hospital and creating a discharge lounge at Newark Hospital.

Currently 10-15% of Trust discharges are moved to the discharge lounge, with the increase in capacity, we would be able to facilitate a significant increase in these levels to allow circa 45% of discharges saving a mean of 2 hours per patient from a bed capacity perspective, support reduction in ED crowding by facilitating timely moves from ED awaiting transfers to reduce the mean time in department and support Ambulance turnaround times.

The benefits of the creation of this space will:

- Contribute to the delivery of 76% 4 hour target
- Improved efficiency of the Discharge lounge
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- Reduction in mean time patients spend in ED
- Improvement in patient flow across the Trust
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- Patients will have a more positive and comfortable experience of the Discharge lounge

The proposal is to refurb the existing unused estate (Old Ward 3) to increase current capacity from 8 x chairs / 1 x trolley, 0 x bed spaces with no isolation requirement) to:

- 4 isolation cubicles,
- 12 bed spaces in 3 bays (ability to flex as required)
- 25 chaired space (including “3 red chairs”) at Kings Mill Hospital and
- 8 x spaces at Newark Hospital..

We will be utilising our P22 Partner to deliver the works who are already procured via a “call-off” agreement. A select professional services team will be procured via an NHS approved framework with a timeline shown below:

- w/c 30/01/23 – appoint contractor and consultants
- w/c 06/02/23 – Confirm design intent and commence clearing of area
- w/c 13/02/23 – finalise clearing of area and commence work
- w/c 27/03/23 – works complete

The Division of Urgent and Emergency Care recommend approval of the case and support the development of the working groups to identify efficiency opportunities.

Within the Divisions planning priorities, this scheme was identified as the Divisions top priority and recommend support for a case of need to explore staffing options to maximise the use of the discharge lounges.

The Trust has been successful in obtaining external capital funding for the £1.57m to complete the works. There is no request for additional revenue at present. Initially the intention is to staff the Discharge Lounge at the current staffing model which is:

- 1 x RN and 1 x HCA – 7am – 7pm
- 1 x RN and 1 x HCA – 9am – 9pm
- Monday to Friday only

We envisage that we would be able to accommodate up to 35 patients per day on the current staffing.

A service improvement workstream which includes demand modelling has been created to look at maximising the benefits and opportunities an extended discharge lounge will deliver in efficiencies elsewhere in beds and ED crowding so we will fund any increases by redeployment of existing funding.

The case was approved at Finance Committee on 28th February 2023.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

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

Subject:	Council of Governors	**Date:** 2nd March 2023	
Prepared By:	Claire Ward, Chair		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
To provide assurance to the Board of Directors		**Assurance**	Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Governors' role within the ICS, seeking views of the wider public and holding the Non-executives to account	Governors to engage with the development of the Trusts 2024/2029 Strategy, through gaining feedback from our communities. Governors to seek to increase membership and promote governor election process
Positive Assurances to Provide	**Decisions Made**
Development of the Trusts 2024-2029 Strategy – process received Outline of the Operational Plan 2023/2024. Governor engagement in the wider community – West Notts College, local schools, CVS etc.	Governor Election timeline – Last day for Publication of Notice of Election 10th May 2023, Declaration of result – 7th July 2023 Agree process for appointing the External Auditor
Comments on Effectiveness of the Meeting	
▪ Good meeting, clear papers and presentations	

Sherwood Forest Hospitals NHS Foundation Trust

Public Board of Directors meeting
Coversheet and Report

Subject:	Integrated Care System Update	**Date**: 2nd March 2023	
Prepared By:	David Ainsworth, Executive Director of Strategy & Partnerships		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	David Ainsworth, Executive Director of Strategy & Partnerships		
Purpose			
To provide the board with the standing agenda item on key partnership activities.		**Approval**	
		Assurance	x
		Update	
		Consider	

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

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

Committees/groups where this item has been presented before

None

Executive Summary

Integrated Care Board
A new National approach for ICBs and their partner Trusts to develop their first 5-year joint forward plans. There is a duty to prepare the plan before the start of the financial year and it should take account of the local health and wellbeing strategy. As a minimum, the joint forward plan should describe how the ICB nd its partner trusts intend to arrange and provide NHS services to meet the needs of their population's physical and mental health needs. This should include the universal NHS commitments described in the annual operational planning guidance.

Place Based Partnership – Mid Nottinghamshire
Following the previously reported reset, the partnership board executive team have come together. Focussing on the 2023/24 priority setting and the resources required to deliver on the work programme. The partnership will finalise this during March and board can expect to receive a summary position.

