MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: **Thursday 4th July 2024**
Time: **09:00 – 12:15**
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	**Patient Story: The Emergency Department – Treating patients with mental health** Richard Clarkson, Divisional Director of Nursing for UEC	Assurance	Presentation
5.	09:20	**Minutes of the meeting held on 6th June 2024** To be agreed as an accurate record	Agree	Enclosure 5
6.	09:25	**Action Tracker**	Update	Enclosure 6
7.	09:30	**Acting Chair's Report**	Assurance	Enclosure 7
8.	09:35	**Acting Chief Executive's Report**	Assurance	Enclosure 8
	Strategy			
9.	09:45	**Strategic Objective 1 – Provide outstanding care in the best place at the right time** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 9.1
10.	10:00	**Strategic Objective 2 – Empower and support our people to be the best they can be** • **Equality and Diversity Annual Report** Report of the Director of People	Assurance	Enclosure 10.1
11.	10:15	**Strategic Objective 5 – Sustainable use of resources and estate** • **2024/2025 Capital Expenditure Plan** Report of the Chief Financial Officer	Assurance	Enclosure 11.1

	Time	Item	Status	Paper
	BREAK (10 mins)			
	Strategy			
12.	10:40	**Digital Update** Report of the Acting Chief Executive	Assurance	Enclosure 12
	Operational			
13.	11:10	**Integrated Performance Report (IPR) Annual Review** Report of the Chief Operating Officer	Assurance	Enclosure 13
	Governance			
14.	11:30	**IG / Data Security Protection Toolkit Submission** Report of the Director of Corporate Affairs	Approval	Enclosure 14
15.	11:40	**Assurance from Sub Committees** • Audit and Assurance Committee Report of the Committee Chair (last meeting) • Finance Committee Report of the Committee Chair (last meeting) • Quality Committee Report of the Committee Chair (last meeting)	 Assurance Assurance Assurance	 Enclosure 15.1 Enclosure 15.2 Enclosure 15.3
16.	12:00	**Outstanding Service - OPUS Music – Making music an intrinsic part of healthcare**	Assurance	Presentation
17.	12:05	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	12:10	**Any Other Business**		
19.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **1st August 2024, Boardroom, King's Mill Hospital**		
20.		**Chair Declares the Meeting Closed**		
21.		**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 09	• **Nursing and Midwifery Safer Staffing Reports**
Enc 15.1	• **Audit and Assurance Committee – previous minutes**
Enc 15.2	• **Finance Committee – previous minutes**
Enc 15.3	• **Quality Committee – previous minutes**

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 6th June 2024, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Acting Chair	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	David Selwyn	Acting Chief Executive	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
	Simon Roe	Acting Medical Director	SR
In Attendance:	Paula Shore	Director of Midwifery	PS
	Navtej Sathi	Guardian of Safe Working	NS
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Rich Brown	Head of Communications	
	Liz Barrett	Lead Governor	
	Ian Holden	Public Governor	
	Claire Page	360 Assurance	
	Joe Locker	Notts TV	
	1 members of the public		
Apologies:	Claire Hinchley	Interim Director of Strategy and Partnerships	CH

Item No.	Item	Action	Date
24/169	**WELCOME**		
1 min	The meeting being quorate, GW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.		
24/170	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/171	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Claire Hinchley, Interim Director of Strategy and Partnerships.		
24/172	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2nd May 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/173	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 23/356.1, 24/108.1, 24/108.3, 24/142.2, 24/142.3, 24/144.1 and 24/144.2 were complete and could be removed from the action tracker.		
24/174	**ACTING CHAIR'S REPORT**		
5 mins	GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective, highlighting temporary changes to the Board of Directors and Staff Excellence Awards. GW expressed thanks to Claire Ward, outgoing Chair, for her work for the Trust over the last 11 years. GW advised during his first week in post he has been setting up initial meetings with stakeholders. The Board of Directors were ASSURED by the report. **Council of Governors Highlight Report** GW presented the report. NM advised it was a very good meeting, with pertinent and challenging questions raised. ARB noted the concern raised by the Quality Committee in relation to the Medical Lead for Sepsis and queried if any progress had been made.		

	DS advised a job description has been developed and the post will shortly be advertised for expressions of interest. There is a Medical Lead for Sepsis in ED, which was the area of most concern. The Board of Directors were ASSURED by the report.		
24/175	**ACTING CHIEF EXECUTIVE'S REPORT**		
7 mins	DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, highlighting actions required during the pre-election period, ongoing high levels of demand across the urgent and emergency care pathway, opening of the new Discharge Lounge, industrial action, midwifery retention scheme, relaunch of staff networks, Community Diagnostic Centre (CDC) information event, Patient-Led Assessment of the Care Environment (PLACE) inspections, increased car parking capacity at Newark Hospital and the successful joint bid, with Nottingham University Hospitals (NUH), to deliver the Sexual Health Service across the Integrated Care Board (ICB). On behalf of the Board of Directors, DS sent best wishes to Paul Robinson, Chief Executive, and his family. BB noted previous discussions in relation to the year on year increase in demand for services, particularly on the emergency care pathway, and the increase in acuity and queried if any progress had been made in terms of understanding acuity. SR advised a report will be presented to a meeting of the Emergency Task Force to look at the initial early warning score for patients, as this is available on Nervecentre, which will allow the data to be tracked. PB advised a report is due to be presented to the People Committee in July 2024, which demonstrates the acuity tool used in inpatient areas for nursing and midwifery. ARB queried if the Discharge Lounge was starting to make an impact. RE advised the number of patients going through the Discharge Lounge is tracked each week and the numbers are increasing. RE advised she would include data in relation to the usage of the Discharge Lounge in the next Integrated Performance Report (IPR) for the Board of Directors. MG queried if any feedback had been received from patients using the Discharge Lounge. RE advised the video which was shared at the May meeting of the Board of Directors included positive feedback from patients. This has continued. **Action** • **Data in relation to usage of the Discharge Lounge to be included in the Integrated Performance Report (IPR)** The Board of Directors were ASSURED by the report.	**RE**	**01/08/24**

24/176	**STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME**		
18 mins	PS joined the meeting. **Maternity Update** ***Safety Champions update*** PB presented the report, highlighting the Maternity Safety Champions' walkaround, Maternity Forum and the successful NHS Resolution (NHSR) Year 5 submission. PB expressed thanks to Claire Ward for her work as Non-Executive Maternity Safety Champion. GW advised Neil MacDonald will be taking this role on. PS highlighted the quality improvement focus on induction of labour and safety culture work. NM queried when the triage system was introduced. PS advised the triage system was introduced in 2023, but there is ongoing work in relation to the process. There is a task and finish group which is focussing on any key issues as they arise. Currently the main area of work relates to digital. A new lead midwife for the triage project has been appointed to support and take the lead on improvement work. Women going through triage will not have been through the process previously and, therefore, they have nothing to compare to when giving their feedback. PB advised the Trust previously had a triage system, but the Care Quality Commission (CQC) recommendation was to implement the recognised model. The Trust is working on improving each strand of the model. AH queried what the current areas of concern are and queried if the Trust is active in relation to pre-conception, given some of the issues affecting the local population. PS advised the Trust is able to recruit staff and is able to retain early career midwives. However, an area of concern is retaining midwives who are mid-career, noting this reflects the regional and national picture. There is a need to increase focus on this issue and look at Band 6-7 development. The Trust has been informed the funding for the recruitment and retention post has been made recurrent. Therefore, the Trust is now able to substantively recruit to this role. In terms of pre-conception, there is a role within the Phoenix Team which will be developed into a lead midwife for public health to look at weight management issues, in addition to sustaining the smoke free pregnancy service. PB advised there is a need to focus on neonatal services. An area of concern is the ongoing external pressure on maternity services, noting the media focus and need to review care in all organisations. This is having a huge effect on teams. The Board of Directors were ASSURED by the report.		

	Maternity Perinatal Quality Surveillance PB presented the report, highlighting improvement in the obstetric haemorrhage rate and maternity recruitment event. PB advised there were three suspensions of service during April 2024. MG noted there had been three suspensions of service in April 2024 and sought further information. PB advised the decision to suspend service is usually due to having no physical space or the acuity and pressure on the unit means the Trust is unable to accept any more patients. A process is in place where the safest option is to divert patients to another department which is in a position to accept them. If a patient presented, they would not be turned away and if no-one could accept patients when the unit was closed, the Trust would still accept patients and manage that, but this increases the risk. There are clear processes in place to manage this scenario, noting the safest process is to divert work in a proactive manner. Four patients were affected in April 2024. Sometimes the service can be suspended and no patients require transferring. Suspensions of service are usually for between two hours and half a day. ARB noted the high number of home births in April and queried if there were any capacity issues. PS advised the Community Team are currently fully recruited to and are providing a really good service, with very positive feedback being received. It is important the service is maintained. The Board of Directors were ASSURED by the report. PS left the meeting.		
24/177	**STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE**		
14 mins	NS joined the meeting **Guardian of Safe Working** SR presented the report, highlighting the number of doctors in training, allocation of an additional 15 Foundation Year 1 doctors in August 2024 and delays to completing work on the doctor's mess. SR advised there were 27 exception reports in the period from 1st February 2024 to 30th April 2024, 26 of which are now closed and one of which was categorised as an immediate safety concern. Further information on the exception reports raised is included in the report. The mean time to dealing with exception reports is 13.5 days and the team are working to improve this. AR queried if the junior doctors' concerns relate to them working unsupervised or their shifts overrunning. NS advised it is a mixture of factors, including issues in relation to time management and the degree of supervision and teamworking. NS outlined some of the work which has been undertaken recently to address the issues raised.		

	AR queried if there were any patient safety concerns linked to the issues raised and how this is being measured. NS advised no patient harm has been identified. Any issues would be highlighted through Datix reporting, with measures of harm being delay in treatment, adverse outcomes, etc. DS advised any immediate safety concerns are raised with the Governance Support Unit (GSU) who will triangulate them with Datix reports, look at patients' pathways and outcomes, etc. PB advised there is a daily review of all Datix reports by division. Depending on the grading and harm rating, this will feed into the governance process and Patient Safety Incident Response Framework (PSIRF) meetings. When harm is identified, or if there has been an incident, part of the review looks at if there was appropriate staffing. BB queried if work in relation to making doctors aware of Freedom to Speak Up (FTSU) and triangulating information between FTSU and the Guardian of Safe Working had progressed. NS advised he has not yet had a formal meeting with the FTSU Guardian. However, when he attends the Grand Rounds, he encourages junior doctors to approach him with any issues. Having a joint discussion with the FTSU Guardian at the Grand Round may be beneficial. PB advised people are made aware of FTSU at the Trust induction sessions and there are FTSU Champions across the organisation. DS advised historically not many FTSU concerns were raised by people from a medical background. However, this has increased over the past year, which should be viewed as positive as the Trust has actively encouraged reporting. The medical workforce has a number of different routes available to raise any concerns. GW noted the number of exception reports has significantly reduced over the past quarter, compared to the same period in previous years, and queried if this is a cause for concern. NS advised two colleagues have recently attended a meeting at which some work undertaken in relation to exception reporting in Plymouth was discussed and there are plans to replicate this work at SFHFT. There are some concerns juniors do not know how to exception report. NS advised he has attended the Grand Round and signposted people to the intranet. However, currently the Guardian of Safe Working site and information relating to exception reporting are on different parts of the Trust's intranet site. Work is underway to improve this. AR felt consideration needs to be given to the amount of protected time available to NS to undertake the Guardian of Safe Working role, noting currently this equates to only one session per week. The Board of Directors were ASSURED by the report. NS left the meeting		

24/178	**STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE**		
27 mins	**2024/2025 Plan** RM presented the report, advising the Integrated Care System (ICS) plan for 2024/2025 was submitted to NHS England (NHSE) on 2nd May 2024. RM outlined the areas covered by the plan, advising the Trust's plan sets out the ambition to improve clinical and operational performance and meets most of the national priorities and operational requirements published by NHSE. The Trust acknowledges the need to 'live within its means' and the plan recognises the need to reduce reliance on high cost temporary staffing. The planned financial deficit for 2024/2025 is £14m, which matches the reported deficit for 2023/2024. However, the 2023/2024 position was supported by a lot of one-off financial benefits. The Trust's overall efficiency programme is targeting £38m of savings. The Trust's ability to deliver ambitious improvements in operational performance carries a lot of risk and will require transformational actions across the Trust and ICS. Performance against the plan will be managed via the established performance review processes. NHSE wrote to all systems during week commencing 27th May 2024 requesting a further plan submission by 12th June 2024. No material changes to the SFHFT plan are anticipated. RM sought delegation of authority to the Executive Team to confirm the submission due on 12th June 2024. GW noted the letter from NHSE refers to 'fair share' adjustments in terms of capital. Noting the ICS is in deficit, GW queried if there will be any implications for the Trust and the system. RM advised NHSE have published some changes to the financial regime and 'fair share' allocations have been calculated. The difference between the revenue plan limit, which is £100m deficit for Nottinghamshire, and what would be deemed fair share allocation is circa £55m. This means there will be a reduction to the capital envelope for Nottinghamshire for 2024/2025 to the tune of £8.2m for the system. This will create further challenge in terms of capital ambitions. GW noted the Trust and the ICS has a huge Financial Improvement Programme (FIP) to deliver and queried how system partners are working together to deliver this. RM advised there is an ICS oversight group, which meets every two weeks, and is focussing on the system transformation actions. All parties across the ICS are part of this group. In addition, there is an ICS financial recovery group, which meets weekly. A half day workshop is scheduled for later in June 2024 to review progress against the plan which was submitted and there will be a Quarter 1 (Q1) stocktake in July 2024 to consider how the ICS is performing against the ambition set out in the plan. It is important to avoid duplication when working at a system level and have the right conversations in the right place and at the right time. SB noted the Trust's ambition to improve A&E waiting times by 6% and sought clarification what this is based on.		

	RE advised the financial plan and the operational plan do not triangulate, noting the growth in the plan is 0.6%, which does not match the growth in demand which is being seen. ED performance has improved by 9% since January / February 2024 following the 'March Sprint' and this position is being held. There are a number of internal actions which can be taken, for example, embedding the use of the Discharge Lounge, expanding the hours of the surgical Same Day Emergency Care (SDEC) which has recently been introduced and other flow improvement work. However, the Trust does require support from the system in terms of demand management. The Trust has undertaken a lot of work over the past 12 months in relation to the 'back door' and the metrics are showing the Trust is moving in the right direction. The concern is if something is not done to stem the demand at the 'front door', the 78% target will be difficult to achieve. DS advised performance against the plan is very closely linked to the Trust's strategic direction and objectives in the 2024-2029 Trust Strategy. Updates in relation to the delivery of the Strategy will be provided to the Board of Directors. The ICB are aware of the increased demand and the executives are giving a consistent message in relation to this. RE advised the Trust has put additional staffing and shifts in place to match the demand. There is a constant challenge to match the two expectations of achieving the financial target and delivering operational targets. BB requested an update regarding the maturity of the Trust's relationship with the Primary Care Networks (PCNs). SR advised the relationship is developing. There is a lot of work happening at a system level in terms of frailty. However, there are opportunities for more collaborative working with primary care colleagues. There are actions which can be taken in relation to respiratory and cardiology which would make a difference in terms of admission avoidance. MG queried which sub-committee will monitor each target to ensure there is a deeper dive into the risks and mitigations. RE advised the targets will cut across several committees. For example, Elective Recovery Fund (ERF) will be looked at from a planned care performance perspective through the Quality Committee, but the achievement of the ERF target from a financial perspective will be considered by the Finance Committee. BB noted the Trust's local health community was deemed to be below the 'fair share' allocation and queried if this was still the case. RM advised, as part of the financial regime change, NHSE have determined an acceptable revenue plan limit for every system, which for Nottinghamshire is £100m. In addition, they have calculated what a 'fair share' allocation would 'look like' if all the resources in the NHS were allocated on a health needs basis. This calculation for Nottinghamshire is circa £45m deficit. AH noted the scale of the 'ask' of the system and queried if there is an understanding of the impact the £250m savings partners have to make will have on the Trust's ability to deliver.		

	RM advised at the fortnightly system oversight group meetings, partners will share what actions they are taking, but the detail of the implications a scheme could potentially have on partner organisations has not been explored. This will form part of the ICS session planned for the end of June 2024. PB advised work is underway to establish a system-wide Quality Impact Assessment (QIA) process to enable schemes to be considered 'in the round'. RM advised the clinical voice is very important. RS advised similar conversations are taking place from a workforce perspective, in terms of considering the consequences for staffing if a service was reduced or provided in a different way. AH queried what the likely consequences will be if the system is significantly off plan at the end of Q1. RM advised this could potentially affect the Trust's decision making autonomy in terms of approving any new purchase orders and invoices over a certain value or the Trust may be penalised in terms of capital. NM noted the plans are ambitious and queried what the current level of confidence is in the Trust's ability to deliver. RM advised there are differing levels of risk in different aspects of the plan. RM advised he is confident the Trust will show improvement, but is less confident the Trust will deliver all the targets until Q1's data is available. DS advised there is some concern in relation to delivery of the FIP, noting the 'easy' work has been completed in previous years and now transformational changes are required which need time to develop. Given the current levels of demand on the organisation, the Trust does not have the luxury of time. RS advised the plan was based on a number of assumptions, one of which was no or limited impact from industrial action. However, there is already a period of industrial action planned by the British Medical Association (BMA). The Board of Directors were ASSURED by the report and APPROVED the delegation of authority to the Executive Team to confirm the plan submission due on 12th June 2024.		
24/179	**STAFF STORY – MAKING OUR PEOPLE PROMISE A REALITY – WORKING AT SHERWOOD FOREST HOSPITALS**		
7 mins	RS presented the Staff Story, which highlighted the work underway in relation to the People Promise aspect of the People Strategy. GW felt it was a good video which got across some good messages. MG noted the comments in relation to the sense of belonging at the Trust and access to learning and development opportunities. GW queried how the video will be used. RS advised it will be used as part of the Trust's Orientation Day and other learning opportunities.		

24/180	**PEOPLE STRATEGY**		
13 mins	RS presented the report, highlighting the sustained improvement in the Staff Survey results and building and embedding of relationships. RS advised the focus for the third and final year of the current People Strategy will be a continuation of the pillar concept, work on the retention agenda, increase work experience opportunities and learning more about the data available and how that can influence decisions made through the heatmap. There is a need to start to think about the strategy for 2025 and beyond. SB noted the good progress to date and advised there was a good discussion about the People Strategy at the recent meeting of the People Committee. NM felt it is a positive, progressive strategy. ARB advised the People Strategy shows the organisation is taking an interest in its staff. MG requested more information regarding the phrase "Triangulate the workforce element of the planning process with activity and finance". RS advised this has been discussed at People Committee and the Committee will need to have visibility of performance against plan to identify successes and opportunities for further improvement. A component of the delivery of that will be the efficiency programme, which will be largely workforce related. There is a need to ensure this triangulates appropriately with growth demand and that the Trust lives within its means. BB felt the report was well presented, but felt more information of the impact of the key achievements would have been helpful. DS advised the Trust's financial plans are predicated on workforce and there is a need to be cognisant of the impact this may have on staff. GW noted the good progress to date. The Board of Directors were ASSURED by the report and APPROVED Year 3 of the People Strategy.		
24/181	**BOARD ASSURANCE FRAMEWORK (BAF)**		
2 mins	DS 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. It was noted four risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability) and PR4 (Failure to achieve the Trust's financial strategy) remain as significant risks and they are also above their tolerable risk ratings. The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.		

24/182	**USE OF THE TRUST SEAL**		
1 min	SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation: • Seal number 116 was affixed to a document on 7th May 2024 for Nottinghamshire County Council. The document related to the lease of the car park on Northfield Road at King's Mill Hospital. The Board of Directors NOTED the use of Trust Seal number 116.		
24/183	**ASSURANCE FROM SUB-COMMITTEES**		
19 mins	**Finance Committee** GW presented the report, highlighting 2024/2025 planning, review of BAF, Electronic Patient Record (EPR) Governance and the importance of triangulation between the committees on the FIP, cash, productivity and capital. There is a request for the Board of Directors to delegate authorisation for cash requests for the remainder of 2024/2025 to the Finance Committee. The Board of Directors were ASSURED by the report and APPROVED the delegation of authorisation for cash requests for the remainder of 2024/2025 to the Finance Committee. **Quality Committee** AR presented the report, highlighting sepsis training, programme of deep dives, Martha's Rule pilot and review of BAF. PB advised sepsis training is mandatory from June 2024. It may be useful for a session on Martha's Rule to be a topic for a future Board of Directors' workshop. **Action** • **Martha's Rule to be topic for future Board of Directors' workshop.** SB welcomed the programme of deep dives. The Quality Committee Annual Report was noted The Board of Directors were ASSURED by the report. **People Committee** SB presented the report, highlighting delays to the new Doctors' Mess, workforce perspective on NHSE planning guidance and agency usage reduction programme. GW noted the delays to the Doctors' Mess, which have been caused by interpretation issues in relation to the new Building Safety Act.	**PB**	**TBC**

	DS advised there is a significant focus on this project. Ongoing delays will have an impact on the Trust's capital programme and cost of the project, as well as operational implications. The People Committee Annual Report was noted The Board of Directors were ASSURED by the report. **Charitable Funds Committee** ARB presented the report, highlighting the Charity Strategy and fundraising for the expansion to the breast service. The Charitable Funds Committee Annual Report was noted The Board of Directors were ASSURED by the report. GW noted there was a degree of inconsistency in the sub-committee annual reports, particularly in relation to attendance, and requested a more uniform approach be taken for future reports. **Action** • **Sub-committee annual reports to follow same format.**	**SBS**	**April 2025**
24/184	**OUTSTANDING SERVICE – SUPPORTING PEOPLE LIVING WITH DEMENTIA - FIRST SPECIALIST ADMIRAL NURSE APPOINTED TO SUPPORT PEOPLE LIVING WITH DEMENTIA**		
9 mins	A short video was played highlighting the appointment of a specialist Admiral Nurse. BB noted the Dementia Team is only a Monday to Friday service and queried if there are any plans for the service to be available at weekends. PB advised this is the aim. The Team has only recently increased to three people and it is important caring for people with dementia is not seen as just the Team's job. The Team's role is to provide others with the necessary skills to enable them to provide the care required. SB queried if there are other mental health conditions, learning disabilities, etc. which the Trust should be providing support with. PB advised the Trust has a learning disabilities nurse specialist who specialises in conditions such as autism and ADHD. SB queried if the Trust is able to provide support to people in crisis. PB advised this is the case, but more people are needed.		
24/185	**COMMUNICATIONS TO WIDER ORGANISATION**		
3 min	The Board of Directors AGREED the following items would be disseminated to the wider organisation: • Pre-election period • Staff Excellence Awards • CDC information event		

	• Financial plan for 2024/2025 • Staff Story – People Promise • Appointment of Admiral Nurse • People Strategy • Support for colleagues during periods of industrial action • Pilot site for Matha's Rule • National Volunteers Week • Work of the Trust's charity		
24/186	**ANY OTHER BUSINESS**		
	No other business was raised.		
24/187	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th July 2024 in the Boardroom at King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:25.		
24/188	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Graham Ward **Chair** **Date**		

24/189	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
1 min	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. No questions were raised from members of the public.		
24/190	**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.		

