Sherwood Forest Hospitals NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 4th May 2023
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	**Welcome**		
2.		**Declarations of Interest** To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest **:-** https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ *Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.		**Apologies for Absence** Quoracy check: *(s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)*	Agree	Verbal
4.	09:00	**Minutes of the meeting held on 6th April 2023** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Action Tracker**	Update	Enclosure 5
6.	09:10	**Chair's Report**	Assurance	Enclosure 6
7.	09:15	**Chief Executive's Report**	Assurance	Enclosure 7
	Strategy			
8.	09:25	**2022/2023 Strategic Priorities Quarter 4 Update** Report of the Director of Strategy and Partnerships	Assurance	Enclosure 8
9.	09:40	**Strategic Objective 1 – To provide outstanding care** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 9.1
10.	09:55	**Strategic Objective 3 – To maximise the potential of our workforce** • **Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report** Report of the Chief Nurse • **Medical Workforce Staffing – 6 monthly report** Report of the Medical Director	Assurance Assurance	Enclosure 10.1 Enclosure 10.2

	Time	Item	Status	Paper
11.	10:20	**Strategic Priority 5 – To achieve better value** • **Improvement Faculty** Report of the Director Strategy and Partnerships	Assurance	Enclosure 11
12.	10:30	**Patient Story – A family's journey through NICU (Neonatal Intensive Care Unit)** Paula Shore, Director of Midwifery	Assurance	Presentation
	BREAK (10 mins)			
	Operational			
13.	11:00	**Single Oversight Framework Performance – Quarterly Report** Report of the Executive	Consider	Enclosure 13
	Governance			
14.	11:50	**Use of the Trust Seal** Report of the Director of Corporate Affairs	Assurance	Enclosure 14
15.	11:50	**Fit and Proper Person** Report of the Director of Corporate Affairs	Assurance	Enclosure 15
16.	11:55	**Provider License Self-certification declaration** Report of the Director of Corporate Affairs	Approval	Enclosure 16
17.	12:00	**Assurance from Sub Committees** • Audit and Assurance Committee Report of the Committee Chair (last meeting) o Audit and Assurance Committee Annual Report • Finance Committee Report of the Committee Chair (last meeting) o Finance Committee Annual Report • Quality Committee Report of the Committee Chair (last meeting) o Quality Committee Annual Report • Charitable Funds Committee Report of the Committee Chair (last meeting) o Charitable Funds Committee Annual Report	Assurance Assurance Assurance Assurance	Enclosure 17.1 Enclosure 17.2 Enclosure 17.3 Enclosure 17.4
18.	12:20	**Outstanding Service – Successfully Relaunching a 24/7 Homebirth Service**	Assurance	Presentation
19.	12:25	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
20.	12:30	**Any Other Business**		
21.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **1st June 2023, Boardroom, King's Mill Hospital**		

	Time	Item	Status	Paper
22.		**Chair Declares the Meeting Closed**		
23.		**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 17.1	• **Audit and Assurance Committee – previous minutes**
Enc 17.2	• **Finance Committee – previous minutes**
Enc 17.3	• **Quality Committee – previous minutes**
Enc 17.4	• **Charitable Funds Committee – previous minutes**
Enc 20	• **Significant Risks Report**

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 6th April 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Maggie McManus	Deputy Chief Operating Officer	MM
	Terri-Ann Sewell	Research Nurse	TS
	Laura Davison	Specialist Nurse - Street Health	LD
Observers:	Sue Holmes	Lead Governor	
	Ian Holden	Public Governor	
	Ashton Green	Bank Communications Officer	
	Sally Brook Shanahan		
	5 members of the public		
Apologies:	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Steve Banks	Non-Executive Director	SB
	Rachel Eddie	Chief Operating Officer	RE
	Shirley Higginbotham	Director of Corporate Affairs	SH

Item No.	Item	Action	Date
23/096	**WELCOME**		
1 min	The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.		
23/097	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/098	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Manjeet Gill, Non-Executive Director, Andy Haynes, Specialist Advisor to the Board, Steve Banks, Non-Executive Director, Rachel Eddie, Chief Operating Officer and Shirley Higginbotham, Director of Corporate Affairs. It was noted Maggie McManus, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.		
23/099	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2nd March 2023, the following amendment was identified: • Item number 23/074, paragraph 1, line 1 should read "DS presented the report….." as opposed to "DA presented the report….." The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.		
23/100	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 23/042.2 and 23/075 were complete and could be removed from the action tracker.		
23/101	**CHAIR'S REPORT**		
1 min	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the pressures faced by the Trust, Staff Survey results and visit to the Lifespring Centre in Ollerton. The Board of Directors were ASSURED by the report		

23/102	CHIEF EXECUTIVE'S REPORT		
5 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the impact of industrial action by the British Medical Association (BMA), continued high demand on the urgent care pathway, rise in Covid infections, reduction in extremely long waits for patients, Staff Survey results, NHS Overseas Workers Day, partnership working and the review of the Board Assurance Framework (BAF) by the Risk Committee. ARB queried if patients are still being tested for Covid in ED. DS advised there has been a recent change in the national guidance. The Trust has, until recently, been undertaking a large number of tests but is now taking a more focussed approach, for example, patients who are symptomatic, patients who deteriorate without a known cause, etc. The Board of Directors were ASSURED by the report		
8 mins	**Provider Collaborative Progress** PR presented the report, highlighting the development of the Provider Collaborative, visioning session held in January 2023, agreed priorities for the Collaborative, next steps, operating model and leadership / delivery arrangements. BB queried if the recommendations of the Carter Review will be considered as part of the future scoping. PR advised the Collaborative will consider how partners can work more efficiently and effectively. The Carter Review has not been specifically referenced but the recommendations will be returned to. AR felt fragile services, particularly how staffing in fragile services is going to be addressed, has to be a priority for the Provider Collaborative. In addition, there has to be an emphasis on preventative care which acute trusts must take responsibility for, for example levels of obesity. PR advised, in terms of fragile services, the leadership model which is proposed will enable those type of conversations. The overall priorities described are those which all providers felt they could work together on and add value. Individual organisations may have fragile services and those discussions can take place within the Operational Executive Team to prompt collaborative thinking. In terms of preventative care, this is an area which can be brought into the conversations regarding the Integrated Care Board's (ICB) development of the 5-year forward plan in terms of what role everyone can play. DS advised, in terms of fragile services, there is a maturing group, the East Midlands Acute Providers (EMAP), which was established approximately 12 months ago. A key workstream for the group is fragile services. EMAP is not currently a provider collaborative, but it cuts across ICBs and regions and it may mature into a different form of provider collaborative.		

	In terms of health inequalities, across the ICB there is a commitment from acute trusts in relation to what the priorities are going forward. There is a need to include looking after colleagues within this to get the message across and make every contact count. AR felt issues such as obesity need to be addressed early in the 5-year strategy. The Board of Directors were ASSURED by the report		
23/103	**STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE**		
5 mins	**Maternity Update** ***Safety Champions update*** PB presented the report, highlighting service user voice feedback, Maternity Safety Champions walkarounds, Care Quality Commission (CQC) action plan and quality improvement work. The 3-year delivery plan for maternity and neonatal services, which pulls together various reports, for example, Ockenden, East Kent and Morecombe Bay, has recently been published. The Trust is starting to work through the requirements of the report and updates will be provided to the Maternity Assurance Committee and Quality Committee. The Board of Directors were ASSURED by the report ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting a suspension of services for high acuity for a five hour period in February 2023, elective caesarean section list and home births service. AR queried what the elective caesarean section rate is, noting if this is increasing, there may be a need to rethink the staffing model. PB advised the rate is increasing, noting previously the Trust did not have an elective caesarean section list and the increase in rate led to an urgency to move the work forward. There were some workforce challenges, but staffing is now in place. PB advised he would provide the figures to the Board of Directors. **Action** • **Figures relating to the elective caesarean section rate to be provided to the Board of Directors** The Board of Directors were ASSURED by the report	**PB**	**04/05/23**
11 mins	**Learning from Deaths Report** DS presented the report, highlighting Hospital Standardised Mortality Ratio (HSMR), Standardised Hospital Mortality Indicator (SHMI), Structured Judgement Reviews (SJRs), scrutiny by independent medical examiner and increase in coronial work.		

	AR advised he welcomed the report and felt assured by the level of scrutiny in this important area of work. AR noted the reference to requiring a small amount of extra resource in terms of personnel and felt steps should be taken to put this in place. BB confirmed reports relating to the Learning from Deaths programme of work are presented to the Quality Committee. The Board of Directors were ASSURED by the report		
23/104	**STRATEGIC OBJECTIVE 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE**		
14 mins	**Staff Survey and Action Plan** RS presented the report, advising the Trust has undertaken an analysis of the results of the Staff Survey since they were published on 9th March 2023. The response rate was 61%, which is down on last year. However, the Trust had the third highest response rate nationally. The Trust performed well in a number of areas, the details of which are outlined in the report. The focus areas for the Trust, identified after the 2021 survey, will remain in place, with actions being developed under the same three key themes of Valuing you, Caring for you and Developing you. These focus areas were discussed in depth at the recent meeting of the People, Culture and Improvement Committee, with an action plan in development which will be shared with the Committee in May 2023. It was acknowledged the data in relation to violence and aggression suggests there is more work to do in this area, particularly with partners. PB acknowledged there is a lot of work to do in relation to the violence and aggression agenda and a piece of work has been commissioned to look at this issue. Aggression from patients is a significant area which is increasing. Staff are increasingly likely to highlight incidents and seek help, hence the increase in reporting. This is positive, but the fact incidents of violence and aggression are still happening is not acceptable. Staff speaking up about violence and aggression provides the opportunity for the Trust to respond and target areas of concern. There is a need to work with partners and get the message across society and the community that such behaviour is not acceptable. CW queried if there were any areas of surprise in the results, positively or negatively. RS advised the results in relation to appraisal work was a pleasant surprise, noting there are some positive signs that appraisals are more meaningful. In terms of violence and aggression, the Trust has tried to create a culture where individuals can report incidents in the workplace. However, it is acknowledged there is more work to do to address violence and aggression than was originally anticipated. There is a need to work collaboratively at Place with partners in relation to this. As the Trust considers the introduction of Year 2 of the People Strategy, the care values will be an integral part of this, particularly in relation to how leaders are encouraged to act as role models and ambassadors of the values.		

	BB noted there is a lot of intelligence / information in the organisation relating to staff feedback and queried if the People, Culture and Improvement Committee look at the triangulation of data throughout the year, rather than waiting for the annual staff survey results. RS advised the Trust is committed to launch a heat map in Year 2 of the People Strategy. This will allow for the triangulation of all forms of data. GW noted it is good to see increased reporting of incidents of abuse and violence faced by staff from visitors, patients, etc. The next step is to create a culture whereby staff notice incidents automatically and step in to provide support at the time. This shows immediate support by colleagues and also gets the message across to the perpetrator that it is the wrong thing to do. PB advised it is essential staff do not normalise some behaviours, particularly in clinical areas. In ED, for example, staff often did not report incidents as they would 'make allowances' and try to understand why a patient may behave in a particular way, i.e., the patient 'could not help it' or lacked understanding. There is a need to capture and respond to all incidents, noting the response may be different. No abuse or aggression is acceptable. PB felt, in terms of triangulation of information, feedback from patients should be included. PR felt there is a need to consider how to react and support colleagues when an incident of violence or aggression happens. There is work to do with partners to understand their experience and to stand together on a zero tolerance approach and get the message across to the community. There is a need to set expectations for acceptable behaviour, what will not be tolerated and what are the consequences of unacceptable behaviour. The Board of Directors were ASSURED by the report		
23/105	**STRATEGIC OBJECTIVE 4 – TO CONTINUOUSLY LEARN AND IMPROVE**		
17 mins	**Research Strategy – Annual Report** TS joined the meeting TS presented the report, highlighting performance, commercial studies, workforce accreditation, finance, patient experience and launch of new strategy. DS felt the strapline on the strategy, 'Research is for Everyone', gives a clear message. DS gave further information in relation to two studies the Trust is involved with, one looking at the use of antithrombotic stockings and the other looking at pre-habilitation prior to surgery. GW asked TS to consider if there was anything further the Board of Directors could do to support the Research Team in generating more commercial income. PB advised the initial work in relation to the design programme for the clinical research facility has started and requested support from the Board of Directors regarding this, noting the facility is essential to move research forward.		

	BB asked TS to consider anything the Board of Directors could do to support research generally. TS advised she would consult with Alison Steel, Head of Research and Innovation. AR felt there is a need to consider how to get younger doctors onboard with research at an early stage of their career as this will help with research output. In terms of commercial income, the Academic Health Science Network in the East Midlands will help the Trust source commercial research activity. It is important to try to increase external funding, particularly Department of Health funding, as this is often the research funding which leads to prestigious publications. The Clinical Research Network (CRN) should be able to help the Trust access those grants. DS also felt it important to engage with younger doctors. There is an opportunity to link in with the increasingly strong partnership the Trust has with Nottingham Trent University. The Trust has had some success applying for Fellow posts with Health Education England (HEE) and there may be an opportunity for Research Fellow posts. The Trust is putting resource into developing analytics aspects, noting there is data already being captured from nursing colleagues. There is a need to work with the nursing team to develop this. PB felt, as part of the research strategy, there is a need to develop clinical academic pathways throughout all the workforce. The Trust is about to launch three fellowships with the University of Nottingham which will be Allied Health Professional (AHP), midwifery and nursing. The Trust is trying to build pathways to help recruit and retain staff who may otherwise go to a teaching hospital. The Board of Directors were ASSURED by the report TS left the meeting		
23/106	**PATIENT STORY – STREET HEALTH OUTREACH CHANGED MY LIFE**		
19 mins	LD joined the meeting LD presented the Patient Story, which highlighted the work of the Street Health Team. CW felt the story was extremely powerful and outlined how the Team have changed people's lives. GW advised it was good to see how the work of Street Health is continuing and making a difference. DA felt the story serves as a reminder that the people who live in the communities served by the Trust do not have straightforward lives. Future services are often designed for 'one size fits all' but this does not work for many. The outreach service bridges that gap and the Team provide hope for service users. ARB queried if LD felt she had enough support to undertake her role.		

	LD advised the Team used to sit under Surgery Division, but is now under Urgent and Emergency Care Division (UEC), so things are evolving. Currently funding for the Team comes from service level agreements from local councils. There are plans to seek additional funding to expand the Team, as that is where support is currently required. The Team has a waiting list, which is not ideal. The homeless and inpatients are prioritised. In addition to working with the homeless, the Team are commissioned to work with the severely multiple disadvantaged cohort of patients and this is where the waiting list is. BB queried if the Team have published anything about the work they are doing and the impact it is having. LD advised currently there is no time to produce anything but it is something they would like to do. PB felt the responsibility as a Board of Directors is to consider how to commit to supporting this work. It is patient centred and cuts across the system. There is a need for the system to provide finance to support this work. The Team were moved to UEC to align with the High Volume Service User Team, but that pooling of resource is not sufficient. MM noted there is a recognition some of the patients helped by the Team are longer staying and more complex to discharge patients. PB felt this demonstrates how inaccessible the Trust's services still are for some of the population. CW queried if there had been an opportunity to present this work to the Place Based Partnership (PBP) as the holistic needs of many of these patients need to be supported by a range of different partners. DA advised he, PB and LD will be presenting this story to the PBP. GW felt the work of the Team demonstrates something is being done to address health inequalities and shows the difference which can be made. LD left the meeting		
23/107	**OPERATIONAL PLAN 2023-24 SUBMISSION**		
10 mins	PR presented the report, advising the ICB operational plan for 2023/2024 was submitted to NHS England (NHSE) by the deadline of 30th March 2023. PR confirmed it is a system submission, build up from the submissions of individual organisations. The SFHFT submission is fully compliant in all operational requirements, except for a reduction in outpatient follow up appointments. It is also non-complaint for finance, noting the financial plan submitted by the Trust is a deficit of £21m. This does not meet the NHSE expectation of financial break-even. MM advised the Trust is making every effort to reduce outpatient follow ups through remote monitoring and other avenues.		

	RM confirmed the Trust's financial plan stands as a deficit of £21m, within which is a large element of excessive inflationary pressures. The NHSE expectation is break-even for all systems. The Trust's deficit is part of a £43m deficit for the Nottingham and Nottinghamshire Integrated Care System (ICS). However, the plan does meet a number of expectations and asks by NHSE, noting the efficiency and Covid costs reduction exceeds the expected 2.2% which is within the planning guidance. In addition, the plan shows inroads into agency expenditure and there is an increase in activity to secure Elective Recovery Funding (ERF). Discussions as a system and with NHSE continue in relation to any opportunities to accelerate savings, deliver more, ensure all allocations are accurately reflected and ensure the best use is being made of available resources. ARB confirmed the submission was robustly discussed at the recent meeting of the Finance Committee. The Committee understands the reasons for the deficit and this will be continually monitored. RS advised from a workforce perspective there is a need to recognise there is some pre-committed growth which is included in the plan, in addition to growth linked to capital investment. However, some growth is offset by a reduction in bank and agency usage. GW felt there may be an increased focus on workforce. Therefore, it is important to understand the drivers for the changes in the Trust's workforce over the last few years. CW noted it is important to utilise the committees to track progress where additional resource has been approved as there is a need to demonstrate any investment has delivered greater levels of productivity and best value. PR advised it is important to recognise the Trust takes the break-even requirement and the non-compliant plan which has been submitted seriously. The Trust is engaging with system partners in preparation for discussions with NHSE to ensure the Trust and ICS positively engage in those discussions to achieve compliance. The Board of Directors were ASSURED by the report		
23/108	**TRUST STRATEGY – 2023/2024 PRIORITIES**		
16 mins	PR presented the report, advising the proposed priorities for 2023/2024 have been developed and agreed by the Executive Team. The priorities demonstrate alignment and consistency with a number of areas. 2023/2024 is Year 5 of the Trust's current 5-year strategy and the priorities are consistent with the objectives within that. In addition, it is consistent with the operational priorities and planning guidance for 2023/2024, the transformation and priorities of the improvement faculty, the Financial Improvement Programme (FIP) and with the ambition to establish a framework and underpinning work which will help in the development of the next 5-year strategy for the period from 2024 to 2029. Therefore, this is a preparatory year. It was noted all priorities are aligned with the strategic objectives, have clear outcome measures, an executive lead and clear governance.		

	DA advised this is a single work programme with strategic alignment. By having all the priorities 'in one place' it is hoped bureaucracy will be reduced. A general discussion followed, during which the following points were raised: • Distributed accountability is welcomed. • Other areas which could be included as priorities are electronic prescribing, electronic patient records, aspiring leaders to attend learning programme for wider prevention, fragile services, virtual wards and more definitive information in relation to the frail elderly. • Planning appears to be geared around Q4; some of the work should start sooner. • Would be useful to see how the Clinical Services Strategy fits with the ICS and how the Trust's services interface with and relate to changes in patient pathways as appropriate. • Work in relation to health inequalities should start as soon as possible and not wait for the ICB to develop their approach. Need to take learning from work which is already underway and embed it across the Trust before Q3 / Q4. • How is the Trust working with the PBP and other partnership forums and how are partnerships adding value to the delivery of objectives. • Year 5 of a 5-year strategy can be the hardest year. It is important for this year not to be seen as a holding year in the movement towards establishing a new 5-year strategy. This year has to be an enabling year. • There is a need to link in with the ICB and NHSE strategy. • 2023/2024 will be the building blocks for the direction of travel for the next 5 years. • There is a need to the consider wider issues in the Hewitt Report. • The priorities for 2023/2024 will be implemented as a 'springboard' for the next 5 years. • The Clinical Services Strategy will be a test piece which can be put to the Provider Collaborative. • Roll out of Electronic Prescribing and Medicines Administration (EPMA) has started. Implementation is Stage 1. The challenge will be stabilisation and optimisation before transformation. This is likely to take two years. • The Trust is on an externally derived trajectory for the introduction of Electronic Patient Records (EPR). • Virtual Ward is currently running at circa 50% of the target of 44 beds. The Trust has the capacity but the challenge is to find suitable patients in a consistent way. An update on Virtual Ward will be provided to the Quality Committee in May 2023. • Resources are constrained. Therefore, there is a need to be clear where resources should be directed in order to achieve the best value.		

	Action • **Update on Virtual Ward to be provided to the May meeting of the Quality Committee** The Board of Directors APPROVED the Trust's strategic objectives for 2023/2024	**DS**	**01/06/23**
23/109	**ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST**		
3 mins	GW presented the report, advising Declaration of Interests is an annual requirement and the report reflects the work done during 2022/2023. The conflicts of interest register will be published on the Trust website and will include details of people who have registered an interest, people who have made nil declarations and details of people who are non-compliant. For 2022/2023 96 people are non-compliant, of 1,088 staff who are required to declare an interest. It was noted the majority of staff who are non-compliant are new starters. GW queried if declarations of interest are requested prior to induction. RS advised he would clarify the process, noting it is important for this to be completed. **Action** • **Clarify process for requesting declarations of interest for new starters** The Board of Directors APPROVED the annual Declarations of Interest report	**RS**	**04/05/23**
23/110	**GENDER PAY GAP REPORT**		
3 mins	RS presented the report, advising the Trust is required under the Equality Act to publish gender pay gap information annually. The report has previously been presented to the People, Culture and Improvement Committee. It was noted the statutory duty of the Equality Act is to report gender in a binary way. It was acknowledged the requirements do not take into account people who are non-binary, intersex or where gender may not be the gender assigned at birth. RS advised there has been a slight change in the male to female split of the workforce, with a slight reduction in the number of females. There has been a reduction in the pay differential and there has been an increase in the number of female colleagues in the Upper Middle and Upper quartiles. The Board of Directors APPROVED the Gender pay gap report		

23/111	**ASSURANCE FROM SUB-COMMITTEES**		
8 mins	**Audit and Assurance Committee** GW presented the report, highlighting implementation of internal audit recommendations, terms of reference for internal audits and counter fraud. **Finance Committee** ARB presented the report, highlighting the Month 11 finance report and the review of Principal Risk 4 (PR4), failure to achieve the Trust's financial strategy, with the risk rating being increased. CW noted the reference to the Better Payment Practice Code, which relates to how quickly suppliers are paid. CW queried if this is on track. RM advised the target is 95% of invoices paid within 30 days. This is measured in two ways, total value and volume of invoices. The Trust performs better in terms of value of invoices, which is slightly below 95%. The challenge relates to volume of invoices, noting the Trust receives a lot of small value, high volume invoices, particularly through pharmacy. A high level action plan for improvement was presented to the Finance Committee. A key element of the action plan is creditor management and relationship with suppliers in terms of helping them to understand when to expect payment. GW advised the letter received from NHSE refers to making improvements. If there is no improvement, there will need to be an internal audit review of processes. **People, Culture and Improvement Committee** ARB presented the report, highlighting AHP workforce report, recruitment deep dive and review of PR3, critical shortage of workforce capacity and capability, and PR5, inability to initiate and implement evidence based improvement and innovation. The People, Culture and Improvement Committee Annual Report was noted. The Board of Directors were ASSURED by the reports		
23/112	**OUTSTANDING SERVICE – ENHANCING PATIENT CARE AND COLLEAGUE EXPERIENCE THROUGH SHARED GOVERNANCE**		
7 mins	A short video was played highlighting the work to enhance patient care and colleague experience through shared governance councils.		
23/113	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Thanks to colleagues for response to industrial action and ongoing pressures • Staff Survey results • Research strategy and annual report		

	• Work of Street Health Outreach • Operational Plan for 2023/2024 • Strategic priorities for 2023/2024 • Gender pay gap report • Shared governance		
23/114	**ANY OTHER BUSINESS**		
	No other business was raised.		
23/115	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th May 2023 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:25		
23/116	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

23/117	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
4 mins	CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting. Ashton Green, Bank Communications Officer, advised he is the co-chair of the Trust's Youth Forum and asked for the Board of Director's support for the work of the Youth Forum. Ian Holden (IH), Public Governor, advised he was pleased to hear the reference to reducing bureaucracy through the strategic objectives. IH noted the shared governance process is a bottom up process, but there was no reference to the strategy being owned at that level. IH felt shared governance needs to contribute to the strategy. CW acknowledged the importance of ensuring all members of staff are engaged with the strategy to ensure it is delivered. Sue Holmes, Lead Governor, welcomed the presentation on Street Health and felt this would be useful to share with all governors.		
23/118	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
18/435	09/06/2022	Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken	Public Board of Directors	None	01/06/2023	R Simcox			Grey
18/618.1	03/11/2022	Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level	Public Board of Directors	None	04/05/2023	P Bolton		**Update 18/04/2023** 6 month staffing paper on agenda and includes AHP section. People, Culture & Improvement Committee now receiving quarterly updates on action **Complete**	Green
23/042.1	02/02/2023	Review the indicators used and how they are shown in the SOF to give clarity on the 'direction of travel'	Public Board of Directors	None	~~06/04/2023~~ 04/05/2023	S Higginbotham		**Update 14/02/2023** To be presented to Board in April 2023 **Update 08/03/2023** Deferred to May 2023 meeting **On agenda for May Board - Complete**	Green
23/045	02/02/2023	Recommendations from the external well-led report to be reviewed in 6 months, including ensuring data in relation to gender and ethnicity is monitored	Public Board of Directors	None	03/08/2023	S Higginbotham			Grey
23/103	06/04/2023	Figures relating to the elective caesarean section rate to be provided to the Board of Directors	Public Board of Directors	None	04/05/2023	P Bolton		**Update 18/04/2023** Rates and update provided as requested **Complete**	Green
23/108	06/04/2023	Update on Virtual Ward to be provided to the May meeting of the Quality Committee	Public Board of Directors	Quality Committee	01/06/2023	D Selwyn			Grey
23/109	06/04/2023	Clarify process for requesting declarations of interest for new starters	Public Board of Directors	None	04/05/2023	R Simcox		**Update 27/04/2023** Details provided to new starters during the orientation process. However, to increase declaration levels further messages have been reviewed and will be revised from May (15th) orientations on-wards. **Complete**	Green

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report	**Date**: 4th May 2023	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable.

Acronyms

NHS = National Health Service

Executive Summary

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

Reminder: Online information events announced to step-up Trust efforts to elect new Trust governors

Elections to find six new governors at Sherwood Forest Hospitals are due to take place this spring, with potential governors being invited to put their names forward before Friday 26th May 2023 to represent the Trust's King's Mill, Mansfield Community and Newark hospital sites.

Governors have a key role to play in helping the Trust achieve its ambitions of providing healthier communities and outstanding care to all. The role will involve listening to feedback from the Trust's 14,000 members and the wider public, in-turn relaying these views to the Board of Directors. The role is central to representing the interests of local communities in the planning of services.

Elected by members of the Trust, governors represent the interests of our members and the public and have a statutory duty to hold the Non-Executive Directors to account for the performance of the Trust Board. They bring valuable perspectives and ensure the Trust is publicly accountable for the services it provides.

Governors don't need to have a background in the NHS, but they must be able to ask the difficult questions and be passionate about improving our hospitals. The role of a governor is a voluntary position. Therefore, successful candidates will not be paid, but they will receive expenses for travelling to meetings.

Elections will commence with the opening of nominations in early May and those who wish to become a governor must first become a member of the Trust. They can do this by signing up online at www.sfh-tr.nhs.uk/get-involved or emailing sfh-tr.membership@nhs.net

In May, we are due to host two online events where prospective governors can learn more about the role and find out what they need to do to stand for election.

The first information event will take place on Tuesday 2nd May between 4pm and 5pm, with the second due to take place on Thursday 18th May between 6pm and 7pm.

Anyone interested in joining the online information event to find out more about becoming a governor can register online here.

Industrial action update

I wanted to place on record my thanks to our colleagues who have been managing the impact of national industrial action over the past two months, as well as to recognise the impact that industrial action is having on our colleagues and our patients alike.

Recognising these strikes are a national issue, we have committed – as a Board of Directors – to ensure we are doing all that we can to support our colleagues locally and to represent their concerns through NHS channels at a local, regional and national level.

Nationally, we have been in conversations with NHS Providers who represent Trusts across the country to stress the impact that this industrial action is having at a local level on patients and staff – and to encourage both sides in these disputes to seek a resolution as soon as possible.

Within our Trust, we work hard to foster positive relationships with our staff-side representatives to ensure that we have strong local relationships with all staff – regardless of the negotiations that take place at national level. This month I visited the Day Case Unit with Roz Norman, our staff side lead, to talk to staff and listen to their views on our services.

Celebrating our colleagues' dedication and outstanding achievements at our annual *Excellence Awards*

Throughout April, we have been welcoming nominations across 19 categories for this year's #TeamSFH *Excellence Awards*, as we prepare to host our Trust's single greatest opportunity to say 'thank you' to our hard-working staff for their outstanding efforts over the past year.

The *Excellence Awards* celebrate colleagues, teams and volunteers who go above and beyond and who have made a positive impact on our services, patients, visitors, and colleagues. We all know someone special that contributes so much and the teams that just really make coming to work a pleasure. This is our biggest chance to recognise them as a Trust.

For the first time since 2019, we are looking forward to being able to celebrate in style and in-person to properly recognise the amazing work our colleagues do.

The annual *Excellence Awards* ceremony, which is funded entirely thanks to contributions from generous sponsors and charitable donations, celebrates individual colleagues, teams and volunteers who work hard to make a positive impact across our services.

The event will take place on Wednesday 5th July and will form part of the Trust's celebrations of the NHS's 75th birthday.

Nominations for this year's *Excellence Awards* close at midnight on Sunday 30th April, with the public able to make their nomination online at www.sfh-tr.nhs.uk/excellence until that time. We look forward to being able to share some of those examples of outstanding service from across our Trust over the months ahead.

Notable engagements: Visiting Little Millers Day Nursery

During April, I was thrilled to visit Little Millers Day Nursery at King's Mill Hospital to see first-hand the latest developments there as part of our ongoing improvements that continue to be made at the site.

The latest developments there have seen the perimeter fencing improved to bolster security at the site, as part of our ongoing programme of improvements to maximise the quality of service provided there.

The nursery is a key part of how we are providing high quality childcare on-site and is just one element of our essential efforts to ensure we are appropriately supporting our hard-working colleagues.

Notable engagements: Supporting Trust partners with their recruitment efforts

Over the past month, I have been delighted to support colleagues at Nottingham University Hospitals (NUH) with their efforts to recruit new associate non-executive directors to their Board of Directors.

Recruiting Non-Executive Directors with a wealth of experience from different walks of life is an essential part of trusts' invaluable efforts to hold their executive team to account and ensure they are providing the best possible care to the communities we serve.

Those efforts also strengthen the vital relationships we are continuing to build with our system colleagues, as we continue our commitment to improving the quality of health and care services across Nottingham and Nottinghamshire.

Other notable engagements and visits from over the past month:

- Meetings with governors
- Discussions with external partners in local authorities
- Meetings with colleagues and other chairs across the Nottingham and Nottinghamshire system
- Attending the *Step into the NHS* recruitment event

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report	**Date**: 4th May 2023	
Prepared By:	Rich Brown, Head of Communications		
Approved By:	Paul Robinson, Chief Executive		
Presented By:	Paul Robinson, Chief Executive		
Purpose			
To update on key events and information from the last month.		**Approval**	
		Assurance	X
		Update	X
		Consider	

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

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

Committees/groups where this item has been presented before

Not applicable

Acronyms

BMA = British Medical Association
CDC = Community Diagnostics Centre
MNPBP = Mid Nottinghamshire Place Based Partnership
NHS = National Health Service

Executive Summary

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

Pressures and industrial action update

I will start this month's update by reflecting on the impact that April's industrial action from the British Medical Association (BMA) had on our colleagues, patients and the running of our services.

I will begin by focusing on the impact that the strikes have had on our hard-working colleagues – both personally and professionally. That impact cannot be overstated, both in managing day-to-day pressures and in the extensive planning that helped to prepare us in the best possible way for that industrial action.

It is thanks to their hard work and professionalism that we were able to maintain safe urgent and emergency care services for our communities throughout that extraordinarily difficult time. We are so grateful for their incredible efforts.

Ultimately, we know that maintaining the safety of those essential services came at the cost of hundreds of planned appointments, procedures and operations. That cost will be felt by our patients for many months to come, both for those who were immediately affected during the week and for the tens of thousands of patients who will come into contact with our services over the months ahead as we continue our work to drive-down the elective backlogs that we saw build-up during the pandemic.

We know there is a patient behind each and every one of those rearranged appointments and we are grateful to all those whose planned treatments, operations and appointments were affected by those strikes. Their patience, understanding and kindness to our staff really is appreciated, particularly as our colleagues continue to work hard to provide the best possible care in really challenging circumstances as pressures remain high across our services.

While these strikes have been held over nationally-decided issues that are beyond the control of Sherwood Forest Hospitals, we have taken every opportunity to stress the impact that this ongoing industrial action is having on our colleagues, patients and communities alike.

As a Trust, we are committed to properly supporting everyone at #TeamSFH throughout this period. Whether that support comes by providing clarity on the areas we need our staff to focus on during periods of industrial action or by stepping-up our wellbeing offer to colleagues, I am keen to make clear that we have the backs of our colleagues.

During the course of the week, we saw so many outstanding examples of the Trust's CARE' values being brought to life as colleagues from all professional disciplines pulled together to provide the best possible care for our patients who need us.

I am sure I speak for us all in saying that I hope a solution can be found to this national dispute as quickly as possible.

Hundreds attend second 'Step into the NHS' recruitment event with West Notts College

On Tuesday (25 April), I was delighted to join colleagues from across the Trust as we returned to West Notts College in Mansfield for the second of our incredibly successful 'Step into the NHS' careers showcase events.

We held the first event of its kind in January, which attracted almost 700 prospective new recruits who came along to learn how they can start their own NHS careers. It was great to see that our second event earlier this week – which focused on non-clinical roles across the Trust – attracted a similar level of interest.

The event was another outstanding example of how we are bringing our partnership with West Notts College to life, as the College generously hosted the event to showcase the range of careers available across our King's Mill, Newark and Mansfield Community Hospital sites and the wider NHS.

While there are more than 350 different roles in the NHS, many people's first thoughts of NHS careers are of doctors, nurses, midwives, paramedics and other frontline roles. However, there are a host of rewarding non-clinical roles where people can make a real difference by working as everything from clinical coders and finance officers to facilities workers, admin support, procurement and human resources – and so much more!

We know it takes a whole Trust to run our hospitals and we are proud of the way our colleagues work brilliantly together across their clinical and non-clinical roles to make great things happen across our hospitals.

Following the success of these events, we also plan to host a similar event focusing on clinical roles on Tuesday 20 June. That event will be hosted at King's Mill Hospital for the first time and I look forward to being able to share the details of that event with you all over the coming weeks.

To make sure you're the first to know about future events and job opportunities here at Sherwood Forest Hospitals, make sure you're following our dedicated 'Sherwood Forest Hospital Careers' Facebook page and visiting the careers pages of our Trust website regularly.

Leaders from Sherwood Forest Hospitals and West Notts College at the *Step into the NHS* recruitment event

Nottinghamshire's first Community Diagnostics Centre (CDC) receives vital planning approval

Our ambition to create a 'one-stop shop' for patients to access NHS tests and investigations received a vital boost in April, as our plans to bring Nottinghamshire's first Community Diagnostics Centre to Mansfield were rubber-stamped.

We previously announced we had submitted plans to Mansfield District Council in January to build the purpose-built 'Community Diagnostics Centre' alongside our Mansfield Community Hospital in Stockwell Gate.

The multimillion-pound plans went on to receive national funding in February, prior to them being considered by Mansfield District Council's decision to approve the plans at its Planning Committee earlier this week (Monday 24 April 2023).

The approval was the vital go-ahead we needed to allow work to begin on the new facility this summer. The Centre will be built where a derelict building that is awaiting demolition currently stands on the Mansfield Community Hospital site.

Once built, the Centre will become a 'one-stop shop' for patients from across Nottinghamshire to access the tests and investigations they need in a single visit.

The Centre will also reduce the time it takes for patients to be referred for vital tests, which will in-turn help patients to receive an 'all clear' or diagnosis sooner.

A range of clinical and non-clinical roles will also be recruited to work at the Centre, with details of those roles to be publicised over the weeks and months ahead.

Anyone interested in learning more about the plans and the range of job opportunities on offer at the Centre can find out more via the Sherwood Forest Hospitals website online at www.sfh-tr.nhs.uk/cdc

I look forwarding to update you on the project's progress over the coming months.

Boosting car parking capacity at Newark Hospital

In planning news elsewhere, Newark and Sherwood District Council's Planning Committee has also approved the Council's planning application to create 80 additional car parking spaces for patients and staff at Newark Hospital.

The 80 new spaces will include 59 standard spaces, 16 electric vehicle charging points and five accessible bays on a site on Bowbridge Road next to Newark Hospital.

