

AGENDA

Date: Thursday 4th January 2024
Time: 09:00 – 10:45
Venue: MS Teams

	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/ <i>Check – Attendees to declare any potential conflict of items listed on the agenda to the Director of Corporate Affairs on receipt of agenda, prior to the meeting.</i>	Declaration	Verbal
3.		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 7th December 2023 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Action Tracker	Update	Enclosure 5
6.	09:10	Chair’s Report	Assurance	Enclosure 6
7.	09:15	Chief Executive’s Report	Assurance	Enclosure 7
	Strategy			
8.	09:30	Strategic Objective 1 – Provide outstanding care in the best place at the right time <ul style="list-style-type: none"> • Maternity Update Report of the Director of Midwifery <ul style="list-style-type: none"> ○ Safety Champions update ○ Maternity Perinatal Quality Surveillance Model • NHS Resolution (NHSR) Maternity Incentive Scheme Year 5 Safety actions sign off Report of the Director of Midwifery 	Assurance Approval	Enclosure 8.1 Enclosure 8.2
9.	09:45	Strategic Objective 3 – Empower and support our people to be the best they can be <ul style="list-style-type: none"> • Guardian of Safe Working Report of the Medical Director 	Assurance	Enclosure 9.1
10.	10:00	Patient Story – The Community Stroke Service: Therapy tailored for you in your home Katie Summers, Specialist Physiotherapist and Vanessa Greenwood, Specialist Physiotherapist	Assurance	Presentation

	Time	Item	Status	Paper
	BREAK (10 mins)			
	Governance			
11.	10:25	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) 	Assurance	Enclosure 11.1
12.	10:30	Outstanding Service – The Lime Green Feeding Team	Assurance	Presentation
13.	10:35	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
14.	10:40	Any Other Business		
15.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 1st February 2024, Boardroom, Newark Hospital		
16.		Chair Declares the Meeting Closed		
17.		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: <i>“That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</i>		

Board of Directors Information Library Documents

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

Enc 11.1	<ul style="list-style-type: none"> Finance Committee - previous minutes
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 7th December 2023 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
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Barbara Brady	Non-Executive Director	BB
	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
	Rachel Eddie	Chief Operating Officer	RE
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	David Ainsworth	Director of Strategy and Partnerships	DA
In Attendance:	Shantell Miles	Director of Nursing / Deputy Chief Nurse	SM
	Simon Roe	Deputy Medical Director	SR
	Paula Shore	Director of Midwifery	PS
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Claire Page	360 Assurance	
	Laura Keeling	Communications Officer	
	1 member of the public		
Apologies:	Andy Haynes	Specialist Advisor to the Board	AH
	Phil Bolton	Chief Nurse	PB

Item No.	Item	Action	Date
23/384	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/385	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/386	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Andy Haynes, Specialist Advisor to the Board, and Phil Bolton, Chief Nurse.</p> <p>It was noted Shantell Miles, Director of Nursing / Deputy Chief Nurse, was attending the meeting in place of Phil Bolton.</p>		
23/387	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 2 nd November 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/388	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 23/173.3, 23/252.3, 23/284, 23/315.3, 23/356.2 and 23/358.2 were complete and could be removed from the action tracker.		
23/389	CHAIR'S REPORT		
3 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the opening of the new theatre provision at Newark Hospital. CW welcomed Neil McDonald, Non-Executive Director, to his first Board of Directors meeting.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Council of Governors Highlight Report</p> <p>CW presented the report, highlighting the discussion in relation to the development of the Trust's strategy for 2024-2029</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/390	CHIEF EXECUTIVE'S REPORT		
11 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting operational pressures, planning for industrial action by junior doctors, letter received from NHS England (NHSE) addressing the significant financial challenges created by industrial action, advance notice of the Thirlwall Inquiry, following the trial of Lucy Letby, positive visit to the Trust by the Chief Nursing Officer for England and Chief Midwifery Officer for England, 'Veterans Aware' accreditation and siting of the mobile clinical research van at King's Mill Hospital from 20th November 2023 to 1st December 2023.</p> <p>PR advised the process of reviewing the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital continues. PR highlighted the recommendation from the People Committee for the Trust to sign the NHSE Organisational Charter for Sexual Safety.</p> <p>BB noted there have been recent reports in the press in relation to misogyny within the NHS and queried how assurance can be gained that this is not an issue for the Trust. BB felt work should be undertaken to gain an understanding of what is happening across the organisation. PR advised there is a well-established women's staff network within the Trust. However, this would not be the route for any issues to be raised formally. This is not a theme coming through Freedom to Speak Up (FTSU), but there may be more work to do to encourage people to speak out.</p> <p>DS advised when the story initially appeared in the press, it related to medical trainees in surgery. At that point the Trust proactively engaged with trainees, particularly in surgical specialties, to establish if they had experienced any issues. A group was established to take this work forward. The Director of Medical Education has been fully involved and the Trust has taken steps to ensure trainees feel able to speak out if there are any issues. The impact of misogyny is recognised, but there is no evidence of this happening at the Trust. Steps are being taken to continue to encourage trainees to 'call this out'. There are some changes to good medical practice coming through in 2024 which specifically highlights sexism, misogyny and 'banter culture' which has previously been accepted but is no longer acceptable. This provides a message to medical staff in relation to what is and is not tolerable.</p> <p>RS advised there is always more which can be done in terms of encouraging anyone to speak up, particularly individuals who feel threatened in the workplace or who have had negative experiences. There is a need to use existing data platforms to triangulate information to either identify trends or patterns which may not have been evident previously, or just continue positive actions in relation to creating the culture where people have the confidence to speak up.</p> <p>BB noted people will only speak up if they feel something will change as a result. There is a need to ensure there is a mechanism for everyone to be heard.</p>		

	<p>NM noted there was nothing highlighted in the last Staff Survey in relation to misogyny and queried if there were implicit questions in the Survey in relation to misogynistic behaviours or behaviours which breed inequalities. NM queried if there is an opportunity to undertake spot surveys in addition to the national survey which will tackle these questions more implicitly.</p> <p>RS advised there are generic questions within the Staff Survey which touch on this issue. The Trust undertakes quarterly pulse checks which enable the Trust to ask specific questions of the workforce. This would provide the opportunity to have a focus on this issue in the New Year.</p> <p>SB confirmed this issue has been discussed by the People Committee. GW felt the pulse checks should also include Medirest staff.</p> <p>The Board of Directors were ASSURED by the report and APPROVED the signing of the NHSE Organisational Charter for Sexual Safety.</p>		
23/391	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
15 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PS presented the report, highlighting the service user voice, staff engagement, maternity forum, positive visit to the Trust by Dame Ruth May, Chief Nursing Officer for England, and Kate Brintworth, Chief Midwifery Officer for England, three year Maternity and Neonatal Plan, Ockenden insight visit report, progress in relation to NHS Resolution (NHSR) safety actions, Saving Babies Lives, Care Quality Commission (CQC) should do actions, quality improvement work and safety culture work.</p> <p>AR joined the meeting.</p> <p>BB welcomed the news the Trust has secured sustainable funding for the Phoenix Team, which will assist the smoking cessation work.</p> <p>ARB sought clarification regarding timescales for completing the Ockenden action plan. PS advised the aim is to present a report to the Maternity Neonatal Safety Champions (MNSC) meeting in December, noting this may be stood down due to the industrial action planned by junior doctors. However, the Ockenden insight report is positive, with any actions relating to future embedding.</p> <p>MG queried if there was any further work the Trust could undertake with the Primary Care Network (PCN) and sought clarification in relation to the update in the report regarding NHSR.</p>		