Discover Ashfield Place Board
We continue to support Ashfield through the strategic place board. The meeting in February focussed on updates from its four workstreams:

- Succeed in Ashfield
- Love where you live
- More to Discover
- Be healthy, be happy

Working with communities in and around the Ashfield area. As a result we are exploring an opportunity to broaden some employment opportunities with Portland College. Portland is a specialist college, residential care provider and Centre of Excellence for Autism and education provision for people with learning disability and autism.

The place board is planning a time out session during March to set it's strategic objectives and priorities for 2023/24.

Partnership Mapping and Analysis
Board can expect to receive analysis of partnerships to date with recommendations on where we should support the organisation to best place it's attention over the coming 12 months. To gain the nest for the trust, our people and our communities. This will include partnerships that are currently missing from our engagement work to date.

The Board are asked to **NOTE** the update.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

All reports MUST have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** 2 March 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		

Purpose		
To update the board on our progress as maternity and neonatal safety champions	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

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

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

Committees/groups where this item has been presented before

- Maternity and Neonatal Safety Champions Meeting

Executive Summary

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

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

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

Summary of Maternity and Neonatal Safety Champion (MNSC) work for January 2022

1.Service User Voice

Discussed through the MNSC meeting in January was the "*Whose shoes"*® Home Birth Workshop.

The aim of the workshop was to facilitate the participation of multiple stakeholders, especially maternity service users, to contribute to informing both maternity service provider and commissioner actions that could support the development and redesign of home birth services locally.

Attended by a wide range of participants, 64 in total including Maternity service users, clinicians, commissioners, universities and private midwife/doulas.

A total of five recommendations were made on the day, these being:

Recommendation 1: To establish a model of care that will provide a reliable and sustainable home birth service that is available 24/7/365 to all women who request a home birth in Nottingham and Nottinghamshire.

Recommendation 2: To increase the skills and confidence of service providers and their staff to deliver a safe and supportive home birth service.

Recommendation 3: That maternity services in Nottingham and Nottinghamshire hold further engagement events with service-users whose voices are seldomly heard or easily ignored. In doing so, working towards culturally competent maternity services that empower people from all parts of the community to feel welcome and valued.

Recommendation 4: To improve how staff can listen and advocate for choice. Ensuring choice of place of birth is communicated to service-users using the principles of informed decision making that take account of up-to-date evidence and personalising this to each service-user.

Recommendation 5: To create a suite of information and resources to share with women and families about home births, which will share the facts and promote the new service.

The next steps are for service-leaders and commissioners to set up task-and-finish groups aimed at working towards bringing the recommendations to life, with support through the LMNS>

SFH were able to share the recent learning around the re-instatement of our homebirth service and will be a key part of the task and finish group

2.Staff Engagement

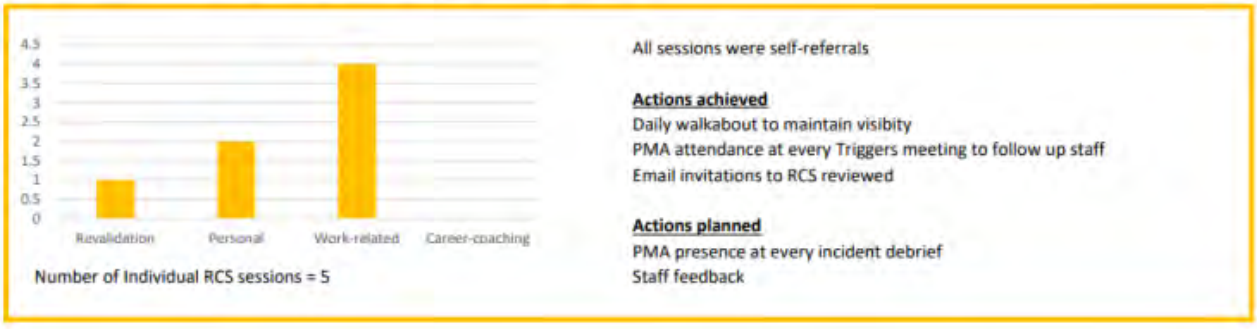
The MNSC Walk Round was completed on the 31st of January 2023. Staff continued to speak about the change in acuity and the positive impact this was making on the team. The MNSC spoke with staff about the recent implementation of Badgernet in November 2022. All staff within the antenatal and postnatal settings reflected how this has made a significant positive impact within their working areas. Conflicting feedback was provided for the intrapartum setting. The Digital Support Unit have planned engagement session throughout February to review with the team and the feedback/ themes from this will be cited through MNSC.

The maternity forum was cancelled due to ongoing Trust wide pressures this month and is rescheduled for February.