This is really good news as it will bring to an end long-standing parking issues for patients, staff and visitors. The development is also a welcome boost for everyone who comes into contact with Newark Hospital at a time when we are doing all we can to bring Newark Hospital back to its full potential.

Work is expected to start on the car park in July. We will keep you posted on the progress of the project.

Partnerships update: Quarterly meeting with Ashfield District Council

The Trust Chair, Chief Executive and Director of Strategy and Partnerships met the Chief Executive Officer of Ashfield District Council during the month, as part of quarterly meetings with each of the district councils.

The meeting was a positive exploration of value-adding partnership activities and it is clear we have aspects of our work where we can work together positively, including around employment opportunities, skills, digital improvement, violence and aggression, and the direct support we will provide into the recruitment of a key strategic role of the Council's senior team. The Council is also supporting with raising awareness of governor nominations.

Further partnership working will continue as a result of those meetings and the positive relationships we continue to build together.

Partnerships update: Violence and aggression discussed at a Mid Nottinghamshire Place Based Partnership (MNPBP) level

This year's *National NHS Staff Survey* demonstrated that our Trust colleagues are continuing to face incidents of violence and aggression. It is clear that the majority of these experiences are being targeted at hard-working staff by members of the public, rather than their colleagues.

With this in mind, we took a discussion piece to the MNPBP Executive Group where all partners agreed to support the Trust with a shared approach to tackling this across the mid-Nottinghamshire area, as it is clear that these experiences are not being experienced by NHS staff alone. The local crime and safety partnerships will open an invitation to explore opportunities for joint solutions.

As part of this, Nottinghamshire County Council introduced the concept of Trauma Informed Practice which is training to ensure people who are severely disadvantaged (such as the homeless community) receive the same levels of care, irrespective of the risk for exclusion caused by violence and aggression.

Risk ratings reviewed

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

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

- Principal Risk 7: A major disruptive incident

A fond farewell to our outgoing Director of Corporate Affairs, Shirley Higginbotham

I will wrap-up my update for this month by placing on-record my thanks to our outgoing Director of Corporate Affairs, Shirley Higginbotham, as Thursday's meeting will be her final Public Board meeting with the Trust.

Shirley has been a valued member of the Trust since joining in April 2013 and has played a vital role in helping to oversee the Trust's journey from special measures to now being rated as 'Good' and King's Mill Hospital as 'Outstanding' by the CQC.

On a personal note, I have worked with Shirley throughout my time here at SFH and she has played an incredible part in the journey we have all been on together, particularly in building trust and confidence among the communities we serve that their local hospitals are in safe hands.
I am grateful for all that Shirley has done for this Trust and our patients and we wish her a long, happy and healthy retirement.

We are also delighted to share the news that Sally Brook Shanahan will be joining the Trust as our new Director of Corporate Affairs in May, allowing for a short handover period between Shirley and herself.

Board of Directors Meeting in Public - Cover Sheet

Subject:	2022-23 Qtr. 4 Priorities Update	**Date:** 4th May 2023	
Prepared By:	Kevin Gallacher, Associate Director Planning & Partnerships		
Approved By:	David Ainsworth, Director of Strategy and Partnerships		
Presented By:	David Ainsworth, Director of Strategy and Partnerships		
Purpose			
To brief the Board of Directors on the Q4 position and closure of the 2022-23 Strategic Priorities.		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

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

Committees/groups where this item has been presented before

Discussed at Executive Team meeting

Acronyms

AHP	Allied Health Professional
BMI	Body Mass Index
CFO	Chief Financial Officer
COG	Capital Oversight Group
CSTO	Clinical Support, Therapies and Outpatients
D2A	Discharge to Assess
ED	Emergency Department
EOL	End of Life
EPR	Electronic Patient Record
EPMA	Electronic Prescribing and Medicines Administration
EV	Electric Vehicle
G&A	General and Acute
HEE	Health Education England
ICB	Integrated Care Board
ICS	Integrated Care System
KMH	King's Mill Hospital
MDT	Multi Disciplinary Team
NHCT	Nottinghamshire Health Care trust
NHSE	National Health Service England
NUH	Nottingham University Hospitals
OPEL	Operational Pressures Escalation Levels

PIFU	Patient Initiated Follow Up
PSDS	Public Sector Decarbonisation Scheme fund
REGO's	Renewable Energy Guarantee of Origin
SDSG	Sustainable Development Strategy Group
SFH	Sherwood Forest Hospitals NHS Foundation Trust
SOF	Single Oversight Framework
TMT	Trust Management Team
TOR	Terms of Reference
VTE	Venous thromboembolism
Qtr. 1 / Q1	Quarter one of the financial year (April to June)
Qtr. 2 / Q2	Quarter two of the financial year (July to September)
Qtr. 3 / Q3	Quarter three of the financial year (October to December)
Qtr. 4 / Q4	Quarter four of the financial year (January to March)

Executive Summary

The attached paper provides the Board of Directors with the Q4 final reported position at the end of 2022-23. It provides a look back summary. Last month the Board of Directors approved the 2023-24 strategic objectives and these are inclusive of any areas where further development or future continuation is required as part of the next iteration and delivery.

The Board is asked to:

Note the update.

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust (SFH) 2022-23 Strategic Priorities

Quarter 4 Update

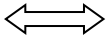
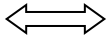
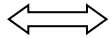
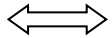
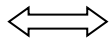
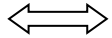
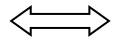
Contents		Page
1.	Summary – 'Quarter 4 Position on a Page'	1
2.	Detailed Quarter 4 Update	3

1. Summary – 'Qtr. 4 Position on a Page'

Ref	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
1.1	Develop an action plan to re-launch Family and Friends feedback, plus develop a framework for assurance (on actions taken).	Chief Nurse					⟺
1.2	Improve the Quality and Safety of the services we provide to children with complex needs.	Medical Director	Update will be provided in Q2				⟺
1.3	Achieve the levels of waiting times as identified in the 2022/23 plan and trajectories.	Chief Operating Officer					⟺
1.4	Work with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFH.	Chief Operating Officer					⟺
2.1	Delivery of the SFH Green Plan and provide support to deliver the ICS Green Plan.	Chief Financial Officer					⟺
2.2	To embed and enhance the current offer of support regarding the Mental and Physical Wellbeing of our Colleagues.	Director of People					⟺
2.3	Design and deliver a recruitment and retention programme for maternity; to right size the service and enable the delivery of the Continuity of Carer Health Inequalities service delivery model (Maternity Transformation).	Chief Nurse					⟺
3.1	Develop and Implement a Strategic workforce Plan for SFH in collaboration with the ICS.	Director of People					⟺

Overall RAG Key

	**On Track** - no issues to note.		**On Track** – action underway to address minor issues			**Off Track** – action underway to address minor issues
	**Off Track** – action underway to address major issues		**Off Track** – issues identified no action underway			**Off Track** – issues not identified and no action underway

Ref	2022/23 Trust Priority	Executive Lead	Overall RAG Qtr. 1	Overall RAG Qtr. 2	Overall RAG Qtr. 3	Overall RAG Qtr. 4	Change to Previous Qtr.
3.2	Respond to the 2021 NHS Staff Survey. Identify Key Focus Areas.	Director of People					
4.1	Successfully implement and optimise the use of EPMA.	Medical Director					
4.2	Develop a refreshed Digital Strategy.	Medical Director					
4.3	To introduce an Innovation Hub across the Mid Notts Place Based Partnership.	Director of Strategy & Partnerships					
5.1	Delivery of the SFH Transformation & Efficiency Programme that supports the delivery at PCB/ICP level.	Chief Financial Officer					
5.2	Be a key partner in the development of the Provider Collaborative.	Director of Strategy and Partnership					
5.3	Shape and define a new SFH Trust 5-year strategy working with ICS partners.	Director of Strategy and Partnership					
5.4	Continue to progress Pathology Network initiatives alongside NUH (and across the region where required).	Director of Strategy and Partnership					

Overall RAG Key

	On Track - no issues to note.		**On Track** – action underway to address minor issues		**Off Track** – action underway to address minor issues
	Off Track – action underway to address major issues		**Off Track** – issues identified no action underway		**Off Track** – issues not identified and no action underway

2. Detailed Quarter 4 Update

Ref	2022-23 Trust Priorities	Executive Lead	SFH Governance	Measures of Success	Quarter 4 Update
1.1	**To Provide Outstanding Care** - Develop an action plan to re-launch Family and Friends feedback, plus develop a framework for assurance (on actions taken).	Chief Nurse	Quality Committee	• Action plan developed to re-launch Family and Friends feedback • Establish assurance framework by the end of Qtr. 3	• During the year the Trust has relaunched Friends and Family feedback and reported month on month improvement in figures • The inclusion of children's services in Qtr. 3 has been successful • Divisions are sighted via monthly reports • The feedback process and learning is a key element of the portfolio for the Matron for Patient Experience which provides assurance this will remain a core deliverable and is tracked through Nursing Midwifery and Allied Health professional (NMAHP) committee
1.2	**To Provide Outstanding Care** - Improve the Quality and Safety of the services we provide to children with complex needs.	Medical Director	Quality Committee	• Appoint SFH lead to lead transition of complex paediatric patients into adult service via MDT forum by the end of Q2 2022/23 • Support ICB to link SFH, NHCT and NUH transition MDTs by the end of Q3 2022/23 • Develop business case for ICB wide transition nurse specialist team to support parents, patients and service development by the end of Q4 2022/23	• Established ICB Task & Finish group business case for young adults with complex needs requiring palliative and End of Life (EOL) care • Proposal agreed to trial a single point of access for Fastrack and palliative care services in Mid Notts, which will include bespoke service for Young adults with complex palliative and EOL care needs • SFH cross divisional model for 'transition nurse' to sit within safeguarding team proposed and agreed at TMT pending funding agreement

1.3	**<u>To Provide Outstanding Care</u>** - Achieve the levels of waiting times as identified in the 2022/23 plan and trajectories.	Chief Operating Officer	Quality Committee	• 'Timely care' SOF metrics to be presented to Trust Board of Directors, which will illustrate performance (reported monthly) (*Note: this will also include system performance metrics*)	• Key SOF metrics relating to the delivery of timely care on the emergency pathway are rated red. During Q4 we have seen many of the key waiting time metrics for emergency patients broadly in line with the position at the end of Q3. We have seen high demand on our services over the winter period. G&A bed occupancy has remained high together with the number of patients in hospital whilst medically safe for transfer. At the start of Q4 we had surge actions and additional capacity enacted. Throughout Q4 we have experienced a number of periods of OPEL 4. • Five-times daily flow meetings are in place to optimise patient flow and work to maintain patient safety and timely patient care across our hospitals on daily basis. Six-times daily Command Centre Status Update emails were trialled from mid-February and launched at the end of March; they provide a status at a glance to provide transparency of the key pressure points. • Key waiting time standards are tracked over time at a pathway-level at the relevant Steering Groups with Trust Board oversight within the SOF performance report. The Steering Groups meet a least monthly and track key pieces of improvement work including the Optimising the Patient Journey Programme. • Key SOF metrics relating to the delivery of timely elective care have been variable. Whilst there are positives (green-rated items), for example, PIFU performance and maintaining zero 104 week waits; we have seen red-rated items such as growth in our overall incomplete Referral to Treatment (RTT) waiting list size and higher than planned levels of 78 week wait patients.

					• Patient Tracking List (PTL) processes remain in place across planned care (elective, cancer and diagnostics) to monitor and act upon any issues in delivering timely patient care in line with local and national standards. • Key SOF metrics relating to the delivery of timely cancer care have been strong (green-rated) with continued strong performance against the 28-day faster diagnostic standard. The 62-day backlog has consistently been at the lowest levels of 2022/23 in Q4. 2 week wait performance has improved significantly in Q4 to be at the highest level since early 2021; meeting target in Feb-23.
1.4	**<u>To Provide Outstanding Care</u>** - Work with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFH.	Chief Operating Officer	Quality Committee	• 'Timely care' SOF metrics to be presented to Trust Board of Directors, which will illustrate performance (reported monthly) (*Note: this will also include system performance metrics*)	• Medically safe for transfer data routinely presented to Trust Board in the SOF. The local position continues to remain significantly above the agreed system threshold despite the system D2A business case being in place. Whilst there were some signs or marginal improvement from Dec-22 to Feb-23, the Mar-23 position has increased to be the highest level of Q4. The Q4 average position has been marginally worse than Q3. • Additional winter capacity remains open and surge capacity has been used during times of exceptional pressure. The sub-acute facilities within SFH have been well utilised; however, often this has not been sufficient to enable appropriate flow out of ED and through our acute bed base. • The roll out of Virtual Wards for early supported discharge commenced in Q3; however, was paused in Dec-22 whilst improvements were made to ensure appropriate clinical system were in place to effectively manage patients on our virtual ward pathway. The Respiratory Virtual Ward relaunched in Jan-23; although utilisation has been low.

2.1	**<u>To Promote and Support Health and Wellbeing</u>** - Delivery of the SFH Green Plan and provide support to deliver the ICS Green Plan.	Chief Financial Officer	Executive Team Meeting	• Embed Environmental Impact Assessment into all planning and investment case process by end of Q2 2022/23
				• Evidence that the SFH Green Plan has been promoted internally and externally, including public commitments by the Trust Board of Directors.
					• Inaugural Sustainable Development Strategy Group (SDSG) met during Feb 2023 and agreed its TOR.
					• A number of capital investment cases have been presented to March 2023 COG for consideration
					  o EV charging (further work required)
					  o Motion detector in theatres agreed and will deliver a FIP
					• Works to bring a bus service on site at KMH commenced in Q1 23/24.
					• Finance Committee decision not to invest in REGOs (sourced renewable energy) made with a c. £268k cost saving.
					• Roll out of Carbon Literacy training for Estates & Facilities staff, including the Sustainability Clinical lead, coordinated by NHSE
					• SDSG has met and agreed the 11 workstream leads for the underpinning workstreams for the Green Plan execution, including Procurement, Pharmacy and Estates & Facilities.
					• The Trust has taken receipt of NHS England's net-zero building requirements for all new builds from October 2023.
					• The Trust has been formally notified that it was unsuccessful in its application for PSDS 3b. Deputy CFO is raising at ICS system level possible other sources of funding to support sustainability investment cases.
					• Exploratory meeting held in Q1 23/24 between Estates, Supplies and Clinical Sustainability lead, about the feasibility of photovoltaic (PV) panels and a PV farm. Proposal awaited.
					• Group to review 'fruit and veg' stall provision at KMH established in Q1 23/24.
					• Clinical Sustainability Lead has been involved in the recruitment of system-wide HEE fellows. Decision anticipated w/c 10th April 2023.

					• Clinical Sustainability Lead has secured 2 AHP fellowships to enable green clinical projects to progress and support the Green Estates workstream. • Medical Gas (Nitrous Oxide and Entonox) usage continues to be closely monitored by NHSE. SFHFT have gained clinical consensus to move away from these gases but funding required to take forwards. Case to be presented at COG.
2.2	**<u>To Promote and Support Health and Wellbeing</u>** - To embed and enhance the current offer of support regarding the Mental and Physical Wellbeing of our Colleagues.	Director of People	People, Culture and Improvement Committee	• Staff health and well-being SoF metrics to board each month (On-going) • Introduction of a dedicated Health and Wellbeing Approach by the end of Q2 2022/23 • Embedded Health and Wellbeing Approach by the end of Q4 2022/23	*Mental Wellbeing* • Time to Talk Day - Staff story video shared and Schwartz Round delivered themed around "It's OK not to be OK", encouraging colleagues to reach out for support. • Schwartz Round to celebrate Neurodiversity Awareness week included a colleague sharing what working with Asperger's Syndrome is like. Another storyteller shared their experience of being the parent of a child recently identified as being on the Autistic Spectrum. *Physical Wellbeing* • Fresh Start to January events including blood pressure and BMI health checks were held in Newark, Kings Mill and a walk and talk held at Mansfield Community Hospital. All events were held in partnership with the Climate Action Champions. • Wellbeing Champion led Physical Activity competition in January. *Menopause* • Launch of Menopause Awareness for Managers with positive feedback and high attendance numbers.

					Financial Wellbeing • Every colleague received a Financial Wellbeing Information leaflet and a 'thank you' letter. This included signposting to financial support and details of benefits and discounts. • Citizens Advice attend once a month with all appointments being utilised on site but phone appointments also being made available.
2.3	**To Promote and Support Health and Wellbeing** - Design and deliver a recruitment and retention programme for maternity; to right size the service and enable the delivery of the Continuity of Carer Health Inequalities service delivery model (Maternity Transformation).	Chief Nurse	Quality Committee	• Delivery of Ockenden recommendations for Continuity of Carer (by end of Q4 2022/23)	• The NHSE requirement to prepare for Maternity Continuity of Carer (MCoC) delivery has been removed. • NHSE have published the Three Year Delivery Plan for Maternity and Neonatal Services • The plan has been adopted by all local providers and is being driven by the Local Maternity and Neonatal System (LMNS)
3.1	**To Maximise the Potential of our Workforce** - Develop and Implement a Strategic workforce Plan for SFH in collaboration with the ICS.	Director of People	People, Culture and Improvement Committee	• Resourcing SoF metrics to board each month (On-going) • Introduction of a dedicated Strategic Workforce Plan by the end of Q2 2022/3 • Annual refresh of dedicated Strategic Workforce Plan by the end of Q4 2022/23	• We have developed a revised set of SOF metrics that align to our People Pillars. • We understand our staff movements for 2023/24 and have sent these to NHSE, we will use these within our Strategic Workforce Plan / model • Annual refresh to be completed in line with People Strategy refresh due for sign-off at Trust Board in June 2023.

3.2	**To Maximise the Potential of our Workforce** - Respond to the 2021 NHS Staff Survey. Identify Key Focus Areas.	Director of People	People, Culture and Improvement Committee	A number of detailed metrics will be monitored via the People, Culture and Improvement Committee. These will be focused on: • **Valuing YOU**; enough staff to do my job, recognition and reward programme • **Caring about YOU**; reducing colleague experience of V&A/BH from patients/users/colleagues • **Developing YOU**; improve quality of appraisals, fair career development Improvement trajectories have been set and a summary of performance will be reported to the Trust Board of Directors via quarterly updates throughout 2022/23.	• The 2022 National Staff Survey results were released from embargo on 09.03.23. • Results have been shared with Divisions and key leaders across the organisation for review. • Key themes continue in line with actions for improvement set in 2022 from the 2021 results. • Although our response rate declined this was a trend seen nationally, with a national average response rate of 44% and SFH finishing on 61% which was the 3rd highest acute Trust in the country. • Initial benchmarking indicates that SFH placed as the most recommended Trust to work and receive care in the Midlands and the 3rd most recommended place to work in the Country. • SFH also placed top in the Midlands for morale and staff engagement.
4.1	**To Continuously Learn and Improve** - Successfully implement and optimise the use of EPMA.	Medical Director	Executive Team Meeting	• Roll out EPMA into surgery, incorporate VTE screening tool, develop and embed fluids module, scope requirements for ED EPMA module. Complete by end of Q2/beginning of Q3 2022/23 • Develop and embed analysis and system reporting opportunities by the end of Q4 2022/23	• EMPA embedded across all medical, surgical wards at KMH, Newark, MCH. VTE and fluid charts live • Only remaining in-patient areas are maternity, paediatrics, critical care with roll-out timeline and sequencing • EPMA optimisation work commenced but now limited due to workforce gaps • Updated Nervecentre version imminent to facilitate data analytics and data extraction

4.2	**<u>To Continuously Learn and Improve</u>** - Develop a refreshed Digital Strategy.	Medical Director	Executive Team Meeting	• EPR Business case approved by NHSE by the end of Q4 2022/23 • Production of three-year digital investment plan in line with the Multi Year planning process (Dates to be published by NHSE)	• Digital Strategy Objectives review and refresh underway • ERR Business Case Development support in place with revised procurement timetable (expected approval and contract signature Q1/2 2024/25) • Revised Digital Senior Structure being submitted to TMT Apr 23, recognising funding constraints, but highlighting the Digital potential
4.3	**<u>To Continuously Learn and Improve</u>** - To introduce an Innovation Hub across the Mid Notts Place Based Partnership.	Director of Strategy & Partnerships	People, Culture and Improvement Committee	• Introduction of an Innovation Hub, working in partnership with key ICS Partners, implemented by Q1 2022/23 • Key principles and year 1 aspirations defined and implemented by Q1 2022/23 (including methodology for quantifying impact on patient care)	• As noted previously, whilst the proactive promotion of innovation remains a key priority, the development of a specific Innovation Hub has been superseded by the planned establishment of a Trust Improvement Faculty. • The role of the faculty will be to bring together teams and individuals for whom Improvement is part of their core role; to create an entity within the Trust where ideas, concepts and examples of good practice are scoped, tested and (where appropriate) implemented; working in partnership with colleagues across the organisation. It will become a centre of excellence for innovative practice, transformational change, quality improvement, efficiency, productivity, and patient safety. **<u>The faculty will 'go live' on 4th May 2023</u>**. • We are continuing with system partners around developing a system-wide online portal to ensure that anyone can easily access help, assistance and sources of online information and support. We are also sharing examples of good practice with our partners and embracing collaborative working opportunities.

5.1	**To Achieve Better Value** - Delivery of the SFH Transformation & Efficiency Programme that supports the delivery at PCB/ICP level.	Chief Financial Officer	Finance Committee	• Deliver Year 1 of the 2022-25 Transformation and Efficiency Programme ('the Programme') by 31st March 2023 • Deliver Financial Improvement element of the Programme by 31st March 2023, ensuring it is delivered on a recurrent basis • Have in place a plan for the delivery of Year 2 of the Programme (plan developed Q3 2022/23, implementation begins Q4 2022/23) • Continuously review delivery milestones ensuring that changes are enacted where there is a risk of under delivery (ongoing and overseen by the Transformation and Efficiency Cabinet) • Proactively contribute to the ICS/PBP Transformational Programmes of work, ensuring all collaborative opportunities are exploited ((ongoing and overseen by the Transformation and Efficiency Cabinet)	• The 2022-23 Financial Improvement Plan (FIP), a key component of the Trusts Transformation and Efficiency Programme, is forecast to be delivered in full (based on the month 11 position). The positive shift in delivery (compared to the position as reported at Qtr. 3) is due mainly to the inclusion of non-recurrent underspends, which were not previously accounted for through FIP. These underspends are a combination of improved financial management, the indirect consequence of Transformation Schemes and investment slippage. • A plan is in place to deliver the requisite 2023-24 financial improvement target. • The Associate Director of Transformation continues to remain an active participant in System Transformation work. This includes contributing to various system wide initiatives, as well as opportunities for which the Trust has taken a lead role.
5.2	**To Achieve Better Value** - Be a key partner in the development of the Provider Collaborative.	Director of Strategy and Partnership	Executive Team Meeting	• Provider Collaborative Formally Established by 1st July 2022 • PC priorities established by 30th September 2022 • Formal review of PC achievements reported to SFH and System Boards March 2023	• Provider Collaborative planning workshop held in Qtr 4 and update provided to 6th April Public Trust Board. • Ongoing partnership working through the Provider Collaborative included in Board Level Strategic Priorities for 2023-24

5.3	**To Achieve Better Value** - Shape and define a new SFH Trust 5-year strategy ~~(2023-2028)~~ working with ICS and wider partners.	Director of Strategy and Partnership	Executive Team Meeting	• Strategy agreed at SFH Board November 2022 • Launch of new strategy completed by 31st January 2023	• Delivery of the new 5 Year Strategy included in Board Level Strategic Priorities for 2023-24
5.4	**To Achieve Better Value** - Continue to progress Pathology Network initiatives alongside NUH (and across the region where required).	Director of Strategy and Partnership	Executive Team Meeting	• Programme Delivery in line with existing programme plan and national planning expectations (**to be refined once Director of Strategy and Partnership commences**)	• Ongoing engagement with East Midlands Pathology Network and SFH/NUH Cluster. • Moved to Business as Usual for CSTO Division in 2023-24

Board of Directors Meeting in Public - Cover Sheet template and Guidance for all governance meetings

All reports MUST have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** May 2023	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		
Purpose			
To update the board on our progress as maternity and neonatal safety champions		**Approval**	
		Assurance	**X**
		Update	**X**
		Consider	

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

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

Committees/groups where this item has been presented before

- Maternity and Neonatal Safety Champions 17/04/2023
- Maternity Assurance Committee 25/04/2023

Acronyms

- MNSC-Maternity and Neonatal Safety Champion
- CQC- Care Quality Commission
- LMNS- Local Maternity and Neonatal System

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.

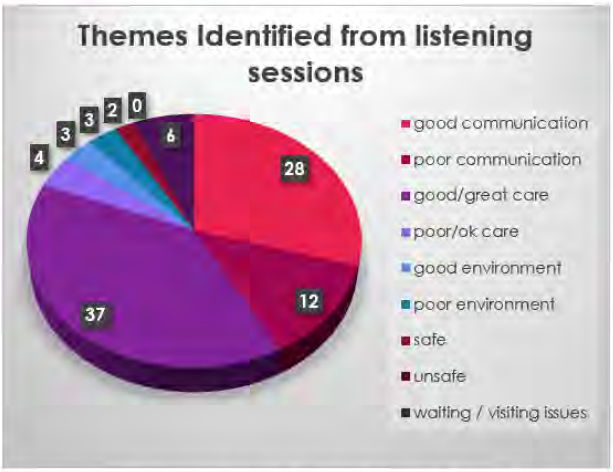
Summary of Maternity and Neonatal Safety Champion (MNSC) work for April 2022

1.Service User Voice

The previously discussed What Good Maternity Care Looks Like report now has a clear action plan, which has also taken into consideration the CQC Maternity Survey from February 2023. This will be reviewed through MNSC and cited at Maternity Assurance Committee.

Below are the flash reports which featured the activity of our Maternity Parent Voice Champion, actions have been taken against the areas identified, and this will be led by the MNSC

MATERNITY PARENT VOICE CHAMPION FLASH REPORT (FEB-MAR 2023)



Communication continues to be the one thing that makes the most difference to experience of care

Number of parents listened to = 40

Locations of listening sessions

- Maternity ward (KMH)
- Antenatal Clinic (Newark)
- Polish Village, Newark
- Phone calls to women/birthing people who accessed birth options/birth afterthoughts sessions

Additional work undertaken

- Report completed and shared summarizing thematic review of 9 months of feedback (186 conversations)
- Parent voice on PMA interview panel
- Ockenden learning event
- Ockenden subgroup IEA7 (Informed consent)
- Delivery suite environment working group
- LMNS bereavement workstream

MATERNITY PARENT VOICE CHAMPION FLASH REPORT (FEB-MAR 2023)

New issues to refer to Maternity Safety Champions for action:

- ***Communication continues to be the thing that makes the most difference to peoples' experience of care. Specific poor experiences included:***
  - ➢Questions about induction not answered
  - ➢Electronically recorded birth plan 'lost'
  - ➢Inconsistent information given
  - ➢Information not passed from delivery suite to ward
  - ➢Inaccurate documentation in notes
  - ➢Rudeness
  - ➢Staff promised to come back after10 minutes, but no one returned
  - ➢Notes lost
  - ➢Results not available when promised

Next steps:

- PS/GB to agree final action plan following on from thematic review which will be monitored through Maternity Safety Champions
- Independent Senior Advocate role likely to commence May or June 2023 – MVP to take on some roles previously covered by the Maternity Parent Voice Champion
- Monthly community listening clinics to continue with PMA, focussing on 'harder to reach' groups
- Continue 'walking the patch' to listen to families at KMH and Newark
- Involvement in MVP workstreams and LMNS Bereavement care workstream

2.Staff Engagement

The MNSC Walk Round has been rescheduled and will take place following the publication of this paper on the 25th of April 2023, due to the on-going industrial action. An update will be provided within the next MNSC paper. The Division have continued to ensure the Senior Leadership Team (SLT) visibility through walk rounds and open meetings.

The Maternity Forum for April was cancelled due to the ongoing industrial action. The next scheduled forum is on the 9th of May 2023 again the SLT have supported through increased visibility within Division and post reaffirming staff on the ways to escalate to the SLT.

3.Governance Summary

Ockenden:
The anticipated Single Delivery Plan was launched on the 31st of March, following a delay and title change as the "Three Year Delivery Plan for Maternity and Neonatal Services (NHSE, 2023). The plan focuses upon four key themes:

1. Listening to and working with women and families with compassion
2. Growing, retaining and supporting our workforce
3. Developing and sustaining a culture of safety, learning and support
4. Standards and structures that underpin safer more personalised and more equitable care

Within the plan there is no measures as to how organisations will report against, following a meeting with the Regional Midwifery team this responsibility will sit with the LMNS. This meeting is to be arranged to look at the system focus and measures.

The outstanding action required for full compliance for the initial 7 IEA's focuses on a co-produced action plan which has been completed and listed for the quarterly panel review on the 20th of April. If this is signed off as complete, then we will have full compliance. We will continue with our monthly local level meeting which will feed into the LMNS as to the assurance of the embedding on the 7 IEAS.

NHSR:
Following a bid from SFH, we have been successful, and the amount returned is yet to be confirmed. The year 5 of the Maternity Incentive Scheme has yet to be launched nationally but is anticipated the announced in Q1 2023/24 to date has yet to be released.

Saving Babies Lives:
SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Discussed at MNSC and shared as part of the reading room is the monthly data for the SBLCB taken from Badgernet, which is showing an improving position and is being used for governance papers through division. We remain on track for the compliance for the two areas who currently have agreed divergence against with support from both the LMNS and regional team.

CQC:
Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has bee approved by the Quality Committee on the 13th of April 2023 and the two "Must do" actions are progressing. The progress of these and the commencing of the "Should do" actions will be discussed through Maternity Assurance Committee.

4. Quality Improvement

The teams have sent out clear communication across the division regarding the programmes of work underway as part of the Maternity and Neonatal Safety Improvement Programme. The posters are displayed within the clinical areas and have been shared via email and social media platforms.

Example of the social media post.

5.Safety Culture

Due to resource challenges within the organisational development team the start of the culture survey has been delayed until Q1 2023/24. We are maintaining communication and are supporting the team to progress this.

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Welcome to the Improvement Faculty

IMPROVEMENTFACULTY
THE SHERWOOD WAY

Sherwood Forest Hospitals
NHS Foundation Trust

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1. Overview and Guiding Principles

An overview of the aims and objectives of the Faculty and the principles which will underpin delivery.

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‘Everything we do has to hold our patients experience and outcomes central to our design, alongside our desire for our people to feel valued and motivated.’

David Ainsworth, Executive Director of Strategy and Partnerships

Welcome to the Improvement Faculty – **Overview and Guiding Principles (2)**

Sherwood Forest Hospitals
NHS Foundation Trust

The Improvement Faculty is a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. Our overarching aims are to:

a. Improve the quality of patient care and the experience of those who use our services;
b. Improve clinical outcomes;
c. Improve the working lives of our colleagues; and
d. Help us to make best use of our resources.

We offer help, advice, training and, where required, coordinated support. We will provide an evidence based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges. The faculty brings together a number of existing teams, including the Improvement Team and Transformation Team, to create a centre of excellence.

Our work will be underpinned by the following guiding principles:

Principle 1 - Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of patient care and improve patient safety (including application of the Patient Safety Incident Response Framework).

Principle 2 - We will offer a responsive service that provides the right level of support alongside the right level of expertise.

Principle 3 - The faculty will help to embed the principle of quality improvement being the driver for change. Get the quality right and financial improvement will follow.

Principle 4 - The Faculty will evolve in line with organisational needs. We will actively encourage feedback, comments and suggestions from all areas of the Trust and we will continuously seek examples of best practice.

2. Pillars of Support

An overview of the four pillars of support we will provide through from Improving Capability, Engagement and Culture (pillar 1) through to Programme Monitoring, Evaluation and Assurance (pillar 4).

Welcome to the Improvement Faculty – **Pillars of Support (1)**

NHS
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Pillar 1 - Improving Capability, Engagement and Culture – Building 'The Sherwood Way'

1. We will develop and deliver a structured training programme, accessible by all colleagues across the Trust which will include:
   - QSIR Fundamentals and QSIR Practitioner
   - QI Module - Clinical Leadership Development
   - QI Module - Team Leader Development
   - Joint QI/Project Management Training
   - Human Factor training
   - Clinical Audit training
   - Creativity in Improvement Sessions

2. We will coordinate Alumni activity, including the development of local QI networks, the provision of refresher sessions, online sources of support and coaching/support sessions.

3. We will introduce the QI Coach role; aimed at further embedding improvement activity and culture across the Trust. This role will help establish a systematic approach to tackling complex problems by focusing on outcomes and by encouraging everyone to contribute to the way in which we improve and redesign the way that care is provided.

4. We will develop and continuously review online sources of help and support; including self-help documentation.

5. We will continue to ensure that Improvement Activity at all levels is communicated across the Trust and that successes are celebrated and that lessons are learnt from less successful projects.

Pillar 2 - Evaluating New Ideas and Providing Solutions

1. We will provide and host an 'open-access' Improvement Hub, where colleagues from across the Trust can seek advice, share ideas and discuss any aspect of Improvement activity.

2. We will coordinate a fortnightly multi-professional forum whose role it will be to assess, evaluate and determine the viability of improvement ideas and propositions. This will be undertaken utilising data, intelligence and decision support tools.

3. Depending on the outcome of the evaluation; a package of support will be offered ranging from a fully 'coordinated' offer through to online sources of help and support.

4. We will offer expert advice (and support) in relation to a wide range of improvement tools including (but not limited to):
   - Problem identification
   - Stakeholder management
   - Process mapping
   - Measurement for improvement
   - Demand and capacity management
   - Creative thinking
   - Supporting people through change

5. We will provide benchmarking information, comparative data and costing information as required.

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Pillar 3 - Programme and Project Delivery

1. We will where required provide programme, project, service improvement and change management expertise and support. We will also offer advice where 'coordinated' support is not needed.

2. We will coordinate the involvement of all 'partner services' including (but not limited to) Digital, OD, Research and Innovation, Library and Knowledge Services and Patient Safety and Governance.

3. For 'coordinated' support we will develop a milestone plan, coordinate structured progress reviews and initiate corrective action (where required). We will also monitor and help manage risks, issues and dependencies.

4. We will help to develop a benefits realisation plan which will improve the delivery of intended benefits and also ensure that resources are allocated correctly and most effectively.

5. We will develop a 'responsibility charting' tool, to ensure everyone involved in delivery is clear about their roles and responsibilities.

Pillar 4 - Programme Monitoring, Evaluation and Assurance

1. We will provide expert advice and assistance with regards:
   - The development of a balanced scorecard
   - Modelling and simulation
   - Performance management (tools and techniques)
   - The delivery of PDSA cycles and the model for improvement
   - Statistical Process Control (SPC)
   - Identifying and managing variation

2. We will provide expert advice and where required 'hands on' support in relation to assessing the quality impact of projects and programmes.

3. For those programmes that require 'coordinated' support, we will assist with the production of 'Flash Reports' and ensure that they are presented to the appropriate committee.

4. We will provide expert assistance in the monitoring of and evaluation of benefits realisation. For programmes that require 'coordinated' support we will undertake a full programme closure evaluation.

5. We will ensure that patients are involved in every aspect of the Faculties work, including the evaluation of benefits.

6. We will ensure that we share learning and celebrate success.

3. Programme Delivery Support

A summary of the different levels of support that will be provided in terms of Programme Delivery.

Sherwood Forest Hospitals
NHS Foundation Trust

Fully **'coordinated'** multi-professional support, delivery and evaluation.

Advice, guidance and/or short-term input and support. Guided self-help and access to training. Access to SFH QSIR community

Guided self-help and access to training. Online resources available to enable delivery. Access to SFH QSIR community

4. Organisational Strategic Priorities

An overview of the organisational strategic priorities that will form the basis of the 2023/24 Transformation and Efficiency Programme.