	<p>PS advised the Maternity Assurance Committee (MAC) is an executive led committee which reviews the evidence for the NHSR submission. The evidence is also reviewed by an external Director of Midwifery and Local Maternity and Neonatal System (LMNS) colleagues. The safety action leads attend the MAC to present their evidence to support why the action is considered to be compliant. Seven of the safety actions have been signed off as complete. The final three are unable to be signed off until December due to reporting deadlines.</p> <p>MG queried what SA8 is. PS advised Safety Action 8 relates to multidisciplinary team (MDT) training. There has been a risk in relation to this due to the impact of industrial action and the need to stand down some training. This has been raised by the MAC and also regionally. It was noted the threshold was 90% of all teams. However, this has been lowered to 80% and the Trust has now achieved over 90%.</p> <p>PS advised, in terms of working with PCNs, the Trust has been seeking ways to support teams and community colleagues. The Infant Feeding Team provides support in the Trust and in the community. The Trust is reaching out to see what is available and how it can link into PCNs. There is a challenge in relation to demand for antenatal clinics and there has been a rise in demand for diabetic services. The Trust is hoping to reach out into the community in relation to prevention work.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PS presented the report, highlighting massive obstetric haemorrhage, elective caesarean sections, midwifery and obstetric workforce and staffing related incidents.</p> <p>MG queried how the Trust benchmarks with peers in terms of third and fourth degree tears and what mitigations are being put in place to tackle this. PS advised the average is 3.5% and the Trust's rate is 3.8%. The rate is static at 6 or 7 tears per month. This is an area of focus for the Perinatal Pelvic Health Service, noting this is a national issue. It is acknowledged it is an old benchmark, set against old audit data. The benchmark is likely to be reset, with the massive obstetric haemorrhage rates also being considered. When tears do occur, the Trust looks at the quality indicators and impact. The tears reported this month are all low harm, noting additional care and treatment was required, but there are no ongoing concerns. The Trust will identify if it was a vaginal birth or assisted delivery. No themes or trends have been identified.</p> <p>RE noted the friends and family test (FFT) recommendation rate is just under the standard, but there is a very low number of complaints. RE felt this does not triangulate and queried what may be driving the slight underperformance of FFT.</p> <p>PS advised there are seven sets of data points which are taken across the pregnancy journey. The feedback received from patients is that once they have completed one, that completes all of them. Communication is sent out to encourage completion. A lot of good feedback is left on the BadgerNet system and steps are being taken to pull that information through in order to triangulate all data.</p>		
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	<p>RE queried if there are any themes in terms of the patients who would not recommend the service. PS advised the themes relate to the discharge process and induction of labour, noting these are areas of focus.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
23/392	STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
11 mins	<p>Guardian of Safe Working</p> <p>DS presented the report, highlighting trainee vacancies, an increase in trainee and non-trainee staff, median time from raising an exception report to the first meeting with the educational supervisor, a non-compliant rota in Anaesthetics which has resulted in a fine being levied by the Guardian of Safe Working and the impact of industrial action.</p> <p>DS advised there were 55 exception reports in the period from 1st August 2023 to 31st October 2023, noting the breakdown of those reports is detailed in the report. 52 of these reports are now closed, with one being unresolved, one awaiting further details and one pending closure. It was noted that where an outcome has been suggested, there are 34 (64%) which have resulted in time off in lieu.</p> <p>The highest number of exception reports are from the Women's and Children's Division, with the increase relating to the paediatric service. Work is ongoing to fully understand the reasons for this. There were some concerns relating to trainees in the Obstetrics and Gynaecology Team and the Trust actively made changes to ensure the training offer and the support provided was improved. Positive feedback in relation to this has been received from the trainees. It was acknowledged there is more work to do.</p> <p><i>Due to technical difficulties, it was not possible to ask any questions of DS on the paper. The discussion will take place at the January meeting of the Board of Directors.</i></p> <p>Action</p> <ul style="list-style-type: none"> • Add Guardian of Safe Working discussion to the agenda of the January 2024 Board of Directors meeting. 	SBS	04/01/24
23/393	PATIENT STORY – PAUL'S STORY – RECOGNISING THE SYMPTOMS OF A HEART ATTACK		
7 mins	SM presented the Patient Story, which highlighted how to recognise the symptoms of a heart attack and the work of the ED department when someone presents with those symptoms.		
23/394	FINANCIAL RECOVERY PLAN		
11 mins	RM presented the report, highlighting the establishment of the Financial Recovery Cabinet, workstreams supporting the Cabinet and letter from NHSE in relation to addressing the significant financial challenges created by industrial action in 2023/2024.		

	<p>GW welcomed the progress which is being made, advising the Finance Committee is provided with a summary of the work being undertaken each month.</p> <p>NM noted when NHSE issued their letter in November 2023, it was based on the assumption there would be no further periods of industrial action. Given the industrial action which has now been announced by junior doctors, NM queried how this will inform the financial plans. RM advised there has been little guidance in relation to this. However, the Trust was asked to include, in its response to the letter, what the potential impact would be if there were further periods of industrial action and what action could be taken to mitigate the impact in terms of financial consequences. The financial re-forecast, which has been shared with NHSE, does not yet include the impact of further industrial action as this is still being worked up.</p> <p>MG sought clarification in relation to where assurance would be provided in terms of understanding and evidencing the impact of any actions which are taken, in addition to understanding the key drivers, opportunities, etc. RM advised the Cabinet will review any proposals in relation to where opportunities could be realised and what the evidence base would be behind that. If any proposals related to removing costs, there would be a need to ensure a Quality Impact Assessment (QIA) was completed. The quadrant report from the Cabinet is presented to the Finance Committee.</p> <p>PR advised in deciding on the four workstreams, consideration was given to the areas which would have the biggest impact and gave further detail on each of the workstreams.</p> <p>MG sought clarification if any work requiring collaborative transformation sits within the workstreams. PR advised it is important for the Trust to control what it can control, but it is important for the Trust to work in collaboration to take actions which will improve the outcome of those four workstreams, in addition to working collaboratively with partners in the system to improve all aspects of operational and financial performance.</p> <p>GW advised 360 Assurance will be undertaking a review of the financial measures being taken across the system. This work may highlight other opportunities for transformation on a system-wide basis.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/395	ASSURANCE FROM SUB-COMMITTEES		
22 mins	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting declarations of interest and the time taken to agree the Terms of Reference for some internal audit reviews. GW advised 360 Assurance are internal auditors for partner organisations, as well as for the Trust, which provides the opportunity to highlight and discuss issues through the Audit Committee Chairs' meetings.</p>		

	<p>Finance Committee</p> <p>GW presented the report, highlighting the financial position at the end of Month 7, NHSE resubmission, Private Finance Initiative (PFI) settlement, review of ED Staffing Business Case, appointment of ARB as Vice-Chair of the Committee and Inpatient MRI Business Case.</p> <p>NM sought further information in relation to the Trust's cash position. RM advised the cash position varies on a day-to-day basis with a cash flow forecast being completed daily. The largest outflow each month is pay. The Trust aligns the payments received from the Integrated Care Board (ICB) to the start of the month to ensure there is cash flow through the month. In addition, the Trust is in regular communication with NHSE to access additional cash as and when required. The Trust closely manages and maintains relationships with suppliers.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting End of Life Care provision, water safety issues, 360 Assurance report into the Musculoskeletal (MSK) service, review of the process for sending patient letters, Virtual Ward and 360 Assurance report in relation to cancer waiting times.</p> <p>People Committee</p> <p>SB presented the report, highlighting the change in name of the Committee, development of the Health and Wellbeing Plan, approaches to strategic workforce planning, impact of industrial action, Sexual Safety Charter, review of Board Assurance Framework (BAF) risks, update to the Committee's Terms of Reference and priorities for Year 3 of the People Strategy.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report, highlighting review of the Committee's Terms of Reference and draft Partnerships Strategy.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
23/396	OUTSTANDING SERVICE – THE LAUNCH OF NEWARK THEATRES		
7 mins	A short video was played highlighting the launch of new theatre facilities at Newark Hospital.		
23/397	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Patient Story – recognising the symptoms of a heart attack • Launch of the new theatre facilities at Newark Hospital • Commitment to sexual safety of colleagues • Actions being taken to ensure efficient use of resources • Improvements required to End of Life Care 		

Chair **Date**

23/401	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
23/402	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		

PUBLIC BOARD ACTION TRACKER

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

Item No	Date	Action	Committee	Sub Committee	Deadline	Exec Lead	Action Lead	Progress	Rag Rating
23/255	03/08/2023	Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete	Public Board of Directors	None	Feb-24	S Brook Shanahan			Grey
23/315.1	05/10/2023	Comparative data in relation to obstetric haemorrhage to be included in future maternity update reports to the Board of Directors	Public Board of Directors	None	02/11/2023 04/01/2024 07/03/2024	P Bolton		Update 25/10/2023 Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data Update 21/12/2023 Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage.	Grey
23/315.2	05/10/2023	Further information on quality indicators linked to obstetric haemorrhage to be included in maternity reports to the Quality Committee	Public Board of Directors	Quality Committee	02/11/2023 04/01/2024 07/03/2024	P Bolton		Update 25/10/2023 Discussions are underway with the LMNS to identify the best method to capture this comparative data. It is anticipated that the mode of birth will be a key indicator in line with the increase in C-section. Once the dataset is agreed future scorecards will include the comparative data Update 21/12/2023 Thematic review completed as one of new PSIRF themes and will go to February Quality committee. It will include comparative data and other associated factors related to obstetric haemorrhage.	Grey
23/356.1	02/11/2023	Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors	Public Board of Directors	None	02/05/2024	D Selwyn / P Bolton			Grey