Outstanding Care,
Compassionate People,
Healthier Communities

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
24/039	01/02/2024	Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports.	Public Board of Directors	None	01/08/2024	S Brook Shanahan	K Bosworth		Grey
24/106.2	04/04/2024	Report to be provided to the People Committee in relation to the actions being taken to address diversity within the Trust, particularly people in senior leadership roles	Public Board of Directors	People Committee	01/08/2024	R Simcox		**Update 24/04/2024** Item to be presented at the July meeting of the People Committee **Update 20/06/2024** An assurance item was presented and recived ay the May People Committee **Complete**	Green
24/108.2	04/04/2024	Report to be provided to the Quality Committee in relation to the work of the Lower Pelvic Floor Team, particularly the impact of their work on third and fourth degree tears.	Public Board of Directors	Quality Committee	~~04/07/2024~~ 03/10/2024	P Bolton	P Shore	**Update 17/04/2024** On agenda for June meeting of the Quality Committee **Update 20/06/2024** The Perinatal Pelvic Health Service paper will be presented at the August 2024 meeting of the Maternity Assurance Committee before presentation at the Quality Committee in September 2024	Grey
24/140	02/05/2024	Method of capturing and presenting data in relation to acuity in a meaningful way to be developed	Public Board of Directors	None	04/07/2024	S Roe		**Update 20/06/2024** Initial NEWS score used as a proxy of acuity. This data is presented as part of the emergency pathways performance report. There has been no significant change in the number of patients presenting with higher NEWS score (3 or above). SR has discussed with system intelligence and analytics unit to see if they can look at other system measures that may support assessment of acuity. **Complete**	Green
24/142.1	02/05/2024	Assurance and description of the establishment review process, methodology used and mandated national safe staffing requirements to provide assurance on the driver for the increase in nursing and midwifery staffing to be provided to the People Committee	Public Board of Directors	People Committee	01/08/2024	P Bolton			Grey
24/175	06/06/2024	Data in relation to usage of the Discharge Lounge to be included in the Integrated Performance Report (IPR)	Public Board of Directors	None	01/08/2024	R Eddie			Grey
24/183.1	06/06/2024	Martha's Rule to be topic for future Board of Directors' workshop	Public Board of Directors	None	TBC	P Bolton		Added to workshop schedule - date TBC **Complete**	Green
24/183.2	06/06/2024	Sub-committee annual reports to follow same format	Public Board of Directors	None	Apr-25	S Brook Shanahan			Grey

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chair's report	**Date:**	4th July 2024
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Graham Ward, Acting Chair		
Presented By:	Graham Ward, Acting Chair		

Purpose		
An update regarding some of the most noteworthy events and items over the past month from the Acting Chair's perspective.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community

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

Committees/groups where this item has been presented before

None

Acronyms

AGM = Annual General Meeting
ATTFE = Academy Transformation Trust Further Education
NHS = National Health Service
SFH = Sherwood Forest Hospitals

Executive Summary

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

Celebrating the contributions of our brilliant volunteers during National Volunteers Week

Between Monday 3rd and Sunday 9th June 2024, Sherwood Forest Hospitals was delighted to join the 40th anniversary celebrations of National Volunteers Week - including to celebrate and say 'thank you' to the Trust's 380 volunteers.

The national awareness week helps to highlight the contribution volunteers make to local communities, including the part they play in making great patient care happen across our hospitals.

There are 35 different volunteer roles across a range of services at the Trust's King's Mill, Newark and Mansfield Community Hospitals, which include wayfinding, assisting in wards and clinics, providing support at mealtimes, and working in the busy volunteer refreshment areas.

Volunteers provide an invaluable service to the Trust and help to deliver outstanding care, including by contributing over 50,000 hours per year. In June alone, 375 Trust volunteers generously gave over 4,550 hours of their time to help make great patient care happen across the 35 services they have supported during the month.

The month was a fantastic opportunity to shine a light on some brilliant stories from across our hundreds of volunteers - including the story of sisters Lorraine Shereston, Christine Henderson, and Val Grove who all give their free time to volunteer at Newark Hospital.

After working in the NHS for 33 years and at Newark Hospital, Val decided she wanted to give back and fill her time so took up volunteering at the Trust. This encouraged her sisters to do the same after they both retired, as Christine retired from her role working with young people with disabilities and Lorraine from her role as a nurse working with patients who have learning disabilities.

Sisters Lorraine, Christine and Val were celebrated during National Volunteers Week

To celebrate National Volunteers Week, volunteers at the Trust's three sites were given cakes kindly provided by the volunteers from Academy Transformation Trust Further Education (ATTFE) College, and arranged by Principal Liz Barrett, who is also the Lead Governor of Sherwood Forest Hospitals. We are grateful to the Trust for their support for our brilliant volunteers.

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

- Co-ordinating a training session for OPUS Healthcare Musicians. In addition to their weekly visits funded by the Sherwood Forest Hospitals (SFH) SFH Charity, OPUS will be providing training to hospital staff, equipping them with the skills and knowledge to incorporate music into their daily routines. This training will enable staff to use music as a tool for improved health and wellbeing, relaxation, patient engagement, and emotional support.
- Attending the Friends of Newark Hospital Annual General Meeting (AGM) to thank them on behalf of the Trust for their fundraising efforts which includes providing funding in support of new services including Teledermatology, Medical Day Case and Minor Ops.

- Welcoming the latest cohort of volunteers who will be supporting a variety of areas including Mealtime Assist at three sites in the SFH Cancer Information Team, Breastfeeding Support and the Daffodil Café.
- Celebrating the long service of several volunteer colleagues, including Newark Hospital volunteer Elaine who was delighted to receive her award from the Trust's Director of Corporate Affairs, Sally Brook Shanahan.

We have also thanked donors to our charity with a number of official presentations, including:

- A £1,000 donation to the renal unit from Stephen, who has been a patient for nine years. Stephen wanted to show his appreciation to the team for their excellent care and making him feel part of the family.

- Pupils from The Suthers School in Newark who fundraised to provide gift bags for patients on the Children's Ward at King's Mill

We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.
Anyone who is interested in becoming a volunteer at Sherwood Forest Hospitals can find out more on the Trust's website at www.sfh-tr.nhs.uk/get-involved/volunteering/

Other notable engagements during June

- On Thursday 6th June 2024, I was delighted to meet with a number of Trust colleagues to mark the 80th anniversary of D-Day. I was grateful to the time spent with Brent Gillicker, a former submariner who now works in the Trust's Theatres team, who shared his experiences of life in the Forces and adjusting to life here at Sherwood.

  Brent's journey from the Forces to settling into life here at Sherwood is a journey shared by many Trust colleagues - and one that we are looking to actively encourage more reservists and Forces veterans to do, recognising the wealth of transferrable skills they can bring to our Trust.

  I am delighted that the Trust is strengthening its commitment to supporting our serving and former Forces colleagues and their families, with further details provided in this month's Acting Chief Executive's report to Board.

Joining the Trust's Acting Medical Director, Simon Roe (left), and Brent Gillicker from the Trust's Theatres team to mark the 80th anniversary of D-Day

- It was also my pleasure to present a number of Trust colleagues with Long Service awards during June, recognising their dedication and long service to working across our Trust sites. It was a pleasure to hear their stories and I thank them all for their contributions here at Sherwood.

- I also joined the Trust's Director of Nursing for its Surgery Division, Trevor Hammond, to complete a '15 Steps' tour of the Trust's 'Care of the Elderly' inpatient service on Ward 52 at King's Mill Hospital.

  These visits are a vital part of our Trust Board gaining valuable insights by seeing Trust services closely for themselves. I am grateful to everyone in the team who accommodated the visit around their busy work.

- On 18th June 2024, I joined the Chief Executive and Leader at Ashfield District Council for our quarterly catch-up, where we discussed how the two organisations can strengthen our working relationship. together.

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chief Executive's report	**Date:**	4th July 2024
Prepared By:	Rich Brown, Head of Communication		
Approved By:	David Selwyn, Acting Chief Executive		
Presented By:	David Selwyn, Acting Chief Executive		

Purpose

An update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective.	**Approval**	
	Assurance	
	Update	**Y**
	Consider	

Strategic Objectives

Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community

Principal Risk

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

Committees/groups where this item has been presented before

None

Acronyms

ASOS = Action short of strike action
BAF = Board Assurance Framework
BMA = British Medical Association
CDC = Community Diagnostic Centre
ED = Emergency Department
ICB = Integrated Care Board
NHS = National Health Service
#TeamSFH = Team 'Sherwood Forest Hospitals'
UEC = Urgent and Emergency Care
VCHA = Veterans Covenant Healthcare Alliance

Executive Summary

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

Trust continues to observe national NHS England pre-election period publicity guidance

The Trust has been continuing to observe national NHS England guidance throughout June and July, ahead of July's General Election.

The pre-election period, previously referred to as 'purdah', is the period of time immediately before elections or referendums. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants, and local government officials.

The pre-election period is designed to avoid the actions of public bodies like Sherwood distracting from or having influence on election campaigns.

While we always work to remain politically impartial as a Trust, extra care has been taken over the past month to ensure that we have not undertaken any activity which could be considered politically controversial or influential, including avoiding any major announcements on Trust strategies, public consultations or other long-term initiatives which could influence or be seen to influence the election.

The NHS England pre-election guidance for NHS organisations to follow during the lead-up to July's General Election is available to read in full here: https://www.england.nhs.uk/long-read/pre-election-guidance-for-nhsorganisations-general-election-2024/

The Trust has been following that guidance throughout the pre-election period, with the guidance having also been shared with Trust staff to remind them of the Trust's responsibilities during this time.

Operational updates

NHS Oversight Framework 2023/24 Quarter Four Segmentation letter

We have received the NHS Oversight Framework 2023/24 Quarter Four Segmentation letter for the Trust. This is included at Appendix A for information, with the Trust remaining in Segment 2.

Integrated Care Board 'at a glance' report shared

The Nottingham and Nottinghamshire Integrated Care Board (ICB) has shared its monthly 'at a glance' to give a high level overview of performance and assurance across the Nottingham and Nottinghamshire health and social care system. Their report is included for information below.

The report highlights a number of areas of concern for the system, including around Urgent and Emergency Care (UEC) flow, quality concerns with mental health services provided by Nottinghamshire Healthcare and the Trust's financial position.

The Trust will continue to play its part in helping to manage and mitigate the impact of the risks highlighted, with Board oversight of these issues being maintained through the Trust's Operational Performance Report that is next due to be presented at Trust's August 2024 Board meeting.

Integrated Care System
Nottingham & Nottinghamshire

At a glance
Status report June 2024

RED: Urgent, additional actions required, significant risks AMBER: Further actions required to manage identified risks, work in progress GREEN: on track, all required actions in place at the current time or plans in place

Managing today

Timely access to care
- Significant focus on UEC flow remains, but some encouraging improvements – GIRFT report for NUH built into ED waiting times and ambulance handover recovery plan
- SFH remains under pressure from increased activity
- Key focus on 4 hour waiting times in ED and UTCs – some improvement seen, trajectories in place and closely monitored
- Focus on cancer waiting times and 78 week waits – NUH no longer in NHSE escalation

Quality of care
- Widespread quality concerns in NHT mental health services, with CQC Section 48 review ordered by the Secretary of State – publication of the first part in March
- Improvement Oversight and Assurance Group in place - IOAG (NHT, ICB, NHSE), Integrated Improvement Plan under development, initial focus Section 48 Review
- Ockenden Review ongoing, closing to new cases in May 2025

Primary Care
- Primary Care Strategy Delivery Group in place – priority areas continues to be developed
- Ongoing work to consider how flexibilities in use of resources could support general practice resilience
- GP access delivery plans continue to be delivered in line with NHSE timescales
- Pharmacy First implemented, 99% coverage
- Dental recovery plan developed

£
- Detailed 2024/5 operational plan submitted to NHSE – work ongoing to strengthen efficiency plans and identify further areas of improvement / flexibility
- QI system review to be held in June
- Final plan submission to NHSE in June
- NHSE requirement for all NHS systems to be back in balance by 31/3/26

Making tomorrow better

Population health / analytics
- Population of health outcomes framework underway to enable tracking of priority areas
- Review of SAIU priorities underway to support plan delivery and evolving ICB operating model (incorporating provider oversight)

Inequalities
- Areas for targeted intervention identified in operational plan, approved by the ICB Board
- Health inequalities investment fund schemes identified, with slippage into 24/25
- Approach for 24/25 HIIF schemes to be developed
- Inequalities plan part of 24/25 plans
- Approach showcased at NHS Confed Expo

Transformation
- Transformation priorities being developed as part of operational planning – frailty will be a key system priority
- Reference Group commitment to transformation priorities for 2024/25 and governance approach aligned to financial sustainability
- Transformation delivery system approach under development and to be in place from July

Workforce
- Recruitment / agency controls strengthened to mitigate unaffordable growth and reduce temporary staffing costs
- Increased granularity across the system in terms of agency controls and bank spend – trajectories being developed as part of operational plan triangulation
- Workforce plan and trajectories under development for 2024/25, being triangulated with activity and finance
- Workforce strategy under development

Developing the ICS

Place Based Partnerships
- PBP determined priorities confirmed and being implemented
- Community transformation programmes embedding
- 24/25 plans under development - will be linked to overall system plans

Integrated Care Partnership
- Ongoing delivery through HWB and operational plans
- Terms of Reference refreshed

Provider Collaborative
- Work plan under development, with prospectus
- Provider Leadership Board refining delivery plans and scope of back office and workforce initiatives (to complement other system working and identify lead areas)
- Development session with ICB Board in June

Integrated Care Board
- Developing performance and financial oversight and assurance approach across the system – work commenced to embed new ways of working and align with ongoing statutory ICB duties

Overview of operational activity

Demand across our urgent and emergency care pathway has continued to be extremely high as we enter the summer in terms of A&E attendances (for both walk-ins and ambulance arrivals) and non-elective activity, which are trending over 10% beyond planned levels at month two.

The sustained high demand has meant that our urgent and emergency care pathway remains under pressure, with patients having to wait longer than we would wish for treatment and admission.

We have implemented escalation actions – including our Full Capacity Protocol – on several occasions to help improve the timeliness of patient care. The actions we have taken have enabled us to sustain four-hour emergency access performance at over 70% for three consecutive months across March, April and May - our strongest position since summer 2023.

We continue work hard to deliver against the 76% planning guidance ambition which remains challenging given the surging demand on our services.

We continue to benchmark among the best trusts in the country for ambulance handover times. For trusts with more than 20 ambulance arrivals in May 24, we performed the fifth-best for ambulance handover within 30 minutes. We were also one of two Trusts with zero handovers beyond 60 minutes – a position we are proud of, as it recognises the emphasis we place on releasing ambulance crews to respond to the needs of our local community.

In the second month of the financial year, we are seeing a continued reduction in the number of planned care patients on our waiting list, including those patients waiting over 52- and 65-weeks.

We continue to work to reduce the number of long-waiting patients in 2024 as we focus on recovery plans for our most challenged services.

While we have some challenging diagnostic modalities, at month two we remain on-track against our planning trajectory with further month-on-month improvement required throughout 2024. Within our Cancer services, we continue to meet the national 28-day faster diagnosis standard. We have further work to do in 2024/25 to improve the timeliness of the treatment phase of our cancer pathways.

A more comprehensive update on our operational performance will be presented at the August 2024 Trust Board, where we are due to reflect on our quarter one 2024/25 performance.

Industrial action updates

June and July has seen the Trust continue to be impacted by industrial action across its services, both from Medirest colleagues and from the industrial action called by the British Medical Association (BMA).

Medirest colleagues who are members of the GMB Union opted to take ‘action short of strike’ action (ASOS) by ‘working to rule’ between Monday 24th June 2024 and Sunday 7th July 2024. This involved those colleagues affected declining all overtime.

We recognise and value the vital role that our Medirest colleagues play across our hospitals and we acknowledge their right to take industrial action, while hoping for a speedy resolution to that national dispute. Operational planning has been continuing through the month to minimise the impact of that industrial action.

Separately, the British Medical Association also announced in May their intentions for their junior doctor members to participate in a further period of industrial action, with industrial action due to take place from 7am on Thursday 27th June 2024 until 7am on Tuesday 2nd July 2024.

Extensive planning has been continuing throughout the month to manage the impact of this industrial action, which will inevitably involve postponing a large number of non-urgent ‘elective’ procedures. By the time that this report was published, more than 420 appointments and procedures had been rescheduled or postponed before the start of the industrial action, in order to allow the Trust to prioritise maintaining safe

urgent and emergency care. That figure will inevitably rise as the full extent of the impact of this industrial action becomes clear.

Financially, the cost of the past year's industrial action now runs to over £8.5million here at Sherwood alone. That figure accounts for the spend to cover lost shifts, lost income opportunities and missed efficiency-saving opportunities. To date, the Trust has received £4.7million of national funding to mitigate the impact of this.

We continue to hope for a speedy resolution to this national dispute that continues to have a real impact here at Sherwood and across our NHS.

Sherwood among first 143 hospitals to roll-out 'Martha's Rule' in next step in major patient safety initiative

On 27th May 2024, NHS England announced that 143 hospital sites across the country were to be the first to test and roll-out Martha's Rule in its first year.

The announcement of the first sites to test implementation of Martha's Rule is the next step in a major patient safety initiative, following the announcement in February of NHS England funding for this financial year.

The scheme is named after Martha Mills, who died from sepsis aged 13 in 2021, having been treated at King's College Hospital, London, due to a failure to escalate her to intensive care and after her family's concerns about her deteriorating condition were not responded to.

The purpose of Martha's Rule is to provide a consistent and understandable way for patients and families to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to.

NHS England is working with the parents of Martha to develop materials to advertise and explain the initiative in hospitals across the country, to ensure it is something that all patients, staff, and their families can recognise.

Sherwood Forest Hospitals has opted to be a part of the first group of Trusts to implement the scheme, with a Trust-wide working group having been established to shape how the scheme is introduced here at Sherwood.

Evaluation of how the system works in these sites over the course of this year will then inform proposals for Martha's Rule to be expanded further across all acute hospitals, subject to future government funding.

Martha's Rule is to be made up of three components to ensure concerns about deterioration can be swiftly responded to:

- Firstly, an escalation process will be available 24/7 at all the 143 sites across the country, advertised throughout the hospitals on posters and leaflets, enabling patients and families to contact a critical care outreach team that can swiftly assess a case and escalate care if necessary.

- Secondly, NHS staff will also have access to this same process if they have concerns about a patient's condition.

- Finally, alongside this, clinicians at participating hospitals will also formally record daily insights and information about a patient's health directly from their families, ensuring any concerning changes in behaviour or condition noticed by the people who know the patient best are considered by staff.

The Trust is working to introduce the scheme by autumn 2024. For more information about the national Martha's Rule scheme, please visit the NHS England website at www.england.nhs.uk/patient-safety/marthas-rule/

Other Trust updates

Showing our support for our Armed Forces community during Armed Forces Week

Colleagues at King's Mill prepare to raise the Armed Forces Day flag

We have been sharing news of an innovative scheme that supports members of the Armed Forces community into NHS careers and is proving to be a success here at Sherwood.

Thanks to the Step into Health programme, which supports military service leavers and veterans in their transition to civilian employment, two people have recently secured jobs at the Trust. A third was supported to gain employment at a nearby NHS organisation.

Shana McCullagh, a Recruitment Officer here at Sherwood, has been in a Step into Health-focused role since January 2024. She assists with one-to-one recruitment support - from submitting applications to preparing for interviews and supporting with recruitment checks, if successful.

Stacy Irving joined Sherwood Forest Hospitals in April as Specialty General Manager for Paediatrics and Community Paediatrics. This management role involves working with clinical teams to address day-to-day operational challenges, continually looking at ways to improve care for patients and planning services for the future.

Stacy Irving has been supported into work with the Trust after serving in our Armed Forces

Stacy served in the Royal Logistic Corps for 25 years and completed operational tours and exercises worldwide, including in Kenya, Iraq, Bosnia, Northern Ireland, Germany and Cyprus.

We recognise the transferable skills and cultural values that Armed Forces personnel develop when serving and appreciate the benefit these can bring to roles within the NHS. The NHS is home to more than 350 careers so there really is something for everyone – from catering, maintenance, administration, finance, communications, management, or a role in one of the clinical services, to name but a few, this programme will benefit you.

This latest initiative furthers our Trust's commitment to supporting our Armed Forces, which follows the Trust signing the Armed Forces pledge. The Trust also has Silver employment status in addition to Gold accreditation from the Veterans Covenant Healthcare Alliance (VCHA) in recognition of the support we provide.

The Trust celebrated the contribution made by the entire Armed Forces community in the run-up to Armed Forces Day on Saturday 29 June. The Armed Forces flag has been flying at all three hospital sites and the towers at King's Mill Hospital has been lit red, white and blue after sunset from 24th to 29th June 2024.

An Armed Forces Staff Network is being set up for employees so they can consider the support that's available and how the Trust celebrates occasions such as Remembrance Day.

Step into Health is open to all service leavers and veterans and their spouse or partner. The Trust guarantees interviews for applicants from the Armed Forces community who meet the essential criteria for a post. Placements are also available.

Anyone who would like more information about the scheme can visit militarystepintohealth.nhs.uk or contact Shana McCullagh, Recruitment Officer at Sherwood Forest Hospitals, by emailing shana.mccullagh@nhs.net

Colleagues at Newark Hospital raise the Armed Forces Day flag

Trust hosts successful Community Diagnostic Centre event and celebrates delivering over 20,000 tests

The Trust held its third Community Diagnostic Centre (CDC) engagement event was held on Thursday 6th June 2024, attracting more than 50 residents, patients, and NHS workers who were eager to learn more about the ongoing developments and job opportunities at the site.

The recent engagement event celebrated the project delivering over 20,000 tests to date, ahead of the opening of its purpose-built facility in March 2025.

Once built, the Mansfield CDC will serve as a one-stop shop for patients across Nottinghamshire, offering a wide range of tests in a single visit, reducing referral times and helping patients receive diagnoses more swiftly, as well as creating jobs for local people.

During the event, the team shared insights into the wide range of almost 200 job opportunities coming to the CDC next year. Visitors were also given a visual representation of the new building, creating excitement for the future of the project, based on revised plans that have been submitted to Mansfield District Council for approval.

Work is really stepping-up on-site now in a way that people can really see. This is a significant step toward the seeing the new state-of-the-art facility, with the demolition and building works not only focused on creating a new healthcare facility but also on implementing several green initiatives that will make the Centre a thoroughly modern facility. That is good news for our patients, as well as the environment.

The project features improved insulation, advanced Air Source Heat Pumps, efficient ventilation systems, and low-energy LED lighting, all designed to enhance energy efficiency and reduce carbon emissions by over 20%. Additionally, the demolition waste management strategy targets a 90% recycling rate, with reclaimed materials being repurposed for the new construction. This includes crushing and reusing the brick and block fabric from the old building to form levels for the rebuild, significantly reducing the need for imported materials.

In addition to the construction updates, the Trust showcased its efforts to conserve the heritage of the former Victoria Hospital, inaugurated in 1948, by inviting the public to share their personal histories or pictures about the site to celebrate and preserve the rich history of the site as it transitions into becoming a modern healthcare facility.

For more information about the CDC, its services and opportunities to work at the site, please visit the CDC website at www.sfh-tr.nhs.uk/cdc

New Teledermatology service provides patients with faster diagnosis when skin cancer is suspected

A new service that provides patients who have suspected skin cancer with faster diagnosis and treatment has started here at Sherwood.

Already established at King's Mill Hospital with patients benefitting from the shorter waiting times, the service was also extended to Newark Hospital on Monday 10th June 2024.

Teledermatology involves an initial appointment where a series of high-resolution digital photographs are taken by a clinical photographer. These photographs are then studied by a consultant dermatologist who can assess them remotely and decide whether a patient needs to come into hospital for further investigation and treatment or if they can be given assurance that cancer can be ruled out quicker.