Sherwood Forest Hospitals
NHS Foundation Trust

Supported by Evidence and Best Practice

Organisational Strategic Priorities

Linked to Trusts Strategic Objectives

1. Optimising the Patient Journey (OPJ) Programme

- Demand Management
- Patient Flow
- Discharge

2. Planned Care Transformation Programme

- Theatres Transformation (Including Culture)
- Productivity and ERF
- Demand Management and Unwarranted Variation (Diagnostics)
- Outpatients Improvement
- Cancer Improvement

3. Workforce Transformation Programme

- Medical Transformation
- Nursing, Midwifery and AHP Transformation
- Pharmacy Transformation

Other Programme Areas

4. Capital Projects

- CDC
- Newark TIF
- Static MRI

5. Running Cost Reduction Programme

- Corporate Services
- Corporate Budgetary Financial Improvement
- Divisional Financial Improvement

5. Contact Us


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The Improvement Faculty, Office 061039 (Opposite the Boardroom), Level 1, Kingsmill Hospital

IMPROVEMENTFACULTY
THE SHERWOOD WAY

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Improvement Faculty – **'Welcome to the Improvement Faculty'**	**Date:** 4th May 2023
Prepared By:	Jim Millns – Associate Director of Transformation	
Approved By:	David Ainsworth – Executive Director of Strategy and Partnerships	
Presented By:	David Ainsworth – Executive Director of Strategy and Partnerships	

Purpose		
The purpose of this paper is to provide the Trust Board of Directors with an overview of the Improvement Faculty (particularly the role it will fulfil, the key strategic priorities it will focus on and the way in which these priorities will be delivered) and details of the launch event.	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

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

Identify which Principal Risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	**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
Divisional Leadership Team Meeting – 18th April 2023 Executive Director Team Meeting – 19th April 2023 Trust Management Team – 26th April 2023 Clinical Chairs Divisional Leadership Forum – 27th April 2023

Acronyms

QSIR = Quality, Service Improvement and Redesign
QI = Quality Improvement
OD = Organisational Development
PDSA = Plan, Do, Study, Act
SFH = Sherwood Forest Hospitals
ERF = Elective Recovery Funding
CDC = Community Diagnostic Centre
TIF = Targeted Investment Fund
MRI = Magnetic Resonance Imaging

Executive Summary

1. Overview

1.1 The purpose of this paper is to provide Trust Board members with an overview of the development and launch of the Sherwood Forest Hospitals Improvement Faculty (herein referred to as 'the Faculty').

1.2 This is an exciting development that will create a centre of excellence within the Trust for all aspects of Improvement activity. The Faculty will be a centrally located, single point of contact for all colleagues and teams seeking help and advice on any aspect of improvement, change management and transformation. It will offer help, advice, training and, where required, coordinated support.

1.3 The Faculty will provide an evidence-based improvement offer that will help the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges. It will bring together existing teams for whom Improvement Activity is a key part of their role. This includes the Improvement Team and Transformation Team. The Faculty will also coordinate input from partner services where this is required. Partner services include (but are not limited to) the Digital Transformation Unit, the Nursing Quality and Governance teams, the Organisational Development Team, Research and Innovation and Library and Knowledge Services.

1.4 The overarching aims of the Improvement Faculty will be to:

a. Improve the quality of patient care and the experience of those who use our services.
b. Improve clinical outcomes.
c. Improve the working lives of our colleagues.
d. Help us to make best use of our resources.

We will deliver these aims by embedding a culture of continuous improvement, providing a single point of contact for all colleagues seeking help and advice regarding improvement activity and by offering a multi-professional offer in terms of programme and project delivery.

1.5 The attached slide deck (see *Appendix A*) has been developed to provide a visual overview of the Faculty; particularly the role it will fulfil, the initial key strategic priorities it will focus on and the way in which these priorities will be delivered.

2. Guiding Principles

2.1 The work of the Faculty will (importantly) be underpinned by a series of guiding principles, as detailed below:

Principle 1 - Everything we do will be grounded in evidence, both in terms of what we're hoping to achieve but also the way in which we will achieve it. Our priority will be to improve the quality of

patient care and improve patient safety (including application of the Patient Safety Incident Response Framework).

Principle 2 - We will offer a responsive service that provides the right level of support alongside the right level of expertise.

Principle 3 - The faculty will help to embed the principle of quality improvement being the driver for change. Get the quality right and financial improvement will follow.

Principle 4 - The Faculty will evolve in line with organisational needs. We will actively encourage feedback, comments, and suggestions from all areas of the Trust, and we will continuously seek examples of best practice.

2.2 The guiding principles will be the framework against which we assess our efficacy and standards of service.

3. Launch Event

1.1 **The Faculty will 'go live' at 2.30pm today (4th May 2023)**. The launch will be led by the Trust Chair, who will formally 'open' the Faculty. All Board members are invited to attend the event, which will also provide an opportunity to meet the colleagues behind the new approach.

2. Recommendation

2.1 The Trust Board of Directors are asked to:

a. Note the update, as detailed above, on both the development and launch of the Faculty.

b. Note the assurance provided around how the Faculty will enable the Trust to embrace the cultural aspects of improvement, address the immediate priorities and help us plan for longer-term challenges.

c. Attend the Faculty launch event and engage with colleagues who will form part of the Faculty team.

Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Q4

2022/23

Inspected and rated
Good
Care Quality Commission

Single Oversight Framework – Q4 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	**During Q4 the Organistion has remained extremely busy, with prolonged periods of pressure which has again included long waits in the Emergency Department and additional surge and super surge bed capacity remaining opened. There continue to be large numbers of patients medically safe for discharge awaiting in our inpatient wards, and medical outliers continue in surgical beds. The staff continue to support patients in the care and treatment they receive, even though at times this has been difficult, particularly within the Emergency Department and in those escalation areas opened for capacity which are not normally established inpatient areas.** **Although the Organisation was not directly impacted by the recent RCN nursing industrial action, there was an impact from other local Organisations whose Registered Nurses chose to take action and we contributed through ICB business continuity plans and Industrial Action meetings. In March 2023, there was the first Junior Doctors Strike since 2016, which the Trust prepared for and implemented a well planned detailed mitigation process to ensure all patients were safe, and this was managed and enacted effectively.** **There are five domains during Q4 which will be reported on below:** • **Serious Incidents including Never Events (STEIS reportable) by reported date** • **Patient Safety Incidents per rolling 12 months 1000 OBDs** • **All Falls per 1000 ODBs** • **Covid – 19 Hospital on-set** • **Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBDs**	MD, CN

Single Oversight Framework – Q4 Overview

Domain	Overview & risks	Lead
People & Culture	**People & Culture Strategy** During the quarter we started to updated our People Culture Strategy and have re-defined our internal governance arrangements. We have set our focus areas for 2022-2025 around 4 delivery pillars that are aligned to the national people promise. Our action plans will be delivered through our operational sub-cabinets, these will provide progress updates on action plans and key success measures in a bottom-up approach starting with highlight reports to our People Cabinet. We have also re-defined how we report our people SOF metrics aligning these to our delivery pillars, we will implement this during 2023/24. **People** Over Q4 (January 2023 – March 2023) our sickness absence level is reported at 4.6% and over the last few months has shown a gradual decrease to a level of 4.5% in March 2023. Sickness does sit above the Trust target (4.0%) and between the upper and lower SPC levels. Benchmarked levels show that the Sherwood Forest absence rate is below our ICB provider partners (February 2023 – 5.5%). Total workforce loss (Inc. sickness, maternity and infection precaution) for Q4 is reported at 6.8% and current sits at 6.5% (March 2023), this sits equivalent to our target. A key pillar of support to our people has been the focused Wellbeing programme in Q3 and 4 that continues to provide support for teams and focuses on 3 key areas of support; • Financial Wellbeing- All staff received Financial Wellbeing letter from Director of People with Financial Wellbeing supported information. Continuation of Medirest offer of 50% off hot food at level 6 “Spice of Life”. Launch of Financial Wellbeing course in conjunction with West Notts College. • Mental Wellbeing –Time to Talk sessions promoted and well attended. Management Toolkit relaunched to help managers to support colleagues. Managers sessions introduced educating on Menopause support for colleagues. Extended support through clinical psychology team. • Physical Wellbeing. - Wellbeing Champion led Fitness for All monthly challenges, 1 hours Walk and Talk promoted with Executive colleagues, January focus on No smoking campaigns , Veganuary and dry January. Improvements made to physio service for colleagues Schwartz rounds continue to support all focus areas above with themes relating to; Its ok not to be ok, Eating Disorders and a focused round for Wellbeing Champions. Wellbeing support has been provided by the People Directorate and Chaplaincy during Industrial action and these have included wellbeing checks ins, provision of food and drink and re-enforcement of the Rest Rehydrate and Refuel messages. A critical incident food package has been launched to support at times of a declared critical incident to support colleagues to ensure basic wellbeing provisions are met overnight. Clinical De brief project taken forward with recruitment for proposed 16 TRIM practitioners to be trained during June/July 2023. Flu campaign promoted across the Trust with a 62.2% front line take up.	DOP, DCI

Single Oversight Framework – Q4 Overview

Domain	Overview & risks	Lead
People & Culture	We have noticed a reduction within our employee relation cases over the quarter and this sits towards below our target (n.10) and between the upper and lower SPC limit. Whilst there has been a reduction in the number of formal cases we have seen and increase in support required for Managers for informal concerns relating to perceived breaches of our CARE values and teams and individuals working together. Over the last three months we have seen a gradual decrease in the Trust vacancy level, over the quarter this is recorded at 3.8% (Q2 – 5.0%), with the rate for March 2023 at 3.3%. Local benchmarking shows that the ICB provider vacancy level is reported at 12.5%. Supporting our vacancy reductions, we are active in recruitment and have recent held successful recruitment fairs and careers event and continue to have a really active and engaged programme that has scheduled events over the next few months. During the quarter we have seen 2 events of Industrial Action held by the British Medical Association (BMA), these were held in March and April 2023. Over both periods we experiences approx. 85% workforce loss of Junior Medical Staff. It is indicated that there will be a further episode of industrial action in May 2023. **Culture and Engagement** The National Staff Survey for 2022 results were made public on 9th March 2023. As an organisation we finished with a 61% response rate which was the 3rd highest response rate for an Acute/Acute Community Trust in the Country. Overall, SFH benchmarked extremely well, placing 1st or 2nd in the Midlands (and top 6 in the country) across all 7 of the People Promise themes, plus Staff Engagement and Staff Morale. The team are now focussed in Q1 on in depth analysis of the results and ensuring that colleagues are engaged with this, making results available to all via our internal survey explorer tool. The Head of Culture and Engagement is also attending key forums to support leaders in their understanding of the data and how they make translate these into discussion with their teams. Key themes for improvement will be identified with clear actions for improvement described to the organisation. Outside of NSS22 engagement, the OD Partner team have continued to develop the core OD offer into the organisation but from 01.04.23 are carrying a 1 WTE vacancy (50% of the team) which will lead to a temporarily reduced service focussing on priority areas for intervention agreed in partnership with Divisions and Department leadership teams, taking NSS22 results into account to help identify these areas. OD interventions continue to focus largely on team coaching in response to requests to improve team dynamics and relationships. Some examples of dedicated support in line with key transformation programmes include; Theatres, Pharmacy, Ophthalmology for example. Reward and Recognition also continues to be a key focus for the team with a particular focus on staff recognition around long service and retirement. Touch points across the year are being scoped to give colleagues key set recognition points across the year with a refreshed reward and recognition offer to be presented to the organisations key committees for approval in Q1.	DOP, DCI

Single Oversight Framework – Q4 Overview

Domain	Overview & risks	Lead
People & Culture	**Learning & Development** **Mandatory and Statutory Training (MaST)** performance levels are reported at 90.0% across Q4, with our Q4 level recorded at 87.3% (this is higher than our Q3 figures – 87.3%). Training rates for our ICS are reported at 83.9% and within SFH we have seen a constant level showing our strong performance across mandatory training. The new Mandatory and Statutory Training Governance Group is now in place with new TOR and membership. The Group has met twice since March, the group has an agreed work plan which looks at improvements to compliance, quality, accessibility and transferability. A discussion paper was presented ta the last group (19th April) outlining all of the actions currently in place to address compliance, all of the actions that are in progress and some further new ideas. The groups was able to identify further new ideas which are being reviewed and tested. Some of the actions currently in progress are: • Agreeing transferability of MAST across NUH, NHT and SFH saving training being repeated, • Creating a link between ESR and the e-academy to allow managers to see their employee's e-learning status and MAST compliance, • Reviewing information in letters and emails to new starters (make things as clear as possible), • Improving navigation of MAST (IG now in workbooks, new section being built for non-clinical staff), • Understand how some MAST elements can be delivered directly to Medirest staff or testing their use of the external e-academy for e-learning, • New reminder process for new starters around MAST as compliance, • Re-introduction of the incremental payment pause for those not compliant with MAST from 1st June 23, • Ongoing improvements to the Intranet page containing all MAST requirements for staff and links to learning, In the future moving to a single booking system for all training making it easier to book. A MAST Deep Dive report has also recently been completed by the People Partners building on the areas for Improvement and giving further insight into areas of concern which will be picked up by the group. **Appraisals** performance levels across Q4 are reported at 88.0%, with our Q3 level recorded at 85.3%. Our ambition was to achieve a 90% target at the end of quarter 4, this was not achieved. Our ambition was by the end of 2022/23 was to see significant improvements to our compliance levels, however the key cause of below trajectory performance on the appraisal compliance is related to workforce loss linked to the hospital acuity, the impact of annual leave and industrial action. Supporting increases to the compliance levels and moving into 2023/24 we are launching revised paperwork supported with a clear training package that is integrated into the leadership development programme and aiming to launch during May 2023. From the 1st June 2023 we are reintroducing of the pay progression process. These should support positive movements in appraisal levels.	DOP, DCI

Single Oversight Framework – Q4 Overview

Domain	Overview & risks	Lead
People & Culture	**Improvement** Following a re-organisation of portfolios, the development of the Improvement Faculty has been agreed aligning Improvement, Transformation, Planning and Patient Safety. The Faculty will be launched in Q1 2023/24. This will ensure that resources and learning are optimised to focus on quality, safety, efficiency and value, as part of our continuous improvement approach.	DOP, DCI

Single Oversight Framework – Q3 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care	In 2022/23 Q4 (Jan-Mar) our services have continued to operate under sustained pressure much like many acute Trusts across the country. The combination of admission demand and length of stay pressures meant that, particularly at the start of the quarter, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in us starting the day on OPEL 4 on almost 50% of the days during Q4. At times, patients experienced delays to admission due to a lack of beds. In response to the pressures described above, we enacted escalation actions, our full capacity protocol and at the peak (Jan-23) opened an additional 74 beds beyond our winter plan (many in areas not intended for inpatient clinical use) and converted two elective wards to care for medical patients. These actions meant that whilst our bed occupancy remained relatively stable, we saw an increase in the total number of beds in use across our hospitals. Despite the challenges, we continued to provide timely ambulance handover; benchmarked well in terms of our four-hour performance (top quartile nationally); and have a strong Same Day Emergency Care (SDEC) offer exceeding national targets. The interplay between emergency and elective pathways meant that as our emergency pathway surged, elective activity levels reduced. During the Critical Incident at the start of Jan-23 non-cancer and non-urgent elective activity was paused which adversely impacted on our elective and RTT performance. Activity fully resumed before the end of Jan-23 although challenges for elective inpatients continue. The heightened backlog of elective patients that developed over the course of the early phase of the pandemic continues to have an adverse impact on our ability to deliver against the national planned care standards. The national requirements to meet zero 78-week waiters by Mar-23 was missed by eight patients – one due to patient choice and seven patients that we took in mutual aid. We have successfully increased the number of outpatient and daycase procedures to above pre-pandemic levels with further expansion planned in 2023/24 as our Targeted Investment Fund (TIF) development opens at Newark hospital in autumn 2023. The Trust submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 planning round. In 2022/23 the reduction made was small (at 1.1%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up (PIFU) target with performance above target for both Q4 and the 2022/23 year. Whilst we continue to see in the region of 15% of outpatients non-face-to-face, we recognise that we have further work to ensure that we make full benefit of remote outpatient attendances; embedding the learnings from the height of the pandemic. Key metrics relating to the delivery of timely cancer care have generally improved during 2022/23. Like other organisations we have seen growth in Cancer two-week referrals following a similar increasing trend seen over the last decade. Our two week wait performance improved to be above the national target in Jan and Feb-23 for the first time since Spring 2021. We continue our strong delivery of the national 28-day faster diagnostic standard with our ICS being one of only two in the Midlands region to meet the national standard. The number of two-week wait suspected cancer patients waiting over 62 days for treatment has reduced during 2022/23 exceeding both our local target and the target set by the national team to be achieved by Mar-24. The proportion of urgent GP cancer referrals waiting over 62-days at our Trust is the lowest in the Midlands region. The reduced backlog of patients waiting has supported our 62-day performance to be at the highest-level post-pandemic in Feb-23.	COO

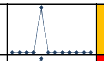
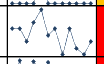
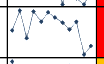
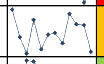
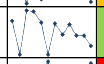
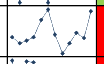
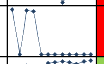
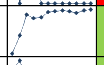
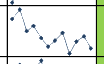
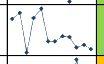
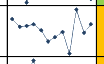
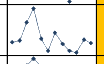
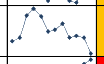
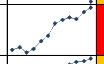
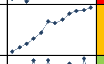
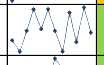
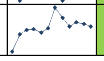
Single Oversight Framework – Q4 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	**Income & Expenditure:** • The Trust reported a surplus of £7.7m for the Q4 period, resulting in a outturn deficit for 2023/24 totalling £3.9m. This represents a favourable variance to plan of £0.76m. • This outturn position was in line with the expected position following an adjustment of further system resource allocation. In total we received further system resource allocation of £7.60m to support our deficit position, in recognition of the operational and financial challenges faced during the financial year. Without this our outturn deficit position would have been £11.50m, which includes mitigating actions taken during Q4. • The costs of additional capacity presented the biggest financial challenge throughout the year, with £4.2m spent in Q4 against an original plan of £1.5m. Full year costs of additional capacity total £12.6m, which is £7.1m higher than the allocated budget and funding. • Covid expenditure over Q4 totalled £0.53m. In-line with guidance, no budget was allocated for Covid costs after August 2022 and therefore this represents an overspend against the financial plan. The full year outturn costs of Covid total £6.14m, which is £2.64m higher than planned. **Capital Expenditure & Cash:** • Capital expenditure of £29.44m has been reported for the Q4 period, with 2022/23 outturn expenditure totalling £35.70m. This Q4 significant increase in capital expenditure meant that the Trust's share of the ICB capital allocation of £11.1m was spent in full. In addition the Trust has progressed schemes that have been funded by specific allocations, including the Newark elective developments and digital infrastructure. • The cash balance at the end of Q4 stands at £23.54m, which is higher than planned, driven by additional capital PDC. This is offset by a significant increase in capital creditors, which will unwind in Q1 of 2023/24 as invoices are paid. **Agency Expenditure:** • The Trust reported agency expenditure of £4.64m during Q4, with 2022/23 outturn expenditure totalling £18.15m. Overall expenditure in Q4 was similar to that reported in Q3 (£4.61m), but progress has been made in reducing the number of agency bookings that do not comply with NHSE price cap and framework rules.	CFO

Single Oversight Framework – Q4 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	0	0	0	-	1		A	MD/CN	Q
		Serious Incidents including Never Events (STEIS reportable) by reported date	<21	3	3	2	8	41		R	MD/CN	Q
		Patient safety incidents per rolling 12 month 1000 OBDs	>44	47.69	39.42	41.57	42.88	43.64		R	MD/CN	M
		All Falls per 1000 OBDs	6.63	7.99	7.95	6.82	7.58	7.61		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	15.11	14.95	9.86	13.29	17.06		G	CN	M
		Covid-19 Hospital onset	<37 PA	18	14	35	67	212		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	0.00	0.00	0.00	0.00	1.23		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	99.0%	99.5%	99.6%	99.4%	97.9%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	8.7	8.7	8.6	8.7	8.8		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	0.96	1.00	0.94	0.96	1.16		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	>90%	93.0%	88.3%	90.0%	90.7%	89.1%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	>96%	94.0%	94.8%	94.6%	94.5%	94.8%		A	MD/CN	M
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	85.1%	84.9%	81.8%	83.9%	86.2%		A	MD/CN	Q
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	122.5 (Oct-22)	124.5 (Nov-22)	126.0 (Dec-22)	-	126.0		R	MD	Q
		Rolling 12 months SHMI	100	103.09 (Sep-22)	103.27 (Oct-22)	103.64 (Nov-22)	-	103.64		A	MD	Q
		Cardiac arrest rate per 1000 admissions	<1.0	0.61	1.32	0.80	0.90	0.88		G	MD	M
		Cumulative number of patients participating in research	2200	262	254	240	756	2809		G	MD	Q

Single Oversight Framework – Q4 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
PEOPLE AND CULTURE	Staff health & well being	Sickness Absence	<4.0%	4.8%	4.3%	4.5%	4.6%	4.7%		A	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	6.8%	6.2%	6.3%	6.4%	6.8%		A	DoP	M
		Flu vaccinations uptake - Front Line Staff	>90%	62.1%	62.2%	-	-	62.2%		R	DoP	M
		Employee Relations Management	<10-12	9	10	9	9.3	9.4		G	DoP	M
	Resourcing	Vacancy rate	<6.0%	4.0%	4.1%	3.3%	3.8%	4.8%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	0.4%	0.3%	0.7%	0.5%	0.6%		G	DoP	M
		Mandatory & Statutory Training	>90%	89.0%	90.0%	90.0%	89.7%	87.0%		A	DoP	M
		Appraisals	>95%	89.0%	88.3%	86.7%	88.0%	85.0%		R	DoP	M
	Culture & Improvement	Recommendation of place to work	≥80%	-	-	-	73.4%	76.2%		A	DoSP	Q
		Recommendation of place to receive care	≥80%	-	-	-	77.8%	81.2%		G	DoSP	Q
		Qi Training - Bronze	>60	44	9	20	73	256		G	DoSP	Q
		Qi Training - Silver	>15	0	12	0	12	40		G	DoSP	Q
		Number of QI Projects	>40	3	2	3	8	55		G	DoSP	Q

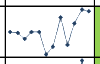
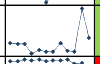
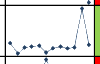
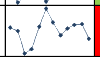
Single Oversight Framework – Q4 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
TIMELY CARE	Emergency Care	Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
		Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	5.4%	3.3%	4.9%	4.6%	3.3%			COO	M
		Mean number of patients who are medically safe for transfer	<22	107	104	107	106	105		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	97.1%	96.8%	97.5%	97.1%	95.9%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	25.0%	14.9%	14.8%	15.8%	15.2%	16.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	5.0%	5.4%	5.0%	4.8%	5.1%	5.3%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	-1.4%	0.8%	17.0%	5.0%	-1.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	91.3%	96.3%	106.2%	97.8%	94.7%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	81.8%	110.1%	114.3%	103.4%	91.0%		A	COO	M
		Elective Outpatient activity against Plan	on trajectory	107.7%	103.8%	110.7%	107.4%	103.3%		G	COO	M
	Diagnostics	Diagnostics activity increase against Plan	on trajectory	110.1%	108.9%	116.0%	111.7%	111.0%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	40288	46742	47001	47729	47729	-		R	COO	M
		Number of patients waiting 78+ weeks for treatment	0	36	21	1	1	-		R	COO	M
		Number of patients waiting 104+ weeks for treatment	0	0	0	0	0	-		G	COO	M
		Number of completed RTT Pathways against Plan	on trajectory	109.3%	99.8%	99.16%	102.71%	99.2%		A	COO	M
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	67	66	28	48	48	-		G	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	72.3%	82.1%	-	-	77.9%		G	COO	M

Single Oversight Framework – Q4 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
BEST VALUE CARE	Finance	Income & Expenditure - Trust level performance against Plan	£0.00m	£1.30m	£3.30m	£3.06m	£7.66m	£0.76m		G	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	£0.00m	-£1.12m	£5.30m	£0.94m	£5.12m	£0.35m		G	CFO	M
		Capital expenditure against Plan	£0.00m	-£1.10m	-£0.63m	-£23.45m	-£25.18m	-£16.24m		R	CFO	M
		Cash balance against Plan	£0.00m	£0.00m	£20.18m	£1.49m	£21.67m	£22.09m		G	CFO	M
		Agency expenditure against Plan	£0.00m	-£0.13m	-£0.11m	-£0.49m	-£0.73m	-£3.47m		R	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Serious Incidents including Never Events (STEIS reportable) by reported date	<21	Mar-23	28	3		R	MD/CN	Q

Sherwood Forest Hospitals
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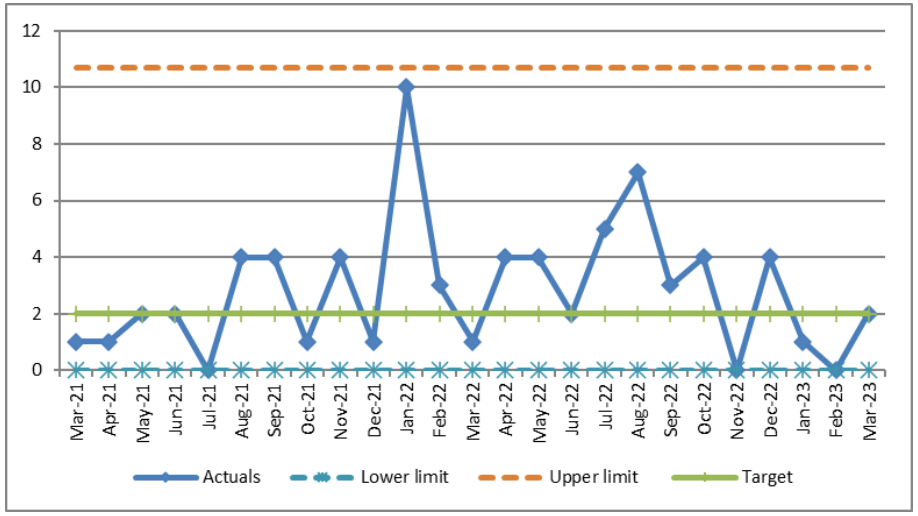

National position & overview

- During Q4 we reported seven incidents that met the StEIS criteria.
- No never Events were reported in Q4.
- It should be noted that this data is based on date of incident.
- The National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) is being replaced by Learn from Patient Safety Events (LFPSE) service, a new national NHS service for the recording and analysis of patient safety events.
- The switch to the LFPSE service at Sherwood will be coordinated with the implementation of the Patient Safety incident Response Framework (PSIRF).

Root causes

Each incident has been investigated and any themes identified:

- 2 incidents related to imaging,
- 2 related to IPC.
- I maternity incident was reported

Actions

- All immediate actions identified have been completed and learning identified has been shared with wards / departments.
- Staff involved in the incidents have been offered support and opportunities to reflect.

Impact/Timescale

In line with the National Patient Safety Incident Response Framework the Trust is currently undertaking a detailed review of the top 5 categories of incident, themes, trends, locations/services and have a clear focus on the learning from these enabling the embedding of identifiable improvements/service changes

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37 PA					R	CN	M

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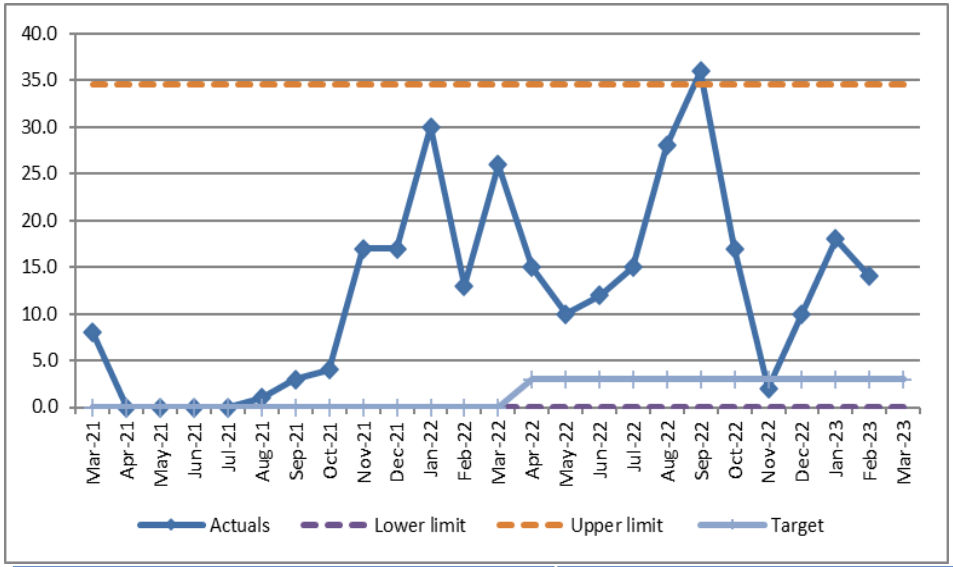


National position & overview

- During Quarter 4 we observed a further wave of Covid-19 case and this was reflected nationally.
- There was an increase in the number of nosocomial cases identified in the region and nationally during this time.
- The number of nosocomial cases identified each month where:
- January - 27,
- February - 19 and
- March - 61

Root causes

- There have been three outbreaks during Quarter 4 involving over 30 patients;
- The other cases identified were sporadic and it was identified there was some community transmission from visitors who were not aware they were positive at the time of visiting.

Actions

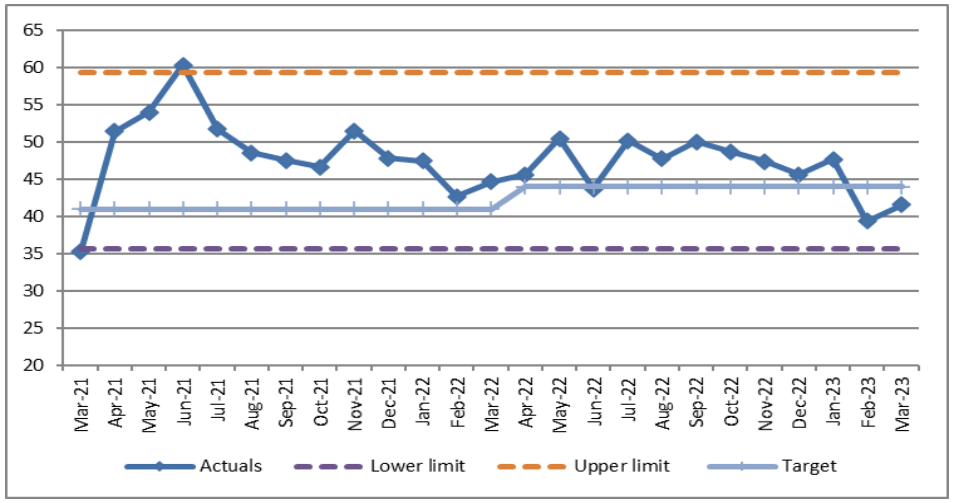
- All outbreak areas and high risk areas continue to have enhanced cleaning by Medirest;
- Regular hand hygiene, Personal Protective Equipment (PPE) audits of any areas with an outbreak of cases of Covid are being conducted;
- Regular outbreak meetings with NHSE and UKHSA to monitor progress of the outbreaks;
- Root Cause Analysis (RCA) are completed for all nosocomial outbreaks by the wards and these are fed back at the Infection Prevention & Control (IPC) RCA feedback meeting, to review for any lapse in care.

Impact/Timescale

- To reduce environmental contamination.
- To monitor compliance with guidance and provide any learning required
- To review cases and development and action any learning
- To gain learning to support in prevention of further cases and share good practice between areas.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Patient safety incidents per rolling 12 month 1000 OBDs	>44	47.69	39.42	41.57	42.88	43.64		R	MD/CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

Sherwood Forest Hospitals continue to be a strong reporter of Patient Safety Incidents and are committed to identifying incidents, recognising the needs of those affected, examining what happened to understand the causes and responding with action to mitigate risks

The Trust encourages an open reporting patient safety culture. All incidents reported are reviewed and validated by the Governance Support Unit prior to upload to the National Reporting and Learning System (NRLS).

An analysis of the reported incidents for Q4 has not identified any issues with reporting.

Root causes

- A review of the Q4 data has not highlighted any cause for the variation.
- A review of the incidents reported in Feb 23 (<40 per 1000 OBD) has not highlighted any particular category of incident that was under reported.

Actions

- Continue to monitor and review all Patient Safety Incidents
- Continue to escalate any concerns that may lead to underreporting.

Impact/Timescale

- Ongoing
- Ongoing

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	0.00	0.00	0.00	0.00	1.23		R	CN	M

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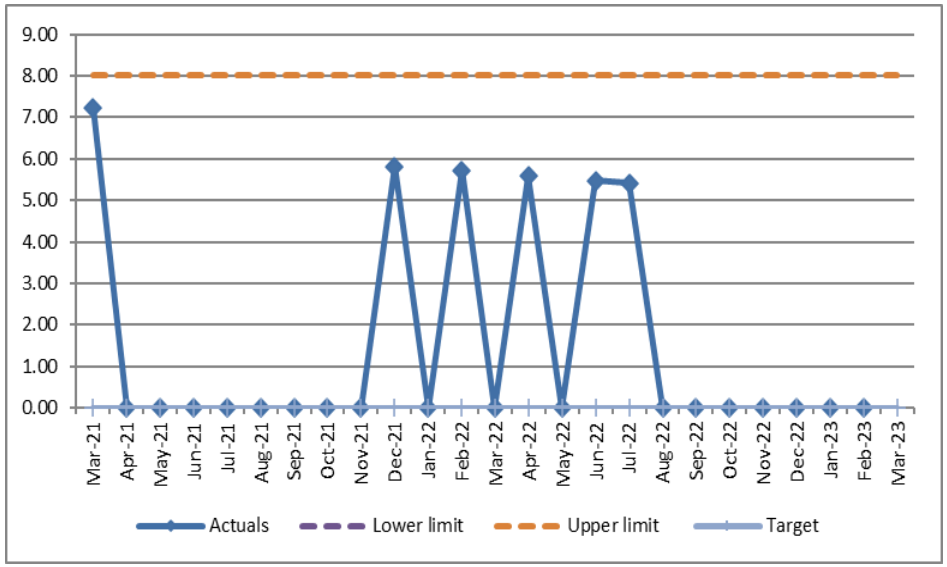

National position & overview

- For this year we have had 3 cases of MRSA bacteraemia, with the last one being in July 2022, breaching our target of 0.
- When monitoring our position against other Trusts in the region, we have all breached out target with between 1 and 5 bacteraemia this year to date.
- With regards to our peer Trusts 9 of the 10 Trusts have also breached their target with between 1 and 5 cases to date this year.

Root causes

- There have been no cases of MRSA bacteraemia since July 2022

Actions

- We are maintaining our emergency and elective screening of patients for MRSA.
- We continue to use decolonisation for all high risk patients who are admitted.

Impact/Timescale

- To monitor for carriage
- To reduce the risk if patients are carrying it on their skin.

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Flu vaccinations uptake - Front Line Staff	>90%	Mar-23	62.2%	-		R	DoP	M

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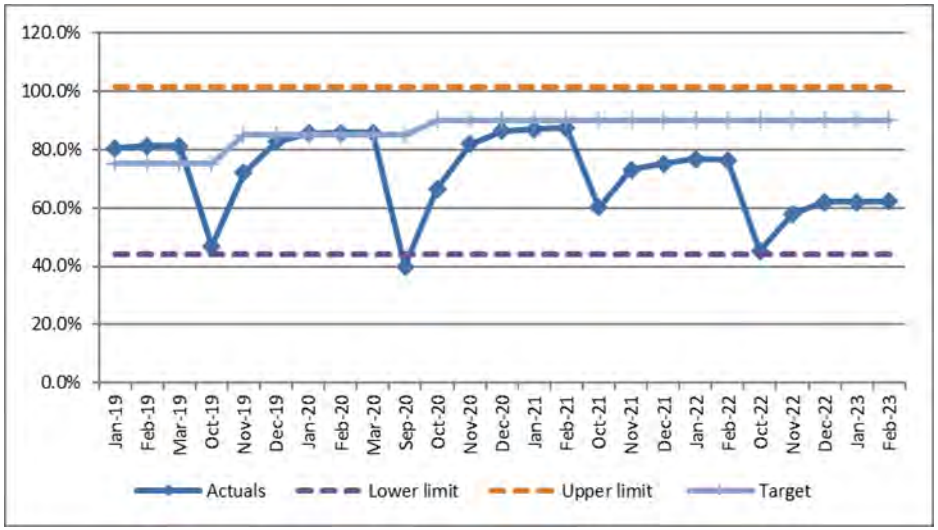

National position & overview

Our Frontline Staff **Flu take** up is reported at 62.2%, it is acknowledged that this is lower than in previous years,

Nationally the NHS are reporting lower figures, 50.2% of eligible healthcare workers nationally having had a flu vaccine and regional (Nottinghamshire) figures reporting 54.2% of eligible healthcare workers vaccinated.