Shared as part of the Professional Midwifery Advocate Bi-Monthly Flash report was the details around both the Individual and group restorative clinical supervision sessions. The group session were newly launched in December and the thematic feedback has been shared with the senior leadership team.

Staff Group Restorative Clinical Supervision (RCS) / Decompression Session:

Staff Individual Restorative Clinical Supervision (RCS):



3.Governance

Ockenden:

The National team are currently out for consultation for a single delivery plan which is understood that the findings from the Ockenden and Kirkup Report being combined under a singular assurance framework due Easter 2023.

Through the LMNS Ockenden Assurance Meeting, we are working on the three elements of the East Kent Report to focus on as a system until the single oversight framework is available, once

the details have been finalised these will be reviewed through both the MNSC meeting and MAC. Attendance from SFH continues at both the monthly and quarterly Ockenden Assurance Panel.

The outstanding action required for full compliance sits with the development of the website at SFH, now the digital system has been implemented this has now been prioritised with the Digital Midwife reviewing. At the monthly Ockenden meeting with the LMNS the discussion was had around the finance for 2023/24 with the anticipation that this information surrounding this will be released imminently.

NHSR:

A change in the position has been escalated to the Executive Team and Board due to an error noted within Safety Action 1 part A surrounding the timeframe for reporting of the surveillance form. Following consultation with NHSR the advice given was to report no compliance for this element with a supporting action plan. This has been drafted in preparation for submission on the 2nd of February 2023.

Saving Babies Lives:

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Within Safety Action 6 of the Maternity Incentive Scheme, process and outcome measures regarding compliance have been validated.

Discussed at MNSC and shared as part of the reading room is the quarterly data for the SBLCB taken from Badgernet. Noting that we have data transfer still outstanding this quarter due to the legacy system.

For this quarter the improvements are outlined below in the Mat/Neo SIP actions taken in this month with the specific focus on Element 5.

CQC:

Following the planned 3-day visit from the Care Quality Commission (CQC) on the 22nd of November 2022 the final report was released on the 22nd of February 2023 with the Maternity Services rating of this service stayed the same (Good).

The CQC rated the services good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, and worked well together for the benefit of women, understood how to protect women from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risk to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well and supported staff to develop their skills. Managers monitored the effectiveness of the service and made sure staff were competent. Staff felt respected, supported and valued.
- They focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services. People could access the service when they needed it and did not have to wait too long for treatment and all staff were committed to improving services continually.
- The CQC further identified areas for improvement under the safe domain, noted below, from which an action plan will be drafted and monitored through Maternity Assurance and Quality Committee.

- Leaders recognised they needed to make improvements regarding how they communicated with staff when making changes to their vision and plans for the future of the service.
- Not all staff had completed mandatory training. Staff did not always document effectively in triage to enable appropriate prioritisation and audit. Information systems were in their infancy and needed to be embedded into practice to support service improvement.

4. Quality Improvement

Below tabled are the updates from the Maternity and Neonatal Service Improvement Programme (Mat/Neo SIP).The work surrounding the maternal early breastmilk, which was promoted through Twitter, has been picked up by the national Mat/Neo SIP team as a case study for excellence.

Item No.	Actions this month	Date
Birth in Right Place and AN antibiotic use Driver Diagram Template -peri-prem	• Scoped Peri-prem passports from other areas • Adapted peri-prem passport to SFH • Printed peri-prem passports and currently being given out in preterm clinic • Plan to audit in 8 weeks to see if being used effectively	4/2/23
Antenatal Steroid use	• Data collection and review of audit identified overuse of steroids • Current tests to diagnose preterm labour unreliable therefore steroids given to most women who present with signs of pre term labour • Fetal fibronectin testing to be introduced. Equipment purchased. • Plan to roll out training for staff on tetal fibronectin testing	4/2/23
Optimal cord management Driver Diagram Template - delayed cc	• Awaiting data on existing duration of cord clamping • Scoping of products to support delayed cord clamping for premature babies • Secured funding for Neosuit	4/2/23
Maternal early breastmilk Driver Diagram matneosip -early brea	• Comms for early colostrum created. Posters and leaflets read yto be put up in clinical areas • Continually audit of data, though challenges in capturing all breastmilk given ie if for mouthcare • Tea trolly training planned • Colostrum kits ready and being given out in preterm clinic	4/2/23
Thermoregulation Driver Diagram -normothermia.pptx	• Cue cards made and put on every resusitaire on SBU and every cot in NICU • Posters created and social media posts • Introduced continuous probes • Training for staff on using probes	4/2/23

	• Plan to include checking probe as part of checklist when checking equipment • Continual audit of data. 26 week twins admitted that had normal temperature range this week. • Recognition and reward plans for staff who cared for babies that had normal temperatures.	