23/357	02/11/2023	Feedback to be provided to the Board of Directors in relation to changes which have been made as a result of the patient story which highlighted the impact of the use of medical jargon for patients.	Public Board of Directors	None	TBC	D Selwyn		Update E-mail sent to all substantive medical staff and cascaded through trainees to ask for consideration and suggestions on how to improve this. Also raised in clinical chairs and medical managers meetings to raise awareness. DS to continue to raise this, particularly the communication, consenting and shared decision-making aspects. Complete	Green
23/358.1	02/11/2023	Report on the relationship between agency usage, elective recovery and industrial action to be presented to Finance Committee following discussion at People and Culture Committee in November	Public Board of Directors	Finance Committee	01/02/2024	R Simcox		Update 28/11/2023 Item to be presented to the January meeting of the Finance Committee	Grey
23/392	07/12/2023	Add Guardian of Safe Working discussion to the agenda of the January 2024 Board of Directors meeting	Public Board of Directors	None	04/01/2024	S Brook Shanahan		On agenda - Complete	Green

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 4 th January 2024		
Prepared By:	Rich Brown, Head of Communications				
Approved By:	Claire Ward, Chair				
Presented By:	Claire Ward, Chair				
Purpose					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.			Approval		
			Assurance	Y	
			Update	Y	
			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
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					
Not applicable					
Acronyms					
FC = Football Club					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

A huge 'thank you' to our Trust colleagues and volunteers

As we head into 2024, I want to personally thank all of our colleagues and volunteers across the Trust for their dedication and support to patients and the community.

Providing healthcare during these times has become increasingly challenging with greater demand and pressure on resources. Our patients put their faith and trust in us to provide outstanding care and, at every level of the organisation, we do our best to do so.

I know that the coming months will present more challenges, with demand, industrial action and the pressures upon other parts of our health and social care system to support appropriate discharge of patients.

On behalf of the Trust Board, I want to reassure you that we will continue to do all we can to support patients, colleagues and volunteers to receive and deliver the best of care.

Thank you for everything that you do and may I take this opportunity to wish those of you who are celebrating, a very Merry Christmas and a healthy, happy New Year to all.

Recognising the difference made by our Trust Charity and Trust volunteers



Staff and players from Mansfield Town Football Club on their visit to King's Mill Hospital

There has been a festive feel to the team's activities over the Christmas and New Year period, with December proving to be another busy month for our Trust's Community Involvement team.

During the month, the team continued to welcome financial donations to be made via our Trust Charity and through the thousands of hours that continue to be committed to support the Trust by our volunteers across our hospitals.

During December, 386 Trust volunteers generously gave over 3,900 hours of their time to help make great patient care happen across the 33 services they have supported during the month.

I am proud that a Christmas card has been sent to all our volunteers, recognising their outstanding contribution they have made across #TeamSFH over the year gone by.



Schoolchildren sing Carols at King's Mill Hospital

As part of their annual programme of Christmas activities, our brilliant Community Involvement team and our team of volunteers have:

- Welcomed players and staff from Mansfield Town Football Club as they visited our children's ward at King's Mill Hospital, as the team brought some much-needed festive cheer with them – along with some gifts for our younger patients. We are grateful to the team for putting the biggest smiles on some of our smallest patients' faces.
- Invited hundreds of schoolchildren to sing Christmas carols at our King's Mill Hospital, Newark Hospital and Mansfield Community Hospital sites.
- Gratefully met nine-year-old Jack Beard (pictured below), who delivered 230 selection boxes, five teddies, 12 colouring books and 14 tubes of sweets to the Children's Ward at King's Mill Hospital. Inspired by his generosity to buy selection boxes with his own money and collect further donations, he's received lots of support from local businesses and individuals.

Thank you to Jack, his family and many supporters, including Pathfinders Care and Ollerton Town FC for their generous donations.



Nine-year old Jack makes his delivery to King's Mill Hospital

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

- Welcoming members of staff from the Frasers Group, who have kindly donated £1,394 to the Sherwood Forest Hospitals Charity to be spent on toys for Ward 25 – the Children's Ward at King's Mill Hospital.

After deciding they wanted to raise money for charity, members of the Warehouse team at the Frasers Group held a virtual bike ride, where they rode – virtually – from their base in Shirebrook to Krakow (Poland), to Bucharest (Romania) and back to Shirebrook.

With 500 members of the team taking part from 6am until midnight over three days, the team managed to cycle a total of 2,884 miles with 1,000 of those over their target.

- Staff from Children's Services and Care of the Elderly wards at King's Mill Hospital were overwhelmed by the generous donation of advent calendars and selection boxes from White Meadow Furniture, Sutton in Ashfield.
- Welcomed a wealth of donations of food items for the Charity's annual food bank appeal.
- Supported the King's Mill Hospital Christmas raffle which has raised a fantastic £1,955 for the Trust Charity Dementia Fund.
- Welcomed the donation of a fantastic £3,046.50 from The Friends of Newark Hospital, which has been raised in their Christmas raffle, tombola and craft stall.
- Gratefully received donations from the League of Friends (Mansfield and Sutton) and the Friends of Newark Hospital, who funded a gift for every Trust inpatient to open on Christmas Day.

We remain 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.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 4 th January 2024		
Prepared By:	Rich Brown, Head of Communication				
Approved By:	Paul Robinson, Chief Executive				
Presented By:	Paul Robinson, Chief Executive				
Purpose					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.			Approval		
			Assurance	Y	
			Update	Y	
			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
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					
Not applicable					
Acronyms					
BAF = Board Assurance Framework BMA = British Medical Association GP = General Practice HSC = Health Scrutiny Committee ICB = Integrated Care Board MNPBP = Mid Nottinghamshire Place-Based Partnership SDEC = Same Day Emergency Care UK = United Kingdom UTC = Urgent Treatment Centre					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

Operational updates

Overview of operational activity

Seasonal pressures continued to build throughout November and December, with the average daily number of attendances in our Emergency Department high and the average number of daily ambulance arrivals at the highest level since the summer of 2022.

Non-elective admission demand is among the highest levels we have seen over the past two years, meaning that our urgent and emergency care pathway remains under sustained pressure as the mismatch between patient demand and hospital capacity leads to patients waiting longer than we would wish for admission – a position seen at many acute trusts across the country right now.

These demand pressures mask improvements we have seen in terms of higher numbers of supported discharges and lower numbers of long stay patients.

December was also one of the most challenging months of the year, which led to the Trust enacting its full capacity protocol on several occasions alongside the delivery of escalation actions.

Despite the urgent and emergency care challenges, we continue to deliver a strong Same Day Emergency Care (SDEC) offer that continues to exceed the national target with a new direct access model in place.

We also continue to benchmark well in terms of our ability to handover patients from our ambulance crews in a timely manner releasing the crews to serve our local population.

The early signs following the introduction of a new patient streaming model in our Emergency Department in mid-November are that this new approach is supporting further improvements to our ambulance handover position.

Our planned care activity was at the highest levels of the year in November across our outpatient, day case and inpatient services. The reprieve in periods of industrial action late in 2023 meant that we have been able to mitigate the impact on patients as far as possible, allowing us to reduce our waiting lists slightly.

We have plans in place to reduce the number of long-waiting patients by the end of the financial year as we focus on recovery plans for our more fragile services.

Within our Cancer services, we have some challenges in terms of the number of patients waiting longer than 62 days for treatment compared with earlier in the year due to the continued impact of industrial action.

We also continue our strong delivery of the national 28-day faster diagnostic standard.

A more comprehensive update on our operational performance is due to be presented at the February 2024 Trust Board, where we are due to reflect on Q3 2023/24 performance.

Industrial action updates

In December, we were disappointed to learn that the lack of progress in the British Medical Association's (BMAs) talks with government has resulted in more periods of industrial action from our junior doctor colleagues being announced.

Trust preparations have been ongoing since the time of that announcement and, at the time of writing, the Trust is in the midst of the first round of that industrial action.

The first period of industrial action is due to take place over three days from 7am on Wednesday 20th December until 7am on Saturday 23rd December 2023.

The second period of industrial action is due to take place over six days from 7am on Wednesday 3rd January until 7am on Tuesday 9th January 2024.

Before the December period of industrial action began, the toll of industrial action during 2023 has already resulted in the Trust needing to postpone 6,348 appointments, procedures and operations to enable us to prioritise safe urgent and emergency care during each period of industrial action.

The resulting reduced elective activity levels have contributed to our growing waiting lists, including for those patients who are waiting the longest for the treatment they need. It should also be noted that these figures do not account for appointments that were not booked on dates when we had already received advance notice of industrial action taking place on those days. The true impact of industrial action on elective activity will therefore be higher than recorded data suggests.

