MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: **Thursday 6th June 2024**
Time: **09:00 – 12:00**
Venue: **Boardroom, King's Mill Hospital**

	Time	Item	Status	Paper
1.	09:00	**Welcome**		
2.		**Declarations of Interest** To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest **:-** https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ *Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.*	Declaration	Verbal
3.		**Apologies for Absence** Quoracy check: *(s3.22.1 SOs: no business shall be transacted at a meeting of the Board unless at least 2/3rds of the whole number of Directors are present including at least one ED and one NED)*	Agree	Verbal
4.	09:00	**Minutes of the meeting held on 2nd May 2024** To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	**Action Tracker**	Update	Enclosure 5
6.	09:10	**Acting Chair's Report** • **Council of Governors highlight report**	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	**Acting Chief Executive's Report**	Assurance	Enclosure 7
	Strategy			
8.	09:25	**Strategic Objective 1 – Provide outstanding care in the best place at the right time** • **Maternity Update** Report of the Director of Midwifery o **Safety Champions update** o **Maternity Perinatal Quality Surveillance Model**	Assurance	Enclosure 8.1
9.	09:45	**Strategic Objective 2 – Empower and support our people to be the best they can be** • **Guardian of Safe Working** Report of the Acting Medical Director	Assurance	Enclosure 9.1
10.	10:05	**Strategic Objective 5 – Sustainable use of resources and estate** • **2024/2025 Plan** Report of the Chief Financial Officer	Assurance	Enclosure 10.1

	Time	Item	Status	Paper
11.	10:20	**Staff Story – Making our People Promise a reality – Working at Sherwood Forest Hospitals** Director of People	Assurance	Presentation
	BREAK (10 mins)			
	Strategy			
12.	10:50	**People Strategy** Report of the Director of People	Approval	Enclosure 12
	Governance			
13.	11:05	**Board Assurance Framework** Report of the Acting Chief Executive	Approval	Enclosure 13
14.	11:20	**Use of the Trust Seal** Report of the Director of Corporate Affairs	Assurance	Enclosure 14
15.	11:25	**Assurance from Sub Committees** • Finance Committee Report of the Committee Chair (last meeting) • Quality Committee Report of the Committee Chair (last meeting) o Quality Committee Annual Report • People Committee Report of the Committee Chair (last meeting) o People Committee Annual Report • Charitable Funds Committee Report of the Committee Chair (last meeting) o Charitable Funds Committee Annual Report	Assurance Assurance Assurance Assurance	Enclosure 15.1 Enclosure 15.2 Enclosure 15.3 Enclosure 15.4
16.	11:45	**Outstanding Service - Supporting People Living with Dementia - First specialist Admiral Nurse appointed to support people living with dementia**	Assurance	Presentation
17.	11:50	**Communications to wider organisation** (Agree Board decisions requiring communication to Trust)	Agree	Verbal
18.	11:55	**Any Other Business**		
19.		**Date of next meeting** The next scheduled meeting of the Board of Directors to be held in public will be **4th July 2024, Boardroom, King's Mill Hospital**		
20.		**Chair Declares the Meeting Closed**		
21.		**Questions from members of the public present** (Pertaining to items specific to the agenda)		
		Resolution to move to the closed session of the meeting In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: *"That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."*		

Board of Directors Information Library Documents

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

Enc 13	• **Significant Risks Summary**
Enc 15.1	• **Finance Committee – previous minutes**
Enc 15.2	• **Quality Committee – previous minutes**
Enc 15.3	• **People Committee – previous minutes**
Enc 15.4	• **Charitable Funds Committee – previous minutes**
Enc 15.4	• **Committee Effectiveness Review – Charitable Funds Committee**
Enc 15.4	• **Community Involvement Headline Report**

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 2nd May 2024, in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Claire Hinchley	Interim Director of Strategy and Partnerships	CH
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Paula Shore	Director of Midwifery	PS
	Emma Mutimer Hallgarth	Divisional Patient Experience Lead	EM
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Rich Brown	Head of Communications	
	Mitchel Speed	Project Support Officer	
	Ian Holden	Public Governor	
	Jamie Waller	Notts TV	
	2 members of the public		
Apologies:	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH

Item No.	Item	Action	Date
24/133	**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 the public were able to submit questions via the live Q&A function.		
24/134	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/135	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Andrew Rose-Britton, Non-Executive Director, and Andy Haynes, Specialist Advisor to the Board.		
24/136	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 4th April 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/137	**MATTERS ARISING/ACTION LOG**		
2 mins	The Board of Directors AGREED that actions 24/106.1, 24/114.1 and 24/114.2 were complete and could be removed from the action tracker. *Action 24/106.1* – PR advised he has concluded the ratings in the Quarter 3 Segmentation Review letter are based on a mixture of objective and subjective assessments made by the Integrated Care Board (ICB) and the regional NHS England (NHSE) team. They are ratified by NHSE's national team. Further background information has been circulated to members of the Board of Directors. *Action 24/114.1* – PR advised the views of the Board of Directors in relation to the Community Diagnostic Centre (CDC) funding issues have been expressed in strong terms to the NHSE regional team at the recent quarterly system review meeting. Subsequently, PR advised he sent an e-mail to the Finance Director of the NHSE regional team. There is a further opportunity to express the views of the Board of Directors to the national NHSE team at a meeting on 10th May 2024.		
24/138	**CHAIR'S REPORT**		
2 mins	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 work of the Trust's volunteers.		

	NM queried how many people attended the recent Governor conference. CW advised the conference was just for the Trust's own governors and the majority of governors attended, with only a few absentees. Excellent feedback has been received from those in attendance. The Board of Directors were ASSURED by the report.		
24/139	**CHIEF EXECUTIVE'S REPORT**		
6 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 opening of the new Discharge Lounge, nomination process for the Staff Excellence Awards, appointment of the first Admiral Nurse at SFHFT to support families with dementia, award of the Interim Quality Mark for Preceptorship and the opening of the new car park at Newark Hospital. SB noted the clinical chairs have met with Primary Care Network (PCN) clinical directors and queried how the Board of Directors, or the Partnerships and Communities Committee, will receive feedback on the effectiveness of these meetings and how they are supporting reducing the flow of patients to the Trust (i.e. patients who do not need to attend). DS advised these meetings have been established for some time and relationships have been maintained as the PCNs have evolved. However, the meetings paused during the Covid pandemic and steps are being taken to reestablish and reinvigorate the relationships. The early work is to ensure the meetings are useful. Flash reports will be provided to the Partnerships and Communities Committee. CH advised, as with any partnership, there is a need to rebuild trust when there has been a break, which is the focus of the early meetings. The Board of Directors were ASSURED by the report.		
24/140	**GOVERNANCE APPROACH TO STRATEGY DELIVERY FOR 2024-2025, INCORPORATING 2023/2024 Q4 STRATEGIC PRIORITIES CLOSE DOWN**		
15 mins	CH presented the report, which provides a final review of the 2023/2024 Strategic Priorities. Of the 23 priorities, 7 have individual measures which are not yet fully concluded and will continue into 2024/2025. The remainder have completed all the measures of success set out for delivery in 2023/2024. A closedown summary of the achievements of the 2019-2024 strategy is included in the report. The Trust strategy for 2024-2029 builds on the 2019-2024 strategy. A new approach to strategy delivery was agreed at the Board of Directors workshop on 25th April 2024, which will result in a 6-monthly report to the Board of Directors to provide updates on the delivery of the 2024-2029 strategy. There will be a development plan towards a balanced scorecard as the strategy progresses.		

	SB noted there has been significant investment to support the delivery of some priorities, for example, expanding day case surgery services at Newark Hospital, and queried how assurance will be provided that the aims of the business case have been achieved. RM advised it is important for post-project evaluations to be undertaken on all business cases which have been approved. The Trust has established a Financial Resources Oversight Group which tracks all approved business cases. Initial reviews are carried out after 3 months, with a further review after 6 months. For larger cases, such as Newark Theatres, this will drive into the Trust's ambition for elective recovery. RE advised there have been instances where the Trust was provided with capital, but no revenue, for example, the Discharge Lounge. To realise the benefits there is a need to ensure the facility is appropriately staffed. Updates will be provided to the Finance Committee. RM advised, in the case of the ED business case where additional staffing was put into ED, there have been two updates to Finance Committee, with a further review scheduled. BB noted the Trust is treating patients with increased acuity and queried if there is an objective measure for acuity. RE advised patients' National Early Warning Score (NEWS) is measured to some degree in relation to the emergency pathway and if this will impact on length of stay. PB advised the Safer Nursing Care Tool is used at nursing reviews. This is an evidence based tool and measures acuity and activity. DS advised the Trust tracks patients' acuity on admission. Complexity and co-morbidities are captured to a degree, but there is no robust way of identifying the number of patients with multiple co-morbidities. Complex patients will need to stay in hospital longer. Some metrics are already available but there is a need to consider how this information can be presented in a meaningful way. CW noted that anecdotally, due to the nature of the population served by the Trust, there is the assumption co-morbidities add to the challenges faced by SFHFT compared to other trusts. DS felt data is available but there is a need to source it, noting the need to approach the System Analytical Intelligence Unit (SAIU) to establish if data is visible across the ICB. NM felt acuity links to productivity. Therefore, there is the need to evidence what the acuity is, how it is trending and how that links to the staffing available. DS advised there is excellent national data in relation to demographic changes, but there is the need to establish if that is translating into admissions to the emergency pathway. PR advised there is a need to establish a way to draw the data, interpret it and build it into decision making. In the longer term, the data which is available within the data warehouse can be used to guide the Clinical Services Strategy.		

	Action • **Method of capturing and presenting data in relation to acuity in a meaningful way to be developed.** The Board of Directors were ASSURED by the report.	**DS**	**04/07/24**
24/141	**STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME**		
11 mins	PS joined the meeting. **Maternity Update** ***Safety Champions update*** PB presented the report, highlighting the Service User Voice, staff engagement, visit from the Shadow Secretary of State for Health and Social Care and the Leader of the Labour Party, with the focus on digitalisation within maternity services, and the successful NHS Resolution (NHSR) Year 5 submission. PS highlighted the Perinatal Pelvic Health Service. BB queried if the Trust was making links with children's centres, district councils, etc. in terms of antenatal classes. PB advised the first step was to restart face-to-face classes. PS confirmed the Trust has made those links and is considering sites outside of the hospital for these classes. SB queried how the topics discussed by the service user voice group are decided. PS advised the safety champions provide the update for the report and pain relief was the focus for their last meeting. The topics are decided by the group. Provision of pain relief has been a topic nationally. The data in the report is a snapshot audit at a point in time. However, this will continue to ensure continual feedback and assurance is available. This provides the safety champions with assurance that concerns raised by service users are being followed through. MG queried if there is a process and timeline for providing feedback on the recommendations from the safety champions' report and how the inequalities element is prioritised within that. PS advised there is an action log of the meeting and the recommendations form part of that and will feed down into different service lines, who have their own forums for tracking the actions. Updates will be provided to the safety champion meetings within the agreed timeframe. In terms of inequalities, support has been sought from the Maternity Voices Partnership (MVP). The Board of Directors were ASSURED by the report. ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting the home births service and the reduction in massive obstetric haemorrhage. It was noted there was one suspension of service in March 2024.		

	The Board of Directors were ASSURED by the report.		
24/142	**STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE**		
32 mins	**Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report** PB presented the report, advising this has previously been presented to and discussed by the People Committee. PB highlighted the establishment review, focus on Band 5 registered nurses, noting the positive recruitment and retention and reduction in agency usage, pause in international recruitment, registered nurse degree apprenticeships, midwifery careers event, challenges within the AHP workforce, noting there are a number of professions which are hard to recruit to nationally, and AHP job planning. GW sought clarification and assurance in relation to the drivers for the increase in staffing numbers. PB advised there is a lot of work which sits behind this report, for example, the safer nursing care tool, acuity tool, etc., further details on which will be provided to a future meeting of the People Committee. Nursing is the only workforce in the organisation which uses an evidence based tool and has some methodology to determine staffing levels of what is a patient facing, safety critical workforce. RE advised there is a direct relationship between staffing, acuity and productivity, but this is a fine balance. There is a need to staff wards appropriately to manage patients and acuity, hence why a national tool is used. The Trust has to follow evidence based, nationally tested guidance. PB advised some of the increase may be in areas where there is a higher use of agency staffing due to changes in dependency and acuity. GW sought clarification on the establishment, which comprises substantive, agency and bank staff, noting the need to get the correct balance between those elements. PB advised what should become evident is a reduction in costs and agency spend in areas where there has been an increase to establishment. RS advised it is important to note the increase in establishment from a substantive perspective will be offset by a reduction in bank and agency usage. There is a need to ensure the skills in place in any given area are appropriate to patients' needs. GW noted the establishment is a combination of all staff. Therefore, there is an overall increase in the required headcount and there is a need to ensure there is the correct assurance to justify the increase. RM confirmed, when undertaking establishment reviews, the Trust follows evidence based methodology. The Deputy Chief Financial Officer is involved in the establishment reviews. RM advised he is assured that when the establishment is over what it needs to be based on the evidence, it is reduced. It is important to be able to describe what the process is and to ensure the Trust is aligned to other NHS		

	organisations and the national standards to ensure the nursing workforce is at the correct level. There is other benchmarking which can be considered, for example, the proportion of nursing staff within the overall workforce, nursing numbers based on activity, etc. This information can be included in the report to People Committee. **Action** • **Assurance and description of the establishment review process, methodology used and mandated national safe staffing requirements to provide assurance on the driver for the increase in nursing and midwifery staffing to be provided to the People Committee.** NM felt it would be useful for the nursing staffing report to be presented to the Board of Directors in either December of January to enable challenge before it is set into quality, headcount and financial plans for the year. PB advised it is a requirement for a report on nursing staffing to be presented to the Board of Directors twice per year. The establishment review process is aligned to budget setting, etc. Timescales can be considered. **Action** • **Consideration to be given to amending the timing of the presentation to the Board of Directors of the Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report.** BB queried, given the needs of the Trust's patient cohort, if the organisation has the competency, capacity and systems to respond to those needs. Assurance is required the Trust has a process and understanding of needs and considers a blended workforce. PB advised all staff on wards can contribute to care. While there is a need to consider different roles, it is important not to dilute the role of registered nurses. DS advised it is important not to assume productivity is one number divided by another, as this is not the case. Quality and safety have to be considered. There are discussions ongoing at a national level to agree the definition of productivity within the NHS. There is an understanding that patients are getting sicker, older and more complex, which does not fit with a productivity discussion. NHSE recognise medical staff are spending longer with each individual patient and are undertaking more non-medical tasks. SB felt there is a need to determine if members of the Board of Directors are seeking assurance in relation to the process or the numbers, expressing the view the process is more important. It would be useful to have a 5-year view of how the population is developing to ensure that is aligned to the Trust's strategy.	**PB** **PB**	**01/08/24** **06/06/24**

	PB advised when the establishment review indicates a required uplift which is above the monetary values, as determined in current governance arrangements, this will be presented to the Board of Directors for approval. RS advised the wider strategic view of the Trust's workforce is factored into the work cycle of the People Committee. In terms of colleagues' skillset, the Trust follows an annual learning needs analysis process to ensure colleagues are equipped with the relevant skills. This is designed to be an organic process which is reflective of the challenges people have experienced over a period of time and which are built into ongoing mandatory training requirements. MG noted the Trust has closed the pipeline of international recruitment and queried how the risk has been assessed in terms of timing for closing that pipeline. PB advised international recruitment is currently paused as the Trust has reached its capacity in terms of being able to appropriately support and induct international colleagues. In addition, there is the need to ensure there is the right skill mix on wards to ensure there is a safe balance, rather than wards having high numbers of newly qualified, internationally educated nurses. The Trust is currently at a point where the projected staffing will be at establishment. Therefore, Band 5 nursing recruitment is also paused, with the exception of specialist areas. This is likely to be a temporary pause. It was noted international recruitment is costly, but it will be reintroduced as necessary. The Trust has good links with local universities and there is a good pipeline of students. The Board of Directors were ASSURED by the report. PS left the meeting.		
16 mins	**Medical Workforce Staffing – 6 monthly report** DS presented the report, highlighting job planning, appraisal, revalidation, medical workforce data, including data in relation to colleagues retiring and returning, industrial action, including impact on training, doctors in training surveys and vacancies. DS advised the Trust has a flexible medical workforce and work to fill rota gaps is a day to day operational process. It may be helpful for the work of the rota teams to be highlighted in a future video for the Board of Directors. **Action** • **Video to be presented to the Board of Directors highlighting the work of the rota co-ordinators.** DS advised a letter was received from NHSE during week commencing 29th April 2024, outlining a new initiative in relation to the desire to improve the working lives of doctors in training. The Trust is currently developing a gap analysis in relation to this. DS outlined the top five areas from the medics' perspective in relation to feedback from the Staff Survey.	**DS**	**TBC**

	GW acknowledged the importance of resolving the issues relating to the Doctors' Mess. GW felt there is a need to understand what is driving the changes to the medical workforce. DS acknowledged there is work to do in relation to this, noting some of it relates to colleagues working less than full time hours, there are additional beds in place and there are activity and safety elements. There is a need to triangulate this information in a meaningful way. NM noted the number of doctors employed by the Trust has increased from 448 in September 2017 to 723 in April 2024. While recognising there has been an increase in the number of beds, complexities, etc. there is a need to understand if that is a true number of WTE or a blend of full and part time workers. DS advised the Trust has been working to remove the reliance on agency staff and employ more substantive staff. There have been changes in the medical workforce, with colleagues choosing to work bank shifts and temporary roles, as this suits their lifestyle. RS advised the fact the Trust currently only has 32 consultant vacancies is a positive. The Trust has actively pursued the desire to have additional doctors to train at the organisation. In instances where the Trust has difficulties recruiting consultants, due to known challenges in relation to speciality, the Trust has looked to develop the Clinical Fellows Programme. This supports the wider medical pipeline. BB noted, in terms of the impact of industrial action, there is a cohort of registrars who have been impacted by both the Covid pandemic and industrial action. DS advised the educational contract is competency based as opposed to time based. Therefore, assuming competencies are completed and signed off, that provides the assurance. The Board of Directors were ASSURED by the report.		
24/143	**PATIENT STORY – FAMILY LIAISON – SUPPORTING OUR PATIENTS**		
8 mins	EM joined the meeting. EM presented the Patient Story, which highlighted the work of the Family Liaison Service. PB advised SFHFT is one of the first trusts nationally to introduce the Family Liaison Officer role and it has had a positive impact on patient experience. EM left the meeting.		
24/144	**QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)**		
60 mins	**QUALITY CARE** PB highlighted falls, gram-negative blood stream infections and case finding question, or diagnosis of, dementia or delirium. DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).		

	AR sought further information in relation to the increase in Escherichia coli (E.coli) infections. PB advised there are many factors which may be leading to this increase, although indications are it is predominantly linked to catheters. The Trust is seeking to reduce catheter usage, ensure appropriate prescribing and undertake antibiotic reviews. AR queried if the male / female breakdown of cases is known. PB advised he did not have the information to hand. AR expressed concern there are more cases of sepsis from e.coli in the region than other parts of the country. PB advised it is important to look across the pathway, noting patients will come into the Trust with catheters. An update will be provided in the Infection Prevention and Control (IPC) report to the Quality Committee. **Action** • **Information in relation to e.coli infections to be added to the IPC report for Quality Committee.** BB queried if the increase in infections is affected by antibiotic usage, noting there was a workstream looking at Antimicrobial resistance (AMR) across the system. PB advised this is not just a Trust issue, noting the Trust may identify and record community acquired cases. There is a need to look at all aspects of care. DS advised there is no suggestion it is resistance which would be associated with antibiotic use. BB felt the phrase 'tolerable limit' should be used rather than 'trajectory' for areas such as infection rates. SB queried if there is any oversight on the time to resolution and quality of resolution of complaints. PB advised oversight of the complaints process is reported into the Patient Experience Committee and this is fed into the Quality Committee. DS advised there is a need to consider who investigations are being written for, which is largely for the Trust. However, there is a need for the investigation to also answer the questions the family has and use appropriate language for the family to understand. **PEOPLE AND CULTURE** RS highlighted the vacancy and turnover position, mandatory training, appraisals, employee relations, agency usage and staff wellbeing, including sickness absence and flu vaccination rates. GW noted the improved position in terms of agency usage and felt there should be the same focus on the usage of bank staff. GW queried if the figures for total workforce loss includes Medirest staff. RS advised total workforce loss includes staff on maternity leave, etc. in addition to sickness absence. This provides greater visibility on the Trust's available resources on any given day. It is does not include Medirest staff.	**PB**	**06/06/24**

	GW felt it might be useful to work with Central Nottinghamshire Hospitals (CNH) in terms of monitoring Medirest and Skanska staff absence. AR sought assurance the Trust has the right skill mix to ensure grievances are appropriately dealt with. RS advised there has been a changing employee relations landscape over recent years, which inevitably presents 'firsts' for team members. The challenge is how to empower leaders to tackle issues. The leadership development course includes a session on employee relations. The Trust continually reviews if the right skills are available at the right time to tackle issues. An area of focus is providing coaching in relation to finding resolution rather than continuing to pursue a case. AR queried how many grievances went through to a legal stage. RS advised this is minimal. Further information will be provided in the employee relations report to People Committee. **Action** • **Information in relation to the number of staff grievances going through to a legal stage to be included in the employee relations report to the People Committee.** NM noted the indicators which are off track and felt these do not balance with the Staff Survey results, for example, employee relations, workforce loss and sickness absence. RS advised these are areas of focus which are explored and discussed by the People Committee. The aim for Year 3 of the People Strategy is to build on how the Trust can make sustained inroads and the wellbeing agenda is paramount to achieving that. CW noted the flu vaccination rate is lower than previous years and queried if there is any quality feedback as to the reason for this. RS advised the Trust has commissioned some research to provide scientific analysis in relation to the reasons for vaccine hesitancy. This will provide tangible data to understand what is preventing individuals, who have historically received the flu vaccination, from coming forward. The early headlines from this work are fatigue (i.e. people feeling unwell after receiving the vaccine and not wishing to repeat the experience) and accessibility. The number of peer vaccinators will be significantly increased to address the accessibility issue. DS felt accessibility of the vaccine is good across the Trust. One reason for hesitancy may be the fact there have been two mild flu seasons. CW felt there may be an education issue as healthcare workers should understand the importance of being vaccinated. BB felt staff need to think about protecting patients as well as themselves. NM felt some people will be linking the flu vaccination to the Covid vaccination, which has caused significant illnesses for some people.	**RS**	**03/10/24**

	TIMELY CARE In terms of the emergency pathway, RE highlighted A&E attendances are 11% higher than planned levels, high bed occupancy, enactment of full capacity protocol, reduction in the number of patients who are medically safe for transfer and long length of stay patients, strong ambulance turnaround times, good Same Day Emergency Care (SDEC) performance and ED 4-hour wait performance. In terms of elective care, RE highlighted Elective Recovery Fund (ERF) target delivery, reduction in size of total waiting list, diagnostics and patient initiated follow up. In terms of the cancer pathway, RE highlighted faster diagnosis standard and 31-day and 62-day standards. AR expressed concern in relation to the 62-day wait standard. While the Trust has reduced the number of patients waiting over 62 days to 52, from in excess of 100, AR felt the Trust should have a drive to reduce this number to single figures. RE advised reducing the number of 62 day waiters to single figures would be very challenging, noting 52 is the lowest level the Trust has seen for a very long time. There will be patients who breach 62 days due to the complex nature of their pathways and also compliance issues (i.e. failing to attend appointments, etc.) Waiting times is a constant focus for the specialities and the challenges faced differ, depending on speciality. AR queried which specialities have the greatest backlogs. RE advised they are lower gastrointestinal (GI) and urology. This has been looked at down to consultant level. The cancer Patient Tracking List (PTL) goes through every long waiting patient with the speciality to try to move them along the pathway. The Cancer Centre tracks pathways on a daily basis, chasing results, etc. Therefore, there is daily scrutiny of cancer pathways. As agreed at Quality Committee, a deeper dive will be undertaken to look at the impact on outcomes. There is no increase in harm being reported through the Cancer Steering Group. CW queried if increasing the percentage of remote attendances to 17% by the end of the financial year is ambitious enough and what impact this will have. RE advised some patients value virtual appointments, but others prefer face to face appointments. There is a need to offer virtual appointments to patients who want them and a face to face service for those who do not. In terms of how the Trust deploys resource, taking into account the pressures teams work under, the view has been taken that there is a need to focus on productivity metrics, rather than trying to drive up the number of virtual appointments as colleagues are struggling to do everything well. A manageable expectation has been set. There is no clear evidence base to suggest doing more virtual appointments drives productivity or enables the Trust to see more patients.		

	BEST VALUE CARE RM outlined the Trust's financial position at the end of Q4, highlighting the deficit position at year end, elective recovery delivery, agency spend, Financial Improvement Programme (FIP), impact of industrial action, cash position, capital programme and implied productivity. The Board of Directors CONSIDERED the report.		
24/145	**USE OF THE TRUST SEAL**		
1 min	SBS presented the report, advising the Trust Seal has been used seven times in the past quarter, with the details being previously presented to the Board of Directors. In addition, seal number 115 was affixed to a document on 25th April 2024 for Newark and Sherwood District Council. The document related to the lease of the car park on Bowbridge Road at Newark. The Board of Directors were ASSURED by the report and NOTED the use of Trust Seal number 115.		
24/146	**FIT AND PROPER PERSON**		
5 mins	SBS presented the report, advising an updated framework came into force on 30th September 2023. SBS highlighted the actions taken by the Trust in response to the requirements set out in the framework. The first annual submission under the new framework is due on 30th June 2024 and it was noted further work is required before the submission can be made. SBS advised there are no concerns in relation to members of the Board of Directors meeting the Fit and Proper Person Test requirements. To provide further assurance, an internal audit review of the process will be undertaken. In addition, it is proposed the application of the Fit and Proper Person Test requirements be extended to designed deputies of the Executive Directors. The Board of Directors were ASSURED by the report and AGREED to extend the application of the Fit and Proper Person Test requirements to designed deputies of the Executive Directors.		
24/147	**PROVIDER LICENSE SELF-CERTIFICATION DECLARATION**		
1 min	SBS presented the report and advised this is an annual self-certification. This has previously been discussed by the Executive Team. There is no longer a requirement to submit the declaration to NHSE but it does need to be published on the Trust's website. The Board of Directors APPROVED the declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS provider licence. The Board of Directors APPROVED the FT4 declaration.		

24/148	**COMMITTEE EFFECTIVENESS REVIEWS**		
2 mins	SBS presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review. It was noted the Charitable Funds Committee have not yet undertaken their review and this will be completed at the next meeting of the Committee on 9th May 2024. No actions have been identified as a result of the committee effectiveness review. To provide further assurance, a committee effectiveness review has been included in the internal audit plan for 2024/2025. This is scheduled for Q2 or Q3. The Board of Directors were ASSURED by the report.		
24/149	**STANDING FINANCIAL INSTRUCTIONS (SFI) AND SCHEME OF DELEGATION**		
2 mins	RM presented the report, advising the two formal changes to the Scheme of Delegation are outlined in the report. In addition, a number of minor changes have been made, which mainly relate to responsible officers and their associated titles. It was noted a further update will be undertaken later in the year and presented to the Audit and Assurance Committee in November 2024. The Board of Directors APPROVED the Standing Financial Instructions (SFI) and Scheme of Delegation.		
24/150	**ASSURANCE FROM SUB-COMMITTEES**		
6 mins	**Audit and Assurance Committee** MG presented the report, highlighting implementation rate of internal audit actions. The Audit and Assurance Committee Annual Report was noted The Board of Directors were ASSURED by the report. **Finance Committee** GW presented the report, highlighting FIP, loss of income for CDC, areas for future focus, sustainability, review of Board Assurance Framework (BAF) principal risks and approval of the Treasury Management Policy. The Finance Committee Annual Report was noted The Board of Directors were ASSURED by the report. **Quality Committee** AR presented the report, highlighting Sepsis. DS advised a report outlining the work of the Sepsis Group will be presented to the Quality Committee.		