5.Safety Culture

The planed delivery for the SCORE survey commenced in the beginning of March 2023. This will be used to provide a local quality improvement plan, triangulating the PTE and staff survey findings.

Maternity Perinatal Quality Surveillance model for January 2023

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD

Sherwood Forest Hospitals
NHS Foundation Trust

2019	
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	72%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)	89.29%

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

3rd and 4th Degree Tears (1.83% N=3 Dec 2022)

- Rate back below national threshold.
- Deep dive review into cases and comparison to be completed. No identifiable themes are trends found.

Stillbirth rate Q3 (3.2/1000 births)

- SFH stillbirth rate, for year to date now returned and remains below the national ambition of 4.1/1000 birth
- Two reportable cases for December, reportable to PMRT surveillance tool only at present.

Staffing red flags (Dec 2022)

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

Home Birth Service

- Homebirth services resumed on the 19th of September.
- 10 Homebirth conducted since the writing of the paper

Delays in Elective Care

- No delays in EL LSCS
- Elective List to commence on the 10th of January 2023
- Induction of Labour- no delays reported

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• NHSR year 4 guidance revised, Interim post in to support Reporting timeline approved through MAC • No escalations from the task and finish group	• Initial 7 IEA- final IEA is 91% compliant following evidence review at LMNS panel. • Final 15 IEA, 14 have been peer assessed pause as single oversight framework delayed until Easter 23

Incidents reported Dec 2022 (76 no/low harm, 1 moderate or above)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 15	Themes includes Category 1 LSCS, 3rd and 4th degree tears and PPH

Other

- PPH remains above the national threshold, SFH continue to engage with the regional offer from NHSE for the Obs Cymru care bundle, to monitor as part of the bundle includes accurate measuring of the blood loss which may have increased the rate.
- One Moderate case reported PPH, reviewed through MDT meeting and harm downgraded with no further action required.
- Apgar's reduced below national reporting levels.
- FFT rate remains improved with QI work, to remain on scorecard.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals														
	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE							WELL LED		
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD							GOOD		

Maternity Quality Dashboard 2020-2021	Alert [national standard/average	Running Total/ average	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway														
Women reccving MCOC intraprtum														
Total BAME women booked														
BAME women on CoC pathway														
Spontaneous Vaginal Birth			63%	61%	59%	55%	60%	60%	60%	58%	55%	55%	54%	43%
3rd/4th degree tear overall rate	>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%	6.30%	2.40%	4.30%	2.80%	1.80%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7	3	9	9	14	14
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%	1.10%	3.20%	3.90%	4.60%	4.80%
Term admissions to NNU	<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%	3.70%	3.1%	1.30%	2.00%	3.20%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%	1.20%	0.79%	2.10%	2.70%	1.10%
Stillbirth number	Actual	11	1	1	0	1	2	2	1	0	2	0	2	2
Stillbirth number/rate	0	4.63			3.727			5.952			3.300			3.240
Rostered consultant cover on SBU - hours per week	<60	60	60	60	60	60	60	60	60	60	60	60	60	60
Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10	10	10	10	10	10	10
Midwife / band 3 to birth ratio (establishment)	>1:28		1:29	1:22	1:22	1:22	1:22	1:24.5	1:27	1:27	1:27	1:27	1:27	1:27
Midwife/ band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:26.5	1:29	1:29	1:29	1:29	1:29	1:29
Number of compliments (PET)		0	0	0	1	1	1	1	1	1	2	2	2	3
Number of concerns (PET)		9	0	0	2	2	1	0	0	0	1	2	1	1
Complaints		11	1	1	2	1	0	2	1	0	0	0	0	0
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%	91%	91%	89%	90%	90%
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%	95%	96%	92%	94%	
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	92%	92%	
Core competency framework compliance			81%	81%	88%	95%	95%	95%	95%	95%	95%	95%	95%	
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above													
Maternity incidents no harm/low harm	Actual	928	83	45	69	58	70	99	105	72	96	72	80	79
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1	0	0	0	0	0
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	N	N

Board of Directors Meeting in Public

Subject:	Guardian of Safe Working Hours Report	**Date:** 2nd March 2023	
Prepared By:	Rebecca Freeman – Head of Medical Workforce Jayne Cresswell – Medical Workforce Specialist		
Approved By:	David Selwyn - Medical Director		
Presented By:	David Selwyn - Medical Director		

Purpose		
This report is a Mandatory requirement for assurance of safe working as per the Terms and Conditions of Service (TCS) of the 2016 Junior Doctors Contract.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

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

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

Committees/groups where this item has been presented before
Due to the Local Negotiating Meeting due to take place on Thursday 16th February being cancelled, this paper has not been presented to the committee, however, it has been circulated to the members of the Committee.