Root causes	Actions	Impact/Timescale
Across the Trust we have seen our Flu vaccination level at a lower level, and this has been replicated regionally and nationally.	We actively promoted Flu vaccinations and linked this into our Health & Wellbeing campaigns, aligned to the keeping well during winter programmes. Additionally, to support the take up across SFH we are adopted different measures and where possible are taking the vaccines to staff as we accepted the acuity of the hospital has had an impact on vaccination levels	-

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	>95%	Mar-23	86.1%	87.0%		R	DoSP	M

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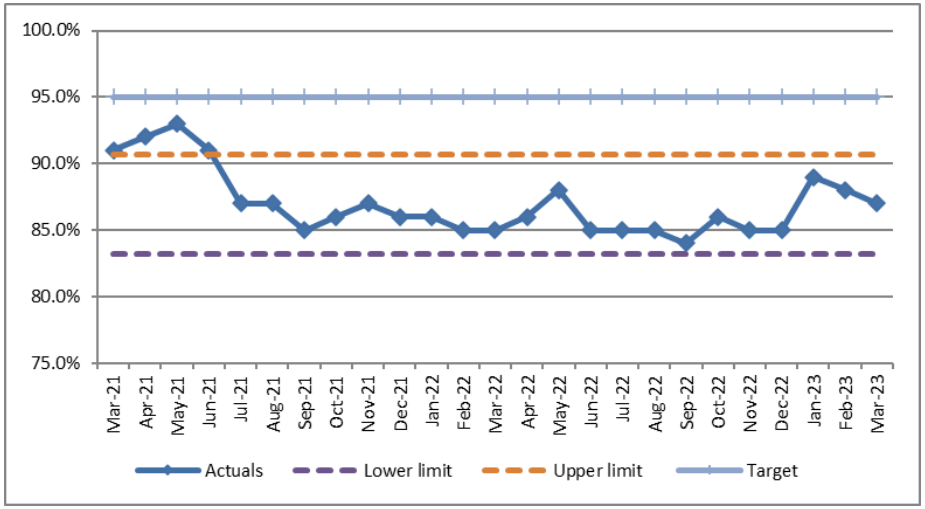

National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for Q3 2022 is recorded at 80.9%.

The NHS Corporate Benchmarking exercise indicates the Trust compliance level on appraisal is in the upper quartile , with the national NHS median at 76.3%, and the upper quartile at 82.2%. These figures are for 2021/22.

Root causes

The Appraisal position is reported at 87.8% Q4, and is at a higher level than last quarter (85.3%).

The key cause of below trajectory performance on the appraisal compliance is related to workforce loss linked to the hospital acuity impact of Annual Leave and Industrial Action.

Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance.

Actions

Ongoing actions:

Draft paperwork developed but requires the inclusions of a revised Talent Management Framework – then to be piloted.

The move to a digital platform will offer a more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches. This is being explored further due to the additional benefits it will bring the People Development function.

We will continue to strive for improvements in compliance during Q1 2023/24.

Impact/Timescale

By end 22/23

Agree talent management content within appraisal paperwork - **Complete**

Pilot paperwork – **will go ahead in May 2023.**

Paper to TMT to agree to progress digital solution, integrate piloted paperwork into the digital solution. – **late 2023/24**

Launch Electronic solution – 2024/25

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of QI Projects	>40	Qtr4 2022/23	55	8		R	DoSP	Q

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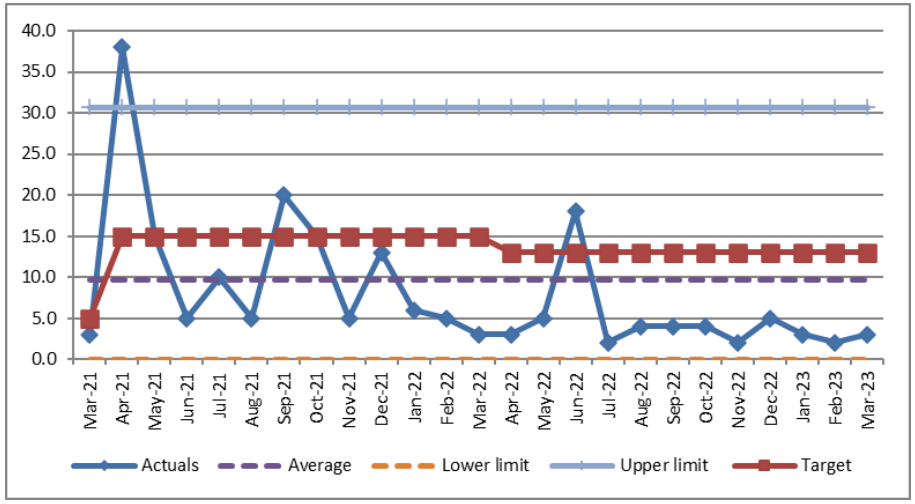

National position & overview

- Data demonstrates that QI projects are not being registered on AMAT, the Trust's knowledge management platform, to the extent that we know that QI projects are being undertaken. The 'QI project' module went live in June 2022, as projects were previously captured and reported from the 'Clinical Audit' module.
- The QI module of AMAT is better equipped to lead colleagues through using tools and the methodology, and is simple and intuitive. Most clinical colleagues are familiar with AMAT from the ward/clinical audit process, so are familiar with how it works.
- There needs to be a communication campaign to raise the visibility of AMAT within corporate teams, and the launch of the Improvement Faculty will support this.

Root causes

- The Improvement and Clinical Audit team has carried 2 x wte vacancies since July 2022 (out of a team of 6) and this has impeded our capacity to support and remind colleagues to register QI projects on AMAT
- Whilst clinical colleagues are aware of AMAT, there is a lack of visibility with corporate colleagues on what and how they should register, although there are clear guides available on the intranet
- Organisational challenges have impeded capacity for colleagues to register QI projects

Actions

A full re-launch of AMAT as part of the Improvement Faculty offer in Q1 2023/34, with corporate colleagues being encouraged to register Improvement projects in the platform

Improvement and Clinical Audit team will be at full complement from February 2023, and will focus on supporting a communication campaign

Impact/Timescale

QI projects registered on AMAT to increase to the higher level of performance over Q1 2023/24.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M

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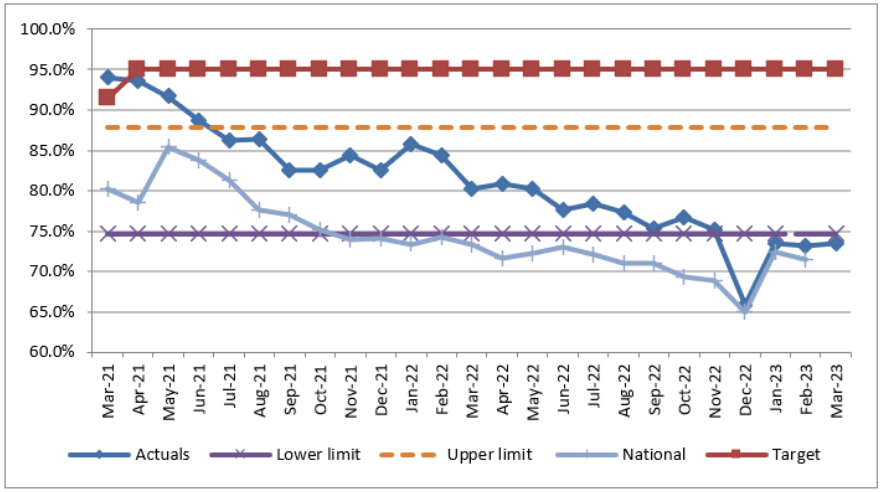
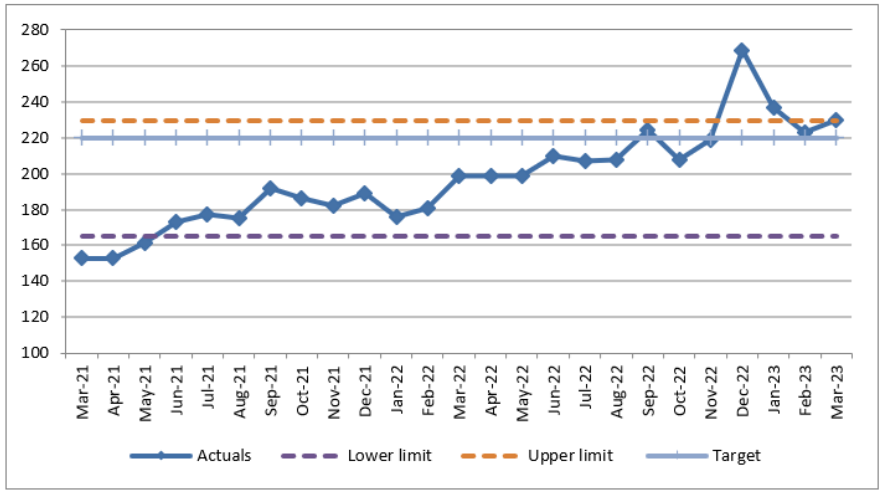
Percentage of patients waiting >4 hours for admission or discharge from ED



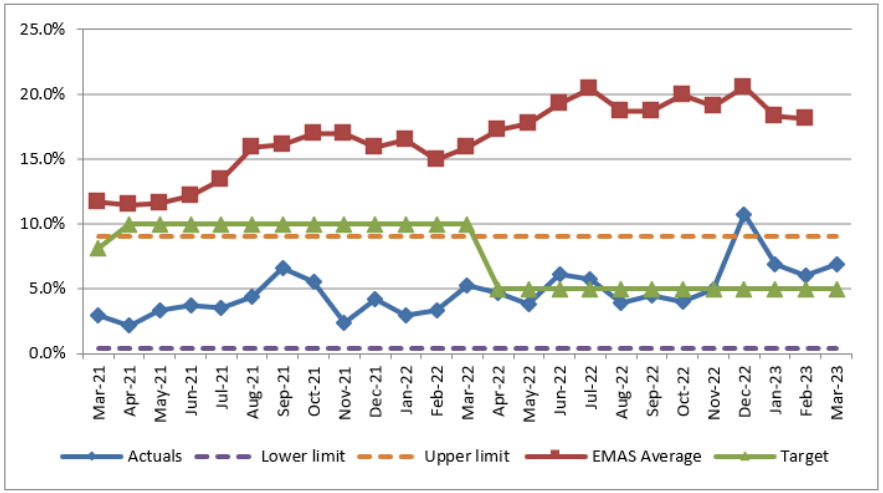
National position & overview

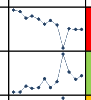
- SFH Critical Incident from 29-Dec to 9-Jan with ICS system-wide Critical Incident from 29-Dec to 12-Jan.
- 44 days out of 90 days at OPEL 4 during 2022/23 Q4.
- 4-hr benchmark position is 37th best nationally (out of 111 providers submitting data).
- Performance during 2022/23 Q4 was primarily driven by challenges in transferring patients out of our ED in a timely manner due to our bed constraints. We continue to see high levels of medically safe patients in our acute and sub-acute bed base (see later slide).
- 4-hour performance was strong at Newark UTC at 99%.
- Ambulance handover delays reduced from Dec-22 peak; however, remain at an elevated level just outside target. Our ambulance handover position is significantly better than the EMAS average.
- 20.5% of regional EMAS ambulance handovers were over 30 minutes (SFH 10.8%).
- 24.4% of regional EMAS ambulance handovers were over 60 minutes (SFH 1.4%).
- Average regional handover time for EMAS 64 mins (King's Mill: 20mins, Newark: 6mins).

Mean waiting time in ED (in minutes)



Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes



Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M

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Root causes	Actions	Impact/Timescale
Attendance demand & ED overcrowding • Attendance growth throughout the quarter. 15% attendance growth when compared to 21/22 with a 32% increase in Mar-23 (compared with Mar-22). **Bed capacity pressure (see next slide)**	• In Q4 we started the day in OPEL 4 on 23 days in Jan-23, 3 days in Feb-23 and 18 days in Mar-23 with associated actions in place with oversight via flow and capacity meetings that take place five times each day. • Trialled (4th Feb) and now business as usual 'Fit to Sit' where clinically appropriate patients are moved off trollies to a chair to support a reduction of overcrowding in Majors. • Proposal to expand ED footprint discussed at Trust Management Team (TMT) on 18-Jan, agreement to work up full business case. • Recruitment of additional medical resource in line with ED business case agreed at Trust Board to reduce time to be seen for our patients. • Continued focus on Same Day Emergency Care (SDEC) to avoid admission Conversion maintained through Q4 (22%).	• Use of OPEL action cards and fit to sit are business as usual. • Full business case to TMT in Jul-23. • ED recruitment underway – all doctor and ACP posts filled and awaiting start dates. Nurse recruitment ongoing. New rota starting 4-May.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	107	104	107	106	105		R	COO	M
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	97.1%	96.8%	97.5%	97.1%	95.9%		R	COO	M

Sherwood Forest Hospitals
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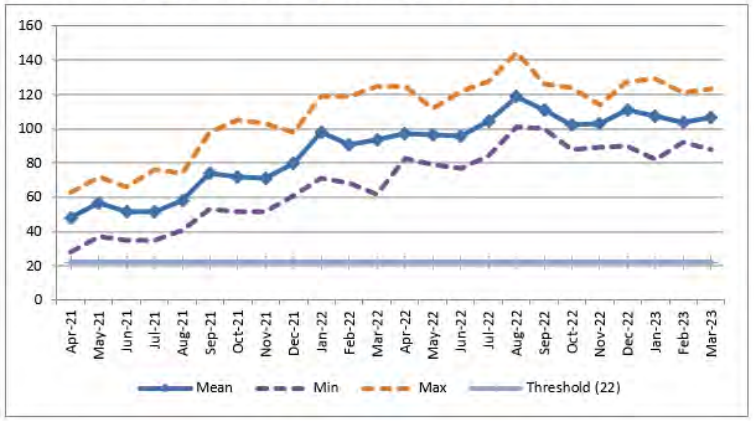
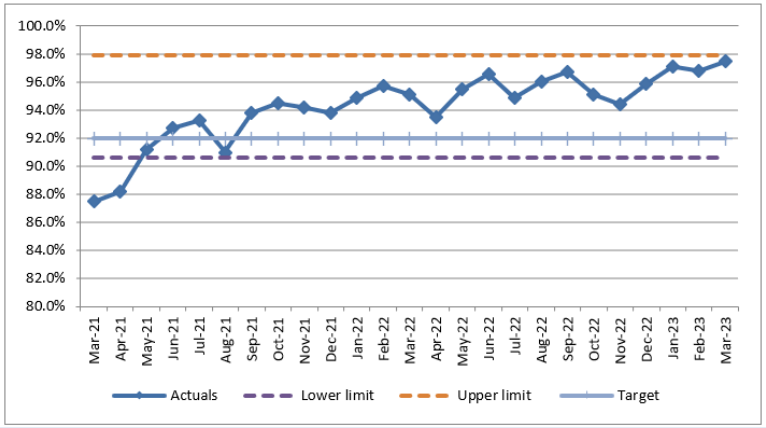
Mean number of patients who are medically safe for transfer



Adult G&A Bed Occupancy @ 8:00am (U&EC Sitrep)



National position & overview

- The number of patients Medically Safe For Transfer (MSFT) over 24 hours has been relatively stable over the past 6 months with the 2022/23 Q4 average being 106 patients. The local position remains significantly above the agreed threshold and the 2022/23 national planning guidance ambition.
- Additional winter capacity as described in the SFH winter plan was opened. In addition, to mitigate extraordinary UEC pressures and ED overcrowding, a peak of 75 surge beds were opened at the end of Q3 and remained in place during Jan-23. The surge capacity was largely closed by early Feb-23; although our underlying bed base remains open to the highest level recorded in recent years. Medical patients were also outlied in increased numbers into surgical capacity at the start of 2022/23 Q4 limiting the amount of elective activity undertaken. The increased number of occupied and open beds meant the bed occupancy numerator and denominator increased whilst the occupancy level remained fairly stable at an elevated level. The pressure on our beds is a combination of strong admission demand and pressures on length of stay (pre and post medically safe).
- Our hospitals continue to operate at occupancy levels significantly higher than the planned 92%; like many other Trusts nationally (in excess of 97% during Q4 on average).

Root causes

- The Trust continues to experience delays in the discharge of patients who are MSFT with a detrimental effect on acute capacity and flow. In Q4 there were on average 107 patients (over the equivalent of four wards) MSFT waiting for discharge for greater than 24 hours.
- Continued high bed occupancy despite increasing bed capacity.
- Length of stay remaining high (partly driven by the medically safe position).

Actions

- System discharge to assess programme in place.
- Transfer of Care hub MDT pathway 1-3 referral reviews three-times daily.
- Daily attendance at system calls to ensure appropriate challenge to partners.
- Continue to utilise SDEC and streaming pathways to avoid admission where possible with planned expansion of surgical SDEC in 2023/24.
- System discharge lead supporting us to improve internal discharge processes.
- Optimising the Patient Journey (OPJ) improvement programme underway.
- Bi-weekly long length of stay reviewing meetings in place.
- Continued efforts to transfer patients onto both existing and new Virtual Wards.
- Additional bed capacity opened as previously described.

Impact/Timescale

- The first eight actions are all ongoing into 2023/24.
- Dec-22 to Feb-23.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	25.0%	14.9%	14.8%	15.8%	15.2%	16.0%		R	COO	M

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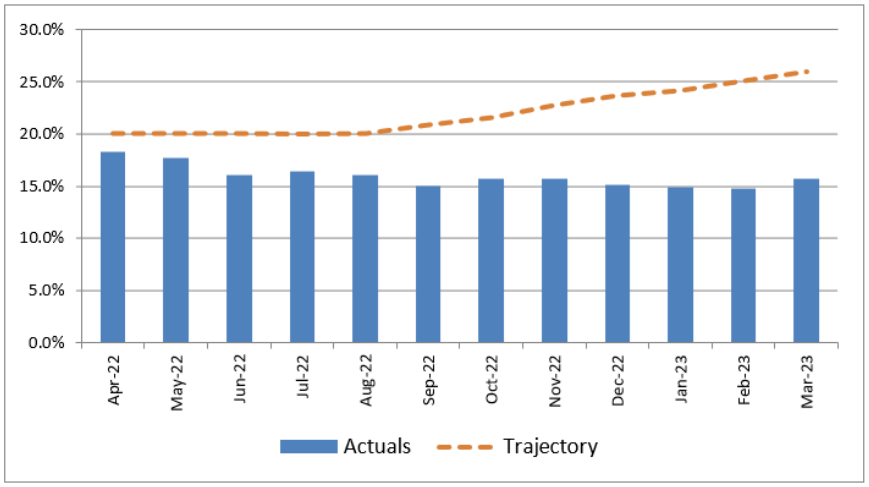
Remote Attendances as a percentage of Total Outpatient Attendances



National position & overview

- The virtual appointments agenda remains an area of underperformance across the Trust.
- The 2021/22 Priorities and Operational Planning Guidance indicated that at least 25% of outpatient appointments should be delivered remotely via telephone or video consultation.
- The Trust's performance peaked at 78% in Apr-20 (height of the first wave of the pandemic).
- Currently, around 15% of outpatient appointments are delivered virtually; this is a relatively stable position over the past 10 months.

Root causes	Actions	Impact/Timescale
• Clinician preference to see patients face-to-face.	• Presenting benchmarking data to Divisions and specialties to ask what scope there is to increase the proportion of appointments carried out virtually. • Identifying specialties at neighbouring Trusts that are performing significantly better than at SFH and find out the actions that they are taking. • Based on national guidance, developing a toolkit to assess suitability and appetite for each speciality to understand current virtual attendance position, potential trajectories, challenges and risks. • Ask specialties to trial capturing patient amenability to a virtual follow up appointment via reconciliation slips. • Develop communications to share with clinicians to highlight the benefits of virtual appointments.	• All actions to be complete by the end of 2023/24 Q1.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	-1.4%	0.8%	17.0%	5.0%	-1.1%		R	COO	M

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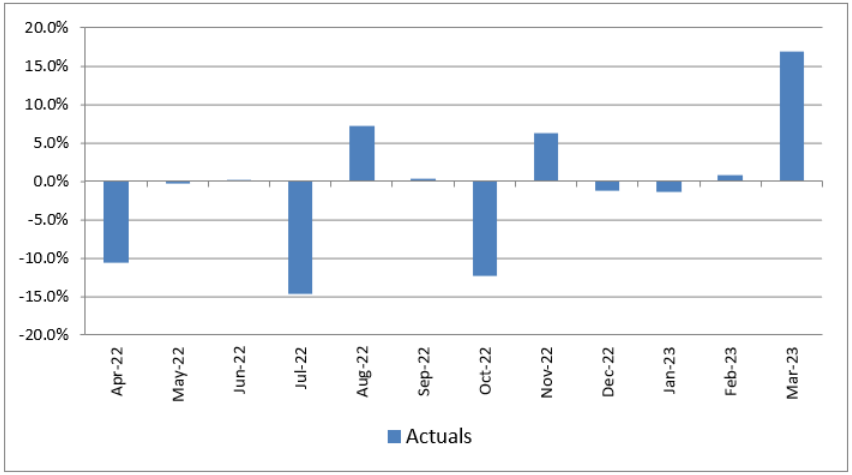
Follow Up Outpatient Attendances reduce against Yr2019/20



National position & overview

- There has been an increase in the Trust's volume of planned overdue reviews over recent months from circa 10,500 at the start of Q4 to just over 11,000 at the end of Q4. Four specialties make up 50% of this list; Ophthalmology, Gastroenterology, Cardiology and ENT.
- SFH (and the system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 and 2023/24 planning round.
- Between Apr-22 and Feb-23, the Trust were able to repurpose over 14,500 outpatient appointments through use of Patient Initiated Follow Up (PIFU).
- Analysis and benchmarking of the Trust's main outpatient specialties indicates that SFH could achieve a PIFU rate of 8%. This corresponds to moving circa an additional 3,500 patients to PIFU over the next year.
- Mar-23 is compared against Mar-20; Mar-20 was the only month of 2019/20 that was not representative of pre-pandemic activity due to the start of the pandemic and national lockdown.

Root causes	Actions	Impact/Timescale
• The Trust continues to have a significant overdue review list. Ophthalmology, Gastroenterology, Cardiology and ENT are the specialties with the highest volume of overdue reviews. Together, these specialties represent 50% of the Trust's total overdue review backlog.	• PIFU is due to go-live across Paediatrics and General Surgery in May-23.	• May-23
	• A Staff Bulletin article celebrating the success of PIFU will be published; the project team are also seeking a steer as to where there may be opportunities to further improve performance.	• May-23
	• Specialty-level PIFU analysis shared to encourage specialties to incorporate PIFU into planned care recovery plans.	• May-23
• PIFU pathways are not in place for all specialities.	• Link with specialties where there may be opportunity to either introduce PIFU where it is not currently in place, or to increase/expand its use. Surgery have been identified to explore pilot.	• During 2023/24 Q1

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients on the incomplete RTT waiting list	40288	46742	47001	47729	47729	-		R	COO	M
Number of patients waiting 78+ weeks for treatment	0	36	21	8	8	-		R	COO	M

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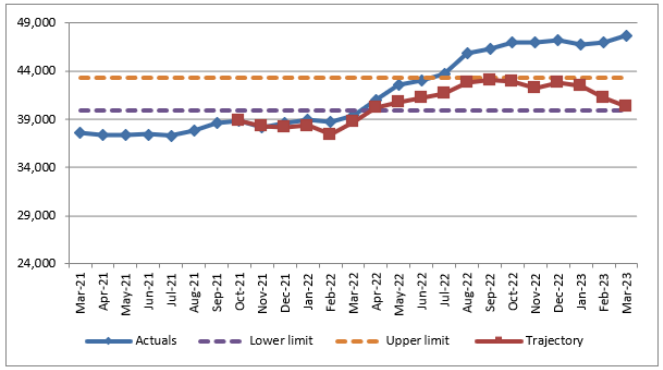
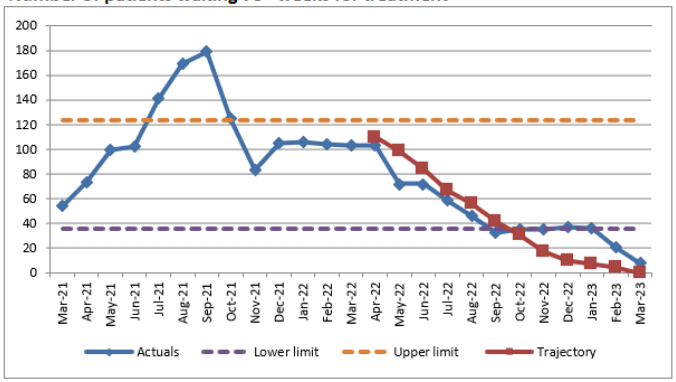
Number of patients on the incomplete RTT waiting list



Number of patients waiting 78+ weeks for treatment



National position & overview

- Referral to treatment (RTT) waiting times across England continues to rise. Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this has grown to circa 7.2 million by Jan-23.
- At SFH we have seen a significant rise from 26,000 RTT waiters pre-pandemic to just over 47,700 at the end of Mar-23. The rate of increase has varied post-pandemic with relatively small rate of increase during 2022/23 Q4.
- The national requirement was to have no patients on an RTT pathway waiting greater than 78 weeks by end of Mar-23. The number of 78 week wait patients reduced during 2022/23 Q4 with eight patients waiting at the end of Mar-23 – one due to the patient choosing to wait for treatment and seven patients that we took in mutual aid.

Root causes	Actions	Impact/Timescale
• Workforce capacity issues (e.g. anaesthetic cover for elective lists). • Physical space and infrastructure to enable increased activity required to recover the position. • Demand for new and follow-up outpatient services resulting in a rise in the number of Appointment Slot Issues (ASIs) and overdue routine follow-up appointments. • Cancellation of procedures during and since the pandemic due to pressures on the emergency pathway. • National focus on long waiting patients (78+ weeks), including provision of mutual aid. • Availability of cardiology diagnostic tests and delays in reporting.	• Increase the number of services offering Referral Assessment Services (RAS) to direct patients to the most appropriate next steps at point of referral e.g. straight to test. • Focused administrative validation of the ASI lists to ensure all patients waiting for an appointment are appropriately managed and clinically prioritised. • Clinical validation and review of all 65-week wait cohort patients. • Daily tracking of all patients to prevent 78-week breaches post Mar-23. • Use of additional clinics and theatre lists, outsourcing services (e.g. ophthalmology cataract referrals) and insourcing services to increase capacity. • Continue use of private sector for routine elective procedures. • Use and expansion of PIFU (Patient Initiated Follow-Up) pathways. • Options paper to address increasing demand for technical and administrative validation of the full Patient Tracking List (PTL) in line with increased size of the PTL. • Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of activity from King's Mill to Newark to release capacity for more complex, long waiting patients.	• The first six actions are ongoing in 2023/24. • Further drive on PIFU in 2023/24. • Q2 2023/24. • Opening scheduled for Oct-23.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

Income & Expenditure *Trust Level Performance against Plan*	Quarter 4	**£7.65m**	The Trust has reported a surplus of £7.69m for Q4 (January - March 2023), on an ICS Achievement basis. This is a £7.66m favourable variance to the planned deficit.
	Outturn	**£0.76m**	The Trust has reported a deficit of £3.89m for the 2022/23 outturn, on an ICS Achievement basis. This is a £0.76m favourable variance to the planned deficit.
Financial Improvement Programme *Trust Level Performance against Plan*	Quarter 4	**£5.12m**	The Trust has reported FIP savings of £9.69m for Q4 (January-March 2023), which is £5.12m more than planned.
	Outturn	**£0.35m**	The Trust has reported FIP savings of £14.29m for the 2022/23 outturn, which is £0.35m favourable to plan
Capital Expenditure Programme *Trust Level Performance against Plan*	Quarter 4	**(£25.18m)**	Capital expenditure in Q4 (January - March 2023) totalled £29.44m, which is £25.18m more than planned.
	Outturn	**(£16.24m)**	Capital expenditure totals £35.70m for the 2022/23 outturn, which is £16.24m more than planned.
Cash Balance *Trust Level Performance against Plan*	Quarter 4	**£21.67m**	The Trust's cash balance increased by £21.59m in Q4 (January - March 2023), which is a favourable position of £21.67m compared to the plan.
	Outturn	**£22.09m**	The Trust reported a closing cash balance of £23.54m as of 31st March 2023, which is £22.09m higher than planned.
Agency Expenditure Against Plan *Trust Level Performance against Plan*	Quarter 4	**(£0.73m)**	The Trust has spent £4.64m in Q4 (January - March 2023). This is a £0.73m adverse variance to the planned level of spend.
	Outturn	**(£3.47m)**	The Trust has spent of £18.15m for the 2022/23 outturn. This a £3.47m adverse variance to the planned level of spend.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

Quarter 4 Summary

- The Trust has a Q4 surplus of £7.69m, on an ICS achievement basis. This is a favourable variance of £7.65m to the planned surplus of £0.03m. This has resulted in an outturn deficit of £3.89m which is £0.76m favourable to plan. This outturn position was in line with the expected position following last month's post period adjustment of further system resource allocation. In total we received further system resource allocation of £7.60m to support our deficit position. Without this our outturn deficit position would have been £11.50m which at Q4 we put in mitigation actions to achieve.
- Capital expenditure for Q4 was £29.44m. This was £25.18m higher than plan due to the significant additional expenditure that was approved by DHSC in year. The outturn position of expenditure of £35.70m was an adverse variance of £0.50m to the final full year approved funding.
- Closing cash on the 31st March was £23.54m, which is £22.09m higher than planned, driven by additional capital PDC. This is offset by a significant increase in capital creditors which will unwind in Q1 of 2023/24.
- The Trusts Q4 agency expenditure was £4.64m which was £0.73m adverse to plan. The 2022/23 outturn expenditure of £18.15m agency costs was £3.47m adverse to the planned spend of £14.68m due to additional capacity opened and agency covering vacancies within Divisions.

	Quarter 4			Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	114.06	150.48	36.42	459.29	499.71	40.42
Expenditure	(110.75)	(138.76)	(28.01)	(430.90)	(469.94)	(39.04)
Donated Assets & Disposals	(3.28)	(4.03)	(0.75)	(33.05)	(33.67)	(0.63)
Surplus/(Deficit) - ICS Achievement Basis	**0.03**	**7.69**	**7.65**	**(4.65)**	**(3.89)**	**0.76**
Capex (including donated)	(4.26)	(29.44)	(25.18)	(19.46)	(35.70)	(16.24)
Closing Cash	(0.08)	21.59	21.67	1.45	23.54	22.09
Agency Spend	(3.91)	(4.64)	(0.73)	(14.68)	(18.15)	(3.47)

FY23 Target		FY23 Forecast		FY23 Variance		Q4 Target		Q4 Actual		Q4 Variance	
FIP £11.73m	ERF £2.21m	FIP £11.73m	ERF £2.21m	FIP £0.00m	ERF £0.00m	FIP £4.02m	ERF £0.55m	FIP £9.04m	ERF £0.65m	FIP £5.02m	ERF £0.10m
£13.94m		£14.29m		£0.35m		£4.57m		£9.69m		£5.12m	

Overall Status

G

Green rated due to full year achievement

Section 1 - Financial Improvement Plan Outturn Position

Full Year FIP Position

a. In month 12 the 2022-23 FIP target of £11.73m has been achieved. The main driver for this delivery is the inclusion of non-recurrent underspends, which were not previously accounted for through FIP. Some of these underspends will be fortuitous, however a significant yet-to-be-quantified proportion will be as a result of improved financial management, the indirect consequence of Transformation Scheme and investment slippage.
b. The total breakdown of recurrent and non recurrent delivery is £1.36m and £10.37m respectively.
c. The full-year-effect value is £2.25m
d. Performance by Programme across the Division's can be found at table 1
e. The recurrency split across the Division's can be found at table 2

Elective Recovery Funding (ERF)

a. The Transformation & Efficiency Programme continues to contribute to the delivery of ERF. This will however be reported separately.
b. In month 12 the notional ERF delivery is £2.56m against a plan of £2.21m
c. The delivery comes from the Outpatient A&G and PIFU schemes. Theatres has not delivered any notional ERF.

Table 2 – Recurrent v Non Recurrent Delivery by Division

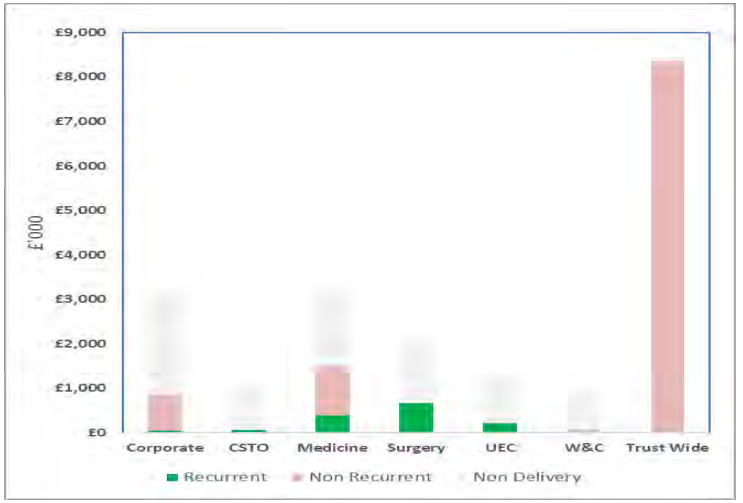


Table 1 – Programme Delivery by Division

Programme	Overall Trust Target v Delivery			FIP Delivery Forecast - Divisional Breakdown																			
				Trust Wide			Corporate Services Division			Clinical Support, Therapies and Outpatients Division			Medicine Division			Surgery, Anaesthetics & Critical Care Division			Urgent and Emergency Care Division			Women's & Children's Division		
	Target £'000	Forecast Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG
Medical Transformation	£2,960	£1,432		£0	£0		£0	£0		£84	£0		£1,358	£1,155		£725	£217		£562	£61		£232	£0	
Nursing Midwifery and AHP Transformation	£2,010	£712		£0	£0		£0	£4		£66	£1		£858	£291		£400	£242		£365	£155		£321	£20	
Ophthalmology Transformation	£50	£140		£0	£0		£0	£0		£0	£0		£0	£0		£50	£140		£0	£0		£0	£0	
Outpatients Innovation	£20	£39		£0	£0		£20	£39		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£40	£3		£0	£0		£0	£0		£40	£3		£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£400	£177		£0	£0		£90	£117		£20	£0		£150	£59		£100	£0		£20	£0		£20	£0	
Estates & Facilities	£860	£652		£0	£0		£860	£652		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£1,360	£0		£0	£0		£1,360	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£200	£0		£0	£0		£0	£0		£200	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£3,830	£205		£0	£0		£880	£29		£610	£55		£920	£7		£770	£67		£340	£0		£310	£46	
Other Trust wide	£0	£8,372		£0	£8,372		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Total	**£11,730**	**£11,730**		**£0**	**£0**		**£3,210**	**£841**		**£1,019**	**£59**		**£3,286**	**£1,511**		**£2,045**	**£665**		**£1,287**	**£216**		**£883**	**£66**	

Board of Directors - Public

Subject:	SOF – Integrated Performance Report – Q4 2022-2023	**Date**: 4th May 2023	
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs		
Approved By:	Executive Team		
Presented By:	Paul Robinson, CEO		
Purpose			
To provide assurance to the Board regarding the Performance of the Trust as measured in the SOF Integrated Performance Report		**Approval**	
		Assurance	x
		Update	
		Consider	

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

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	x
PR2	Demand that overwhelms capacity	x
PR3	Critical shortage of workforce capacity and capability	x
PR4	Failure to achieve the Trust's financial strategy	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 26th April 2023

Acronyms

SOF – Single Oversight Framework

Executive Summary

The SOF – Integrated Performance report provides the Board with assurance regarding the performance of the Trust in respect of the standards identified on the dashboard. The Board agreed to in November 2022, the reports should be provided on a quarterly basis.

This report is for quarter 4 2022/23, all standards, identified on the report are RAG rated and the threshold for each standard is noted on the dashboard. An SPC chart which identifies trends is provided for each standard these are illustrated in the individual slides.

There are a total of 54 standards reported on the Q4 SOF report, of those 16 are rated as red, 14 are rated as amber, 23 are rated as green and one is currently only in shadow monitoring form, so no RAG rating is provided.

<u>Quality Care</u>

Four standards are rated as red for quarter 4 compared to seven for quarter 3. Details of the trajectories and actions being taken to address these standards and noted on the attached

individual slides.

People and Culture

Two standards are rated as red quarter 4. Compared to three in quarter 3. Details of the trajectories and actions being taken to address these standards and noted on the attached individual slides.