At the time of writing to the end of November, the financial cost of this year's industrial action to Sherwood Forest Hospitals stands at over £5.4million, with £1.4million spent to cover lost shifts and £4million in lost income opportunities. To date, the Trust has received £3.4million of national funding to mitigate the impact of this.

We continue to hope for a more lasting resolution being found to this national issue that is causing real pain locally for our Trust colleagues and patients alike.

Partnership updates

Meetings with Newark and Sherwood District Council

Newark and Sherwood District Council visited King's Mill Hospital during December as part of our quarterly partnership meetings.

During the meeting, it was agreed to bring together the three local authorities into the Trust in February to explore solutions to the problems we face as an organisation, such as housing and health challenges that delay the timely discharge of patients to home.

Meetings with Ashfield District Council

The Trust's Chief Executive, Chair and Director of Strategy and Partnerships, David Ainsworth, met with representatives from Ashfield District Council during December to introduce the Council's new Executive Director for Place.

A 'memorandum of understanding' is being developed with the Council that will include some annual priorities for the two organisations to sign up. Board will be appraised on the progress.

Mid Nottinghamshire Place-Based Partnerships (MNPBP) update

The Mid Nottinghamshire Place-Based Partnerships Executive met during December to review place plans and the group's progress.

Progress was reported against all workstreams and the group recognised that longer-term initiatives around prevention will become increasingly challenging as financial constraints begin to be felt in the short-term.

Other Trust updates

A 'thank you' to our Vaccination Centre team

After opening its doors on the first day of the nation's vaccination programme in December 2020, last month saw the final COVID vaccine delivered at the Trust's Vaccination Hub at King's Mill Hospital.

An incredible 1.6million+ individual doses of the lifesaving COVID-19 vaccination were delivered at King's Mill Hospital by Sherwood Forest Hospitals since the programme began – accounting for half of all vaccines delivered in Nottingham and Nottinghamshire during that time.

As the country's vaccine programme has slowed, the time has now come for the Centre to close its doors. As it does so, I want to express my thanks to each and every member of the vaccination team for their incredible efforts during that time.

Their professionalism, teamwork and innovation shone through every step of the way, with everyone from frontline healthcare workers administering vaccines, the operational and pharmacy teams coordinating distribution, the administrative staff keeping the programme on track and the volunteers providing support all having a vital role to play.

Everyone in the country's NHS is immensely proud of what they have achieved together and the positive impact they continue to make on the health and wellbeing of our local communities.

We are privileged to have had such an outstanding team and we wish them all well as this proud chapter of our Trust's history comes to a close.

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

In 2023, the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) led a number of public engagement events to discuss the best permanent opening hours for the UTC, enabling local people to feedback via an online survey that was available on the ICB website and promoted at a number of public engagement events.

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

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

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

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

As part of that engagement period, we worked alongside ICB and NHS England colleagues to host a 'clinical senate' to give credibility to these discussions around the longer-term opening hours of the facility. The senate saw a collective set of independent clinical advisors receive a presentation about the proposals, as well as allowing the independent experts to visit and talk to several Newark Hospital colleagues about their experiences.

The outcomes of the listening exercise and Clinical Senate review – along with the process followed by the Options Appraisal Panel – were considered by the Nottinghamshire County Council Health Scrutiny Committee (HSC) at its meeting on Tuesday 12th December 2023.

Options for the future opening hours of the Centre are now being worked up and will be discussed by the Nottingham and Nottinghamshire Integrated Care Board (ICB) through relevant governance routes in due course at a date still to be confirmed.

Thirlwall Inquiry update following formal request for information

In December, I updated the Board that NHS England has given Sherwood Forest Hospitals advance notice of the Thirlwall Inquiry beginning its work.

The Inquiry was announced following the trial of Lucy Letby, who was sentenced to life imprisonment and a whole-life order on each of seven counts of murder and seven counts of attempted murder.

That trial, which concluded on 21st August 2023, considered offences that took place at the Countess of Chester Hospital, part of the Countess of Chester Hospital NHS Foundation Trust. The Thirlwall Public Inquiry published its terms of reference in October and is now starting its work.

Since my update to Board in December, the Trust has now received the letter formally requesting evidence and we are now coordinating our response.

Green partnership improves public transport for hospital users



During December, I was pleased to join representatives from Nottinghamshire County Council and Stagecoach to celebrate the introduction of two new bus stops to the grounds of King's Mill Hospital that will allow patients, visitors and staff to be dropped off closer to the main entrance of the hospital.

The introduction of the bus stops is thanks to a partnership between Sherwood Forest Hospitals NHS Foundation Trust, Nottinghamshire County Council and Stagecoach East Midlands.

Stagecoach East Midlands has operated the high frequency number 1 bus service along Sutton Road and past King's Mill Hospital for many years.

Previously, passengers would have to board and get off on Sutton Road outside the hospital grounds then walk the 200metres to the hospital main entrance. Now, bus users attending hospital for work, appointments or to visit friends and relatives will be dropped off on hospital grounds close to the main entrance.

Thanks to funding from the Bus Service Improvement Plan (BSIP), Nottinghamshire County Council has upgraded the traffic light signals at the two entry and exit points at King's Mill Hospital to give local bus services priority.

Buses communicate their position and punctuality of service to the urban traffic control centre, which will then trigger specific traffic lights to green to reduce delays and keep buses running on time.

Nottinghamshire County Council has provided two high quality bus shelters with lighting and integrated real time information displays, which provide live next bus information along with disruption and general travel information. The bus stops are also fully accessible with seating for up to six passengers plus space for wheelchair users.

The bus stops have been made possible thanks to a combination of funds from Sherwood Forest Hospitals Trust and the County Council's Green Investment Fund.

To complement the zero carbon ambitions of the Trust, the Council ensured that the displays are 100% solar powered with battery storage and are powered 24/7 all year round.

The Trust's green plan sets out its plans for sustainable development and long-term carbon dioxide emission reductions, with the overall aim to reach net zero carbon emissions by 2040.

We are delighted that we can offer this service to give bus users' easier access to our hospital. It will really benefit those who are less able to walk and take away anxiety around missing appointments.

It's also great news for colleagues at the Trust and means that they can finish their shift without the added stress of having to run to make their bus home.

I would like to formally extend my thanks to both Stagecoach East Midlands and Nottinghamshire County Council, who have been instrumental in making this change happen.

I am pleased that the new facilities meet our plans to become a net zero Trust.

The number 1 service has been running for nearly 30 years and it takes customers from Huthwaite to Mansfield Woodhouse every ten minutes, seven days a week.

Stagecoach East Midlands have seen a 50% increase in passengers using the number 1 service to travel to hospital since the new bus stops were introduced.

Praise for Trust's support for internationally-educated NHS colleagues

Sherwood has been recognised for the high-quality pastoral care given to its internationally-educated nurses and midwives.

The Trust has been awarded the NHS Pastoral Care Quality Award for the support it provides to its colleagues throughout the recruitment process and during their employment.

England's Chief Nursing Officer Dame Ruth May and Chief Midwifery Officer Kate Brintworth presented the certificate of achievement to members of the Nursing team on a recent visit to King's Mill Hospital.

The Pastoral Care Quality Award was launched in March 2022 by the Nursing International Recruitment Programme, which supports NHS Trusts in providing pastoral care.

Providing wellbeing to colleagues and ensuring they are properly supported is of high priority to the Trust, especially when it comes to internationally recruited colleagues as they often move on their own to a new country and organisation that they are not familiar with.

The Trust ensures that International Midwives and Nurses are supported from the moment the recruitment process begins and before they arrive at the Trust.

Colleagues are provided with details of what they need to know about life in the UK such as housing and registering with local GPs and banks. The package ensures they have all the necessary information before beginning life in the UK.

The pastoral care for international Nurses and Midwives continues throughout their whole time at Sherwood. Once they have arrived, they have a bespoke induction to ensure they have the right tools and information to support them through their career and life in the UK. The Trust has been recruiting international colleagues for more than four years and has more than 200 international Nurses and two international midwives.

The Trust recently employed two new Pastoral Care nurses, Shintel Sibanda and Ruby Grace-Manalo, to help with ensuring international colleagues are supported. This includes health and wellbeing support and working with the Faith Centre to ensure they have a safe place to practice religion and all religious events are recognised.

The role of the Pastoral Care Support workers also ensures that colleagues' professional development is also supported. Colleagues are actively encouraged and supported to make sure they can progress in their career. Colleagues are sponsored through leadership programmes and work together on reverse mentorship. There are currently 19 international Nurses and one international Midwife taking the Florence Nightingale Leadership Programme.

As a Trust, we are incredibly proud that the Trust has been awarded this and that we are being recognised for the work we do.