Executive Summary

The Guardian of Safe Working Hours report provides information relating to the exception reports received between 1st November 2022 and 31st January 2023.

The report gives an overview of the exception reports that have been received by Division and grade of doctor and the reasons for the exceptions, making comparisons against previous years.

There have been no fines or work schedule review requests during this period.

The report also describes actions that have been undertaken during this quarter and actions that are planned for the next three months.

The report outlines the reasons for the 2 immediate safety concerns that were reported during this period, one relates to only having a short lunch break whilst the other was as a result of staff shortages.

Trust Board is asked to note:

- The increase in exception reports particularly from F1 doctors from the same quarter in 2021 and that the number of exception reports from senior Postgraduate Trainees is gradually increasing.
- That both the Postgraduate Trainees and the Clinical Fellows on ward 34 feel more supported and the ward is more organized.
- The more straight forward exception reports will be responded to by the Medical Workforce Team going forwards.
- The current Guardian of Safe Working is due to retire at the end of March 2023 and the post is currently being advertised.
- There are a number of system developments due to be released over the next few weeks.
- The Clinical Fellows will raise exception reports through the system.

Introduction

This report provides an update on exception reporting data, from 1st November 2022 to 31st January 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, 205 (200.8 FTE) postgraduate doctors in training have been allocated to the Trust by Health Education East Midlands (HEEM).

The Trust has an establishment of 224 trainee posts, so this quarter there are 19 (23.2 FTE) vacant trainee posts, this is due to HEEM not being able to fill these posts for a number of reasons, including doctors being on maternity leave (4 doctors, 3.5 FTE), doctors leaving the training programme or there not being enough trainees following a particular training pathway to fill the posts across the country. The doctors are allocated to the Trust via an automatic allocation system, a maximum of three months prior to the doctor coming to the Trust. The reasons for the vacancies are often unknown unless a doctor has commenced with the Trust and then left part way through the rotation, however, the general reasons are described above. Anyone leaving the training programme after commencing at the Trust would be offered an exit interview.

High level data as of 31st January 2023

	Posts	Heads	FTE
Established doctor in training posts:	224		
Number of doctors in training in post:	202	205	200.8
Number of training posts unfilled by a doctor in training:	22	19	23.2
Number of unfilled training posts filled by a non-training doctor:	6	6	5.6
Established non-training doctor posts:	98		
Number of non-training doctors in post:	82	82	81.4
Number of non-training posts unfilled:	16	16	16.6

High level data from previous quarter (as of 31st October 2022)

	Posts	Heads	FTE
Established doctor in training posts:	225		
Number of doctors in training in post:	207	207	202.5
Number of training posts unfilled by a doctor in training:	20	20	22.5
Number of unfilled training posts filled by a non-training doctor:	5	5	4.1
Established non-training doctor posts:	92		
Number of non-training doctors in post:	81	81	81
Number of non-training posts unfilled:	11	11	11

There has been a decrease in doctor in training posts by 1 due to an additional Academic Fellow post being assigned to the Trust in the first quarter. The non-training posts have increased by 6 due to a business case being approved for ED.

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 PAs per trainee

Exception reports From November 2022 (with regard to working hours)

The data from 1st November 2022 to 31st January 2023 shows there have been 87 exception reports in total, 70 related specifically to safe working hours while 7 were related to the rota pattern, 6 were related to educational issues and 4 related to service support.

Two 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 16 exception reports in November 2022, 35 in December 2022 and 36 in January 2023.

Of the 72 exception reports relating to safe working hours, 60 were due to working additional hours, 7 were due to natural breaks and 1 was due to rest.

Of the total 87 exception reports 28 (32%) have been closed with 59 (68%) still open, 55 of these are overdue. Of the 55 overdue exception reports, 50 are still waiting for the initial meeting to take place, the other 5 are unresolved.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 9 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 65 (75%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Whilst the system does send a notification to the supervisor that an exception report requires action, further notifications from the system would help to remind the supervisors of exception reports requiring their attention and the time limit by which they need to respond. Currently manual reminders are sent from the Guardian of Safe Working and the Medical Workforce Team.

Where an outcome has been suggested there are 16 (57%) with time off in lieu (TOIL) totaling 22 hours and 45 minutes, 11 (39%) with additional payment totaling 5 hours and 20 minutes at normal hourly rate and 2 hours at premium rate and 1 (4%) 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.