	The Board of Directors were ASSURED by the report. **Partnerships and Communities Committee** BB presented the report, highlighting the ongoing challenge of resources required to support partnership work and review of Board Assurance Framework (BAF) principal risks. The Board of Directors were ASSURED by the report.		
24/151	**OUTSTANDING SERVICE – THE DISCHARGE LOUNGE - GETTING OUR PATIENTS HOME SAFER AND FASTER**		
6 mins	A short video was played highlighting the new Discharge Lounge facilities.		
24/152	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be disseminated to the wider organisation: • Discharge Lounge • Work of volunteers • Nominations for Trust Excellence Awards • Lessons learnt form the patient story regarding the role of the Family Liaison Officer.		
24/153	**ANY OTHER BUSINESS**		
	No other business was raised.		
24/154	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th June 2024 in the Boardroom at King's Mill Hospital. There being no further business the Chair declared the meeting closed at 12:15.		
24/155	**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**		

24/156	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
1 min	CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting. No questions were raised from members of the public.		
24/157	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		

Outstanding Care,
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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
23/356.1	02/11/2023	Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors	Public Board of Directors	None	~~02/05/2024~~ 06/06/2024	D Selwyn / P Bolton		**Update 17/04/2024** Clinical Support, Therapies & Outpatients (CSTO) presenting workforce paper to People Committee on 28th May 2024 **Update 21/05/2024** NMAHP Staffing paper has statutory content. These groups do not form part of these professions. CSTO taking specific workforce paper to the upcoming People Committee. **Complete**	Green
24/039	01/02/2024	Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports.	Public Board of Directors	None	01/08/2024	S Brook Shanahan	K Bosworth		Grey
24/106.2	04/04/2024	Report to be provided to the People Committee in relation to the actions being taken to address diversity within the Trust, particularly people in senior leadership roles	Public Board of Directors	People Committee	01/08/2024	R Simcox		**Update 24/04/2024** Item to be presented at the July meeting of the People Committee	Grey
24/108.1	04/04/2024	Method for tracking cases of third and fourth degree tears for any ongoing harm to be developed	Public Board of Directors	None	06/06/2024	P Bolton	P Shore	**Update 24/04/2024** Director of Midwifery to work with the Trust Perinatal Pelvic Health Service Lead to look at options fot tracking. **Update 21/05/2024** Service established April 2024. Agreed at Quality Committee to report in August 2024 **Complete**	Green
24/108.2	04/04/2024	Report to be provided to the Quality Committee in relation to the work of the Lower Pelvic Floor Team, particularly the impact of their work on third and fourth degree tears.	Public Board of Directors	Quality Committee	04/07/2024	P Bolton	P Shore	**Update 17/04/2024** On agenda for June meeting of the Quality Committee	Grey
24/108.3	04/04/2024	Quality Committee workplan to be reviewed to ensure appropriate assurance is provided on key services	Public Board of Directors	Quality Committee	06/06/2024	P Bolton		**Update 17/04/2024** On agenda for April meeting of the Quality Committee **Update 21/05/2024** Reviewed at Quality Committee on 20th May 2024 and three deep dives have been agreed for this year. **Complete**	Green
24/140	02/05/2024	Method of capturing and presenting data in relation to acuity in a meaningful way to be developed	Public Board of Directors	None	04/07/2024	D Selwyn			Grey

24/142.1	02/05/2024	Assurance and description of the establishment review process, methodology used and mandated national safe staffing requirements to provide assurance on the driver for the increase in nursing and midwifery staffing to be provided to the People Committee	Public Board of Directors	People Committee	01/08/2024	P Bolton			Grey
24/142.2	02/05/2024	Consideration to be given to amending the timing of the presentation to the Board of Directors of the Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report	Public Board of Directors	None	06/06/2024	P Bolton		**Update 21/05/2024** Biannual staffing paper moved to March and October, with monthly staffing paper provided to the People Committee Reading Room **Complete**	Green
24/142.3	02/05/2024	Video to be presented to the Board of Directors highlighting the work of the rota co-ordinators	Public Board of Directors	None	TBC	R Simcox		**Update 17/05/2024** A future People Story will be developed that captures a behind the scenes story regarding preparations for a medical rota and the teams involved in Junior Doctor change over **Complete**	Green
24/144.1	02/05/2024	Information in relation to e.coli infections to be added to the IPC report for Quality Committee.	Public Board of Directors	Quality Committee	06/06/2024	P Bolton		**Update 21/05/2024** Full annual IPC report to include E-Coli and other infections cicrulated and discussed at the Quality Committee. **Complete**	Green
24/144.2	02/05/2024	Information in relation to the number of staff grievances going through to a legal stage to be included in the employee relations report to the People Committee	Public Board of Directors	People Committee	06/06/2024	R Simcox		**Update 17/05/2024** Information will be included in future reports provided to the People Committee **Complete**	Green

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chair's report	**Date:**	6th June 2024
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Graham Ward, Acting Chair		
Presented By:	Graham Ward, Acting Chair		

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

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

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

Committees/groups where this item has been presented before

None

Acronyms

CQC = Care Quality Commission
EMCCA = East Midlands Combined County Authority
NICU = Neonatal Intensive Care Unit

Executive Summary

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

Temporary changes on the Trust's Board of Directors

Over the past month, the Trust has confirmed a number of interim changes on its Board of Directors – including my appointment as Acting Chair, following the resignation of Claire Ward.

Appointment of new Acting Chair

Claire had been a part of the Trust's Board for 11 years and has served as the Trust's Chair since 2021. We wish her well in her new role. She leaves with our best wishes, following her election to lead the new East Midlands Combined County Authority (EMCCA) for Derby, Derbyshire, Nottingham and Nottinghamshire.

As a result of Claire's decision to step-down, I have been appointed the Trust's Acting Chair for a 12-month period, with recruitment to begin soon for the resulting Non-Executive Director vacancy on the Trust's Board of Directors.

I would like to take this opportunity to thank Claire for her amazing work here at Sherwood over the past 8½ years of us working together – a time that I have thoroughly enjoyed.

Claire leaves a great legacy here at Sherwood, with a Trust that is now rated 'good' overall and 'outstanding' for care by the Care Quality Commission (CQC). I, along with everyone else here at Sherwood, wish her all the best in her new role.

Changes to Non-Executive Directors' representation on Trust Committees

Following my appointment as Chair, there are to be a number of changes to Non-Executive Directors' representation on Trust Committees that I will update the Board about in due course as these are confirmed.

Appointment of Acting Chief Executive

Meanwhile, the Trust's Chief Executive, Paul Robinson, will be taking a period of planned sickness absence this summer. I am sure I speak for everyone here at Sherwood in sending our very best wishes to Paul and his family during that time.

In the meantime, the Trust's Medical Director and its Deputy Chief Executive, Dr David Selwyn, will serve as the Trust's Acting Chief Executive.

The Trust's Deputy Medical Director, Dr Simon Roe, will, in-turn, serve as our Acting Medical Director and Dr James Thomas from the Trust will serve as Acting Deputy Medical Director.

I look forward to working with our new-look leadership team over the coming months ahead.

Trust *Excellence Awards* nominations

Plans for this year's Trust *Excellence Awards* are progressing at pace, with nominations now closed for this year's awards.

Our Trust *Excellence Awards* are Sherwood's single greatest opportunity to say 'thank you' to our hard-working colleagues for their contributions over the year gone by. This year's awards have already attracted well over 500 nominations, which is an incredible show of support for colleagues' efforts.

One element of this year's awards that I am particularly excited about is the number of nominations for our publicly-nominated *People's Award*, with over 100 members of our local communities having made a nomination to thank our Trust colleagues for their hard work.

Shortlisting will be taking place soon and I look forward to learning more about some of the incredible stories behind each and every one of those nominations.

Our Trust *Excellence Awards* are entirely funded by the generous contributions of our valued sponsors. Any business wishing to show their support for our Trust colleagues can enquire about sponsoring this year's Trust *Excellence Awards* by emailing sfh-tr.communications@nhs.net

Recognising the difference made by our Trust Charity and Trust volunteers

One of the areas of the Trust that I am most excited about learning more about in my new role as Chair is that of our Trust's Community Involvement team and our Sherwood Forest Hospitals Charity.

May was another busy month for the team, both in how they encouraged financial donations via our Trust Charity and in the thousands of hours that continue to be committed to support the Trust by our volunteers. In May alone, 378 volunteers generously gave over 4,650 hours of their time to help make great patient care happen across the 36 services they supported during the month.

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

- The Sherwood Forest Hospitals Charity donating an amazing £24,000 to Ward 22 to purchase a new ultrasound scanner for the ward, pictured above. That scanner will help to improve care for inpatients who require ascitic drains and taps. Having this equipment readily available will enable earlier diagnosis from point-of-care testing and will significantly reduce patients' length of stay within our hospitals.

- Meeting with representatives from Jacksdale Butchers, who donated £1,101.72 to the Children's Ward at King's Mill Hospital. The funds were raised by a collection box and raffle, which were kindly supported by the local community and their customers.

- One particularly powerful moment from the month that underlines the importance of the community's support for our Trust came following the return of the Trust's OPUS Healthcare Musicians to our hospitals.

A successful grant application to NHS Charities Together has enabled us to extend our partnership working with OPUS Healthcare Musicians, who visit our Paediatrics, NICU and Health Care of the Elderly Wards each week. OPUS recently held a musical engagement event in the King's Treatment Centre to share with patients, visitors and staff how we are exploring the journey towards creating a musical hospital.

One parent who had recently been under the care of our Neonatal Intensive Care Unit (NICU) shared this powerful feedback following their encounter with the OPUS Musicians at King's Mill Hospital:

> *"Last week I had an amazing and unexpected experience. Whilst in the hospital extremely tired and emotionally drained, these guys turned up with their music and gave me the strength I needed to carry on.*
>
> *"Their music wasn't just two people playing, it was a healing moment for me and my baby. It became a source of hope, happiness, and strength when I was feeling very, VERY low. It was perfect timing that they showed up when I was feeling most helpless. As a new mom, I was tired and emotionally overwhelmed.*
>
> *"Their music not only had a big impact on me but the fact their also brilliant at it really helps. I want to express how grateful I am to you.*
>
> *"This review is more than just appreciating your musical skills. It's a heartfelt recognition of the big role you played in turning a really bad day into a special one.*
>
> *"I want to say a big thank you to you both for being a surprising help during a vulnerable time. I filmed you signing 'twinkle twinkle little star' and now we're home I play it to my son every night.*
>
> *"I will treasure you both forever please keep bringing peace to all those parents who need the support in such difficult moments."*

Thank you to everyone who is involved in that powerful partnership.

During May, the Community Involvement team has also:

- Welcomed its latest cohort of volunteers who have joined the Trust during the month. Pictured opposite.
- Celebrated the long service of a number of volunteer colleagues, including Daffodil Cafe volunteer Diane, who was delighted to receive her five years' long service award. Thank you to Diane for her contribution.
- Continued to provide a team of volunteers to support the pharmacy team in their temporary location and the pathology team during the period of closure of the spine corridor at King's Mill Hospital.
- Supported by ensuring that volunteers were on stand-by to support wards and departments during the recent period of Medirest industrial action.

We remain so grateful to everyone who has given their time, money and support in other ways to support the Trust and our hard-working colleagues over the past month.

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Acting Chief Executive's report	**Date:**	6th June 2024
Prepared By:	Rich Brown, Head of Communication		
Approved By:	Dr David Selwyn, Acting Chief Executive		
Presented By:	Dr David Selwyn, Acting Chief Executive		

Purpose

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

Strategic Objectives

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

Principal Risk

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

Committees/groups where this item has been presented before

None

Acronyms

ASOS = Action short of strike action
BAF = Board Assurance Framework
BMA = British Medical Association
CDC = Community Diagnostic Centre
ED = Emergency Department
NHS = National Health Service
PLACE = Patient-Led Assessment of the Care Environment
#TeamSFH = Team 'Sherwood Forest Hospitals'

Executive Summary

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

NHS prepares to enter pre-election period

The Prime Minister's announcement of plans to hold a General Election on Thursday 4th July 2024 means that the country's NHS, including Sherwood, will soon enter the pre-election period.

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

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

While we always work to remain politically impartial as a Trust, extra care will be taken during the pre-election period to ensure that we do not undertake any activity which could be considered politically controversial or influential, including avoiding any major announcements on Trust strategies, public consultations or other long-term initiatives which could influence or be seen to influence the election.

The pre-election period will officially begin when local authorities in our area formally declare the election. While this has not yet happened by the time of writing, it is expected to happen on 30th May 2024 and, in any case, before the Board of Directors meets.

NHS England has recently issued the following pre-election guidance for NHS organisations to follow ahead of this summer's General Election: https://www.england.nhs.uk/long-read/pre-election-guidance-for-nhs-organisations-general-election-2024/

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

Operational updates

Overview of operational activity

Demand across our Urgent and Emergency Care pathway has continued to be extremely high in the spring period with Emergency Department (ED) attendances 14% higher in April 2024 than the equivalent period in 2023. Non-elective admissions were 10% higher.

This sustained high demand has meant that our Urgent and Emergency Care pathway remains under pressure, with patients having to wait longer than we would wish for treatment and admission. We have put in place escalation actions, including implementing our Full Capacity Protocol, on several occasions to help improve the timeliness of patient care.

Despite this pressure, we continue to benchmark among the best trusts in the country for ambulance handover – a position we are proud of, as it recognises the emphasis we place on releasing ambulance crews to respond to the needs of our local community. We are working to share more details about this achievement at a future Board meeting.

We have delivered improvements against the emergency access standard in March and April 2024, with the latest performance being our best since summer 2023. Our improvements have been driven partly by introducing more middle-grade doctor shifts in our Emergency Department to help care of the increased number of patients arriving each day.

In April 2024, we opened our new discharge lounge which moved to 24-hour opening in May 2024 as a trial to understand the impact that this will have on hospital flow. The usage of our new discharge lounge has been increasing week-on-week.

Our planned care activity levels continue to be strong across outpatient, day case and inpatient services exceeding the activity levels delivered in the equivalent period in 2023. Those planned care activity levels have supported continued reduction in the number of patients on our waiting list, including those patients waiting over 52 and 65 weeks.

We continue to work to reduce the number of long-waiting patients in 2024 as we focus on recovery plans for our most challenged services. Within our Cancer services, we continue to meet the national 28-day faster diagnosis standard. We have further work to do in 2024 to improve the timeliness of the treatment phase of our cancer pathways.

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

Industrial action updates

Despite not seeing further industrial action from the British Medical Association (BMA) during May 2024, the impact of industrial action on the Trust has continued as colleagues from Medirest, who provide a number of support services across our hospitals, opted to take industrial action during the month.

Following a recent GMB Union ballot, Medirest colleagues took 'action short of strike' action (ASOS) from Monday 13th May 2024 until Monday 20th May 2024. A period of full strike action also took place between 6am on Friday 17th May 2024 and 5.59am on Saturday 18th May 2024.

I am grateful to all colleagues who worked to manage the disruption caused during that period, which helped to minimise the impact of this on Trust services and ensured there was no compromise to patient safety. During this period of strike action, no patient procedures or operations were cancelled or postponed as a result of this round of industrial action.

A second period of industrial action has since been called by Medirest colleagues, with this due to take place between 6am on Thursday 30th May 2024 and 5.59am on Saturday 1st June 2024. This will be followed by another period of 'action short of strike' action that is due to place between 6am on Saturday 1st June 2024 and 5.59 am Thursday 6th June 2024.

We recognise and value the vital role that our Medirest colleagues play across our hospitals and we acknowledge their right to take industrial action, while hoping for a speedy resolution to that national dispute.

While we have welcomed the discussions that appear to be taking place nationally between the government and the British Medical Association, we were disappointed to learn that the BMA has opted to call another period of strike action from its resident or junior doctors.

That announcement will see a full walkout by resident doctors at 7am on Thursday 27th June 2024, continuing until 7am on Tuesday 2nd July 2024. Planning has already begun within the Trust to prepare ourselves for this latest period of industrial action and the inevitable disruption it will bring for our services and patients.

Other Trust updates

Thank you to Wainwright Primary Academy for their support for our new Trust Discharge Lounge

At last month's public meeting of our Trust Board of Directors, we shared the news that our new Discharge Lounge has opened its doors to help ease bed pressures in our hospitals – and ensure our patients can return to wherever they call as soon as they are medically-fit to do so.

One really pleasing development during the past month has been the contribution of one local school, Wainwright Primary Academy, who have helped to officially open the new unit, thanks to the unveiling of new bespoke artwork that welcomes colleagues, patients and visitors onto the unit.

The new lounge, which has had a complete re-design and will have significantly increased capacity to improve how patients move through the hospital, was officially opened on Friday 3rd May 2024 when some of the children helped to 'cut the ribbon'.

An art competition was launched by the Trust with the new lounge being named after the winning school and their design used as a 'bespoke montage' on the nurse's station.

Wainwright Primary Academy, part of Diverse Academies, was unanimously declared the winner with their superb design entitled "A Busy Hospital", a project involving the whole school and facilitated by art teacher Annalise Kennedy.

For those patients waiting to be transported to wherever they call home, the new Wainwright Discharge Lounge will provide a comfortable and purpose-designed space as they wait for medication or transport or for their relatives to collect them.

The improved new Discharge Lounge will help us to vastly improve our processes as we transition our patients back to their home, or the place they call home. It reinforces our commitment to provide outstanding care for all of our patients during the time they spend with us, in the best place at the right time.

As a major employer across Mansfield and Ashfield, it is important that we continue to strengthen our relationship with our community and look forward to having Wainwright as one of the anchors for this.

We are grateful to the Academy for their support and for the artwork they have created. It was a real pleasure to host the children and their surprise at seeing their artwork displayed was priceless.

#TeamSFH celebrates midwifery retention success

During May 2024, we were proud to celebrate one of our lowest ever vacancy rates among our midwives, thanks to the success of a recruitment and retention programme that has been funded by NHS England.

Nationally, there is a high rate of midwife vacancies due to multiple factors including burnout and lack of colleague support. The vacancy rate in Sherwood Forest Hospitals' midwifery team is incredibly low at 0.9%, with all newly-qualified midwives recruited to the Trust since February 2022 still working there two years on. A huge factor behind this achievement has been the support we provide to newly-qualified midwives in their first 18-24 months – known as their preceptorship.

Midwife Sharon Parker, who was appointed the Trust's Lead Midwife for Recruitment and Retention in early 2022, has supported 48 midwives, 28 of whom have completed their preceptorships to become Band 6 midwives and 20 who are working towards the end of their preceptorship programme.

The Trust, which marked International Day of the Midwife on Sunday 5th May 2024, employs 180 midwives who provide care for over 3,500 families each year.

Before this role was introduced, newly-qualified midwives at the Trust had no single, dedicated person to go to for support. Lead Midwife for Recruitment and Retention forms an integral part of the NHS Long Term Future Workforce plan.

Sharon provides support to midwives on a range of topics, from clinical care and compliance to personal wellbeing. The support is specifically designed to meet the needs of each individual midwife as they rotate around various parts of the Maternity service.

Each midwife will have an appraisal every month for the first three months, with a further review after six months and one year. Midwives on the programme are allocated protected time to meet with Sharon to reflect and learn. This time can also be used to debrief or look back on any challenging situations that may have happened. Sharon also looks after their wellbeing, ensuring midwives are aware of and know how to access the wide range of wellbeing support the Trust offers.

Sharon is also a midwifery ambassador for NHS England. She works closely with local schools, colleges and universities to promote midwifery as a profession and roles available within the Trust. There are currently 46 student midwives at the Trust who Sharon supports, and two midwives set to start their preceptorship programme.

Thanks to the success in midwifery, the Trust is looking at what it can do to increase retention rates in other areas of maternity and across the wider organisation.

We are incredibly grateful to Sharon and to all her colleagues who have helped to make this incredible achievement possible.

Relaunching our Staff Networks to improve our support for Trust colleagues

On National Staff Networks Day in May 2024, we were proud to support the Trust's brilliant Staff Network Chairs and Co-Chairs to relaunch our Staff Networks.

Across our NHS, Staff Networks are recognised as a vital part of helping to reduce inequalities and support our staff in driving meaningful change. Here at Sherwood, they are vital in making Sherwood a place where people from all walks of life feel they can belong.

Here at Sherwood, we are proud to have a number of Staff Networks – including networks focused on supporting colleagues who are from ethnic minorities, who are carers, from our LGBTQ+ communities, who have disabilities and who are women.

As part of that relaunch, our Executive Team have reaffirmed their commitment as Executive sponsors for the networks by signing a pledge to better support those networks in their work.

We are grateful to those networks and all those colleagues who lead them and are involved in them for the part they play in making Sherwood a great place to work.

Mansfield Community Diagnostic Centre to host latest information event as construction project continues

The public are being invited to learn more about our work to bring thousands more health checks to Nottinghamshire, as the team behind our work to bring Nottinghamshire's first Community Diagnostics Centre to our area prepare to host their latest public information event.

Our third information event, which will take place between 1pm and 6pm on Thursday 6th June 2024 at Mansfield Community Hospital, will welcome members of the local community and Trust staff to learn more about the project.

The event will specifically share updates about the construction that is already underway to build the new Centre alongside Mansfield Community Hospital, as well as shining a light on the work that has already helped to deliver 18,000 health checks locally – long before the full Centre prepares to open its doors in Spring 2025.

The event will be a fantastic opportunity for our patients and the local community to learn more about this exciting project and I would encourage everyone to make every effort to join the event to find out more.

Trust scores top marks for condition, appearance and maintenance of its sites

The care environment here at Sherwood is exceeding the NHS national average in all areas, according to the results of our latest Patient-Led Assessment of the Care Environment (PLACE) inspection.

The Trust scored top marks for condition, appearance, and maintenance across its three hospital sites, while Newark Hospital and Mansfield Community Hospital scored 100% for cleanliness with King's Mill not far behind at 99.8%. The organisation's food scored over 95%.

The assessments, which take place in all healthcare settings every year, reflect the attitude that every NHS patient should be cared for with compassion, dignity in a clean and safe environment.

Assessments show how the environment supports the provision of care, assessing aspects such as privacy and dignity, food, cleanliness, general building maintenance, and monitors whether the premises are equipped to meet the needs of people with dementia or with a disability.

These fantastic results are testament to the hard work and dedication of all our teams at Sherwood Forest Hospitals. We work in partnership with Medirest, Skanska and CNH (Vercity), as without everyone working together, we wouldn't have such a clean, well-maintained and welcoming environment for our patients. Our colleagues should be extremely proud of the contribution they have made.

Patient assessors found King's Mill Hospital to be 'very bright, clean, and welcoming' and said, 'staff gave an air of calm throughout the inspection, even though the wards were full'.

The general view on Mansfield Community Hospital was 'very clean with a welcoming feel…staff were also very friendly', while the grounds of Newark Hospital were described as 'free from clutter and well maintained.'

The assessments help organisations to understand how well they are meeting the needs of their patients and identify where improvements can be made.

Taking place from September to November each year, the inspection is undertaken by local patient assessors, as well as representatives from the Care Quality Commission (CQC), NHS Digital, Age UK, Trust volunteers and Governors. It is also supported by members of staff at the Trust, which includes Matrons, Infection Control, Nutrition and Hydration and Dementia specialist nurses. The visit is facilitated by the Estates and Facilities PLACE team.

The PLACE assessments specify that 25% of the hospital's wards must be covered. Eight areas were covered at Mansfield Community Hospital, nine at Newark Hospital and 21 at King's Mill. At King's Mill, the inspection took place across 10 wards, eight outpatient departments and compulsory areas such as the Emergency Department, as well as external grounds and communal areas.

On behalf of the Trust's Board of Directors, I would like to share my thanks to each and every colleague who has helped to make this fantastic achievement possible.

New car park improves patients' access to Newark Hospital

A new 80-space car park has opened at Newark Hospital to bring immediate benefits to patients, visitors and staff, with the dedicated staff car park freeing up much-needed spaces in the hospital's main car park for patients and visitors.

The car park was made possible thanks to a partnership between Sherwood Forest Hospitals NHS Foundation Trust and Newark and Sherwood District Council.

The District Council purchased the land between the hospital and the Co-Op on Bowbridge Road and converted it into additional hospital car parking in its bid to ensure residents have access to even more healthcare provision locally.

We know that parking has been increasingly difficult in recent months and we are grateful to everyone for their patience and understanding. It is fantastic to see that these long-awaited extra spaces have immediately helped to alleviate parking issues on and around the site and improve the experience of our patients, visitors and colleagues.

Additional parking is key to the work we are doing to further increase the range of services available at Newark Hospital and we are hugely grateful to our colleagues at Newark and Sherwood District Council for making this happen.

Within the Trust, I would also like to share my thanks with all our teams, especially our Estates and Facilities teams, and our security team who have supported motorists to park safely during a difficult time.

The car park is the latest in a host of improvements as part of the Trust's ongoing plans to maximise the potential of Newark Hospital and ensure it is a valued and vibrant community asset. Millions of pounds have been invested in the site by the Trust since 2020.

Last month, the Medical Day Case Unit moved to its new home in a dedicated space on Fernwood Unit, providing a better experience for patients, and in the past few months a programme of painting and general housekeeping has taken place, which has further improved the look and feel of the hospital.

These developments also follow the opening of our new state-of-the-art operating theatre, known as the Newark Elective Hub, last October that aims to provide up to 2,600 extra operations and procedures each year.

The hospital's main car park has 170 pay and display spaces plus 20 spaces for blue badge holders. Patients and visitors are reminded to bring cash to pay for parking. Electric charging will also be available for electric and hybrid vehicles, as part of the Trust's commitment to environmental sustainability.

Partnership updates

Working together to deliver Improved sexual health services for Nottingham and Nottinghamshire residents

From October 2024, Nottingham and Nottinghamshire residents will benefit from an enhanced Integrated Sexual Health Service.

The service will be delivered across City and County, led by Nottingham University Hospitals NHS Trust in partnership with Sherwood Forest Hospitals NHS Trust and supported by a remote sexual health service provider, Preventx.

It will be funded and commissioned by both Nottingham City and Nottinghamshire County Council's Public Health services.

The newly-awarded single city and county-wide contract replaces the current arrangements for sexual health services which are delivered through several contracts. The improved service will ensure that everyone has access to the same high quality 'one stop shop' for sexual health services, regardless of where they live.

The free and confidential service will expand its health promotion offer and targeted outreach support to the most vulnerable and at greater risk across the city and county. It increases choice for residents by keeping face-to-face and walk-in appointments, whilst making the most of new technology to offer online services to support those who prefer a remote option. The service will also provide a single website as a reliable source of information so that residents can make informed choices about their sexual health and know how to access the services they need.

The service offer includes:

- better access to trusted information on sexual and reproductive health
- increased choice and easier access to services for local people
- services tailored to meet needs of people at greater risk of poor health outcomes
- services which will reach out to support our diverse communities and
- a better experience of finding relevant services that are more streamlined and joined-up across the system, including GPs, pharmacies, sexual health, and other healthcare services.

We are looking forward to working collaboratively to develop the current sexual health service into an even better one for our local communities.

Trust risk ratings reviewed

The Board Assurance Framework (BAF) Principal Risk 7, 'A major disruptive incident', for which the Risk Committee is the lead committee, has been scrutinised by the Trust's Risk Committee. The Committee has confirmed that there are no changes to the risk score.

The Chief Executive has assumed the role of lead director for this Principal Risk, as agreed at the Board of Directors Workshop on 25th April 2024.

The full and updated Board Assurance Framework (BAF) is being presented later in this meeting.

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Trust Board - Cover Sheet

Subject:	People Strategy Year 2 / Year 3 Update	**Date:**	06/06/2024
Prepared By:	Beth Hall – Business Support Officer		
Approved By:	Deborah Kearsley – Deputy Director of People		
Presented By:	Rob Simcox – Director of People		

Purpose

To share the final copy of our People Strategy 2022-2025 for approval prior to a Trust-wide launch in June 2024. The document focuses on our third and final year (2024/2025) with key actions and supporting measures centred around our 4 delivery pillars.	**Approval**	**X**
	Assurance	
	Update	
	Consider	

Strategic Objectives

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

Principal Risk

PR1	Significant deterioration in standards of safety and care	
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

People Committee
People Cabinet
People Transformation Sub-Cabinet
People Resourcing and Development Sub-Cabinet
People Wellbeing and Belonging Sub-Cabinet
Clinical Chairs
Senior Nursing Cabinet
Joint Local Negotiating Committee (LNC)
Joint Staff Side Partnership Forum (JSPF)
Divisional Management forums

Acronyms

TOM – Thinking of Moving
TRiM – Trauma Risk Management
V&A – Violence and aggression
NHSe elfh – NHS England e-Learning for Healthcare
M&H – Moving & Handling
ESR – Electronic Staff Record
MAST- Mandatory and Statutory Training
WEX – Work Experience
CDC – Community Diagnostics Centre
EDI – Equality, Diversity and Inclusion
BAU – Business as usual

Executive Summary

Background

The People Strategy for 2022-2025 launched in Summer 2022, since then we have successfully delivered Year 1 (2022/2023) and Year 2 (2023/2024).

We are mindful given the changing NHS landscape that our People Strategy needs to be refreshed annually to ensure it is relevant and aligned to latest Trust and national priorities.

We have therefore updated our priorities for the third and final year (2024/2025) of our People Strategy to ensure actions are meaningful, relevant, and achievable.