For the patient, this eliminates the sometimes longer wait for a first face-to-face appointment with the dermatologist. Their first appointment for the photographs is far quicker and the remote triage enables dermatologists to review twice as many patients than face-to-face appointments.

The teledermatology service allows us to triage patients referred by their GP with urgent suspected skin cancer much quicker. Reviewing the high-resolution photographs also allows us to reassure patients more quickly when they do not have cancer. Patients with a diagnosis of cancer are also seen quicker and can start getting their treatment sooner.

This new way of working also means we are able to review more patients, sooner which means a faster outcome for the patient.

Patients for whom it is more convenient will now be able to have their photographs and any follow-up procedures done in Newark Hospital, as part of the wide range of outpatient appointments, operations and procedures already available at Newark Hospital.

Trust risk ratings reviewed

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

The Committee agreed to increase the current risk score from 12 ('High') to 16 ('Significant') to reflect the current cyber threats to third party suppliers, as experienced over the past month in other areas of the country's NHS.

This increase will be proposed when the full and updated Board Assurance Framework (BAF) is next presented at the Public Meeting of the Trust's Board of Directors in August 2024.

Board of Directors Meeting in Public - Cover Sheet

Subject:	NHS National Oversight Framework Segmentation Review – 2023/24 Quarter Four	**Date:**	4th July 2024
Prepared By:	Mark Bolton, Associate Director of Operational Performance		
Approved By:	David Selwyn, Acting Chief Executive		
Presented By:	David Selwyn, Acting Chief Executive		

Purpose		
To update Trust Board on the Integrated Care Board review of SFH against the NHS National Oversight Framework segmentation review for 2023/24 quarter four.	**Approval**	
	Assurance	X
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	

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

Committees/groups where this item has been presented before

Executive Team meeting on 26th June 2024.

Acronyms

BAME: Black, Asian and Minority Ethnic
ICB: Integrated Care Board
ICS: Integrated Care System
NHS: National Health Service
SFH: Sherwood Forest Hospitals NHS Foundation Trust

All other acronyms are defined.

Executive Summary

On the 6th June 2024 the NHS Oversight Framework 2023/24 quarter four segmentation letter was received from Amanda Sullivan, Chief Executive, NHS Nottingham and Nottinghamshire ICB. The letter provides thanks for continued leadership and ongoing contribution to the local system. SFH remains in segment two of the NHS Oversight Framework. Segmentation ranges from segment one (no specific support needs) to segment four (requirement for mandated intensive support). Nationally there are:

- 29 providers in segment one,
- 83 (including SFH) in segment two,
- 77 in segment three and

- 21 in segment four.

The quarter four letter bore many similarities with the letter received earlier in the year reflecting on quarter three. As a result, the letter did not reflect some of the positive progress we made in quarter four against the quality of care, access, and outcomes that we have previously presented to Board in our Integrated Performance Report. In the letter there were statements about deteriorating positions, increasing difficulties and pressure at a higher level than previously seen; however, during the period we had seen improvements from the previous quarter in our cancer 62-day backlog, elective long waits, overall diagnostic waits and 4-hour emergency access. We recognise there remain areas of challenge such as Echocardiography (which is contributing to low benchmark diagnostic performance) and further work to do where we have plans in place to improve timely access to services in line with the 2024/25 national ambitions.

With reference to the preventing ill health and reducing inequalities section, the letter stated that our representation into the ICS Health Inequalities and Prevention Oversight Group had reduced. SFH have a regular attendee at this forum together with the Mid-Nottinghamshire Health Inequalities Oversight Group. We have subsequently reached out to system colleagues ensure that the work underway is represented in future reviews.

Considering finance and use of resources the letter presents our position and how this relates to the segmentation rating. The driving factors behind our deficit position was the inability to reduce our bedded capacity due to demand pressures on the non-elective pathway and the need to fund surge and escalation actions together with pressure from the withdrawal of Community Diagnostic Centre funding which had been assumed in our plans. The challenges were communicated in-year with the year-end position being in line with our collective expectations. Our agreed deficit for 2024/5 is £14m and we will work to deliver and improve on this where possible. We are developing a financial recovery plan aligned to the system approach to get to breakeven by March 2026; we will work collaboratively with system partners as we require their ongoing support.

From a people perspective, the letter detailed key positives and challenges we face. To support workforce availability, we are considering different supply options including looking at recruitment of students and actively promoting apprentices and wider use of the apprentice levy. We have also appointed a People Promise Manager who is working to maintain our turnover level at 8.1%. We have plans to reduce our agency and bank reliance and these have started to show an improvement to our position. To achieve the reductions to bank and agency we understand we need to substantively recruit for agency posts, understanding that there are cost and quality benefits of having substantive staff in place. We note in the NHS Oversight Framework we are ranked in the lowest areas for the proportion of BAME and Women in Leadership roles, this is partly driven by local demographics; however we are actively promoting fully inclusive learning and development opportunities to support our staff , and external staff who wish to work for SFH..

Based previous segmentation reviews, we expect the next letter reflecting on 2024/25 quarter one to be received in September 2024.

Trust Board is requested to note the contents of this cover sheet and the accompanying letter from the ICB.

NHS
Nottingham and Nottinghamshire

Sir John Robinson House
Sir John Robinson Way
Arnold
Nottingham
NG5 6DA

6 June 2024

Letter sent via email

David Selwyn
Acting Chief Executive
Sherwood Forest Hospitals NHS Foundation Trust

Dear David

RE: NHS Oversight Framework 2023-24 – Quarter 4 Segmentation

Thank you very much to you and your teams for your continued leadership at Sherwood Forest Hospitals. I am writing to confirm the Quarter 4 2023-24 segmentation position for your organisation and to set out the process and timescales for the 2024-25 Quarter 1 segmentation assessment.

Quarter 4 Segmentation Review Outcome- Review Undertaken March 2024

Following the ICB peer review process undertaken at the end of March 2024, the proposed segmentation rating for NHS Provider organisations was reviewed and approved by Midlands Regional Support Group at its meeting on the 9th May 2024, and notified to the ICB on the 13th May 2024. It was agreed that for Quarter 4 2023-24 Sherwood Forest NHS Foundation Trust should remain in segment 2 of the NHS Oversight Framework.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework. While the Sherwood Forest position will remain at Segment 2 for quarter 3, there are rising concerns which will need to be addressed to prevent a movement into Segment 3 for future quarters, these are in relation to having:

1. a financial plan which is not balanced and/or there is a material actual or forecast deficit (this is a trigger for NOF 3 segment)
2. deterioration in performance or sustained very poor (bottom decile) performance against one or more areas (this is also a trigger for NOF 3)

Quality of Care, access and outcomes – The Trust continues to perform well against the Oversight Framework assessment metrics, with a significant amount of performance continuing to be in the upper quartile nationally and is not a significant outlier for any areas of performance. However, there are deteriorating positions against trajectories across a number of areas, including cancer 62 day backlogs, 52, 65 and 78 week waits and diagnostic waits (in the lowest NOF quartile) especially in relation to ECHO provision. In addition, there are increasing difficulties across the urgent care performance, in part to increased demand, MSFT and LLOS

are remaining at high levels, and there are increasing difficulties with the UEC targets of 4 and 12 hour waits. While ambulance handover delays continue to perform relatively well, these are also experiencing pressures at a higher than previously seen. Any specific areas of concern are addressed through improvement plans, for example diagnostics and long lengths of stay/MSFT, and actions are taken to improve areas of risk, such as reducing surgical capacity to support flow into and through the Emergency Department, as well as reviewing staff rotas within the ED department. Despite continuing internal pressures, the Trust maintains support for the wider system and frequently supports through mutual aid and agreed diverts.

The PSIRF policy and plan are in place and agreed, with a PSIRF oversight group having commenced to review themes, trends and duty of candour processes.

Preventing ill-health and reducing inequalities – The Trust has continued to focus on elective restoration by targeting individuals of higher risk and supporting them the 'wait well'. There is ongoing commitment to smoking cessation with a positive evaluation of maternity services, and the integration of primary care data to identify smokers. Recent input into the ICS Health Inequalities and Prevention Oversight Group has reduced from the Trust which impacts upon the opportunity to input into, learn from and undertake system approaches to addressing inequalities, and equity of access.

Finance and Use of Resources – The Trust underlying structural financial deficit position is the key driver for the level 2 NHS Oversight Framework segmentation rating.

- The Trust submitted a breakeven plan for 2023-24 which included £27.5m (5.6%) efficiency requirement. There were plans to improve the underlying deficit from £58.3m (2022-23 exit) to £41.2m (2023-24 exit). It was acknowledged that this would be a significant challenge to achieve.
- At month 10, the Trust reported a £1.2m adverse variance position reporting a deficit of £11.7m. The main driver was reported as being UEC stretch capacity, cost of capital funding shortfall and ERF miss against stretch. Efficiency targets were £2m adverse to plan at month 10, and were mainly non-recurrent delivery. Agency spend also reported over planned levels at £14.1m, which was a £1.3m adverse position against plan.
- As part of H2 reset, recovery plans were developed which led to £8.5m in year deficit forecast for 2023-24. Discussions to improve the position were ongoing during quarter 4.
- Initial draft plans were submitted which presented a £14.7m deficit position for 2024-25. Further discussions were held to finalise the position for the final submission, which was expected to be an improved position. We would ask that you continue to work both internally and with the system to deliver against the in-year plans submitted, and to plan for medium term financial sustainability, to support your improvement in your NHS OF Segmentation position.

People – Workforce availability remains a key challenge across the Trust, however workforce turnover was within trust target levels at 8.1% at month 10 and remained in the top quartile for February 2024 for staff leaver rates. The Trust has made progress with reducing reliance on agency and bank staff, both performing below planned levels for month 10, however substantive staffing increased to above planned levels. The Trust performed well across the 2022 Staff Survey, with many areas reporting in the top quartile national. The only exception to this position being the proportion of staff in senior leadership roles who are from a BME background, however this is reporting year on year improvement, and a full programme of work is in place. (Staff Survey 2023 will be included in Q1 2024-25 review).

Annual report on Medical Education highlighted challenges in completing appraisals and availability of clinic space for training. Surveys have indicated reduced satisfaction with training and potential identification of bullying and harassment concerns.

Leadership and capability – There has been good engagement from across the Trust for development of the system, and active engagement in system transformation programmes, as well as taking lead roles in financial recovery groups, such as the System Agency Group. Engagement across health inequalities and people work programmes has reduced in recent months. There are no material concerns or support needs identified for the trust system or governance at Q4.

Local Strategic Priorities – The Trust has continued to support the wider system at times of urgent care pressures as well as providing support to progress with recovery of elective services through providing on-going mutual aid and active management of its elective programme, despite significant continual pressures within the trust.

Segment 2 Exit Criteria

The ICB team will work closely with you to review the support needs for the Trust to address the triggers for current segmentation and rising areas of concern and continue to support progress against the exit criteria during 2023-24.

To progress from Segment 2 to Segment 1 the Trust will need to undertake the following actions (exit criteria):

1. Address the underlying and in year deficit of the Trust, working across the system, to ensure a clear plan is in place with evidence of progress being made
2. Continue to progress elective recovery through increasing productivity, ensuring eradication of 78 weeks, achievement of the 65-week and 52 week reductions in 2024, maintain 62 day backlog reductions and deliver improvements for the diagnostic 6ww, especially with regard to the ECHO waits.
3. Continue to provide active contribution to the overall system financial sustainability, quality improvements and outcomes.
4. To be a key contributor to the wider system as an anchor institution.
5. Address areas of rising risk across urgent care, including delivery of the 4 hour and 12 hour position

Quarter 1 2024-24 Segmentation Review Process

As set out in the NHS Oversight Framework, Integrated Care Boards (ICB) will continue to lead the oversight of their NHS provider organisations with NHS England maintaining statutory accountability for NHS provider organisations.

The 2024-25 segmentation metrics have not been notified to us, and the National Oversight Framework is currently out for consultation, therefore the 2022-23 framework will continue to be used for the Quarter 1 2024-25 segmentation review, supported by 2023-24 metrics. The ICB will continue to facilitate a review each quarter, in line with national operating model expectations. The current process is for an ICB Desktop review to be undertaken which is supported by the performance against the NHS Oversight Metrics and Chief Executive to Chief Executive discussions held, which are then discussed through an ICB Review Panel to determine the proposed segmentation and ensure consistency of assessment across the system providers. A review by 'exception' will be undertaken by the ICB of provider

organisation's segmentation and will need to be completed with recommendations for changes being submitted to NHS England by the **17th June 2024 for Quarter 1.**

We will continue to discuss the arrangements under the NHS Oversight Framework with you, as we further develop our system operating framework. In the meantime, should you wish to discuss this further please contact Stuart Poynor, Director of Finance and Performance, s.poynor@nhs.net in the first instance.

May I take this opportunity to again thank you and your team for the on-going contribution you make to the local system, the segmentation rating is recognition of the significant focus which the trust continues to place on supporting staff, patients and the wider system.

With kind regards

Yours sincerely

Amanda Sullivan
Chief Executive
NHS Nottingham and Nottinghamshire ICB

cc. Julie Grant, Director of Strategic Transformation, NHSE Midlands

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in PUBLIC- Cover Sheet

Subject:	Digital Update	**Date:**	4th July 2024
Prepared By:	Paul Moore, Acting Chief Digital Information Officer		
Approved By:	David Selwyn, Acting Chief Executive		
Presented By:	Paul Moore, Acting Chief Digital Information Officer		

Purpose		
The purpose of the paper is brief the Trust Board on progress on the Digital Strategy since the briefing in July 2023.	**Approval**	
	Assurance	
	Update	X
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X		X	X	

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

Committees/groups where this item has been presented before

None

Acronyms

CROG: Capital Resource Oversight Group
DTU: Digital Transformation Unit
EPMA: Electronic Prescribing Medicines Administration
EPR: Electronic Patient Record
EPRIB: EPR Investment Board
FBC: Full Business Case
ITT: Invitation to Tender
LHCR: Local Health Care Record
OBC: Outline Business Case
PFDS: Public Facing Digital Services
PKB: Patient Knows Best
SAIU: System Analytic Intelligence Unit
SFH: Sherwood Forest Hospitals NHS Foundation Trust
SRO: Senior Responsible Officer

Executive Summary

Digital Strategy
Progress has continued to finalise the remaining objectives in the Digital Strategy 2020-2025, resulting in 22 of the 32 milestones being achieved.

Work will commence in Q3 to initiate the new strategy, aligning to the timeline of the award of the EPR supplier recognising the importance this will have on all components of the strategy.

EPR
The outline business case (OBC) for the EPR has been approved and the trust is due to initiate an Invitation to Tender (ITT) on the 1 August subject to cabinet office approval and adherence to purdah. The organisation plans to award to the successful supplier in Q4 24/25 following a competitive tender process. This will be followed by the sign off the full business case (FBC) shortly after, in conjunction with the NHS England Frontline Digitation programme governance.

PFDS
Key work continues to improve the use of the NHS app across the Sherwood population. The organisation has the capability to send all letters digitally. Between April 23 and March 24, a total of 477,159 letters were sent for Outpatients and Radiology. The current uptake by patients accessing them digitally is 24%: this continues to be a key aim to increase the %, to achieve additional improvements.

Other Updates
Work has taken place to review and refresh the digital governance arrangements. This has included the creation of an EPR Programme Board chaired by the SRO (Medical Director).

Recommendations

1. Note the work on the delivery and completion of the 2020-2025 Digital Strategy
2. Note the continued progress on the EPR and PFDS programmes.

1. Digital Strategy

In July 2023, 17 out of the 32 had been completed, a further 5 have now been completed. The appendix outlines the detailed review of all objectives and the final position on the 2020-2025 digital strategy. This does not demonstrate the scale of work in its entirety completed by Digital and Information during this period but provides the basis to which to build the next strategy upon.

Area of Strategy	Objectives	Objectives Achieved	% delivered
Electronic Patient Record	12	7	58%
Public Facing Digital Services	6	5	83%
Support our colleagues	6	4	67%
Unleash Information	5	4	80%
Improve our Digital Infrastructure	3	2	67%
Overall	32	22	69%

*note an objective has been deemed achieved if it has 75% or more of the work completed

2. **EPR**

The Outline Business Case (OBC) was developed collaboratively through engaging with colleagues across all levels and all areas of the Trust, and following internal and regional sign off, has been approved via NHS England EPR Investment Board (EPRIB).

The financial assessment of the OBC is summarised below.

This will be refined as we work through the full business case and complete the procurement and award to a supplier. Detailed preparation activities have begun including analysing current ways of work, baselining our understanding of our system application landscape and recruitment and appointment to key delivery roles.

Summary		
Costs		
Capital	£	21,740,478.96
Revenue	£	32,776,228.32
Total	**£**	**54,516,707.27**
Funding		
Capital	£	20,858,000.00
Revenue	£	5,729,000.00
Total	**£**	**26,587,000.00**
Benefits and cost avoidance		
Cash-releasing benefits	£	23,845,645.51
Non-cash-releasing benefits	£	78,741,453.53
Societal benefits	£	5,502,485.29
Cost avoidance (displaced IT systems)	£	8,737,475.10
Cost avoidance (early mobilisation)	£	981,414.58
Total	**£**	**117,808,474.02**
Optimism bias (14.1%)	**£**	**5,503,659.71**
Return on investment (with OB)		
(Funding + all benefits + cost avoidance) - costs	**£**	**90,335,608.41**
(Funding + CRBs + cost avoidance) - costs	**£**	**6,091,669.60**
Return on investment (Without OB)		
(Funding + benefits + cost avoidance - costs)	**£**	**84,831,948.71**
(Funding + CRBs + cost avoidance - costs)	**£**	**11,595,329.30**

3. **PFDS**

In April 2023 the Mobile First strategy was initiated by NHS England with funding primarily to support acute trusts to share core functionality and information into the NHS app.

The national target was for 80 acute NHS trusts to be live on the NHS app by March 2024. This target was achieved at SFH with us being one of the first trusts live using the NHS app.

The Trust uses the application Patient knows Best (PKB). This application allows appointment information, clinical letters, and contact with clinicians directly through messaging services. It also supports long term condition management through functions such as digital questionnaires completed at home instead of routine outpatient appointments. The technology connects directly to the NHS app as a digital front door allowing patients to view this information alongside primary care information from GP practices across Nottinghamshire.

This does and will continue to provide significant benefits to the trust including reduced cost for the publication of letters, reduction in carbon and improved DNA rates.

The organisation has recently published an internet site to provide more information and guidance to support the use of the NHS app for our patients. https://www.sfh-tr.nhs.uk/for-patients-visitors/nhs-app/

In addition, the Nottingham and Nottinghamshire system was one of seven ICS' to be awarded funding to deliver e-meet and greet capability which aims to develop a model of digitally enabled pathway optimisation for patients with high volume low complexity surgical conditions.

24% of Sherwood Forest Hospital are registered with PKB. Some trusts use a smaller cohort of targeted patients but during Covid, SFH uploaded all patients to the service to support communication needs of the trust.

Further functionality is being used weekly by the Inflammatory Bowel Disease and Paediatric Epilepsy teams to contact patients directly with specialised messaging options, with over 70% of messages read by clinicians in under 24hrs. The teams use the built-in, secure messaging functionality in PKB. This allows media to be sent (for example epilepsy patients can use it to add videos). Patients are added to 'teams' in PKB which allows some focussed communication and information support (library, careplans etc). Plans are progressing to expand this use across other services.

4. Recommendations

Note the work on the delivery and status of the 2020-2025 Digital Strategy
Note the continued progress on the EPR and PFDS programmes.

Appendix- Detailed review of Digital Strategy 2020-2025 Objectives.

Each of the milestones have been classified as below.

Represents milestones that are 100% completed or no longer applicable	Represents milestones that are less than 100% achieved but above 75% and classified as achieved	Represents milestones that are less than 75% completed and classified as not achieved

Updated comments have been provided for those items that have changed since the last report.

Objective	By when	% Complete	Revised Date	Comments
EPR				
Complete implementation of e-obs phase 2 (ED and Maternity)	Q3 2020/21	100%		
Fully optimise bed management, capacity and flow	Q2 2021/22	100%	-	While complete, this work is being revisited due to added requirements driven by the ICS and SFH Chief Operating Officer.
Complete implementation of e-obs phase 3 (ICU, Neonates and Theatres)	Q4 2021/22	85%		Although Nervecentre has been introduced to ICU and Theatres, the ask has evolved, where e-Obs was not the priority, rather the visibility of clinical information and EPMA.
Patient assessments fully digitised (For in-scope assessments)	Q4 2021/22	100%		
Implement a new care pathways and workflows solution (SDM replacement)	Q4 2021/22	90%		Most work for inpatient pathways has been completed with an update on the application needed for the final two. Outpatient pathways require purchase of functionality through the EPR programme and is logged as a risk.
Review the future requirements for our Patient Administration System (PAS)	Q4 2021/22	100%	Q4 2023/2024	A full revised set of requirements have been documented in the trust Output based specification (OBS)
Review the future requirements for Order Communications	Q4 2021/22	100%	Q4 2023/2024	A full revised set of requirements have been documented in the trust Output based specification (OBS)
Implement ePMA	Q3 2022/23	95% (Inpatient wards)		Excluding intensive care, the completion of the remaining EPMA areas will be dependent on the EPR procurement due to timescales and resources.

Objective	By when	% Complete	Revised Date	Comments
Ensure all correspondence (patient and clinician) is digital Digitise patient notes (captured and viewed electronically for all pathways)	Q3 2022/23 Q2 2023/24	25% 10%		Work has progressed to digitise the Maternity processes successfully. Further work across the organisation, will take place as part of the EPR programme and into the next digital strategy Except for Maternity, this will not be achieved within this strategy but will progress into the next strategy as part of the EPR programme
Integrate digital imaging with EPR	Q2 2023/24	33%		This has been part achieved with a range of images made available and will not be fully completed within this strategy but will progress into the next strategy as part of the EPR programme.
Integrate Infection Prevention and Control with EPR	Q2 2023/24	0%		This will not be achieved within this strategy but will progress into the next strategy as part of the EPR programme.

Objective	By when	% Complete	Revised Date	Comments
Patient Facing Digital Services				
PFDS roadmap developed (ICS)	Q1 2020/21	100%		
Digital correspondence with patients to begin	Q3 2020/21	100%		
Secondary care data sharing infrastructure development	Q3 2020/21	80%		The Notts Care Record programme (previously called Ecosystems platform) will deliver the next generation care record to replace the existing Care Centric Notts Health and Care Portal. The project is progressing well, and the target is to be able to deliver clinical safety testing in Q2 2024.
System-wide demand, capacity, and flow information available	2021/22	50%		The Trust has continued to work with the ICS SAIU (System Analytics Intelligence Unit) as part of the Capacity and Flow System project which has now closed. Further work will take place as part of a Data strategy in the revised Digital Strategy.
ICS interoperability fully functional	Pending ICS DAIT Strategy	100%		There is a system wide programme board in place to have oversight of the interoperability priority across the system with a focus on migration from current shared care record to the second-generation shared care record which will improve the sharing of and access to clinical information in the right place at the right time.
LHCR	Pending LHCR strategy	No longer applicable		The Local Health Care Record programme is no longer an initiative, but the principles of shared records is incorporated in the interoperability item above.