A number of system upgrades are planned over the next few months that will include additional reminders being sent where exception reports remain outstanding and the ability for the administrator to close exception reports that the doctor has not closed in a timely manner.

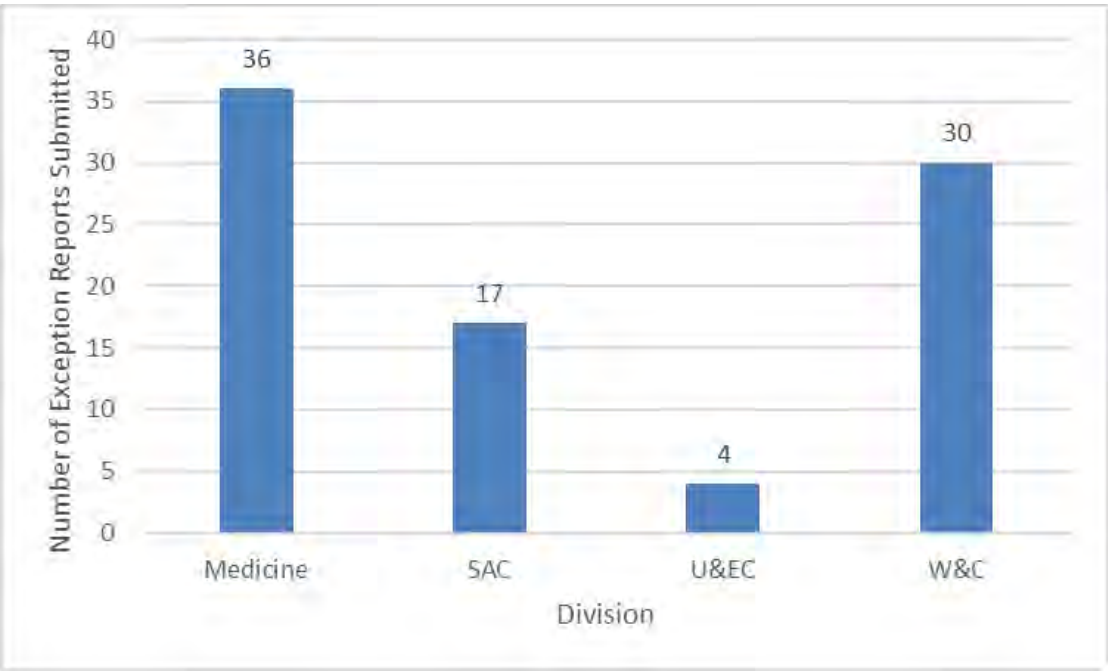


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 40 (46%) in total - are from postgraduate trainees working in the Medicine Division. Although the doctors are within the Medicine Division their acute medicine shifts are within the Urgent and Emergency Care Division. Therefore, of the 40 exception reports, 4 were whilst doing acute medicine shifts and 36 whilst doing specialty specific or ward-based work in medicine.

Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 1 Doctors. In total 44 (50%) of the exception reports have come from the Foundation Year 1 Doctors, 27 (31%) from the Foundation Year 2 Doctors, CT1/2 and ST1/2 doctors and 16 (19%) from CT3/ST3+ doctors.