Engagement commenced at People Committee in November 2023. A robust engagement plan has been developed and completed. The latest version has been shared with all 3 People Sub-Cabinets, our People Cabinet and **approved by People Committee on 28th May 2024.**

Enc 8 - People Strategy 2024/2025 – Strategy Booklet

We will continue to shape our priorities around our commitment to **empower support our people to be the best they can be.** This aligns to the new Trust Strategy 2024-2029: Improving Lives (Trust Strategic Objective 2)

Priorities are categorised into the below **4 delivery pillars** which deliberately anchor back to the NHS People Plan:

- **Looking after our People**
- **Belonging in the NHS**
- **Growing for the future**
- **New ways of working and delivering care**

The People Strategy booklet has been pulled together in line with feedback over the last 7 months, **the final version (V1.9) is attached** and branding has been reviewed by our Creative Comms team.

We have deliberately chosen to have 4 key priorities per delivery pillar that are key strategic improvement areas above our day-to-day offer which will remain 'business as usual'. All actions now have supporting measures that we will monitor throughout 2024/2025 to ensure we are on track.

People Strategy 2024/2025 – Launch Plan

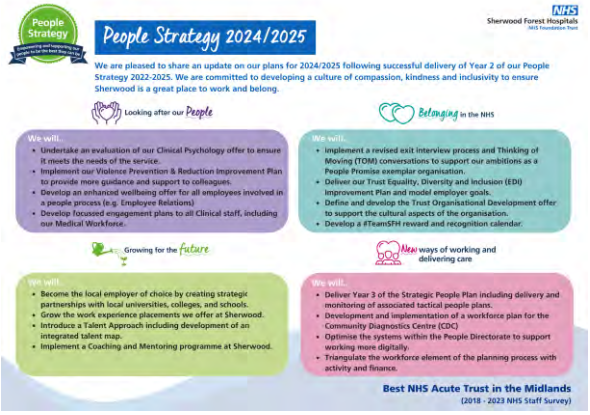
A supporting internal communications/launch plan has been developed and we propose to run this between June/July 2024. This will entail:

- Staff Story video (to be launched at 6th June Trust Board and shared as part of wider comms)
- Launch/Presentation at Trust Team Brief (11th June)

  Throughout June 2024:
  - Screensavers
  - Bulletin articles
  - Posters
  - New intranet page to go live
  - Social content via Trust/People Directorate 'X' platform (Twitter)

Content to support the launch plan is currently being developed, examples are below.
Please note: launch content is in draft and awaiting review by Creative Comms.

People Strategy 'One Pager'



Screensaver

**QR code to be added once People Strategy has been published on the Trust website.*

Poster examples

Summary of Key achievements 2023/24

Below is a summary of key achievements for the financial year 2023/2024.

Key achievements 2023/2024

Looking forward – Our next People Strategy

Our next People Strategy will run from 2025-2029 in line with the end of the latest Trust Strategy.

We intend on keeping the same strapline of; empowering and supporting our people to be the best they can be (as this aligns to Strategic Objective 2 of the Trust Strategy) but will review our delivery pillars, priorities, and measures to ensure they are relevant and meaningful, a People Strategy for our people and designed by our people.

Key dates

- June to August 2024 = Initial engagement and idea generation:
  - Stalls at all 3 sites
  - Development workshop sessions with key leads around the Trust
- September to November 2024 = Refinement of key priorities and success measures
- December 2024 to January 2025 = Final review of content
- February 2025 to March 2025 = Final review of branding
- March 2025 = Approval at People Committee
- April 2025 = Approval at Trust Board / Launch*

**We propose that our next People Strategy should be approved at April 2025 Trust Board, in line with the start of the 2025/2026 financial year.*

Recommendation:

We ask Board members to approve the People Strategy Year 3 (2024/2025) update with a view to publishing/launching the People Strategy from 11th June 2024, communications to be implemented throughout June/July 2024.

We also ask Board members to approve the proposed change to future workplan timings for People Strategy approval dates, so that our next People Strategy (2025-2029) is presented at Trust Board for approval in April 2025.

Future progress updates will continue to be provided to People Committee on a quarterly basis.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

People Strategy

2022-2025

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

Contents

Welcome to Sherwood Forest Hospitals, People Strategy for 2022-2025

Our vision: Empowering and supporting our people to be the best they can be

Following the launch of our People Strategy in Spring/Summer 2022 I am pleased to provide an update on our plans for our third and final year of our People Strategy.

Despite challenges in healthcare over recent and increased demand for our services we are proud to say that **74% of our colleagues voted Sherwood as a great place to work** (ranking 1st in Midlands and 2nd in the country, increasing by 1 place since the 2022 Staff Survey)

I am confident that our teams will continue to support divisions to provide high quality, safe care for patients and ensure that Sherwood is a great place to work and belong. Our focus areas for 2022-2025 were built in line with latest national guidance, Trust priorities and are underpinned by our **CARE values**. Our delivery pillars are deliberately linked to the NHS People Plan:

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

We will achieve this by **empowering and supporting our people to be the best** they can be. We will continue to review our core offers with a view to providing more consistency for our people at Sherwood.

We will support our people's health and wellbeing needs, ensuring our people are psychologically safe.

We will continue to develop a culture of compassion, kindness, and inclusivity, supporting and celebrating diversity in all its forms through utilisation of our Staff Networks.

We will support the Trusts' workforce needs by expanding our Step into the NHS programme and investing in our people, including growth of apprenticeships. It is our aim to become the local employer of choice and in 2024/2025 we will continue to take steps towards this goal.

We will empower people to work flexibly and in different ways, developing Trust-wide strategic workforce plans and looking at ways to create efficiencies within Sherwood.

2024/2025 will be a transitional year where our People Strategy for 2022-2025 comes to an end. We will therefore start engagement our future People Strategy for 2025-2029 in the coming months, which will support the new **Improving Lives: Trust Strategy 2024-2029.** Our People Strategy supports the Trust's vision of providing **outstanding care** delivered by **compassionate people to** promote **healthier communities.**

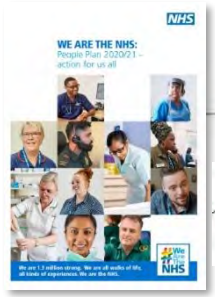
Thank you to all colleagues in the People Directorate for their hard work supporting the delivery of the People Strategy, and to colleagues around the Trust who have engaged with us.

Our plans will continue to build on the firm foundations we have established at Sherwood over a number of years and I look forward to the

Rob

Rob Simcox
Director of People

National and local context



Looking after our people

Belonging in the NHS

Growing for the future

New ways of working and delivering care

National

Integrated Care System
Nottingham & Nottinghamshire

NHS Employers

ALLOCATE

Department for Work & Pensions

VISION
West Nottinghamshire College

System & Partners

vivup

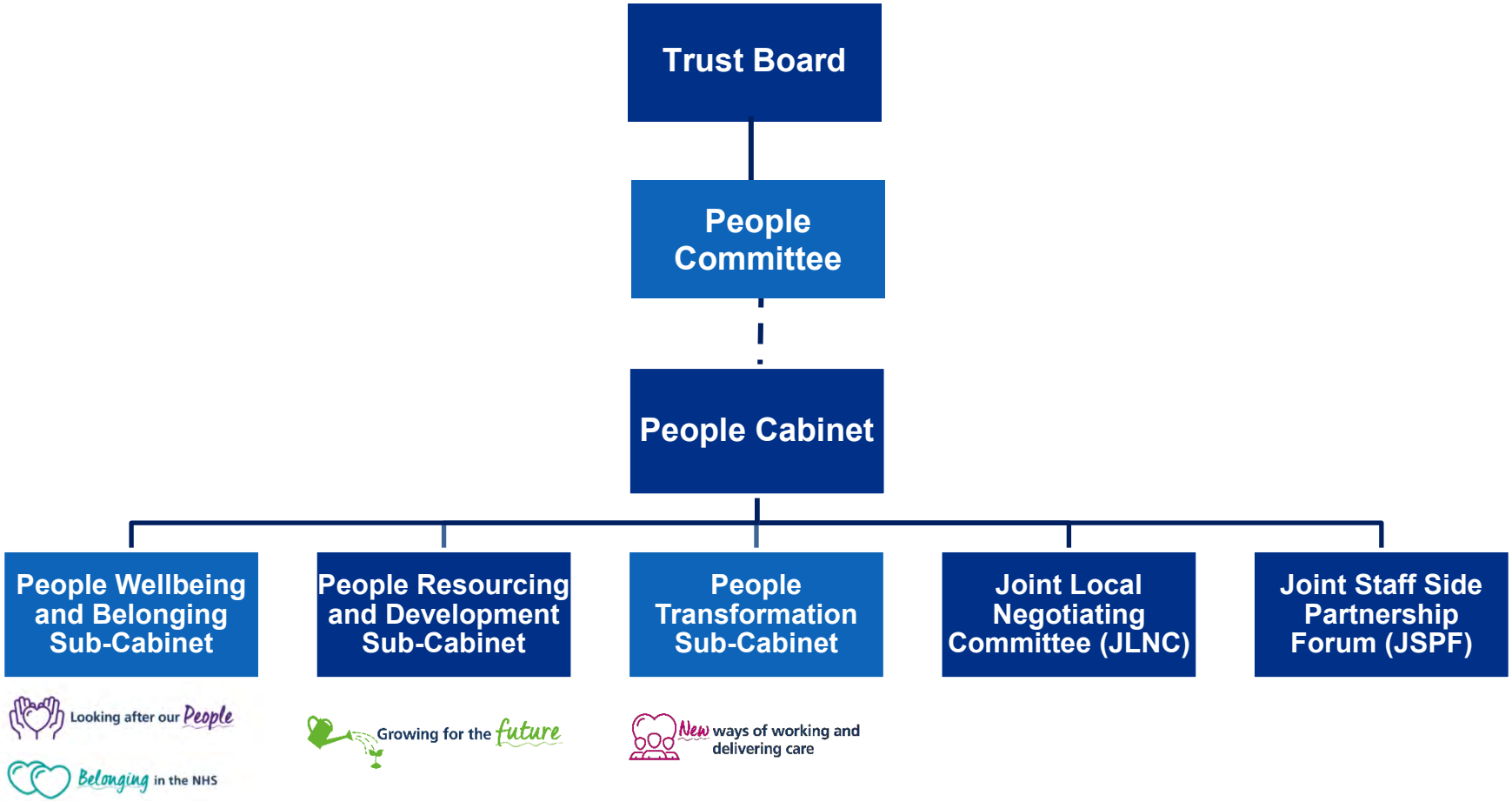
Sherwood

Together We CARE

Our Governance in Sherwood

Our action plans will be delivered through our operational sub-cabinets. Sub-Cabinets 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 will provide updates on our People Strategy action plans to People Committee on a quarterly basis.



People priorities 2022-2025

Our delivery pillars

Looking after our people

We will provide governance on these actions through our **People Wellbeing and Belonging Sub-Cabinet.**

Our vision - What does this mean in practice?

- Our people are healthy and psychologically safe, allowing them to deliver safe, high-quality care.

Our priorities - How will we deliver this?

- We will follow a person-centred approach, supporting our people based on their individual needs. We acknowledge there is an overlap professionally and personally and will support our people to take appropriate time to rest, rehydrate and refuel. We will provide the practical and emotional support our people need to do their jobs.

Belonging in the NHS

We will provide governance on these actions through our **People Wellbeing and Belonging Sub-Cabinet.**

Our vision - What does this mean in practice?

- We have an embedded culture of kindness, civility and respect at SFH, where our CARE values are disseminated. Our people feel a sense of belonging and have a voice through Freedom to Speak Up, Staff Networks, National Staff Survey plus Quarterly Pulse Surveys.

Our priorities - How will we deliver this?

- We will create an inclusive culture and take action to reduce our people's experience of violence, bullying and discrimination. We will recognise and reward our people through key celebration events.

People priorities 2022-2025

Our delivery pillars

Growing for the future

We will provide governance on these actions through our **People Resourcing and Development Sub-Cabinet**.

Our vision - What does this mean in practice?

- We are the employer of choice in the local area, with recruitment, development and promotion practices that are inclusive, fair and equitable. We attract and retain talent.

Our priorities - How will we deliver this?

- We will support the Trusts' workforce needs by continuing to recruit locally and through targeted international recruitment plans. We will develop our workforce by expanding our Step into the NHS programme and investing in our people. We will utilise internal and external education opportunities to develop our people including growth of apprenticeships, aligned to the NHS Long Term Workforce Plan.

New ways of working and delivering care

We will provide governance on these actions through our **People Transformation sub-cabinet**.

Our vision - What does this mean in practice?

- We are leaders in transformation, innovation and partnership working within the Sherwood and the Nottinghamshire system.

Our priorities - How will we deliver this?

- We will empower our people to work flexibly and in different ways, working more digitally and efficiently. We will design multi-professional teams based on recruitment needs highlighted in Trust-wide strategic workforce plans. We will actively seek ways to reduce agency usage to demonstrate productive services.

Key achievements 2023/2024

Looking after our People

- Wellbeing Fundamentals audit (91% of areas)
- TRiM (Trauma Risk Management) training piloted within Emergency Department and Maternity.
- Violence & Aggression Working Group established with the aim of reducing colleague experience of violence and aggression from patients/service users.
- Carers Accreditation received from Nottingham Carers Association for the 2nd year in a row.
- New guidance launched to support Baby Loss, Bereavement, Menopause.

Belonging in the NHS

- Supported our annual Staff Survey and pleased to have been ranked Best Trust in the Midlands for the 6th year running.
- Supported the re-launch of our CARE values with engagement events and new supporting training packages.
- Long-Service milestone events returned to face to face following pause during Covid-19.
- Supported the PRIDE event at Notts Pride with our first ever solo stand as an organisation.
- Culture Heat Map developed and launched with Divisions.

Growing for the future

- Leadership Development programme launched:
  - 31 new leaders attending Leadership Fundamentals
  - 76 applications across the Emerging and new leaders / Established leaders programmes.
  - Medical leadership course designed and delivered. 100% rating beneficial or highly beneficial.
- Ran 11 careers fairs supporting our Step into the NHS agenda.
- Apprenticeships target exceeded (26 external Apprenticeships recruited in 2023/24) and supporting resources created: Apprenticeships Prospectus, training and Staff Story video.
- Appraisals paperwork re-launched to improve ease-of-use.
- Process in place to assess completed mandatory training for new starters joining from other NHS Trusts, removing the need to repeat training.

New ways of working and delivering care

- Supported the launch of Newark Theatres in terms of vacancies and workforce planning for the service.
- Continued support to Mansfield Community Diagnostics Centre (CDC) from a workforce planning perspective.
- Steps taken to reduce agency usage and initial 100-day plan delivered.
- Development of tactical people plans to service line level.
- Development of Strategic Workforce Model.
- Launch of People Twitter (now with over 200 followers)

People priorities 2024/2025

Looking after our people

Our 2024/2025 Action Plan:	Our Key Success Measures:
▪ Undertake an evaluation of our Clinical Psychology offer to ensure it meets the needs of the service.	✓ Completion of Clinical Psychology evaluation by Q4 2024/25. ✓ 80% of colleagues referred for Clinical Psychology support are offered their first appointment within 14 working days on average throughout 2024/2025. ✓ 60% of colleagues completing a programme of support with Clinical Psychology have an improved post intervention
▪ Implement our Violence Prevention & Reduction Improvement Plan to provide more guidance and support to colleagues.	✓ Delivery of 6 key priority areas by March 2025; 1) Build leadership culture 2) Promote active reporting 3) Provide end to end support 4) Improve training resources 5) Amplify our communications 6) Work with local partners
▪ Develop an enhanced wellbeing offer for all employees involved in a people process (e.g. Employee Relations)	✓ 80% employees involved in a formal people process are referred to Occupational Health within 5 working days on average throughout 2024/2025. ✓ Implementation of Just and Restorative Culture training for leaders by Q4 2024/2025.
▪ Focussed engagement plans to all Clinical staff, including our Medical Workforce.	✓ Increased attendance from Medical Workforce colleagues at Schwartz Round sessions by Q4 2024/2025. ✓ 5% increase in Medical Workforce colleagues accessing Vivup by Q4 2024/2025. ✓ 5% increase in the percentage of medical colleagues reporting the organisation takes positive action on health and wellbeing according to Staff Survey 2024 results.

People priorities 2024/2025

Belonging in the NHS

Our 2024/2025 Action Plan:	Our Key Success Measures:
▪ Implement a revised exit interview process and Thinking of Moving (TOM) conversations to support our ambitions as a People Promise exemplar organisation.	✓ At least 50% of employees who leave the organisation in 2024/2025 have participated in the exit interview process. ✓ Reduction in turnover rate based on employees leaving in their first 12-24 months by Q4 2024/2025 ✓ Percentage of colleagues thinking of leaving the organisation is maintained at 6.74 according to Staff Survey 2024 results.
▪ Deliver our Trust Equality, Diversity and Inclusion (EDI) Improvement Plan and model employer goals.	✓ Deliver on Workforce Race and Workforce Disability standards (WRES and WDES) action plans by Q4 2024/2025. ✓ Maintain black and ethnic minority (BAME) colleagues at Bands 8a as 17 (above national employer goal of 13) by Q4 2024/2025. ✓ Increase in women in leadership roles (Band 8a and above) by Q4 2024/2025.
▪ Define and develop the Trust Organisational Development offer to support the cultural aspects of the organisation to support the Trust strategy.	✓ Develop a virtual platform for Organisational Development interventions by Q4 2024/2025. ✓ Evaluation process created to assess the impact of OD interventions by Q3 2024/25. ✓ 2 key priorities identified per Division to support cultural improvements by Q1 2024/2025.
▪ Develop a #TeamSFH reward and recognition calendar.	✓ Engagement calendar published on the Trust intranet by Q2 2024/2025. ✓ Questions linked to the People Promise commitment of 'We are recognised and rewarded' is maintained at 6.31 according to Staff Survey 2024 results. ✓ Engagement rates are maintained at an average of 7 throughout 2024/2025.

People priorities 2024/2025

Growing for the future

Our 2024/2025 Action Plan:	Our Key Success Measures:
▪ Become the local employer of choice by creating strategic partnerships with local universities, colleges, and schools.	✓ 5% increase in attendance at recruitment/careers events with local universities, colleges and schools by end of 2024/2025. ✓ Relationships with local educational providers are formalised via structured governance by end of 2024/2025. ✓ Strategic partnerships with education providers outside of Nottinghamshire are explored by end of 2024/2025.
▪ Growing the work experience placements we offer at Sherwood.	✓ Implement in-house work experience offer from June 2024. ✓ Offer a minimum of 20 work experience placements in 2024/2025.
▪ Introduce a Talent Approach including development of an integrated talent map.	✓ Process and mechanism for identifying and tracking talent approved by end of Q2 2024/2025. ✓ Process implemented to measure internal promotions, plus succession planning guidance for managers launched by end of Q3 2024/2025. ✓ Integrated talent maps are rolled out Trust wide by end of Q4 2024/2025.
▪ Implement a Coaching and Mentoring programme at Sherwood.	✓ New Coaching network launched by end of Q2 2024/2025. ✓ Internal SFH mentor training launched Q2 2024/2025. ✓ 3 coaches enrolled onto a formal coaching qualification by end of Q3 2024/2025. ✓ Register of trained mentors available for staff to access by Q3 2024/2025. ✓ 20% growth in coaching sessions delivered by end of Q4 2024/2025 (compared to previous 12 months)

People priorities 2024/2025

New ways of working and delivering care

Our 2024/2025 Action Plan:	Our Key Success Measures:
▪ Deliver Year 3 of the Strategic People Plan including delivery and monitoring of associated tactical people plans.	✓ Quarterly Tactical People Plan reports to service lines throughout 2024/2025. ✓ Development of a long-term workforce model by service line by Q3 2024/2025. ✓ Pilot a long-term workforce model over a sservice line by Q4 2024/2025.
▪ Development and implementation of a workforce plan for the Community Diagnostics Centre (CDC).	✓ Operational resourcing plan in place by Q1 2024/2025 ✓ Develop people plans for CDC modalities by Q2 2024/2025.
▪ Optimise the systems within the People Directorate to support working more digitally.	✓ Implement ESR Go by Q4 2024/2025 ✓ Consider ESR utilisation for E-Forms (termination forms and relevant changes) by Q3 2024/2025 ✓ Development of dashboards to align Health Roster and ESR key performance indicators by Q2 2024/2025.
▪ Triangulate the workforce element of the planning process with activity and finance.	✓ Develop a mechanism to monitor actual vs plan by Q1 2024/2025. ✓ Evaluation of 2024/2025 planning round for areas of learning completed by Q2 2024/2025.

People Strategy: 2025 and beyond

2024/2025 will be a transitional year where our People Strategy for 2022-2025 comes to an end.

We are currently in the process of refreshing our priorities for 2025 and beyond.

As part of the refresh we will be engaging with colleagues around the organisation to seek their feedback and ensure our priorities and the support we offer is meaningful, ensuring Sherwood is a great place to work and belong.

We will ensure our future People Strategy aligns to the latest Improving Lives Trust Strategy 2024-2029 which launched in March 2024.

With this in mind we will continue to develop our priorities to ensure we empower and support our people to be the best they can be – aligned to the Trust's 2nd strategic objective.

The People Strategy for 2025-2029 is due to launch in March 2025 and will be published via the Trust's website:

https://www.sfh-tr.nhs.uk/about-us/our-strategy/

Watch this space for more information!

Contact us

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

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

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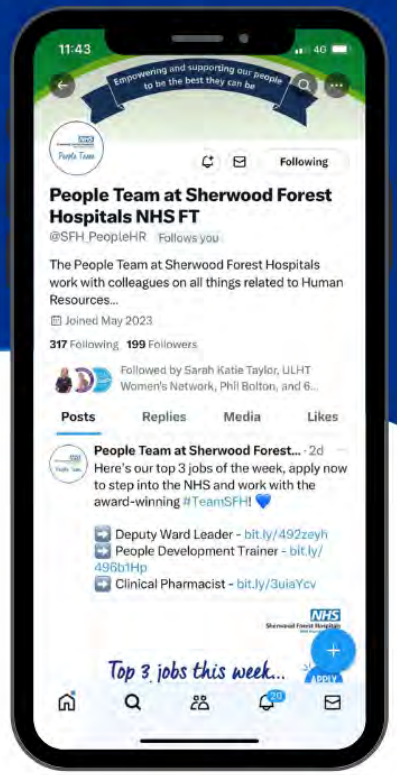


Other useful links

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

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Public

Subject:	Board Assurance Framework and Significant Risks Report	**Date:**	6th June 2024
Prepared By:	Neil Wilkinson, Risk and Assurance Manager		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	David Selwyn, Acting Chief Executive Officer		

Purpose

To enable the Board to review the effectiveness of risk management within the Board Assurance Framework (BAF) and approve the proposed changes agreed by the respective Board committees, and for oversight of significant operational risks.	**Approval** ✓
	Assurance
	Update
	Consider

Strategic Objectives

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

Principal Risk

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

Committees/groups where this item has been presented before

Lead Committees review individual principal risks at each formal meeting (Quality Committee; People Committee; Finance Committee; Partnerships & Communities Committee; Risk Committee). Risk Committee reviews the full BAF quarterly.

Acronyms

See below

Executive Summary

Each principal risk in the BAF is assigned to a Lead Director as well as to a Lead Committee, to enable the Board to maintain effective oversight of strategic risks through a regular process of formal review. The principal risks are:

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

Lead committees have been identified for specified principal risks and consider these at each meeting, providing a rating as to the level of assurance they can take that the risk treatment strategy will be effective in mitigating the risk.

The Risk Committee further supports the Lead Committees in their role by maintaining oversight of the organisation's divisional and corporate risk registers and escalating risks that may be pertinent to the lead committee's consideration of the BAF.

To provide Board oversight, a report of significant operational risks is available in the reading room. This report outlines significant risks on the Trust's risk register at the time of the last Risk Committee, and the respective principal risks on the Board Assurance Framework to which they apply.

The Risk Committee reviews all significant risks recorded within the Trust's risk register every month. This process enables the Committee to take assurance as to how effectively significant risks are being managed and to intervene where necessary to support their management, and to identify risks that should be escalated.

Proposed amendments to the BAF, agreed by the respective Lead Committees, are on the attached document - additions to the text are in red type and removals are in blue type (struck out).

Schedule of BAF reviews since last received by the Board of Directors on 1st February:

- Quality Committee: PR1 and PR2 – March and May; PR5 – February and March
- People Committee: PR3 – March and May
- Finance Committee: PR4 and PR8 – February, March, April and May
- Partnerships and Communities: PR6 – February and April
- Risk Committee: PR7 – February, March, April and May

The May reviews reflect decisions and comments made at the April Board workshop.

At the Board workshop it was agreed that PR6 needs a re-write to reflect the current position, however, the Partnership & Communities Committee has not met since the Board workshop, so the proposed changes are scheduled to be discussed at their next meeting.

At the May Finance Committee meeting it was agreed that additional threats should be added to PR4, and these will be finalised at the June Finance Committee meeting.

PR1, PR2, PR3 and PR4 remain significant risks and are all above their tolerable risk ratings.

Board members are requested to:

- Review the principal risks in light of proposed changes agreed by the respective lead committees
- Consider the implications of any current risk ratings being above tolerable levels
- Agree any further changes
- Approve the BAF subject to any further changes identified

Acronyms used in the Board Assurance Framework

Acronym	Description
AHP	Allied Health Professional
BAF	Board Assurance Framework
BAME	Black, Asian and minority ethnic
BSI	British Standards Institution
CAS	Central Alerting System
CFO	Chief Financial Officer
CQC	Care Quality Commission
CYPP	Children and Young People's Plan
DoF	Director of Finance
DPR	Divisional Performance Report
ED	Emergency Department
EoLC	End of Life Care
ePMA	Electronic Prescribing and Medicines Administration
EPRR	Emergency Preparedness, Resilience and Response
ERIC	Estates Return Information Collection
eTTO	electronic To Take Out (medications)
FC	Finance Committee
FIP	Financial Improvement Plan
FM	Facilities Management
GIRFT	Getting it Right First Time
HQIP	Healthcare Quality Improvement Partnership
HSE	Health and safety Executive
HSIB	Healthcare Safety Investigation Branch
HSJ	Health Service Journal
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IGAF	Information Governance Assurance Framework
IPC	Infection prevention and control
JAG	Joint Advisory Group
LGBT	Lesbian, gay, bisexual and trans
MEMD	Medical Equipment Management Department
MFFD	Medically fit for discharge
MHRA	Medicines & Healthcare products Regulatory Agency
MSFT	Medically safe for transfer
NEMS	NEMS Community Benefit Services (formerly Nottingham Emergency Medical Services)
OD	Organisational development
PC&IC	People, Culture and Improvement Committee
PCI	People, Culture and Improvement
PFI	Private Finance Initiative
PHE	Public Health England
PLACE	Patient-Led Assessments of the Care Environment
PMO	Programme Management Office

Acronym	Description
PPE	Personal protective equipment
PSC	Patient Safety Committee
PSC	Patient Safety Culture
QC	Quality Committee
QIPP	Quality, Innovation, Productivity and Prevention
SDEC	Same Day Emergency Care
SFFT	Staff Friends and Family Test
SI	Serious incident
SLT	Senior Leadership Team
SOF	Single Oversight Framework
TIAN	The Internal Audit Network
TMT	Trust Management Team
TTO	To Take Out (medications)
UEC	Urgent and Emergency Care
UKAS	United Kingdom Accreditation Service
UKHSA	UK Health Security Agency
WAND	We're Able aNd Disabled
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Board Assurance Framework (BAF): May 2024

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, which forms the basis of the Trust's risk framework (with corresponding corporate and operational risks defined at a Trust-wide and service level)
- Risk ratings – current (residual), tolerable and target levels
- Clear identification of primary strategic threats and opportunities that are considered likely to increase or reduce the Principal Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (**Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low-risk options; **Cautious** = preference for low-risk options; **Open** = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the primary control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales

Key to lead committee assurance ratings:

Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity

- no gaps in assurance or control AND current exposure risk rating = target
  OR
- gaps in control and assurance are being addressed

Amber = Inconclusive assurance: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red = Negative assurance: the Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take, and which can then be provided to the Board in relation to each Principal Risk and also to identify any further action required to improve the management of those risks.