Objective	By when	% Complete	Revised Date	Comments
Support our colleagues				
Establish Digital Champions Network	Q1 2020/21	100%		An initial network was completed but further work is required.
Establish Digital Transformation Unit	Q1 2020/21	100%		
'Tap and go' delivered in urgent and emergency care	Q3 2020/21	100%		Although delivered, the benefits have not been realised, and the solution didn't evaluate well with clinical users. Plans are in place to review the requirement with support from the supplier and undertaken in the context of the EPR and device strategy.
Communications optimisation project (including intranet review)	Q4 2020/21	100%	Q4 2023/24	Scoping activities took place and as a result, a third party was commissioned in February 2024 to provide an external review of our communication methods and approaches. A review has taken place and will be further validated as part of the updated Digital Strategy.
Ensure mobile devices are available in all relevant clinical areas	Q4 2021/22	100%		
Wider rollout of single sign on	Pending national solution	0%		Delayed, subject to Tap and Go review, and the EPR procurement.
Unleash Information				

Objective	By when	% Complete	Revised Date	Comments
Coproduce ICS DAIT strategy	Q2 2020/21	100%	Q3 2023/24	The Trust has taken part in the co-production of the ICS DAIT strategy and continues to support the implementation. SFH inputted into the refresh of the system digital strategy through stakeholder events approved in October 2023.
Develop proof of concept for visualisation platform, test and refine Develop suite of interactive SFH reports through a visualisation platform	Q3 2020/21 Q2 2021/22	100%		The trust has since implemented a permanent solution as per the initial strategy utilising PowerBI and Sharepoint as a basis for data visualisation, with the QlikSense solution being decommissioned in June 2024, and existing reports being migrated to the new platform. The development and curation of our future suite of data products is underway and will be managed through a continuous improvement model accountable to the Data Assurance Group. Development of a trust data strategy will also set out the future roadmap and operating model for the development of data products into the future.
Develop suite of interactive ICP reports through a visualisation platform	Q4 2021/22	100%		This has been achieved via the ICS SAIU work.
Share learning across the ICS	Q2 2022/23	100%		Continued collaboration work in place with the SAIU.
Improve our Digital Infrastructure				

Objective	By when	% Complete	Revised Date	Comments
HSCN migration	Q2 2020/21	100%		The joint HSCN contract was extended by a further 3 years in June 2023, to support a full review, re-procurement, and the delivery of an ICS wide Community of Interest Network (COIN) fit for the next 5-10 years.
Complete rollout of Office 365.	Q2 2021/22	100%		Office 365 is available across the organisation however further work is required to embed this within working practices to improve productivity and maximise the investment. .
Resolve Wi-Fi blackspots at King's Mill Hospital Replace Wi-Fi at Newark and Mansfield Hospitals	Q4 2020/21 Q4 2021/22	50%		Work was completed at Newark and Mansfield sites and a number of improvements have been resolved at Kingsmills. There does remain further blackspots to resolve which are part of a continued programme to upgrade Kingsmills wireless infrastructure in preparation for EPR.

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Integrated Performance Report (IPR) Annual Review	**Date:**	4th July 2024
Prepared By:	Mark Bolton, Associate Director of Operational Performance		
Approved By:	Rachel Eddie, Chief Operating Officer		
Presented By:	Mark Bolton, Associate Director of Operational Performance		

Purpose

To update on the review of the Integrated Performance Report (IPR) indicators to ensure that changing guidance and priorities are reflected and seek approval from Trust Board to report on revised set of indicators during 2024/25.	**Approval**	X
	Assurance	
	Update	
	Consider	

Strategic Objectives

Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X	X	X	X	

Principal Risk

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

Committees/groups where this item has been presented before

Executive Team meeting on 26 June 2024.

Acronyms

A&E: Accident and Emergency
DTA: Decision To Admit
ED: Emergency Department
NEL: Non-elective (type of activity)
NHS: National Health Service
RTT: Referral To Treatment

All other acronyms are defined within the paper.

Executive Summary

An annual review of the Integrated Performance Report (IPR) indicators has been completed. A structured approach has been followed and relevant Directors (and/or deputies) engaged in the process. Colleagues were asked to consider any amendments following the national operational planning guidance and the NHS standard contract (including the quality schedule) being published. The structure of the IPR is proposed to remain unchanged. Revisions have been

proposed to some of the key indicators and targets to reflect the changing guidance and priorities.

It is proposed that:

- 10 indicators are amended.
- 9 indicators are removed.
- 4 indicators are added.
- 8 activity indicators are moved from the timely care domain and consolidated into a separate activity section.
- Benchmarking information is added to the report from quarter two (initially for the timely care domain as a proof of concept).

Trust Board is requested to:

1. Note the contents of the paper.
2. Agree to the indicator changes. If agreed, these will be reflected in the 2024/25 quarter one report unless specified.
3. Agree to timely care benchmarking data to be visualised and included in the quarter two report. If positive feedback is received from Board following the quarter two report, we will expand the benchmarking approach across the other domains.
4. Agree to receive further reports on an annual basis.

ANNUAL REVIEW OF THE INTEGRATED PERFORMANCE REPORT (IPR)

JULY 2024

Sherwood Forest Hospitals Foundation Trust (SFH) undertake a full review of the IPR indicators annually to ensure that they reflect changing guidance and priorities.

The 2024/25 review consisted of a 'sense check' of indicators with each responsible Director (or their representative) to agree any changes to the IPR indicators for 2024/25. All areas have engaged in the process. Colleagues were asked to consider any amendments following the national operational planning guidance and the NHS standard contract (including the quality schedule) being published.

The proposed changes to indicators reported in the IPR to Board are detailed in the tables below.

Table 1: Indictors to Change

Indicator	Change	Lead Director
Vacancy rate	Update target from <6% in 2023/24 to <8.5% in 2024/25 to account for a revision to the reporting methodology.	Director of People
Employee Relations Management	Update target from <12 in 2023/24 to <17 in 2024/25. This revision is to acknowledge the sustained increase in employee relations figures across the last 2 years.	
Agency Usage (%)	Updated target from <3.7 in 2023/24 to <3.2 in 2024/25 in line with the new national target.	
Agency (Off Framework)	Update target from <6% in 2023/24 to 0% in 2024/25 to account for the zero off framework expectations in the NHS planning guidance.	
Agency (Over Price Cap)	Update target from <30% in 2023/24 to <40% in 2024/25. This revision is to acknowledge the sustained increase in over price cap across the last 2 years and forecasting a realistic target.	
Diagnostic DM01 <6 weeks	Update target from pre-pandemic national standard to our 2024/25 operational plan value to align with measure of success being monitored by NHS England.	Chief Operating Officer
31-day combined performance (%)		
62-day combined performance (%)		
Number of local 2ww 62-day backlog patients	Amended to reflect revision to cancer waiting time standards. The 62-day backlog will now include 2-week wait patients, consultant upgrades and screening patients.	
Cash balance	Amend indicator to actual cash balance with the standard set as the NHS England Minimum Cash Balance (£1.5m).	Chief Financial Officer

Table 2: Indictors to Remove

Indicator	Reason for Removal	Lead Director
Venous Thromboembolism (VTE) risk assessments	This level of detail is not considered necessary for Board oversight and will be monitored moving forwards via a Quality dashboard.	Chief Nurse
Ambulance turnaround times <15 mins (%)	Primary focus in national operational planning guidance is 30-minute standard which remains in the IPR. Monitored by Emergency Care Steering Group.	Chief Operating Officer
Mean waiting time in ED (in minutes)	This metric was proposed several years ago to replace the 4-hour standard. The 4-hour standard remains the primary measure for A&E access and is included in the IPR.	
ED 12-hour DTA breaches	Primary focus in the national operational planning guidance is performance against the ED 12-hour length of stay (LOS) metric (delivery of which will support elimination of 12-hour DTA breaches). 12-hour LOS metric remains in the IPR. Monitored by Emergency Care Steering Group.	
Remote attendances (%)	Not referenced in the operational planning guidance for 2024/25. Monitored by Planned Care Steering Group.	
Completed admitted RTT pathways against plan	This level of detail is not considered necessary for Board oversight. These metrics relate closely to activity levels which are detailed in the report. Any specific key messages relating to these metrics that require Board oversight will be communicated through the existing planned care elements of the IPR. Monitored as part of compliance verses operational plan.	
Completed non-admitted RTT pathways against plan		
Incomplete RTT pathways +104 weeks	Consistently meet this target. Focus is now on eliminating >78 and 65-week pathways (which remain reported metrics to Board).	
Diagnostic DM01 Waiting List	This level of detail is not considered necessary for Board oversight. Contextual information that will be reference in the main body of the report if felt necessary. Monitored by Planned Care Steering Group.	

Table 3: Indictors to Add

Indicator	Reason for Addition	Lead Director
Sepsis – details to be confirmed	Indictor to be scoped and developed for inclusion from 2024/25 quarter three report due to Trust-wide focus.	Chief Nurse
Bank Usage (%)	Key area of focus in 2024/25.	Director of People
Proportion of outpatient attends that are first or follow up with a procedure	New metric described in the 2024/25 national operational planning guidance.	Chief Operating Officer
Value weighted elective activity (%)	Priority as set out in the national operational planning guidance and measured against NHS England target.	Chief Financial Officer

Further work is underway to understand and agree appropriate improvement metrics to include in the IPR.

Within the IPR balanced scorecard we propose grouping the activity items that are spread across the timely care domain into a consolidated activity section. The activity items are contextual metrics which impact across multiple domains; hence, the proposal. The activity section will include the following metrics:

- Number of A&E attendances against plan
- Number of NEL admissions against plan
- Average daily elective referrals
- Outpatients - first appointment against plan
- Outpatients - follow up against plan
- Daycase activity against plan
- Elective inpatient activity against plan
- Diagnostics activity against plan.

We do not intend to have a specific activity narrative or exception report(s). The activity metrics are contextual information that will support narrative relating to either delivery, or under delivery, against key metrics in the domain reports.

The current IPR provides monthly data with performance verses target for SFH (reported quarterly to Board). Benchmarking information is available for several indicators. We are exploring options of how best to present visually the relative SFH benchmark performance and, subject to Board agreement, will include details in the timely care section of the quarter two report (prior to rolling out across other domains).

Trust Board is requested to:

1. Note the contents of this paper.
2. Agree to the indicator changes detailed above. If agreed, these will be reflected in the 2024/25 quarter one report unless specified. A sample of the scorecard metrics is included in Appendix A.
3. Agree to timely care benchmarking data to be visualised and included in the quarter two report. If positive feedback is received from Board following the quarter two report, we will expand the benchmarking approach across the other domains.
4. Agree to receive further reports on an annual basis.

Appendix A: Proposed indicator list for 2024/25

Domain		Indicator	Executive Director
Quality of Care	Safe	Falls with lapse in care	CN
		Falls per 1000 occupied bed days	CN
		Never events	MD/CN
		MRSA reported in month	CN
		Cdifficile reported in month	CN
		Ecoli blood stream infections (BSI) reported in month	CN
		Klebsiella BSI reported in month	CN
		Pseudomonas BSI reported in month	CN
		HAPU (cat 2) per 1000 occupied bed days with a lapse in care	CN
		HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	CN
		Sepsis *(metric to be defined)*	CN
	Caring	Case finding question, or diagnosis of dementia or delirium	MD/CN
		Complaints per 1000 occupied bed days	CN
		Compliments received in month	CN
	Effective	HSMR (basket of 56 diagnosis groups)	MD
		SHMI	MD
		Still birth rate	CN
		Early neonatal deaths per 1000 live births	CN
People and Culture	Belonging in the NHS	Engagement score	DoP
	Growing the Future	Vacancy rate	DoP
		Turnover in month	DoP
		Appraisals	DoP
		Mandatory & statutory training	DoP
	Looking after our People	Sickness absence	DoP
		Total workforce loss	DoP
		Flu vaccinations uptake (front line staff)	DoP
		Employee relations management	DoP
	New Ways of Working	Bank usage	DoP
		Agency usage	DoP
		Agency (off framework)	DoP
		Agency (over price cap)	DoP
Timely Care	Urgent Care	Ambulance turnaround times <30 mins	COO
		Ambulance delays >60 mins	COO
		ED 4-hour performance	COO
		ED 12-hour length of stay performance	COO
		SDEC rate	COO
		Adult G&A bed occupancy	COO
		Long length of stay (21+) occupied beds	COO
		Inpatients medically safe for transfer for greater than 24 hours	COO
	Electives	Advice & guidance	COO
		Added to Patient Initiated Follow Up (PIFU) pathway	COO
		Proportion of outpatient attends that are first or follow up with a procedure	COO
		Incomplete RTT waiting list	COO
		Incomplete RTT pathways +52 weeks	COO
		Incomplete RTT pathways +65 weeks	COO
		Incomplete RTT pathways +78 weeks	COO
	Diagnostics	Diagnostic DM01 backlog	COO
		Diagnostic DM01 performance under 6-weeks	COO
	Cancer	Cancer 28-day faster diagnosis standard	COO
		Cancer 31-day treatment performance	COO
		Cancer 62-day treatment performance	COO
		Number of suspected cancer patients waiting over 62-days	COO
Best Value Care	Finance	Income & expenditure against plan	CFO
		Financial Improvement Programme (FIP) against plan	CFO
		Value weighted elective activity (%)	CFO
		Capital expenditure against plan	CFO
		Cash balance	CFO
		Agency expenditure against plan	CFO
Activity (for context)	Urgent Care	Number of A&E attendances	
		Number of non-elective admissions	
	Electives	Average daily elective referrals	
		Outpatients - first appointment	
		Outpatients - follow up	
		Daycase	
		Elective inpatient	
	Diagnostics	Diagnostics	

Board of Directors Meeting in Public – Information Governance Report

Subject:	Senior Information Risk Owner (SIRO) Report for Trust Board	**Date:**	4th July 2024
Prepared By:	Jacqueline Widdowson, Head of Data Security & Privacy		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		

Purpose		
The purpose of this report is to provide the Board with an overview of the Trust's statutory and legal compliance with the Information Governance and Information Security Agenda and provide the final submission outcome of the DSPT	**Approval**	
	Assurance	**x**
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
			x		

Principal Risk		
PR1	Significant deterioration in standards of safety and care	**x**
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

Acronyms

DSPT – Data Security Protection Toolkit
IG – Information Governance
SIRO – Senior Information Risk Owner
IAO – Information Asset Owner
IAA – Information Asset Administrator
FOI – Freedom of Information
DPA – Data Protection Act
DPO – Data Protection Officer
ICO – Information Commissioner's Office

Executive Summary

This report provides the Trust Board with an overview of the Trust's compliance with the Information Governance (IG) and Information Security agenda both nationally and locally.

The Annual SIRO report is included within Appendix A and provides an overview on our legislative and regulatory compliance with the FOI Act, DPA, DSPT and any incidents reported to the ICO.

All 108 of the 108 Mandatory standard evidence items are now complete for the DSPT. The DSPT has now been submitted with an overall compliance as standards met and an auditor's opinion of substantial

assurance.

During 2023/24, 3 incidents were escalated as reportable to the Information Commissioners Office. None have resulted in action from the regulator as the Trust provided appropriate assurance.

Work continues to raise the profile of information governance across a variety of mediums to ensure that incidents and lessons learned, are raised to the attention of all employees across the Trust.

2023/24 Annual Senior Information Risk Owner Report

Purposes of the Report

To document the Trust's compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Freedom of Information Act 2000, the Data Protection Act 2018 and the General Data Protection Regulations.

To document the Trust's compliance with the Data Security & Protection Toolkit and provide assurance of progress in relation to the completion of its mandated requirements.

To inform the Trust Board about any Serious Incidents Requiring Investigation (SIRI) during the year, relating to any losses of personal data or breaches of confidentiality.

To outline the direction of information governance work during 2023/24 and how it aligned with the strategic business goals of Sherwood Forest Hospitals NHS Foundation Trust.

Assurance Framework

The Information Governance Committee meets on a bi-monthly basis to assess risks to security and integrity of information and the management of confidential information. The Committee monitors the completion of the Data Security & Protection Toolkit submission, data flow mapping, and information asset registers. The Committee also ensures the Trust has effective policies, processes, and management arrangements in place.

No outstanding standards remain for completion and the final toolkit submission has been made with all 108 standards met. The Trust has received substantial assurance from the internal auditors.

Data Flow Mapping & Information Asset Registers

To be legally compliant with data protection legislation, the Trust must keep a register of all the different types of information it stores, shares, and receives. The register also needs to detail all the digital and physical places where personal and sensitive information is stored, and how it is kept safe.

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2023/24 the IG Team circulated the Information Asset Register (IAR) and Data Flow Maps (DFM) for each business area to ensure that all new systems and data flows were recorded, and risk assessed. We aim to disseminate and receive returns each year to ensure we have the most up to date registers in place. Some challenges were encountered in-year for reviews due to operational pressures across the services, staffing changes and staff shortages within the IG Team.

The registers contain information including:

- Key owners
- Retention periods
- Location of the data
- Media type (paper/ digital)
- Frequency of back up
- Access controls
- The legal basis for sharing
- Who the recipient of the data is
- Data transfers outside the UK

The IARs & DFMs received were reviewed on 1st June 2024 by the Head of Data Security & Privacy. Some gaps in information have been identified by the Head of Data Security & Privacy and our internal auditors. An action plan will be developed to support the IAOs/IAAs to address the gaps in information that will be monitored by the Information Governance Working Group from which any escalations will be forwarded to the Information Governance Committee.

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, the Trust is required to report on any Serious Incidents (SIRIs) or Cyber Incidents which are notified on the Data Security & Protection Toolkit and then reported through to the ICO.

To date there have been three incidents that have been reported on the Data Security & Protection Toolkit during 2023/24 of which none required further investigation by the ICO.

Risk Management and Assurance

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2023/24 the Head of Data Security & Privacy has reviewed the current top 3 data risks with the Risk Manager and Chief Digital Information Officer. These have been identified as training, cyber security, and data centres. An additional risk was identified about resources within the Information Governance Team. This is due to the increased numbers of FOI and SARS requests and also the workload attributed to ensuring the Trust's digital systems have adequate protection around data security and integrity.

Freedom of Information (FOI)

During 2023/24 to date the Trust processed a total of 863 FOI requests. This function is managed by the IG Team, the activity is demonstrated in the table below. There has been a significant increase in the number of FOI requests received at the Trust from the previous year. The Trust received 710 which is an increase of more than 100 requests. The IG Team continue to monitor the number of requests and going forward the IG Committee continues to monitor compliance. An FOI working group has been formed in order to support the teams across the Trust who provide the information to answer the requests thereby enabling compliance.

Total	Breached timeframe of 20 days	Escalated to ICO
863	418	0

2023-24 has been a challenging year due to ongoing operational pressures which have had a continued impact on the number of FOI requests breaching the 20 working days statutory timeframe.

Subject Access Requests

The Trust has received 3710 requests for access to patient records. The patient records have been processed in line with national guidance and given that some of these cases involve many hundreds of pages of information and require methodical attention to detail to ensure that information is released appropriately is a particularly noteworthy achievement. There have been no complaints to the Information Commissioner arising out of the responses provided. Any requests for review of content of records by patients have been handled locally and achieved satisfactory resolution for patients. There has been a substantial increase of around 500 more requests received into the department during 2023/24 than in previous year. There has been an increase of more than 900 requests over the last two fiscal years.

Type	01/04/23 to 31/03/24	Completed within 30 days
Total Requests	3710	3710

The Board is asked to note the contents of the report and take assurance from its content.

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:**	4 July 2024
Prepared By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens.		
Approved By:	Philip Bolton, Executive Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens, Philip Bolton, Executive Chief Nurse		

Purpose		
To update the Trust Board of Directors on our progress as Maternity and Neonatal safety champions	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	**X**		**X**		

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

Committees/groups where items has been presented before

- Maternity and Neonatal Safety Champions Meeting.

Acronyms

- Data Sharing Agreement (DSA)
- Electronic Prescribing and Medicines Administration (EPMA)
- Maternity and Neonatal Safety Champion (MNSC)
- Maternity and Neonatal Voice Partnership (MNVP)
- Maternity Voice Champion (MVP)
- Multi Discipline Team (MDT)
- Neonatal Voice Champion (NVP)
- Care Quality Commission (CQC)
- Local Maternity and Neonatal System (LMNS)

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 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 June 2024

1.Service User Voice

Due to the announcement of the general election on the 4th of July 2024, the MNVP are respecting the rule of purdah by exercising caution in making announcements or decisions that might affect the election campaign.

They have been able to continue with the planned programmes of work around the recruitment of an additional MVP volunteer for SFH. Noted with the governance overview, the leads from the system provider organisations, LMNS and both the MVP and NVP chair have met to agree a key action regarding safety action one within the year 6 Maternity Incentive Scheme.

The progress of the CQC maternity voice action plan was discussed through the MNSC meeting on 27 June 2024. Specific feedback from our SAS Doctors and Consultants working within anaesthetics, provided additional updates specifically within the pain relief section, noting the below points:

- Introduction of patient-controlled Remifentanil- work ongoing.
- Moving to a patient-controlled regime for labour epidurals- work also ongoing
- Increasing the amount of daytime anaesthetic staffing, supporting the additional caesarean lists

2.Staff Engagement

The planned MNSC walk round took place on the 7th of June 2024. The MNSC spoke with colleagues across the MDT. A key discussion point from all areas was around the increased impact of caesarean birth. Whilst the additional lists have made an impact, staff noted further ideas around what else is required. This action point will be taken to the Perinatal Assurance Committee (was Maternity Assurance Committee) for wider discussion and action, noting the operational and cross divisional implications.

On the 14th of June 2024 the Maternity Forum was held. Chaired by the Director of Midwifery this month and attended this month by the Interim Chief Executive Officer, the meeting was well attended by divisional colleagues.

The Digital Midwife provided an update around the go live date for the EPMA within maternity services on the 26th of June 2024 including the provision of staff training prior to this date. Excellent progress has been made to date and all staff reported positively around this change.

The Maternity Clinical Support Trainer spoke about plans made for the provision of a school visit in the coming months and the work that is underway with the Trust's leads for work experience to explore what the offer for maternity services could look like if the interest is there.

3.Governance Summary

Three Year Maternity and Neonatal Plan:
The Maternity Safety Team continue to work with the LMNS, now the Three-Year plan is in its second year.
Discussions include how the Trust can evidence the progress so far and what needs to be prioritised moving into the third year.

Ockenden:
The action plans continue to be worked through following the annual Ockenden insight visit report from our visit in October 2023. The visit findings supported the self-assessment completed by the Trust. Area's have been identified from the visit to strengthen the embedding of the immediate and essential actions. Progress has been made as a system around the bereavement provision, notable with the counselling support available for families as a system which is a feature of the Three-Year plan. Discussions are being held with the LMNS as to the future of insight visits.

The request from the Independent Maternity Review at Nottingham, regarding a data sharing agreement (DSA), has been presented to the Digital Committee and now requires progressing to the Information Governance Board, due to be held in July 2024. Until the DSA has been approved, any requests are being taken through the Access to Health records team for review.

NHSR:
The task and finish group for the year 6 Maternity Incentive Scheme is established now and meeting fortnightly to work through the evidence upload needed.

A risk which was identified has been reviewed with the system and the MNVP Chair's and a clear plan has been provided to ensure compliance for this element. No further risks have been escalated to date from the fortnightly task and finish group.

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

A key area of focus is to support the newest element within Version 3 of the bundle which focuses upon the diabetes service.