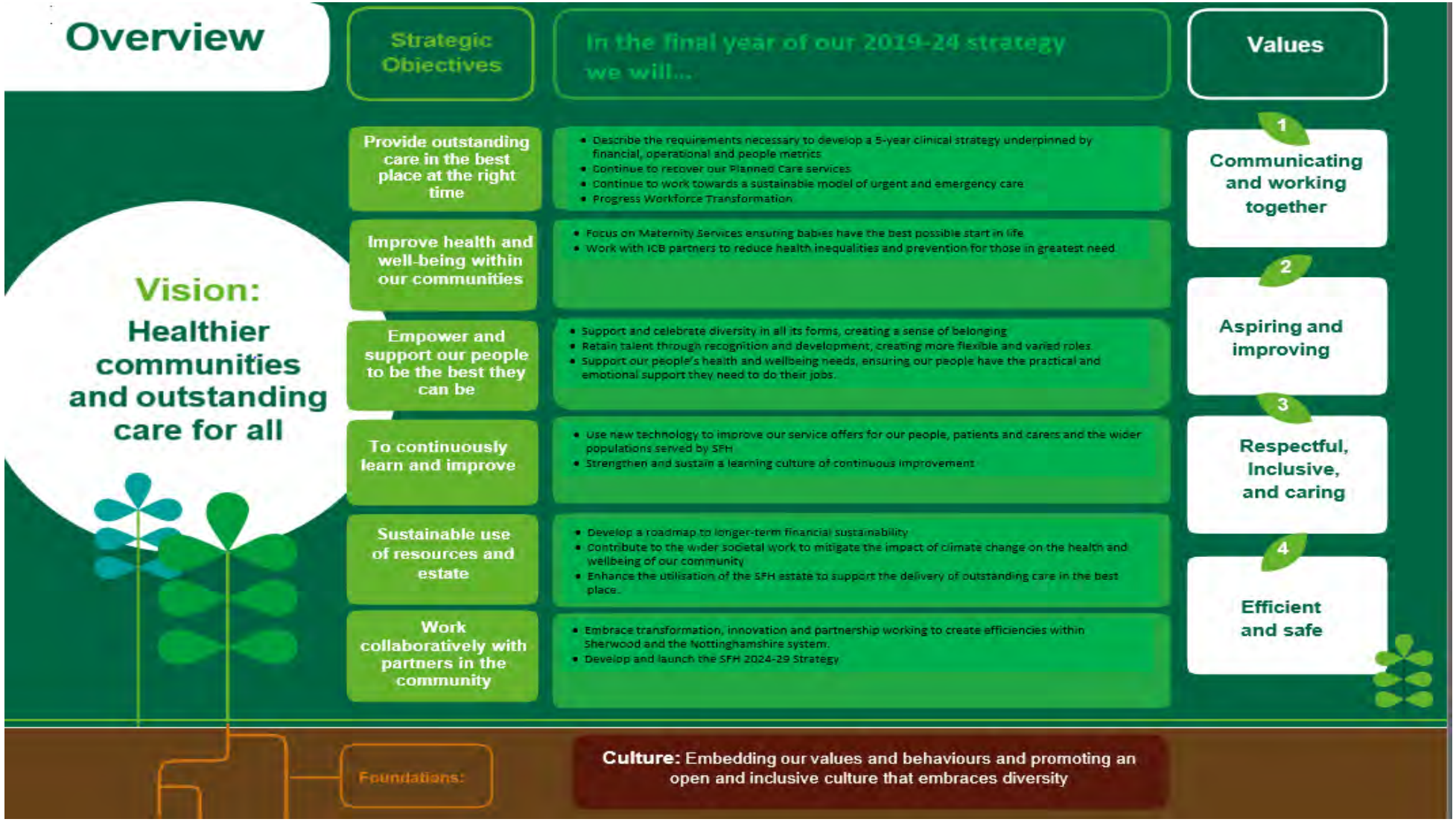
Timely Care

Seven standards are rated as red for quarter 4 compared to nine for quarter 3. Details of the trajectories and actions being taken to address these standards and noted on the attached individual slides.

Best Value Care

Two standards are rated as red for quarter 4 compared to none for quarter 3. Details of the trajectories and actions being taken to address these standards and noted on the attached individual slides.

Appendix 1


Overview
Strategic Objectives
In the final year of our 2019-24 strategy we will...
Values
Vision:
Healthier communities and outstanding care for all
Provide outstanding care in the best place at the right time
Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics
Continue to recover our Planned Care services
Continue to work towards a sustainable model of urgent and emergency care
Progress Workforce Transformation
Improve health and well-being within our communities
Focus on Maternity Services ensuring babies have the best possible start in life
Work with ICB partners to reduce health inequalities and prevention for those in greatest need
Empower and support our people to be the best they can be
Support and celebrate diversity in all its forms, creating a sense of belonging
Retain talent through recognition and development, creating more flexible and varied roles
Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.
To continuously learn and improve
Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH
Strengthen and sustain a learning culture of continuous improvement
Sustainable use of resources and estate
Develop a roadmap to longer-term financial sustainability
Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community
Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.
Work collaboratively with partners in the community
Embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.
Develop and launch the SFH 2024-29 Strategy
1
Communicating and working together
2
Aspiring and improving
3
Respectful, Inclusive, and caring
4
Efficient and safe
Foundations:
Culture: Embedding our values and behaviours and promoting an open and inclusive culture that embraces diversity

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public - Cover Sheet

Subject:	Application of Trust Seal	**Date**: 4th May 2023	
Prepared By:	Laura Webster, Corporate PA		
Approved By:	Shirley Higginbotham, Director of Corporate Affairs		
Presented By:	Shirley Higginbotham, Director of Corporate Affairs		
Purpose			
To provide the Board with notification of the use of the Trust's Official Seal		**Approval**	x
		Assurance	
		Update	
		Consider	

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

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

Committees/groups where this item has been presented before

N/A

Acronyms

None

Executive Summary

In accordance with Standing Order 10, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed:

(13th April 2023), to the following documents by the Chief Executive and the Chief Financial Officer.

- **Seal number 101**:
  Sherwood Forest Hospitals NHS FT and Keir Construction Ltd – Newark TIF Projects (Keir project number 036980)

  Details of the contact: The enabling works (civils & externals) associated with the installation of a new modular unit adjacent to the existing building at the Newark Hospital site.

The Board are asked to **APPROVE** the use of the Trust Seal.

Board of Directors – Public

Subject:	Fit and Proper Person Requirement – Annual Report	**Date**: 4th May 2023	
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs		
Approved By:	Shirley A Higginbotham Director of Corporate Affairs		
Presented By:	Shirley A Higginbotham Director of Corporate Affairs		

Purpose		
To provide assurance to the board regarding compliance with the Fit and Proper Person Requirement	**Approval**	
	Assurance	x
	Update	
	Consider	

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

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	x
PR2	Demand that overwhelms capacity	x
PR3	Critical shortage of workforce capacity and capability	x
PR4	Failure to achieve the Trust's financial strategy	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

N/A

Acronyms

Executive Summary

The Care Quality Commission Regulation 5: Fit and Proper Persons requirement came into force on 1st April 2015 and was revised in January 2018 to make explicit the requirement to undertake an enhanced DBS check for directors. The Trust was already doing this.

The Policy and Procedure for the Fit and Proper Person Requirements was updated to reflect minor amendments in with changes to national NHS structures and approved by the Joint Staff Side Partnership Forum in September 2021.

The regulation applies to all directors, executive and non-executive, permanent, interim and associate positions, irrespective of their voting rights. The regulation does not apply to the Council of Governors.

The personal files of all directors are held in the Director of Corporate Affairs office. An audit of the files is undertaken annually and keeps a record of the documentation required these include DBS checks, insolvency checks and the annual self-declaration.

A review of the personal files of all directors noted the evidence required to meet the requirements.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

sherwood Forest Hospitals NHS Foundation Trust *Insert name of organisation*

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates | 2022-2023 | Please complete the explanatory information in cell E36

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed	Please fill details in cell E22

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

All risks as included on the Trusts Board Assurance Framework Document and risk management process

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Paul Robinson	**Name**	Claire Ward
Capacity	CEO	**Capacity**	Chair
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Sherwood Forest Hospitals NHS Foundation Trust

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration" | **Financial Year to which self-certification relates** | **2022/2023** | Please Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Systems and processes require regular attention and continued vigilance, via management and the Board committee structure. System and controls assurances are obtained via the Audit and Aussrance Committee. More complete explanations about systems of corporate governance and internal control are set out in the Annual Governance Statement included in the Trust's annual report	#REF!
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Revised guidance with regard to good corporate governance forms part of the board development programme as appropriate. Corporate governance processes and systems are revised to reflect the guidance where appropriate e.g revised NHS provider license	#REF!
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Ongoing focus of the Board on its structures to ensure it can undertake its central role of strategic planning, risk management and performance oversight effectively.	#REF!
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		[including where the Board is able to respond 'Confirmed']	Please Respond
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	[including where the Board is able to respond 'Confirmed']	#REF!
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	[including where the Board is able to respond 'Confirmed']	#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	Signature
Name Paul Robinson	Name Claire Ward

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A Please Respond

Worksheet "Training of governors"

Financial Year to which self-certification relates 2022/2023 Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed OK

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Paul Robinson	**Name**	Claire Ward
Capacity	CEO	**Capacity**	Chair
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

Board of Directors - Public

Subject:	Provider License, Self –certification declaration – General condition 6, FT4 and Continuity of Service Condition 7 of the NHS provider License	**Date**: 4th May 2023
Prepared By:	Shirley A Higginbotham Director of Corporate Affairs	
Approved By:	Shirley A Higginbotham Director of Corporate Affairs	
Presented By:	Shirley A Higginbotham Director of Corporate Affairs	

Purpose

The Board of Directors are asked to: Consider the attached Self-certification declarations and approve as recommended by the Executive Team	**Approval**	x
	Assurance	
	Update	
	Consider	x

Strategic Objectives

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

Identify which principal risk this report relates to:

PR1	Significant deterioration in standards of safety and care	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	
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 26th April 2023

Acronyms

Executive Summary

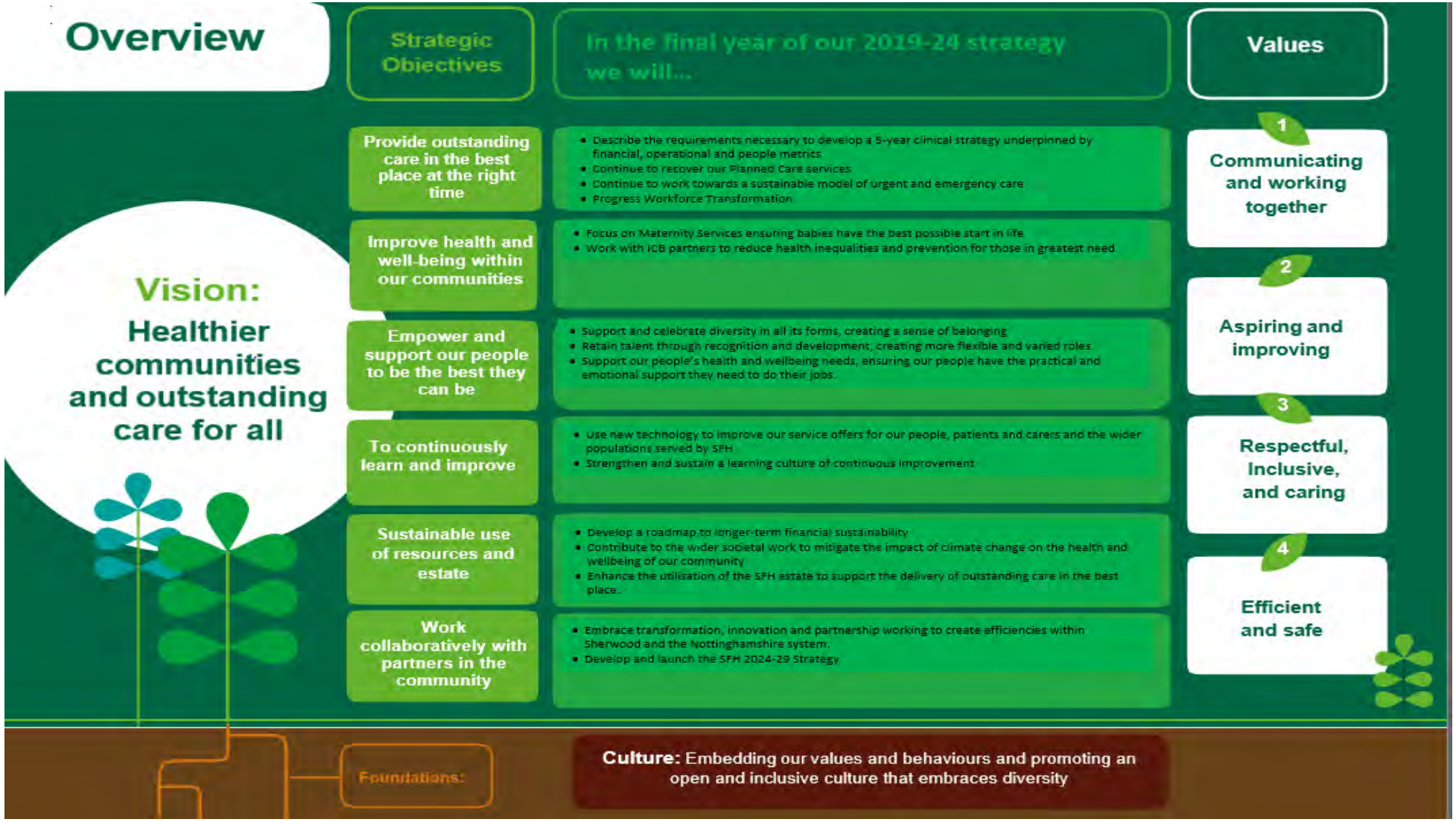
The annual self-certification provides assurance that NHS providers are compliant with the conditions of their NHS provider licence. Compliance with the licence is routinely monitored through the Single Oversight Framework, however on an annual basis, the licence requires providers to self-certify they have:

a) Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
b) Complied with governance arrangement (condition FT4) and
c) For NHS foundation trusts, the required resources available if providing commissioner requested services (CRS) (Condition CoS7)

Attached are draft templates, which are to be completed and approved by board. The trust is no longer required to submit the approved templates but is required to publish them and keep for record keeping purposes.

The provider License has been updated from April 2023 to include NHS Trusts, however there is no removal of the requirement to publish a self-certification.

Appendix 1


Overview
Strategic Objectives
In the final year of our 2019-24 strategy we will...
Values
Vision:
Healthier communities and outstanding care for all
Provide outstanding care in the best place at the right time
Describe the requirements necessary to develop a 5-year clinical strategy underpinned by financial, operational and people metrics
Continue to recover our Planned Care services
Continue to work towards a sustainable model of urgent and emergency care
Progress Workforce Transformation
Improve health and well-being within our communities
Focus on Maternity Services ensuring babies have the best possible start in life
Work with ICB partners to reduce health inequalities and prevention for those in greatest need
Empower and support our people to be the best they can be
Support and celebrate diversity in all its forms, creating a sense of belonging
Retain talent through recognition and development, creating more flexible and varied roles
Support our people's health and wellbeing needs, ensuring our people have the practical and emotional support they need to do their jobs.
To continuously learn and improve
Use new technology to improve our service offers for our people, patients and carers and the wider populations served by SFH
Strengthen and sustain a learning culture of continuous improvement
Sustainable use of resources and estate
Develop a roadmap to longer-term financial sustainability
Contribute to the wider societal work to mitigate the impact of climate change on the health and wellbeing of our community
Enhance the utilisation of the SFH estate to support the delivery of outstanding care in the best place.
Work collaboratively with partners in the community
Embrace transformation, innovation and partnership working to create efficiencies within Sherwood and the Nottinghamshire system.
Develop and launch the SFH 2024-29 Strategy
1
Communicating and working together
2
Aspiring and improving
3
Respectful, Inclusive, and caring
4
Efficient and safe
Foundations:
Culture: Embedding our values and behaviours and promoting an open and inclusive culture that embraces diversity

Maternity Perinatal Quality Surveillance model for May 2023

Sherwood Forest Hospitals
NHS Foundation Trust

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

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

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

Massive Obstetric Haemorrhage (Mar 1.9%)

- Maintained improved position this month
- ICB request for system to review cases/ plan improvement trajectory through system quality and safety meeting given the regional position- meeting pending

Stillbirth rate Q4 (3.6/1000 births)

- Once reportable case in March, known complex pregnancy and pre-natal diagnosis attend with altered fetal movement and IUFD diagnosed.
- SFH stillbirth rate, for year 22/23 below the national ambition of 4.4/1000 birth (SFH rate 4.0)

Staffing red flags (Mar 2022)

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

Suspension of Maternity Services

- No suspension of services within March 23

Home Birth Service

- 17 Homebirth conducted since re-launch

Elective Care

- Elective Caesarean section working groups continues to review plan for the beginning of May to embed the next step of plan- looking at increasing the number of lists (am Tue-Fri)
- Induction of Labour, delays noted through daily sit rep due to high periods of capacity- no harm reported.

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• Bid for funding supported by NHSR awaiting final confirmation of the amount. • No dates yet for Year 5- working group on pause until confirmed.	• Initial 7 IEA- final IEA is 91% compliant following evidence review at LMNS panel • Final evidence listed for next quarterly panel. • Awaiting single delivery plan for further Ockenden update

Incidents reported Mar 2023 (64 no/low harm, 0 moderate or above)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 14	No themes outside of the "trigger" list
No incidents reported as 'moderate'	

Other

- Baby born requiring cooling and subsequent transfer out tertiary unit, sadly died. Case reportable to HSIB, Coroner but not NHSR. Family support through Bereavement team.
- 3rd and 4th Degree tears improved this month, to monitor.
- Regional OPEL scoring tool now live, feedback ongoing. SFH aligning local policy to system.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Maternity Quality Dashboard 2022/2023	Alert	Running Total/ averag	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Quality Metric										
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%
Spontaneous Vaginal Birth			58%	55%	55%	54%	43%	56%	56%	55%
3rd/4th degree tear overall rate	>3.5%	2.18%	6.30%	2.40%	4.30%	2.80%	1.80%	3.10%	5.60%	3.50%
3rd/4th degree tear overall rate		46	12	4	8	6	2	5	9	6
Obstetric haemorrhage >1.5L	Actual	116	3	9	9	14	14	5	5	5
Obstetric haemorrhage >1.5L	>3.5%	3.24%	1.10%	3.20%	3.90%	4.60%	4.80%	3.90%	2.00%	1.96%
Term admissions to NNU	<6%	3.62%	3.70%	3.1%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%
Stillbirth number	Actual	11	0	1	0	2	2	2	1	1
Stillbirth number/rate	0	4.63		3.300			3.240			3.623
Rostered consultant cover on SBU - hours per week	hours	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
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
Number of compliments (PET)		0	1	2	2	2	3	2	3	6
Number of concerns (PET)		9	0	1	2	1	1	1	1	1
Complaints		11	0	0	0	0	0	0	0	0
FFT recommendation rate	>93%		91%	91%	89%	90%	90%	89%	91%	90%
Saving Babies Lives										
Element 1- Smoke Free Pregnancy										
Element 2- Fetal Growth Restriction										
Element 3- Reduced Fetal Movement										
Element 4- Fetal Mointering										
Element 5- Reducing preterm births										
MDT Training										
PROMPT/Emergency skills all staff groups										
CTG training all staff groups										
CTG competency assessment all staff groups										
Core competency framework compliance										
External Reporting										
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above									
Maternity incidents no harm/low harm	Actual	0	72	96	72	80	79	64	70	64
Maternity incidents moderate harm & above	Actual	0	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	N	N

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Trust Board Meeting

Subject:	**Nursing, Midwifery, and Allied Health Professional Annual Staffing Report**	**Date:** 4th May 2023
Prepared By:	Rebecca Herring (Lead Nurse for Safer Staffing) Paula Shore (Director of Midwifery and Head of Nursing) Kate Wright (Associate Chief Allied Health Professional)	
Approved By:	Phil Bolton Chief Nurse	
Presented By:	Phil Bolton Chief Nurse	

Purpose

The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT). It is also to provide assurance on our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards. It is a national requirement for the Board of Directors to receive this report bi-annually.	**Approval**	**X**
	Assurance	**X**
	Update	
	Consider	

Strategic Objectives

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

Identify which principal risk this report relates to:

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

Nursing, Midwifery, and Allied Health Professional Committee April 2023

Acronyms

Allied Health Professional (AHP)

Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).

National Institute for Health and Care Excellence (NICE),

National Quality Board (NQB)

Care Hours per Patient Day (CHPPD)

Adult Safer Nursing Care Tool (SNCT)

Care Quality Commission (CQC)

NHS Improvement (NHSI)

Objective Structured Clinical Examinations (OSCEs).

Healthcare support workers (HCSWs)

NHS England (NHSE)

Local Maternity and Neonatal Systems (LMNS)

Whole-time equivalent (WTE)

Health and Care Professions Council (HCPC).

Clinical Services, Therapies, and Outpatient (CSTO)

Speech and Language Therapy (SLT)

Integrated Care System (ICS)

Health Education England (HEE)

Integrated Care Board (ICB)

Nursing and Midwifery Council (NMC)

Occupational Therapy (OT)

Operating Department Practitioner (ODP)

Executive Summary

1.0 Background

1.1 The purpose of this report is to provide an overview of nursing, midwifery, and AHP staffing capacity and compliance within SFHFT which is aligned to NICE Safe Staffing Guidance, NQB Standards, and the NHSI Developing Workforce Safeguards Guidance.

1.2 This is supported by an overview of staffing availability over the previous year, nurse-sensitive indicators, and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the review of the nursing and midwifery establishment reviews for 2023/2024 which are discussed in this paper.

Nursing and Midwifery Staffing Overview

1.3 Since our last report the Trust collective vacancy rate for nursing, midwifery and AHPs all has held a relatively stable position ranging from 5.4%-4.7% despite an isolated spike noted in December 2022.

1.4 The Trust has remained invested in the NHS Long Term Plan commitment to reducing nursing vacancies to 5% by 2028. However, the concern towards the nationwide nursing vacancy position of 11.9% demonstrates the continued fragility across the nursing workforce. Nursing and midwifery vacancies at SFHFT have remained below the national position which is an encouraging indication that recruitment campaigns have been successful. Nonetheless, a strategic approach will be required to assist in the long-term delivery of the Trust priorities.

1.5 Agency usage within the clinical areas continues to see a sustained demand with significant usage noted in early 2022. The acuity and dependency requirements of our patients attending the hospital have remained high, coupled with unprecedented levels of immense flow and capacity throughout the year. This has resulted in additional surge capacity remaining open beyond the expected winter period. Reassuringly, despite peaks noted towards the end of 2022, the overall trajectory for 2023 to date is positively reducing and is indicative of the ongoing improvement work being undertaken in terms of agency expenditure.

1.6 In line with the decreasing agency usage, there has been a significant reduction in the use of agency staff at escalated rates. This has been largely influenced by the introduction of several payment initiatives introduced by the Trust which have included, surge payments, enhanced rates for 'hotspot' areas, and the allocation on arrival scheme. To ensure safety and quality care remain the priority – these are continuously reviewed and evaluated to ensure continued safe service provision and long-term financial sustainability.

1.7 The Care Hours per Patient Day (CHPPD) at the Trust level has remained stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (December 2022) demonstrates that the Trust value sits within the highest of the four quartiles at 8.5 and is slightly above the national mean of 8.0 and the peer median of 7.7. Whilst this metric should not be used in isolation, it

does indicate that deeper examination into ward-level CHPPD may indicate possible areas for productivity improvement.

1.8 Following a recent inspection, the Care Quality Commission (CQC) noted our maternity services had sufficient maternity staff equipped with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. They noted managers regularly reviewed and adjusted staffing levels and skill mix to meet service needs, and gave bank and agency staff a full induction. Managers appraised staff's performance and held supervision meetings to provide support and development.

1.9 Since March 2022, 735 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed). 47 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, delays in providing pain relief, unable to provide 1:1 care during established labour or delays in the inductions of labour. It is recognised that despite no adverse clinical outcome, the delays in care in no doubt have had a negative impact on the overall experience of patients and staff.

Nursing and Midwifery Forward Planning

1.10 It is expected that The Shelford Group and NHS England will release in the coming months a new version of the Adult Safer Nursing Care Tool (SNCT) which will incorporate enhanced care as a new level of care. A roll-out refresh programme will commence supporting areas with its implementation. This will be led by the Lead Nurse for Safe Staffing and the corporate nursing team.

1.11 For the first time in March 2023, the Trust established a Pay Review Panel to review the 15 incoming international nurses and place them on the appropriate pay scale, in line with best practice. This was presented at the Nursing, Midwifery and AHP Committee in March 2023, and agreed.

1.12 Following changes to the English Language requirement from the Nursing, Midwifery Council (NMC), many of our international registered nurses working as health care support workers (HCSWs) can undertake their Objective Structured Clinical Examinations (OSCEs). The International Registered Nurse Facilitators are currently providing training to the international

programme, and these nurses are currently waiting on a list, and we are looking at ways in which we can fund these nurses to achieve their goal.

1.13 Midwifery recruitment is being supported by the Recruitment and Retention Lead role and has been evaluated positively after the first year following successful recruitment days, revised preceptorship and ongoing pastoral support leading to all early career Midwives recruited staying at the Trust. The role has been extended through bid funds from NHS England (NHSE) and the next phase of this role, whilst continuing to support recruitment, will explore the role of legacy mentors.

1.14 The Three-Year Delivery Plan for Maternity and Neonatal Services was launched in March 2023 following a delay. This plan combines findings from recent reports on maternity services nationally whilst looking at a framework for delivery. The expectation is that this will be managed through the local Maternity and Neonatal Systems (LMNS) and as this has only just launched, we are awaiting further plans as to how this will look from a workforce perspective.

Nursing and Midwifery Establishment Review 2023/2024

1.15 Since the last review, the Trust has continued with an evidence-based approach to setting the nursing and midwifery establishments ensuring we are compliant with the 2016 Quality NQB standards and Developing Workforce Safeguards (NHSI, 2018) This has included the implementation of the SNCT across adult inpatient areas, children and young people inpatient areas, and most recently our Emergency Department. SNCT is an objective tool evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process.

1.16 BirthratePlus® is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.

1.17 The full establishment review can be located in Appendix One.

11.18 The Medical Division seeks an additional 10.71 WTE distributed across Ward 42, Ward 44 and Oakham Ward, with a 2.51 WTE reduction in Ward 33. Ward 33 has requested to reduce the overall establishment by 2.51 WTE. This is supported by SNCT acuity and dependency data and still ensures full-service provision. This reduction of WTE will create an £84,241 positive cost saving. The Medicine division is seeking an additional investment of £81,157.

Ward/ Department:	Current WTE	Suggested WTE:	Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median
Ward 42	35.16	37.90	2.74	34.4	£82,699	6.85	7.15
Ward 44	35.16	37.90	2.74	35.6	£82,699.	7.32	7.53
Oakham MCH	27.19	32.42	5.23	27.1	0	7.24	NA
Ward 33	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4

1.19 The Emergency Care Department has increased its overall WTE by 47.39 within its existing budget capacity by re-purposing finance provided from a previous business case, additional clinical leadership roles will ensure a consistent presence across a seven-day service. The Urgent and Emergency Care division are not seeking any additional investment during the re-setting of the 2023/2024 establishments.

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
ED	163.47	210.86	NA	47.39	0	NA	NA	NA

1.20 The Women's and Children division has requested to reduce the establishment within Ward 14 by 0.94 WTE. The full-service provision remains across the unit and changes are supported by the SNCT data. This reduction of WTE will create a £32,100 positive cost saving.

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 14	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	NA

1.21 The surgical division requires an additional 3.39 WTE to the establishment upon Ward 43 to ensure there is appropriate health care support provision overnight, and SNCT reflects the dependency on patients' needs has increased over the previous 12 months. However, the division has sufficient funds within its current financial envelope to mitigate any further investment required.

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 43 (16 beds)	21.18	24.57	25.6	3.39	0	NA	NA	NA

1.22 The Clinical Services, Therapies, and Outpatient (CSTO) Division requires an additional 3.5 WTE additional posts to assist outpatient phlebotomy services, the additional resource will support the year-on-year increase seen in activity from 2019 onwards. Despite a 3.5 WTE increase, the division is seeking investment to fund 1.5 WTE only. The CSTO division is seeking a financial investment of £ 37,100.

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Phlebotomy	14.78	18.28	NA	3.5	£37,100	NA	NA	NA

1.23 The collective recommended Trust establishment change is an overall increase of 61.54 WTE in the overall establishments with a collective cost impact of £86,157. (This is recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).

AHP Overview

1.24 AHPs are a wide-ranging group of clinicians who work in the diagnosis, treatment, rehabilitation, health promotion, discharge and improving the quality of life of patients. AHP professional titles are recognised by NHSE, protected by law, and registered and regulated by the Health and Care Professions Council (HCPC). Collectively they are the third largest

workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.

1.25 In 2023/2024, our AHP professions will be transferred to the electronic health roster system. This will enable an overview of the working hours of all our AHPs electronically and, with the utilisation of job plans will provide an accurate picture of work undertaken mapped against demand. This will provide a further evidence base that will inform a robust process for the AHP establishment setting. Moving forward a quarterly update on the AHP workforce will be presented to the People, Culture, and Improvement Committee.

1.26 Constraints regarding substantive recruitment have eased slightly within the AHP services with successful recruitment to several key vacancies, however, recruitment remains a challenge. These are detailed by each profession within the main paper. However, Speech and Language Therapy (SLT) and Dietetics have small specialist staffing establishments and continue to remain below the benchmark of other organisations of a similar size when compared to Model Hospital. AHP agency and bank staffing are increasingly challenging to secure due to competing provider needs within the Integrated Care System (ICS) the is a limited bank and agency resources for the AHP professions nationally.

1.27 Our Associate Chief AHP continues to be a key member of the AHP faculty and ICS AHP cabinet. The Nottingham and Nottinghamshire AHP faculty and ICS Cabinet have various recently completed projects and workstreams underway to support the AHP workforce workstreams across Nottinghamshire. NHSE, previously Health Education England (HEE), are no longer funding the ICS AHP Faculty chairs position beyond March 2023. The faculty have utilised funds to continue these posts until June 2023 and will present a gap analysis, recommendations, and action plan for the next steps.

AHP Faculty/ AHP Cabinet

1.28 Lack of ongoing funding for AHP Faculty Chairs and an unclear route within the ICS for submitting bids and accessing funds, puts the ICS AHP workforce workstreams of recruitment and retention, apprenticeships, placement expansion and professional growth, at significant risk. The AHP maturity faculty matrix notes in the past two years, the move of all areas aligned to the national workstreams (purpose, membership, governance, leadership, QI and project management, data dashboard, workforce priorities, sustainability) has transitioned from *emerging* to *developing.*

1.29 The Integrated Care Board (ICB) were successful in bidding for HEE funding to scope a pilot of an ICS Chief AHP role for four months. This commenced in March 2023. The Trust is the 'host organisation' with the Associate Chief AHP as the named lead. The Trust will also continue to jointly host two AHP HEE fellowships until September 2023.

National Compliance

1.30 The Developing Workforce Safeguards published by NHSI in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed for compliance with the triangulated approach to deciding staff requirements detailed within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

1.31 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.

1.32 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.

1.33 Appendix three details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

Recommendations

The Board is asked to:

- Approve the evidence-based cost-neutral uplifts for Surgery and Urgent and Emergency Care.
- Approve the evidence-based recommendations within the medicine and CSTO division with a collective cost impact of £86,157. (This is recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).
- The Board is asked to receive this report and note the ongoing plan to provide safe staffing provisions within nursing, midwifery and AHP disciplines across the Trust.
- The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- The Board is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

Nursing, Midwifery, and Allied Health Professional Annual Staffing Report 2023

2.0 Purpose

2.1 The purpose of this report is to provide an overview of NMAHP staffing capacity and compliance with the NICE Safe Staffing, NQB Standards, and the NHSI Developing Workforce Safeguards guidance.

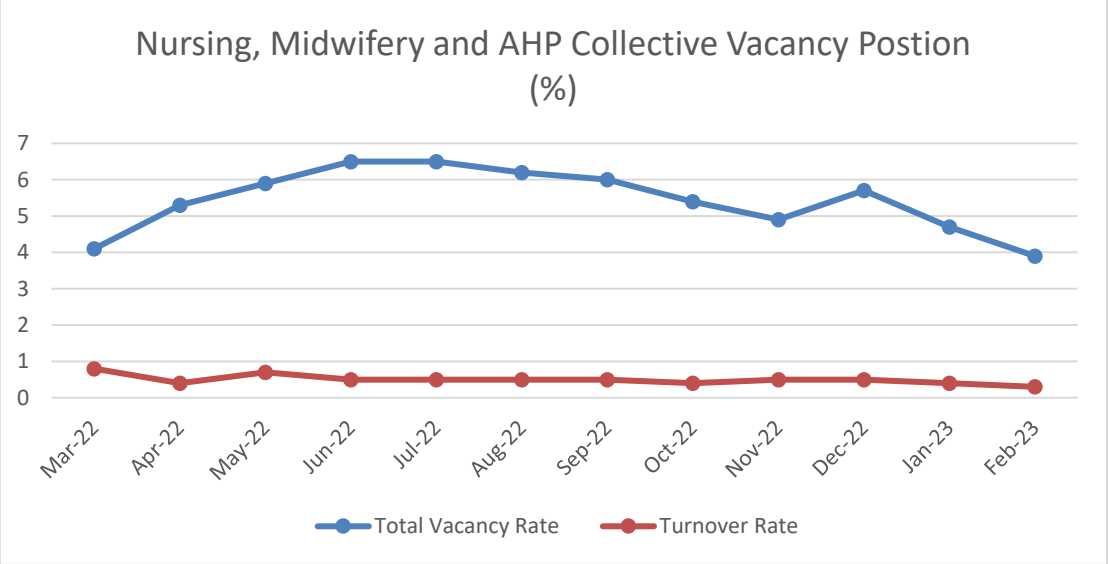
2.2 This is supported by an overview of staffing availability over the previous year, nurse-sensitive indicators, and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the review of the nursing, midwifery, and in-patient therapy services establishment reviews for 2023/2024, and are discussed within this paper.

Nursing and Midwifery Overview

3.0 Local Nursing and Midwifery Context

3.1 Since our last report the Trust collective vacancy rate for nursing, midwifery and AHPs across all divisions has remained a relatively stable position despite an isolated spike noted in December 2022.

Figure 1:

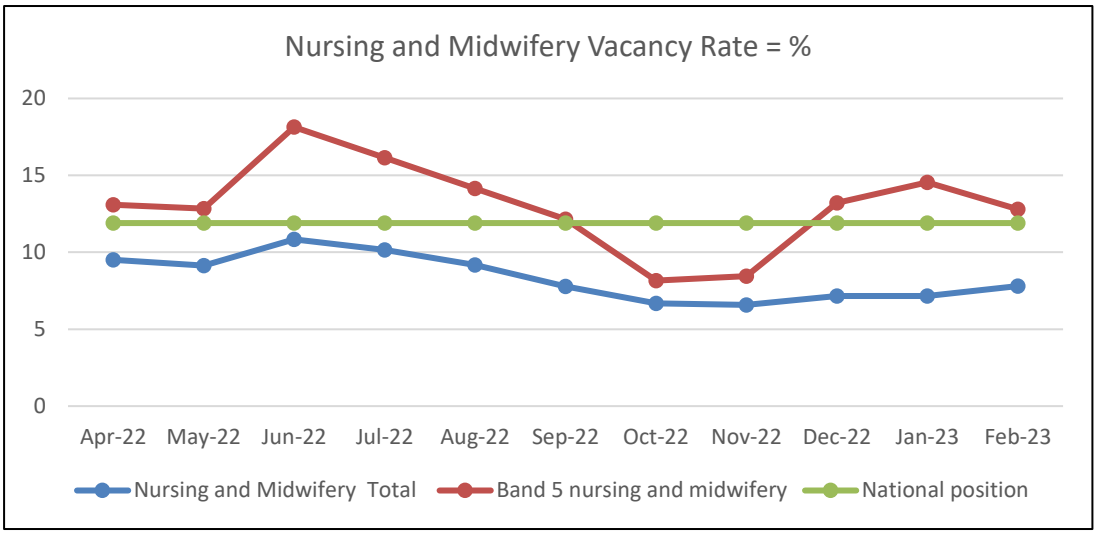


Data Source: Workforce Informatics.

3.2 The Trust remains committed to the NHS Long Term Plan commitment in reducing nursing vacancies to 5% by 2028. However, concern remains towards the nationwide nursing vacancy position of 11.9% which demonstrates continuing fragility across the nursing workforce. Despite this, nursing, and midwifery vacancies at SFHFT have remained below the national position and is an encouraging indication that recruitment

campaigns have been successful. Nonetheless, a strategic approach will be required to assist in the long-term delivery of the Trust priorities.

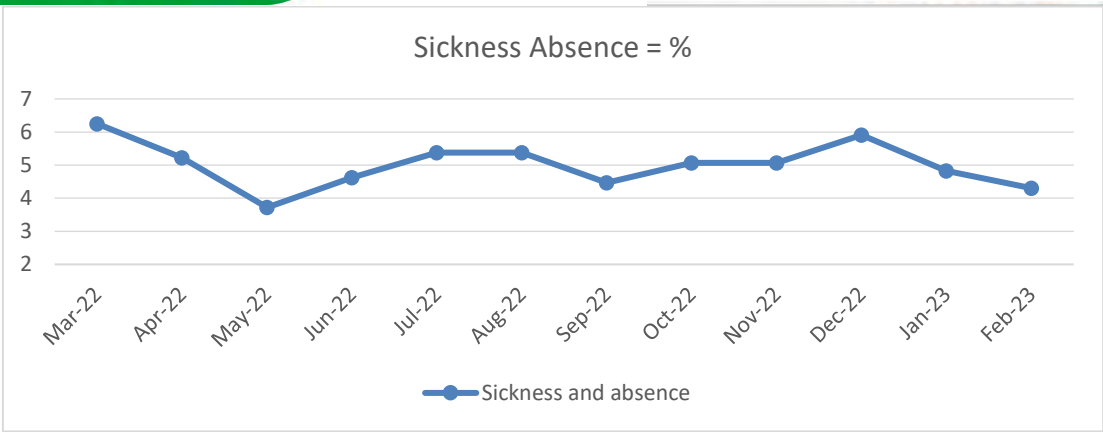
Figure 2:



3.3 Recognising the importance of a coordinated person-centred approach, an annual band 5 programme for nursing recruitment and pre-registration engagement is being developed to showcase the outstanding teams and core values of SFHFT, but more importantly enabling frontline staff through a shared governance framework to enable this.