The wellbeing of all our colleagues is a huge priority for us and it is important to recognise that not only have our internationally-educated colleagues started a new role in such a big organisation but they have also moved to a new country and we understand just how daunting this can be.

We always try to ensure they have everything they need whilst with us, including ensuring they continue to develop and flourish in their roles. This is a testament to the work our colleagues do, especially our Pastoral Care Support leads.



Congratulations to our nurses who successfully completed their preceptorship programme and first year with us here at Sherwood Forest Hospitals



The one-year preceptorship is an in-depth programme of learning and competency-based training, including an introduction to leadership and becoming proficient in relevant clinical skills, that all newly qualified nurses are required to undertake.

The preceptorship programme allows newly-qualified nurses a structured start and enables them to integrate into their new team and place of work. It helps them to use their knowledge in everyday practice and grow personally as well as professionally.

The scheme also helps the Trust in understanding the challenges our newly-qualified nurses face.

This latest cohort of newly-qualified nurses were the first to complete the year-long programme since its extension from 22 weeks to a year in September 2022.

The pictures show nurses Lidia Vijayan, Amanda Franks, Jedi Lamo and Vani Thomas, who were invited to a celebration event where they were presented with certificates from our Chief Nurse, Phil Bolton, and our Director of Nursing, Shantell Miles.

I wish a huge congratulations to them all.



Trust risk ratings reviewed

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

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

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

The full and updated Board Assurance Framework (BAF) is due to be presented at our next public meeting of the Trust's Board of Directors in February 2024.

Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date: 4 January 2024		
Prepared By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C				
Approved By:	Phil Bolton, Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery/ Divisional Director of Nursing for W&C. Phil Bolton, Chief Nurse				
Purpose					
To update the Board of Directors on our progress as maternity and neonatal safety champions		Approval			
		Assurance	X		
		Update	X		
		Consider			
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X		X		X
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					
<ul style="list-style-type: none"> Nursing and Midwifery AHP Committee Maternity Assurance Committee Quality Committee 					
Acronyms					
<ul style="list-style-type: none"> Maternity and Neonatal Safety Champion (MNSC) Maternity Voice Champion (MVP) Maternity Assurance Committee (MAC) Care Quality Commission (CQC) Local Maternity and Neonatal System (LMNS) 					
Executive Summary					
<p>The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:</p> <ul style="list-style-type: none"> 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. <p>This report provides highlights of our work over the last month</p>					

Summary of Maternity and Neonatal Safety Champion (MNSC) work for December 2023

1. Service User Voice

During December 2023, our MVP volunteers has focused upon pain relief as part of the monthly walk rounds, following national findings from maternity surveys. Whilst the team focused on pain relief (choices, information given, availability, any concerns) subsequent feedback came in the form of the recently reinstated and revised and face to face antenatal education. Below are the comments that have been shared with the Community Midwives involved.

“The antenatal class was brilliant – so valuable and really balanced. I felt that I was given all the options and the benefits and risks of each and that I could choose what was best for me. I was so impressed by the balance and the fact that no one was pushing a particular agenda.”

“I can still remember them talking about the ladder of pain relief – it was so good, and they made it easy to understand.”

“The antenatal class was so good, but I found out about it a bit late from Badgernotes. They should put up more posters to make it easier for people to find out about these classes as I’d recommend them for everyone.”

“I felt so empowered afterwards – I knew what my options were.”

As part of the wider service users voice action plan, an additional action has been added regarding the information available and the accessibility of this.

For January 2023 we have started work on the co-produced action plan for the currently embargoed annual CQC Maternity Feedback survey, due for release in February.

2. Staff Engagement

The planned MNSC walk round, due to operational pressures and planned leave is due to take place on the 21st December 2023. Due to the high activity in November and December 2023 many of the senior leadership team have been supporting clinical activity and have supported the teams.

The previous action taken by the senior leadership team to support divisional colleagues with a safety huddle is now into the first month and is becoming embedded into daily practice. Evaluation and refinement have been undertaken.

Due to operational pressures the forum was stood down on the 8th December 2023, the planned re-launch in the new year of the hybrid meeting is in place. The aim is to have the meeting in a centrally located area so that clinical staff can join whilst maintaining the hybrid format for staff who work remotely within the community.

3. Governance Summary

Three Year Maternity and Neonatal Plan:

The Maternity Safety Team continued to work with the LMNS at looking at the planned workbook activities and how this can embed into the current work the division is undertaking. Key deliverable have been identified, such as the BFI status for Maternity and Neonatal services and are on track for the 2027 deadlines.

Ockenden:

We have received the annual Ockenden insight visit report from our visit in October 2023, the action plan is in place and discussed through the MNSC meetings. The visit findings supported the self-assessment completed by the Trusts. Areas have been identified from the visit to strengthen the embedding of the immediate and essential actions; these are included within the action plan and focus on bereavement resources across the system.

NHSR:

The evidence review has concluded through the MAC meetings, following a presentation of evidence of all 10 Safety Actions (SA). Assurance has been provided through both the externally validated (SA 1, 2, 6 and 10) and the remaining which whilst internally validated has been through a robust process to provide assurance.

The final presentation will be presented to both Trust Board and LMNS Executive Partners in January 2024 for final sign off in preparation for submission in February 2024.

Saving Babies Lives:

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

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the QC, further is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC.

The focus has move on the "should do" actions, and a subsequent action plan has been completed and will be presented at the next Patient Safety Committee meeting in January 2024 for sign off.

4. Quality Improvement

Planned for discussion at the MNSC December meeting is the points for reflection and celebration within this years' service user voice action plan, as detailed below.

New IOL leaflet and also IOL pathway poster supporting women to make informed choices throughout their IOL process.

Supporting choice, addressing unconscious bias and civility workshops on PROMPT this year, which has evaluated very positively and been taken on by the CMO as a good practice example.

Birth Options and Birth Afterthoughts clinics established.

Cultural Safety Training

Plan to pilot a 16-week personalisation appointment in February.

Example of PMA leaflets for families.



5.Safety Culture

Divisional colleagues have worked with organisational development to support the debriefing following the release of the score survey. This plan has had to be revised from the original due to operational pressures. Debriefing has commenced and two out of the five areas have been completed, with the further progressing in January 2024

Maternity Perinatal Quality Surveillance model for December 2023

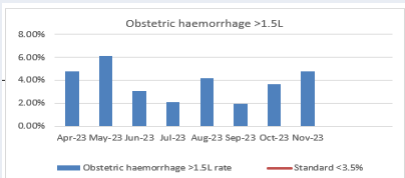
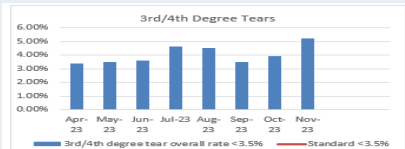


Sherwood Forest Hospitals
NHS Foundation Trust

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

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

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

<div>Massive Obstetric Haemorrhage (Nov 4.8%)</div> <div><ul style="list-style-type: none">Rise in cases this month, reviewed and no harm, themes or trends.Plan to present at PSIRG for a thematic review</div> <div></div>	<div>Elective Care</div> <div><div>Elective Caesarean (EL LSCS)</div><ul style="list-style-type: none">Increased service demand sustained in NovemberService running 5 days to support demand and plans in place to support IAPerfect fortnight completed; feedback commenced<div>Induction of Labour (IOL)</div><ul style="list-style-type: none">IOL Lead Midwife role extended, rate remains stableNext phase of reviewing outpatient IOL to commence</div>	<div>Midwifery & Obstetric Workforce</div> <div><ul style="list-style-type: none">Current vacancy rate 3.2% , New recruited Midwives now onsite and in preceptorship programmeWe have recruited into the vacancy and the new starters start in post over the next three months.Recruited into the 2 vacant Obstetric posts for Fetal and Maternal Medicine, one now in post the second starting in the new year.</div>	<div>Staffing red flags (Nov 2023)</div> <div><ul style="list-style-type: none">51 staffing incident reported in the month.No harm relatedNoted increase in Datix numbers, reviewed and related to high activity through triage. NEW RCOG guidance benchmarked and will reduce Datix reporting</div> <div>Suspension of Maternity Services</div> <div><ul style="list-style-type: none">One suspension of services within November, short duration due to no local support, full capacity plans operationalised.</div> <div>Home Birth Service</div> <div><ul style="list-style-type: none">46 Homebirth conducted since re-launch</div>
<div>Third and Fourth Degree Tears (Nov 5.2%)</div> <div><ul style="list-style-type: none">Increased rate noted cases under reviewPelvic Lead Appointed for SFH- working to support the additional service/ clinics</div> <div></div>	<div>Stillbirth rate (1.2 /1000 births)</div> <div><ul style="list-style-type: none">No stillbirth reported in NovemberRate remains below the national ambition of 4.4/1000 births (SFH rate 1.7/1000)MBRRACE-UK report released, noted national increase in still birth in 2021</div>	<div>Maternity Assurance</div> <div><div>NHSR</div><div><ul style="list-style-type: none">Working commenced flash reports to MAC/QCAdditional sign off meetings plannedSubmission due 2nd of Feb 2024</div><div>Ockenden</div><div><ul style="list-style-type: none">Initial 7 IEA- 100% compliantPlans for system oversight for 3 year plan in place, which will incorporate the IEA's</div></div> <div><div>MDT reviews</div><div>Triggers x 28</div><div>Comments</div><div>MOH, Cat 1 LSCS</div></div> <div>2 Incidents reported as ‘moderate or above’, see comments below for details.</div>	