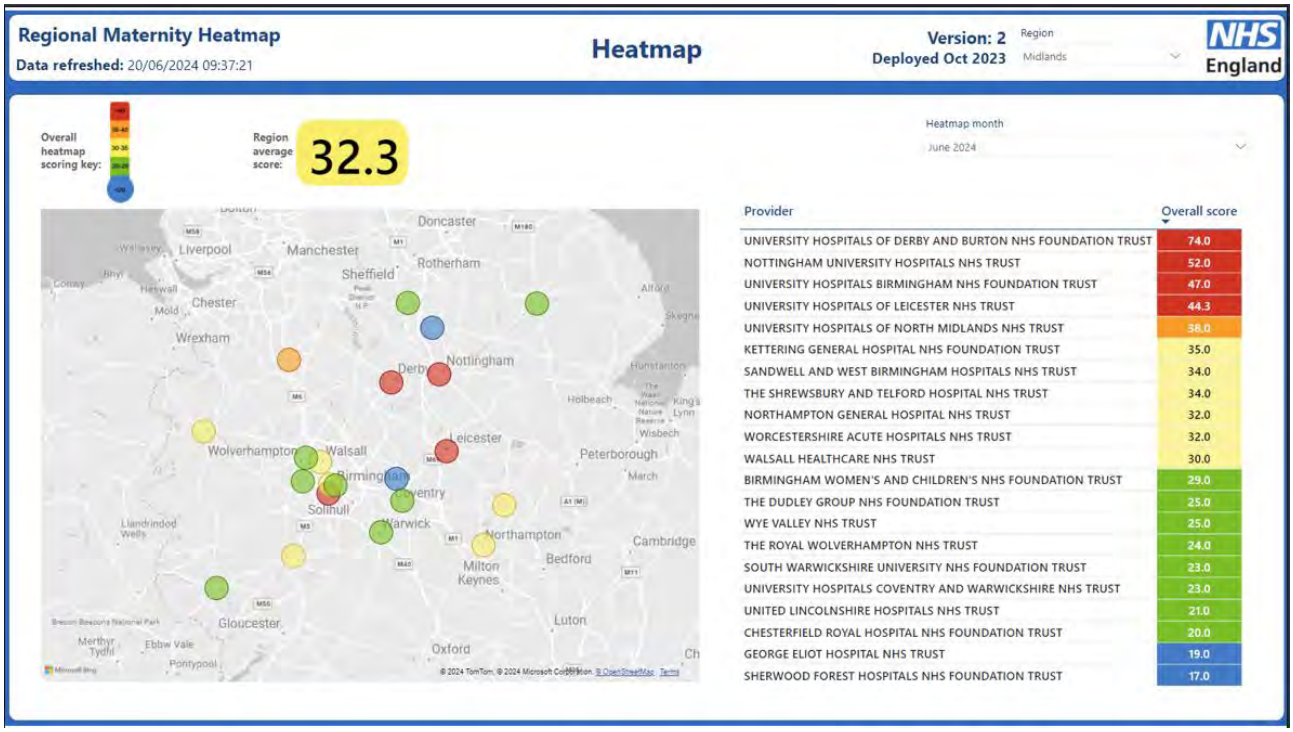
CQC:
Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the QC, further is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC. The Trust Mandatory training remains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

A revised peer review programme has been drafted to allow for unannounced visits to specific areas within maternity to review the progress to these actions.

4. Quality Improvement

This month at the MNSC meeting we reviewed the regional heatmap data, as below. The heatmap is a regional tool which provides a scoring system based on internal and external reportable measures.

A key part of this data is the quality improvement measures that the organisation supports, these being Saving Babies Lives Care Bundle, NHSR Maternity Incentive Scheme compliance and vacancy rates within the MDT workforce. The current position, along with additional elements, is a culmination of the team effort against the quality improvement measures and for this month we have received our first blue rating.



5.Safety Culture

As part of the perinatal cultural workplan, drawing on the three themes of communication, leadership and health and wellbeing, we have provided below an update around the communication made available to all staff, a focus of this is to ensure that it is provided through a variety of media.

The first picture is a patient facing poster which, following the positive review of the 10@10 break system, highlights to all women and their families the concept of the break and ensures that they are aware that this is not prioritised over urgent clinical care.

The second picture explains the proposed triage relocation proposal which is the result of a focused meeting which was widely attended by staff across the MDT, allowing for great depth of discussion and ownership of the subsequent actions.

This month we also discussed and shaped the future perinatal quad report which will be present at the MNSC meetings.

HEAD OF MIDWIFERY UPDATE
APRIL 2024

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

HYDRATION AND NUTRITION

IMPROVED STAFF AND PATIENT EXPERIENCE

RESTORE ENERGY

At SFH we are committed to ensuring the health and well-being of our staff.

Our staff come together for a 10-minute time out on each shift at 10am/pm, known as

10@10

Staff are still available to provide your care during this time - please use your call bell to summon support if needed at any time.

We welcome all feedback from our women, birthing individuals, their families and visitors, as such please do not hesitate to email me direct on sarah.ayre4@nhs.net

Thank you for your support

Sarah Ayre
Head of Midwifery

TRIAGE RELOCATION PROPOSAL JUNE 2024

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

WHERE?

TRIAGE RELOCATION

We are discussing relocating to Rooms 12 14 and 15 on the Ward. These will be 3 Ongoing Care rooms and the current office for IOL Team will become the Rapid Assessment Room. The Bay on SBU will become an ELCS / RECOVERY BAY and rooms 1 and 2 will return to SBU

WHY?

YOU SAID... WE DID..

The aim to improve the experience of giving and receiving care in both Triage, our planned c section pathway and post theatre admissions. We also require additional birthing rooms to help avoid long delays for those receiving induction of labour care. Bay A and B on the Ward will become our IOL bays.

WHEN?

MID JULY 2024

Once all staff have had an opportunity to share thoughts, ideas and feedback (there is a Teams meeting 19th June – have you received an invite?) we will present the proposal to the senior tri at SMT for sign off and then share plans for implementation. A SOP for escalation will be shared plus a detailed support plan provided for launch week.

PLEASE CONTACT SARAH AYRE HEAD OF MIDWIFERY IF YOU HAVE ANY QUESTIONS OR FEEDBACK OR REQUIRE AN INVITE TO THE MEETING ON 19TH JUNE 2004 sarah.ayre4@nhs.net

Maternity Perinatal Quality Surveillance model for June 2024

Sherwood Forest Hospitals
NHS Foundation Trust

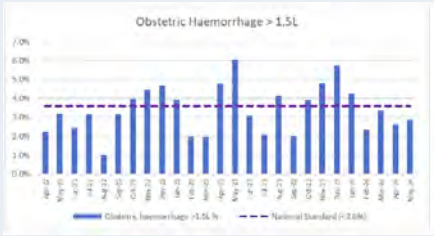
CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		

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

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

Massive Obstetric Haemorrhage (May 2.9%)

- Consecutive reduction in cases this month
- LMNS PQSG meeting to align the PSIRP plans



Elective Care

Elective Caesarean (EL LSCS)

- First MDT booking session for LSCS is planned for the 8th of July following focused QI work

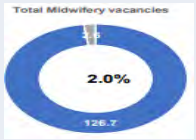
Induction of labour (IOL)

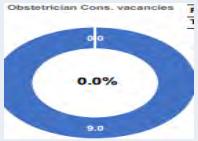
- Outpatient training commenced, awaiting data/ feedback for further updates.

Midwifery & Obstetric Workforce

Current vacancy rate (PWR data)

- Midwifery workforce 2%, successful open day with 26 attendees wanting to work at SFH- Interviews planned.
- MSW recruitment successful and post appointed.
- No obstetric vacancies





Staffing red flags (May 2024)

- 7 staffing incidents reported in the month,
- No harm related staffing incident. Increase noted in short term sickness/ Datix needed for agency approval.

Suspension of Maternity Services

- No suspension of services within May

Home Birth Service

- 66 home births conducted since re-launch, high number conducted in April.
- Emerging risk to service due to expected maternity leave. Divisional review underway

Saving Babies Lives

Saving Babies Lives Care Bundle Version 3

	LMNS validated % of interventions fully implemented	
All elements	87	✓
Element 1 - Smoking	80	✓
Element 2 - Fetal Growth Restriction	95	✓
Element 3 - Reducted fetal movements	50	✓
Element 4 - Fetal monitoring	100	✓
Element 5 - Preterm birth	85	✓
Element 6 - Diabetes	83	✓
Overall implementation level	Partially implemented - CNST (yr 5) met	

Stillbirth rate (3.1 /1000 births)

- One stillbirth reported in May. Reviewed through PMRT only at present.
- For 2023/2024 the rate per 1000 births is 2.2. This is below the national threshold of 4.4/1000

Maternity Assurance

NHSR	Ockenden
• Year 6 MIS now live • Initial risk assessment done. No mitigation required • Fortnightly task and finish group progressing	• Initial 7 IEA- 100% compliant • System reporting for Three-Year plan in development

Incidents reported May 2024 (130 no/low harm, 0 moderate or above*)

MDT reviews	Comments
Triggers x 16	

*0 Incidents reported as 'moderate or above' from the cases reviewed

Other

- Noted consecutive rise in 3rd and 4th degree tears, reviewed and no initial Trust apportioned harm. Presentation being prepared by the Pelvic Perinatal Health team for Quality Committee

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Quality Metric	Standard	Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	47%	56%	49%	49%	48%	
3rd/4th degree tear overall rate	<3.5%	3.50%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5.00%	2.10%	6.00%	4.50%	
3rd/4th degree tear overall number		79	6	7	6	8	6	6	7	9	4	5	8	3	11	8	
Obstetric haemorrhage >1.5L number		127	13	19	9	6	11	6	11	15	17	13	6	9	9	9	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	2.60%	3.40%	2.60%	2.90%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	2.80%	3.80%	2.60%	4.00%	
Stillbirth number		10	1	0	1	0	1	0	0	0	2	1	2	1	0	1	
Stillbirth rate	<4.4/1000				2.200			1.700			2.300			3.100			
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		44	2	2	3	2	3	3	4	4	3	2	3	4	5	4	
Number of concerns (PET)		13	2	1	1	1	1	1	2	0	1	1	1	1	0	0	
Complaints		6	0	0	0	0	1	1	1	0	0	1	0	0	1	1	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	90%	90%	90%	90%	91%	

External Reporting	Standard	Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Trend
Maternity incidents no harm/low harm		1553	58	78	85	86	85	107	130	158	94	148	102	102	95	130	
Maternity incidents moderate harm & above		12	0	1	1	0	1	3	2	2	1	1	0	0	0	0	
Findings of review of all perinatal deaths using the real time monitoring tool	Mar-24	PMRT case are within reporting timeframes inline with MIS, deadline met. Risk to MIS Year 6 mitigated with system plan.															
Findings of review all cases eligible for referral to MNSI	Mar-24	Two live cases, intrapartum stillbirth and HIE 3 following a shoulder dystocia. Cases are under investigation, no immeidate concerns raised from MNSI															
Service user voice feedback	Mar-24	Action plans from recent patient voice/ 15 steps monitered through MNSC meeting.															
Staff feedback from frontline champions and walk-abouts	Mar-24	Action taken from staff walk round to PAC regarding additional cross divisional action for caesearn section															
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10	<4 <7 7 & above																

TRUST BOARD OF DIRECTORS

Subject:	Equality, Diversity and Inclusion (EDI) Annual Report	**Date:**	4th July 2024
Prepared By:	Ali Pearson, People EDI Lead		
Approved By:	Jacqueline Read, Associate Director of People (Operations), Deborah Kearsley, Deputy Director of People		
Presented By:	Deborah Kearsley, Deputy Director of People		

Purpose		
The Equality, Diversity and Inclusion Report provides an annual update to the Trust Board of Directors providing assurance that the Statutory Duties as outlined in the Public Sector Duty have been met.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
	X		**X**		

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

Committees/groups where this item has been presented before

This paper and annual report has been virtually circulated to members of the People Committee.

Acronyms

EDI - Equality, Diversity and Inclusion

Executive Summary

Summary

The Trust is required to report to the Board annually it's EDI activity for both colleagues and patients. This report, which will be published on the Trust website, demonstrates that the Trust is meeting it's obligations under the Public Sector Equality Duty.

The Report

The report describes how the Trust govern EDI within the Trust and describes the mandatory reporting that has been completed in the 2023/2024 year as required by the Government and NHS England and signposts to where this information has been published.

The report provides an overview of the workforce based on Ethnicity, Gender, Disability, Age and Sexual Orientation and describes how various departments have worked during 2023/2024 to support the EDI agenda in the Trust.

The Annual report highlights services offered to patients who have additional needs to ensure their care is not compromised in any way because of their needs, including but not limited to, translation services, accessibility and chaplaincy.

The report also provides a summary of the events that have taken place during 2023/2024 to raise the profile of EDI and to raise awareness of particular topics on the agenda, for example, Race Equality and Disability within the workplace.

To conclude

Whilst it has been another challenging year for the Trust, we have maintained a focus on EDI and have seen some great achievements in the last 12-months, including;

- Ongoing support for patients through Safeguarding, Spiritual and Pastoral Care team and also Translation and Interpreting services

- A relaunch of Staff Networks to provide a new approach to network operations with the aim of providing more effective ways for members to engage in network activity. We have also seen membership increase by 11% in the last year.

- The Trust have embedded Staff Networks as a safe place for colleagues to receive support when we relaunched the Trust CARE Values.

- The Trust are delighted to host an inaugural Project SEARCH graduation with two interns gaining employment in the Trust.

- The Trust have reviewed the Allyship in Sherwood training and have now trained almost 100 colleagues.

- The Trust have published the first Trans and Non-Binary Policy and Guidance and have reviewed and updated the Reasonable Adjustment guidance.

- The Trust have continued to deliver a range of awareness raising events and communications including;
    - PRIDE where the Trust had a dedicated stand at Nottinghamshire PRIDE for the first time
    - REACH OUT! with special guest Professor Laura Serrant OBE
    - Launched the NHS Health Passport during Disability History Month
    - Updated the one world flag art to celebrate the diversity of our workforce
    - Development of an EDI Engagement Calendar to enable all teams across the Trust to be aware of key EDI dates during the calendar year
    - Reviewed and improved Trust EDI Intranet pages
    - Hosted a virtual coffee break for International Women's Day
    - Delivered a very well attended Neurodiversity lunch and learn session during Neurodiversity week in March

The Trust are very proud of the work that has been achieved and detailed within the report and look forward to reporting to you next year.

In the meantime, the ongoing work associated with Equality, Diversity and Inclusion will continue to be reported to the People Wellbeing and Belonging Sub-Cabinet.

Recommendation
To take assurance as Trust Board on the delivery of the EDI agenda throughout the Trust in line with the Public Sector Equality Duty.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Belonging in the NHS

Equality, Diversity, and Inclusion Annual Report

2023-2024

Best NHS Acute Trust in the Midlands
(2018 - 2023 NHS Staff Survey)

Contents

Welcome / Introduction 3
The Public Sector Equality Duty and Mandatory Reporting 4
Gender Pay Gap Reporting 6
WRES 7
WDES 7
EDS 8
EDI Governance and Staff Networks 9
Equality Impact Assessment 12
Workforce Information 14
Project Search 16
CARE Values 17
Staff Survey 2023 19
Human Resource Activity 22
Charters 27
Chaplaincy 29
EDI Programme Update 31
Looking Forward 34
Our Patients 37
Safeguarding: Learning Disabilities, Mental Health, Children & Young People 37
Translation and Interpreting Services 41

Welcome to Sherwood Forest Hospitals, Equality, Diversity, and Inclusion Annual Report

This report provides the Board of Directors with an update on achievements, progress and developments in relation to the Equality, Diversity and Inclusion (EDI) agenda at Sherwood Forest Hospitals NHS Foundation Trust.

This report also demonstrates how we are meeting the requirements of the Public Sector Equality Duty.

2023/2024 has been another very challenging year for the Trust. Operational activity has remained high and we continue to see significant pressures on our services and continued periods of industrial action continue to impact on the delivery of our services. However, during these periods we have maintained the high standards of care that our community rely upon us to provide.

We remain committed to providing an environment where all colleagues, patients and carers enjoy equity of opportunity. We oppose all forms of unlawful or unfair discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Despite the challenges, we have ensured that the EDI agenda has continued to be supported at all levels within the Trust.

The Public Sector Equality Duty and Mandatory Reporting

The Public Sector Equality Duty

The Equality Act 2010 (s.149) places an Equality Duty on public bodies. The Equality Duty consists of the General Duty with three main aims. It requires organisation's to have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Organisations are expected, under the general duty to consider the main aims when delivering it's services but also when services and/or policies and procedures are being developed.

Specific Duties

The Equality Duty is supported by specific duties as set out in the regulations. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty. All information must be published in a way which makes it easy for people to access.

The information published must include:

- Gender Pay Gap Report
- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users). It is the decision of each public body to decide what information it publishes to show its compliance with the Equality Duty.

The Public Sector Equality Duty and Mandatory Reporting

Publication Duties

The information must be published on an annual basis. The Trust has published:

Workforce Information

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010.

- Equality, Diversity and Inclusion Annual report (this report)
- Gender Pay Gap Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- NHS Staff Survey Summary

:

Organisational Information

The Trust published its People Strategy in 2023 outlining its objectives within four delivery pillars which are aligned to the NHS People Plan; Looking after our people, Belonging in the NHS, Growing for the future and New ways of working and delivering care. Our EDI objectives are delivered within the Belonging in the NHS pillar.

In addition to the People Strategy, following the publication of the NHS EDI Improvement Plan in June 2023, we developed an EDI Improvement Plan for the Trust which sets out the actions we will take over the next three-years to achieve the 6 High Impact Actions contained within the NHS EDI Improvement Plan.

Gender Pay Gap Reporting

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30th March each year. The information aims to establish the pay gap between male and female employees as of 31st March the previous year.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

Salaries at the Trust are determined through the national NHS Job Evaluation Scheme. Job evaluation evaluates each specific role and not the post holder. The scheme makes no reference to gender or any other personal characteristics of existing or potential job holders. Therefore, the Trust is confident it is paying the same salary to roles of equal value.

The NHS Job Evaluation Scheme applies to all roles that are appointed under Agenda for Change (AfC) Terms and Conditions and therefore Medical and Dental jobs are not subject the NHS Job Evaluation Scheme due to different terms and conditions.

The Gender Pay Gap Reporting legislation requires an employer to publish six calculations:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

Our Gender Pay Gap Report as of 31st March 2023, which was published in March 2024, can be found on the Trust's website.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory framework that we complete on an annual basis.

The WRES standards are included within the NHS Standard Contract and all NHS organisations are required to demonstrate progress against the nine indicators; four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation.

The CQC inspect on the WRES implementation under the well-led domain. The Trust's WRES data and action plan for 2022/2023 was published in October 2023 and is available on the Trust's website.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a mandatory standard introduced in April 2019 that requires completion on an annual basis.

All NHS organisations are required to demonstrate progress against the ten indicators; three workforce data metrics, six staff survey metrics and one Board metric. The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS.

The Trust's WDES data and action plan for 2022/2023 was published in October 2023 on the Trust's website.

Equality Delivery System

EDS is a mandatory framework, the main purpose of which is to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.
EDS is aligned to NHS England's Long-Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

Our Trust Strategy and associated strategies and work plans including this annual report, summarise how we are meeting the requirements of the Equality Delivery System.

EDI Governance and Staff Networks

People Wellbeing and Belonging Sub-Cabinet

The People Wellbeing and Belonging sub-cabinet meets monthly and brings together the Leads from the following workstreams; EDI, Wellbeing, People Health and Wellbeing, Organisational Development and Engagement along with our Freedom to Speak Up Guardian, Chaplaincy, Staff Side representative, People Operations representative, People Lead representative and Clinical representatives.

Sub-cabinet members work together to support effective delivery of our People Strategy aims of Belonging in the NHS and Looking after our people. EDI forms a key part of this meeting and enables EDI specific work and concerns to be discussed across wider People Directorate services.

The sub-cabinet provides monthly reports to the People Cabinet and items for escalation are agreed here and reported to the People Committee. Updates from the sub-cabinet are also provided to the Joint Staff Partnership Forum (JSPF).

There is also an inclusion in the Trust's annual report to the Board of Directors which notes our workforce EDI priorities and actions to be delivered.

EDI Governance and Staff Networks

Staff Networks

In the last 12-months, we have successfully appointed a new Chair to our Ethnic Minority Network and new Co-Chairs to our LGBTQ+ and Carers Staff Networks and we are currently seeking expressions of interest for our Women in Sherwood network. Our Executive Sponsors continue to support our networks in their activities.

Staff Networks	Chair/Co Chair	No. of members	Executive Sponsor
Ethnic Minority	Shintel Sibanda Geraldine Edwards	83	Rachel Eddie
LGBTQ+	Mitchel Speed Patrick McCormack	86	Dave Selwyn Claire Hinchley
WAND (Disability)	Amy Gouldstone Ali Pearson	47	Rob Simcox Richard Mills
Carers	Corinne Kitchen Karen Hage	57	Sally Brook Shanahan
Women in Sherwood	Chair to be appointed Co chair to be appointed (Ali Pearson currently Co-Chairing)	53	Phil Bolton
Total Members		326	Membership has increased 11% since last year's report

Whilst Staff Network membership continues to increase, we have experienced some operational difficulties which could be impacting the potential success of networks, including engagement from members and ensuring the purpose of staff networks is fully delivered.

In the last six-months we have undertaken an operational review of our networks including a member survey to identify what our members really want from their membership and how we can engage them more effectively. We have developed a new approach for our networks which will be launched on 8th May 2024, National Staff Networks Day. Our new approach will offer levels of membership to provide a variety of ways for members to engage with their chosen network. Each network will retain its individual identity but we will also bring networks together to improve intersectionality, promote allyship and offer greater peer to peer support.

EDI Governance and Staff Networks

The New Membership Levels

Chairs and Co-Chairs will run **Safe Spaces** for each of the five networks. The safe spaces are for members who identify with the community the network supports; by closing these spaces to ally's we're able to ensure the psychological safety of colleagues and empower colleagues to speak openly about their experience of working here.

We will then bring all networks together to the **Staff Network Support Group** every quarter; here we will share feedback from safe spaces which will enable members to decide upon actions based on the experience of colleagues. This group will also be the space for event planning, staff survey review, guest speakers and group training/development.

Moving forwards, we will have one staff networks action plan and delivery of this will be led by a **Staff Network Action Group** which will comprise of Chairs, Co-Chairs and action focussed members who wish to be part of the group.

Our staff network Chairs will continue to have the opportunity to escalate issues to the People Wellbeing and Belonging sub-cabinet through the People EDI Lead.

We have also developed a Chair and Executive Directors Staff Networks Pledge. With support from Director of People and network Chairs we now have a pledge which outlines why our Chair and Executives value our networks and their importance in promoting inclusive work environments. The Pledge also details the commitment from our Executive Sponsors in supporting our networks to succeed. The Pledge will be unveiled as part of our network relaunch on 8th May 2024.

Equality Impact Assessments

Within the Trust all revised or new policies, procedures or process require a completed Equality Impact Assessment (EqIA).

An EqIA is the detailed and systematic analysis of the potential or actual effects of a policy, procedure or process, which is undertaken in order to establish whether the policy, procedure or process has a differential impact on different groups of people. The aim of the EqIA is to eliminate discrimination and produce positive outcomes for equality.

Workforce Information

The Trust is committed to treating all its service users and staff with dignity and respect. Embracing diversity supports the delivery of our strategic vision and helps to ensure that we are providing effective services that meet the needs of our community.

Our People Strategy is a public declaration of how we will demonstrably take forward our commitment to ensuring equality and inclusion is embedded within all areas of the Trust.

Ethnic Origin	2022/23		2023/24	
	%	Heads	%	Heads
Asian	11.16%	637	12.81%	779
Black	2.21%	126	2.60%	158
Chinese	0.46%	26	0.43%	26
Mixed	1.93%	110	1.79%	109
Not Stated	3.75%	214	3.65%	222
White	80.50%	4595	78.72%	4786
Total	**5708**		**6080**	

Ethnicity

In 2023/2024 our number of workforce colleagues from ethnic minority backgrounds has increased from 16% in 2022/23 to 17.5% this year.

The ethnicity profile of our workforce is positive compared with the profile of the local community which is 95.4% White (Census 2021).