3.4 Overall sickness absence for all staff groups has been a sustained challenge over the previous 12 months with the peak of absences being noted in December of last year. Workforce resources were impacted due to several contributing factors which included the rising prevalence of Influenza, Streptococcus A, and the continued presence of -Covid-19. However, as we move through Q1 of 2023 the overall trend is more favourable than previous months.

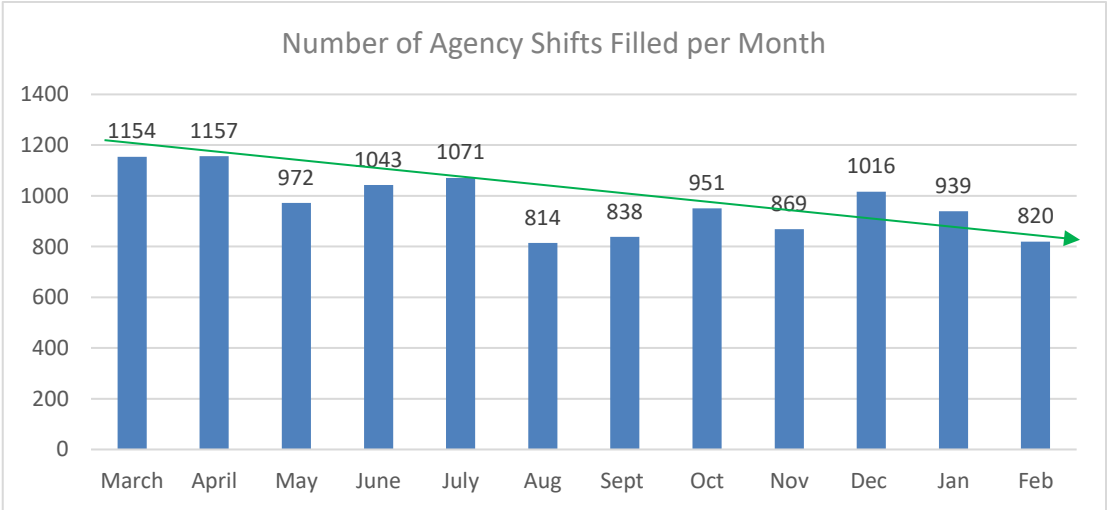
Figure 3:



Data Source: Workforce Informatics.

3.5 Agency usage within the clinical areas continues to see a sustained demand with significant usage noted in early 2022. The acuity and dependency of our patients attending the hospital have continued to remain high, coupled with unprecedented levels of immense flow and capacity throughout the year. This has resulted in additional surge capacity remaining open beyond the expected winter period Reassuringly, despite peaks noted towards the end of 2022, the overall trajectory for 2023 is positively reducing and is indicative of the ongoing improvement work being undertaken in terms of agency expenditure.

Figure 4:

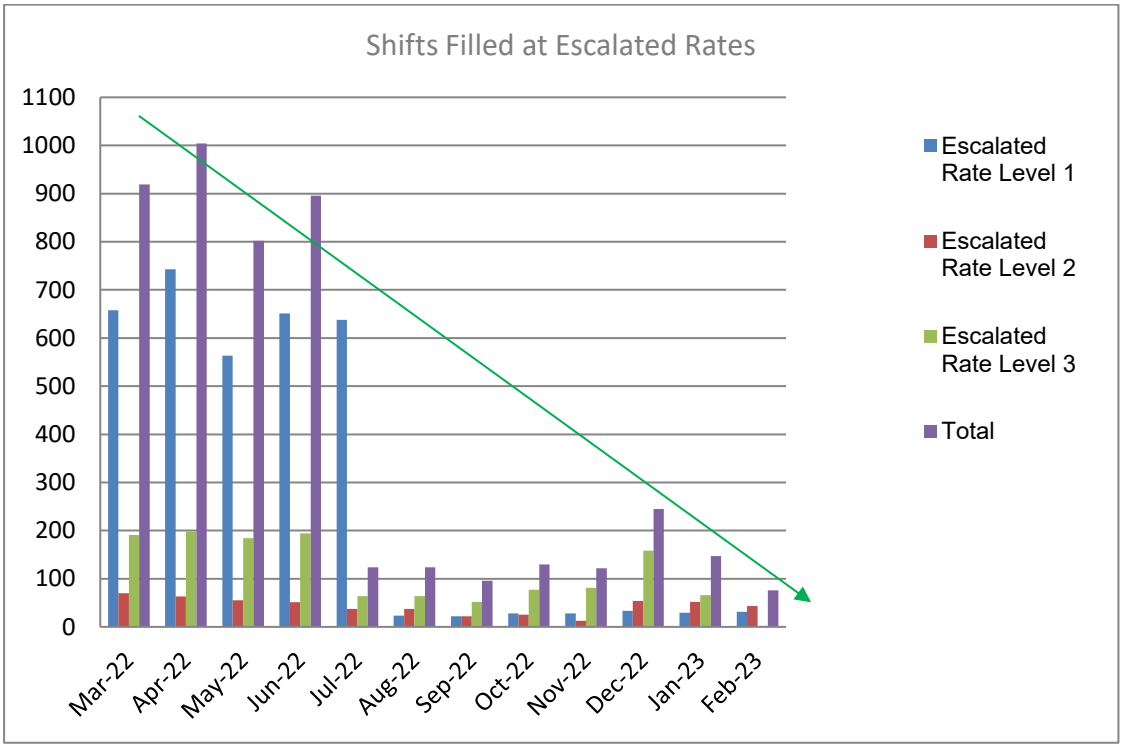


Data Source: Temporary Staffing Office February 2023 Data

3.6 In line with the decreasing agency usage, there has been a significant reduction in the use of agency rates at escalated rates. This has largely been influenced by the introduction of several payment initiatives introduced by the Trust which has included, surge payments, enhanced rates for 'hotspot' areas and the allocation on arrival

scheme. To ensure safety and quality care remain the priority – these are continuously reviewed and evaluated to ensure continued safe service provision and long-term financial sustainability.

Figure 5:



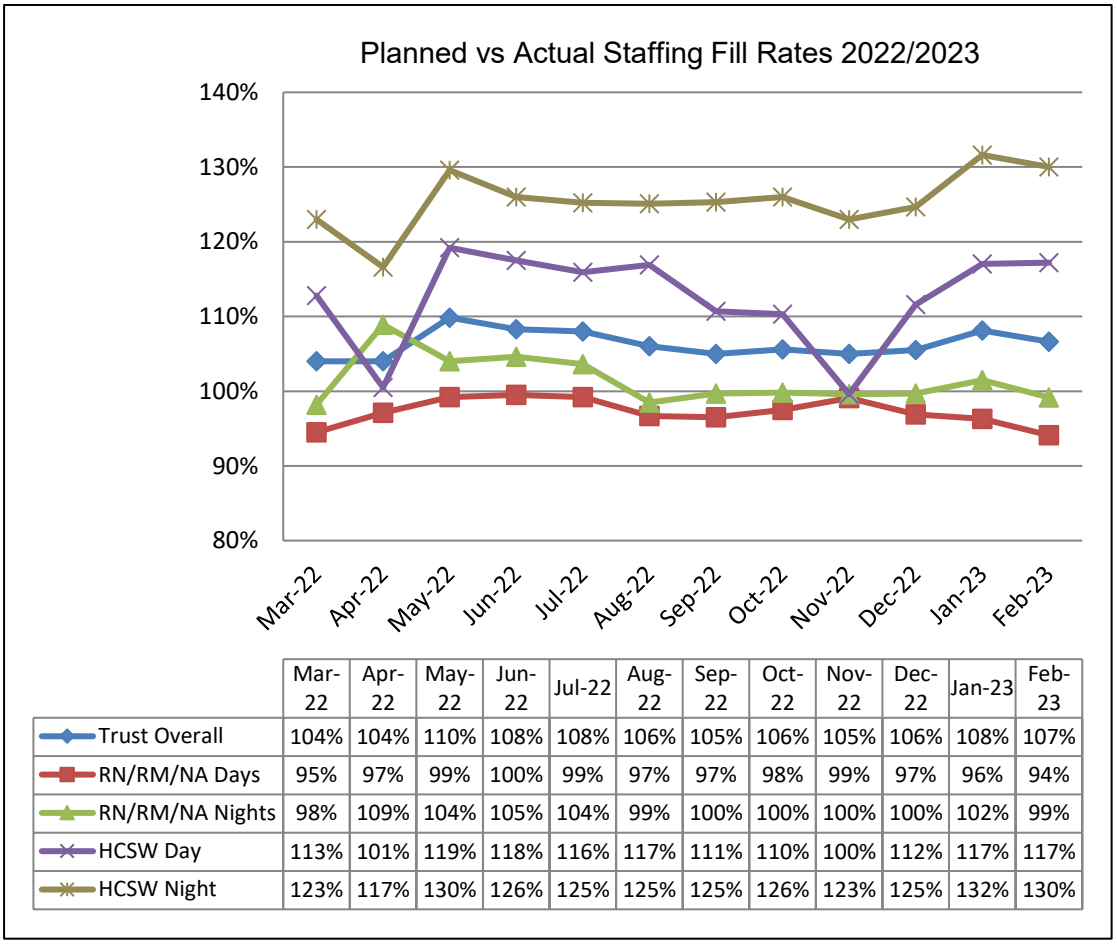
Data Source: Temporary Staffing Office February 2023 Data

4.0 Planned versus Actual Staffing & Care Hours per Patient Day (CHPPD)

4.1 All NHS providers are required to publish inpatient nursing and midwifery staffing data monthly and a national report is submitted each month. This data highlights the planned staffing hours (hours planned into a working roster template) aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff).

4.2 Despite the continued challenges since our last report, the Trust overall has consistently remained above 94% of the planned staffing fill rates for registered staff and unregistered staff. Whilst this is positive, it is important to note that these fill rates are based on the commissioned bed base of each area and not the additional beds that are open, therefore caution should be applied with this data. The national narrative supports that there has been an increase in patients who have become physically deconditioned since the start of the pandemic and the consistent HCSW fill rates is demonstrative of the increased acuity dependency needs of patients accessing our services at SFHFT.

Figure 6:



	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust Overall	104%	104%	110%	108%	108%	106%	105%	106%	105%	106%	108%	107%
RN/RM/NA Days	95%	97%	99%	100%	99%	97%	97%	98%	99%	97%	96%	94%
RN/RM/NA Nights	98%	109%	104%	105%	104%	99%	100%	100%	100%	100%	102%	99%
HCSW Day	113%	101%	119%	118%	116%	117%	111%	110%	100%	112%	117%	117%
HCSW Night	123%	117%	130%	126%	125%	125%	125%	126%	123%	125%	132%	130%

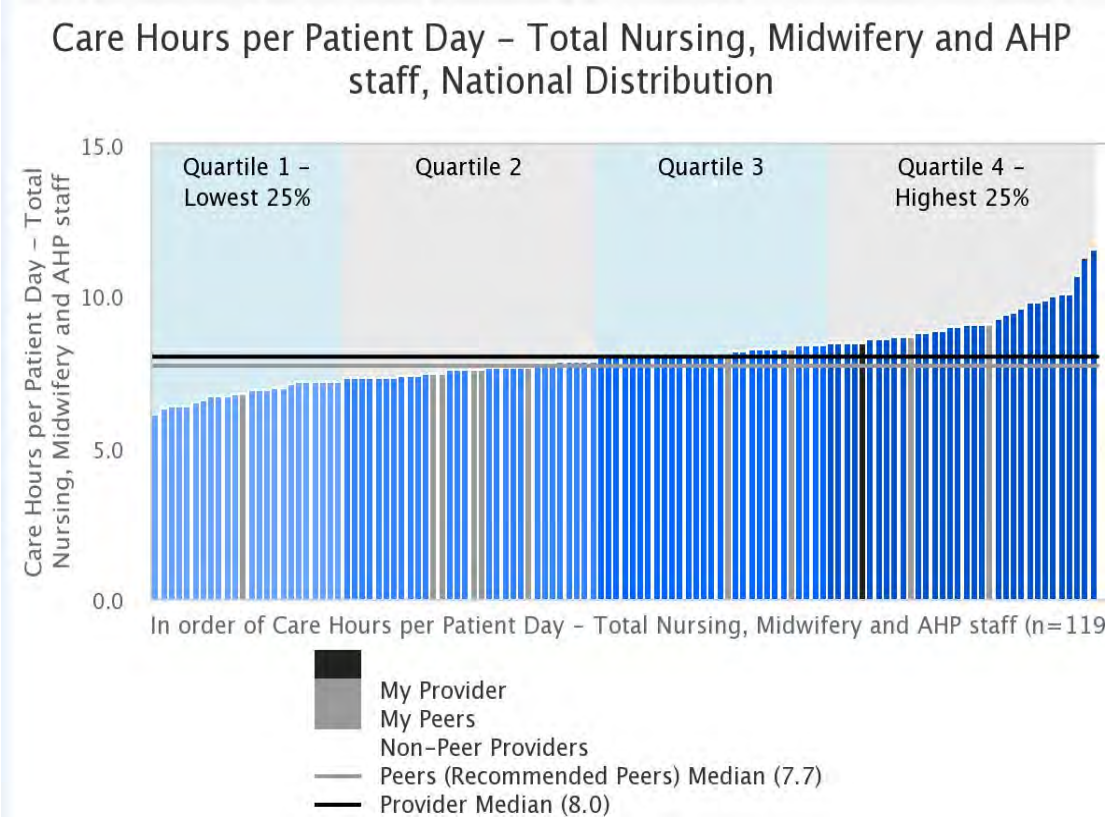
Data Source: Unify Staffing Data.

4.3 CHPPD is calculated by adding together the hours of registered nurses/ midwives and health care support staff (HCSW) and dividing the total by every 24 hours of inpatient admissions. This provides a value that demonstrates the average number of actual registered nursing care hours spent with each patient per day. Data from Trust and ward level for all acute Trusts are published on NHS Model Hospital to enable a central and transparent comparable data set. Very low rates may indicate a potential patient safety risk, whereas very high rates may suggest an organisation has several unproductive wards or inefficient staff rostering processes.

4.4 The CHPPD at the Trust level has remained stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (December 2022) demonstrates that the Trust value sits within the highest of the four quartiles at 8.5 and is slightly above the national and 8.0 peer median of 7.7. Whilst this metric should not be used in isolation, it does

indicate that deeper examination iward-levelevel CHPPD may indicate possible areas for productivity improvement.

Figure 7:



Data Source: Model Hospital

4.5 Divisional feedback from the matron team highlights maintaining safe staffing across all services has continued to be a demanding priority, particularly with the seasonal variables ever-present. With that said, staffing resource has been safely flexed to meet patient demand, activity, and acuity, and at times, this has meant clinical areas are working with staffing levels that have not been optimum. Nonetheless, minimum staffing levels have been maintained, but it is recognised that staff well-being and patient experience may have been impacted in these instances. The continued effort given by our teams to ensure continued service, particularly supporting additional capacity, has been outstanding.

4.6 Following a recent inspection, the CQC noted our maternity services have sufficient maternity staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. They also noted T staff were competentinr their roles

and managers appraised staff's performance and held supervision meetings to provide support and development.

5.0 Measure and Improvement

5.1 To ensure quality is the focal driver in our oversight of safe staffing, the senior nursing and midwifery team review workforce metrics, indicators of quality, and measures of productivity monthly within the monthly Safe Staffing Reports. Since March 2022, 735 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed).

Figure 8:

2022-2023	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Staffing Incidents	76	83	53	45	49	68	82	53	45	65	68	48
Red Flags	5	4	1	2	3	4	4	7	3	4	3	7

Data Source: Datix Reporting System

5.2 47 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, delays in providing pain relief, unable to provided 1:1 care during established labour or delays in the inductions of labour. It is recognised that despite no adverse clinical outcome, the delays in care in no doubt have had a negative reception of the overall experience of patients and staff.

5.3 In addition to Datix reporting, red flags for midwifery services are also recorded within BirthRate Plus®. The theme of red flags reported aligns to the incidents reported within the Datix system highlighted above. The supporting actions reported within BirthRate Plus® to meet patient acuity reflected staff redeployment, matron on call working clinically and escalation to managers were enacted to mitigate risk.

5.4 As part of the planned national Maternity Service inspection, Maternity Services at Sherwood Forest Hospital were inspected by the CQC in November 2022. Focusing on two of the five domains (Safe and Well-led), the service maintained its "good" rating.

6.0 Nursing Forward planning

6.1 SNCT acuity and dependency cycles will continue throughout 2023 with planning underway for June and October with the senior corporate nursing team supporting validation and assurance with data collection.

6.2 It is expected that The Shelford Group and NHSE will release in the coming months a revised version of the Adult SNCT which will incorporate enhanced care as a new level of care. A roll-out refresh programme will commence supporting areas with its implementation. This will be led by the Lead Nurse for Safe Staffing and the corporate nursing team.

6.3 At the end of March 2023 the Trust had recruited 29 out of the 50 international registered nurses, with a further five arriving in April, and the remaining 16 to arrive in May and June. The Trust has chosen to not apply for further funding from NHSE for the remainder of 2023 and will concentrate on supporting and providing pastoral care to the international registered nurses we already have.

6.4 For the first time in March 2023, the Trust established a Pay Review Panel to review the 15 incoming international nurses and place them on the appropriate pay scale, in line with best practice. This was presented at the Nursing, Midwifery and AHP Committee in March 2023, and agreed.

6.5 The Trust has also, enhanced the Trust's induction programme for international registered nurses for the April arrivals, ensuring that they have information on the professional responsibilities in line with the NMC, and can look at the diaspora elements the Trust has to offer. This programme will continue until the end of the International Registered Nurse Recruitment Programme which will close in the next few months.

6.6 Following changes to the English language requirement from the NMC, many of our international registered nurses working as HCSW can undertake their OSCEs. The International Registered Nurse Facilitators are currently providing training to the International Programme, and these nurses are currently waiting on a list, and we are looking at ways in which we can fund these nurses to achieve their goal.

6.7 The Trust has two Trainee Nursing Associate Cohorts in training, Cohort 2021 will qualify in October 2023, and 2022 will move into their second year in October. The Trust has obtained funding from HEE for the next cohort to commence in October 2023, but the business case continues to await approval.

6.8 There remain 19 students on the Registered Nurse Degree Apprenticeship route, and all are progressing well.

6.9 The Trust is currently working with West Nottinghamshire College to develop an HCSW Apprenticeship, and this will be updated regularly throughout the next six months.

6.10 The Trust recently held a recruitment pop-up event and successfully recruited seven registered nurses from the local area and two who are relocating. The Medical division welcomed three newly qualified nurses, Urgent and Emergency Care welcomed four newly qualified nurses, Ward 14 welcomed one newly qualified nurse and ICU welcomed a qualified nurse with previous intensive care experience.

6.11 There is a recruitment extravaganza being hosted by the Trust on April 22nd where the public will have the opportunity to meet our teams and the opportunity to have an interview on the day. The aim is to have a person-centred approach to recruitment, promoting purpose-driven conversation by the teams delivering the frontline care.

7.0 Midwifery Forward Planning

7.1 The Royal Collage of Midwives (RCM) released a position statement in October 2022 which outlined that registered nurses are not to be used within maternity services and that organisations should look at the development of the Maternity Support Worker (MSW) workforce. Whilst this has not altered the already ongoing MSW work at the Trust and its alignment with the national framework, we have had to revise our workforce plans regarding nurses working within maternity services. We have taken the registered nurse role out of the workforce plans, but they remain within the Escalation Policy to support in the areas outlined by the RCM.

7.2 The alignment of the MSW to the national framework has gained traction over the last six months following the secondment of the band 4 MSW Lead. We have identified a clear education and training programme for our current band 2 and band 3 MSW, and mitigations are in place for ongoing recruitment for the next three years. Again, this aligns to the ask from the recent Three-Year Delivery Plan for Maternity and Neonatal Services (NHSE, March 2023) and RCM position statement.

7.3 Future planning is further supported by the Recruitment and Retention Lead role which has evaluated well after the first year with successful recruitment days, revised preceptorship, ongoing pastoral support leading to all early career Midwives recruited staying within the organisations. The role has been extended through bid funds from

NHSE and the next phase of this role, whilst continuing to support recruitment, will explore the role of legacy mentors.

7.4 As referred to earlier the Three-Year Delivery Plan for Maternity and Neonatal Services, was launched in March 2023 following a delay. This plan combines findings from recent reports into Maternity Services nationally and looks at a framework for delivery. The expectation is that this will be managed through the LMNS. As this has only just launched, we are awaiting clear plans as to how this will look from a workforce perspective.

7.5 The Trust currently has two MSc Midwifery programmes in operation, one programme is with Birmingham City University where four student midwives will complete in January 2024, and the second programme is with Derby University where five student midwives will complete in January 2025. The Trust has placed a bid for a further five places ideally with Derby University.

8.0 Nursing and Midwifery Establishment Review 2023/2024

8.1 Since the last review, the Trust has continued with an evidence-based approach to setting the nursing and midwifery establishments ensuring we are compliant with the 2016 NQB standards and the Developing Workforce Safeguards (NHSI, 2018). This has included the implementation of the SNCT across adult inpatient areas, children and young people inpatient areas, and most recently our Emergency Department. SNCT is an objective tool evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process.

8.2 A total of three 20-day cycles of SNCT data collection took place in March, July, and October 2022, ensuring the capture of seasonal variation of patient presentation. During these cycles, it was noted that several areas had additional capacity open during at least one of the data sets.

8.3 A multidisciplinary review of the nursing and midwifery establishments commenced in early December 2022 and concluded in late January 2023. These were led by the Director of Nursing/ Deputy Chief Nurse, and the Lead Nurse for Safe Staffing, with representation from the Deputy Chief Financial Officer, Divisional Directors of Nursing/ Midwifery, Divisional Matrons and Divisional Finance Managers.

8.4 Each review was aligned to the components below:

- Each review panel ensured professional judgement was applied to workforce planning and was representative of activity requirements.
- The appropriate skill mix of staff was aligned to the speciality.
- Commissioned bed base modelling (additional winter capacity considered during winter planning processes).
- Three cycles of SNCT acuity and dependency data were used to inform each confirm and challenge discussion.
- The financial impact on the setting of budgets was considered.
- Benchmarking ward-level CHPPD data was aligned with the national mean.
- A 12-month overview of nurse/midwifery-sensitive indicators for each area was reviewed

8.5 The Trust compliance against the SNCT standards has been re-assessed, and conformity is assured. The assessment is located in Appendix Two.

8.6 Staffing establishments consider the need to allow nursing, midwifery, and HCSW time to undertake professional development and fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years, namely:

- The ward/department leader role is supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership and support unfilled shifts.
- The skill mix on a ward should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards and 60:40 for sub-acute wards and 50:50% for rehabilitation wards.
- 22% ‘headroom’ is allocated to establishments to allow for annual leave, sickness, maternity leave, training and development. The Carter report recommends 25%; however, 22% is the minimum ‘headroom’ supported within the SNCT and represents a built-in efficiency. ED, Newark Urgent Treatment Centre, NICCU and ICU were allocated 25% headroom acknowledging the speciality guidance for additional training requirements for these specific areas.

8.7 BirthratePlus® is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions

as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BirthratePlus® methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and the Royal College of Obstetricians and Gynaecologists.

9.0 Medicine Division

9.1 The Medical Division requires an additional 10.71 WTE distributed across ward 42, Ward 44 and Oakham Ward, with a 2.51 WTE reduction on Ward 33.

9.2 It has been recognised that the speciality of wards 42 and 44 is providing acute respiratory care combined with a high level of dependency needs, for example, tracheostomy care, oxygen dependency and enhanced patient observations. Therefore, the additional staffing will support the rising complex needs of these patient groups. Ward 42 is requiring 2.74 WTE and Ward 44 is also requiring 2.74 WTE.

9.3 An additional 5.23 WTE has been recommended for Oakham Ward. The additional staffing will increase service provision capability and further strengthen the care pathway for these patients. Funding is already being provided through the divisional financial envelope therefore additional investment is not required.

9.4 Ward 33 has requested to reduce the overall establishment by 2.51 WTE. This is supported by SNCT acuity and dependency data and still ensures full-service provision. This reduction of WTE will create an £84,241 positive cost saving.

Figure 9: Medicine Division

Ward/ Department:	Current WTE	Suggested WTE:	Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median
Ward 42	35.16	37.90	2.74	34.4	£82,699	6.85	7.15
Ward 44	35.16	37.90	2.74	35.6	£82,699.	7.32	7.53
Oakham MCH	27.19	32.42	5.23	27.1	0	7.24	NA
Ward 33	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4

9.5 The Medicine division is seeking an additional investment of £81,157.

9.6 Urgent and Emergency Care Division

9.7 The Urgent and Emergency Care division has not requested any additional investment during the re-setting of the 2023/2024 establishments. The Emergency Care Department has increased its overall WTE by 47.39 within its existing budget capacity by re-purposing finance provided from a previous business case, additional clinical leadership roles will ensure a consistent presence across a seven-day service.

Figure 10: Urgent and Emergency Care Division

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
ED	163.47	210.86	NA	47.39	0	NA	NA	NA

9.8 The division are not seeking any further financial investment.

9.9 Women's and Children Division

9.10 The Women's and Children division has requested to reduce the establishment within Ward 14 by 0.94 WTE. The full-service provision remains across the unit and changes are supported by the SNCT data. This reduction of WTE will create a £32,100 positive cost saving.

Figure 11: Women's & Children's Division

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 14	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	NA

9.11 The maternity staffing review sought:

- To clarify the current position of the midwifery establishment area by area,
- To present the local context and practices which preserve the supernumerary status of the labour suite co-ordinator and protect 1-1 midwifery care for women in labour.

- To signpost the next steps which will support safe staffing.

9.12 Due to the increasing birth-rate noted over the last five years and the change in requirements for Specialist Midwives from the Ockenden Report (2022), we have recommissioned the BirthratePlus® report. This has been factored into the 2023/24 establishment and recruitment plans and focus upon the Specialist Midwives is underway following the release of the Three-Year Delivery Plan for Maternity and Neonatal Services in March 2023.

9.13 The Women's and Children's Division are not seeking any further financial investment.

9.14 Surgical Division

9.15 The surgical division requires an additional 3.39 WTE to the establishment upon Ward 43 to ensure there is appropriate health care support provision overnight, and SNCT reflects the dependency of patients' needs has increased over the previous 12 months. However, the division has sufficient funds within their current financial envelope to mitigate any further investment required.

Figure 12: Surgical Division

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 43 (16 beds)	21.18	24.57	25.6	3.39	0	NA	NA	NA

9.16 The surgical Division is not seeking any further financial investment.

9.17 CSTO Division

9.18 The CSTO division requires an additional 3.5 WTE additional posts to assist outpatient phlebotomy services, the additional resource will support the year-on-year increase seen in activity from 2019 onwards. Despite a 3.5 WTE increase, the division is seeking investment to fund 1.5 WTE only.

Figure 13: CSTO Division

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Phlebotomy	14.78	18.28	NA	3.5	£37,100	NA	NA	NA

9.19 The CSTO division is seeking a financial investment of £ 37,100

9.20 The collective recommended Trust establishment change is an overall increase of 61.54 WTE in the overall establishments with a collective cost impact of £86,157. (This is recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).

Allied Health Professions Overview

10.0 AHPs are a wide-ranging group of clinicians who work in the diagnosis, treatment, rehabilitation, health promotion, discharge and improving the quality of life of patients. AHP professional titles are recognised by NH E, protected by law, and are registered and regulated by the HCPC. Collectively they are the third largest workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.

10.1 There is no single guidance or standard approach to inform safe staffing levels required within services provided by AHPs. Each AHP has profession-specific information and guidance only, available to support staffing levels of a particular type of service. At SFHFT, we are currently developing a quality dashboard which will provide oversight of staffing, sickness, vacancies, productivity, and quality measures.

10.2 To support the evidence and collection of this data, we have commenced an AHP Chief Nurse Clinical Fellow project, seconding a band 7 AHP (0.4 WTE) for 12 months to implement job planning across the AHP workforce. This supports NHSE mandatory requirements to job plan AHPs and will also provide an opportunity to review capacity against clinical hour contacts required for each AHP service.

10.3 In 2023/2024, our AHP professions will be transferred to the electronic health roster system. This will enable an overview of the working hours of all our AHPs electronically and, with the utilisation of job plans will provide an accurate picture of work undertaken mapped against demand. This will provide a further evidence base which will inform a robust process for the AHP establishment setting. Moving forward a quarterly update on the AHP workforce will be presented to the People, Culture, and Improvement Committee.

10.4 The Trust employs nine of the fourteen AHP professions (as defined by NHSE) with

341 AHP staff in posts (302.81 WTE) alongside a support workforce of 129 staff (101.18WTE). The nine AHP professions positions are detailed below.

10.5 Dietitians

10.6 There are nine dietitians employed (8.4 WTE) at SFHFT and are working across outpatient and inpatient settings. The current workforce risk is the ongoing challenge of attracting enough applicants for recruitment. The service is stretched beyond capacity when additional beds are enacted and there is a very limited agency and bank workforce available for dietetic services.

10.7 Occupational Therapy (OTs)

10.8 The Trust currently has 61 OTs (53.2 WTE) who are employed at SFHFT, across outpatient and inpatient settings. Nationally OTs have recently been determined by NHSE as an 'at risk' professional group due to the significant challenges in recruitment, especially since post-Covid in acute settings. There are limited bank and agency workforce available, particularly in the acute setting and acute placements are not mandated as part of the undergraduate training of an OT. The ICS workforce modelling plan predicts a 20% reduction in OTs within the system over the next three years if mitigations is not enacted to reduce the predicted workforce losses.

10.9 Orthoptists

10.10 Across the outpatient clinics there are currently 11 Orthoptists employed (6.9 WTE). However, in 2022 HEE deemed Orthoptists as a 'small and vital' profession to recognise the national workforce risks. There is difficulty in providing full-service provision for the restoration & recovery backlog due to the size of the workforce combined with competing private providers offering attractive pay offers. In addition to this, there are currently limited career progression opportunities at SFHFT that enable advanced practice.

10.11 Orthotics

10.12 At SFHFT there are four (4.0 WTE) Orthotists working in our outpatient and inpatient services. Like the Orthoptist profession, Orthotics has also been designated a 'small

and Vital' profession by HEE in 2022. Due to the challenges of covering additional restoration and recovery workload, alongside the additional capacity in-patient beds across the three sites, this has been recognised as a workforce risk. As additional contributing factors, private providers are offering attractive pay offers and the long-term strategic direction is restricted due to only 80 undergraduate training places being awarded each year in the UK.

10.13 An Orthotic apprenticeship programme recently commenced at Derby University in September 2022, unfortunately, due to the lack of a support ping available within the current establishment, SFHFT were unable to support any Orthotic apprentices at that time.

10.14 Operating Department Practitioners (ODPs)

10.15 The current workforce position for ODPs reflects 56 ODPs (51.45 WTE) in post within our inpatient services. Unfortunately, there is a continued risk due to significant recruitment and retention issues at SFHFT, therefore bespoke recruitment workstreams have been commenced. These include international recruitment, rolling band 5 recruitment, apprenticeships, ODP career day (May 2023), promotional videos with Care4Notts and a communication plan.

10.16 Substantive staff are covering significant overtime due to a high agency workforce (with less experience) covering vacancies, acknowledging there is a significant risk of 'burnout' and the impact on the health and wellbeing of the substantive workforce. In response to this, a task and finish group has convened and will meet monthly to review the ongoing recruitment and retention of ODPs.

10.17 Paramedics

10.18 Within the Emergency Department there are two (2.0 WTE) paramedics employed as Advanced Clinical Practitioners.

10.19 Physiotherapy

10.20 Supporting our inpatient and outpatient services, there are 110 (98.4 WTE) Physiotherapists. However, there is a workforce risk due to significant difficulty

recruiting into vacancies mainly due to the increased number of First Contact Practitioners (band 7) being appointed into community/PCN roles. Over 50% of musculoskeletal qualified physiotherapists now work in private practice since the pandemic (CSP, 2023).

10.21 Radiographers

10.22 The Trust has 77 (65.5WTE) Radiographers working within SFHFT and there is a workforce plan underway for the new MRI department. Two additional scanners have been purchased and are scheduled, to operate 7 days per week for extended hours. There is a concern that recruitment into the additional posts will be challenging based on local peer positions (one organisation has 11 vacancies within its MRI service). The Trust workforce plan for the new Community Diagnostic Centre (CDC) requires significant numbers of radiography staff, and SFHFT will support the staffing of the CDC, but the numbers required will be challenging to fully recruit.

10.23 Speech and Language Therapy (SLT)

10.24 To date there are 11 (9.9 WTE) SLTs, at supporting patients in our outpatient and inpatient settings. As mentioned with several of the AHP professions, there is difficulty attracting applicants for recruitment. Due to the workforce being a smaller team, the service is often stretched beyond capacity when additional beds are opened. And again, there is a very limited agency and bank workforce to utilise the acute sector. The SLTs who implemented an ED focused pilot have been deemed successful in supporting admission avoidance, but the pilot has now ceased due to winter funding ending.

11.0 AHP Advanced Practice

11.1 Our ACP trainee Dietitian in ICCU, has just successfully completed their non-medical prescribing (NMP) module, and becomes the first NMP Dietitian at SFHFT. Alongside this, there are now two AHP Radiography Consultants in breast care, ACP Physiotherapist and ACP Dietitian in ICCU, an ACP Physiotherapist in paediatrics, a MSK ACP Physiotherapist, Gastroenterology ACP (Dietitian) and two Paramedic ACPs working ED.

12.0 AHP Recruitment

12.1 Constraints regarding substantive recruitment have eased slightly within the AHP services with successful recruitment to several key vacancies. SLT and Dietetics have small specialist staffing establishments but continue to remain below the benchmark of other organisations of a similar size when compared to Model Hospital. AHP agency and bank staffing are increasingly challenging to secure due to competing provider needs within the ICS there is limited bank and agency resources for the AHP professions nationally.

12.2 At SFHFT, we have the highest proportion of student AHP placements to our WTE workforce, of all the ICS health and social care providers. This directly translates into our recruitment success for our AHP workforce. SFHFT are actively participating in an ICS rotation pilot for band 5 SLT's and are currently exploring the appetite for band 5 OT and ODP rotations across the system. To ensure we support our staff well-being and maximise the potential of our AHPs as a valued resource, a review of themes from the staff survey is currently underway.

13.0 ICS AHP Faculty and AHP Cabinet

13.1 Our Associate Chief AHP continues to be key member of the AHP faculty and ICS AHP cabinet. The Nottingham and Nottinghamshire AHP faculty and ICS Cabinet have various recently completed projects and work-streams underway to support the AHP workforce workstreams across Nottinghamshire. NHSE are no longer funding the ICS AHP Faculty chairs position beyond March 2023. The faculty have utilised funds to continue these posts until June 2023 and will present a gap analysis, recommendations, and action plan for the next steps. Lack of ongoing funding for AHP Faculty Chairs and an unclear route within the ICS for submitting bids and accessing funds, puts the ICS AHP workforce workstreams of recruitment and retention, apprenticeships, placement expansion and profession growth, at significant risk. The AHP maturity faculty matrix notes in the past two years, the move of all areas aligned to the national workstreams (purpose, membership, governance, leadership, QI and project management, data dashboard, workforce priorities, sustainability) has transitioned from *emerging* to *developing.*

13.2 The ICB were successful in bidding for HEE funding to scope a pilot of an ICS Chief AHP role for four months. This commenced in March 2023 and SFHFT are the 'host organisation' with the Associate Chief AHP as the named lead. The Trust will also continue to joint host two AHP HEE fellowships until September 2023.

14.0 National Compliance

14.1 The Developing Workforce Safeguards published by NHSI in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

14.2 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.

14.3 The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective, and sustainable.

14.4 Appendix three details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

Recommendations

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

15.1 The Board of Directors is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support each service.

15.2 The Board of Directors is asked to approve the collective establishment uplift of 61.54 WTE within the nursing and midwifery workforce; with a total financial impact of £86,157 (recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).