Other

- Two cases reported at moderate, both MOH and are awaiting MDT verification of harm
- Increased births in November n=316 approximately 50 more births than average November, Maternity monthly dashboard now includes triage and LSCS data breakdown
- Mandatory training remains above 90% threshold for all staff groups

Maternity Perinatal Quality Surveillance scorecard

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

External Reporting	Standard	Running Total/ average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Trend
Maternity incidents no harm/low harm		787	58	78	85	86	85	107	130	158	
Maternity incidents moderate harm & above		10	0	1	1	0	1	3	2	2	
Findings of review of all perinatal deaths using the real time monitoring tool	Sep-23	To date all cases reportable to PMRT are within reporting timeframes inline with MIS									
Findings of review all cases eligible for referral to MNSI	Sep-23	Three current live cases with MNSI, one report completed and agended for the next LMNS SI meeting									
Service user voice feedback	Sep-23	Focused month on pain relief, excellent feedback for antenatal education, work to review information leaflets									
Staff feedback from frontline champions and walk-about	Sep-23	High activity remains the focus, QI work on LSCS concluded and staff debriefing and action plan to commence									
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10		<4 <7 7 & above									

Board of Directors Meeting in Public - Cover Sheet

Subject:	NHSR Maternity Incentive Scheme (MIS) Year 5 Safety Action tracker and evidence assurance		Date: 04/01/2024		
Prepared By:	Samantha Cole, Specialty General Manager – Maternity & Gynaecology				
Approved By:	Paula Shore, Director of Midwifery				
Presented By:	Paula Shore, Director of Midwifery				
Purpose					
To provide assurance that SFHFT has met all 10 Safety actions for Maternity Incentive Scheme (MIS) Year 5 as set out by NHSR. Previous sign off and evidence presentation approved at Maternity Assurance Committee (MAC). Require approval from Board of Directors prior to final submission on 1 st February 2024.				Approval	X
				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	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Maternity Assurance Committee (24 th Oct, 30 th Nov & 19 th Dec 2023)					
Maternity & Gynaecology Clinical Governance (6 th Dec 2023)					
Acronyms					
MAC = Maternity Assurance Committee NHSR = NHS Resolution MIS = Maternity Incentive Scheme SFHFT = Sherwood Forest Hospitals NHS Foundation Trust CNST = Clinical Negligence Scheme for Trusts AGM = Assistant General Manager					
Executive Summary					
NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.					
The Scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all of the ten safety actions will recover an element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.					
Trusts that do not meet all of the safety actions will not recover their contribution to the CNST maternity incentive scheme but may be eligible for a small discretionary payment from the scheme to help to make					

progress against actions they have not achieved. Such payment would be at a much lower level.

The approach to this year's submission has included a revised plan of action, incorporating the newly appointed role of the Assistant General Manager. Progress of each safety action has been closely monitored, tracked, and reported upon during the MIS period through local level meetings to prepare the evidence. Once available, the evidence reviews and submission has been managed through the Maternity Assurance Committee, noting the external representation and Executive level attendance for challenge. Following the meeting on the 19th of December the below was confirmed.

- SFHFT are fully compliant with all ten safety actions set out in year five of the MIS.

The attached presentation provides assurance of the processes taken to meet the safety actions and includes the compliance tracker and evidence matrix, containing the board declaration requirements that require sign off by Trust Board. To note, the previous year failed on Safety Action one, which is externally validated- this has passed this year.



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Sherwood Forest Hospitals
NHS Foundation Trust

NHSR Maternity Incentive Scheme Year 5 compliance and assurance



Prepared by:
Samantha Cole – AGM Maternity & Gynaecology



Home, Community, Hospital

NHSR Incentive Scheme Background

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions as referenced in previous years' schemes. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution nhsr.mis@nhs.net by 12 noon on 1 February 2024.

Assurance process and approach

- NHSR MIS Year 5 Ten safety actions with technical guidance published 31st May 2023
- Safety Action leads and teams assembled in June 2023 who will have responsibility for ensuring each element is met, providing evidence for compliance
- AGM met with each Safety action team to go through requirements, setting out actions plans and expectations
- AGM set up NHSFutures platform to capture all the evidence relating to each safety action broken down to match each requirement set out in the guidance
- Tracker created to monitor progress
- Fortnightly meetings set up for each safety action lead to check in and report on progress and ask for any support with focus sessions set up to support with specific elements and evidence
- AGM and DoM set up regular catch up dedicated to NHSR
- Flash reports created to share with the divisional leadership team and LMNS
- NHSR added as a standing to the agenda and discussed in MAC, Maternity and Gynaecology Governance, LMNS oversight and assurance group Senior Leadership meetings. Progress also shared at service line and divisional leadership
- Safety actions allocated a date to be signed off at MAC – giving a deadline for internal validation of evidence
- Evidence matrix created listing all the evidence to support compliance, linked directly to the board declaration – this was taken to MAC who were supplied with the like to NHSFutures to review evidence. Safety action lead described how compliance with each element has been met to MAC, giving clear assurance with MAC agreeing sign off for each safety action
- 4 Safety actions (1,2, 6 and 10) have been externally validated and confirmed as compliant



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Sherwood Forest Hospitals
NHS Foundation Trust

Safety Action Tracker

NHSR Maternity Incentive Scheme Year 5

SUBMISSION DEADLINE: 1ST FEBRUARY 2024

Tracking RAG Rating

Completed
On track to complete
Off track, needs attention



Sherwood Forest Hospitals
NHS Foundation Trust

				Tracking RAG Rating position by month								Comments/Notes
SA1	Safety Action Name	Safety Action ask	SA Lead/Teams	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
1	Perinatal Mortality	Are you using the National Perinatal Mortality Review tool to review perinatal deaths to the required standard?	Hannah Lewis/Sarah Sarjant									Signed off in MAC & Externally Validated
2	MSDS	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Lisa Butler/Samantha Cole/John Taylor									Signed off in MAC & Externally Validated
3	Transitional care services	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Rhian Cope/Kelly-Marie McMinn/Samantha Cole									Signed off in MAC
4	Clinical Workforce	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Susie Al-Samarrai/Simon Rhodes/Sarah Hennell									Signed off in MAC
5	Midwifery Workforce	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Paula Shore/Lisa Butler/Lisa Foster/Samantha Cole									Signed off in MAC
6	Saving Babies Lives	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies Lives Care Bundle Version Three?	Ruth Nanthambwe/Sarah Sarjant									Signed off in MAC & Externally Validated
7	Listening & coproduction	Listen to Women, parents and families using Maternity and Neonatal services and coproduce services with users	Gemma Boyd/Samantha Cole									Signed off in MAC
8	Training	Can you evidence the following 3 elements (in the SA breakdown) of local training plans and 'in-house', one day multi professional training?	Lisa Butler/Julie Vizzard/Samantha Cole/Nicola Wright									Signed off in MAC
9	Board Assurance	Can you demonstrate that there are robust processes in place to provide assurance to the Board on Maternity and Neonatal safety and quality issues?	Paula Shore/Samantha Cole									Signed off in MAC
10	HSIB/NHSR Early notification	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolutions' early Notification (EN) scheme?	Hannah Lewis/Jenny Aldred/Sarah Sarjant									Signed off in MAC & Externally Validated



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Sherwood Forest Hospitals
NHS Foundation Trust

Safety Action evidence matrix

Each safety action previously presented to and signed off by MAC

Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the requires standard?