Disability	2022/23		2023/24	
	%	Heads	%	Heads
No	75.23%	4294	76.48%	4650
Not Declared	17.83%	1018	16.71%	1016
Undefined	1.26%	72	0.25%	15
Yes	5.68%	324	6.56%	399
Total		**5708**		**6080**

Disability

The Trust collects data from all new employees regarding disability status during the recruitment process and employees are encouraged to keep their own electronic staff record (ESR) updated throughout their employment.

We have seen year on year increases in those declaring their disability and this year, we have seen a further increase from 5.68% last year to 6.56% this year. There is significant disparity with ESR data and Staff Survey results where 22.6% of colleagues noted they had a disability.

Our data shows that 16.71% of staff have not declared a disability status on ESR. We continue to encourage colleagues to update their information through our orientation day presentation, local induction, messages on the home page of ESR, periodic reminders in our communications bulletin and through our staff networks. During Disability History Month in 2023, we shared a video and a flow chart document which detailed the steps to take in ESR to update disability information.

Workforce Information

The overall age profile for the Trust's workforce continues to be dominated by the 31-40 and 51-60 age groups.

We continue planning for potential retirements within coming years giving particular consideration to the Registered Nurse staff group where Nurses who have special class status can retire from 55 years of age.

We also encourage leaders to succession plan within their teams and provide opportunities for development for existing colleagues to plan in advance for those exiting the organisation and promoting 'home-grown' talent progression. The facility for flexi-retirement continues to retain colleague's valuable knowledge, skills and experience within the Trust; allowing staff to retire and return to work. Overall, the age demographics continue to remain static, with a typical distribution across the age ranges.

Staff Age Profile

Age	2022/23		2023/24	
	%	Heads	%	Heads
<=20 years	0.68%	39	0.97%	59
21-25	6.55%	374	6.83%	415
26-30	12.40%	708	12.15%	739
31-35	14.59%	833	14.59%	887
36-40	13.05%	745	13.83%	841
41-45	10.81%	617	10.81%	657
46-50	10.76%	614	10.15%	617
51-55	11.95%	682	11.10%	675
56-60	11.70%	668	11.51%	700
61-65	6.01%	343	6.38%	388
66-70	1.26%	72	1.38%	84
>=71years	0.23%	13	0.30%	18
Total	**5708**		**6080**	

Medical Staff Age Profile

Age	2022/23		2023/24	
	%	Heads	%	Heads
<=20 years	0.00%	0	0.00%	0
21-25	8.25%	51	8.72%	60
26-30	16.50%	102	18.17%	125
31-35	15.37%	95	15.84%	109
36-40	15.21%	94	15.26%	105
41-45	14.40%	89	12.65%	87
46-50	9.55%	59	10.03%	69
51-55	7.61%	47	6.69%	46
56-60	8.09%	50	6.98%	48
61-65	2.91%	18	3.63%	25
66-70	1.62%	10	1.60%	11
>=71years	0.49%	3	0.44%	3
Total	**618**		**688**	

Nursing Staff Age Profile

Age	2022/23		2023/24	
	%	Heads	%	Heads
<=20 years	0.00%	0	0.00%	0
21-25	5.80%	95	6.58%	117
26-30	13.00%	213	12.25%	218
31-35	17.77%	291	17.26%	307
36-40	13.61%	223	16.64%	296
41-45	11.17%	183	10.96%	195
46-50	10.50%	172	10.23%	182
51-55	10.50%	172	8.71%	155
56-60	10.50%	172	10.29%	183
61-65	6.17%	101	5.79%	103
66-70	0.98%	16	1.12%	20
>=71years	0.00%	0	0.17%	3
Total	**1638**		**1779**	

Workforce Information

Gender	2022/23		2023/24	
	%	Heads	%	Heads
Male	20.20%	1,154	20.90%	1,273
Female	79.80%	4,554	79.10%	4.807
Total	**5708**		**6080**	

Gender

In 2023/2024 the female workforce continues to dominate the overall headcount despite a small decrease with 79.1% of employees being female.

Male headcount increased very slightly compared to the previous year. Whilst the male demographic of the workforce is considerably lower than the local demographic, this is comparable with NHS national demographic.

Sexual Orientation	2022/23		2023/24	
	%	Heads	%	Heads
Bisexual	1.00%	57	1.17%	71
Gay or Lesbian	1.58%	90	1.68%	102
Heterosexual or straight	81.96%	4678	82.40%	5010
Not Disclosed	15.33%	875	14.59%	887
Other Sexual orientation not listed	0.14%	8	0.16%	10
Total	**5708**		**6080**	

Sexual Orientation

In 2023/2024, 3% of colleagues identify at LGBTQ+; this is a slight increase from last year when 2.67% of colleagues identified with the LGBTQ+ community.

This figure is comparable to those identifying as LGBTQ+ in our local community which is 2.56% of our population identify as LGBTQ+ according to the Census 2021.

Project Search

Working in partnership with Vision West Notts college, Nottinghamshire County Council, Medirest and Skanska and Trust departments, the Project Search programme aims to provide a pathway to work for people with learning disabilities and/or neurodiversity conditions through an internship in the learners final academic year which, it is hoped, will lead to employment.

Sherwood became a host employer for the Project Search programme in 2021/2022 and saw our first intake of four students in September 2022. This project has been led by the Trust Estates and Facilities department.

In July 2023, three interns successfully graduated from the Project SEARCH programme at a special graduation ceremony held at Kings Mill Hospital. We are delighted that two interns have been successful in gaining employment with Medirest and are now working in the Trust.

In September 2023 we welcomed six new interns to the programme who will be able to experience a variety of roles including administration, portering and housekeeping through their work experience placements and it is hoped that like last year, some of this year's interns will be successful in securing employment within the Trust.

Our CARE Values

The values an organisation holds are central to how it plans, organises, and delivers service. Our CARE values are the foundation for the way we work and interact, creating positive behaviours and promoting an open and inclusive culture that embraces diversity within our organisation. Our CARE values underpin the work of the EDI work programme, and are an effective framework to promote dignity, respect, embrace diversity and promote culture change.

In the Autumn of 2023, in anticipation of our new Trust Strategy, we refreshed our Care Values. Our Engagement Team ensured that the CARE values were highlighted in our Communications Bulletin and on our #TeamSFH Facebook group and sought pledges from colleagues throughout the organisation during October. There was also an opportunity for colleagues to make their pledge at a CARE Values event in the KTC on 24th October. Those who participated in sending a pledge received a 'We CARE' pin badge to proudly show their commitment to working in line with our values.

As part of the refresh, colleagues were also offered the opportunity to attend a CARE Values Awareness training session which aimed to remind colleagues of the importance of our values and how to put them into practice. We also offered colleagues a Communicate with CARE workshop where delegates were encouraged to examine their own values, how to recognise values in others and had the opportunity to explore how poor behaviour can be challenged.

During October over 300 colleagues made their CARE values pledge and here are some examples of the pledges made:

- Following the CARE values means everyone has a voice and feels listened to and respected. They set a foundation of shared responsibility to achieve the best possible patient care.
- I pledge to support each and every member of my team with the upmost respect, compassion and care and honour my role with pride and commitment.
- I pledge to respect people from different ethnic minorities and people with mental health conditions.
- Continuing to work to make spiritual and pastoral care accessible to all our patients, families and staff who would appreciate this support and increasing the diversity of Faith events we provide.
- Fostering a healthcare environment built on collaboration, teamwork, and team building, free from discrimination, inequalities and prejudice while embracing a culture of continuous service improvement and prioritizing the provision of the best care experience our patients deserve.
- I pledge to stand up for my colleagues when I see them being treated in a non-respectful manner. I pledge to challenge any inappropriate behaviour I see at the Trust.

Staff Survey 2023

The Trust participates in the National Annual NHS Staff Survey.

The 2023 survey was undertaken between 02 October and 24 November 2023. In 2023 the overall response rate was 62%, with over 3,500 colleagues sharing their voice with us. This was higher than our previous year (61%).

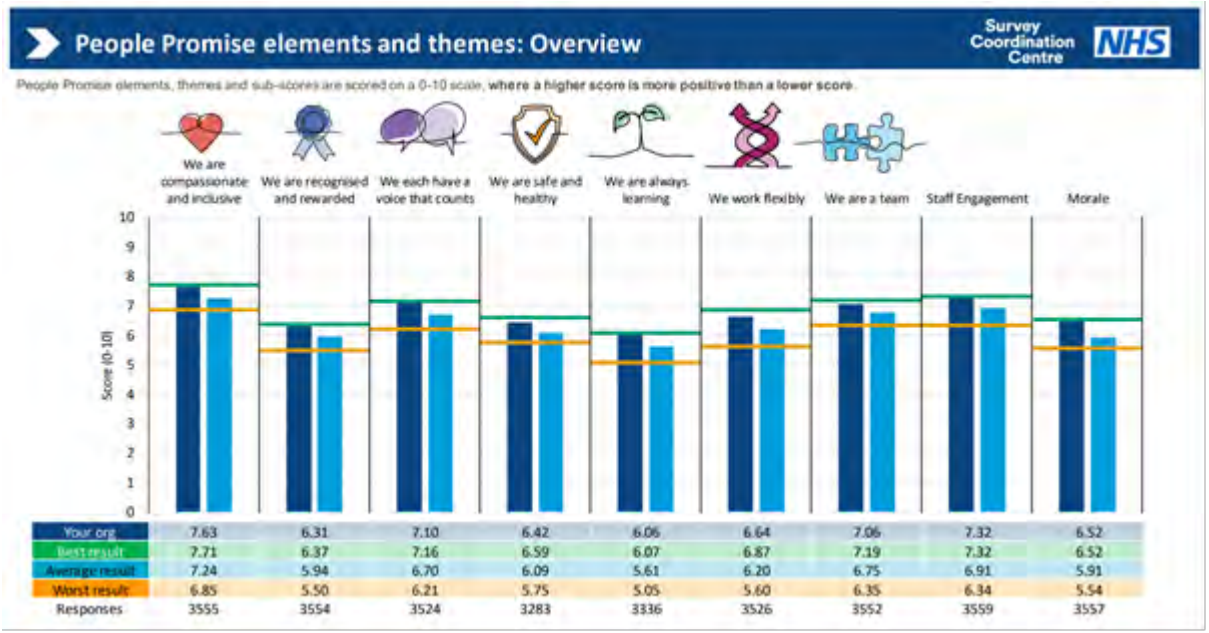
As a Trust we are proud to have ranked 8th highest response rate in our comparator group of Acute and Acute Community Trusts against the People Promise themes. The median response rate for organisations in our group was 45%, demonstrating the exceptional engagement of colleagues at SFH.

The Trust remains the highest scoring Acute/Acute Community Trust as a recommended place to work at in the Midlands region for the sixth year running.

2023 reporting was in line with the changes to reporting made in 2021, with the national staff survey findings being aligned to the 7 People Promise themes, in addition to staff engagement and staff morale.

The People Promise covers themes including 'we are compassionate and inclusive' and 'we are safe and healthy'.

SFH results against these themes and against the best, worst and average can be seen in the table:



***2023 results for "we are safe and healthy" have not been reported by NHS Staff Survey due to an issue with the data.**

Staff Survey 2023

People Promise Themes	Our Score	Best	Average	Difference to Average	National Position (/122 Acute/Acute Community Trusts)	Regional Position (/21 Midlands Acute/Acute Community Trusts)
We are Compassionate and Inclusive	7.63	7.71	7.24	0.39	5th	2nd
We are recognised and rewarded	6.31	6.37	5.94	0.37	6th	2nd
We each have a voice that counts.	7.1	7.16	6.7	0.4	2nd	1st
We are safe and healthy	6.42	6.59	6.09	0.33	3rd	1st
We are always learning	6.06	6.07	5.61	0.45	2nd	1st
We work flexibly	6.64	6.87	6.2	0.44	3rd	2nd
We are a team	7.06	7.19	6.75	0.36	5th	2nd
Staff Engagement	7.32	7.32	6.91	0.41	1st	1st
Morale	6.52	6.52	5.91	0.61	1st	1st

The key findings from the SFH 2023 National Staff Survey are as follows.

- **7/10 colleagues would recommend SFH as a place to work** – Best in the Midlands and 2nd in the Country.
- **8/10 agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation** – 2nd in the Midlands.
- **8/10 agree that care of patients is the organisation's top priority –** Best in the Midlands

Top 5 above Picker average	SFH	Picker	Difference
If friend/relative needed treatment would be happy with standard of care provided by organisation	77.9%	62.6%	+15.3%
Would recommend organisation as place to work	74.6%	60.4%	+14.1%
Have adequate materials, supplies and equipment to do my work	70.5%	57.8%	+12.7%
Enough staff at organisation to do my job properly	44.6%	32.3%	+12.3%
Feel organisation would address any concerns I raised	59.7%	49.0%	+10.6%

Bottom 5 below Picker average	SFH	Picker	Difference
Not experienced physical violence from patients/service users, their relatives or other members of the public	77.7%	87.3%	-9.5%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	57.7%	62.5%	-4.8%
Not felt pressure from manager to come to work when not feeling well enough	74.9%	77.4%	-2.6%
Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.3%	92.2%	-0.9%
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	71.3%	71.6%	-0.2%

Top 5 changes from 2022	2023	2022	Difference
Enough staff at organisation to do my job properly	44.6%	35.3%	+9.2%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	57.7%	52.2%	+5.5%
Satisfied with level of pay	34.0%	28.8%	+5.1%
Never/rarely feel every working hour is tiring	54.7%	49.6%	+5.0%
Never/rarely exhausted by the thought of another day/shift at work	41.7%	36.9%	+4.8%

Staff Survey 2023

The EDI Team have reviewed our Staff Survey results by protected characteristics for the Compassionate and Inclusive element of the People Promise and the results have shown the following:

Some of our ethnic minority Colleagues are reporting very positive experiences of working here at Sherwood; for example, 92.7% of colleagues from an African background would recommend the Trust as a place to work.

The data has also shown that overall ethnic minority colleagues are experiencing compassionate leadership and are having a positive experience with their line manager.

We begin to see a more disparate experience for ethnic minority colleagues when we review the data for experiences of discrimination particularly from patients or members of the public where 30% of colleagues from a mixed/multiple ethnicity background reported experiences of discrimination compared to 21% of all ethnic minority groups. The results show that overall, colleagues from ethnic minority backgrounds are experiencing greater discrimination than our White British colleagues where 4.2% stated they had faced discrimination from patients or members of the public.

22.6% of respondents to the survey noted that they have a disability. The results show that overall disabled colleagues are having a less positive experience when compared to colleagues without disability. Colleagues with a disability are less likely to feel that the organisation has a culture of compassion and that the leadership in compassionate. Only 64.4% of disabled colleagues would suggest Sherwood as a place to work, compared with 77.7% of non-disabled colleagues. The data has also shown that disabled colleagues feel less valued in their teams. 36.2% of disabled colleagues saying they do not feel valued compared to 22.8% of non-disabled colleagues. For this question, results for colleagues with a disability are RAG rated red compared to the organisation overall, whilst colleagues without a disability are RAG rated green; this highlights the disparity in experience for our disabled colleagues.

LGBTQ+ colleagues have reported higher levels discrimination from patients, members or the public and colleagues. 11.4% of one particular LGBTQ+ group of colleagues (not specified due to number of respondents), have also experienced discrimination from managers/team leaders or other colleagues. LGBTQ+ colleagues reported lower feelings of a strong personal attachment to their team, with 34.6% of LGBTQ+ colleagues not feeling a strong personal attachment.

Staff Survey 2023

We will be sharing the survey findings with our Staff Network Support Group in May and will seek input from our members to support the development of our new Staff Networks Action Plan for 2024/25.

The 2023 Staff Survey results have been communicated across the Trust through Divisions/Departments. The data has been shared with staff network members at upcoming meetings. Trust areas of focus for 2024 will be:

1. Focus on improving experience and reporting of Physical violence, including Sexual Safety

2. Physical and emotional well-being of our people (burnout/exhaustion/motivation)

3. Improve experiences for colleagues living with disabilities, colleagues from ethnic minorities and those from our LGBTQ+ communities.

4. Continued improvement in reporting and addressing of unsafe clinical practice, including feedback and fairness in relation to clinical incidents.

5. Leadership – well-being support from managers and colleagues, manager valuing and recognising colleague work, colleague involvement in management decision making.

Human Resource Activity

Training and Development

The Training, Education and Development Department at Sherwood Forest Hospitals NHS Foundation Trust have a strong regional reputation for the quality of its education and training provision. The department is extremely proud of the role it plays in developing our current and future workforces to provide high quality and safe patient care.

2023-2024 Training Activity – Gender Profile

Course Title	Male		Female		Total Gender
	Number	%	Number	%	Number
Customer Relations	174	31	390	69	564
Health & Safety	1057	28	2777	72	3834
Induction	587	24	1843	76	2430
Informatics	0		7	100	7
Medical Equipment	1810	15	10034	85	11844
Occupational Knowledge & Skills	4769	16	24266	84	29035
Personal Development	444	18	2081	82	2525
Resuscitation	768	29	1836	71	2604
Risk Management	3594	23	11869	77	15463

2023-2024 Training Activity – Ethnicity Profile

Course Title	White		Other Ethnic Background		Not Stated		Total Ethnicity
	Number	%	Number	%	Number	%	Number
Customer Relations	419	74	126	22	24	4	564
Health & Safety	3084	80	631	16	119	4	3834
Induction	1501	62	741	30	188	8	2430
Informatics	5	71	2	29	0	0	7
Medical Equipment	8438	71	2796	24	610	5	11844
Occupational Knowledge & Skills	20278	70	7455	26	1302	4	29035
Personal Development	2213	88	276	11	36	1	2525
Resuscitation	1644	63	822	32	138	5	2604
Risk Management	11549	75	3276	21	638	4	15463

Human Resource Activity

Equality, Diversity, and Inclusion (EDI) Training

Diversity and Inclusion training is mandatory for all staff at the Trust. The training is completed on-line and is a requirement for all staff every three years. During 2023/2024, a total of 5085 staff undertook diversity and equality training across the Trust compared to 5,109 in 2022/2023.

Orientation

Equality, Diversity and Inclusion continues to be included within the People Directorate Presentation for the Trust's orientation day for all new staff members and in the volunteer induction programme. The EDI Team now attend Trust orientation to provide a short presentation about our Staff Networks.

Leadership Development

Our new Leadership Development Programme launched in Q4 with our new Leadership Fundamentals Training Day which replaces the former Manager Induction. All new managers are automatically booked onto this session at the point of job offer whether they are internally or externally appointed to the Trust.

We also have two new courses for our existing leaders in the organisation; Emerging and New Leaders and Established Leaders; these programmes will commence delivery during Q2 this year.

EDI is an important session within each of these new courses and equip leaders to embrace diversity, lead with care and compassion, and build inclusive teams.

Human Resource Activity

Allyship in Sherwood

We refreshed our Allyship in Sherwood training content in Q3 and are now offering monthly sessions for colleagues to attend. To date, we have delivered the session to over 70 colleagues and to date, a further 50 colleagues have booked their place between May and December.

Allyship training attendance is now included in the Exemplar Accreditation programme. Sherwood Forest Hospitals (SFH) Exemplar Accreditation Programme aims to provide a set of tools to enable a comprehensiv assessment of the quality of care at ward, unit, department and team level to ensure delivery of outstanding care to our patients.

In addition to patient benefits, NHS Improvement (2019) identified a number of benefits for team colleagues including higher levels of engagement, better team working, and higher staff morale. By including a review o Allyship training attendance as part of the programme, it is hoped that these benefits will be enhanced as individuals have better knowledge of allyship and how to support belonging in their team.

Human Resource Policies, Procedures and Practice

During 2023/2024, nine Human Resource policies were developed/reviewed and implemented within the Trust following approval and ratification by the appropriate forum. Whilst operational Human Resources policies are not specifically related to EDI, we ensure a compassionate and person-centred approach to ensure equitable treatment of all colleagues.

In July 2023, the Trust published our first People Trans and Non-Binary Policy and Guidance for colleagues during PRIDE month; the policy and guidance were co-produced with the support of a trans colleague.

In March 2024, our Reasonable Adjustment guidance was updated with support from our WAND (Disability) Staff Network members.

Engaging colleagues with lived experience in the development and review of policies and guidance ensures that we develop support documentation that considers the lived experience of those who will be supported by them.

Human Resource Activity

Workforce Recruitment

The Trust operates fair recruitment practices to ensure equal access to employment opportunities for all.

We continue our commitment as a 'Disability Confident Employer' and use this marque on our recruitment material to show we encourage applications from disabled people.

The scheme helps employers:

- draw from the widest possible pool of talent
- secure high quality staff who are skilled, loyal and hard working
- improve employee morale and commitment by demonstrating that we treat all employees fairly

Our anonymous applicant tracking system specifically highlights to appointing managers when an applicant has declared a disability to ensure we do not miss the opportunity to offer preferential interviews if the applicant meets the minimum selection criteria. We also make reasonable adjustments throughout the recruitment and selection process to support disabled job applicants and employees.

The Trust supports employees with a disability in a number of ways and takes steps to meet needs and achieve equal outcomes, even if this requires 'positive action'. For example, designating disabled parking bays close to entrances, adjusting application processes, purchasing any required additional equipment. In addition, our WAND (Disability) staff network provides support to those colleagues with a disability or long term condition. Any employee who has or acquires a disability or long-term condition during the course of their employment is supported by occupational health assessments, reasonable adjustments to their duties and if necessary supporting their search for suitable alternative employment, with the aim of valuing and redeploying employees to retain their knowledge, skills and experience in the Trust.

Human Resource Activity

International Recruitment

We positively embrace diversity and believe that a diverse workforce, which shares its knowledge and experience, facilitates the provision of high quality patient care. We actively recruit employees from outside the local area to strengthen diversity.

Between 1st April 2023 and 31st March 2024, the Trust recruited 64 international Nurses.

Between 1st April 2023 and 31st March 2024, the Trust recruited 62 international doctors.

From 1st April 2023 to 31st March 2024 we issued 62 certificates of sponsorship to overseas nationals.

We have also provided 35 certificates of sponsorship for doctors wishing to stay in the UK but move to the local area and 25 doctors wishing to extend their employment with SFH.

On the 1st of March 2024 Sherwood Forest hospitals celebrated Overseas NHS Workers Day.

Charters

Mindful Employer

The Trust is a signatory to the Mindful Employer Charter which is a demonstration of our commitment to supporting our colleagues who may suffer from mental ill-health. By signing the Charter, we are able to use the Mindful Employer logo on our website and in literature which promotes the Trust as a safe place to work and we also have access to a members only library of helpful resources.

The Charter requires us to:

- provide non-judgemental and proactive support to staff with experience of mental ill-health.
- avoid making assumptions about a person with a mental health condition and their ability to work.
- be positive and enabling toward all employees and applicants with a mental health condition.
- support line managers in managing mental health in the workplace.
- ensure the fair recruitment of staff in accordance with the Equality Act (2010).
- make it clear that people who have experience of mental ill-health will not be discriminated against.

Disability Confident Employer Accreditation

The Trust maintains its Disability Confident Employer accreditation.

The Disability Confident scheme aims to help organisations successfully employ and retain disabled people and shows applicants and employees who inform us they have a disability that we are committed to being an inclusive employer.

We are committed to working towards the level 3 accreditation of Disability Confident Leader and will work together with the Nottingham and Nottinghamshire ICS in achieving this as an individual Trust but through sharing good practice where this has already been achieved.