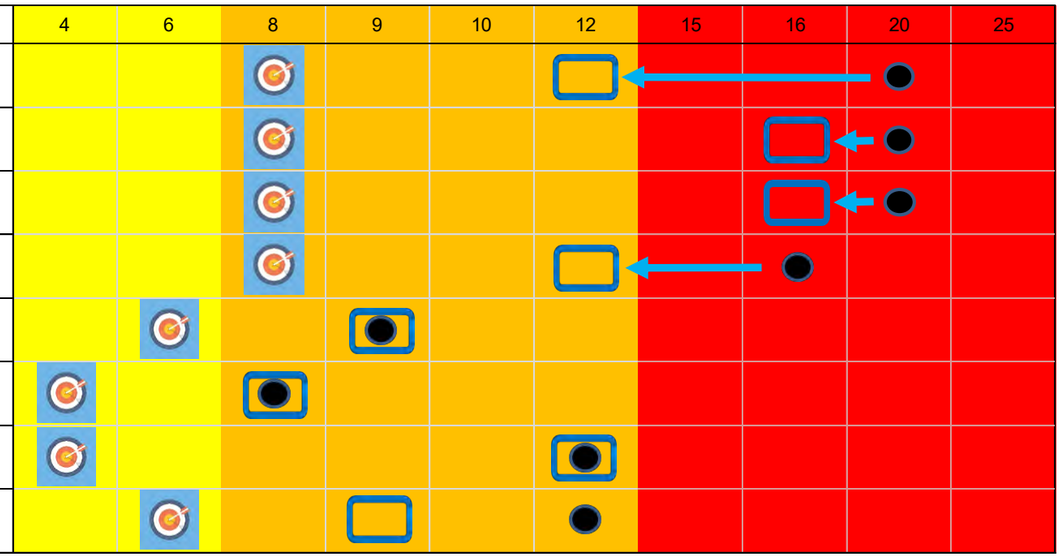
Likelihood score and descriptor

	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not necessarily a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

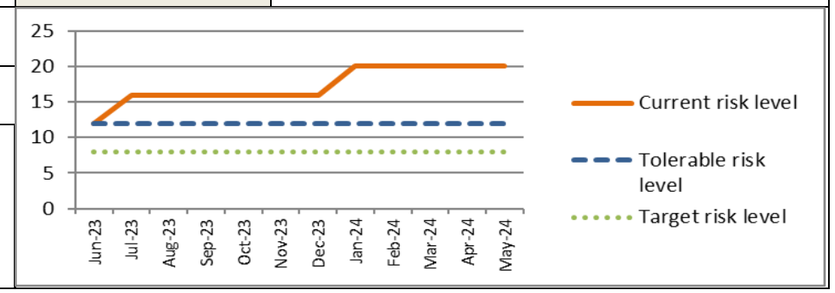
Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating

This BAF includes the following Principal Risks (PRs) to the Trust's strategic priorities and the risk scores:

		Lead Director	Lead Committee
PR1	**Significant deterioration in standards of safety and care**	Medical Director	Quality
PR2	**Demand that overwhelms capacity**	Chief Operating Officer	Quality
PR3	**Critical shortage of workforce capacity and capability**	Director of People	People
PR4	**Failure to achieve the Trust's financial strategy**	Chief Financial Officer	Finance
PR5	**Inability to initiate and implement evidence-based improvement and innovation**	Director of Strategy and Partnerships	Quality
PR6	**Working more closely with local health and care partners does not fully deliver the required benefits**	Director of Strategy and Partnerships	Partnerships and Communities
PR7	**Major disruptive incident**	Chief Executive Officer	Risk
PR8	**Failure to deliver sustainable reductions in the Trust's impact on climate change**	Chief Financial Officer	Finance



Board Assurance Framework (BAF): May 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 1: Significant deterioration in standards of safety and care** Recognised deterioration in standards of safety and quality of patient care across the Trust resulting in substantial incidents of avoidable harm and poor clinical outcomes							**Strategic objective**	Provide outstanding care in the best place at the right time
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm		
Lead directors	Medical Director Chief Nurse	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Minimal		
Initial date of assessment	01/04/2018	**Likelihood**	**5. Very likely**	3. Possible	2. Unlikely				
Last reviewed	20/05/2024	**Risk rating**	**20. Significant**	**12. High**	**8. Medium**				
Last changed	20/05/2024								

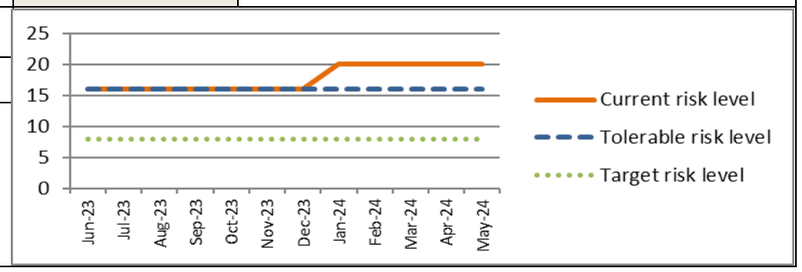
Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Inability to maintain patient safety and quality of care leading to increased incidence of avoidable harm and poor patient experience	▪ Clinical service structures, accountability & quality governance arrangements at Trust, division & service levels including: ▪ Monthly meeting of Patient Safety Committee (PSC) with work programme aligned to CQC registration regulations ▪ Nursing and Midwifery and AHP Business meeting ▪ Clinical policies, procedures, guidelines, pathways, supporting documentation & IT systems ▪ Clinical audit programme & monitoring arrangements ▪ Clinical staff recruitment, induction, mandatory training, registration & re-validation ▪ Defined safe medical & nurse staffing levels for all wards & departments (Nursing safeguards monitored by Chief Nurse) ▪ Ward assurance/ metrics and accreditation programme ▪ Nursing & Midwifery Strategy ▪ AHP Strategy ▪ Patients Safety Incident Response Framework (PSIRF) ▪ Review, oversight and learning from patient safety incidents Internal Reviews against External National Reports ▪ Getting it Right First Time (GIRFT) localised deep dives, reports and action plans ▪ CQC quarterly Engagement Meetings ▪ Operational grip on workforce gaps reporting into the Incident Control Team ▪ People, Culture and Improvement Strategy ▪ Continued focus on recruitment and retention in significantly impacted areas, including system wide oversight ▪ Digital Strategy Group	Lack of real time data collection Medical, nursing, AHP and maternity staff gaps in key areas across the Trust, which may impact on the quality and standard of care Difficulty in maintaining the safety of our existing in-patients during prolonged periods of industrial action Inability to re-provide MDT or appointments in a timely way impacting on cancer pathway metrics and overall patient care	Review of informatics function and development of informatics strategy **SLT Lead:** Chief Digital Information Officer **Progress:** ~~business case supported and progressing with recruitment~~ Appointment of Head of Information commenced March 2024 **Timescale:** ~~March 2024~~Complete Review the existing reporting metrics used to monitor patient safety and identify improvements to ensure consistency of the values used across different reports across governance groups **SLT Lead:** Chief Digital Information Officer **Timescale:** September 2024	**Management:** Learning from deaths Report to QC and Board; Quarterly Strategic Priority Report to Board; Divisional risk reports to Risk Committee bi-annually; Guardian of Safe Working report to Board quarterly; Quality and Governance Reporting Pathway; Patient Safety Committee → Quality Committee Reports include: - DPR Report to PSC monthly and QC bi-monthly - PSC assurance report to QC bi-monthly - Patient Safety Culture (PSC) programme - EoLC Annual Report to QC - Safeguarding Annual Report to QC - CYPP report to QC quarterly - Medical Education update report to QC - Medicines Optimisation Annual Report to QC Outputs from internal reviews against External National Reports including HSIB and HQIP National and local Reports; Digital risks reported to Risk Committee 6-monthly and DSG monthly **Risk and compliance:** Quality Dashboard and SOF to PSC Monthly; Quality Account Report Qtrly to PSC and QC; SI & Duty of Candour report to PSC monthly; CQC report to QC bi-monthly; Significant Risk Report to RC monthly **Independent assurance**: CQC Engagement meeting reports to Quality Committee bi-monthly Screening Quality Assurance Services assessments and reports of: - Antenatal and New-born screening - Breast Cancer Screening Services - Bowel Cancer Screening Services - Cervical Screening Services External Accreditation/Regulation annual assessments and reports of; - Pathology (UKAS) - Endoscopy Services (JAG) - Medical Equipment and Medical Devices (BSI) - Blood Transfusion Annual Compliance Report (MHRA)	Unmitigated risk associated with the continuation and escalation of industrial action, the lack of progress towards a negotiated solution and the impact across professional groups who inevitably step up to provide cover in service gaps Palpable harm to staff due to work pressures, and the longevity and impact of the ongoing demands Running at OPEL4 for a protracted length of time and full capacity protocol, exceeding full capacity protocol and system-wide critical incidents ICB PSIRF process awaiting go-live	Positive No change since April 2020

Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
An outbreak of infectious disease that forces closure of one or more areas of the hospital	▪ Infection prevention & control (IPC) programme Policies/ Procedures; Staff training; Environmental cleaning audits ▪ PFI arrangements for cleaning services ▪ Root Cause Analysis and Root Cause Analysis Group ▪ Reports from Public Health England received and acted upon ▪ Infection control annual plan developed in line with the Hygiene Code ▪ Influenza and Covid vaccination programmes ▪ Public communications re: norovirus and infectious diseases ▪ Coronavirus identification and management process ▪ Infection Prevention and Control Board Assurance Framework ▪ Outbreak meeting including external representation, PHE, Regional IPC ▪ CQC IPC Key lines of enquiry engagement sessions ▪ Maintaining mask wearing and screening of patients on admission, and ensuring maintenance of pre-existing IPC requirements	~~Increasing numbers of respiratory infections~~ FIT mask testing compliance rate below required rate	Implement the use of face masks in clinical areas **SLT Lead:** Chief Nurse **Timescale:** ~~January 2024~~Complete Reviewed March 2024 and mandatory wearing of facemasks removed Increase compliance to target rate **Progress:** Fit Testing Data is now included in Divisional Performance Review Packs **SLT Lead:** Director of People / Chief Nurse **Timescale:** ~~March~~ October 2024	**Management:** Divisional reports to IPC Committee (every 6 weeks); IPC Annual Report to QC and Board; Water Safety Group; IPC BAF report to PSC and QC **Risk and compliance:** IPC Committee report to PSC qtrly; SOF Performance Report to Board monthly; IPC Clinical audits in IPCC report to PSC qtrly; Regular IPC updates to ICT; PLACE Assessment and Scores Estates Governance bi-monthly **Independent assurance:** Internal audit plan: UKHSA attendance at IPC Committee; Independent Microbiologist scrutiny via IPC Committee; Influenza vaccination cumulative number of staff vaccinated; ICS vaccination governance report monthly; IPC BAF Peer Review by Medway Trust; HSE External assessment and report; ~~CQC Maternity Review Dec 22~~ Annual Maternity incentive scheme assessment, which incorporates 10 safety elements, regional monthly heat map and progress towards the Three-Year Delivery Plan		Positive Last changed November 2022

Board Assurance Framework (BAF): May 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 2: Demand that overwhelms capacity** Demand for services that overwhelms capacity resulting in a deterioration in the quality, safety and effectiveness of patient care							**Strategic objective**	Provide outstanding care in the best place at the right time
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Patient harm		
Lead director	Chief Operating Officer	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Minimal		
Initial date of assessment	01/04/2018	**Likelihood**	**5. Very likely**	4. Somewhat likely	2. Unlikely				
Last reviewed	20/05/2024	**Risk rating**	**20. Significant**	**16. Significant**	**8. Medium**				
Last changed	20/05/2024								



Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Growth in demand for care caused by: • An ageing population and increasing complexity of health needs • Further waves of admissions driven by Covid-19, flu or other infectious diseases • Increased acuity leading to more admissions and longer length of stay	▪ Emergency admission avoidance schemes across the system under oversight of the Urgent and Emergency Care (UEC) Board ▪ SFH Medical Same Day Emergency Care service (SDEC) in place to avoid admissions into inpatient facilities ▪ Single streaming process for ED & Primary Care and SDEC direct access – regular meetings with NEMS ▪ Trust and System escalation policies and processes, including Operational Pressures Escalation Level (OPEL) Framework, Full Capacity Protocol and Pandemic Surge Plan ▪ Trust leadership of and attendance at ICS UEC Delivery Board ▪ Inter-professional standards across the Trust to ensure we complete today's work today ▪ SFH annual capacity plan with specific focus on the Winter period via the Winter Planning Group ▪ Referral management systems shared between primary and secondary care ▪ UEC Improvement Programme focussing on internal flow ▪ Theatres, Outpatients and Diagnostics Transformation Programmes ▪ Planned Care Steering Group ▪ Emergency Care Steering Group ▪ Cancer Services Steering Group ▪ New oversight and additional actions in place to deliver the '4-hour sprint'	Physical staffed capacity/estate is insufficient to cope with surges in demand without undertaking exceptional actions that are part of our full capacity protocol e.g. reducing elective operating, bedding patients in alternative areas i.e. daycase	Utilising the outputs from the process mapping, as a system we are implementing improvements to SFH discharge information and processes including the re-introduction of discharge co-ordinators **SLT Lead:** Chief Operating Officer **Timescale:** ~~March~~ June 2024 **Progress:** Action progressing well, with further developments to be delivered in 2024/25 Q1 Complete the Implementation of expanded long length of stay review meetings with wards to consider pre-medically safe patients as well as MFFD **SLT Lead:** Chief Operating Officer **Timescale:** ~~March 2024~~Complete **Progress:** ~~process commenced in December 2023 and will be fully embedded during Q4~~ Any further developments to long length of stay processes are now business as usual Open a Surgical Same Day Emergency Care facility at KMH to enable ambulatory care instead of admission **Progress:** Trial commenced April 2024 **SLT Lead:** Chief Operating Officer **Timescale:** June 2024 Continuation of March 2024 Emergency Department schemes to support non-admitted breach reduction **SLT Lead:** Chief Operating Officer **Timescale:** throughout Q1 Trial of frailty SDEC co-located with Discharge Lounge **Progress:** Trial commenced 2024 **SLT Lead:** Chief Operating Officer **Timescale:** End Q1 – then decision to end or make substantive	**Management:** Performance management reporting arrangements between Divisions, Service Lines, Executive Team and Board on an at least bi-monthly basis; '4-hour sprint' report to Executive Team weekly **Risk and compliance:** Divisional risk reports to Risk Committee bi-annually; Significant Risk Report to RC monthly; Integrated Performance Report including national rankings to Board quarterly **Independent assurance:** Performance Management Framework internal audit report Jun 22		Positive Last changed December 2020

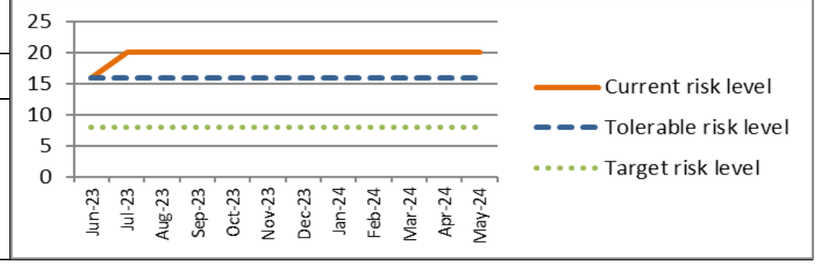
Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating

Constraints in availability of hospital bed capacity caused by elevated numbers of MFFD (medically fit for discharge) patients remaining in hospital	▪ Engagement in ICB Discharge Operational Steering Group
	▪ ICS Discharge to Assess business case being implemented
	▪ Multidisciplinary Transfer of Care Hub opened at SFH Oct 22
	▪ Use of additional beds
	  ▪ Mansfield Community Hospital (3 wards)
	  ▪ Newark General Hospital (2 wards)
	  ▪ Use of Ashmere Group Care Homes
		Lack of consistent achievement of the mid-Notts threshold for MSFT patients of 40	Delivery of ICS Discharge to Assess Business Case
			SLT Lead: Chief Operating Officer
			Timescale: ~~throughout 23/24~~Complete
			
			Right-size pathway 2 and pathway 3 bedded capacity required for rehabilitation and re-enablement across the ICS to reduce length of stay and MFFD
			SLT Lead: Chief Operating Officer
			Timescale: October 2024
			
			Virtual ward programme implementation
			SLT Lead: Chief Operating Officer
			Timescale: ~~expanding throughout 23/24~~Complete – scoping under way for 2024/25
			
			Complete the development of and open a new discharge lounge
			SLT Lead: Chief Operating Officer (19 beds and 22 chairs)
			Progress: Trial of 24/7 opening of the discharge lounge commenced 6th May
			Timescale: ~~To open in April 2024~~Complete
				Management: Daily and weekly themed reporting of the number of MFFD patients in hospital beds - reports into the ICS UEC Delivery Board and ICS Demand and Capacity Group monthly
				Risk and compliance: Exception reporting on the number of MFFD into the Trust Board via the Integrated Performance Report quarterly
						Inconclusive
						
						No change since threat added in January 2022

~~Operational f~~Failure of ~~General Practice~~ Primary Care to cope with demand resulting in even higher demand for secondary care as the 'provider of last resort'	▪ Visibility on the ICS risk register / BAF entry relating to operational failure of General Practice ▪ Weekly Chief Officer calls across ICS, including Primary Care ▪ ICS Primary Care Strategy Group, with responsibility for overseeing delivery of the Primary Care Access Recovery Plan			**Management:** Routine mechanism for sharing of ICS and SFH risk registers – particularly with regard to risks for primary care staffing and demand; ICS reports available on the System Analytical Intelligence Unit portal		Inconclusive No change since April 2020
Drop in operational performance of neighbouring providers that creates a shift in the flow of patients and referrals to SFH	▪ Engagement in Integrated Care System (ICS), and assuming a leading role in Integrated Care Provider development. ▪ Horizon scanning with neighbour organisations via meetings between relevant Executive Directors ▪ Mechanism in place to agree peripheral and full diverts of patients via EMAS			**Management:** A&E attendance demand report (including post code analysis of ambulance conveyance) to Finance Committee Feb 24, and shared with System partners **Independent assurance:** Weekly reports provided by NHSE Regional Team showing performance against key Urgent and Emergency Care metrics	Lack of control over the flow of patients from the surrounding area, including decisions by EMAS to undertake strategic conveyancing **Action:** Continue to work with system partners within ICS forums e.g. ICS UEC Delivery Board and System Flow Meetings **SLT Lead:** Chief Operating Officer **Timescale:** Ongoing during 2024	Positive Last changed November 2022
Growth in demand for care in our maternity services (population growth and increase in out of area referrals)	▪ Over-established midwifery by 10% from 2021/22 ▪ Additional antenatal clinics based on overtime/bank ▪ Maternity assurance group (monthly) ▪ Director of Midwifery providing Board-level oversight	~~Midwifery staffing vacancies~~ ~~No increase in junior medical staffing~~ ~~Nursing gaps in neonatal unit~~ ~~No standalone junior out-of-hours on-call for neonatal (as per critical care review)~~ Physical capacity/estate will be insufficient should growth trends continue in the coming years	Maternity and Neonatal service review document in development **Progress:** Review has been carried out and the long-term growth in demand is within expected parameters. National and system funding has been provided to ensure the delivery of a safe and effective service as part of the national Ockenden inquiry. **SLT Lead:** Chief Operating Officer **Timescale:** ~~Q4 23/24~~Complete	**Management:** Maternity dashboard that includes all relevant KPIs and quality standards (live and reviewed monthly at performance meetings) **Risk and compliance:** Maternity and gynaecology and divisional performance meetings (monthly)		Positive New threat added January 2023

Board Assurance Framework (BAF): May 2024

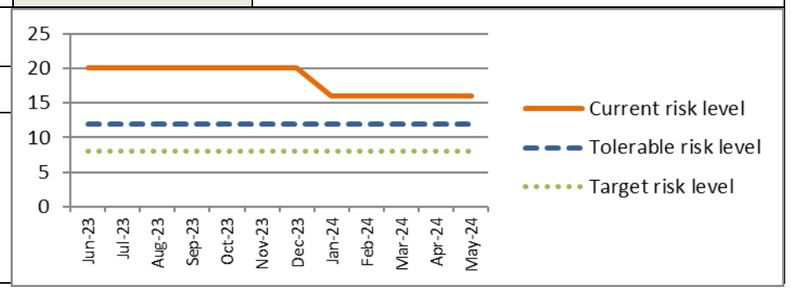
Principal risk (What could prevent us achieving this strategic objective)	**PR 3: Critical shortage of workforce capacity and capability** A shortage of workforce capacity and capability resulting in a deterioration of staff experience, morale and well-being which can have an adverse impact on patient care							**Strategic objective**	Empower and support our people to be the best they can be
Lead committee	People	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of People	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Likelihood**	**5. Very likely**	4. Somewhat likely	2. Unlikely				
Last reviewed	28/05/2024	**Risk rating**	**20. Significant**	**16. Significant**	**8. Medium**				
Last changed	28/05/2024								

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Inability to attract and retain staff ~~due to market factors~~, resulting in critical workforce gaps in some clinical and non-clinical services	▪ People Strategy 2022-2025 ▪ People Cabinet ▪ Activity, Workforce and Financial plan ▪ 5-year strategic workforce plan supported by associated Tactical People Plans ▪ ICS People and Culture Strategy (2019 to 2029) and Delivery Group ▪ Vacancy management and recruitment systems and processes ▪ TRAC system for recruitment; e-Rostering systems and procedures used to plan staff utilisation ▪ Defined safe medical & nurse staffing levels for all wards and departments / Safe Staffing Standard Operating Procedure ▪ Temporary staffing approval and recruitment processes with defined authorisation levels; Activity Manager to support activity plans and utilisation of consultant job planning ▪ Education partnerships with formal agreements in place with West Notts College and Nottingham Trent University ▪ Director of People attendance at ICS People and Culture Board ▪ Workforce planning for system work stream ▪ Medical Transformation Board ▪ Nursing & Midwifery Transformation Board ▪ ICB Agency Reduction Group ▪ Communications issued regarding HMRC taxation rules on pensions and provision of pensions advice ▪ Pensions restructuring payment introduced ▪ Risk assessments for at-risk staff groups ▪ Refined and expanded Health and Wellbeing support system ▪ Communication of daily SitReps (Situation Reports) for workforce gaps ▪ CDC Workforce Group ▪ CDC Steering Group ▪ People Promises Exemplar Organisation	Workforce gaps across key areas such as Medical, Nursing, AHP and Maternity, which may impact on the quality and standard of care Lack of consistency across the system about recruitment and retention, creating competition and not maximising opportunities Inability to achieve the system workforce efficiency programme target	Deliver the People, Culture and Improvement Strategy – Year 2 **SLT Lead:** Director of People **Timescale:** ~~March 2024~~Complete Deliver the People Strategy – Year 3 priorities and objectives **SLT Lead:** Director of People **Timescale:** March 2025 Work with provider collaborative colleagues to deliver the Vanguard programme in relation to workforce portability / passporting recruitment KPIs **SLT Lead:** Director of People **Timescale**: September 2024 Deliver the plan to replace premium pay and agency staff with substantive workforce **SLT Lead:** Director of People **Timescale:** March 2025	**Management:** Quarterly Strategic Priority Report to Board; Nursing and Midwifery and AHP six monthly staffing report to People Committee; Workforce and OD ICS/ICP update quarterly; Quarterly Assurance reports on People & Inclusion and Culture & Improvement to People Committee; Recruitment & Retention report monthly; Strategic People Plan to People, Culture and Improvement Committee May 23; Employee Relations Quarterly Assurance Report to People Committee; People Plan updates to People Committee bi-monthly; Leadership Development Strategy Assurance Report to PCI Committee Jul 23; Assurance Report to People Committee quarterly **Risk and compliance:** Risk Committee significant risk report Monthly; HR & Workforce planning report Risk Committee; ~~SOF~~ IPR – Workforce Indicators to People Cabinet (Monthly) - Quarterly to Board; Bank and agency report (monthly); Guardian of safe working report to Board quarterly **Independent assurance**: Well-led report CQC; NHSI use of resources report; Recruitment of agency staff audit report Jun 23		Positive Last changed June 2022

Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
A significant loss of workforce productivity arising from a short-term reduction in staff availability or reduction in morale and engagement~~, which could lead to a detrimental impact on patients and service users~~	▪ People Strategy 2022-2025 ▪ People Cabinet ▪ Chief Executive's blog / Staff Communication bulletin / Weekly #TeamSFH Brief ▪ Engagement events with Staff Networks (BAME, LGBTQ+, WAND, Carers, Women in Sherwood Wellbeing Champions) ▪ Schwartz rounds ▪ Learning from COVID ▪ Key recognition milestones and events ▪ Annual Staff Excellence / Admin Awards ▪ Divisional action plans from staff survey ▪ Policies (inc. staff development; appraisal process; sickness and relationships at work policy) ▪ Just and Restorative culture ▪ Influenza vaccination programme ▪ COVID-19 vaccination programme ▪ Staff wellbeing drop-in sessions ▪ Staff wellbeing support ▪ Staff counselling / Occ Health support including dedicated Clinical Psychologist for staff ▪ Enhanced equality, diversity and inclusion focus on workforce demographics ▪ Freedom to Speak Up Guardian and champion networks ▪ Emergency Planning, Resilience & Response (EPRR) arrangements for temporary loss of essential staffing (including industrial action and extreme weather event) ▪ Combined violence and aggression campaign across system partners ▪ Anti-racism Strategy ▪ Industrial action group further developing preparedness for the Trust, system and the wider community ▪ Winter Wellness Campaign ▪ Sexual safety working group	Inequalities in staff inclusivity and wellbeing across protected characteristics groups Continued staff exposure to violence and aggression by patients and service users Concerns over sexual safety in the workplace	Implement the actions from the Equality, Diversity and Inclusivity improvement plan **SLT Lead**: Deputy Director of People **Timescale**: ~~March 2024~~Complete Develop an action plan from the outcomes of the National 2023 Staff Survey **SLT Lead:** Director of People **Timescale:** September 2024 Implement the actions from the Violence and Aggression Working Group action plan **SLT Lead:** Director of People **Timescale:** ~~March 2024~~Complete Develop and Implement the Violence Prevention and Reduction action plan **SLT Lead:** Director of People **Timescale:** March 2025 Review with Provider Collaborative Colleagues wellbeing offers and identify areas of duplication and gaps, developing recommendations for delivery at a system level – vanguard programme **SLT Lead:** Director of People **Timescale**: September 2024 Develop and implement a Sexual Safety Policy and process **SLT Lead:** Director of People **Timescale:** December 2024	**Management:** Staff Survey Action Plan to Board May 23; Staff Survey Annual Report to Board Apr 23; Equality and Diversity Annual Report Jun 22; WRES and WDES report to Board Oct 23; Quarterly Assurance reports on People Cabinet to People Committee; Wellbeing report to People, Culture and Improvement Committee Dec 22; People Plan updates to People Committee quarterly **Risk and compliance:** EPRR Report (bi-annually); Freedom to speak up self-review Board Aug 23; Freedom to Speak Up Guardian report quarterly; Guardian of Safe Working report to Board quarterly; Significant Risk Report to RC monthly; Gender Pay Gap report to Board Apr 23; Assurance Report to People Committee quarterly; NHS Long Term Workforce Plan to People and Culture Committee Sep 23; Health and Wellbeing Campaign presented to People and Culture Committee Sep 23; Anti-Racism Strategy to Board Mar 22; Mental Health Strategy to PCI Committee Jun 22 **Independent assurance:** National Staff Survey Mar 23; SFFT/Pulse surveys (Quarterly); Well-led report CQC; Well-led Review report to Board Apr 22; NHS People Plan – Focus on Equality, Diversity and Inclusion internal audit report Jun 22	Potential impact of cost-of-living issues on staff morale and wellbeing Industrial action up to and including strike action from all NHS unions, affecting all system partners Co-ordinated strike action by consultants, SAS doctors and junior doctors – on strike days Christmas Day cover only Industrial action by Medirest staff	Inconclusive Last changed October 2022

Board Assurance Framework (BAF): May 2024

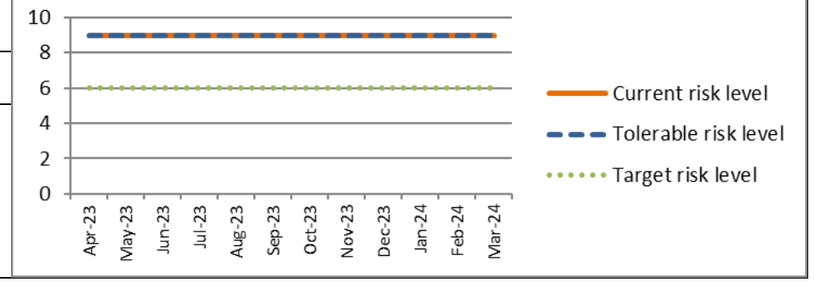
Principal risk (What could prevent us achieving this strategic objective)	**PR 4: ~~Failure to achieve the Trust's financial strategy~~Insufficient financial resources available to support the delivery of services** ~~Failure to achieve agreed trajectories resulting in regulatory action~~ Financial funding allocated to and generated by the Trust does not cover the costs of services provided						**Strategic objective**	Sustainable use of resources and estate
Lead committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Regulatory action	
Lead director	Chief Financial Officer	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious	
Initial date of assessment	01/04/2018	**Likelihood**	**4. Somewhat likely**	3. Possible	2. Unlikely			
Last reviewed	23/05/2024	**Risk rating**	**16. Significant**	**12. High**	**8. Medium**			
Last changed	23/05/2024							