15.3 The Board of Directors is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

15.4 The Board of Directors is asked to note the compliance standards relating to the Developing Workforce Safeguards and the Trusts conformity against these.

16.0 Appendix One: Establishments Outcome Breakdown 2023/2024

Division	Ward/ Depart	Current WTE	Suggested WTE:	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Comments:
Medicine	**Ward 22 (24 beds)**	37.90	37.90	0	30.9	0	6.7	7.15	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 23 (24 beds)**	35.16	35.16	0	34.5	0	7.13	7.4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 24 (24 beds)**	37.9	37.9	0	33.1	0	6.97	7.4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the speciality on the ward is haematology and cardiology medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron and Divisional Director of Nursing
Medicine	**Ward 33 (24 beds)**	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4	The SNCT principles and professional judgement have been applied and have recommended a 2.51 WTE reduction in the registered nurse shift pattern for night duty. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 34 (24 beds)**	35.16	35.16	0	37.1	0	6.76	6.75	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. Existing shift numbers have been re-aligned to the current budget/ WTE. The skill mix reflects the higher dependency needs of patients and is supported by the Matron and Divisional Director of Nursing
Medicine	**Ward 42 (24 beds)**	35.16	37.90	2.74	34.4	£82,699	6.85	7.15	The SNCT principles and professional judgement have been applied and have recommended a 2.74 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. This is supported by the Matron and Divisional Director of Nursing.

Medicine	**21/ RSU (24 beds)**	40.40	40.40	0	42.7	0	8.96	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 44 (24 beds)**	35.16	37.90	2.74	35.6	£82,699.	7.32	7.53	The SNCT principles and professional judgement have been applied and have recommended a 2.74 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 51 (24 beds)**	40.79	40.82	0.03	34.6	0	7.91	7.15	The SNCT principles and professional judgement have been applied with a 0.03 WTE increase to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently 1:1, care is not yet captured within the SNCT modelling and additional non-clinical specialist roles have been included. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Ward 52 (24 beds)**	40.79	40.82	0.03	41.7	0	7.94	6.78	The SNCT principles and professional judgement have been applied with a 0.03 WTE increase to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently 1:1, care is not yet captured within the SNCT modelling and additional non-clinical specialist roles have been included. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Stroke Unit (29 beds)**	62.85	62.85	0	62.9	0	9.66	7.13	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. The ward includes 4 HASU beds and 25 rehabilitation beds. This is supported by the Matron and Divisional Director of Nursing
Medicine	**Sconce (24 beds)**	35.16	35.16	0	43.7	0	6.21	8.04	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Oakham MCH (24 beds)**	27.19	32.42	5.23	27.1	0	7.24	NA	The SNCT principles and professional judgement have been applied and have recommended a 5.23 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. No further investment is required as this is within the

									divisional financial envelope. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Castle**	0.0	0.00	0	27.8	0	NA	NA	Winter-funded ward ONLY. Rehabilitation modelling. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Chatsworth MCH**	0.00	24.69	0	NA	0	NA	NA	Winter-funded ward ONLY. Rehabilitation modelling. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**Lindhurst/ WD 41 – (24 beds)**	35.16	35.16	0	37.1	0	7.06	6.78	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**MDCU**	0.00	9.76	0	NA	0	NA	NA	Divisionally funded as part of OPAT/VW. This is supported by the Matron and Divisional Director of Nursing.
Medicine	**OPAT/VW**	28.98	28.98	0	NA	0	NA	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**Ward 11/AU (24 beds)**	42.74	42.74	0	43.7	0	9.5	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**Ward 12 (24 beds)**	37.9	37.9	0	39.2	0	8.8	7.46	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**Ward 43 (16 beds)**	21.18	24.57	3.39	25.6	0	NA	NA	The SNCT principles and professional judgement have been applied and a 3.39 WTE increase to the establishment has been recommended. The resource will support additional staffing during the night shift to support the increased dependency needs of our patients. no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.

Surgery	**Ward 31 (24 beds)**	35.19	35.19	0	35.1	0	7.07	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**Ward 32 (24 beds)**	32.71	32.71	0	34.4	0	6.75	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**ITU**	99.02	99.02	0	GPICS	0	49.77	27.48	The GPICS principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**DCU - King's Mill**	34.35	34.35	0	NA	0	14.24	7.73	Professional judgement has been applied and no increase to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	**Minister - NWK**	23.23	23.23	0	NA	0	NA	NA	Professional judgement has been applied and no increase to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	**UCC - Newark**	21.76	21.76	0	NA	0	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	**SSU (40 beds)**	58.34	58.34	0	54.3	0	6.9	8.04	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	**EAU (40 beds)**	85.41	85.41	0	79.1	0	10.51	7.97	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	**Discharge Lounge**	7.78	7.78	0	NA	0	NA	NA	Professional judgement has been applied and professional judgement has been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	**SDEC**	21.77	21.77	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.

UEC	**ED**	163.47	210.86	47.39	NA	0	NA	NA	Professional judgement has been applied and no change to the financed establishment has been recommended. The WTE establishment has increased to support the swabbing team and the ENP team. The existing budget has been re-purposed to highlight clinical leadership roles across a 7-day service. This is supported by the Matron and Divisional Director of Nursing.
UEC	**HOOH**	9.28	9.28	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
CSTO	**Inpatient Dietetics**	11.8	11.8	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision and service need. This is supported by the Service Lead, Matron and Divisional Director of Nursing.
CSTO	**Inpatient SLT**	8.5	8.5	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision balanced with service needs and system-level support. This is supported by the Service Lead, Matron and Divisional Director of Nursing.
CSTO	**Inpatient Orthotics**	3.5	3.5	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Head of Therapies and the Divisional Director of Nursing
CSTO	**Inpatient PT and OT**	85.43	85.43	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision balanced with service needs and system-level support. This is supported by the Service Lead and Divisional Director of Nursing
CSTO	**Outpatients**	87.04	87.04	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing
CSTO	**Phlebotomy**	14.78	18.28	1.5	NA	£37,100 (Investment only required for 1.5 WTE)	NA	NA	Professional judgement has been applied and a 3.5 WTE increase to the establishment has been recommended. Activity has continued to increase by approximately 9% since 2022 and the additional resource will continue to support activity and demand. This is supported by the Matron and Divisional Director of Nursing
W&C	**Ward 25**	50.06	50.06	0	47	0	11.9	11.02	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing

W&C	**Ward 14 (13 beds)**	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing
W&C	**NICU**	39.47	39.47	0	BPAM	0	13.36	12.27	The BPAM principles and professional judgement have been applied with no changes to the financed establishment recommended. The non-registered support worker will increase from x1 per shift to x2 per shift 7 days per week. Rebalancing and repurposing of existing finances will enable ratio change. This is supported by the Matron and Divisional Director of Nursing
W&C	**Midwifery**	188.18	188.18	0	Birthrate Plus	0	NA	NA	The BirthRate Plus principles and professional judgement have been applied and no changes to the establishment recommended. This is supported by the Matron and Director of Midwifery.

17.0 Appendix Two: SNCT Compliance Standards 2023 Assessment

Criteria	Compliance	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	**Yes**	The licences for all participating areas (Children and Young People, Adult in-patient Areas, Adult Assessment Areas and The Emergency Department) were renewed in 2022.
Do you collect a minimum of 20 days of data twice a year for this?	**Yes**	Data analysis is held on central database.
Are a maximum of 3 senior staff trained and are the levels of care recorded?	**Yes**	Held on a central database: - due to staffing challenges during the pandemic and increased capacity areas, there are some areas that have requested 4 staff (all senior levels) to enable guaranteed continuity.
Is an established external validation of assessments in place?	**Yes**	Information is held on central database – A member of the senior nursing team is allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency. This is led by the Lead Nurse for Safe Staffing
Has inter-rater reliability assessment been carried out with these staff?	**Yes**	Information is held on central database – A member of the senior nursing team is allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency. This is led by the Lead Nurse for Safe Staffing
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	**Yes**	Held on central database.
Are enhanced observations (specials) patients reported separately?	**Yes**	Requests for additional staffing for enhanced patient observations are reported through Datix Reporting System.
Has the executive board agreed on the process for reviewing and responding to safe staffing recommendations?	**Yes**	SNCT, BirthRate Plus and speciality guidance applied to support an evidence-based approach. A triangulation of nurse sensitive indicators, benchmarking data and rostering metrics.

18.0 APPENDIX THREE: Compliance with Developing Workforce Safeguards, Nursing and Midwifery

18.1 The Workforce Safeguards published by NHSI in October 2018 are used to assess compliance with the Triangulated approach to staff planning in accordance with the NQB guidance.

18.2 Although the guidance applies to all staff, this paper will outline nursing and midwifery's current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
Recommendation 1: Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	**Compliant** SNCT has been embedded within both adult and Paediatric in-patient areas. BirthRate Plus is utilised within Maternity services.
Recommendation 2: Trust must ensure the three components are used in their safe staffing process.	**Fully Compliant** SNCT and BirthRate in use at the Trust to provide an evidence base for our establishment setting process. Nurse sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
Recommendation 3 & 4: Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.	**Fully Compliant** Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
Recommendation 5: As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.	**Fully Compliant** We collate and review data every month for a range of workforce metrics, quality indicators and productivity measures – as a whole and not in isolation from each other.
Recommendation 6: As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	**Fully Compliant** Biannual and Annual Nursing, Midwifery and Allied Health Professional Staffing Report sign off.
Recommendation 7: Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.	**Fully Compliant** Annual submission to NHS Improvement
Recommendation 8: They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data	**Fully Compliant**

on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.	Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.
Recommendation 9: An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	**Partially Compliant.** Bi-annual review for nursing is not completed across all services; but SNCT is undertaken 2-3 times per year. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Inclusivity Committee and the Board of Directors.
Recommendation 10: There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	**Fully Compliant** SNCT and Birthrate Plus in use as per license agreements.
Recommendation 11 & 12: As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.	**Fully Compliant** Completed as part of the establishment setting process and monitored by the Nursing, Midwifery, and Allied Health Committee.
Recommendation 13 & 14: Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.	**Fully Compliant** Daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.

Board of Directors Meeting in Public

Subject:	Medical Workforce Report	**Date**: 4th May 2023	
Prepared By:	Rebecca Freeman – Head of Medical Workforce		
Approved By:	David Selwyn – Medical Director		
Presented By:	David Selwyn		
Purpose			
The purpose of this report is to provide the Board of Directors with an overview of the statutory regulatory aspects and recent developments in relation to the Medical Workforce		**Approval**	
		Assurance	X
		Update	
		Consider	

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

Identify which principal risk this report relates to:	
PR1 Significant deterioration in standards of safety and care	X
PR2 Demand that overwhelms capacity	X
PR3 Critical shortage of workforce capacity and capability	X
PR4 Failure to achieve the Trust's financial strategy	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

Aspects of this report have been presented to the Local Negotiating Committee and the People Cabinet.

Acronyms

SAS Doctors – Specialty Doctors and Associate Specialists/Specialists
ARCP – Annual Review of Competency Progress
KTC – Kings Treatment Centre
JLNC – Joint Local Negotiating Committee
NHSE – NHS England
BMA – British Medical Association
GMC – General Medical Council
RCP- Royal College of Physicians

Executive Summary

This report provides an overview of the progress against the regulatory aspects, specifically Medical Appraisal and Revalidation. The report also describes the progress in job planning for 2023/24.

The report includes details of the current Medical vacancies and describes the areas of focus with the recruitment Task and Finish Groups. It provides an update on the progress of the implementation of new Trust bank rates.

There is a summary of the additional training posts that can be expected in both the Foundation

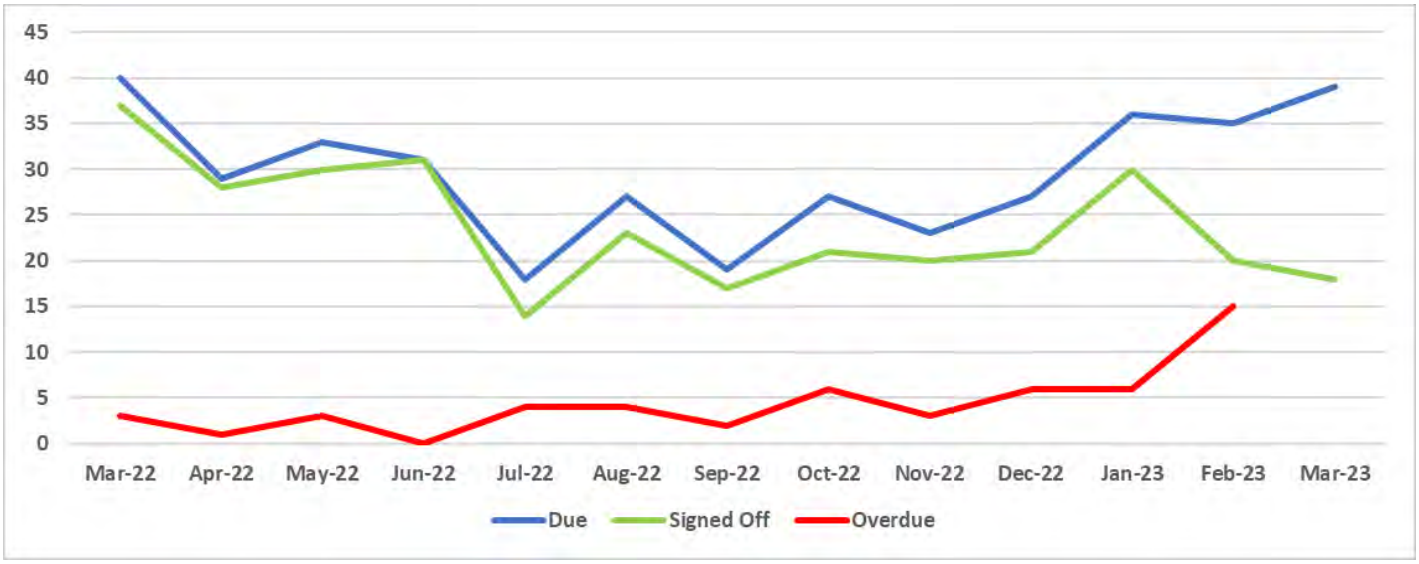
Programme and Specialty Trainees in August 2023.

The Board of Directors is asked to:

- Note the contents of this report
- Recognise that this work feeds into a number of areas of focus including the Guardian of Safe Working report, Strategic Direction of Medical Training and Education at the Trust and the Medical Transformation Programme.

Looking after our People

Appraisal and Revalidation



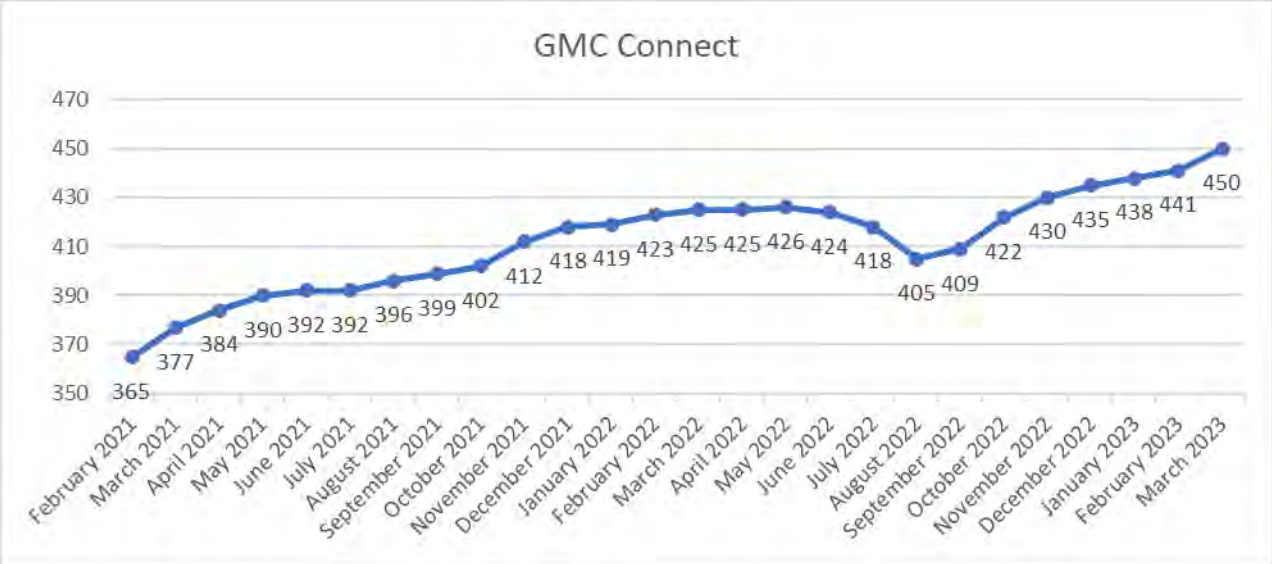
Appraisal compliance for the Trust is currently 88%. There are 53 appraisals that are currently overdue and the Medical Workforce Manager continues to work with these individuals to highlight the importance of completing their appraisal.

The Trust has 26 appraisers undertaking appraisals and this number will increase inline with the increase in Consultants and SAS doctors.

Senior Clinical Fellows and Clinical Fellows undertake an annual review of their progress against specified competencies (ARCP), this process is also followed by the Postgraduate Trainees. It involves the Senior/Clinical Fellows presenting their training, development and work experience or e-portfolio, to a panel of consultants who make an assessment of their progress to date. This is organised by the Medical Workforce Team and currently there are 95 Senior/Clinical Fellows going through this process. Although this does take a great deal of time to arrange and relies on the support of our consultants, this aspect of the programme is not replicated by any other Trust and sets SFH apart from other Trusts offering a Clinical Fellow programme. The Fellows feel that it is a supportive process that prepares them for a training post which the majority will move on to.

There are currently 450 doctors connected to the Trust with the GMC. These are the doctors that the Medical Director is accountable for the local clinical governance processes within SFH, focusing on the conduct and performance of doctors. These duties include evaluating a doctor's fitness to practise, and liaising with the GMC over relevant concerns, queries and procedures.

The graph below shows that this number has increased by 85 since February 2021.



Revalidation

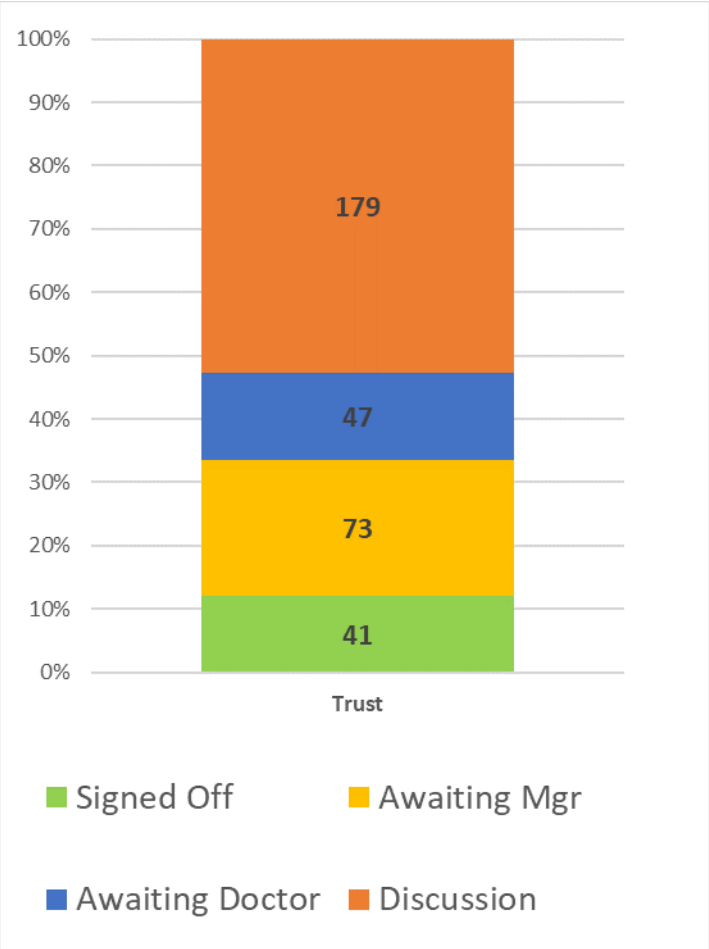
66 doctors are due to revalidate between April 2023 and March 2024. 7 of these doctors have already been revalidated and one doctor has been deferred due to not having the required information available to revalidate. GMC revalidation meetings take place with the Head of Medical Workforce, Medical Workforce Manager and the Associate Medical Director for Workforce to review portfolios and during those meetings a decision will be made to either recommend revalidation or defer based on individual readiness. The final decision rests with the GMC.

Job Planning for 2023/24

The job planning process for 2023/24 is well underway, many specialties have completed their team job planning meetings and are now progressing with the individual job planning process, as can be seen from the chart below 179 job plans are currently in discussion with 73 awaiting sign off by the Manager. Divisional job planning panel meetings have been arranged in April and May. Meetings have already taken place with Radiology, Cardiology and Rheumatology which has resulted in 41 job plans being fully signed off.

Once the job plan is fully signed off the Medical Workforce Team ensure any changes to the doctors' salary as a result of job plan change are communicated to Pay Services.

The Trust Job Planning Toolkit is due to be reviewed this year in readiness for the 2024/25 job planning round in conjunction with the Joint Local Negotiating Committee (JLNC).



Junior Doctors Strike

There have been two strikes involving the Postgraduate Trainees and the Clinical Fellows/Senior Clinical Fellows, this Industrial Action was between the British Medical Association and HM Government. The first strike took place from 13th to 15th March 2023 for 72 hours and the second strike took place from 11th to 15th April 2023 for 96 hours. During both periods an average of 85% of this group of doctors took strike action. During these periods of action the Trust supported the staff providing cover by having a well-being offer including tea, coffee cold drinks and snacks available in the Deli Marche. There was a picket line on entrance to the Trust each morning during the period of the strike and a member of the Executive Team together with a member of the People Function made a daily visit to the doctors on the picket line. During this period the consultants and SAS doctors covered the hospital. With the focus during the strikes being to provide cover for the emergency pathway and inpatients across the Trust a number of planned care clinics and operating lists were cancelled. However, we did manage to maintain most and some cancer operating and diagnostic services during the 2 periods of Industrial Action. We are currently in the process of capturing the resultant impact and/ or harm to our patients, colleagues who were working during this time and our junior doctors. The BMA is currently undergoing a period of review and reflection following their Industrial Action and an indicative ballot date for consideration of Consultant Industrial Action has been set to open 15th May 2023.

Doctors Mess

The provision of a suitable Doctor's Mess is a statutory Trust employment requirement. It is more than a physical space or area and provides a sacred or organisation base linking trainees and junior doctors with each other and the employing Trust, in essence it offers them with a 'home' and provides sense of belonging. It also facilitates sensitive clinical discussions, advice and guidance and formal referrals and handover of confidential patient information. Historically it has provided a safe space for teaching, consultant guidance and a social hub.

The current Doctors Mess is very small, particularly noting the workforce expansion, and is located within close proximity to the Education Centre. Unfortunately, this is a significant distance from the main areas of clinical activity and as such, is not central to the hospital wards/departments. This limits the ability of doctors to visit the 'mess', it has also had a decline in facilities offered along with doctor's safety concerns of being removed from acute areas.

Consequently, over the last few years, the use of the doctors mess has declined. The Trainee workforce is a highly important but transient Trust workforce and having a mess that is functional, active and vibrant whilst being central to the clinical activity, that they can easily access to decompress and to ensure their own well-being. This is not possible on/ in ward areas. It requires comfortable rest facilities, enabling them to take time out when they are able to do so. Computer and essential patient information system access is mandatory. The current mess has had poor Wi-Fi and mobile signal connection.

There is significant current national concern around recent fatalities of junior doctors driving home following overnight shifts without breaks and the Trust has received 'well-being' money to develop junior doctor rest areas.

Following Trust Board direction, work on relocating the Doctor's Mess has been re-invigorated. The proposed location for the Doctors Mess is the current Deli Marche on the 6th floor. A Task and Finish group has been established to work through what is required to re-apportion this space as the Doctors Mess. This space is currently used as a rest area for staff which will be also require to be re-provided in another locality within the Trust, likely to be in the KTC.

Two meetings of the Task and Finish Group have been held and a walk around the Deli Marche is arranged for Friday 28th April 2023 with members of the Estates team, representatives from the Task and Finish Group and some Trainees to progress this. Further updates will be provided via the People, Culture & Improvement Committee.

Chief Registrar

The RCP Chief Registrar Programme is a flagship leadership development programme for trainee doctors who are committed to quality improvement. Created as a senior leadership role for doctors, the programme develops the clinical leaders of the future and helps chief registrars to ensure NHS organisations deliver the highest quality of treatment and care for patients. The aims of the programme are;

- To provide a vital bridge between senior clinical leaders, managers and the wider trainee workforce

- address local challenges and priorities around service improvement, education and training, engagement and morale, workforce and sustainability

- collaborate across teams and traditional boundaries to deliver better outcomes for patients, teams and services, increasing efficiency and reducing costs.

Unfortunately, last year the Trust was not able to recruit a Chief Registrar which has had an impact on the current group of Trainees. It has generally felt that there has been a lack of engagement amongst the Trainees and we have missed their voice helping us shape and improve our services.

Dr Oliver Smith has been appointed to the post of Chief Registrar for the Trust commencing in post in August 2023. Dr Smith is currently a Specialty Trainee - Year 5 within Obstetrics and Gynaecology and is taking a year out of training to undertake this role.

Climate Action Fellows

The Trust has also been successful in a bid for two Climate Action Fellows**,** these posts are funded by NHSE and provide an opportunity for trainees/Clinical Fellows or other Healthcare Professionals to work alongside the Climate Action Team for half of their working week. These posts have been recruited to and the individuals commence in post in August.

Guardian of Safe Working

As mentioned in the last Medical Workforce report, Dr Martin Cooper the Guardian of Safe Working retired from the Trust on 29th March 2023. The post has been advertised and there are three applicants for the post. Interviews are currently taking place.

Belonging in the NHS

New Trust Bank Rates

Following on from the last report, the Trust Bank Rates were presented to the JLNC in November 2022, however, the move to the new rates was not supported by the JLNC due to the rates being below those that have been unilaterally proposed by the British Medical Association (BMA).

A paper was written for Trust Management Team detailing the proposed Trust bank rates. Although the new bank rates provided equity across specialties, concern was raised that in some areas this would result in a reduction to current enhanced rates, which would create some risks as individuals may decide not to undertake the additional work for the revised rates. A component of the updated rate card was the removal of waiting list initiatives as a tariff and the commitment to annual review of the rate card. An updated paper was presented clearly describing the risks for further scrutiny. This paper was supported and it was agreed to go ahead with the implementation of the new bank rates. This updated paper was taken through the LNC but again was not supported by the BMA members. Despite developing a communication plan and proposed launch of the new rates, this implementation was paused following the announcement of the periods of industrial action and the rapid escalation of ICB Trust rates to match the BMA rate card.

Whilst we await the resolution of Industrial Action, NHSE has committed to tasking NHS Employers to open discussions with the BMA to settle a mutually agreed national rate card. In the meantime, NHSE does not support BMA rates but recognises that local discretion is required.

Medical Workforce Data

The Chart below shows the doctors that are employed by the Trust by contract type and gender split by full time/part time. There are currently 623 doctors employed by the Trust, this figure excludes doctors on the Trust bank. The majority 518 (83%) work full-time and 105 (17%) work part-time.

Medical Workforce

Gender	Fixed Term Temp	Locum	Permanent	Total Headcount
Full Time	**280**	**15**	**223**	**518**
Female	132	2	67	201
Male	148	13	156	317
Part Time	**33**	**5**	**67**	**105**
Female	25	1	40	66
Male	8	4	27	39
Total Headcount	**313**	**20**	**290**	**623**

The charts below concentrate on the Consultant workforce, it shows the age profile of the consultant body and as can be seen below 62 (27%) of consultants are 56 years of age and above, this group of doctors represents over a quarter of our consultant workforce, are very experienced doctors and are likely to be considering retirement within the next few years and work is being undertaken to develop workforce plans in the specific areas that this is likely to affect.

Consultants

Age Range	Fixed Term Temp	Locum	Permanent	Grand Total
31-35	1		1	2
36-40	9	4	24	37
41-45	5	5	39	49
46-50	4	4	36	44
51-55	3	2	32	37
56-60	4	2	33	39
61-65	2	2	9	13
66-70	1		6	7
>=71 Years			3	3
Total Headcount	**29**	**19**	**183**	**231**

The chart below shows that we currently have 231 consultants employed by the Trust, 73 are female and 158 male, the chart also shows the full-time and part time split by gender and contract type. This also shows us that 66% of our consultant body work on a full-time basis.

Consultants only

Gender	Fixed Term Temp	Locum	Permanent	Total Headcount
Full Time	**24**	**15**	**133**	**172**
Female	6	2	36	44
Male	18	13	97	128
Part Time	**5**	**4**	**50**	**59**
Female	2	1	26	29
Male	3	3	24	30
Total Headcount	**29**	**19**	**183**	**231**

New Ways of Working

Vacancies

The bar chart below shows the number of Medical Vacancies that are currently being actively recruited to. In total there are currently 45 Medical vacancies and as can be seen below, 27 are currently featuring on the bar chart below. The remaining vacancies have either been recently advertised and are about to be advertised again or the service is considering alternative options which would include looking at other roles/solutions to covering the vacancies.

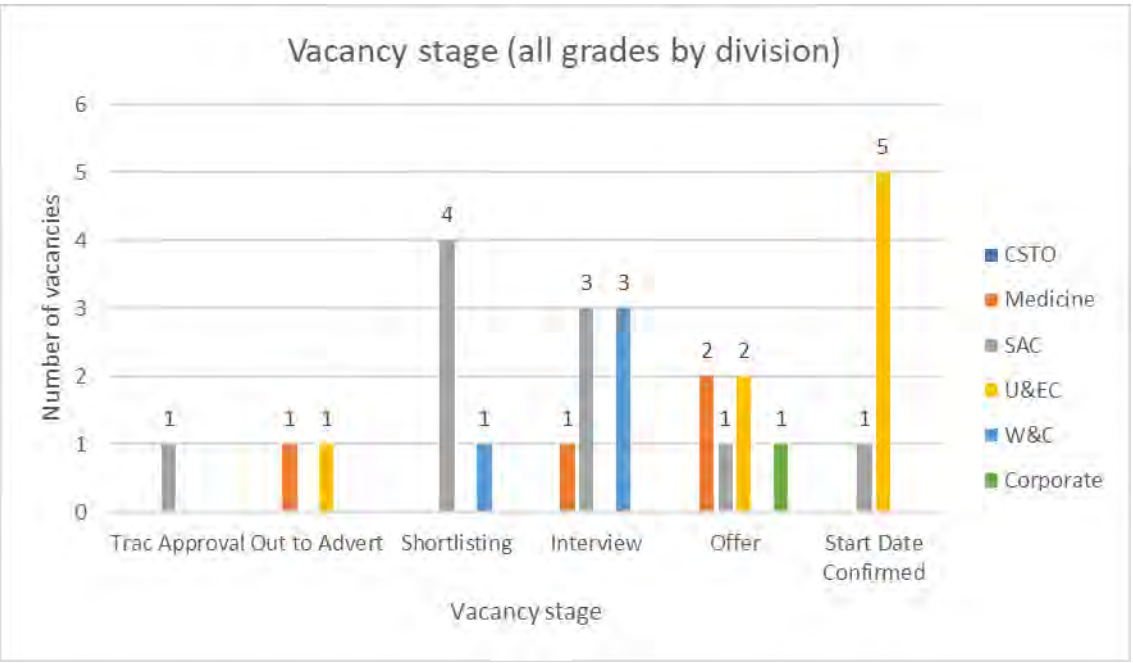
As recruitment to some hard to fill posts nationally is becoming increasingly difficult, the Medical Workforce team are working with Specialties to consider alternatives. This may include appointing to the new Specialist role rather than a Consultant, which is likely to attract more interest as although a doctor does need 11 year's experience in the specialty, they do not need to have their Certificate of Eligibility of Specialist Registration. This also may mean making some changes to responsibilities within specialty teams where a specialist is appointed as the role of Specialist is an expert in a particular sub-specialty rather than having the broad range of responsibilities that a consultant would have within the specialty.

In some areas consideration is also being given to joint Consultant posts across Trusts, initial discussions are taking place with both Chesterfield and Nottingham. Joint posts give Consultants the opportunity to experience working at more than one organisation and particularly with Nottingham working at both a University Hospital and a District General Hospital simultaneously is a unique opportunity and does appeal to candidates who are keen to obtain both the general experience of a District General Hospital and the more specialist experience that at University Hospital can provide.

In a number of specialties, whilst considering the current vacancies and discussing recruitment options with the specialties, discussions are also taking place relating to developing the medical workforce of the future utilising a more 'blended' workforce approach with alternative models.

There are over 90 Specialty Doctors across the Trust, a number of which are keen to progress to become consultants and encouraging the specialties to support these doctors with completing their portfolio of evidence and undertaking any additional training required external to the Trust to enable them to make an application for their Certificate of Eligibility of Specialist Registration is investing in the Senior Medical Workforce for the future.

Some specialties have also collaborated to encourage applicants to apply for Consultant posts that are split between two specialties, posts that have been appointed include ED and Intensive Care, Acute Medicine and Intensive Care and this is being explored further with the aim of developing a Consultant role around an individuals interests that also meets the needs of our services.



Task and Finish Group Progress

Task and Finish Groups are continuing with Anaesthetics, Haematology and Gastroenterology. Since the retirement of a consultant from Stroke Medicine this has also become an area of concern and a Task and Finish Group has been established for that area. The table below shows the focus on each of these fragile specialties and action that is currently being taken.

Group	Action
Anaesthetics	There are a number of vacancies within Anaesthetics at Consultant, Specialist and Specialty doctor levels. The vacancies at Specialty Doctor level have been created due to appointments that have recently been made to

	Specialist posts. It is anticipated that the Department will be able to recruit to the posts at both Specialist and Specialty Doctor level. The area of concern remains recruitment to consultant posts. Both fixed term consultant and substantive consultant posts have been advertised and 6 applications have been received for the fixed term post and 3 applications have been received for the substantive post. Discussions have also been undertaken with Nottingham University Hospitals to consider joint consultant posts and discussions have been undertaken with the Department with a view to converting some consultant posts into specialist posts as it is likely they will be easier to recruit to.
Haematology	A fixed term consultant post has recently been recruited. Another fixed term consultant post is currently being advertised and it is likely this post will be recruited to. This will mean that Haematology will be fully established at Consultant level and further discussion will take place at the next meeting to produce a medium term workforce plan for this department.
Gastroenterology	The Department has three vacancies that are currently being filled by a combination of agency locum doctors and fixed term consultants. A Specialty Doctor post will be advertised within the next week following an informal expression of interest in the Trust being received from an experienced Gastroenterologist who is currently working toward obtaining their Certificate of Eligibility for Specialist Registration to enable them to become a substantive consultant
Stroke Medicine	A Task and Finish group has recently been established for this area and a meeting has been arranged for 27th April 2023 to develop an action plan.

Additional Posts for August

Additional Training Posts

Work is now underway planning for the main changeover in August 2023. The Trust was successful in bidding for Foundation Year 1 posts for August 2022, as part of both the expansion of the Foundation Programme and the planned over recruitment to support the national Medical Workforce plan. As a result, this August there will be an additional 12 posts at Foundation 2 level as these doctors' progress through their training. There will be an additional 3 posts at Foundation Year 1 that were bid for in August 2022 with an agreed commencement date of August 2023.

The Trust has also been successful in bidding for higher Training posts, these include 7 posts that are partially funded by NHSE and a further 8 posts that require Trust funding. The Trust has lost three higher training posts so this has resulted in a net gain of 12 higher training posts.

A breakdown of the posts that have been allocated to the Trust is detailed below.

Specialty	Number of Posts
Respiratory Medicine	2
ENT	2
General Surgery	2
Internal Medicine Trainees	2
Obstetrics & Gynaecology	2
Intensive Care Medicine	1
Paediatrics	3
Rheumatology	1

Given the increase in the number of posts as described above, work is now underway reviewing the rotas for each of the areas in preparation for the main Junior Doctors changeover in August 2023.

Clinical Fellow Recruitment

Interviews have taken place for Clinical Fellows for August 2023 and a total of 27 Clinical Fellows have now been recruited and accepted a post in Medicine, recruitment checks are currently in progress, it is anticipated that these Clinical Fellows will commence in post in June/July ready for the rotation in August 2023.

Conclusion

The Board of Directors is asked to take assurance from the update that this paper provides and is asked to:

- Note the progress being made in relocating and improving the offer around the Doctors Mess
- Recognise the work and successes, that is being undertaken in the Task and Finish Groups to provide focus for the fragile services across the Trust
- Note the increase in Foundation and Specialty Training posts and the recruitment of a Chief Registrar.

Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Audit and Assurance Committee Annual Report 2022/23

Introduction

The Audit and Assurance Committee is established under Board delegation with approved terms of reference aligned with the *Audit and Risk Assurance Committee Handbook*, published by the Department of Health.

The Audit and Assurance Committee was chaired by Graham Ward, a Fellow of the Institute of Chartered Accountants (England & Wales) with extensive financial expertise. The Committee membership comprises wholly non-executive directors with executives and others in attendance. Attendance at meetings is detailed below:

Graham Ward	7/7
Barbara Brady	6/7
Steve Banks	6/7

According to the Terms of Reference, the Chief Executive and other executive directors are invited to attend the Audit and Assurance Committee meeting as and when required, but particularly when the Audit and Assurance Committee is discussing areas of risk or operation that are the responsibility of that director.

Objectives from 2022/23

The Committee's agreed objectives for 2022/23 were:

- Maintain the review and control processes currently in place, including ensuring that actions and process changes in response to internal and external audit recommendations have been implemented on a timely basis
    - This has been achieved by the Committee fulfilling its work plan and maintaining oversight of processes
- Ensure the alignment of internal control processes with the Integrated Care System, provider collaboratives and other strategic partnerships
    - Relating to ICBs becoming statutory organisations in July 2022, the outcomes of the Hewitt report, focusing on governance across the system will be reviewed following publication – therefore work on this is ongoing

- Maintain focus and review of the Register of Interests, and pursue further improvement in the compliance rate

    - The Register of Interests report is a standing item on the Committee agenda for each meeting – there is evidence of improving compliance across the Trust and details of progress are noted in the 'Conduct and behaviour policies' section below

Principal review areas

This annual report is divided into five sections reflecting the five key duties of the Committee as set out in the terms of reference.

1. Governance and internal control

    The Committee reviewed relevant disclosure statements for 2021/22, in particular the Annual Governance Statement (AGS) together with the Head of Internal Audit Opinion, External Audit opinions (Financial and Quality Accounts) and other appropriate independent assurances and consider that the AGS is consistent with the Committee's view on the Trust's system of internal control. Accordingly, the Committee supported Board approval of the AGS.

2. Internal audit

    Throughout the year the Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The Committee has also in year:

    - Reviewed and approved the internal audit operational plan for 2023/24 and more detailed programme of work initially and then on an on-going basis to take into account the impact of operational pressures, while ensuring the provision of the internal audit service continued to be sufficient in supporting the Committee in fulfilling its role

    - Considered the major findings of internal audit and are assured that the Head of Internal Audit Opinion and AGS for 2021/22 reflect any significant internal control issues

    - Invited lead directors of any internal audit reports issued with Limited Assurance to attend Committee meetings, present the report and provide assurance that actions will be implemented within agreed timescales

    - Worked with colleagues internally and externally to address under-performance regarding the provision of evidence and the achievement of internal audit actions, and the impact of operational pressures on timely completion of actions

    - Regularly reviewed outstanding audit actions, and are assured that a robust progress monitoring process is in place

3. Counter Fraud Service

The Committee received regular progress reports on activity conducted as part of the agreed Counter Fraud Work Plan, including:

- Annual Report for 2021/22
- Updates on investigations
- Conflicts of Interest Policy and Declarations of Interest Register review
- Risk assessment in line with Counter Fraud Functional Standards

Committee members were pleased to note full compliance with the 2022 Counter Fraud Functional Standard Return.

4. External audit

The Committee reviewed and agreed external audit's annual plan for 2022/23 accounts, noting that the Trust's main risk remains to be the valuation of land and buildings. An area of KPMG's audit focus this year is on arrangements for the implementation of IFRS 16 (leases), which will be fully adopted for the first time within the 2023 accounts.

The Committee reviews and comments on reports prepared by external audit and welcomes their advice on areas of specific expertise.

5. Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

6. Annual Report and Accounts

The Committee received schedules and assurance of processes in place to satisfactorily produce the Annual Report, Quality Account and Financial Accounts.

As part of the year-end process and approval of the 2021/22 accounts for the Board for ratification, the Committee reviewed and took into account:

- Head of Internal Audit Opinion on both financial and non-financial matters
- External audit opinion on the accounts and value for money opinion
- Letter of Representation to external audit
- Going Concern assessment, to assure themselves of the effective financial and non-financial propriety of the Trust

The following significant risks highlighted within the financial statements were noted:

- Valuation of Land and Building Assets
- Fraud risk from expenditure recognition - completeness
- Management override of controls

The auditors have rebutted the significant risk relating to revenue recognition due to the nature of the revenue within the Trust.

Other areas of focus

Conduct and behaviour policies

Regular reports of the Register of Interests compliance were received during the year.

It was noted that the number of non-compliant staff had increased during the year (from 40 in March 2022 to 96 in March 2023), although there had been an increase of 50 from January 2023 due to an increase in the number of band 7+ colleagues being employed.

Committee members were assured by the focus in this area and the process in place.

Cost Control and Financial Governance reviews

Throughout the year the Committee received reports on Single Tender Waivers, Losses and Special Payments, gaining assurance on value for money and probity within controls.

Information Governance

The Committee has received update reports on Information Governance and members noted that the only area of non-compliance with the Data Security Protection Toolkit was the ‘personal confidential data’ section, as the 95% threshold for mandatory training has not been achieved.

Governance documents

Reports of non-clinical policies reviews were received, and focus has been maintained to address those past their review dates.

Other areas of assurance

The Committee received reports on Public Facing Digital Services, Preventing Procurement Fraud, and Freedom to Speak Up arrangements.

An HFMA Financial Sustainability Audit Report, detailing the Trust's self-assessment, was received and provided assurance on the process followed to ensure SFHFT was adequately addressing the questions.

In addition, the Committee received the Risk Committee and Procurement Annual Reports, a Clinical Audit Planning Process report, and the Board Assurance Framework periodically, to provide assurance on the review process.

Review of the effectiveness and impact of the Audit and Assurance Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place.

A Committee Maturity Assessment Review was undertaken using the Good Governance Institute's maturity matrix, and no significant issues were identified.

An annual Committee self-assessment was completed by the non-executive director members of the Audit and Assurance Committee, from which no significant issues were identified.

Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact of risks mitigated and costs avoided, and the proportion of these that could be apportioned to the Committee work. However, the current and future costs associated with loss of reputation have been mitigated as a result of the work performed by the Committee.

Conclusion

The Committee is of the opinion that this annual report is consistent with the draft AGS, Head of Internal Audit Opinion and the external audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

The Committee has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.

Objectives

The Committee's objectives for 2023/24 are:

- Maintain the review and control processes currently in place, including a strengthened focus on internal audit actions implementation tracking and improving the implementation compliance rate
- Maintain focus and review of the compliance rate of the Register of Interests
- Maintain oversight of Integrated Care System updates pertinent to the Trust and gain assurances from the ICB sub-committees
- Ensure the alignment of trust internal control processes with the outcomes of the Hewitt report on governance within Integrated Care Systems
- Ensure Trust alignment of governance processes relating to provider collaboratives and other strategic partnerships

Graham Ward

Audit and Assurance Committee Chair

March 2023

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public

Subject:	Audit and Assurance Committee Annual Report	**Date:** 4th May 2023
Prepared By:	Neil Wilkinson, Risk & Assurance Manager	
Approved By:	Graham Ward, Audit & Assurance Committee Chair	
Presented By:	Graham Ward, Audit & Assurance Committee Chair	

Purpose		
Consider and receive assurance from the presentation of the Audit and Assurance Committee Annual Report	**Approval**	
	Assurance	✓
	Update	
	Consider	

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

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

Committees/groups where this item has been presented before

Audit and Assurance Committee – 16th March 2023

Acronyms

ICB = Integrated Care Board

IFRS = International Financial Reporting Standard

HFMA = Healthcare Financial Management Association

Executive Summary

The attached Audit and Assurance Committee Annual Report outlines the principal review areas and activities carried out by the Committee throughout 2022/23.

The Committee is of the opinion that this annual report is consistent with the draft AGS, Head of Internal Audit Opinion and the external audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

The report concludes that the Committee has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.

Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

Audit & Assurance Committee Chair's Highlight Report to Trust Board

Subject:	Audit & Assurance Committee (AAC) Report	**Date:** 20th April 2023	
Prepared By:	Graham Ward – AAC Chair		
Approved By:			
Presented By:	Graham Ward – AAC Chair		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Internal Audit – draft Head of Internal Audit Opinion - 360 Assurance was unable to provide a draft opinion due to 3 core reviews still in progress. Within the overall opinion the BAF has significant assurance, and the implementation of audit recommendations is again only moderate assurance as the first time implementation rate at 69% (last year 64%) is below the threshold of 75% for significant assurance. ▪ Non-Clinical Policies – While great progress has been made there are a small number of outstanding overdue policies for which no progress had been reported. The Committee Chair agreed to write to the executive directors responsible. ▪ Quality Committee Internal Control Issue – concerns were raised regarding the indirect impacts of the Industrial Action (projects halted and meetings cancelled).	▪ Non-Clinical Policies – Committee Chair to email executive directors re outstanding overdue policies.

Positive Assurances to Provide	Decisions Made
▪ HFMA Sustainability Improvement Plan – actions established against all 12 areas (out of 72) where improvement is required. Timescales and responsible officer for each to be finalised and then implementation will be tracked in the same way as an internal audit recommendation. ▪ Draft Annual Accounts – These were presented and noted that they were completed a week ahead of schedule. ▪ Draft Annual Report and Quality Account – Good progress with each of these reports was noted, together with clear plans to finalise. ▪ Conflict of Interest Breaches – It was noted that no breaches had been recorded for 2022/23.	
Comments on Effectiveness of the Meeting	
▪ All papers were of a high quality and clear which helped the meeting run smoothly.	

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Finance Chair's Highlight Report to Trust Board

Subject:	Finance Committee meeting	**Date:** 25th April 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee		
Purpose			
The paper summarises the key highlights from the Finance Committee meeting held on 25th April 2023		**Assurance**	**Sufficient**

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
• NHS England have a final submission of the 2023/24 financial plan on 4th May 2023 • Board Assurance Framework Principal Risk 4 (Delivery of Financial Strategy) score remains at 20 (unchanged) • The Procurement Forward View highlights a number of contracts that will need to be managed in alignment with the implementation of an Electronic Patient Record (EPR)	• EPR strategy paper • Workplan update Monthly Finance Report to be standard agenda item • National Cost Collection paper for June 2023 committee meeting
Positive Assurances to Provide	**Decisions Made**
• Monthly Finance report (Month 12 delivery of 2022/23 year-end position in line with plan • ICS Update and consideration of system financial risk report • Trust Strategic Priorities update for 2022/23 Q4 • NHIS Performance • PFI Governance • Risk controls in relation to Principal Risk 4 and Principal Risk 8 (Sustainable climate change) • Committee effectiveness	Approval granted for: • Delegated powers to make necessary amendments to the 2023/24 Financial Plan, to submit and meet required deadlines • Updated Committee Workplan

Comments on Effectiveness of the Meeting
There was good discussion to where we were currently. The context surrounding the items discussed was very much appreciated and valued

Board of Directors Meeting in Public - Cover Sheet

Subject:	Finance Committee Annual Report	**Date**: 4 May 2023	
Prepared By:	Richard Mills, Chief Financial Officer		
Approved By:	Andrew Rose-Britton, Non Executive Director and Chair of Finance Committee		
Presented By:	Andrew Rose-Britton, Non Executive Director and Chair of Finance Committee		
Purpose			
To provide assurances that the Finance Committee is performing its responsibilities as set out within its Terms of Reference.		**Approval**	X
		Assurance	
		Update	
		Consider	

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

Identify which principal risk this report relates to:	
PR1 Significant deterioration in standards of safety and care	
PR2 Demand that overwhelms capacity	
PR3 Critical shortage of workforce capacity and capability	
PR4 Failure to achieve the Trust's financial strategy	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
Finance Committee – January 2023

Acronyms

Executive Summary
This report provides a description of the activities and assurance that the Finance Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2022 calendar year. It provides assurances and synopsis on activity undertaken throughout the year and identifies areas for development. The time period is aligned to the annual governance timetable to enable consideration by the Audit & Assurance Committee and the Board of Directors, and to support the Annual Governance Statement.

Annual Report from the Finance Committee 2022

1. Summary

This report provides an overview of risk management activities undertaken throughout the Trust and a summary of the work undertaken within the Finance Committee activities from January to December 2022, for assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2022.

The time period is aligned to the annual governance timetable to enable consideration by the Audit & Assurance Committee and the Board of Directors, and to support the Annual Governance Statement.

2. Background

The Finance Committee meets not less than 6 times a year and reports to the Board of Directors. Its Terms of Reference establish that its role is to conduct independent and objective reviews of financial and investment policy and performance issues.

The Committee's membership is set out below:

- Three Non-Executive Directors one of whom nominated as Chair and one as Vice Chair. The Chair of the Committee is appointed by the Board of Directors.
- Chief Executive.
- Chief Financial Officer.
- Chief Operating Officer.
- Associate Director of Estates & Facilities

Also in routine attendance:

- Deputy Chief Financial Officer
- Associate Director of Transformation
- Governor observer

Other Directors and Managers have attended meetings in accordance with the Committee work programme and/or in response to specific issues being identified.

3. Meetings

The Committee has held 10 meetings during the period covered by this report, 4 meetings being held as Extra-ordinary meetings as agreed by the Committee.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non Executive Director Chair	9/10
Non Executive Director Vice Chair	10/10
Chief Executive	9/10
Chief Financial Officer	10/10
Chief Operating Officer	6/10
Director of Culture & Improvement (Left September 2022)	5/6
Associate Director of Estates & Facilities	7/10

The Committee has agreed that meetings should be scheduled on a monthly basis over the next calendar year, with a limited agenda in place for six of the meetings to focus on specific items warranting focused discussion.

4. Work Programme

The Committee has received regular reports throughout the year in accordance with its agreed Annual Work Programme. A series of monthly reports are received from Committee members in respect of:

- Financial Performance and Financial Improvement Programme (FIP)
- PFI Governance
- Nottingham & Nottinghamshire ICB and NHS England Updates
- Procurement Forward View
- Board Assurance Framework (BAF) – Principal Risk 4 and Principal Risk 8

The Committee has also received reports on the following specific matters:

- Annual Planning and Budgeting process and delivery
- NHIS quarterly performance
- Capital Plan
- Strategic Priority updates
- Terms of reference review (March 2022 and December 2022)
- National Cost Collection submission
- Internal Audit Reports
- Private Patient Pricing Policy
- The Maturity Assessment Action Plan

5. Approvals

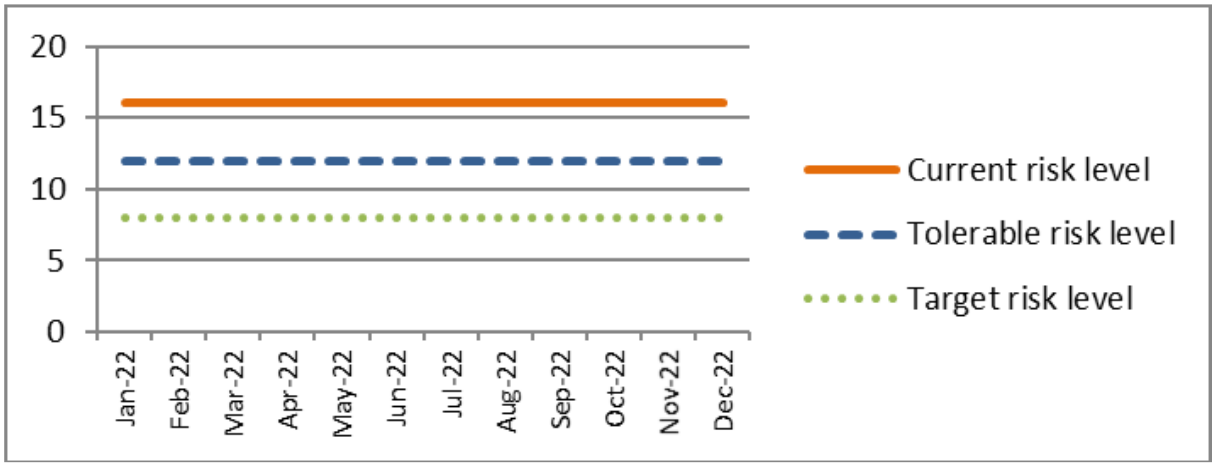
The Trust Scheme of Delegation describes the Committee has delegated authority from the Board of Directors to approve revenue and capital expenditure up to the value of £1.0m. The Governance process requires Finance Committee approval of all expenditure in excess of £250,000. Expenditure above the £1.0m threshold requires the final approval of the Board.

In accordance with this the Committee has considered and approved the following:

- NHIS Service Desk ITSM replacement
- Virtual Desktop Integration (VDI) solution (supporting readiness for EPR)
- Virtual Private Network (VPN) replacement
- End User Devices (EUD) Pooling Scheme
- Record Digitisation Services for Nottingham & Nottinghamshire ICB
- EPR Business Case (for ratification at Trust Board)
- Virtual Ward nursing posts
- Mobile Endoscopy contract extension
- Radiology Multi-Vendor contract renewal
- Mobile CT contract extension
- Sherwood Community Unit
- Vodafone Mobile contract renewal
- MRI Replacement Programme (for ratification at Trust Board)
- Pharmacy Robot replacement (for ratification at Trust Board)
- Emergency Department resourcing (for ratification at Trust Board)
- E-rostering and Job Planning contract extension (for ratification at Trust Board)
- SQUIRE Stroke funding bid
- Mansfield Community Diagnostics Centre (for ratification at Trust Board)
- Frontline Digitisation infrastructure (for ratification at Trust Board)

6. Board Assurance Framework

The Committee reviews BAF principle risk 4 (Failure to maintain financial sustainability) at each ordinary meeting. At the January 2022 meeting of the Committee the risk score was recorded at 16 (Significant), with a Consequence score of 4 (High) and a Likelihood score of 4 (Somewhat Likely). The score remained unchanged for the rest of the period covered by this report.



7. Committee Effectiveness Review

The Committee carried out an Effectiveness Review which was reported in March 2022. The review was based upon the National Audit Office Committee Healthcheck and is to help review governance arrangements, check appropriate systems are in place and to identify areas for improvement

The self-assessment tool considered 16 criteria and the Committee reported that each was fully met. Evidence to support this assessment was reported and no required actions were identified.

8. Matters for escalation

At the end of each Committee meeting items for escalation to the Board of Directors are identified. Throughout the year, at various points in time, these have included:

- Approval of business cases, or support for cases requiring ratification by the Board, as detailed in Section 5 of this report.
- Financial performance and forecast outturn updates, including financial years 2021/22 and 2022/23.
- Financial planning and budgeting updates, including revisions to NHS financial framework.
- Transformation & Efficiency updates, including Financial Improvement Programme (FIP) plans and performance updates.
- Board Assurance Framework (BAF) assurance updates, relating to Principal Risks 4 and 8.
- Confirmation of changes to the frequency of Finance Committee meetings.
- National Cost Collection (NCC) final submission

9. Conclusion

The Committee self-assessments of compliance with Terms of Reference, the review of effectiveness, the robust work programme and escalations to Board of Directors provide assurance that the Committee continues to be effective in discharging its responsibilities.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Quality Committee Annual Report	**Date**: 4th May 2023	
Prepared By:	Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance		
Approved By:	Barbara Brady, Non Executive Director, Chair of Quality Committee		
Presented By:	Barbara Brady, Non Executive Director, Chair of Quality Committee		
Purpose			
To provide assurances the Quality Committee is performing its responsibilities as set out within its Terms of Reference.		**Approval**	
		Assurance	x
		Update	
		Consider	

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

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	
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

Quality Committee

Acronyms

SSNP Sentinel Stroke National Audit Programme

KLOE Key Lines of Enquiry

Executive Summary

This report provides a description of the activities and assurance that the Quality Committee has carried out its obligations in accordance with its terms of reference and work programme for 2022. It provides assurances and synopsis on activity undertaken throughout 2022.

The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors, and to support the Annual Governance Statement

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Quality Committee Chair's Highlight Report to Trust Board

Subject:	Quality Committee	**Date:** 13/04/2023	
Prepared By:	Barbara Brady – Non - Executive Director		
Approved By:	Barbara Brady – Non - Executive Director		
Presented By:	Barbara Brady – Non - Executive Director, Chair of Quality Committee		
Purpose			
		Assurance	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
▪ Ongoing impact of industrial action on some of our care pathways as well as indirect impact as other meetings which support quality have been stood down or delayed.	▪ Quality risk assessment associated with extending the surgical offer at Newark Hospital ▪ Improvement plan for nutrition and hydration (this includes work for the benefit of patients, staff and visitors)
Positive Assurances to Provide	Decisions Made
▪ HSMR ongoing work programme ▪ Internal audit on Infection Prevention and Control, significant assurance ▪ CQC Direct Monitoring of Sherwood Community Unit – no further action required	▪ Approval and sign off 2 CQC 'Must Do' actions, legacy from 2020 inspection ▪ Approval and sign off 2 CQC 'Must Do' action from 2022 Maternity Inspection ▪ No Change to risk rating PR1 and PR2
Comments on Effectiveness of the Meeting	
▪ Good quality papers supported by effective confirm and challenge from members of the committee	

Quality Committee Annual Report 2022

Report Covers Period January 2022 to December 2022 – 6 Scheduled Meetings

Introduction

The Quality Committee is established under Board delegation with approved Terms of Reference.

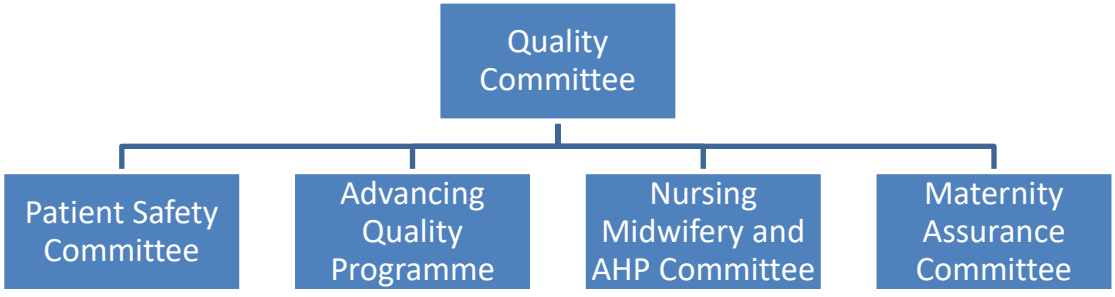
The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In addition to the Chair, the Committee membership is comprised of two Non-Executive Directors, the Executive Medical Director, Chief Nurse and Chief Operating Officer. Others are in attendance at the Committee with additional attendees invited as required. Two Governors observe the committee and report to the Council of Governors. Membership attendance at core meetings is detailed below:

Non-Executive Director Barbara Brady (Chair) 5/6
Non-Executive Director Dr Aly Rashid 6/6 (Deputised as Chair 1/6)
Non-Executive Director Manjeet Gill 2/2
Medical Director David Selwyn 6/6
Chief Nurse Julie Hogg 3/3
Chief Nurse Philip Bolton 2/3 (New in post June 2022)
Chief Operating Officer Simon Barton 3/3
Chief Operating Officer Rachel Eddie 2/2

Dr Andrew Haynes attended 5/6 meetings as appointed Specialist Advisor to the Board

According to the Terms of reference, Head of Regulation and Deputy Head of Clinical Governance, the Deputy Chief Nurse, the Head of Clinical Governance and a representative from the Integrated Care Board will be in attendance at the Committee.

The Committee has oversight of several subgroups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is as below, where the 4 key direct reports have a responsibility to provide assurance from their associated subgroups to the Quality Committee.



Report Author
Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance

Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee through the definition of quality in *"High Quality Care for All" (2008)*. This definition has since been embraced by staff throughout the NHS.
This definition sets out three dimensions to quality, *all three of which* must be present in order to provide a high quality service:
Clinical effectiveness– quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
Safety– quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;
Patient experience– quality care looks to give the individual a positive experience when being in receipt of and recovering from care, including being treated according to what that individual wants or needs, and with compassion, dignity, and respect

The Committee has an approved work plan which is used to review the establishment and maintenance of an effective system of quality governance, risk management and internal control across organisations activities using the three-quality dimension above. The Committee have adjusted the Work Plan in 2022 to outline where key reports match more than one of the three quality dimensions.

The updates from the Patient Safety Committee and the Nursing Midwifery and Allied Health Professions Board meet the requirements of all three quality dimensions. In September 2022 assurance was and will continue to be sought in the form of Quadrant Reporting for those committees.

Clinical Effectiveness and Patient Safety

The Committee was updated at regular intervals over the CQC registration status and how the Trust was meeting the action plans. These updates form part of the Advancing Quality Programme reports.

The Committee received an annual update from Cancer Services, End of Life Care, while receiving more regular updates, biannually around the medicine's optimisation strategy and quarterly around fragile services in difficulty and the Hospital Standardised Mortality Ratio.

The Committee heard the annual clinical effectiveness report which included updates on Clinical Audit, the associated forward plan and current progress of this, the annual audit forward plan was also approved by the Committee. The Committee received an update around the Nursing Midwifery and AHP Strategy which was approved by the group in September the previous year.

Patient Safety

At each of the meetings held, reports were presented, and the Committee heard, discussed, and reviewed items on the Patient Safety Committee, Advancing Quality Programme, Nursing Midwifery and AHP Board and Maternity Assurance Committee agendas.

The Committee continued to receive regular updates on potential harms to Non-Covid patients in response to the COVID-19 pandemic through the Patient Safety Committee updates. Though in November the group agreed that these reports would continue through Patient Safety Committee but as exception only as COVID-19 activity is part of 'business as usual'.

Report Author
Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance

The Committee received annual reports staggered throughout the year to provide assurance on the patient safety requirements of the Committee, these included

- Safeguarding
- Infection Prevention and Control
- Children and Young People's Board

Throughout 2022 the Committee received and discussed a bi monthly maternity incident update.

Patient Experience

The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included the 15 steps programme. The Committee approved the terms of reference for the Nursing, Midwifery and AHP Board

The Committee continued to examine patient experience through annual staggered reports, these included:

- Patient Experience, including patient experience surveys, inpatient and outpatient surveys

Additional Assurance

In addition to the assigned work plan the Committee received updates and assurance as requested throughout the year. This included but was not limited to;
January – An update was provided on the progress against the Royal College of Ophthalmology review (2018) recommendations. There was also an update on the Cancer Services Backlog and associated harm reviews and reduction work. The Committee were assured by both reports.
March – Mental Health Strategy was approved by the committee, with regular reporting of strategy outcomes to the Peoples Committee
May – Summary of the Sentinel Stroke National Audit Programme (SSNAP) Deep Dive was discussed within the Committee
November – A review of Never Events in the Trust was presented and discussed within the Committee

Governance

Board Assurance Framework principle risks were considered and approved as part of each Committee. Where appropriate the Committee recommended and approved the alteration of risk scoring based on the evidence and agreement of those in attendance. The two principle risks the Committee primarily discuss are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity

The Committee also receives internal audit reports if they relate to clinical quality. During the reporting period the Committee received audit reports on

- Estates-related patient safety monitoring
- Learning from Serious Incidents
- Clinical Effectiveness

In 2021 the Committee was reviewed as part of a maturity matrix, the work as a result of this is ongoing and contributes to the development of the Committee in ensuring its responsibility to the Board. This includes regular updates on the Sherwood Quality Improvement Tool which was assessed as part of this work and the status of the reporting key lines of enquiry.

Report Author
Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance

Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources, both internally and externally throughout the year. This process has also included requesting managers to present and discuss when necessary to obtain relevant assurance including a deep dive review into cardiac arrest calls and falls prevention work.

Strategic Position

The committee provided a virtual approval of the new Trust Quality Strategy within the April. With the prospect that regular reporting of the progress of the 2022-2025 strategy would be provided to the group via the Advancing Quality Programme.

The Committee also request that all items are linked to the Trust Strategic priorities to ensure the effectiveness and impact of the Committee is in line with the overall strategic direction of the organisation.

The Committee provides strategic oversight of quality aspects of the Trust Strategy and associated sub strategies. **To provide outstanding care** is a fundamental core of the Committee with the workplan reflecting the commitment to patient experience and patient safety with the regular reporting of Patient Safety Committee, Nursing Midwifery and Allied Health Professionals Board and Maternity Assurance Committee. The End of Life and Cancer Services Annual report contribute **To promote and support health and wellbeing** through the work on service improvements and the links they have to the communities which the Trust serve. Nursing Midwifery and AHP board alongside annual reports include safer staffing information and outline the Committee challenges, training and developments amongst workforce areas to meet **To maximise the potential of our workforce,** the Committee receives regular reporting on fragile services also where improvements in workforce are required. The Committee has oversight of Quality Impact Assessments and the Advancing Quality Programme which both alongside other reports received ensure that the Trust meets **To Continuously Learn and Improve** and **To Achieve Better Value**

Systemwide Position

The Committee is attended by Executive representation of the Integrated Care Board via the Chief Nurse. They contribute heavily to the discussion and strategic influence of the Committee.

The Nottinghamshire Integrated Care Board has started to hold systemwide Quality and People Committee meetings. Partner Non-Executive Directors have been invited as regular members. The Quality Committee chair has been included within this invitation and has started to attend the meetings.

Review of the effectiveness and impact of the Quality Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. The Committee summarises escalations to the board at the end of every meeting.

Committee effectiveness self-assessment review is conducted as part of the Committee process. These were completed throughout the year with no show stopping issues identified.

Report Author
Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance

The Committee continue to review and update the associated work plan as the reporting sub-Committees governance matures. Changes and agreements are documented as part of the Committee documentation process.

Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact internal control and governance mitigation the Committee has ensured leading to costs avoided. However, the current and future costs associated with the loss of reputation have been mitigated as a result of the work performed by the Committee. This includes annual updates on the risks associated with the private finance initiative contract and review and approval of quality impact assessments for the financial improvement programme.

Objectives

Last year the committee set its objective of "The Committee has reviewed and supported an audit of compliance against CQC key lines of enquiry (KLOE) and will continue to support work to seek oversight of the reporting, this includes" This work has almost concluded with assurance that the 57 key lines of enquiry have been well embedded or strengthened within the Committee hierarchy reporting structure. There is clear escalation or direct reporting of each within the Board reporting structure. There is an action plan in place to resolve the outstanding KLOE by the end of the next financial year. Those which are outstanding are part of a wider framework of activity within the organisation and therefore the governance oversight will be embedded as part of those streams.

NEW OBJECTIVES

The Committee will monitor the effectiveness of the Trust's campaign to create a positive practice environment to support the safest most effective care

The Committee will monitor the effectiveness of the Trust campaign to ensure excellent patient experience for users and the wider community

The Committee will monitor the effectiveness of the Trust's campaign to strengthen and sustain a learning culture of continuous improvement

The Committee will monitor the effectiveness of the Trust's campaign to deliver high-quality care through kindness and joy at work

Report Author
Patrick McCormack – Head of Regulation and Deputy Head of Clinical Governance

Annual Report from the Charitable Funds Committee 2022

1. Summary

This report provides an overview of charitable fund activities undertaken throughout the Trust and a summary of the work undertaken within the charitable fund Committee activities from January to December 2022, for assurance the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2022.

2. Background

The Charitable Funds Committee meets quarterly and reports to the Board of Directors as the Corporate Trustee. Its Terms of Reference establish the following purposes:

(i) foster an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged

(ii) ensure risk is kept under prudent control on behalf of the Board and in accordance with the Board's risk appetite - maintaining an effective control system and minimising over-exposure to harm

(iii) horizon scanning, challenging and keeping material risk under review at all times

(iv) improving organisational resilience

The Committee's membership is set out below:

- Non Executive Director (Chair)
- Non Executive Director/Senior Independent Director (Vice Chair)
- Non Executive Director
- Chief Financial Officer
- Director of Corporate Affairs
- Head of Financial Services
- Community Involvement Manager
- Head of Communications
- Deputy Chief Nurse

In routine attendance:

- Governor Observers

Other Directors and Managers have attended meetings in accordance with the Charitable Fund Committee requirements.

3. Meetings

The Committee meets quarterly, and four meetings were held during the period covered by this report.

Attendance of core members (or a nominated deputy) at meetings during the period covered by this report is detailed below:

Non-Executive Director/SID	4/4
Non-Executive Director	4/4
Non- Executive Director	4/4
Director of Corporate Affairs	4/4
Chief Finance Officer	4/4
Deputy Chief Finance Officer	2/4
Head of Financial Services	3/4
Community Involvement Manager	4/4
Head of Communications	2/4
Deputy Chief Nurse	1/3

Attendance of officers in routine attendance

Governor observer	1/2
Governor observer	0/4

The committee is supported by a Charitable Funds Operational group which meets in between the meetings of the formal charitable funds committee, to address actions raised in the committee and report progress at the next meeting of the committee.

The work of the committee is extensively supported by our volunteers, who raise funds through the Café and fund-raising stands. Our volunteers also support the Community Involvement Team in engaging with our patients, carers, public and staff.

4. Work Programme

The Committee has received regular reports throughout the year in accordance with its approved Terms of Reference, these include project evaluations, risk register, financial summaries of the charitable fund's accounts, investment updates and a progress update against the Governance self-assessment first undertaken in April 2019.

5. Project Updates

The committee approves through delegation from the Corporate Trustee the funding of specific charitable projects throughout the year, the following are the key projects supported by the charity in the period

Dragons' Den

Colleagues pitched their ideas to the Dragons' Den panel who approved 8 service improvement initiatives. Funds to support this project are generated from the Daffodil Café profits and in-house fundraising activities. Since the inaugural event in 2019, the initiative has funded 50 improvements that have enriched the patient and carer experience.

End of Life Service Enhancement Appeal

The appeal target was achieved in December 2021 enabling estates colleagues to commence the environmental improvement project. Additional funds generated will be utilised to enrich the experience of patients and carers. Funding will also be utilised for training and development of the Butterfly volunteering initiative.

Colleague Welfare & Wellbeing

Funds have been utilised from NHS Charities Together, Covid 19 fund and General Trust Funds in support of colleague psychological and physical wellbeing. The charity has also supported the rewards and recognition programme.

NHS Charities Together

The Community Involvement team had been very successful in bidding for monies from the NHS charities together fund. There were strict criteria regarding how the funds were to be spent, all projects identified were considered against these criteria before funding was approved.

Matters referred to the Corporate Trustee

The Charitable Funds Committee reports after each meeting to the Board of Directors, as Corporate Trustee of the Charity. The Corporate Trustee met specifically to approve the following items:

Non-Consolidation of Charitable Funds into the Trusts annual account based on materiality
The Annual Report and Accounts.

Conclusion

The Committee self-assessments of effectiveness, the robust work programme of funding of projects and appeals provides assurance that the Committee continues to be effective in discharging its responsibilities with regard to the oversight of Charitable Fund management arrangements within the Trust.

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public - Cover Sheet

Subject:	CFC Annual Report Jan – Dec 2022	**Date**: 4th May 2023	
Prepared By:	Shirley A Higginbotham, Director of Corporate Affairs		
Approved By:	Charitable Funds Committee		
Presented By:	Steve Banks, NED and Chair of Charitable Funds Committee		
Purpose			
To consider and receive assurance from the Annual Report of the Charitable Funds Committee		**Approval**	
		Assurance	X
		Update	
		Consider	

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

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	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

Charitable funds Committee 25th April 2023

Acronyms

None

Executive Summary

This report provides a summary of Charitable Funds activities and assurance that the Charitable Funds Committee has carried out its obligations in accordance with its terms of reference and work programme for the 2022 calendar year. It provides assurances and synopsis on activity undertaken throughout the year.

Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Charitable Funds Committee Chair's Highlight Report to Trust Board

Subject:	Charitable Funds Committee feedback report	**Date:** 25th April, 2023	
Prepared By:	Steve Banks – Non-Executive Director and Committee Chair		
Approved By:			
Presented By:	Steve Banks – Non-Executive Director		
Purpose			
To provide assurance to the Trust Board		**Assurance**	

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Delays in completing projects requiring estates works (specifically EOL and Breast one stop) causing risks to delivery and credibility. Committee needs clarity on Newark Estates strategy	
Positive Assurances to Provide	**Decisions Made**
The effectiveness of the Operational Group The Community Involvement Q4 report, highlighting great work and making a difference Project evaluations TOR review and annual work plan Review of Committee effectiveness Risk register reviewed and approved Finance and Investment update	Approved the Ultrasound proposal for Same Day Emergency Care, which will enable much reduced waiting times, currently in significant breach of NICE guidelines To request an investment update from Investec for the Corporate Trustees and Council of Governors
Comments on Effectiveness of the Meeting	
The meeting was reviewed, and it was commented that the papers were relevant, concise and gave the information needed. There was a good level of discussion, challenge and support	