Safety Action Lead: Hannah Lewis - Governance Specialist Midwife

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 1 Perinatal Mortality - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Required standards and supporting evidence uploaded to Futures Platform

Standard A	All eligible perinatal deaths should be notified to MBRRACE-UK within 7 working days. For deaths from 30th May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death
Evidence to support	CNST Tracker - all reportable cases and compliance evidence Case list showing compliance has been met PMRT Board Report Summary

Standard C	For deaths of babies who were born and died in your trust multi-disciplinary reviews using PMRT should be carried out from 30th May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months
Evidence to support	CNST Tracker - all reportable cases and compliance evidence

Standard B	For 95% of deaths of babies in your trust eligible for PRMT review, parents should have their perspectives of care and questions they have sought from 30th May 2023 onwards
Evidence to support	CNST Tracker - all reportable cases and compliance evidence

Standard D	Quarterly reports should be submitted to the Trust executive board from 30th May 2023
Evidence to support	PMRT Q1 Report submitted to Trust board and safety champions PMRT Q2 Report submitted to Trust board and Safety champions

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	Have all eligible perinatal deaths from 30 May 2023 onwards been notified to MBRRACE-UK within seven working days?	Yes
2	For deaths from 30 May 2023, was MBRRACE-UK surveillance information completed within one calendar month of the death?	Yes
3	For at least 95% of all deaths of babies who died in your Trust from 30 May 2023, were parents' perspectives of care sought and were they given the opportunity to raise	Yes
4	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 30 May 2023 been started within two months of each death?	Yes
5	Were 60% of these reviews completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death?	Yes
6	Were 60% of the reports published within 6 months of death?	Yes
7	Were PMRT review panel meetings (as detailed in standard C) rescheduled due to the direct impact of industrial action, and did this have an impact on the MIS reporting compliance time scales?	Yes
8	Is there an action plan approved by Trust Boards to reschedule these meetings to take place within a maximum 12-week period from the end of the MIS compliance period.	Yes
9	If PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, how many meetings in total were impacted?	Yes
10	PMRT review panel meetings (as detailed in standard C) have needed to be rescheduled due to the direct impact of industrial action, and this has an impact on the MIS reporting compliance time scales, how many cases in total were impacted?	Yes
11	Have you submitted quarterly reports to the Trust Executive Board from 30 May 2023 onwards? This must include details of all deaths reviewed and consequent action plans.	Yes
12	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes

This Safety action has already been externally validated and has met compliance

Safety Action 2: Are you submitting to the Maternity Services Data set (MSDS) to the required standard?

Safety Action Lead: Lisa Butler - Deputy Head of Midwifery

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology


Futures link: [Safety Action 2 MSDS - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Organisation Name

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Reporting Period

July 2023



1. **CQIMAppar**

Indicator	Numerator	Denominator	Rate	Rate p/1000	Result
CQIMAppar	5	270			Passed
CQIMDQ14	290	285	101.8		Passed
CQIMDQ15	290	290	100.0		Passed
CQIMDQ16	275	290	94.8		Passed
CQIMDQ24	270	275	98.2		Passed

Note: The most recent available reporting period is based on provisional data. All Provisional figures are subject to change and will be reassessed after the final submission window has closed.

CQIMVBAC

Indicator	Numerator	Denominator	Rate	Result
CQIMDQ14	290	285	101.8	Passed
CQIMDQ15	290	290	100.0	Passed
CQIMDQ16	275	290	94.8	Passed
CQIMDQ18	185	285	64.9	Passed
CQIMDQ26	285	290	98.3	Passed
CQIMDQ27	305	305	100.0	Passed
CQIMDQ28	135	305	44.3	Passed
CQIMVBAC	5	25	20.0	Passed

CQIMSmokingBooking

Indicator	Numerator	Denominator	Rate	Result
CQIMDQ03	305	285	107.0	Passed
CQIMDQ04	300	305	98.4	Passed
CQIMDQ05	40	300	13.3	Passed
CQIMSmokingBooking	40	300	13.3	Passed

CQIMSmokingDelivery

Indicator	Numerator	Denominator	Rate	Result
CQIMDQ06	275	290	94.8	Passed
CQIMSmokingDelivery	35	275	12.7	Passed

2. **EthnicityDQ**

Indicator	Numerator	Denominator	Rate	Result
EthnicityDQ	295	305	96.7	Passed

3. **MCoC i**

Indicator	Numerator	Denominator	Rate	Result
COC_DQ04	235	240	97.9	Passed

MCoC ii

Indicator	Numerator	Denominator	Rate	Result
COC_DQ05	0	0	0.0	Passed

4. **Provisional Window Submission**

Indicator	Result
Provisional Submission	Passed

5. **Submission Portal Registration**

Indicator	Result
Registered Submitters	Passed

CQIMBreastfeeding

Indicator	Numerator	Denominator	Rate	Result
CQIMBreastfeeding	165	235	70.2	Passed
CQIMDQ08	235	295	79.7	Passed
CQIMDQ09	290	285	101.8	Passed

CQIMPPH

Indicator	Numerator	Denominator	Rate	Rate p/1000	Result
CQIMDQ10	290	285	101.8		Passed
CQIMDQ11	105	290	36.2		Passed
CQIMDQ12	10	290	3.4		Passed
CQIMPPH	10	290	27		Passed

CQIMPreterm

Indicator	Numerator	Denominator	Rate	Rate p/1000	Result
CQIMDQ09	290	285	101.8		Passed
CQIMDQ22	290	290	100.0		Passed
CQIMDQ23	275	290	94.8		Passed
CQIMPreterm	15	285	49		Passed

CQIMRobson01

Indicator	Numerator	Denominator	Rate	Result
CQIMDQ30	290	285	101.8	Passed
CQIMDQ31	295	295	100.0	Passed
CQIMDQ32	275	295	93.2	Passed
CQIMDQ33	295	295	100.0	Passed
CQIMDQ34	185	295	62.7	Passed
CQIMDQ36	290	290	100.0	Passed
CQIMDQ37	150	290	51.7	Passed
CQIMDQ38	295	295	100.0	Passed
CQIMDQ39	275	290	94.8	Passed
CQIMRobson01	5	50	10.0	Passed

CQIMRobson02

Indicator	Numerator	Denominator	Rate	Result
CQIMRobson02	35	65	53.8	Passed

CQIMRobson05

Indicator	Numerator	Denominator	Rate	Result
CQIMRobson05	30	35	85.7	Passed

CQIMTears

Indicator	Numerator	Denominator	Rate	Rate p/1000	Result
CQIMDQ14	290	285	101.8		Passed
CQIMDQ15	290	290	100.0		Passed
CQIMDQ16	275	290	94.8		Passed
CQIMDQ18	185	285	64.9		Passed
CQIMDQ20	10	175	5.7		Passed
CQIMTears	10	175	45		Passed

This Safety action has already been externally validated and has met compliance

Safety Action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

Safety Action Lead: Rhian Cope - Matron for Paediatrics

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 3 Transitional care services - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Standard A	Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care	Standard B	A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate as well as the Trust board, LMNS and ICB
Evidence to support	Neonatal TC Guideline sent for comments NTC Meeting minutes with SA3 as a standing agenda item July, Sep & Oct Neonatal TC guideline Draft for comments Neonatal TC Guideline - Final TC slot on doctors induction TC Guideline ratified in Maternity & Gynaecology governance Mat & Gynae governance agenda Establishment meeting follow up	Evidence to support	Avoiding term admissions into Neonatal units 21/22 Example of admission reviewed by Maternity and Neonatal teams Example of ATAIN paperwork completed by Maternity & Paediatrics Neonatal Pillar ToR - ATAIN discussed evidence of LMNS/ICB attendance Request to add TC to the Pillar meeting Latest ATAIN report Request to ICB to discuss ATAIN Report/action plan Actions following investigations Senior Leadership meeting agenda
Standard C	Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both preterm and term babies. There should be a clear, agreed timescale for implementing the pathway		
Evidence to support	Transitional care timeline for implementation TC Guideline ratified in Paediatric clinical governance TC action plan Senior Leadership meeting agenda		

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.		
1	Was the pathway(s) of care into transitional care jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies?	Yes
2	Are neonatal teams involved in decision making and planning care for all babies in transitional care?	Yes
b) A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.		
3	Is there evidence of joint maternity and neonatal reviews of all admissions to the NNU of babies equal to or greater than 37 weeks?	Yes
4	Is there an action plan agreed by both maternity and neonatal leads which addresses the findings of the reviews to minimise separation of mothers and babies born equal to or greater than 37 weeks?	Yes
5	Is there evidence that the action plan has been signed off by the DoM/HoM, Clinical Directors for both obstetrics and neonatology and the operational lead and involving oversight of progress with the action plan?	Yes
6	Is there evidence that the action plan has been signed off by the Trust Board, LMNS and ICB with oversight of progress with the plan?	Yes
c) Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.		
7	Is there a guideline for admission to TC that include babies 34+0 and above and data to evidence this occurring?	Yes
8	OR An action plan signed off by the Trust Board for a move towards a transitional care pathway for babies from 34+0 with clear time scales for full implementation?	Yes

Safety Action 4: Can you demonstrate an effective system of Clinical workforce planning to the required standard?