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
A reduction in funding or change in financial trajectory or unexpected event resulting in a requirement to reduce the scale of the financial deficit, without having an adverse impact on ~~quality and safety~~patient care	▪ Working capital support through agreed PDC arrangements ▪ Annual financial plan and budgets, based on available resources and stretching financial improvement targets. ▪ Improvement Faculty established to support the development and delivery of transformation and efficiency schemes ▪ Budgetary Control Procedure Document, delivery of budget holder training workshops and monthly financial reporting ▪ Close working with ICB partners to identify system-wide planning, transformation and cost reductions ▪ Scheme of Delegation, Standing Financial Instructions and Executive oversight of commitments ▪ Development of a three-year Transformation and Efficiency Programme covering 2022-25 ▪ Forecast sensitivity analysis and underlying financial position reported to Finance Committee ▪ Capital Resources Oversight Group (CROG) overseeing capital expenditure plans ▪ Divisional Performance Reviews (monthly) ▪ Divisional Finance Committees established in most divisions ▪ Financial Recovery Cabinet (monthly) and Financial Recovery Plan workstreams established ▪ Financial controls self-assessment completed and working group set up to undertake improvement actions ▪ Vacancy Control panels established ▪ Financial re-forecast undertaken in line with NHSE process ▪ Financial Resources Oversight Group	Medium/Long Term Financial Strategy was developed pre-pandemic and does not reflect the current financial framework Revenue business case process may not adequately represent the longer-term priorities and potential consequences of future years ~~Financial recovery opportunities require the completion of Quality Impact Assessments (QIAs)~~	Financial strategy for 3-5 years to be developed at a Trust and Integrated Care Board level **Progress:** Longer-term financial in development as part of strategic priorities, in line with clinical and operational strategies, annual planning for 2024/25 in progress **SLT Lead:** Chief Financial Officer **Timescale:** ~~March~~ July 2024 Review and implement enhanced business case process for 2023/24 planning and in-year prioritisation **Progress:** ~~Business case process for 2023/24 planning completed.~~ ~~Limited resources mean that business cases are currently paused, however in-year cases are managed through the Financial Recovery Cabinet and Trust Management Team on an exceptional basis. All paused cases are managed through the risk management framework~~ ~~A further review of the business case process will be undertaken as part of the 2024/25 Planning round~~ Risks & Opportunities review undertaken as part of 2024/25 planning **SLT Lead:** Chief Financial Officer **Timescale:** ~~March 2024~~Complete QIA process to be undertaken on financial recovery opportunities. Progress: QIAs ~~in progress~~complete SLT Lead: Chief Nurse Timescale: ~~January 2024~~Complete	**Management:** CFO's Financial Reports and Transformation & Efficiency Summary (Monthly); Quarterly Strategic Priority Report to Board; ICS finance report to Finance Committee (monthly); Capital Resources Oversight Group quadrant reports to Execs; Divisional Performance Reviews and Divisional Finance Reviews (monthly); Divisional risk reports to Risk Committee bi-annually; Monthly Agency reports to Trust Management Team; Financial Recovery Cabinet quadrant reports to Finance Committee (Monthly) **Risk and compliance:** Risk Committee significant risk report monthly **Independent assurance**: NHS England Financial Controls Assessment (Sep 23); External Audit Year-end Report 2022/23 Internal Audit reports: - Key Financial Systems - Asset Register Jan 22 - Improving NHS financial sustainability Dec 22 - Key Financial Systems – Pay Expenditure Jul 23 - Key Financial Systems – Accounts Payable and Treasury and Cash Management Mar 24 - Financial Ledger and Reporting Mar 24	~~2023/24 run-rate forecast falls short of the break-even financial plan, and NHSE expectations~~ Action: Finance re-forecast completed in-line with NHSE process demonstrating an improvement to the financial run-rate. SLT Lead: Chief Financial Officer Timescale: ~~March 2024~~Complete	~~Inconclusive~~ Positive Last changed ~~December 2023~~ January 2024

Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
~~ICB system deficit results in a negative financial impact to the Trust~~ICB system financial performance challenge leads to restrictions in SFH funding	▪ Full participation in ICB planning ▪ SFH plan consistency with ICB and partner plans ▪ ICB DoFs Group ▪ ICB Operational Finance Directors Group ▪ ICB Financial Framework ▪ ICB Agency Reduction Group (Chaired by SFH CFO) ▪ NHSE Re-forecasting Process ▪ ICB Financial Recovery Group	ICB Medium/Long Term Financial Strategy to be developed	Financial strategy for 3-5 years to be developed at a Trust and Integrated Care Board level **Progress:** Sustainability reviews to be completed through Q1/Q2 of 2024/25 to establish a route to sustainability **SLT Lead**: Chief Financial Officer **Timescale:** ~~March~~ September 2024 (dependant on NHSE/I and ICB Guidance)	**Risk and compliance:** ICS financial reports to Finance Committee; ICS Board updates to SFH Trust Board	~~2023/24 forecast falls short of the break-even financial plan, and NHSE expectations~~ **Action:** ICB engagement with NHSE on opportunities to further improve financial position **SLT Lead:** Chief Financial Officer **Timescale:** ~~March 2024~~Complete	Positive Last changed July 2022

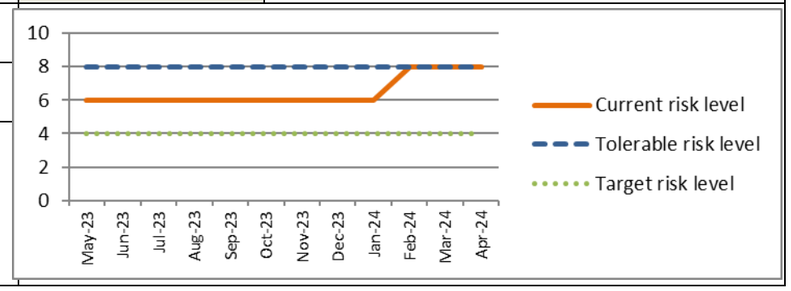
Board Assurance Framework (BAF): May 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 5: Inability to initiate and implement evidence-based improvement and innovation** Lack of ~~support~~ capacity, capability and agility to optimise strategic and operational opportunities to improve patient care							**Strategic objective**	Continuously learn and improve
Lead committee	Quality	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of Strategy and Partnerships	**Consequence**	**3. Moderate**	3. Moderate	3. Moderate	**Risk appetite**	Cautious		
Initial date of assessment	17/03/2020	**Likelihood**	**3. Possible**	3. Possible	2. Unlikely				
Last reviewed	25/03/2024	**Risk rating**	**9. Medium**	**9. Medium**	**6. Low**				
Last changed	25/03/2024								

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Lack of ~~understanding~~ embedded improvement culture across the Trust ~~and agility~~ resulting in ~~reduced~~ suboptimal efficiency and effectiveness around how we provide care for patients	▪ Digital Strategy ▪ People~~, Culture & Improvement~~ Strategy ▪ People~~, Culture & Improvement~~ Committee ▪ Quality Strategy ▪ Quality Committee ▪ Leadership development programmes ▪ Talent management map ▪ ~~Programme Management Office~~ ▪ ~~Culture & Improvement Cabinet~~ ▪ Strategy & Partnerships Cabinet ▪ ~~Transformation Cabinet~~ ▪ Ideas generator platform ▪ Improvement Faculty ▪ Financial Recovery Programme	~~The improvement function needs to be organisationally embedded following the restructure~~ Continuous Quality Improvement Strategy not yet approved ~~Lack of capacity for colleagues to engage with improvement~~ ~~Lack of organisational clear direction in terms of continuous improvement across the Trust~~	Continue communications to promote further engagement while the Continuous Improvement Strategy is being developed **SLT Lead:** Director of Strategy and Partnerships **Timescale:** ~~March~~ May 2024 Develop a process for clinical input for public and colleague engagement in improvement and transformation activities **SLT Lead:** Director of Strategy and Partnerships **Timescale:** ~~March~~ May 2024 Promote the training an ongoing support available to all colleagues via the Improvement Faculty **SLT Lead:** Director of Strategy and Partnerships **Timescale:** ~~September 2023~~Complete Develop and roll out a Continuous Improvement Strategy **SLT Lead:** Director of Strategy and Partnerships **Timescale:** ~~March~~ May 2024	**Management:** Monthly Transformation and Efficiency report to FC; ~~Clinical Audit &~~ Improvement report to ~~Advancing Quality Group~~Quality Committee ~~quarterly~~bi-monthly; ~~Culture & Improvement Assurance Report to PC&IC bi-monthly~~; NHS Impact Self-Assessment **Risk and compliance:** ~~SFH Trust~~ Strategic Priorities report to Board quarterly **Independent assurance:** 360 assessment in relation to Clinical Effectiveness - report May '22		Inconclusive Last changed October 2022

Board Assurance Framework (BAF): May 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 6: Working more closely with local health and care partners does not fully deliver the required benefits** Influencing the wider determinants of health and improving our collective financial position requires close partnership working							**Strategic objective**	Work collaboratively with partners in the community
Lead committee	Partnerships and Communities	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	Director of Strategy and Partnerships	**Consequence**	**2. Low**	2. Low	2. Low	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2020	**Likelihood**	~~**3. Possible**~~ **4. Somewhat likely**	4. Somewhat likely	2. Unlikely				
Last reviewed	11/04/2024	**Risk rating**	~~**6. Low**~~ 8. Medium	**8. Medium**	**4. Low**				
Last changed	11/04/2024								

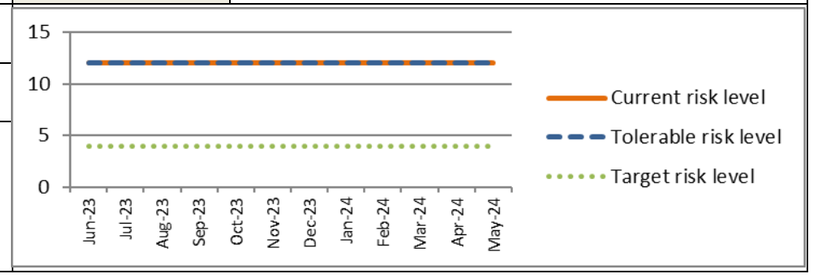


Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Conflicting priorities, financial pressures (system financial plan misalignment) and/or ineffective governance resulting in a breakdown of relationships amongst ICS and ICP partners and an inability to influence further integration of services across acute, mental, primary and social care	• Mid-Nottinghamshire Integrated Care Partnership • Mid-Nottinghamshire ~~ICP~~ PBP Executive ~~formed May 2020~~ • Mid-Nottinghamshire ~~ICP~~ PBP annual work plan • Nottingham and Nottinghamshire Integrated Care System Board • Continued engagement with ~~ICP~~ PBP and ICS planning and governance arrangements • Quarterly ICS performance review with NHSE • Joint development of plans at ICS level • Finance Directors Group • ICS Planning Group • Alignment of Trust, ICS and ~~ICP~~ PBP plans through the joint forward plan • Full alignment of organisational priorities with system planning • Independent chair for ~~ICP~~PBP • Approved implementation plan for establishing system risk arrangements • ICS Provider Collaborative • ICS System Oversight Group • SFH Chief Executive is a member of the ICB as a partner member representing hospital and urgent & emergency care services • New Place-based Partnership (PBP) leadership arrangements in place • ~~PBP priorities and work plan agreed for 2023/24~~ • New PBP executive providing oversight and leadership • Distributed Executive Group • East Midlands Acute Providers (EMAP) Network - attendance at both the Chief Executive Forum and Executive Group • Partnerships and Communities Committee	Lack of control over staffing, and therefore service provision, by other system providers of services at SFH PBP priorities and work plan not agreed for 2024/25	Review service level agreements in contract management processes **SLT Lead:** Director of Strategy and Partnerships **Timescale:** July 2024 PBP priorities and work plan to be agreed for 2024/25 **Progress:** priorities agreed, work plan to be finalised **SLT Lead:** Director of Strategy and Partnerships **Timescale:** June 2024	**Management:** Strategic Partnerships Update to Board; mid-~~Nottinghamshire ICP delivery report to Finance Committee (as meeting schedule)~~; Finance Committee report to Board; Nottingham and Nottinghamshire ICS Leadership Board Summary Briefing to Board; Planning Update to Board; East Midlands Acute Provider Collaborative report to Board Sep 23 **Risk and compliance:** Significant Risks Report to Risk Committee monthly **Independent assurance**: 360 Assurance review of SFH readiness to play a full part in the ICS – Significant Assurance		~~Positive~~ Inconclusive Last changed ~~May 2022~~ February 2024

Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	Primary risk controls (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Plans to improve control (Are further controls possible in order to reduce risk exposure within tolerable range?)	Sources of assurance (and date) (**Evidence** that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps (Insufficient evidence as to effectiveness of the controls or negative assurance)	Assurance rating
Clinical service strategies and/or commissioning intentions that do not sufficiently anticipate evolving healthcare needs of the local population and/or reduce health inequalities, which limits our ability to care for patients in the right place, at the right time	▪ Continued engagement with commissioners and ICS developments in clinical service strategies focused on prevention ▪ Partnership working at a more local level, including active participation in the mid-Nottinghamshire ICP ▪ ICS Clinical Services Strategy ▪ ICS Health and Equality Strategy ▪ ICS Clinical Services workstreams are well established across elective and urgent care and SFH is represented and involved appropriately ▪ Clinical Directors and PCN Directors clinical partnership working ▪ Partnerships and Communities Committee ▪ Trust Strategy – Improving Lives ▪ Clinical Services strategy ▪ Health Inequalities Working Group			**Management:** Mid-Notts ICP Objectives Update to Board**;** Strategic Partnerships Update to Board; mid-Nottinghamshire ICP delivery report to FC (as meeting schedule); Finance Committee report to Board; Planning Update to Board **Independent assurance**: none currently in place		Positive Last changed October 2022

Board Assurance Framework (BAF): May 2024

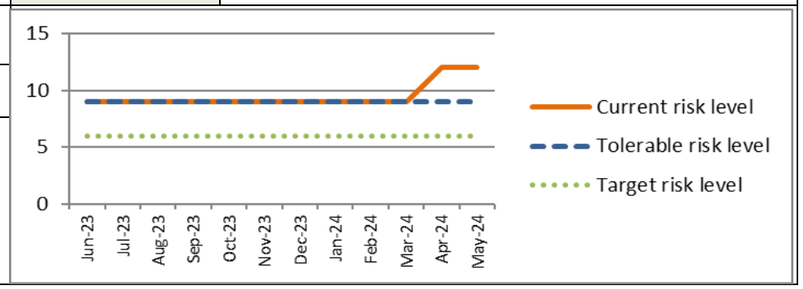
Principal risk (What could prevent us achieving this strategic objective)	**PR 7: Major disruptive incident** A major incident resulting in temporary hospital closure or a prolonged disruption to the continuity of core services across the Trust, which also impacts significantly on the local health service community							**Strategic objective**	Provide outstanding care in the best place at the right time
Lead committee	Risk	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Services		
Lead director	~~Director of Corporate Affairs~~Chief Executive Officer	**Consequence**	**4. High**	4. High	4. High	**Risk appetite**	Cautious		
Initial date of assessment	01/04/2018	**Likelihood**	**3. Possible**	3. Possible	1. Very unlikely				
Last reviewed	14/05/2024	**Risk rating**	**12. High**	**12. High**	**4. Low**				
Last changed	14/05/2024								

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Shut down of the IT network due to a large-scale cyber-attack or system failure that severely limits the availability of essential information for a prolonged period	▪ Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy ▪ Cyber Security Programme Board & Cyber Security Project Group and work plan ▪ ~~Cyber news – circulated to all NHIS partners~~ ▪ National Cyber Security Centre updates to Cyber Delivery Group ▪ High Severity Alerts issued by NHS Digital ▪ Network accounts checked after 50 days of inactivity – disabled after 80 days if not used ▪ Devices that have failed to take the most recent security patch checked after 21 days of inactivity – disabled after 28 days ▪ Major incident plan in place ▪ Periodic phishing exercises carried out by 360 Assurance ▪ Spam and malware email notifications circulated ▪ Periodic cyber-attack exercises carried out by NHIS and the Trust's EPRR lead			**Management:** Data Security and Protection Toolkit submission to Board Jul 23- compliant on all 113 elements; DSPT updates to Information Governance Committee bi-monthly and Risk Committee 6-monthly; Hygiene Report to Cyber Security Board bi-monthly; Cyber Security Assurance Highlight Report to Cyber Security Board bi-monthly; NHIS report to Risk Committee quarterly; IG Bi-annual report to Risk Committee; Cyber Security report to Risk Committee – increased levels of attack due to the war in Ukraine Mar 22 **Risk and compliance:** Significant Risks Report to Risk Committee monthly **Independent assurance**: ISO 27001 Information Security Management Certification (NHIS) Mar ~~23~~24; 360 Assurance Data Security and Protection Toolkit audit Jun 23–moderate assurance; Cyber Essentials Plus accreditation (NHIS) Dec 2~~2~~3	Not fully assured that all business continuity processes are robust and fully tested in the event of prolonged system downtime Review and test IT and business continuity processes **SLT Lead:** Chief Digital Information Officer **Timescale:** December 2024	~~Positive~~ Inconclusive Last changed ~~December 2023~~ March 2024
A critical infrastructure failure caused by an interruption to the supply of one or more utilities (electricity, gas, water), an uncontrolled fire, flood or other climate change impact, security incident or failure of the built environment that renders a significant proportion of the estate inaccessible or unserviceable, disrupting services for a prolonged period	▪ Premises Assurance Model ~~Action Plan~~ ▪ Estates Strategy 2015-2025 ▪ PFI Contract and Estates Governance arrangements with PFI Partners ▪ Fire Safety ~~Strategy~~Policy ▪ Health Technical Memorandum governance structure ▪ NHS Supply Chain resilience planning ▪ Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels ▪ Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) ▪ Gold, Silver, Bronze command structure for major incidents ▪ Business Continuity, Emergency Planning & security policies ▪ Resilience Assurance Committee (RAC) oversight of EPRR ▪ Independent Authorising Engineer (Water) ▪ Major incident plan in place	Gaps in controls and processes identified in the 2022 Fire Safety Management audit	Finalise and issue the Trust Fire Safety Strategy documents **SLT Lead:** Chief Financial Officer **Timescale:** June 2024 Complete the actions within the Fire Audit action plan **SLT Lead:** Associate Director of Estates & Facilities **Timescale:** August 2024	**Management:** Central Nottinghamshire Hospitals plc monthly performance report; Fire Safety Annual Report; Fire Safety reports to Risk committee quarterly **Risk and compliance:** Significant Risks Report to Risk Committee monthly **Independent assurance:** Premises Assurance Model to Executive Team Oct 22; EPRR Core standards compliance rating (Oct22) – Substantial Assurance; MEMD ISO 9001:2015 Recertification (3-year) Mar 21; British Standards Institute MEMD Assessment Report Feb 22; External cladding report to Executive Team Jan 24	Inconclusive evidence of buildings cladding and structures compliance with fire regulations Pursue the outcomes of buildings cladding and structures survey **SLT Lead:** Associate Director of Estates & Facilities **Timescale:** March 2024 - complete Determine the remedial work required to ensure that the cladding is compliant with fire regulations **SLT Lead**: Associate Director of Estates & Facilities **Timescale:** March 2024	~~Positive~~ Inconclusive Last changed March ~~2023~~2024

Board Assurance Framework (BAF): May 2024

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Severe restriction of service provision due to a significant operational incident or other external factor	▪ Emergency Preparedness, Resilience & Response (EPRR) arrangements at regional, Trust, division and service levels ▪ Operational strategies & plans for specific types of major incident (e.g. industrial action; fuel shortage; pandemic disease; power failure; severe winter weather; evacuation; CBRNe) ▪ Gold, Silver, Bronze command structure for major incidents ▪ Business Continuity, Emergency Planning & security policies ▪ Resilience Assurance Committee (RAC) oversight of EPRR ▪ Major incident plan in place ▪ Industrial Action Group ▪ Annual Core Standards Process (NHSE & ICB), with follow up report to Board ▪ Annual CBRN Audit (EMAS) ▪ Three yearly annual audit of EPRR arrangements with report to Board ▪ Incident Response and command and control training to all tactical and strategic leads across the organisation carried out annually ▪ Testing and exercising of service level plans carried out annually			**Management:** Industrial Action debrief report to Executive Team Mar 23, and following each subsequent period of industrial action; Monthly Quadrant Report into Risk Committee **Independent assurance:** EPRR Core standards compliance rating ~~(Oct 22)~~ 2023 – ~~Substantial Assurance~~ Partial Compliance; CBRN Audit carried out in March 2024 by EMAS	Improve compliance rating with Core Standards from "Partial" to "Substantial" **SLT Lead**: Chief Operating Officer **Timescale:** October 2024	Positive New threat added May 2023

Board Assurance Framework (BAF): May 2024

Principal risk (What could prevent us achieving this strategic objective)	**PR 8: Failure to deliver sustainable reductions in the Trust's impact on climate change** The vision to further embed sustainability into the organisation's strategies, policies and reporting processes by engaging stakeholders and assigning responsibility for delivering the actions within our Green Plan may not be achieved or achievable							**Strategic objective**	Improve health and wellbeing within our communities
Lead committee	Finance	**Risk rating**	**Current exposure**	**Tolerable**	**Target**	**Risk type**	Reputation / regulatory action		
Lead director	Chief Financial Officer	**Consequence**	**3. Moderate**	3. Moderate	3. Moderate	**Risk appetite**	Cautious		
Initial date of assessment	22/11/2021	**Likelihood**	~~3. Possible~~ 4. Somewhat likely	3. Possible	2. Unlikely				
Last reviewed	23/05/2024	**Risk rating**	~~9. Medium~~ 12. High	**9. Medium**	**6. Low**				
Last changed	23/05/2024								

Strategic threat (What might cause this to happen)	**Primary risk controls** (What controls/ systems & processes do we **already** have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	**Gaps in control** (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	**Plans to improve control** (Are further controls possible in order to reduce risk exposure within tolerable range?)	**Sources of assurance (and date)** (**Evidence** that the controls/ systems which we are placing reliance on are effective)	**Gaps in assurance / actions to address gaps** (Insufficient evidence as to effectiveness of the controls or negative assurance)	**Assurance rating**
Failure to take all the actions required to embed sustainability and reduce the impact of climate change on our community (may be due to capacity and/or capability)	▪ Estates & Facilities Department oversee the plan and education on climate change impacts ▪ Green Plan 2021-2026 ▪ Climate Action Project Group ▪ Sustainability Development Operational Group (SDOG) and Sustainability Development Strategy Group (SDSG) ▪ Engagement and awareness campaigns (internal/external stakeholders) ▪ Estates Strategy ▪ Digital Strategy ▪ Capital Planning sustainability impact assessments ▪ Environmental Sustainability Impact Assessments built into the Project Implementation Documentation process ▪ Engagement with the wider NHS sustainability sector for best practice, guidance and support ▪ Process in place for gathering and reporting statistical data ▪ Adoption of NHS Net Zero building standard 2023 for all works from October 2023 ▪ Awareness to, and applications for, funding sources both internally and externally such as the Public Sector Decarbonisation Scheme and grants from Salix Ltd ▪ Annual Travel Survey ▪ Display energy certificates ▪ Building Research Establishment Environmental Assessment Methodology ▪ Net Zero Strategy ▪ Regular updates through Comms on the screen savers (included lighting, bees, waste etc.)	Education of Board and staff at all levels Dedicated capacity to implement ideas for change Insufficient capital resource available to realise Trust ambition Support from our PFI partners in developing 'green' solutions	Training of the Board, decision makers and all staff at an appropriate level to increase awareness and understanding of sustainable healthcare **Progress:** Training package developed with Notts Healthcare Trust – awaiting ratification and training dates **Lead:** Associate Director of Estates and Facilities **Timescale:** ~~April~~July 2024 Proposal to ICB partners for collaborative approach and resource **Progress:** The ICS Infrastructure Strategy (January 2024) makes explicit reference to a system wide solution to consistent sustainability reporting and need for resource across the system to realise the ICS and provider ambitions. **Lead:** Chief Financial Officer **Timescale:** ~~April~~ June 2024 Review of Green Plan Quarterly Energy and Sustainability Report to SDOG **Progress:** Data and information now readily available and now needs to show how we utilise this to inform our decisions on capital etc, **Lead:** Sustainability Officer **Timescale:** July 2024 Quarterly Review of all outstanding actions within the Green Plan and when they are planned to be completed (including year up to 2026) to SDOG	**Management:** Green updates provided routinely to Finance Committee **Risk and compliance:** Green Plan to Board Apr 21; Sustainability Report included in the Trust Annual Report **Independent assurance:** ERIC returns and benchmarking feedback	Car Parking Strategy: To be developed for the long-term solution to KMH, MCH and NH **Lead:** Associate Director of Estates and Facilities **Timescale:** September 2024 Travel Plan: To be developed for the long-term solution to KMH, MCH and NH **Lead:** Associate Director of Estates and Facilities **Timescale:** September 2024 Display Energy Certificates Review all certificates and what actions need to be taken to improve the Energy Efficiency of the buildings. **Lead:** Sustainability officer **Timescale:** September 2024 Energy / Sustainability Business Cases: Ensure business case schemes are all worked up and ready to be issued if further funding becomes available through various government routes **Lead:** Sustainability officer **Timescale:** November 2024 Review of Performance on Sustainability Matters: - Yearly Energy and Sustainability Report to Trust Board (July 2024) - TMT Session on progress on the Green Plan (June 2024) - Annual Travel Survey 2024 - Regular review of how our staff travel to work	Inconclusive Last changed December 2023

			Progress: Review of all aspects of the Green Plan have been undertaken and this is currently being reviewed by the EFM team. **Lead:** Associate Director of Estates and Facilities **Timescale:** July 2024 Capital Bid Reviews: Further detail to be implemented into the process to show actual savings that are applied to capital schemes and how this impacts the overall trust financial position. **Progress:** Development of key metrics that would be included as part of the business case template for completion. **Lead:** Chief Financial Officer **Timescale:** July 2024 CROG Scheme Bids: Ensure there are sufficient schemes developed and feasibilities undertaken to ensure the validity of the bids that are to be taken forward to Business Case Level **Progress:** Solar Panels, Geothermal, Electric Vehicle Charging Points all currently being reviewed. **Lead:** Sustainability Officer **Timescale:** July 2024 PFI Partners: Engage with our PFI provider and relevant parties to develop a combined energy reduction plan associated with the financial close out of the deed, retained estate upgrades, lifecycle developments and how all these aspects will support SFH in its energy/sustainability targets. **Progress:** Awaiting completion of the settlement, key principles on sustainability, carbon and energy reduction to be set out when the works are undertaken. **Lead:** Sustainability Officer **Timescale:** August 2024		and how this can be improved with alternative methods (additional bus stops on site was completed 23/24) **Lead:** Associate Director of Estates and Facilities **Timescale:** July 2024 Decarbonisation Plan: Submission to Phase 5 Public Sector Low Carbon Skills Fund to produce our decarbonisation plan **Progress:** Bid Submitted May 2024 **Lead:** Sustainability officer **Timescale:** TBC following the outcome of the bid submission	

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Application of Trust Seal	**Date:**	6th June 2024
Prepared By:	Clare Jones, Corporate PA		
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs		
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs		

Purpose

This report serves to provide the Board with a comprehensive overview of the Trust's use of the Official Seal, ensuring transparency and accountability in its application	**Approval**	
	Assurance	**X**
	Update	
	Consider	

Strategic Objectives

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

Principal Risk

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

Committees/groups where this item has been presented before

N/A

Acronyms

None

Executive Summary

In accordance with Standing Order 10 and the delegated authority in the Scheme of Delegation, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed to the following documents:

Seal number 116

Between:

Sherwood Forest Hospitals NHS FT, Nottinghamshire County Council

Details of the contract:

Lease of Car Park, Northfield Road, King's Mill Hospital

Signed/Sealed by the Chief Executive and Director of Corporate Affairs
Dated 7th May 2024

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

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

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

Subject:	Council of Governors (CoG)	**Date:**	6th June 2024
Prepared By:	Sally Brook Shanahan, Director of Corporate Affairs		
Approved By:	Claire Ward, Chair		
Presented By:	Graham Ward, Acting Chair		
Purpose:			
To provide assurance to the Board of Directors from the CoG meeting held on 14th May 2024		**Assurance**	Good

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
The Quadrant Report from the Quality Committee escalated to the Board the fact that there is no Medical Lead for Sepsis in place. Assurance was sought that this situation has been addressed.	Assurance received about progress towards the full implementation of the new Fit and Proper Persons Framework that will be signed off by the Chair by 30th June 2024. An agenda item to be included at a future CoG meeting to provide assurance about nursing staff having the appropriate level of skills.
Positive Assurances to Provide	**Decisions Made** (include BAF review outcomes)
Reports received providing assurance about 15 Steps visits, Quality Priorities and the work of the Improvement Faculty. Reports received from the Audit and Assurance, Quality, Finance, People and Partnerships and Communities Committees.	Chair's appraisal agreed. Appointment of Graham Ward as the Acting Chair with effect from 25th May 2024 for a period of one year (following the resignation of Claire Ward taking effect on the 24th May 2024). Agreement to recruit a new NED with an accountancy/finance skillset to backfill Graham Ward's current portfolio.
Comments on effectiveness of the meeting	
Very well attended meeting with inciteful questions from governors	
Items recommended for consideration by other Committees	
None	

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet and report

Subject:	Maternity and Neonatal Safety Champions Report	**Date:**	6 June 2024
Prepared By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens.		
Approved By:	Phillip Bolton, Executive Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens, Phillip Bolton, Executive Chief Nurse		

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

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

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

Committees/groups where this item has been presented before

- Nursing and Midwifery AHP Committee
- Maternity Assurance Committee

Acronyms

- Care Quality Commission (CQC)
- Data Sharing Agreement (DSA)
- Induction of Labour (IOL)
- Local Maternity and Neonatal System (LMNS)
- Maternity and Neonatal Safety Champion (MNSC)
- Maternity and Neonatal Voice Champion (MNVP)
- Maternity Assurance Committee (MAC)
- Newborn and Infant Physical Examination – (NIPE)

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 May 2024

1.Service User Voice
This month has seen the MNSC reviewing the updated CQC annual maternal survey action plan. All actions have progressed with some, such as birthing partners staying overnight, now being completed. On the monthly MVP walk round, our MVP representative Emma collated the below responses regarding partners staying overnight:

Positives

"It's really good to be able to stay together. For supporting my partner it's good as it can be very stressful at times".