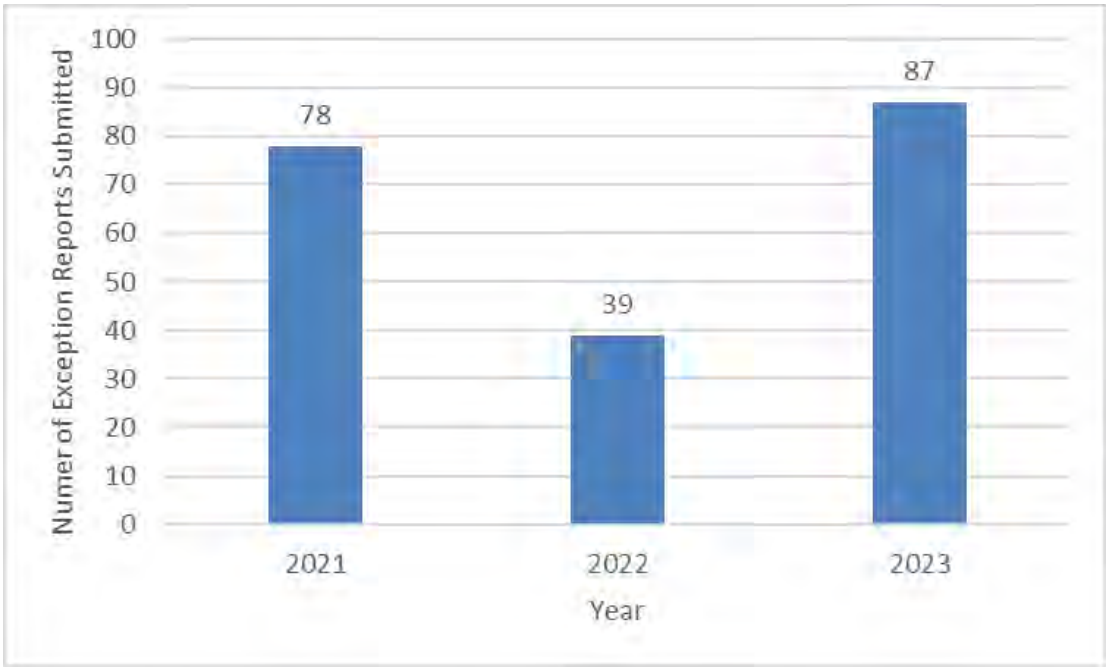


Figure 3. Comparison of number of exception reports for the same period between 2021, 2022 and 2023

Before the Pandemic, in 2018 for the same quarter, this number was 137 and in 2019 it was 66. The above shows a decline in exception reports for the same quarter in 2022. At this point in 2022 there were high numbers of COVID patients in the hospital and interim rotas were put in place to provide additional support given the high numbers of patients in the Trust, particularly just prior to and after the Christmas period.

Date	Grade and Specialty of Doctor	Details of Immediate Safety concern reported by the Trainee	Action Taken	Status of the Concern
08.12.22	CT1 in Paediatrics	The Trainee reported that they were only able to have a short10 minutes lunch break.	Registrar and consultant were made aware	The report is Closed
23.12.22	F1 in General Surgery	The trainee worked an additional 1 hour and 10 minutes. The trainee had finished their jobs for the day by 4.30pm so went to SAU to help for the final 30 minutes of the shift. They noticed a patient deteriorating and so stayed to help care for the patient as the doctor due to work the twilight shift was delayed. The twilight doctor arrived at 6pm and the trainee then left.	A review of the Exception report has been completed by the Clinical Supervisor.	The report is now waiting for the doctor to close it.

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 more exception reports from the Foundation Year 1 doctors and the ST3+ doctors than in previous years but there are less exception reports from the junior grade doctors than in 2021. However, overall the number of exception reports is increasing.

Exception Reports from Clinical Fellows

There are 82 Clinical Fellows and other non-training doctors. During this quarter there have been 7 exception reports received from Clinical Fellows. 5 reports were from the doctors in Acute Medicine and 2 were from doctors in Medicine. 5 reports were due to working additional hours and 2 were raised as immediate safety concerns due to a shortage of staff overnight. For those that worked additional hours, they worked an average of an additional 50 minutes each at the end of a normal working day, the exception reports have been reviewed by the clinical supervisors, all were supported and time in lieu or pay to the doctors. All are now closed.

The Clinical Fellows are regularly reminded about completing exception reports.

Going forward the Clinical Fellows will use the allocate system to report exception reports. This process will start from the beginning of March and going forward Clinical Fellows will be included with other grades of doctor.

Work Schedule Reviews

There have been no work schedule reviews. Exception reports continue to be dealt with as a one-off with few progressing to a work schedule review for issues that are recurrent.

Fines

There were no fines issued this quarter.

Vacancies

The Trust currently has 205 doctors in training. As mentioned in the introduction, there are 19 vacancies currently where the Trust has not been allocated trainees by HEEM, the reasons for these posts not being filled were also mentioned in the introduction, 6 of the vacancies are currently filled by Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible. The Medical Workforce Team have recently taken over the recruitment of all Medical staff, this will enable a better oversight of the recruitment picture as a whole. As detailed above there will always be vacancies for a variety of reasons and it is important to anticipate the likely number of gaps based on the position historically and proactively recruit additional Clinical Fellows and Senior Clinical Fellows to mitigate that position each year. The Trust still receives approximately 45% of the basic salary for the post where they have not been able to fill the gap but when recruiting a Clinical Fellow to fill any vacancy there is the additional cost of a supernumerary period of 8 weeks as generally Clinical Fellows are new to the NHS and therefore require a comprehensive introductory period. Currently the gaps that remain unfilled are covered on a temporary basis by doctors on the Trust bank.