Charters

Age Positive

The Department for Work and Pensions has withdrawn the Age Positive initiative however, we remain committed to providing inclusive workplaces for older people through the following:

- Offering flexible working, flexible retirement and apprenticeships
- Providing training through the recruitment and selection training
- Not stating number of years' experience on our job adverts or person specifications
- Not specifying qualifications as selection criteria where they are not essential for the job so as not to exclude older candidates who might have the right skills and experience but didn't have the opportunity to take the qualifications specified
- Not asking for date of birth in our main application, only in an equality monitoring section
- Comprehensive Menopause Support

Carer Friendly Employer (Nottinghamshire Carers)

We have retained the Carer Friendly Employer accreditation from Nottinghamshire Carers which we first achieved 2022. We have retained our accreditation through the on-going programme of work for our unpaid carers which includes our Carers Staff Network, Carers Leave Guidance (which has been updated in March to ensure our compliance with the new Carers Leave Act 2023), Carers Champions, the Carers Passport for colleagues and our commitment to raising awareness of unpaid carers through our EDI Engagement Calendar.

The on-going accreditation enables the Trust to provide support to its unpaid carers at work through the provision of solutions for a better work/life balance which ultimately ensures that the talents and experience of those who are carers is retained.

Chaplaincy Support for our People

Spiritual and Pastoral Care support is available to staff as well as patients and their families. The team is in the process of rebranding to become the 'Spiritual and Pastoral Care Team' rather than 'Chaplaincy'. This is to better promote the breadth of service we provide. Specifically, we are seeking to challenge the perception that we only provide religious (and particularly, only Christian) support.

During 2023 we returned to providing input into the new staff orientation day. This has enabled us to ensure that staff are aware of the support and facilities available to them through spiritual and pastoral care provision.

Staff continue to use the Faith Centre / spaces across the different hospital sites as a space for prayer / quiet reflection / breaks. Prayer spaces are available on every site and are well used. At MCH we have now established a separate prayer room to support Muslim colleagues with access to prayer space. In the coming year we plan to review prayer / ablution facilities across all three sites to try and update and improve provision for staff using these.

The Team have continued to meet with staff whenever our support is requested as well as seek to be visible and available across all sites to enable informal contacts. We have received referrals asking for support for internationally trained colleagues, including a need for foodbank provision. In 2023 we had over 1500 staff contacts with over 300 specifically related to staff wellbeing.

We have continued to provide bereavement support to staff, especially in the face of the loss of work colleagues, impacting on whole teams and services as well as wider staff. This has included a number of staff memorial services over the past year.

Chaplaincy Support for our People

Faith Calendar and Events

The Faith Calendar has now been in operation for just over a year. This is a calendar of some of the most important festivals and celebrations for the major faiths. These dates are then featured in The Bulletin throughout the year along with a short summary of what the festivals are and how they are commonly celebrated. The intention behind this is to ensure a more equal representation of the major faiths in our communications as well as recognising the importance of faith and belief to many of our staff. The screensavers produced by Communications / Clinical Illustration have been widely recognised and appreciated by staff and have led to requests for inclusion of events specific to some of our staff population.

In the past year we have facilitated celebrations for staff with Pancakes / Hot Cross Buns, food for staff prior to the start of Ramadan and to celebrate Eid as well as Diwali. We are continuing to work to increase the number of festival celebrations held within The Faith Centre, increasing the diversity of events to more equally represent the major faiths and seeking to support staff wellbeing and sense of belonging here at SFH. The first Trust Eid celebration was a great success and we look forward to this continuing annually. Going forward we hope to look at how we can better share these celebrations across our different sites.

EDI Work Programme Update

During the last year, the Trust has been working to deliver on the Sherwood EDI Improvement Plan following the publishing of the NHS EDI Improvement Plan in June 2023. The three-year plan sets out 6 High Impact Actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The Improvement plan will support our continued efforts to ensure that Sherwood is an inclusive place to work. Highlights from Year One include:

- All Executive Directors have an EDI related objective within their appraisal
- Introduction of agile working in addition to flexible working to support colleagues to work in different ways. The inclusion of agile working in our benefits guide for job seekers enhances our ability to attract candidates to Sherwood
- Ethnicity Pay Gap data has shown pay is favourable for BAME colleagues
- Formation of the Violence and Aggression group whose aim is to reduce the instances of violence and aggression towards colleagues and review the support in place for colleagues following an incident

One of the highlights of 23/24 has been the appointment of Amelia Tsolakis as People EDI Support Officer. Amelia joined the team at the end of November 2023 and has already made significant contributions to the EDI work programme.

EDI Work Programme Update

Other highlights from our work during 2023/24 include:

- One of our colleague's shared their lived experience of hearing loss in a video we shared during Deaf Awareness Week (May '23) and another colleague shared their story of overcoming difficulties during Covid as a deaf person training to be a nurse during Disability History Month (Dec '23)

- Our usual PRIDE celebrations took place during July 2023 and this year, for the first time, Sherwood had a stand at Nottingham City PRIDE where we were able to showcase the Trust as a safe place to receive care and to work to thousands of citizens who visited the city for the event

    - In July 2023, we also launched our new Transgender and Non-Binary Policy and Guidance for colleagues and provided lunch and learn session throughout the month to improve colleagues understanding and awareness

- Have supported Divisions to embed EDI within their workforces through bespoke EDI training sessions delivered to Urgent and Emergency Care and Clinical Support, Therapies and Outpatients colleagues

- Successfully delivered our second annual REACH OUT! day where we celebrate Race, Ethnicity And Cultural Heritage at Sherwood. The day was a great success and included inspiring staff stories, entertainment and we were honoured to welcome Professor Laura Serrant OBE as our guest speaker who delighted the audience with her very honest and inspirational story of her journey in Nursing

- Launched the NHS Health Passport during Disability History Month in December 2023 to support those with disabilities and/or long-term health conditions to have conversations with their manager about support that will help them at work

EDI Work Programme Update

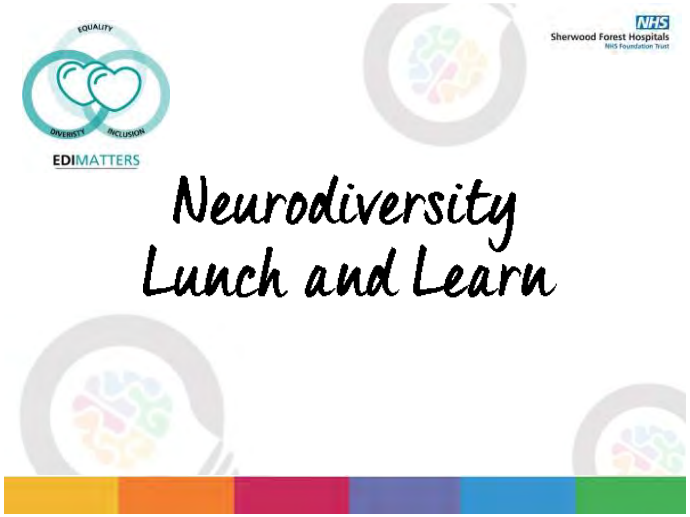
- Updated our flag wall art at Kings Mill and flag banners at Newark and Mansfield to celebrate the race diversity within our teams and unveiled the updated flags on NHS Overseas Workers Day on 5th March 2024; the number of flags has increased from 92 in 2023 to 102 in 2024

- We have developed an EDI Engagement Calendar incorporating our Faith Calendar dates to enable teams to see what EDI awareness raising activity is happening during the year

- Reviewed and improved the content of our EDI pages on the Intranet including updated Staff Network pages

- Very successful Women's Day celebration with over 30 colleagues joining a virtual coffee break which included a presentation on the importance of women's inclusion and Rachel Eddie shared the personal story her journey to Executive Leadership in the NHS which was well received by those in attendance

- Delivered a very well attended Neurodiversity lunch and learn session during Neurodiversity week in March 2024



Looking Forward

The focus for our EDI work in the upcoming 12-months will be on further achievement of actions contained within our EDI Improvement Plan and delivery of our Gender Pay Gap Report, Workforce Race Equality Standard and Workforce Disability Equality Standard action plans.

To build upon the success of the bespoke EDI training sessions we have delivered, we are developing a Belonging in Sherwood Training Programme. We are in the early stages of development, but the programme which will be available Trust-wide will consist of a number of sessions designed to increase understanding across a range of EDI subjects including but not limited to, race, disability, neurodiversity, LGBTQ+ and will equip delegates with the knowledge to personally contribute towards inclusive teams ensuring that all colleagues have a true sense of belonging here.

Following feedback from colleagues and the level of engagement we had during Neurodiversity week in March 2023, we are reviewing the support for our neurodiverse colleagues which will include new Neurodiversity Guidance and this is being written with support from colleagues who have lived experience.

We will also use our review our staff survey data to inform further actions that will support Sherwood to be an even better place to work and will engage our staff networks in supporting us to agree actions to be taken forward based on our results.

We are looking forward to continuing with our successful awareness raising events which will include, Carers Week in June, PRIDE in July, REACH OUT! in September, Disability History Month in December and LGBTQ+ History Month (February 2025) and International Women's Day (March 2025).

Looking Forward

Finally, following the Staff Excellence Awards last year, our People EDI lead suggested a new category for the awards this year which was agreed, Outstanding Contribution to Equality, Diversity and Inclusion.

This new award is for an individual who has embraced equality, diversity and inclusion within their team which is aligned to the NHS People Promise and our Trust People Strategy pillar of Belonging in the NHS. We are excited to see who wins this years' award and look forward to sharing our winners story in next years' annual report.

Our Patients

The Spiritual and Pastoral Care Team have continued to respond to requests from patients and their families or those important to them, as well as to referrals from staff and faith communities. The team offer spiritual, pastoral or religious care as required and are available to everyone, whatever their faith or beliefs. We continued to provide 24/7 cover with an out of hours on call rota (out of hours chaplains only respond to urgent or emergency calls, following up routine referrals in normal working hours).

In 2023 the Team had over 4,300 patient contacts across all 3 sites and over 2,200 visitor contacts which included 235 out of hours calls. We also undertook 114 individual hospital contract funerals for both adults (with no identifiable next of kin or anyone able or willing to undertake the arrangements) and families who had experienced pregnancy / baby loss, in addition to the monthly shared cremation funeral for early baby loss.

Where there was a request for representation from a specific faith community or belief group we facilitated this.

Our annual baby loss summer and Christmas memorial services were both well attended, as was the annual wave of light reservoir walk for baby loss awareness week (between 60-100 people attended each event).

Safeguarding: Learning Disabilities, Mental Health, Children & Young People

Safeguarding Team

The Safeguarding Adults, Safeguarding Children and Young People, Domestic Abuse, Learning Disability, Mental Health, Mental Capacity, Security and Violence Reduction specialists work closely together under the wider remit of the Safeguarding and Vulnerabilities Team.

The reporting structure for the Safeguarding and Vulnerabilities Team is via the Trust Safeguarding Committee which feeds into Patient Safety Committee as part of the organisational patient safety and quality priorities. The Trust Safeguarding Committee currently meets bimonthly, includes divisional membership and on invitation external stakeholders such as the ICBs. For assurance the Safeguarding and Vulnerabilities teams produce quarterly reports and annual reports outlining all activity and exception reports where required to ensure risks are highlighted to the Board.

The Safeguarding and Vulnerabilities Team are available in core hours enabling all queries are responded to within the working day. Out of hours support is available via the Duty Nurse Managers as well as information recorded on the safeguarding intranet site.

Safeguarding: Learning Disabilities, Mental Health, Children & Young People

The team facilitates a variety of training to support our people with their responsibility to safeguard our patients including;

- Safeguarding for both children and adults under a combined Think Family remit.
- There is a national PREVENT mandatory training programme for all staff to undertake. The Trust is able to evidence high compliance with this training and staff are required to update annually via e-learning.
- All training has been reviewed in line with National developments and also includes themes from safeguarding referrals and local reviews.
- The core safeguarding team facilitate a session on the annual mandatory update; this is updated each year and focuses upon the lessons learnt within the Trust from a safeguarding perspective each year, and links to learning from local and national issues
- Hospital staff receive training on Learning Disabilities upon Induction and via the Mandatory training programme. This programme has been reinvented with the use of video of the experiences of local patients followed by questions based on observations and now includes Oliver McGowan training.
- There is also training available to staff around Managing Challenging Behaviours provided by the Security & Violence Reduction team. This training includes de-escalation, break away and physical intervention supporting staff working in the organisation to safety manage challenging situations.

Safeguarding: Learning Disabilities, Mental Health, Children & Young People

Learning Disabilities

The referral processes for patients attending the Trust with a Learning Disability continues to be in place. The LD specialist nurse is notified of patients with an LD Diagnosis via GP, carers of patient, care Homes, SFH staff and external professionals (i.e. social services, community LD teams) and will apply an LD alert to Medway, SystmOne and Nerve Centre.

Training packages aimed at supporting staff awareness of and support to those with a Learning Disability is delivered at induction to all new patient facing staff to the Trust, This introduces the LD service and the roles and responsibilities of staff when caring for patients with a LD. Existing staff within the Trust receive an annual update. The LD specialist service continues to develop internal partnerships to support and provide advice to Trust staff, patients and carers where there are needs and/or vulnerabilities.

The LD nurse specialist also provides training to ED and EAU health care staff from a LD perspective which provides an opportunity for staff working in these areas to discuss cases with the LD nurse for advice and feedback.

The Learning Disability Care Plan continues to be in place to ensure that any patient admitted receives appropriately adjusted care and support. This plan is inclusive of risk assessments, pain tools, traffic light assessments and discharge planning.

The LD specialist nurse is notified of LD patients who are coming through the outpatient departments that may require additional support through reasonable adjustments or best interest processes. These notifications can come from SFH staff, GP, carers of patient, care Homes, and external professionals (i.e. social services, community LD teams).

Safeguarding: Learning Disabilities, Mental Health, Children & Young People

Dementia

The Dementia Team have increased their team numbers, allowing them greater flexibility and an enhanced opportunity to support patients, their carers, and the staff caring for them during their hospital visit.

Recruitment of an Admiral Nurse, who is supported by Dementia UK has provided the opportunity for collaborative working across the region focussing on the support of carers.

Mental Health

The Trust Mental Health Specialist continues to enhance liaison between Trust services and those provided by the Liaison Psychiatry and CAMHS services provided by the local Mental Health Trust. The Trust has relevant Mental health Policies in place to support patients presenting to SFH where Mental Health is a feature.

Security & Violence Reduction

The Mental Health Service Lead alongside the Mental health Specialist continue to review the services SFH provide in relation to Mental Health aligning these with national drivers for Mental Health in Acute Trust settings.
The overriding principle for security & Violence Reduction is to support the Trust to provide high quality healthcare in a safe and secure environment which protects patients, staff and visitors, their property, and the physical assets of the organisation. To achieve this security & violence reduction management must be manged effectively, efficiently, and proportionately.

To minimise risk and to better align services to support staff, patients, and external agencies the Security Management function moved over to Safeguarding in March 2024 alongside the Restrictive Practice Team, establishing the newly formed Security & Violence Reduction service. Work is currently underway looking at this new service, developing both strategic and operational work plans. The results of this will provide recommendations to move forward and further embed a safety culture across the organisation.

Translation and Interpreting Services

Our Interpreting Services are led by our Clinical Support, Therapies and Outpatients Division and are administrated and overseen by the Divisional Business Team. The Divisional Business Team are responsible for liaising with the supplier on a day to day basis and placing our bookings for interpreting services.

We continue our commitment to ensuring that our patients that do not communicate in English can access the healthcare they need. During 2023, we conducted 869 face-to-face interpretations and 1,266 telephone interpretations across our three hospital sites. Our top three languages have been Polish, Romanian and Russian. By providing support in these, and many other languages, we can ensure that our patients are able to communicate with ease and fully understand all aspects of their treatment whilst in our care.

We continue to maintain links with the Interpreting Team at Nottingham University Hospitals (NUH), who have provided access to their Internal Interpreters Services which has been a great help at short notice. SFH are exploring their approach to developing an in-house solution to support the current contracting services to support short notice requests to meet the needs of our patients and their families.

The Nottinghamshire Deaf Society provides us with a sign language service.

Contact us

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

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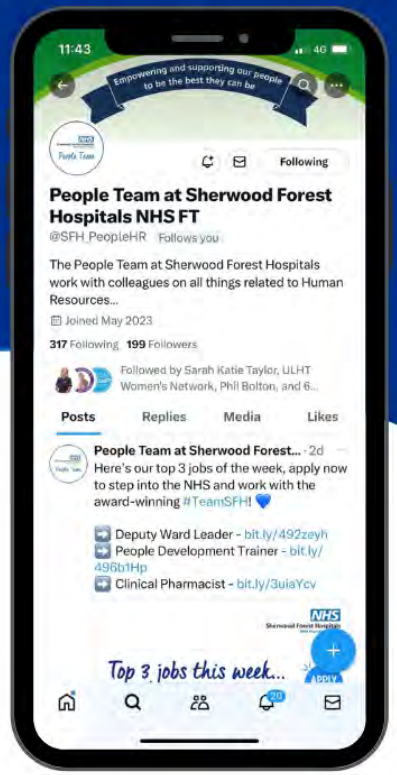

Other useful links

Contact the Trust
Trust Website
Trust Facebook
Sherwood Forest Hospitals Careers Facebook

Board of Directors – Public

Subject:	2024/25 Capital Expenditure Plan	**Date: 4th July 2024**	
Prepared By:	Thomas Palmer – Financial Controller		
Approved By:	Finance Committee		
Presented By:	Jen Leah – Deputy Chief Financial Officer		
Purpose			
To update the Board of Directors on the progress to develop the 2024/25 capital programme, agree the commencement of schemes and to ask the Board of Directors to formally approve the 2024/25 Capital Plan.		**Approval**	**X**
		Assurance	
		Update	
		Consider	

Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X				**X**	**X**

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	
PR4	Failure to achieve the Trust's financial strategy	**X**
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	**X**

Committees/groups where this item has been presented before

Capital Resources Oversight Group (verbal)
Finance Committee (Approval – June 2024)

Acronyms

- CROG – Capital Resource Oversight Group
- ICB – Integrated Care Board
- ICS – Integrated Care System
- SFH – Sherwood Forest Hospitals
- NHSE – NHS England
- OBC – Outline Business Case
- PID – Project Initiation Document

Executive Summary

The 2024/25 Capital Expenditure Plan was discussed and approved at the Finance Committee meeting of 25th June 2024.

The Trust's capital resources come from two main sources:

- A share of the Nottingham & Nottinghamshire ICB (the ICB) capital envelope, which predominantly funds 'business as usual' capital requirements such as equipment replacement and backlog maintenance.

- Specific targeted allocations for NHS priorities, such as for Digital improvements and the development of Community Diagnostics capacity.

This report covers the 2024/25 Capital Expenditure Plan relating to the ICB capital envelope. Capital schemes relating to targeted allocations are approved on an individual basis in line with the Trust's Scheme of Delegation.

The paper describes the approach to developing the 2024/25 Capital Expenditure Plan, including the prioritisation approach to ensure that limited resources are allocated appropriately. The initial split of schemes is between:

1) Priority 1 - Committed Spending (anything approved by FC/Board previously)

2) Priority 2 - Need to Do programmes (maintaining what we have – patient safety maintenance)

3) Priority 3 - Want to Do Programmes (enhancing what we have or something new we currently don't have)

The overall value of the 2024/25 Capital Expenditure Plan funded via the ICB capital envelope is £13.6m. The allocation of the 2024/25 capital programme into prioritised areas results in a pre-commitment against the available £13.6m of £9.6m, resulting in £4.0m available to service the Priority 2 & 3 schemes. All pre-committed schemes are taken as such and progress to delivery of those schemes is underway.

Priority 2 and 3 schemes have as yet not been approved and not commenced expenditure. Those have been included within the body of the report with a proposed plan for agreement to commence or hold.

Further to this, the report includes a recommendation of pre-commitment of medical equipment for 2025/26. If the 2024/25 capital programme is forecasting an underspend of up to £2.0m by Month 9, these items can be accelerated into the 2024/25 programme. This will release funding from 2025/26 to cover the pre-commitment of 2024/25 slippage and maximise the utilisation of 2024/25 allocation.

Progress in the delivery of the Capital Expenditure Plan is managed through the Trust's Capital Resources Oversight Group (CROG), which is chaired by the Chief Financial Officer and includes corporate and clinical representatives from across the Trust. The CROG reports into the Trust Management Team and provides updates through the Trust's Finance Committee.

The Finance Committee agreed to recommend delegation to CROG to accelerate those items of the capital programme at Month 9 if the spend forecast for 2024/25 deems this necessary to maximise the capital PDC allocation this year and next.

Finally the paper details a governance structure for reviewing Priority 2 & 3 schemes whereby a Capital Prioritisation sub-group of CROG will assess all new capital bids and recommend to CROG appropriate priority order of as yet unapproved schemes. CROG then have the delegated ability to approve the commencement of the next most appropriate prioritised scheme from the listing when funding is available to do so.

Recommendation

Following presentation and recommendation by the Finance Committee at their meeting on 25 June 2024, the Board of Directors are asked to approve the 2024/25 Capital Plan (including the commencement of the £9.6 pre-commitment and £3.4m 'Top-Priority' schemes) and support the ongoing prioritisation process.

Board of Directors (Public)
4th July 2024
Capital Programme 2024/25 and Future Years

The purpose of this paper is to provide an update and assurance on the status of the Trust's Capital Plan for the financial year 2024/25. This was presented to the Finance Committee at their meeting on 25 June 2024 where they agreed to recommend approval to the Board of Directors. This was also verbally discussed at the Capital Resources Oversight Group (CROG) meeting on 20 June 2024.

Context

Throughout the planning process for the financial year the Nottingham & Nottinghamshire ICS capital envelope was recognised as £86.0m across the three provider organisations in the ICS. Inclusive of a 5% planning overspend assumption of £4.4m, this resulted in an ICS Capital plan of £92.9m.

Changes to the NHS Financial Framework confirmed late in May 2024 have resulted in a reduction of £8.1m to the ICS capital envelope. This is due to the Nottinghamshire Revenue Financial Plan Limit exceeding a 'fair share' allocation as calculated by NHS England (NHSE).

The SFH share of the reduced envelope totals £13.6m as at June 2024. This is a reduction of £1.4m from the value that had been assumed during the planning process.

Approach to 2024/25 Capital Planning

As part of the 2024/25 planning process a Capital Prioritisation Workshop event was held in April 2024. This workshop involved stakeholders from across the Trust, with representation from Divisional Triumvirates and Leadership teams, the Trust Executive, Finance and Procurement teams, Capital Leads and other clinical and non-clinical colleagues as required.

The purpose of the workshop was to understand the capital landscape of the ICS, including the constraints that the Trust needs to work within for the financial year and the need for a refined focus on SFH capital requests alongside collaborative working to determine an appropriate prioritisation methodology.

Through the workshop and subsequent working groups a set of principles have been agreed to develop a prioritisation matrix, which leads to three groups of priority - Committed Spending (Priority 1), Need to Do (Priority 2), and Want to Do (Priority 3). The prioritisation process includes an assessment of risk, statutory requirements and strategic fit, with a scale of scoring applied to each of these.

This prioritisation approach has then been applied to proposed schemes to allocate the £13.6m Capital Expenditure Plan for 2024/25. Of this, £9.6m has been determined as Committed Spending (Priority 1), as per the table below. This includes the capital required to progress the MRI build, which has been identified as a priority for the Board.

	£m	£m
SFH Capital Plan 2024/25 & 2025/26	**2024/25**	**2025/26**
Trust Allocation	13.60	
Pre-Committed Capital Expenditure		
Estates	3.53	
MRI	3.50	8.75
IT	2.42	
Equipment	0.10	2.00
Total Pre-Committed Capital Expenditure	**9.54**	**10.75**
Remaining SFH Capital Available for Distribution	4.06	

Appendix One provides detailed scheme information to the pre-commitments above and current pre-commitment for 2025/26 (NB include MRI, £2m medical equipment tbc).