"It's a good thing as I don't have to keep asking the staff for support all the time. For things like moving around and help with the baby."

"It's helpful for someone else to be there and move the baby around, just having another person there to support me with everything. Nice to have my Mum stay with me."

"I had a traumatic birth so I was glad he could stay with me as my friend's partners before had to leave nearly straight away when they had their baby here, a while ago. Good to have him there to help with looking after baby, moving him around and nappies/feeding. I haven't needed to ask for as much help from Midwives as I would have if he wasn't here."

Negatives

"The chairs are not comfortable at all for sleeping."

"It would be good to get a pillow and blanket on the chair for my partner. We had asked the staff, but they didn't bring one, but we understand they are busy."

The feedback has been provided to the Ward Leader to review.

The senior leaders within Maternity are supporting the interviews for an engagement role within the revised MVP structure for SFH. Onsite we have also created a role for a senior advocate onsite to support the ask in the revised year 6 version of the Maternity Incentive Scheme.

2.Staff Engagement
The planned MNSC walk round took place on 10 May 2024. The MNSC spoke with staff on the birthing unit about the revised break system; the "10 at 10" followed by an hour break later in the day which all reported was working better in that they were able to take a full break. This was

supported in the reduction of staff reporting missed breaks and TOIL allowance. The Maternity ward had reported the positive impact that the pilot of the transfer home and NIPE shift midwife was having and due to this the senior leadership was looking at how this could become embedded.

The team also reported the difficulty in obtaining, due to the increased volume of discharges, pre-packed medication to take home. The MNSC took an action away to raise this. To update, the pharmacy team are currently reviewing this with the ward leader for a resolution with a wider risk already existing on the risk register as to the divisional cover for women and children's.

On 20 May 2024, the Maternity Forum was held. Chaired by the Chief Nurse and attended this month by the Interim Chief Executive Officer, the meeting was well attended by divisional colleagues. Updates were received regarding actions from previous meeting around car parking and support for specialist teams.

A current issue highlighted this month and discussed, was the support provided to staff who are involved within the coronal process. The Director of Midwifery spoke about the current package of support, which is offered to all staff, whilst recognising that not all staff would require or want the same support. The need for clear signposting is needed. Whilst this offer of support is infrequent it will need formalising, initially within midwifery, but also needs wider organisational consideration, which the MNSC have asked the governance teams to lead on.

3.Governance Summary

Three Year Maternity and Neonatal Plan:
The Maternity Safety Team continue to work with the LMNS, now the Three-Year plan is in its second year regarding how we can evidence the progress so far and what needs to be prioritised moving into the third year. It is also a good point of celebration with the teams to show how much has been achieved in the first half of the plan.

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

A request has come through from the independent maternity review at Nottingham regarding a data sharing agreement (DSA), due to the nature of the digital records shared between the system. Whilst this is taken through the internal digital governance process, any requests are being taken through the Access to Health records for review. The DSA will be required as it is anticipated, with the expansion of the review to include any antenatal patients, that more records will need to be shared from SFH.

NHSR:
The task and finish group for the year 6 Maternity Incentive Scheme is established now and meeting fortnightly to work through the evidence upload needed. A risk has been identified regarding safety action one and the need for the service user voice at the perinatal mortality review meetings. A local action plan is in place, with the establishment of the senior advocate role, until further clarity is provided.

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

CQC:
Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the Quality Committee. Further work is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC. The Trust Mandatory training compliance remains above the 90% threshold and a standardised triage system is in place. The triage task and finish group presented an update through the Maternity and Neonatal Safety Champion meeting where significant progress has been made around the digital workstream, involving the telephone waiting and recording systems.

4. Quality Improvement
Induction of Labour (IOL) is the most performed obstetric intervention and is recommended to women when it is assessed that the outcome of the pregnancy will be improved if it is artificially interrupted rather than being left to follow its natural course. Whilst rates at SFHT have remained around the national standard, experientially women have reported, through various feedback mechanisms, issues around the process. Following this, a review of the pathways has taken place, supporting a midwife to focus upon IOL and adopting QI methodology to launch the non-medical induction of labour pathway.

After a period of wide consultation, review and establishment of the pathway and guidance the launch date for the use of foley catheters in the induction of labour is due to go live. This will support the experience of women undergoing IOL and the next steps in moving towards an outpatient IOL pathway. The MNSC have been updated on the progress and the lead midwife will be working with the MNVP to ensure we capture the service user feedback to help shape the service.

Below shows the countdown information shared with the teams, following education from the champions. A revised leaflet has been co-produced and is available on the trust intranet in multiple languages and on Badgernet.

5.Safety Culture

As part of the perinatal cultural work, areas are having a focus upon the three themes identified through the staff survey findings, these being communication, leadership and health and wellbeing. An example of this is detailed below and noted earlier with the walkaround is the “You said, The family voiced, We did” communication.

You said,

More Core team members of staff were needed.

The core team feels disjointed and not working together.

The family voiced,

They wanted to know who their midwife was and see key updates.
Please see the family info board for each bedside coming soon.

We did....

We have successfully recruited Kim Passey and Emma Thompson to the core team and retained the existing team.

We have arranged our first core team meeting on the 30/5/24 to start looking at our priorities and working together as a team.

You said,

Getting a NIPE completed in a timely manner was a big issue, especially at a weekend. This is impacting on the transfer home and patient experience.

The family voiced,

Unnecessary waits and long delays in transfer home.

We did....

A transfer home midwife will now be on duty Monday – Saturday, 8am until 5pm.

A NIPE Midwife will be on Friday – Monday 9:30am – 1:30pm.

(Subject to shifts being picked up)

The impact from these roles will be audited for the month of May 24 and support a permanent job role/plan being developed within establishment moving forward.

Please see the email sent for further details.

Thank you!
We cannot express how grateful we are to have had Claire Ward as our Non-Executive Director Maternity and Neonatal Safety Champion for the last five years. To have had Claire within this role has meant so much to our colleagues across Maternity and Neonatal services, her support and championing has been appreciated by all and we know that she will miss the smallest patients within the organisation. Whilst it is sad to say goodbye, we all wish her well in her new role and hope that we will cross paths again in the future.

We have circulated the job description for the Non-Executive Director role for the Maternity and Neonatal Safety Champion as we will need to appoint into the role.

Maternity Perinatal Quality Surveillance model for May 2024

Sherwood Forest Hospitals
NHS Foundation Trust

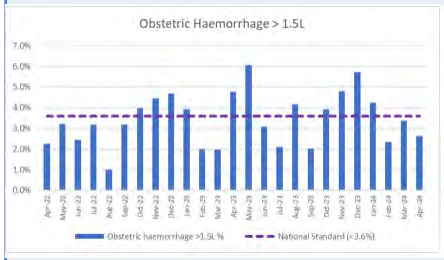
CQC Maternity Ratings- assessed 2023	Overall	Safe	Effective	Caring	Responsive	Well led
	Good	Requires Improvement	Good	Outstanding	Good	Good
Unit on the Maternity Improvement Programme				No		

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

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

Massive Obstetric Haemorrhage (Apr 2.6%)

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



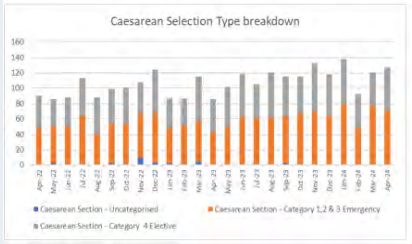
Elective Care

Elective Caesarean (EL LSCS)

- Monitoring of cases remain, progress to MDT booking system.

Induction of labour (IOL)

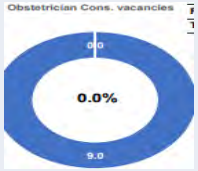
- Outpatient training commenced



Midwifery & Obstetric Workforce

Current vacancy rate (PWR data)

- Midwifery workforce 2%, interview day planned May
- MSSW recruitment successful and post appointed.
- No obstetric vacancy



Staffing red flags (Apr 2024)

- 8 staffing incident reported in the month, same numbers reported on previous month
- No harm related staffing incident, increase noted in short term sickness/ Datix needed for agency approval.

Suspension of Maternity Services

- Three suspension of services within April due to capacity. No harm related Datix and all women affected have been supported.

Home Birth Service

- 64 Homebirth conducted since re-launch, high number conducted in April.

Saving Babies Lives

Saving Babies Lives Care Bundle Version 3

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

Stillbirth rate (3.1 /1000 births)

- No stillbirths reported in April
- For 2023/2024 the rate per 1000 births is 3.1. This is below the national threshold of 4.4/1000

Maternity Assurance

NHSR	Ockenden
• Year 6 MIS now live • Initial risk identified through safety action one and seven around MNVP at PMRT meetings- escalated and Trust plan in place.	• Initial 7 IEA- 100% compliant • System reporting for Three-Year plan in development

Incidents reported Jan 2024 (133 no/low harm, 1 moderate or above*)

MDT reviews	Comments
Triggers x 18	

0 Incidents reported as 'moderate or above'

Other

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Maternal Perinatal Quality Surveillance Scorecard

Quality Metric	Standard	Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	47%	56%	49%	49%	
3rd/4th degree tear overall rate	<3.5%	3.50%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5.00%	2.10%	6.00%	
3rd/4th degree tear overall number		71	6	7	6	8	6	6	7	9	4	5	8	3	11	
Obstetric haemorrhage >1.5L number		118	13	19	9	6	11	6	11	15	17	13	6	9	9	
Obstetric haemorrhage >1.5L rate	<3.5%	3.90%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	2.60%	3.40%	2.60%	
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	2.80%	3.80%	2.60%	
Stillbirth number		9	1	0	1	0	1	0	0	0	2	1	2	1	0	
Stillbirth rate	<4.4/1000				2.200			1.700			2.300			3.100		
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		40	2	2	3	2	3	3	4	4	3	2	3	4	5	
Number of concerns (PET)		13	2	1	1	1	1	1	2	0	1	1	1	1	0	
Complaints		5	0	0	0	0	1	1	1	0	0	1	0	0	1	
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	90%	90%	90%	90%	

External Reporting	Standard	Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trend
Maternity incidents no harm/low harm		1423	58	78	85	86	85	107	130	158	94	148	102	102	95	
Maternity incidents moderate harm & above		12	0	1	1	0	1	3	2	2	1	1	0	0	0	
Findings of review of all perinatal deaths using the real time monitoring tool	Mar-24	PMRT case are within reporting timeframes inline with MIS, deadline met. PMRT presented to QC. Risk to MIS Year 6 mitigated with local plan.														
Findings of review all cases eligible for referral to MNSI	Mar-24	One live case, Two cases presented the LMNS SI group and Trust PSRIG, action plans signed off. Action's ongoing and track through goverance.														
Service user voice feedback	Mar-24	Action plans from recent patient voice/ 15 steps monitered through MNSC meeting.														
Staff feedback from frontline champions and walk-abouts	Mar-24	Feedback from Maternity Ward in reagrd pre-packed discharge medication- action taken to review with CSTO.														
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10	<4 <7 7 & above															

Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors - Meeting in Public

Subject:	Guardian of Safe Working Report	**Date:**	6th June 2024
Prepared By:	Rebecca Freeman – Head of Medical Workforce		
Approved By:	Dr Simon Roe – Acting Medical Director		
Presented By:	Rebecca Freeman – Head of Medical Workforce		

Purpose

The paper provides the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1st February 2024 and 30th April 2024.	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Strategic Objectives

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

Principal Risk

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

Committees/groups where this item has been presented before

Verbal update provided at the Joint Local Negotiating Committee the paper has also been presented to the People Committee.

Acronyms

NHSE – National Health Service – England
LTFT – Less than Full Time
PA – Programmed Activity
WTE – Whole Time Equivalent
TOIL – Time Off in Lieu
FY1 – Foundation Year 1 doctor
EAU – Emergency Assessment Unit
Specialty Trainee - St

Executive Summary

The Board of Directors is asked to take assurance from this paper and to note the following: -

- The largest number of exception reports have been received from the Division of Medicine, closely followed by the Division of Surgery, Anaesthetics and Critical Care.
- Most Exception reports are being received from Foundation Year 2 doctors.

- The pilot has been concluded, however, the Hospital out of Hours team are continuing to support Acute Medicine and this approach has been welcomed by the junior doctors.
- There are still very small numbers of exception reports being received from St3+ doctors.
- The progress relating to the new junior doctor's mess has been delayed due to recent changes to building regulations.
- A paper has been produced outlining the actions that the Trust is taking in relation to Improving Working Lives for Junior Doctors and further work is planned in this area.

Guardian of Safe Working Report covering the period from 1st February 2024 to 30th April 2024

Introduction

This report provides an update on exception reporting data, from 1st February 2024 to 30th April 2024. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the data below, 243 (219.5 wte) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 252 trainee posts, so this rotation, the second rotation of the year, there are 26 vacant trainee posts. This is due to NHSE not being able to fill these posts for a variety of reasons, including doctors being on maternity leave (9 doctors), unanticipated lack of training progress (not passing their exams), doctors leaving the training programme early, or there not being enough trainees following a particular training pathway to fill the posts across the country. The Trust isn't always informed of the reasons for the vacant posts and as can be seen from previous reports, these vacancy numbers fluctuate for each rotation. Further information is included in the vacancies section.

High level data as of 30th April 2024

Established doctor in training posts:	252		
Established non-training doctor posts:	119		
	Posts	**Heads**	**WTE**
Number of doctors in training in post:	226	242	219.5
Number of vacant training posts:	26	-	32.5
Number of unfilled training posts filled by a non-training doctor:	4	-	6.2
Number of non-training doctors in post:	114	105	112.2
Number of vacant non-training posts:	5	-	6.8

Please note *the above table shows that there are 242 doctors in training (219.5 wte) covering 226 training posts, this is due to more than 1 LTFT doctor occupying a post.*

High level data from previous quarter (as of 31st January 2024)

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

Amount of time available in the job plan for the guardian:	1 PA
Administrative support provided to the guardian:	0.1 WTE
Amount of job planned time for Educational Supervisors:	0.25 PA per trainee

Exception reports From 1st February 2024 (with regard to working hours)

The data from 1st February 2024 to 30th April 2024 shows there have been 27 exception reports in total, and all 27 related specifically to safe working hours.

One of the exception reports was categorised by the postgraduate trainees as an immediate safety concern. Further details of the immediate safety concerns can be found in Table 1.

By month there were 18 exception reports in February 2024, 7 in March 2024 and 2 in April 2024.

Of the 27 exception reports all were due to working additional hours.

Of the total 27 exception reports, 26 have been closed and 1 is pending the initial meeting.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 13.5 days. The time to the first meeting is similar to the previous report. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 18 (67%) of all exception reports either had an initial meeting beyond 7 days or have not had an initial meeting. Reminders are sent automatically to the Educational Supervisors listed by the Trainee to respond to the exception report. These reminders are sent regularly until the reports are responded to. For the more straight forward exception reports, the Medical Workforce Team will respond, however, often further information is needed from the Educational Supervisor to complete the response. Where a doctor is on nights, it can be difficult to ensure that the initial meeting takes place within 7 days. However, all but one of the exception reports have had the initial meeting which is an improvement on previous reports.

Where an outcome has been suggested there are 7 (27%) with time off in lieu (TOIL) totaling 8 hours and 50 minutes and 19 (73%) with additional payment totaling 21 hours and 25 minutes at normal hourly rate and 5 hours 45 minutes at premium rate.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce Team, a report is

completed for the rota coordinators to ensure that time off in lieu is added to the doctor's record or any payment is made. This is completed on a monthly basis in line with payroll cut off periods.

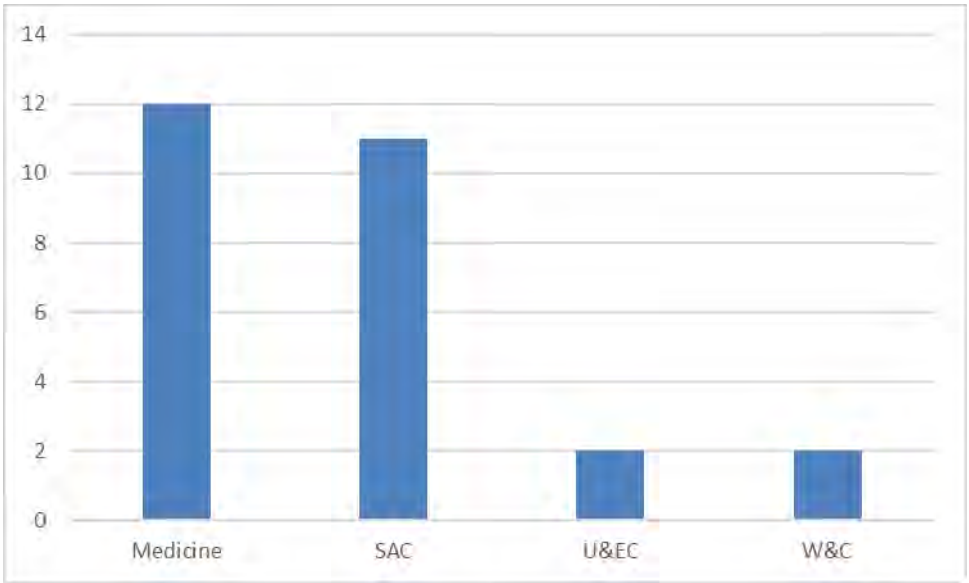


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 12 (44%) in total - are from postgraduate doctors working in the **Medicine Division**.

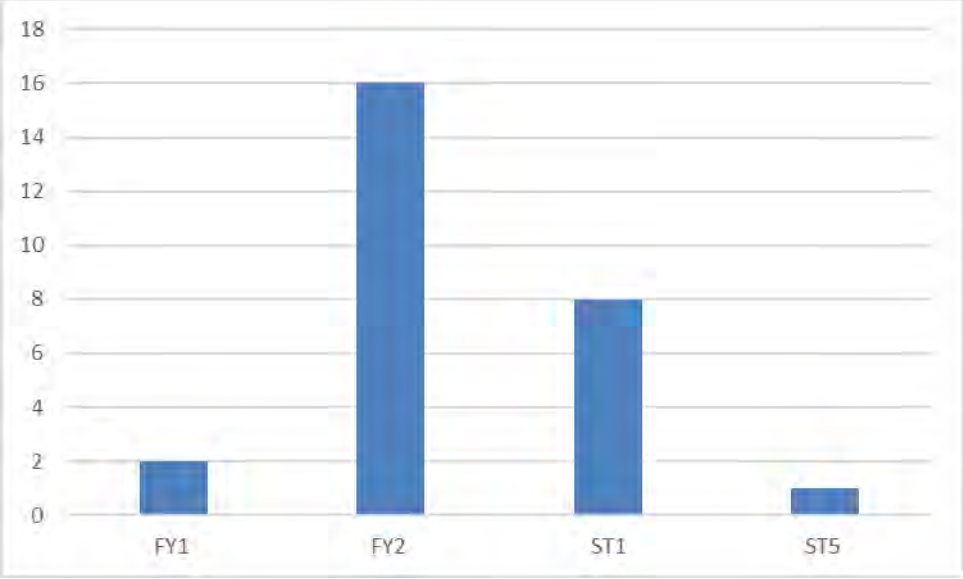


Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 2 Doctors. In total 2 (7%) of the exception reports have come from the Foundation Year 1 Doctors, 16 (59%) from the Foundation Year 2 Doctors, 8 (30%) ST1/2 doctors and 1 (4%) from ST3+ doctors.

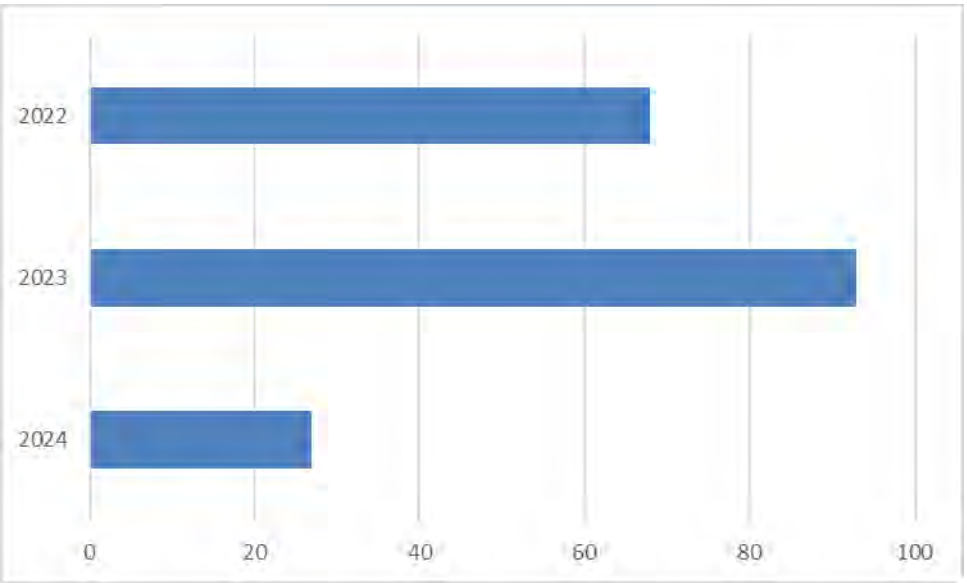


Figure 3. Comparison of number of exception reports for the same period between 2022, 2023 and 2024

Date	Grade and Specialty of Doctor	Details of Immediate Safety Concern reported by the Trainee	Action Taken	Status of the Concern
07.02.2024	FY1 in Acute Medicine	No registrar for EAU from 3pm-5pm and on leaving at 6pm no EAU registrar available so had case had to be discussed with the Resus Registrar meaning minimal staffing. From 4pm-5pm no other junior doctors for EAU only junior doctors clerking patients.	The event has been discussed and a plan for action in future similar situations.	The concern has been closed

Table 1. Immediate Safety Concern Concerns Raised

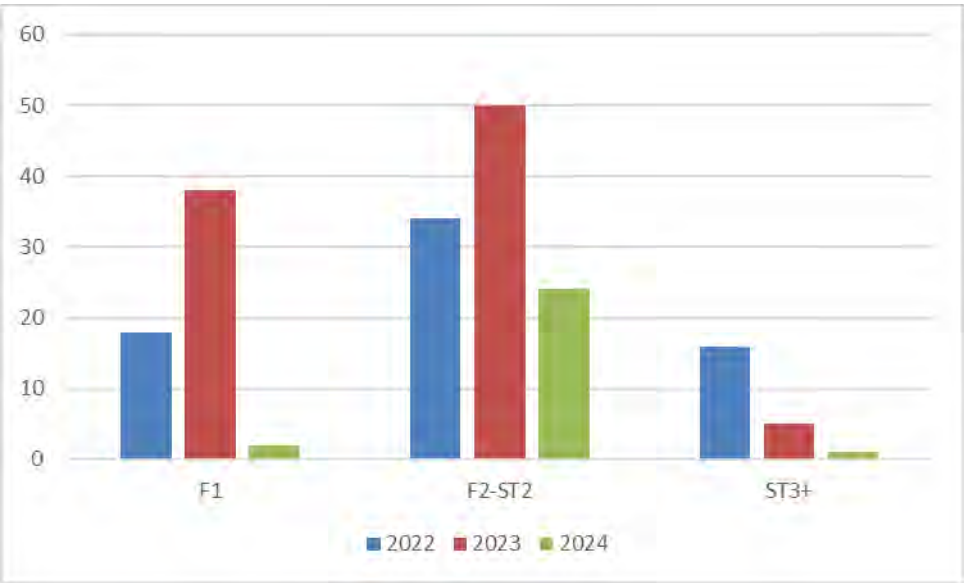


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2022, 2023 and 2024.

Figure 4 shows that for this period this year there have been less exception reports from all grades of doctors than in the previous years.

Work Schedule Reviews

There have been no work schedule reviews during this period.

Fines

There have been no fines.

Vacancies

The Trust currently has 242 doctors in training. As mentioned in the introduction, there are 26 vacancies where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 4 of the vacancies are currently filled by Clinical Fellows/Senior Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible particularly in Medicine, Urgent & Emergency Care and some specialties within Surgery, Anaesthetics and Critical Care.

The remaining gaps will be filled by doctors on the bank where needed to support the rotas, which represents a cost pressure to the Trust.

The process of recruiting Clinical Fellows for August is well underway. A piece of work is currently being undertaken within the Division of Surgery, Anaesthetics and Critical Care to consider the option of over recruiting in some surgical specialties, particularly Trauma & Orthopedics, given that the number of Clinical Fellows in that area to support additional activity at Newark hospital has increased.

Qualitative information

Table 3 below indicates the number and percentage of exception reports that were not responded to within the required time frame of 7 days over the last year. This number is high and is an ongoing theme and there is an action plan to address this.

Date of the Guardian Report	**Number and Percentage of reports <u>not</u> responded to within 7 days**
February 2024 – April 2024	67% of all reports received 18 reports
November 2023 - January 2024	68% of all reports received 38 reports
August 2023 – October 2023	53% of all reports received 29 reports
May 2023 – July 2023	54% of all reports received 20 reports

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

Due to a recent change in building regulations, there has been a delay in the progress of the Doctors Mess. A plan is being produced with the aim of minimising the delay, however, the changes to install the kitchen in the mess will involve some work being required to be undertaken relating to fire compartments and this will need to be reviewed by the building Safety Regulator which will take up to 12 weeks to do. A progress update will be provided in the next report. Unfortunately, it is unlikely that the Mess will be ready for the new cohort of doctors in August 2024 which is particularly disappointing.

No periods of Industrial Action have been undertaken during this period. It is understood that talks are currently taking place between the government and the BMA assisted by a mediator. Concern has been raised regarding the impact that periods of industrial action are having on training, and this has been acknowledged nationally.

As can be seen from the immediate safety concern data, there is one concern relating to cover within Acute Medicine late in the afternoon which has been addressed by the Department. The pilot has been concluded where the Hospital out of Hours Team support the service with coordinating the allocation of work to the doctors. The doctors found this very beneficial for them, there were fewer interruptions, and they were able to be more efficient, felt less stressed and the shifts were more organised. Although the pilot has concluded, this method of working has continued.

Further work is required to ensure that there is a team approach across all disciplines and roles and responsibilities are clearly defined in managing the workload in this way and this is being taken forward by the Director of Postgraduate Education with the Division and will involve the Guardian of Safe Working. Updates will be provided in future reports.

As part of the national training numbers expansion programme, the Trust has been allocated an additional 15 Foundation Year 1 doctors in August 2024. This constitutes 5 posts in total. Each post will have a doctor working 4 months in a Medical Specialty, 4 months in a Surgical Specialty and 4 months in another specialty, e.g., Sexual Health, Radiology, Psychiatry etc. The plan for the rotations is currently being worked through with the Foundation Programme Director.

A letter has been sent to all Trusts from the Executive within NHS England noting several actions that Trusts have been asked to take to improve the working lives of doctors in training. A paper has been produced to describe the actions and the progress against the actions to date. A copy of which can be found at appendix 2.

The Director of Medical Education is also in the process of producing a gap analysis looking at best practise in the areas described in the letter and how the Trust benchmarks against those requirements. A meeting will take place with all stakeholders and an action plan will be developed and updates will be provided in the next report.