Qualitative information

The number of exception reports made by the more senior trainees' is increasing with 16 being reported this quarter an increase of 11 from the same quarter last year. The number of exception reports has increased significantly over the last quarter, particularly amongst the F1 doctors, the hospital has remained extremely busy particularly over the Christmas period, whilst it is still felt that there is some under reporting this is improving and the junior doctors are encouraged to exception report at every opportunity. The response to the exception reports by Educational and Clinical Supervisors within the required 7 days has deteriorated. 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. Despite reminders, this number has increased considerably. The Guardian has agreed to manage this differently going forward. Going forward the Medical Workforce Team will review the exception reports, highlighting those that are more complex and require clinical intervention to the Clinical Supervisors and responding to the remainder.

Date of the Guardian Report	**Number and Percentage of reports <u>not</u> responded to within 7 days**
November 2022 – January 2022	75% of all reports received 65 reports
August 2022 – October 2022	66% of all reports received 72 reports
May 2022 – July 2022	25% of all reports received 10 reports
February 2022 – April 2022	56% of all reports received 38 reports
November 2021 – January 2022	50% of all reports received 15 reports

Table 3 Exception Reports <u>not</u> responded to within 7 days

The Guardian of Safe working attended a regional Guardian meeting on 23rd November 2022 and the National Guardian of Safe Working Conference on 25th November 2022. Both meetings were very informative and have resulted in rich discussions taking place around best practice. Dr Martin Cooper the Guardian of Safe Working is retiring from the Trust at the end of March 2023. The post is currently being advertised.

The Guardian of Safe Working and the Head of Medical Workforce visited ward 34 in January, where a number of exception reports had previously been raised relating to the lack of Medical staff and the disorganisation of the ward. Both were pleased to see that the issues had been addressed and additional support was available on the ward. The doctors also reported that the consultants had made a number of changes to improve the organisation of the ward and this change had been well received by both the Postgraduate Trainees and Clinical Fellows.

On talking to the Postgraduate Trainees a number don't find the exception reporting system to be user friendly. This has been fed back to Allocate the software provider and a number of system improvements have been developed which will be released within the next few weeks.

This has created an ideal opportunity to re-send updated hints and tips for exception reporting together with the details of the system improvements when released.

It is important to add that the morale of the trainee postgraduate doctors is particularly low. Following the outcome of the recent ballot, it is likely that a 72 hour strike will take place over the next few weeks. Planning for this action is being progressed.

Conclusion

Trust Board is asked to note:

- The increase in exception reports particularly from F1 doctors from the same quarter in 2021 and that the number of exception reports from senior Postgraduate Trainees is gradually increasing.
- That both the Postgraduate Trainees and the Clinical Fellows on ward 34 feel more supported and the ward is more organized.
- That the more simple exception reports will be responded to by the Medical Workforce Team going forwards.
- That the current Guardian of Safe Working is due to retire at the end of March 2023 and the post is currently being advertised.
- That there are a number of system developments due to be released over the next few weeks.
- With immediate effect the Clinical Fellows will report exceptions using the allocate system.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report

Action/Issue	**Action Taken (to be taken)**	**Date of completion**
Exception reports being responded beyond the first 7 days.	The Medical Workforce Team will manage the more straight forward exception reports, whilst still encouraging the Clinical Supervisors to respond those requiring Clinical input.	28th February 2023
Recruitment to the post of Guardian of Safe Working	The post is currently being advertised.	Ongoing
Planned System Improvements	Implementation of the system improvements by Allocate, the impact of the improvements will be monitored and an update provided in the next report.	30th April 2023

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Finance Chair's Highlight Report to Trust Board

Subject:	Extraordinary Finance Committee meeting	**Date:** 28th February 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Purpose			
The paper summaries the key highlights from the Finance Committee meeting held on 28th February 2023		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Risks remain in the delivery of the best possible 2022/23 financial position, although assurance was provided on the management of these. ▪ The 2023/24 draft plans show some areas of non-compliance. Work is ongoing to finalise the 2023/24 plans over the next month.	▪ Finalisation of 2023/24 Plans ▪ Discharge Lounge implementation review
Positive Assurances to Provide	**Decisions Made**
▪ Monthly Finance report (Month 10) and progress on delivery of 2022/23 year-end position ▪ Submission of 2023/24 draft plans ▪ EPR Business Case Support ▪ Discharge Lounge Capital Funding	Approval granted for: ▪ GP IT Refresh ▪ Committee Effectiveness Self-Assessment Report ▪ Discharge Lounge Capital Funding (subject to Board ratification)
Comments on Effectiveness of the Meeting	
Effective in terms of decision making and discussion on issues pertinent to the Committee.	