Following the allocation of Committed Spending there is a balance of £4.1m for 2024/25 (less any M1-2 Capital expenditure already reported). This balance will be categorised based on the scoring framework set out above ('Need To Do' and 'Want to Do'). The table below provides an overview of those schemes categorised as 'Need to Do' by Capital Leads, with a total value of £9.3m (Appendix Two provides a detailed breakdown).

Matrix Score	Next Steps	Estates		IT		Med Equip		Total	
		No	£'000	No	£'000	No	£'000	No	£'000
6	Essential scheme with needs to commence -	0	£ -	0	£ -	0	£ -	0	£ -
5	immediate approval recommended	0	£ -	1	£ 160	0	£ -	1	£ 160
4	Top Priority - approval recommended to	0	£ -	2	£ 300	7	£ 1,465	9	£ 1,765
3	commence once funding is available	4	£ 3,500	4	£ 250	17	£ 1,335	25	£ 5,085
2		0	£ -	0	£ -	1	£ 300	1	£ 300
1	Recommended to re-prioritise into "Priority 3	1	£ 2,000	0	£ -	0	£ -	1	£ 2,000
0	Want todo" category process	0	£ -	0	£ -	0	£ -	0	£ -

Four schemes are Estates in nature and have scored as 'Top Priority', however given the time to scope and complete enabling works are unlikely to be spent during this financial year. Consideration should therefore be given to commencement of enabling works to scope those schemes with a view to agreement of pre-commitment for 2025/26. These schemes are:

Department	Sub Department	Scheme Description	Division	Value (£'000	Need To Do / Want To Do	If Need To Do				
						Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
Estates	Schedule 38	Spine Corridor Replacement (Phase I)	Estates	1,000	Need to Do	1	0	2	Neutral	3
Estates	Schedule 38	Spine Corridor Replacement (Phase II)	Estates	1,000	Need to Do	1	0	2	Neutral	3
Estates	Schedule 38	Spine Corridor Replacement (Phase III)	Estates	500	Need to Do	1	0	2	Neutral	3
Estates	Schedule 38	CSSD Works	Estates	1,000	Need to Do	1	0	2	Neutral	3

The remaining 'Top Priority' schemes amount to £3.4m across 30 schemes (including 24 items of essential medical equipment replacements). This is within the remaining level of funding available for 2024/25 and the Finance Committee has therefore recommended that the commencement of these schemes is approved by the Board of Directors. These schemes are:

Department	Sub Department	Scheme Description	Division	Value (£'000	Need To Do / Want To Do	If Need To Do				
						Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
IT	Clinical	Digitisation - Risk Assesment	Digital	100	Need to do	1	1	2	Neutral	4
IT	Technical	Virtual Desktop Expansion (DataCentre)	Digital	150	Need to do	1	2	0	Neutral	3
IT	Projects	Orion Systems Upgrade	Digital	25	Need to do	1	2	0	Neutral	3
IT	Projects	ICE Upgrade to Version 8 / Order Comms Nerve Centre)	Digital	25	Need to do	1	2	0	Neutral	3
IT	EPR	Electronic Document Management Solution	Digital	200	Need to do	1	1	2	Financial Gain With This	4
IT	Projects	Patient Facing digital services	Digital	50	Need to do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Ultrasound Devices - Radiology	CSTO	210	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Ultrasound Devices - Cardiology	Medicine	120	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Ultrasoun - Portable (POCUS, eg lung ultrasound, ascitic fluid identification, vascular access and dvt assessment)	W&C	60	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Cardiac Equipment - Cath suite, clinic 4	Medicine	50	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Flexible Endoscopy, including nasopharyngeal laryngoscopes	Medicine	100	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Anaesthetic Equipment - inc patient monitors	Surgery	75	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Audiological Equipment	Surgery	20	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	capital accessories	Trust-wide	100		1	1	2	Financial Loss Without This	4
Med Equip	Med Equip	ECG Recorders rolling replacement	Medicine	30	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Image intensifier Carm	CSTO	80	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Laboratory Equipment, Faxitron etc	CSTO	100	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Microscopy Equipment, including Ophthalmic Ceiling mount	CSTO	50	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Patient Monitoring Systems ITU	Trust-wide	140	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Radiological Equipment (skyplates)	CSTO	80	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	RF Fluroscopy Room, mobiles etc Win10	CSTO	1000	Need to Do	2	1	1	Financial Loss Without This	4
Med Equip	Med Equip	Medical Equipment, previously revenue	Trust-wide	50	Need to Do	2	1	1	Financial Loss Without This	4
Med Equip	Med Equip	Unanticipated shorter life realize eg cyber	Trust-wide	120	Need to Do	2	1	1	Financial Loss Without This	4
Med Equip	Med Equip	Bariatric - beds (inc ITU & Maternity) and hoists	Trust-wide	75	Need to Do	1	2	1	Financial Loss Without This	4
Med Equip	Med Equip	Patient handling eg bath shower hoists ie Alenti	Trust-wide	60	Need to Do	1	2	1	Financial Loss Without This	4
Med Equip	Med Equip	Patient Lifting Equipment inc tugs	Trust-wide	60	Need to Do	1	2	1	Financial Loss Without This	4
Med Equip	Med Equip	Patient Ventilation Equipment eg MRI Transport Sipap	Surgery	50	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Patient Warming Systems, includes incubators/CTGs	W&C	0	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Surgical instrument refresh, inc camera stacks,chole,urethro	Surgery	120	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Surgical Treat Equipment eg diathermy	Surgery	50	Need to Do	1	1	1	Financial Loss Without This	3
Med Equip	Med Equip	Theatre Equipment eg op table, oneoff specialis	Surgery	100	Need to Do	1	2	1	Financial Loss Without This	4

Two of the schemes amounting to £2.3m fall below the priority 2 scoring value and therefore are within the reprioritise as 'Want to Do' (Priority 3) schemes. These are:

						If Need To Do				
Department	Sub Department	Scheme Description	Division	Value (£'000	Need To Do / Want To Do	Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
Estates	Development	Car Parking	Estates	2,000	Need to Do	1	0	0	Neutral	1
Med Equip	Med Equip	CSSD RO Machines	CSTO	300	Need to Do	0	1	1	Financial Loss Without This	2

It is recommended that the prioritisation group review the scoring for those schemes and if agreed that they are accurate, both schemes are taken through the Priority 3 process of an OBC / PID production for consideration.

Assuming agreement to the commencement of the Top Priority schemes the remaining capital allocation for 2024/25 would be £0.7m, plus any in-year slippage that may be experienced on agreed schemes.

Appendix Three show the Priority 3 schemes by Area with an estimated value included where available at the time of this paper, as well as a list of Capital items that were submitted through 2024/25 Planning, the Trust's 'Risks and Opportunities' process or the Capital Prioritisation Workshop, that have not been identified in Priority 2 and 3 submissions.

It is proposed that these schemes are worked up by divisional leads to an OBC / PID, to be presented to the Capital Prioritisation Sub-Group before being recommended to CROG regarding priority order of approval if funding becomes available.

Medium Term & Future Years

Following on from the associated challenges in 2024/25 regarding the financial constraints of the Trust and System capital plan, it is anticipated that the 2025/26 programme will be of a similar or greater value to 2024/25. Any pre-commitments that arise throughout 2024/25 that impact the 2025/26 Capital planning process will be reported via routine capital updates at both CROG and Finance Committee. At present, these currently stand at the remaining balance of the MRI programme (£8.8m) and the ongoing Medical Equipment Replacement Programme (£2.0m).

Consideration will be given to items of enabling work included in the 2024/25 programme which may become pre-committed during the year, including required car parking developments.

Next Steps

With regards to the available balance for distribution, Capital leads have been asked to complete the scoring matrix for any of their Priority 2 and Priority 3 in-year schemes which will subsequently go through a review process, with an approval process to be agreed for the scheme to commence.

Any schemes not progressed as part of this exercise will be considered as part of the Trust's ongoing Capital Planning cycle for the following financial year.

Recommendation

Following presentation and recommendation by the Finance Committee at their meeting on 25 June 2024, the Board of Directors are asked to approve the 2024/25 Capital Plan (including the commencement of the £9.6 pre-commitment and £3.4m 'Top-Priority' schemes) and support the ongoing prioritisation process.

Appendix 1 – Breakdown of Committed Spend Schemes

Estates

1. Building / Health and Safety		
Scheme Name	**Allocation £'000**	**Information**
CIP Trunks	£300	Escalated to CNH to provide evidence of ownership before we proceed with the works
Mortuary / Histopathology AHU	£1,050	Currently being designed and to be issued to SFS shortly
Health and Safety		
TB3 Access Control Upgrade	£19	Complete
Car Parking/Drop off Provision for CP16	£18	To be reviewed if these works are still required and the current costs are £10k over the allocation.
NICU Main Entrance	£21	These works have been identified as a requirement from the CQC, will complete June 2024
Tube Transport Upgrade	£60	Complete
Spine Corridor Upgrade	£100	Complete and formal letter issued to CNH to take over the maintenance of the floor
CSSD Water Tank Upgrade	£100	TVE to be issued to SFS
Sub Total: Building / Health and Safety	**£1,668**	

2. Service Developments		
Scheme Name	**Allocation**	**Information**
Dr's Mess Refurbishment	£310	Programme issued by SFS which is unacceptable, further discussions are taking place to improve this.
Theatre Motion Detection	£95	FVR awaited to proceed, SFH reviewing the non-compliance issues raised by CNH. – Solution agreed by CNH and this is being worked through.
CRF Creation	£300	Alternative solution being worked up with utilising TB3, current allocation remains the same
MRI Enabling Works (Outside W&C)	£300	Costs to be issued W/C 17/006/2024, SFS aware of the need for this to be in use by August 2024
Fit to Sit	£253	Programme issued by SFS which is unacceptable, further discussions are taking place to improve this.
Little Millers Cooling	£100	FVR awaited to proceed
Breast Screening Expansion	£300	Cost reviewed and TVE to be issued, possible impact on programme due to the BSA
CT Scanner Room 2 (Enabling Works)	£100	Works being designed up to support the works from GEHealthcare and Skanska
Sub Total: Service Developments	**£1,758**	

3. Feasibilities		
Scheme Name	**Allocation**	**Information**
Car Parking Provision (Enabling Works)	£20	Proposals due shortly
MRI New Build	£20	Business Case Approved, allocation to be identified by CROG
Spine Corridor Replacement	£20	Kier have been appointed to review the costs for the works and provide a programme based on drawings produced in 2021.
Pathology Labs Refurbishment	£10	Awaiting date of meeting
Pre-Op KTC	£10	Consultants appointed and providing drawings, costs and program for inclusion in the business case
Sub Total: Feasibilities	**£80**	

Total Estates Pre-Commitments 2024/25	**£3,506**	
Total Estates Pre-Commitments 2024/25 (MRI)	**£3,500**	**MRI - Case approved at £12.25m of Capital with £3.5m spent in 2024/25. Remainder as part of Capital 2025/26**
Total Estates Pre-Commitments 2024/25 (All)	**£7,006**	
Total Estates Pre-Commitments 2025/26	**£8,750**	**MRI - Case approved at £12.25m of Capital with £3.5m spent in 2024/25. Remainder as part of Capital 2025/26**

Appendix 1 (cont.)

I.T

I.T Capital Pre-Commitments 2024/25

Code	Description	Comments	Baseline24/25 £'000
KX14887	End User Remote Access	18/6 part of pre committments and approved	£30
KX14022	VXRail	18/6 part of pre committments and approved	£756
KX14817	Wirless Hardware Refesh	18/6 part of pre committments and approved	£40
KX14818	Pathology Laboratory Information System (LIMS)	18/6 part of pre committments and approved	£60
KX14031	Laptop & PC Replacements (7 year useful life)	18/6 part of pre committments and approved	£60
KX14090	Cyber Security (Unsupported Operating Systems)	18/6 part of pre committments and approved	£300
KX14096	PAS Upgrade	18/6 part of pre committments and approved	£25
KX14076	Health Community Portal	18/6 part of pre committments and approved	£25
KX11614	Endoscopy Implementation	18/6 part of pre committments and approved	£50
KX14962	UPS refresh	18/6 part of pre committments and approved	£10
KX14907	EPR Frontline Digitisation pay bak	18/6 part of pre committments and approved	£1,060
Total I.T Pre-Commitments 2024/25			**£2,416**

Equipment

£100k of pre-commitments have been identified for purchase as part of the ongoing Medical Equipment Replacement Programme in 2024/25, with a further £2m to be identified for pre-commitment in 2025/26. The £100k is covers anything charged to Capital Accessories and covers mainly mop up costs relating to the Pharmacy robot and ongoing Ultrasound probe replacements.

Appendix 2 – Breakdown of Priority 2 schemes 2024/25

Estates - £5.5m

Department Scheme Number	Department	Sub Department	Scheme Description	Division	Value (£'00	Need To Do / Want To Do	If Need To Do				
							Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
Schedule 38	Estates	Schedule 38	Spine Corridor Replacement (Phase I)	Estates	1,000	Need to Do	1	0	2	Neutral	3
Schedule 38	Estates	Schedule 38	Spine Corridor Replacement (Phase II)	Estates	1,000	Need to Do	1	0	2	Neutral	3
Schedule 38	Estates	Schedule 38	Spine Corridor Replacement (Phase III)	Estates	500	Need to Do	1	0	2	Neutral	3
Schedule 38	Estates	Schedule 38	CSSD Works	Estates	1,000	Need to Do	1	0	2	Neutral	3
Development	Estates	Development	Car Parking	Estates	2,000	Need to Do	1	0	0	Neutral	1

I.T - £710k

Department Scheme Number	Department	Sub Department	Scheme Description	Division	Value (£'000)	Need To Do / Want To Do	If Need To Do				
							Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
KX14865	IT	Clinical	Digitisation - Risk Assesment	Digital	100	Need to do	1	1	2	Neutral	4
KX14565	IT	Technical	Virtual Desktop Expansion (DataCentre)	Digital	150	Need to do	1	2	0	Neutral	3
KX14958	IT	Projects	Orion Systems Upgrade	Digital	25	Need to do	1	2	0	Neutral	3
KX14993	IT	Projects	ICE Upgrade to Version 8 / Order Comms Nerve Centre)	Digital	25	Need to do	1	2	0	Neutral	3
NEW	IT	EPR	Electronic Document Management Solution	Digital	200	Need to do	1	1	2	Financial Gain With Thi	4
KX14814	IT	Projects	Patient Facing digital services	Digital	50	Need to do	1	1	1	Financial Loss Without T	3
KX14028	IT	Technical	Device Refresh (WOWs, Plan to refresh 50 per annum)	Digital	160	Need to do	1	2	2	Neutral	5

Appendix 2 (cont.)

Equipment - £3.1m

Department Scheme Number	Department	Sub Department	Scheme Description	Division	Value (£'000)	Need To Do / Want To Do	Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
	Med Equip	Med Equip	CSSD RO Machines	CSTO	300	Need to Do	0	1	1	Financial Loss Without This	2
	Med Equip	Med Equip	Ultrasound Devices - Radiology	CSTO	210	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Ultrasound Devices - Cardiology	Medicine	120	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Ultrasoun - Portable (POCUS, eg lung ultrasound, ascitic fluid identification, vascular access and dvt assessment)	W&C	60	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Cardiac Equipment - Cath suite, clinic 4	Medicine	50	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Flexible Endoscopy, including nasopharyngeal laryngoscopes	Medicine	100	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Anaesthetic Equipment - inc patient monitors	Surgery	75	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Audiological Equipment	Surgery	20	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	ECG Recorders rolling replacement	Medicine	30	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Image intensifier Carm	CSTO	80	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Laboratory Equipment, Faxitron etc	CSTO	100	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Microscopy Equipment, including Ophthalmic Ceiling mount	CSTO	50	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Patient Monitoring Systems ITU	Trust-wide	140	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Radiological Equipment (skyplates)	CSTO	80	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	RF Fluroscopy Room, mobiles etc Win10	CSTO	1000	Need to Do	2	1	1	Financial Loss Without This	4
	Med Equip	Med Equip	Medical Equipment, previously revenue	Trust-wide	50	Need to Do	2	1	1	Financial Loss Without This	4
	Med Equip	Med Equip	Unanticipated shorter life realize eg cyber	Trust-wide	120	Need to Do	2	1	1	Financial Loss Without This	4
	Med Equip	Med Equip	Bariatric - beds (inc ITU & Maternity) and hoists	Trust-wide	75	Need to Do	1	2	1	Financial Loss Without This	4
	Med Equip	Med Equip	Patient handling eg bath shower hoists ie Alenti	Trust-wide	60	Need to Do	1	2	1	Financial Loss Without This	4
	Med Equip	Med Equip	Patient Lifting Equipment inc tugs	Trust-wide	60	Need to Do	1	2	1	Financial Loss Without This	4
	Med Equip	Med Equip	Patient Ventilation Equipment eg MRI Transport Sipap	Surgery	50	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Patient Warming Systems, includes incubators/CTGs	W&C	0	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Surgical instrument refresh, inc camera stacks,chole,urethro	Surgery	120	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Surgical Treat Equipment eg diathermy	Surgery	50	Need to Do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Theatre Equipment eg op table, oneoff specialist	Surgery	100	Need to Do	1	2	1	Financial Loss Without This	4

Appendix 3 – Breakdown of Priority 3 schemes 2024/25

Estates – N/A at June 2024

I.T - £810k

Department Scheme Number	Department	Sub Department	Scheme Description	Division	Value (£'000)	Need To Do / Want To Do	If Need To Do				
							Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
NEW	IT	Projects	PACS Replacement	Digital	50	Want to do	1	1	1	Neutral	3
NEW	IT	Projects	Video Conferencing	Digital	50	Want to do	1	0	0	Neutral	1
KX14564	IT	Technical	Virtual Desktop Expansion (End User)	Digital	600	Want to do	1	0	0	Neutral	1
KX14856	IT	Technical	Backup System Replacement /Expansion (Rubri	Digital	110	Want to do	1	1	1	Neutral	3

Equipment - £327k

Department Scheme Numbe	Department	Sub Department	Scheme Description	Division	Value (£'000	Need To Do / Want To Do	If Need To Do				
							Risk Register Score	Regulatory Score	Strategic Score	Financial Impact Note	Total Score
	Med Equip	Med Equip	Mammography 4th room - Equipment only	Surgery	112	Want to do	0	0	0	Financial Loss Without This	-
	Med Equip	Med Equip	Bladder scanners	Trust-wide	35	Want to do	1	1	0	Financial Loss Without This	2
	Med Equip	Med Equip	Electro-medical test equipment	CSTO	15	Want to do	1	1	2	Financial Loss Without This	4
	Med Equip	Med Equip	Ophthalmic Equipment eg slit lamp	Surgery	50	Want to do	1	1	2	Financial Loss Without This	4
	Med Equip	Med Equip	Green/H&S agenda eg entonox, nitrous	Trust-wide	40	Want to do	1	1	2	Financial Loss Without This	4
	Med Equip	Med Equip	Decon technology adoption	Trust-wide	25	Want to do	1	1	1	Financial Loss Without This	3
	Med Equip	Med Equip	Clinical Lamps/Lights, inc Op theatre light	Surgery	50	Want to do	1	1	2	Financial Loss Without This	4

Menti and Risks & Opportunities Submissions

- Redevelopment of Sensory Room Ward 25
- Cortak Equipment – Medicine
- EAU flooring including Bed Base reconfiguration.
- ED Redevelopment
- Ophthalmology Clinic expansion
- Audiology booth
- Case Note storage
- Surgical Robot
- Bed storage works
- Removal of wall of neonatal unit
- Newark med record
- Maternity triage relocation
- Video Conferencing
- ADU Replacement

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Audit and Assurance Committee Chair's Highlight Report to Board

Subject:	Audit and Assurance Committee	**Date:**	13th June 2024
Prepared By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Approved By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Presented By:	Manjeet Gill – Chair of Audit and Assurance Committee		
Purpose: Committee Chair's report to Board			
		Assurance	Significant

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
	Internal Audit progress report – positive assurance on progress in first quarter Single Tender Waivers – item referred to next Committee, to enable a fuller discussion and assurance on key items and themes.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Counter Fraud Annual report -compliance in all key areas. Internal Audit Annual report (including Head of Internal Audit Opinion) Significant Assurance from Internal Audit External Audit Report – significant assurance with some minor recommendations with regards to Value for Money and future efficiency plans. Annual Audited Accounts, including the Management Representation Letter and The Going Concern Assessment Risk Committee Report. Register of Interest – The achievement of targets in first quarter were very positive and exceeded previous first quarter reports in this area.	Final Annual Report (including the Annual Governance Statement) approved and recommended to Board for approval. Final Quality Accounts approved and recommended to Board for approval.

Comments on effectiveness of the meeting
It was recommended that next year we have a separate extraordinary Committee for Annual reports and Accounts to enable timely focus ad approvals needed for Extraordinary Board, which follows on from this Committee.
Items recommended for consideration by other Committees

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Finance Committee Chair's Highlight Report to Board of Directors

Subject:	Finance Committee (FC) report	**Date:**	4th July 2024
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the Finance Committee meeting of 25th June 2024.		**Assurance**	Significant

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
2024/25 Planning –Issues to NOTE: • As a consequence of the ICB deficit being in excess of the fair share allocation the ICB's capital allocation has been reduced. The Trust's share of this reduction is £1.4m, reducing the amount available to £13.6m. Of this, £9.5m was already committed, leaving only £4.1m to meet 'Need to Do' projects. • Derby – concerns still exist on the agreement of the Derbyshire ICB contract.	
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• NHSE Update – ICB's 12th June submission was made with an agreed £100.0m deficit (of which £14.0m relates to SFH). • Capital Planning – Committee was assured by a comprehensive report on capital projects, prioritisation and flexible plan to deliver for 2024/25.	• Soft FM Deed – Recommended for approval to Board, with delegation to the CFO to authorise any minor final amendments. • 2024/25 Capital Programme – Recommended for approval to Board. • CQC Annual Fees – Noted and agreed the 'virtual approval' by the Committee of the CQC 2024/25 annual fees.
Comments on effectiveness of the meeting	
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion	
Items recommended for consideration by other Committees	
None	

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

Subject:	Quality Committee	**Date**	Monday 24th June 2024
Prepared By:	Aly Rashid, Non-Executive Director/Chair		
Approved By:	Aly Rashid, Non-Executive Director/Chair		
Presented By:	Aly Rashid, Non-Executive Director/Chair		
Purpose:			
Assurance report to Board		**Assurance**	Substantial Assurance

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
- Further discussions required regarding the increase of palliative care resources to ensure provision matches other Trusts. - Increase in complaints noted, further analysis requested to ascertain if there are links to possible litigations.	- Meeting taking place with some Directors of the Board week commencing 1st July 2024 for increased visibility of never events and serious incident themes.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
- Positive Assurance provided in relation to the PSC, NMAHP, 15 Steps, PEC and PSIRF Oversight Group Reports. - Partial assurance taken in relation to the Prevention of Future Deaths and Regulation 28 Report, further discussions to take place especially regarding culture in the workplace. - Positive Assurance provided in relation to the End-of-Life and Timely Care Cancer Updates.	- The Committee APPROVED the proposal to move to bi-monthly Committee Meetings following the meeting on 22nd July 2024, and the Workplan in place. - PR5 of the BAF was deferred to the meeting on 22nd July 2024.

Comments on effectiveness of the meeting

Good level of reports received prompting a positive discussion

Items recommended for consideration by other Committees

MG to raise concern relating to capacity available to address risk under PR5 to the Audit and Assurance Committee.