Conclusion

- Note that the largest number of exception reports have been received from the Division of Medicine, closely followed by the Division of Surgery, Anaesthetics and Critical Care.
- Most Exception reports are being received from Foundation Year 2 doctors.
- The pilot has been concluded, however, the Hospital out of Hours team are supporting Acute Medicine and this approach has been welcomed by the junior doctors.
- There are still very small numbers of exception reports being received from St3+ doctors.
- Progress relating to the new junior doctor's mess has been delayed due to recent changes to building regulations.
- A paper has been produced outlining the actions that the Trust is taking in relation to Improving Working Lives for Junior Doctors and further work is planned in this area.

Appendix 1

Issues/Actions arising from the Guardian of Safe Working Report to be taken forward.

Action/Issue	Action Taken (to be taken)	Date of completion
Junior Doctors Mess has been delayed due to building regulation changes.	Task and Finish Group in place involving key stakeholders to manage this transition	On going
Concerns have been raised by trainees relating to Acute Medicine	The Hospital out of Hours approach has continued beyond the pilot. Further work is being undertaken on roles and responsibilities in managing the workload	Update on progress to be provided in the next report.
A paper has been produced outlining the actions that the Trust is taking in relation to Improving Working Lives for Junior Doctors and further work is planned in this area.	A meeting will take place with all stakeholders and an action plan will be developed. An update will be provided in the next report in August.	Update on progress to be provided in the next report.

Appendix 2

Improving Working Lives of Doctors in Training

Background

Improving the Working lives of NHS staff and junior doctors particularly is a key strategic priority in the NHS Long Term workforce Plan and more recently in the NHS Priorities and Operational Planning Guidance for 2024/25. The evidence is clear that supported staff deliver better services for patients, improved productivity and remain with the organisation longer.

Some concerns have been raised by doctors in training, these concerns relate to rotations across Trusts which mean that doctors in training can experience low levels of choice and flexibility of when and where they work, high levels of uncertainty and competition about the next steps on the training pathway, duplicate inductions, and unacceptable pay errors as they move between employers. As well as frustration and lost productivity, this can result in a reduced sense of belonging making it more difficult to retain the medical workforce of the future.

A letter has been sent from the Executive within NHS England noting a number of actions that Trusts have been asked to take to improve the working lives of doctors in training.

The purpose of this paper is to describe the actions, the progress against those actions and further action to be taken in the future by both the Medical Workforce Team and the Medical Education Team in response to this request.

Rota Management and Redeployment

Work schedules are provided at least 8 weeks in advance and finalised duty rosters are sent out six weeks in advance to trainees. Although this KPI is not monitored nationally, currently, it is monitored across the Trust for each rotational change.

All services are asked to review their rotas on an annual basis to ensure they meet the needs of both the trainees and the services going forwards. Any changes to rotas are made in conjunction with the Trainees whilst ensuring that the Good Rostering Guide is adhered to.

The Trust uses the Allocate system for the purposes of both building rotas and rostering rotas.

Any changes that are made with less than 6 weeks' notice are always made in conjunction with the Trainees, this was the case for the last rota change during COVID where the Medical Director and Clinical Chairs discussed the proposed changes to the rota and the rationale for the changes with the doctors.

Duplicate Inductions and Pay Errors

As part of the onboarding, doctors in training are written to as soon as the Trust is aware that they will be rotating to Sherwood Forest Hospitals with what they can expect to receive from the teams in terms of communication, and the importance of providing the information in a timely manner. Opportunities are taken to talk to the doctors about the amount of information received, the method of communication and the timeliness. The feedback received was positive.

The Medical Workforce Team aim to ensure that all payroll documentation is processed, and the doctors are on the payroll prior to commencing in their post. The payroll errors for doctors in training are few and any errors are given the highest priority to ensure they are resolved as soon as possible. Those inputting the payroll information do have a good understanding of the junior doctors' contract and the associated pay elements and where an error does occur, they are able to respond swiftly. Going forward, payroll errors will be incorporated into the Medical Workforce report that is presented to the People Committee and the Trust board.

Creating a Sense of Value and Belonging

Protecting Training time for Learners and Educators

There are mechanisms in place within Medical Education/Medical Workforce to ensure that training time is protected for both learners and educators. The educators have time clearly identified in job plans and training time is clearly identified on the rosters for the doctors in training to ensure that it is known when doctors will not be available due to teaching/training. Where there are organisational pressures that may require changes to be made to the above these are responded to as appropriate.

On-Boarding

The on-boarding process is currently being reviewed by the Medical Education Team. The aim is to ensure that the doctors receive all the information they need to know on day 1 to start their job. The method of communication is how they would like to receive that information. The Trust is keen for the doctors to be excited and enthusiastic about working with "Team SFH" and not feeling tired and suffering from information overload at the end of day one. Other information that the doctors in training need to be aware of but will not need to know of their first day will be communicated to them after day 1.

Alignment to the Core Skills Training Framework/E leaning

The Trust has adopted the Core Skills Training Framework. Further alignment with e-learning for Health is currently being reviewed in line with national requirements for implementation by the end of October 2024.

NHS Digital Staff Passport

The Trust is a pilot site for the Digital Staff Passport and implementation will be undertaken in line with the national timescales. Trust governance processes in relation to the passport are currently being worked through.

Improving the Experience of Trainees

Action plans have been developed following the completion of the National Training and Education Survey and the GMC Survey. The progress against actions is taken through the relevant Medical Education forums and will be included in future Trust board Medical Workforce Reports.

Senior Named Individual

The Medical Director and Director of People will have joint responsibility for overseeing the implementation of these actions. This will be achieved by regular reports on progress to the People Cabinet, People Committee, the Guardian of Safe Working Report and the Medical Workforce Report that is presented to the Trust Board bi-annually.

Conclusion and Recommendations

The Board of Directors is asked to seek assurance from this paper, the points in the letter are being taken forward and progress will be monitored on a regular basis through the governance framework in place.

Outstanding Care, Compassionate People, Healthier Communities

Sherwood Forest Hospitals NHS Foundation Trust

Trust Board - Cover Sheet

Subject:	2024/25 Planning Update	**Date:**	6th June 2024
Prepared By:	Kevin Gallacher, Associate Director of Planning and Partnerships		
Approved By:	Richard Mills, Chief Financial Officer		
Presented By:	Richard Mills, Chief Financial Officer		

Purpose		
To provide a brief overview to Trust Board on the SFHFT component of the ICS 2024/25 plan submission to NHSE on the 2nd May 2024.	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

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

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

Committees/groups where this item has been presented before

Finance Committee.
Trust Management Team.
Executive Team.

Acronyms

FYE – Full Year Effect
ICB – Integrated Care Board
ICS – Integrated Care System
NHSE – National Health Service England
SFH – Sherwood Forest Hospitals
UEC – Urgent and Emergency Care
WTE - Whole Time Equivalent e.g. 37.5 hrs per week

Executive Summary

On the 2nd May 2024 the Nottingham and Nottinghamshire ICS submitted its 2024/25 operational plan to NHS England. The plan is a consolidated position of Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Trust, Nottingham University Hospitals, and the ICB.

The Nottingham and Nottinghamshire ICS submission stated that the plan is considered as ambitious and credible. The plan was also operationally compliant against the majority of NHSE

National Priorities and Operational Requirements.

The information in the main body of this paper sets out the SFH component of the 2024/25 ICS plan across the domains of finance, capital, operational performance, workforce, and activity with the headline messages shown in the table below:

Our 2024/25 plan sets out an ambition to improve our clinical and operational performance, improving lives for our people and our patients.

	**6% improvement in A&E waiting times** *Aim to see 78% of patients within 4 hours in March 2025, compared to 72% in March 2024*
	**10.7% increase in value weighted elective (Planned Care) activity** *117.5% VWA plan against the Elective Recovery Fund (ERF) target of 106%. The ERF funding earned supports us to see up to 17,000 more patients in 2024/25 than would otherwise be possible within our core resources.*
	**Eradication of 65 week waits by September 2024** *Trajectory to zero 65ww patients by September compared to 347 in February 2024*
	**Improvements in Theatre utilisation and day case rates** *Improvement to 85% from 79% targeted for theatre utilisation and day case rates planned to increase by 0.6% to 91.3%*
	**Earlier and faster cancer diagnosis and treatment** *62 day cancer performance to 71% compared to 59% in Jan-24, Faster Diagnosis Standard of 80% by March 2025 (12 months earlier than national ambition) and improvements in Stage 1 & 2 early diagnosis to 80%*
	**Reduced reliance on high-cost temporary staffing and £3.3m savings in agency expenditure** *Bank and agency reduction of 100 WTE offset by substantive recruitment, with overall workforce numbers broadly maintained but agency costs reduced by £3.3m*
	**£15m capital investment in our buildings and equipment** *This includes investment in Magnetic Resonance Imaging (MRI) Scanners as well as replacing essential medical equipment, system upgrades and cyber security, IT equipment to support our people to deliver their services, and building upgrades and maintenance.*
	**£38m efficiency programme to reduce the underlying deficit of the Trust** *Three core elements of efficiency – reducing the underlying deficit managed non-recurrently in 2023/24, mitigating 2024/25 demand growth, and managing 2024/25 cost inflation*
	**Improve access to the services patients need – SDEC, Acute Frailty and Virtual Wards** *Medical SDEC 7 days per week, Surgical SDEC 5hrs per day, Frailty Intervention Team working 7 days per week, 70 Virtual Ward slots with utilisation in excess of 80%*
	**Embed key quality and patient safety requirements** *PSIRF (Patient Safety Incident Response Framework), improved engagement of patients & families in response to incidents and supporting training under the NHS Patient Safety Syllabus*

While the plan at both ICS and SFH level is considered ambitious and credible the plan does include several inherent delivery risks.

These are:

- The delivery of urgent and emergency care (UEC) transformation that relies both on internal and ICS actions.
- The delivery of the elective (planned care) additional activity while mitigating the range of operational and workforce challenges.
- The delivery of a significant financial efficiency while balancing the day to day operational and longer term needs of the organisation.
- These plans also assume, in line with national guidance, no further industrial action in 2024/25.

There are also five areas where SFH is non-compliant with the planning guidance. These are set out in the main body of the paper.

The Finance, Quality, and People Committees of Board will lead on assuring themselves on behalf of the Board on the plan delivery, existing and emergent risks, and mitigations in place to deliver this plan during 2024/25.

The Trust Board are asked to:

Note the SFH contribution to the ICS 2024/25 plan submission, the planned improvements to our clinical and operational performance, improving lives for our people and our patients, and the main delivery risks.

2024/25 Operational plan submission

Introduction

The Nottingham and Nottinghamshire ICS was required to submit is 2024/25 operational plan to NHS England on the 2nd of May 2024. The ICS plan is a consolidated position of Sherwood Forest Hospitals Trust, Nottinghamshire Healthcare Trust, Nottingham University Hospitals, and the Nottingham & Nottinghamshire ICB and is considered both ambitious and credible by the ICS partners.

The information below sets out the SFH component of the 2024/25 ICS plan across the domains of finance, capital, operational performance, workforce, and activity.

Finance

The financial challenges faced across the NHS are reflected in the ICS financial plans, with all four organisations planning a financial deficit for 2024/25 to a combined total of £105.7m. The SFH component of this is a £14m deficit.

This is driven by the ongoing emergency care pathway capacity that maintains our bed numbers at the 2023/24 levels in line with the operational planning guidance and that reflect the levels of demand our urgent and emergency care services are experiencing.

In addition to keeping these beds open a pressure remains in maintaining diagnostics capacity through 2024/25 in advance of the new Mansfield Community Diagnostics Centre which will open in 2025/26. Funding for this interim capacity was withdrawn in 2023/24 but the Trust has made the decision to maintain the capacity to support operational performance targets in 2024/25. The full opening of the new Community Diagnostic Centre at Mansfield Community Hospital will increase the number of diagnostic tests we provide for our population and will generate sufficient funding through activity from 2025/26.

The ICS has committed to working towards a balanced financial position by March 2026 through a combination of system transformation, organisational efficiency plans, and a further drive to return productivity to pre-pandemic levels.

For 2024/25 the ICS has planned efficiencies amounting to £251.2m with SFH planning to deliver £38.5m of this. SFH delivered a £25.7m of efficiency savings in 2023/24.

Capital

The ICS continues to invest in its buildings, equipment, and information technology (IT), with planned capital expenditure of £88.5m in 2024/25 in line with the agreed Capital Departmental Expenditure Limit allocated to the system.

Of this plan £15m will be spent by SFH with a significant proportion earmarked for the provision of new and replacement Magnetic Resonance Imaging (MRI) Scanners at the Trust. Other capital expenditure includes the replacement of essential medical equipment, system upgrades and cyber security, IT equipment to support our people to deliver their services, and wider building upgrades and maintenance.

Additional capital allocations have been awarded to the Trust to support ongoing developments such as Mansfield Community Diagnostic Centre and the new Electronic Patient Record system which attract additional national capital funding.

Operational Performance

The SFH plan aims to meet or exceed most national operational performance standards set out in the 2024/25 operational plan guidance published by NHSE on the 27th March 2024. At the same time, we continue to implement the Patient Safety Incident and Response Framework (PSIRF) as part of our ongoing commitment to quality and patient safety.

- Our A&E waiting times show an improvement over 2023/24, aiming to see 78% of patients within 4 hours by March 2025.

- We have maintained the number of adult beds we opened in 2023/24. However, this still has a very high occupancy rate, peaking at over 97%, in February 2025 and requires both internal SFH and wider system UEC actions to reduce demand during 2024/25 in order not to exceed this occupancy level or the number of beds required.

- We continue to develop our Same Day Emergency Care (SDEC) and Virtual ward models of care and to reduce the number of patients who are still in our acute hospital beds beyond their discharge ready date.

- We have actions in place to reduce the number of elective planned care patients waiting over 65 weeks from 347 in February 2024 to Zero by September 2024 and aim to have no patients waiting over 52 weeks by March 2025.

- We continue to show positive recovery against the cancer 62 day standard increasing the cancer 62 day performance from 58.6% in January 2024 to 71% in March 2025. In addition, we are showing achievement of the Faster Cancer Diagnosis March 2026 ambition and the Early Diagnosis 2028 ambition during 2024/25, a minimum of 12 months ahead of the national ambition timescales.

- Our plans show over 95% of all patients receiving their diagnostic tests within 6 weeks by March 2025 except for Echocardiography where there is ongoing work to understand what further actions can be put in place to reduce backlogs further and to achieve performance better than the submitted plan.

- We continue to implement the national delivery plan for maternity and neonatal services.

Delivery of these operational performance standards requires the system wide delivery of an ambitious Urgent and Emergency Care (UEC) transformation programme (including financial sustainability plans focussing on UEC length of stay and frailty/long term conditions (proactive care) and reducing demand into our ED department. They also assume, in line with national guidance, no further industrial action in 2024/25 (however a further period has been declared since the submission).

Workforce

The 2024/25 workforce plan has a relatively stable position with a net decrease of 0.2% (-12.9 Whole Time Equivalent (WTE)) against the March 2024 position of 5,830 worked WTE at SFH.

The plan shows a reduction of 99.7 worked WTE in Bank and Agency staffing with an increase of 86.8 WTE substantively employed staff. There is an ambition to reduce the use of Agency staffing further to 3.2% of the total pay bill in 2024/25 (from the current plan levels of 4.08%), alongside work to increase staff retention and to improve the working lives of doctors in training alongside actions to deliver the NHS People Plan.

The March 2024 position was an increase of 257 worked WTE against the March 2023 position. This increase was associated with increased demand, bed occupancy, discharge pressures, and increases in Emergency Department attendances alongside increasing patient hours in ED, alongside planned developments such as the Community Diagnostic Centre, the theatres development at Newark, delivery of additional elective (planned care) activity, and the Neonatal Intensive Care Unit transitional care and high dependency expansion at Kings Mill Hospital.

Activity

Using the national Elective Recovery Fund (ERF) income we have been able to plan for nearly 17,000 more patients to be seen this year than our core funding would otherwise allow.

The Planned Care (Elective) activity plan aims to deliver 117.5% by value of what we were able to deliver in 2019/20 before the pandemic and is higher than the 106.8% we achieved in 2023/24. This makes a significant contribution to recovering our patient waiting times for planned care services in Mid-Nottinghamshire.

The Emergency Department activity and emergency admission plans include growth of 0.6% during 2024/25 and align to the financial and workforce plans. This is however much lower than we are currently experiencing. Internal SFH and wider system UEC actions to reduce demand during 2024/25 will be required for the plan to be achieved.

Compliance

The five areas of non-compliance in the plan submitted by SFH relate to the following:

- To increase the proportion of all outpatient attendances that are for first appointments/procedures: SFH shows 43.6% while at ICS level this is 42% against an ICS target of 46%. This is driven by a quality and safety requirement to ensure that overdue reviews, which are recorded as follow up appointments, are conducted in a timely way.

- 95% of patients receiving a diagnostic test within 6 weeks by March 2025: SFH remains compliant across all diagnostics except Echocardiography where there is an ambition to improve on the submitted position for Echo in-year.

- Deliver a balanced net system financial position: The ICS is submitting a deficit of £105.8m of which SFH is contributing a deficit of £14.0m.

- Agency Spend maximum of 3.2%: SFH is submitting 4.1%, including 0.8% related to elective recovery and escalation beds, and will work towards the 3.2% during 2024/25.

- Although there is work to move towards this, the Trust is unlikely to have over 90% of patients waiting over 12 weeks validated by the end of March 2025.

Conclusion

While the plan at both ICS and SFH level is considered ambitious and credible the plan does include several significant delivery risks.

Four significant requirements of the plan are:

1. To deliver ambitious internal and ICS urgent and emergency care (UEC) transformation (including financial sustainability plans focussing on UEC length of stay and frailty/long term conditions (proactive care) and reducing demand into our ED department and any subsequent admission into a bed. They also assume, in line with national guidance, no further industrial action in 2024/25.

2. To deliver increased elective activity supported by improved productivity (including financial sustainability plans focussing on transformation of outpatients and theatres) to reduce long waits and secure additional income. This is supported by wider productivity improvements including adoption of GIRFT recommendations, insourcing, waiting list initiatives, Independent Sector activity and Elective Hub and Community Diagnostic Centre developments.

3. The delivery of a significant financial efficiency through focusing on system transformation, organisational efficiency plans, and a further drive to return productivity to pre-pandemic levels.

4. No further industrial action in 2024/25.

The Finance, Quality, and People Committees of Board will lead on assuring themselves on behalf of the Board on the plan delivery, existing and emergent risks, and mitigations in place to deliver this plan during 2024/25.

The Trust Board are asked to:

Note the SFH contribution to the ICS 2024/25 plan submission, the planned improvements to our clinical and operational performance that contribute to improving lives for our people and our patients, and the main delivery risks.

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Finance Committee Chair's Highlight Report to Trust Board of Directors

Subject:	Finance Committee (FC) Report	**Date:**	6th June 2024
Prepared By:	Graham Ward – FC Chair		
Approved By:			
Presented By:	Graham Ward – FC Chair		
Purpose:			
To provide an overview of the key discussion items from the Finance Committee meeting of 23rd May 2024.		**Assurance**	Significant

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
• 2024/25 Planning – A number of areas for board to NOTE: o Efficiency – target FIP of £38.5M of which £22.2M is red rated o Cash – this is going to be a major issue this year, starting with request for Q1 deficit funding being limited to 50% of request. o Capital – project prioritisation to be presented to Board in July. • [Cash – ACTION: Board to consider delegating authorisation for cash requests for the remainder of 2024/25 to Finance Committee.]	• 2024/25 Planning – Deep dive on workforce to be undertaken, all other areas (FIP, cash, productivity and capital) to be monitored closely each month.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• NHIS – Received quarterly report (year end) on finances and KPIs which showed good performance. Going forward will look at how the service can be benchmarked to demonstrate value for money. • 2024/25 Planning – Undertook an in-depth look at FIP, cash, productivity and capital with gave good assurance on where we are at and plans for this year.	• Clinical Capacity Contracts – Recommended for approval to Board, with paper detailing future processes to be adopted. • BAF – Approved direction of the changes being made. • EPR Governance – Reviewed proposed governance arrangements and agreed that, subject to agreement by Quality Committee, the governance arrangements be recommended for approval to Board.

Comments on effectiveness of the meeting
All papers were of a high quality and clear which helped the meeting run smoothly and promoted good constructive challenge and discussion.
Items recommended for consideration by other Committees
• Quality Committee to review EPR Governance proposal. • Quality and People Committees to note the importance of triangulation between the committees on the FIP, cash, productivity and capital.

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

Subject:	Quality Committee	**Date**	Monday 20th May 2024
Prepared By:	Manjeet Gill, Non-Executive Director/Vice Chair		
Approved By:	Manjeet Gill, Non-Executive Director/Vice Chair		
Presented By:	Manjeet Gill, Non-Executive Director/Vice Chair		
Purpose:			
Assurance report to Board		**Assurance**	Substantial Assurance

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
Recommended that Sepsis training be considered as Mandatory training.	- A programme of four deep dives a year was discussed with an agreement on the four areas to be decided at next Committee. Areas discussed included Cardiology, Cancer, Sepsis, Paediatrics, Mental Health, and End of Life
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Positive assurance was provided for: - **MBRACE** in terms of the data benchmarking as slightly above average compared to other similar Trust's and the learning including collaboration at regional levels. - **Martha's Rule Law –** The Trust was part of the 100 pilots and assurance on the Plans to implement the new law. - **Medicines Optimisation Strategy-** An update on implementation of the strategy, including patient centred work and system level collaboration. - **Winter Report –** The five themes reflected the themes identified as part of the patient profiles and planning. Positive learning and assurance.	The review of the BAF, resulted in a decision to maintain current level of the risk score and rating. This was for both PR1 and PR2. The Quality Accounts were approved, with a recommendation that further public and patient engagement be considered in a more user-friendly format, once published.

- **Outpatient Improvement -**Assurance that all areas had now achieved compliance with plans in place to ensure compliance with the final area. - Patient Safety Committee and Nursing Midwifery and AHP Committee	
Comments on effectiveness of the meeting	
A good discussion to enable effective challenge, assurance and triangulation of subjects covered.	
Items recommended for consideration by other Committees	
NA	

Quality Committee Annual Report 2023

Report Covers Period January 2023- December 2023 – 6 Scheduled Meetings

Introduction

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

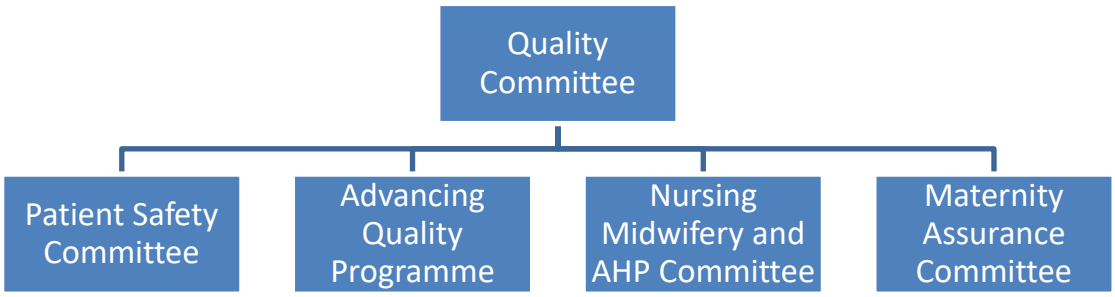
The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In October of 2023, Aly Rashid, Non-Executive Director replaced Barbara Brady as Chair and Manjeet Gill joined as a member. In addition to the Chair, 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) 4/6
Non-Executive Director Dr Aly Rashid 6/6 (Confirmed as Chair from October 2023 and chaired 2/6)
Non-Executive Director Manjeet Gill 2/6 (Joined as a member from October 2023)
Medical Director David Selwyn 6/6
Chief Nurse Philip Bolton 5/6
Chief Operating Officer Rachel Eddie 3/6

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

According to the Terms of Reference, the Director of Nursing, Deputy Medical Director, Director of Nursing Quality & Governance, Director of Midwifery and Clinical Director for Patient Safety will also 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.



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 2023 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 2023 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 and Patient Safety Committee Reports. In March 2023, the Advancing Quality Programme held their last meeting, and the work plan was absorbed by the Patient Safety Committee.

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 Challenged services 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.

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 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

Throughout 2023 the Committee continued to receive and discuss 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 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 – Internal Audit reports relating to Hospital Standardised Mortality Ratio and Maternity Standards Review, Quality Dashboard and Water Safety reviews and Trust Strategic Priorities.
April (Moved from March 2023) – Internal Audit Report relating to Infection Prevention and Control and Nutrition and Hydration.
May – Virtual Wards and Looked after Children updates and the Single Oversight Framework highlighting the model for 2024 and the Trust Strategic Priorities.
July- Patient Safety Incident Response Plan, IPC Board Assurance Framework and the Quality Perinatal Mortality Review Summary and Trust Strategic Priorities.
October (Moved from September 2023)- The impact of Industrial Action and Lessons Learned, the Patient Safety Incident Review Policy and the Outpatient Transformation Self-Assessment.
November – The introduction of the Improvement Faculty Report, Cancer Waiting Time Standards, and the Trust Strategic Priorities.

Governance

Board Assurance Framework principle risks were considered and approved as part of each Committee. Where appropriate the Committee recommended and approved the alteration [BB(FHNFT1]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
- In November of 2023 the Quality Committee took oversight of PR5- Inability to Initiate and implement evidence-based improvement and innovation.

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

- Hospital Standardised Mortality Ratio
- Maternity Standards Review
- Infection Prevention and Control
- Nutrition and Hydration

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 current Quality Strategy is in place until 2025.

The Committee provides strategic oversight of quality aspects of the Trust Strategy and associated sub strategies. **To provide outstanding care in the best place at the right time** 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 empower and support our people to be the best they can be** 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 ensure a sustainable use of resources and estate.** The Committee receives regular reporting on challenged 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 work collaboratively with partners in the Community.**

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 also hold systemwide Quality and People Committee meetings. Partner Non-Executive Directors have been invited as regular members. The Quality Committee chair has been included in the invitation to attend meetings when possible.

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 significant issues identified.

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

People Committee Chair's Highlight Report to Board

Subject:	People Committee	**Date:** 6th June 2024	
Prepared By:	Steve Banks, Non-Executive Director (Chair of the People Committee)		
Approved By:	Steve Banks, Non-Executive Director (Chair of the People Committee)		
Presented By:	Steve Banks		
Purpose:			
To provide an overview of discussions held at the People Committee on 28th May 2024		**Assurance**	**Significant**

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
• Despite a good paper on improving conditions for Junior Doctors, continued delays on new Doctors mess remains a major frustration	• Workforce perspective on NHSE planning guidance and workforce efficiency programmes underway. Along with Agency reduction programme these need to be aligned with Finance Committee. • Re-aligning year 3 of the people strategy with the Trust Strategy and impacts of changing landscape
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
• Significant assurances were provided, including: Pharmacy and AHP Workforce Updates; EDI report progress and Diversity in Senior Roles reports; Guardian of Safe Working and Improving Lives of Junior Doctors reports; Strategic Workforce planning update; and response to National Living Wage report. • A presentation highlighted the fantastic work of our Volunteers, with assurance of the Governance supporting it	• The BAF was discussed and minor amendments made, risk ratings remain unchanged • New IPR targets challenged and approved for recommending to Board

Comments on effectiveness of the meeting
Good papers and great to see the positive impact of charitable work and volunteers on patients and staff. Some good conversations with a wide range of quality inputs from all attendees
Items recommended for consideration by other Committees
As above, Workforce Efficiency, NHSE Planning response and Agency reduction programmes

People Committee – Cover Sheet

Subject:	People Committee Annual Report	**Date:** 30/01/2024	
Prepared By:	Beth Hall – Business Support Officer Deborah Kearsley - Deputy Director of People		
Approved By:	Deborah Kearsley – Deputy Director of People		
Presented By:	Deborah Kearsley – Deputy Director of People		

Purpose		
To provide assurances the People Committee is performing it's responsibilities as set out within it's Terms of Reference.	**Approval**	
	Assurance	**X**
	Update	
	Consider	

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

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
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

None

Acronyms

BAF – Board Assurance Framework
ICS – Integrated Care System
ICP – Integrated Care Provider
IPR – Integrated Performance Report
EDI – Equality, Diversity and Inclusion
WRES/WDES – Workforce Race Equality Standard / Workforce Disability Equality Standard
FTSU – Freedom to Speak Up
ROSPA – Royal Society for the Prevention of Accidents
SAS – Specialty and Specialist
OD – Organisational Development
DPR – Divisional Performance Review

Executive Summary

Background

This report provides a summary of People Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and Workplan for the 2023 calendar year.

Recommendation

Committee members are asked to take assurance from this report.

Annual Report from People Committee

Summary

This report provides a summary of People Committee activities and assurance that the Committee has carried out its obligations in accordance with its Terms of Reference and work programme for 2023.

The time period is aligned to the annual governance timetable to enable consideration by the Board of Directors.

This report provides an overview of activities undertaken throughout the Trust and a summary of the work undertaken within the People Committee activities from January to December 2023.

Background

The People Committee meets 6 times per year and reports to the Board of Directors. Its Terms of Reference establish the following purposes:

- Review the BAF risks associated with our people and provide assurance to the Board that those risks are being effectively mitigated or managed in a controlled way.
- Provide the Board with assurance concerning all aspects of the Trusts workforce strategy and annual implementation plan, both in relation to delivery and impact.
- Where necessary, seek assurance into any areas of work related to our people on behalf of the Board.
- Assure the Board that the structures, systems and processes are in place and functioning to support the workforce in the provision and delivery of high-quality patient care.
- Contribute to, oversight of and assurance from an SFH perspective, the People plan and plans of the ICS/ICP.
- In fulfilling its obligations, the Committee will be mindful of the need to improve the diversity of our people so that it better reflects the populations which the Trust serves.
- The Committee shall review the Freedom to Speak Up agenda via quarterly assurance reports.

Workplan

People Committee has received regular reports throughout the year in accordance with its agreed Annual Workplan. Reports are received at each meeting from the Director of People, Medical Director and Chief Nurse in relation workforce risks and the Workforce Board Assurance Framework. In addition, assurance, highlight reports and hot topic items are provided on an ad-hoc basis. The Committee has also received reports on other specific risk-related matters, including:

- Safe Staffing – Nursing, Midwifery and AHPs
- Safe Staffing – Medical Workforce Staffing Report
- Guardian of Safe Working Report
- Challenged Services Report
- Control Process for Vacancies Updates
- COVID-19 and Flu Campaign
- Industrial Action Updates
- Employee Relations Assurance Report
- Freedom to Speak Up / Raising Concerns Update
- Gender Pay Gap Report
- Volunteer Report

Membership & Attendance

Meetings shall be held not less than four times a year and where appropriate should coincide with key dates in the quarterly reporting cycle. A development session shall also be held not less than annually.

Terms of Reference including membership for People Committee were updated and approved at the November 2023 meeting. The membership and attendance figures below are based on membership up to the end of the 2023 calendar year.

Attendance of core members (or a nominated deputy) at meetings during the 2023 calendar year:

- Non-Executive Director (Historic Chair) *(changed after July 2023)* 3/4
- Non-Executive Director (Vice Chair now Chair) *(changed after July 2023)* 5/6
- Non-Executive Director 6/6
- Director of People 6/6
- Medical Director 3/6
- Chief Nurse 5/6

Attendance of officers in routine attendance:

- Specialist Advisor to the Board 6/6
- Deputy Director of People 5/6
- Deputy Medical Director 6/6
- Associate Director of People (Resourcing) 6/6
- Associate Director of People (Transformation) 5/6
- Associate Director of People (Operations) 4/6
- Head of People Development 3/6
- Head of Communications 4/6
- Head of Medical Workforce 6/6
- Head of Corporate Nursing 3/6
- Community Involvement Manager *(change of person – July 2023)* 4/6
- Equality, Diversity & Inclusion Lead 5/6
- Business Support Officer (People Team) 6/6
- *Head of Culture & Engagement (left December 2023)* *4/6*
- *Director of Strategy and Partnerships** *3/4*
- *Associate Director of Transformation** *3/4*

**These colleagues were only required to attend meetings up to and including July 2023, due to the Improvement agenda being agreed to move out of this Committee from subsequent meetings.*

2 Staff governors are also invited to attend as observers. At least 1 Staff governor also attended 4/6 meetings as an observer.

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

Positive Stories

Our Staff Story programme for 2023 highlighted some key positive feedback points as highlighted below. These videos were shared via Public Trust Board:

Staff Story – February 2023

"I took the opportunity to refer myself through Vivup… it gave me an opportunity to talk openly, those 3-4 sessions were just enough to identify small gains… I've found that really helpful. There's never been so much help and assistance out there.. We're really fortunate here at Sherwood Forest that we've got a number of Wellbeing Champions out there."

Staff Story – June 2023

"The Trust CARE values are important to me as they are at the heart of everything we do daily, they are essential for being part of and leading a successful team. We always respect and involve eachother in every decision that is made…. We always communicate and work together to deliver the best we can."

Staff Story – October 2023

"A message for other Line Managers… encourage them to use the resources available here at the Trust – the Take a Pause sessions, and the wonderful Wellbeing Team that we've got are there to support."

Other positive stories and key achievements which have been shared and identified via People Committee throughout 2023 include:

- Sherwood being voted 'Best Trust in the Midlands' for the 5th year running according to National Staff Survey 2022 results. Early indications of the 2023 results are currently embargoed but engagement is promising considering current organisational pressures.
- NHS Employers case study showcasing results from the work completed under our Wellbeing portfolio and Rest, Rehydrate and Refuel agenda at Sherwood: **Link to Case Study**
- Won ROSPA Gold Award in recognition of our Health & Safety service.
- 5 entries submitted for HSJ National and HPMA Excellence Awards, recognising programmes of work including Just Culture, Financial Wellbeing and People Transformation (Newark TIF & Mansfield CDC)
- Significant assurance provided via the 360 Assurance report on Wellbeing.
- A successful and well attended Menopause Conference on World Menopause Day.
- Continued to promote Just Culture learnings within the Trust, including Council of Governors in November 2023.
- Wellbeing fundamentals audit completed in 90% of areas. Free tea & coffee provision secured throughout Quarter 3 and 4 of 2023.
- Development of Wellbeing Improvement Plan aligned to NHS England Wellbeing Framework.
- Long service awards reintroduced in Summer 2023 following pause during COVID-19 pandemic.
- Launched new Appraisal and 121 paperwork in September 2023 for all Managers and employees on Agenda for Change contracts, giving less paperwork to complete and an easier template to follow.
- Continued to embed Step into the NHS careers fairs throughout 2023 to support organisational recruitment needs.
- Supported the launch of Newark TIF (Targeted Investment Funding) and Mansfield CDC (Community Diagnostics Centre) site development projects.

People Directorate

Current Leadership structure at the time of the report:

Since their recruitment in June 2022 the Director of People, with support from their senior leadership team has supported development and implementation of a clear People Strategy for 2022-2025. Strategic vision and supporting governance around the People portfolio has been provided, with the People Directorate's mantra at the heart of everything they do; ***empowering and supporting our people to be the best they can be.***

In 2023 the priorities for the Directorate have been to bring together our teams to work more efficiently, create a robust governance structure and embed our identity as the People Directorate. This all falls out of the Executive Leadership and portfolio changes in 2022 where the Training, Education and Development Department (now People Development) along with the Organisational Development and Culture & Engagement teams were realigned to the People Directorate.

Despite the Improvement agenda moving away from our Committee in Summer 2023 we have continued to have close working relationships between our teams both at a senior leadership and operational level to ensure we work together with collective aims where appropriate.

There have been minimal changes to the People Directorate senior leadership structure in 2023. The main change saw our Head of People Partnering and Operations secure a role as Associate Director of People (Operations) to further strengthen the service. We also recruited to a new post for an Agency Contracts and Compliance Manager which has been instrumental in supporting our Head of Rostering Services to develop agency efficiencies to mitigate Trust financial pressures.

People Strategy 2022-2025

The Trust introduced a 3-year People, Culture and Improvement Strategy for 2022-2025 which was implemented with effect from June 2022.

In June 2023 this was streamlined into the People Strategy 2022-2025 to align to current Executive leadership portfolios and Year 2 priorities, which were approved at Trust Board. The latest version (Version 1.9) is live we are into Quarter 4 of implementation at the time of this report.

Our People Strategy has been built in support of National and SFH priorities. It builds on the firm foundations that have been established at Sherwood over a number of years. We believe this has been a positive step forwards for Sherwood and provides a strong platform to keep improving experiences for our patients and colleagues.

The People Strategy and agendas are vital to enabling the Trust to achieve its overall vision and the revised reporting lines and structures enable greater effectiveness and collaborative working. The agendas and workplans continue to be reported to the People Committee, with quarterly People Strategy progress reports.

Our strategic delivery pillars are outlined below:

Link to People Strategy

To support the delivery of the action plans that fall out of the strategic delivery pillars we established a new governance structure effective from February 2023.

The following Sub-Cabinets report into People Cabinet, with relevant updates being fed through People Committee via hot topic or assurance items.

- People Wellbeing and Belonging Sub-Cabinet
- People Resourcing and Development Sub-Cabinet
- People Transformation Sub-Cabinet

Board Assurance Framework Risks

The People Committee monitors the Board Assurance Framework (BAF) workforce and improvement risks.

The principal risks on the BAF reviewed by the People Committee are;

Workforce capacity and capability

- Inability to attract and retain staff
- A significant loss of workforce productivity arising from short-term reduction in staff availability or a reduction in effort above and beyond contractual requirements

All associated operational risks are on DATIX with appropriate action plans and any risks mitigation plans in place. At the time of this report, 19 operational risks are logged on the DATX Risk Register for the People Directorate.

A robust governance process was put into place in Summer 2023 whereby the Deputy Director of People and the Business Support Officer meet with SLT leads on a Bi-Monthly basis to keep track of risks and progress mitigation plans.

Horizon Scanning

The People Committee identify and review any risks and work plans which are on the horizon. The main area identified as per our Departmental Risk Report to Risk Committee in November 2023 (which is still currently relevant) is: Industrial Action including strike action.

People Cabinet agenda

At each meeting the Deputy Director of People has presented an assurance papers on the progress to achieving the actions regarding delivery of the People Strategy. These assurance items provide evidence that the operationalisation of the strategy is transacted via the People Cabinet and its associated sub-cabinets.

In addition, the committee been kept up-to-date regarding key local, regional and national initiatives and issues including the continuing maturity of the people agenda in the integrated care system and industrial action.

Industrial Action, and in particular the British Medical Association strike action for Junior Doctors and Consultant Doctors has been a regular assurance item at the committee. The Committee has been provided assurance in terms of the planning which has taken place to ensure patients and our people are safe during any periods of industrial action. The committee has also been updated in relation to the impact on the operational delivery of activity as a result of industrial actions. The committee has recognised the significant impact of industrial action on patients and our people and this is evidenced in the Board Assurance Framework (BAF) which is reviewed at each meeting.

Equality and Diversity

The People Committee has received regular reports with an update on the achievements, progress and developments in relation to the Equality, Diversity and Inclusivity agenda at Sherwood Forest Hospitals NHS Foundation Trust.

The committee has had assurance the Trust has met its statutory duties as outlined in the Equality Act 2010. The committee has also been presented with the following information prior to being published in line with statutory requirements;

- Equality, Diversity and Inclusion Annual Report
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report

During 2023 we have continued to celebrate diversity and embed our People Strategy delivery pillar of Belonging in the NHS through key pieces of work and awareness raising events such as:

- The launch of a SFH EDI Improvement Plan in line with the NHS EDI Improvement Plan which launched in June 2023. The plan outlines national drivers for EDI improvements required over the next 3-years. We are on track to deliver our actions for 2022/23.
- Supporting Nottingham City PRIDE in July where Sherwood had it's own stand at for the first time.
- New People Transgender Policy and Guidance published in July to ensure appropriate support for Trans and non-binary colleagues.
- Launched NHS Health Passport and shared staff stories during Disability History Month in November and December.
- Led the annual REACH OUT! event to celebrate race diversity on 26th September. With a valuable and inspiring guest speaker; Professor Laura Serrant OBE plus attendance from over 70 colleagues.
- In December, members of our Carers Network and trust Carers Champions were proud to receive a Certificate of Achievement from Nottinghamshire Carers Association in recognition of our commitment to the Carers Pledge; the certificate also confirmed our retention of the Carer Friendly Employer accreditation for a further year.
- Supporting the inaugural year of Project SEARCH at SFH, which has been a success with two interns securing employment with the Trust and the third gaining a voluntary role within the Charity sector.

In November 2023, we welcomed our People EDI Support Officer. The additional capacity within the EDI team is welcomed and the People EDI Support Officer role will support the delivery of the EDI programme of work and in particular will provide support to our staff networks and communication to support wider Trust engagement with EDI.

Looking forward in addition to ensuring compliance with mandatory reporting and the Equality Act, we will continue to work towards delivering our actions from the EDI Improvement Plan, support our Staff Networks and provide a wider variety of educational opportunities for colleagues Trust-wide to reduce the disparity in experience for colleagues that is evident in our staff survey and through colleague feedback.

Freedom to Speak Up

People Committee has received assurance throughout 2023 in relation to the Freedom to Speak Up agenda.

Effective speaking up arrangements protect patients and improve the experience of NHS Workers. Senior leaders have a responsibility for creating a safe culture and an environment where workers can highlight problems and make suggestions for improvement.

The Trust's Freedom to Speak Up Guardian has provided assurance reports to People Committee, which has demonstrated consistent engagement from workers with the FTSU route through 2023/2024. There has been a significant move to concerns being escalated openly by the FTSU Guardian, which shows that workers feel more assured they will be listened to and supported by those receiving the concerns. This allows more opportunity for the person raising concerns to receive direct support and more likely to get a positive outcome from raising concerns.

The most prevalent theme for 2023/2024 from the reports presented, fall into the Worker Safety & Wellbeing category as defined by the National Guardians Office reporting categories. The themes within this category include workers poor experience in informal and formal processes at leadership level and the impact of these processes on the individual. Unresolved behaviours and poor behaviours affecting colleagues is also a main theme in this category. Operationally the toil of working in continuous pressured systems and the impact of this resulting in more speaking up around moral distress and injury. Actions from these concerns include, using increased resource in the OD function the FTSU Guardian is working closely with the OD team to share information and support teams. The Wellbeing team and the FTSU Guardian have established informal referral routes to each other, to support colleagues in distress and if cause of the distress involves workplace concerns.

The FTSU Guardian is now part of the delivery of all the Leadership Development Training & Education courses – this allows real time feedback to be given to leaders on these programmes and awareness of their role as a leader in receiving concerns and what best practice looks like.
SFH has adopted the NHSE Freedom To Speak Up Policy in July 2023 as per national guidance to adopt by January 2024. This aligns all providers to a standard for speaking up and receiving concerns and easy and consistent messaging for workers in the NHS.

Safe Staffing Nursing and Medical

Nursing

The Chief Nurse has presented Bi-Monthly staffing reports to provide an overview for Nursing, Midwifery and Allied Health Professional staffing and compliance within the Trust with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.

The reports presented provided assurance of the staffing availability over the previous six months and process with assessing acuity and dependency for patients on ward areas.

The information and data presented will support the review of the Nursing and Midwifery establishment reviews for 2023/2024.In 2024/2025 the Chief Nurse will present the Nursing and Midwifery establishment review to the committee and will continue to present reports to provide an overview and assurance regarding the staffing and safety compliance of the Nursing, Midwifery and Allied Health Professional workforce.

Medical

The Medical Workforce Report presented to the Committee twice yearly has highlighted the developments during the year and the key challenges. The investment in both additional non training and training posts has continued on a smaller scale than last year. With particular focus on the over recruitment of our Clinical Fellows to provide additional support over the winter period and an increase in the numbers of Senior Trainees. It has been particularly difficult since March with the ongoing Industrial Action and the impact of that not only on our patients and staff but also on the long-term effects for our junior doctors in relation to their training.

Clinical Fellow numbers continue to increase with over 120 Clinical Fellows on the programme in 2023. This further expansion now provides rotational opportunities at our Newark hospital for Clinical Fellows in Trauma & Orthopaedics and Senior Clinical Fellows in Medicine.

A new Guardian of Safe Working was appointed in 2023 he is establishing himself in the role and is reaching out to the juniors to ensure support is in place for them. The quarterly report presented to the Committee in 2023 has provided a regular update on junior doctor exception reporting, and action relating from the exception reports.

The numbers of medical vacancies increased slightly in 2023, this has primarily been in the Specialties that are hard to fill nationally and where there has been investment in additional posts. Task and Finish Groups continue to support challenged services with recruitment to vacancies in the short term and their workforce plan in the medium term.

A meeting was held with the SAS doctors as part of SAS week which was very well received. A, commitment was made to meet individually with all SAS doctors, these meetings are ongoing, the aim of which will be to understand career aims and objectives and ensure that support is provided to achieve these with the overall aim of growing our senior medical workforce of the future.

The Medical Workforce report and the annual NHS England (NHSE) quality assurance report for appraisal and revalidation have also provided assurance of the Appraisal and Revalidation process. Reports from the Medical Director have provided assurance that action being undertaken in relation to the Medical Workforce ensures the provision of safe and effective care to patients whilst supporting and maintaining the well-being of our Medical Staff.

Integrated Performance Report

The Integrated Performance Report (previously known as the Single Oversight Framework) is reported to People Committee and Trust Board on a quarterly basis, it was shared with People Committee throughout 2023. The latest Integrated Performance Report as of the end of Quarter 3 2023/2024 is below along with a summary of action plans for indicators in focus.

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Belonging in the NHS	Engagement Score	≥6.8%	-	-	-	7.0				7.0					6.9
Growing the Future	Vacancy rate	≤6.0%	6.9%	5.8%	6.5%	6.4%	5.8%	5.6%	5.1%	5.5%	3.9%	3.4%	3.6%	3.6%	7.5%
	Turnover in month	≤0.9%	0.79%	0.37%	0.36%	0.51%	0.65%	0.47%	0.47%	0.53%	0.46%	0.39%	0.61%	0.49%	0.51%
	Appraisals	≥90%	87.1%	90.4%	90.2%	89.3%	89.5%	89.5%	88.0%	89.0%	87.3%	88.3%	88.8%	88.1%	89.3%
	Mandatory & Statutory Training	≥90%	90.0%	90.0%	91.0%	90.3%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	90.3%
Looking after our People	Sickness Absence	≤4.2%	4.4%	4.2%	4.2%	4.2%	4.5%	4.3%	4.5%	4.4%	4.8%	4.3%	5.1%	4.8%	4.2%
	Total Workforce Loss	≤7.0%	6.2%	6.1%	6.3%	6.2%	6.5%	6.4%	6.6%	6.5%	6.9%	6.4%	7.3%	6.9%	6.2%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	-	-			38.3%	44.8%	55.9%	46.3%	0.0%
	Employee Relations Management	<12	9	11	14	13	15	18	14	16	21	23	18	21	13
New Ways of Working	Agency (Off Framework)	≤6.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%		0.1%	0.0%
	Agency (Over Price Cap)	≤30.0%	47.7%	59.6%	53.1%	53.3%	55.3%	48.9%	50.8%	51.7%	51.0%	55.7%	57.0%	54.6%	53.3%
	Agency Usage (%)	<3.7%	6.1%	7.4%	6.0%	5.9%	7.4%	6.5%	5.9%	6.6%	6.2%	5.5%	3.9%	5.2%	5.9%

Appraisals

- Service lines are supported to develop action plans to work on improving appraisal compliance.
- Assurance is sought via Performance meetings and monthly People & Performance reviews.
- Video clip being created to support written ESR user guidance showing; how to enter appraisals onto ESR.

Sickness absence

- Service lines are supported with high sickness absence rates and sickness cases.
- Reported and discussed via Divisional Performance Reviews (DPRs).

Flu vaccinations

- Occupational Health continue to offer the flu vaccine to all attendees to the department.
- Mass Vaccination team continue to undertake daily roving clinics direct to clinical areas.
- Work underway to identify low uptake areas that could be targeted directly.

Employee Relations Management

- People leads continue to support and manage cases on an individual basis.
- Review of Grievance, Dignity at Work and Sickness Absence policies and guidance documents to ensure they align to our Just Culture principles and have clear signposting to support available.

Agency usage

- Continue to work on our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge.
- Support recruitment to medical consultant posts.
- Continue to organise medical speciality groups.
- Continue to support a strict authorisation process for approval of Nursing shifts for Thornbury.

Conclusions

The Committee has a challenging and substantial work plan and agenda seeking assurance regarding the development, delivery, and impact of the Trust's People Strategy for 2022-2025 and supporting action plans. This includes activity undertaken to promote and embed effective organisation culture, equality, diversity and inclusion.

Although 2023 has been a demanding and tough due to Industrial Action and financial pressures, the committee has gained assurance in relation to the work undertaken in relation to People agenda which is underpinned by the Directorate's commitment to ***empowering and supporting our people to be the best they can be.***

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Charitable Funds Committee Chair's Highlight Report to Board

Subject:	Charitable Funds Committee Board Report	**Date:** 9th May 2024
Prepared By:	Steve Banks	
Approved By:		
Presented By:	Steve Banks	
Purpose:		
	Assurance	

Matters of Concern or Key Risks Escalated for Noting / Action	**Major Actions Commissioned / Work Underway**
Project to re-scope funded 16 enhanced End of Life rooms requires confirmation of Project Lead and timescales	The report of the Charity Review from the Head of Charity Governance was supported and recommended for presentation to the Corporate Trustee A good case was made for a breast service expansion fundraising appeal to provide additional funds to complete the existing project. The proposal was well supported, particularly the significant patient impact, but further work was agreed before seeking Corporate Trustee approval.
Positive Assurances to Provide	**Decisions Made** *(include BAF review outcomes)*
Significant assurance was received from the operational, fundraising and involvement reports as well as the financial and investment position	The Committee terms of reference, annual workplan, effectiveness self-assessment, and annual report to the Board of Directors were all approved. An updated risk register, including a new risk regarding the potential delay of charitable projects requiring estates input, due to resources and PFI contractual requirements
Comments on effectiveness of the meeting	
Good papers and great to see the positive impact of charitable work and volunteers on patients and staff. Some good conversations with a wide range of quality inputs from all attendees	
Items recommended for consideration by other Committees	
None	

Annual Report from the Charitable Funds Committee - January to December 2023

1. Summary

This report provides an overview of charitable funds activities undertaken throughout the Trust between January and December 2023. For assurance, the committee has carried out its obligations in accordance with its Terms of Reference and work programme.

The Charitable Fund Committee manages the charitable funds under delegated authority. Under a scheme of delegated authority approved by the corporate trustee (Board of Directors), the Chief Financial Officer of the NHS Foundation Trust has responsibility for the management of the charitable fund, and the Head of Financial Services is the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year.

The key aim is to serve the NHS patients of Sherwood Forest Hospitals NHS Foundation Trust by ensuring all grants made are in line with the Charity Commission guidance on Public Benefit. This aim is put into practice by:

- Enhancing the care our partner hospital can offer through new equipment and building improvements to deliver better facilities.
- Investment in people and in creating a caring environment for the patients receiving care, their families, and visitors.
- Provide direct support to patients by way of information, networking support, better facilities, and occasional grants.

2. Background

The Charitable Funds Committee meets quarterly and reports to the Board of Directors as the Corporate Trustee. Its Terms of Reference establish that its role is to provide the stewardship and effective management of funds which have been donated and bequeathed to the Sherwood Forest Hospitals Charitable Fund for charitable purposes.

The Committee's membership is set out below:

- Three Non-Executive Directors, one of whom is nominated as Chair and one as Vice Chair. The Chair of the Committee is appointed by the Board of Directors, acting as Corporate Trustee.

In routine attendance:

- Chief Financial Officer
- Director of Corporate affairs
- Director of People
- Director of Nursing
- Head of Financial Services
- Head of Communications
- Community Involvement Manager
- Governor observers

The committee determines operational attendees as required to fulfil its work programme.

3. Work Programme

The Committee reviews reports throughout the year in accordance with its approved Terms of Reference. These include project/fundraising updates and evaluations, risk register, financial summaries, investment updates and undertakes an annual health check/self-assessment.

4. Meetings

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

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

Name	Actual	Possible
Andrew Rose-Britton, Non-Executive Director (Chair from September 2023)*	1	1
Steve Banks, Non-Executive Director (Chair until September 2023)*	3	4
Barbara Brady, Non-Executive Director	4	4
Rich Mills Chief Financial Officer	2	4
Jen Leah, Deputy Chief Financial Officer	3	4
Sally Brook Shanahan, Director of Corporate Affairs (from May 2023)	2	2
Shirley Higginbotham, Director of Corporate Affairs (left May 2023)	2	2
Rob Simcox, Director of People (from September 2023)*	0	1
Deborah Kearsley, Deputy Director of People	1	1
Shantell Miles, Director of Nursing	0	2
Rich Brown, Head of Communications	3	4
Michael Powell, Head of Financial Services	4	4
Jo Thornley, Community Involvement Manager (from June 2023)	2	2
Tracey Brassington, Community Involvement Manager (left June 2023)	2	2
Liz Barrett, Governor observer	4	4
Ann Mackie, Governor observer	0	4

**** A review of roles and responsibilities of Non-Executive Directors was undertaken by the Board of Directors in September 2023, this led to a new Chair and Non-Executive Director Member being identified for each sub-committee. The Director of People was also appointed to the Committee.***

The appointment of a new Vice Chair was scheduled for approval at the January 2024 committee meeting. The above reflects the changes in roles and responsibilities.

The committee is supported by a Charitable Funds Operational Group which meets quarterly prior to meetings of the formal Charitable Funds Committee to address actions raised in the committee.

The work of the committee is supported by the Community Involvement Department who provide the first point of contact for donors, fundraisers and staff. Our hospital volunteers also provide support for the charity raising funds through the Café profits and daily fundraising stalls.

5. Committee effectiveness review

The committee carried out an effectiveness review which was reported in April 2023. It is based on the National Audit Office (NAO) self-assessment checklist for audit committees and is divided into 5 sections:

- Roles and responsibilities
- Membership and independence
- Skills and experience
- Scope of work
- Communication

The self-assessment tool reviews governance arrangements, checks appropriate systems are in place and identifies areas for improvement. Evidence to support the assessment was reported with no actions required. This has been incorporated into the work plan for future meetings.

6. Project Updates

The committee approves through delegation from the Corporate Trustee the funding of various charitable projects throughout the year.

Legacies

Legacy funding has supported improvement projects to the value of £122K. These include recliner chairs to support overnight stays in maternity (£23K), an ultrasound machine for SDEC (£43K), an Arctic Sun temperature management device for ICCU (£15K), Treatment Chairs for the Welcome Treatment Centre (£28K) and touch screen activity tables for the Stroke Ward (£13K).

NHS Charities Together

We are one of 230 NHS charities who are members of NHS Charities Together. This membership gives the charity the opportunity to apply for a number of grants but also the opportunity to seek guidance and support from member forums and network with charity colleagues both at national events and at East Midlands Group meetings.

The Community Involvement Team were successful with two grant applications to NHS Charities Together and received:

- £23K for charity development (capacity building and supporting a more robust charity)
- £43K stage 3 Covid recovery (to support wellbeing through arts programmes and breakout space) with the opportunity to bid for a further £78K in March 2024. Funding will be utilised for OPUS Healthcare Musicians (visits to paediatrics and Health Care of the Elderly) and additional indoor and outdoor seating in the King's Treatment Centre and Doctors' Mess.

All projects identified were considered against strict criteria set by NHS CT before funding was approved and will require a detailed evaluation in 2024. The charity has an appointed Grants Officer who is in regular contact with the Community Involvement Manager and arranges regular visits to review progress.

Dementia Fund

The charity did not have an agreed fundraising appeal in 2023. Supporters who wanted to donate to a specific appeal were given the option to fundraise for the dementia fund. Monies raised at events including volunteer raffles, school carols programme and the Christmas Jumper Day were donated to this fund to purchase activity resources for inpatient areas.

End of Life Service Enhancement Appeal

Charitable Funds Committee approval was given in July 2020 to fund 16 enhanced (EOL rooms) at King's Mill from an appeal fund and a legacy fund to the value of £128K. Delays were encountered due to the pandemic and backlog of estates works. The project is requiring input from decision makers to ensure taken to conclusion in 2024. Discussions are taking place around project scope and revised proposal will be taken to committee for approval by July 2024.

7. Approvals

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

- SDEC point of care ultrasound £43K
- Ultrasound scanner for Ward 22 £24K
- Recliner chairs for maternity overnight stays £23K
- Treatment chairs for Welcome Treatment Centre £51K

The Committee also reviewed and approved the following business items:

- Non-consolidation of Charitable Funds
- Committee annual report
- Terms of Reference
- Annual work plan
- Investment policy
- External fundraising on hospital estate policy
- Privacy policy

8. Matters for escalation / referred to the Corporate Trustee

The Charitable Funds Committee Chair provides a highlight report to the Board of Directors. This provides items for escalation, areas of positive assurance, work commissioned, and decisions made.

The Corporate Trustee met specifically to approve the following items:

- Non-Consolidation of Charitable Funds into the Trusts annual account based on materiality
- Annual Report and Accounts 2022/23

9. Conclusion

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

There have been several changes to the committee with a review of Non-Executive roles and responsibilities being undertaken by the Board of Directors in September 2023. This led to a new Chair, Andrew Rose-Britton being appointed to the committee. Thank you to his predecessor, Steve Banks for his valuable contribution.

In addition, May 2023 saw the appointment of a new Director of Corporate Affairs, Sally Brook Shanahan, following the retirement of Shirley Higginbotham. Jo Thornley joined us Community Involvement Manager in June 2023 following the retirement of Tracey Brassington. Grateful thanks were extended to Shirley and Tracey by the committee for their dedication and support.