Safety Action Lead: Susie Al-Samarrai - Obstetric Service Director

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 4 Clinical Workforce - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Required standards and supporting evidence uploaded to Futures Platform

Standard A Part 1	Obstetric Medical Workforce - Ensure criteria is met for employing short-term locum doctors in Obstetrics and Gynaecology on tier 2 or 3 rotas: a) Currently work in their unit on the tier 2/3 rota, b) have worked on unit within past 5 years as a postgraduate in training and remain in the training programme with satisfactory ARCP or c) hold a RCOG certificate of eligibility to undertake short-term locums
Evidence to support	Narrative of audit taken place to comply with safety action 4 standard A part 1

Standard A Part 4	Obstetric Medical Workforce - Trusts should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document "roles and responsibilities of the consultant care in Obstetrics & Gynaecology into their service" when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for learning with agreed strategies and action plans implemented to prevent further non-attendance
Evidence to support	Narrative describing compliance with safety action 4 standard A part 4 with action plan Roles and responsibilities of the consultant workforce report Responsibilities consultant on call SOP

Standard D	Neonatal Nursing Workforce -The neonatal unit meets the BAPM national standards of nursing staffing. If NOT met Trust board should evidence the progress against the previous action plan including new relevant actions to address deficiencies. If met previously but not in Year 5 Trust board should develop an action plan. All action plans should be shared with the LMNS and ODN.
Evidence to support	Neonatal workforce tool E-mail sharing workforce tool with ODN

Standard A Part 2	Obstetric Medical workforce - Trusts should implement RCOG guidance on engagement of long term locums and provide assurance that they have evidence of compliance or a plan to address any shortfalls to the Trust Board , Safety Champions and LMNS Meetings
Evidence to support	Narrative of audit taken place to comply with safety action 4 standard A part 2 RCOG guidance on the engagement of long-term locums in

Standard B	Anaesthetic Medical Workforce - A duty Anaesthetist is immediately available for the Obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to Obstetric patients (ACSA standard 1.7.2.1)
Evidence to support	24 hour cover confirmation e-mail 4 x Anaesthetic weekly on call rota's SBU with contact details

Standard A Part 3	Obstetric Medical Workforce - Trusts should implement RCOG guidance on compensatory rest where consultants and SAS doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance or an action plan to address any shortfalls to the Trust Board, Safety Champions and LMNS Meetings
Evidence to support	Responsibilities consultant on call SOP A review of planned activity on the day following an overnight on-call with action plan RCOG guidance on compensatory rest

Standard C	Neonatal Medical Workforce - The neonatal unit meets the BAPM national standards of medical staffing. If NOT met Trust board should evidence the progress against the previous action plan including new relevant actions to address deficiencies. If met previously but not in Year 5 Trust board should develop an action plan. All action plans should be shared with the LMNS and ODN.
Evidence to support	BAPM staffing guidance for Local Neonatal Units SFH Current Neonatal medical workforce staffing model Action plan including optimising medical staff shared with SMT, LMNS and ODN

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
a) Obstetric medical workforce		
Has the Trust ensured that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas after February 2023 following an audit of 6 months activity :		
1	a. Locum currently works in their unit on the tier 2 or 3 rota?	Yes
2	OR	Yes
3	c. they hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	Yes
4	Has the Trust implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance?	Yes
5	OR Was an action plan presented to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and Local Maternity and Neonatal System (LMNS) meetings?	Yes
6	Has the Trust implemented RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to	Yes
7	OR Has an action plan presented to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings?	Yes
8	Has the Trust monitored their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/ when a consultant is required to attend in person?	Yes
9	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance?	Yes
Do you have evidence that the Trust position with the above has been shared:		
10	At Trust Board?	Yes
11	With Board level safety champions?	Yes
12	At LMNS meetings?	Yes
b) Anaesthetic medical workforce		
13	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)	Yes
	The rota should be used to evidence compliance with ACSA standard 1.7.2.1 (A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients)	Yes
c) Neonatal medical workforce		
14	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing and is this formally recorded in Trust Board minutes?	Yes
15	If the requirement above has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and also include new relevant actions to address deficiencies. If the requirements had been met previously but they are not met in year 5, Trust Board should develop and agree an action plan in year 5 of MIS to address deficiencies. Does the Trust have evidence of this?	Yes
Was the agreed action plan shared with:		
16	LMNS?	Yes
17	ODN?	Yes
d) Neonatal nursing workforce		
18	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing? And is this formally recorded in Trust Board minutes?	Yes
19	If the requirement above has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and also include new relevant actions to address deficiencies. If the requirements had been met previously but they are not met in year 5, Trust Board should develop and agree an action plan in year 5 of MIS to address deficiencies. Does the Trust have evidence of this?	Yes
Was the agreed action plan shared with:		
20	LMNS?	Yes
21	ODN?	Yes

Safety Action 5: Can you demonstrate an effective system of Midwifery workforce planning to the required standard?

Safety Action Lead: Lisa Butler - Deputy Head of Midwifery

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 5 Midwifery Workforce - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Standard A	A systematic evidence-based approach to calculate midwifery staffing establishment is completed
Evidence to support	SFH Birthrate plus report

Standard B	Trust Board to evidence midwifery staffing budget reflects establishment as calculated in standard A
Evidence to support	Budget Plan Maternity establishment 23/24 Public board Minutes and staffing report signed off by the board

Standard C	The midwifery coordinator in charge of labour ward must have supernumerary status (defined as having no caseload of their own during their shift) to ensure there is oversight of all birth activity within the service
Evidence to support	Supernumerary status report from birthrate plus May - Oct 23 Supernumerary status report from birthrate plus Oct - Dec 23 Supporting narrative on Supernumerary status May - Oct 23 Supporting narrative on Supernumerary status Oct - Dec 23

Standard D	All Women in active labour receive one-to-one midwifery care
Evidence to support	Maternity Dashboard Perinatal quality surveillance report

Standard E	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the Maternity incentive scheme year five reporting period
Evidence to support	Maternity Staffing monthly papers - May & Sept 2023 Bi Annual Maternity Staffing Report - September 2023 (this goes to MAC, QC and Board) includes red flags

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	a) Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated	Yes
2	b) Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated in a) above? Evidence should include: <ul style="list-style-type: none"> Midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. The plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners. Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall in staffing. The midwife to birth ratio The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. 	Yes
3	c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service. Can you provide evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status? The Trust can report compliance with this standard if failure to maintain supernumerary status is a one off event, however the Trust cannot report compliance with this standard if the coordinator is required to provide any 1:1 care for a woman and/or care in established labour during this time. If the failure to maintain supernumerary status is a recurrent event (i.e. occurs on a regular basis and more than once a week), the Trust should declare non-compliance with the standard and include actions to address this specific requirement going forward in an action plan. This plan must include mitigation/escalation to cover any shortfalls. Please note - Completion of an action plan will not enable the Trust to declare compliance with this standard.	Yes
4	d) Have all women in active labour received one-to-one midwifery care?	Yes
5	If you have answered no to standard d, have you submitted an action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour?	Yes
6	Does the action plan include a timeline for when this will be achieved and has this been signed off by Trust Board?	Yes
7	e) Have you submitted a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period?	Yes

Safety Action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies Lives Care Bundle Version Three?

Safety Action Lead: Ruth Nanthambwe - Saving Babies Lives Specialist Midwife

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 6 SBLCBv3 - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Required standards and supporting evidence uploaded to Futures Platform

Standard A	Provide assurance to the Trust board and ICB that you are on track to fully implement all 6 elements of SBLCBv3 by March 2024
Evidence to support	Board report and action plan on implementation of the SBLCBv3 Implementation % report by element

Standard B	Hold quarterly quality improvement discussions with the ICB, using new national implementation tool once available
Evidence to support	SBLCBv3 1st quarterly meeting LMNS/ICB/SFH - meeting invite SBLCBv3 2nd quarterly meeting LMNS/ICB/SFH - meeting invite

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	Have you provided assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024?	Yes
2	<p>Do you hold quarterly quality improvement discussions with the ICB, using the new national implementation tool?</p> <p>Confirmation is required from the ICB with dates, that two quarterly quality improvement discussions have been held between the ICB (as commissioner) and the Trust using the implementation tool that included the following:</p> <ul style="list-style-type: none"> • Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element. • Progress against locally agreed improvement aims. • Evidence of sustained improvement where high levels of reliability have already been achieved. • Regular review of local themes and trends with regard to potential harms in each of the six elements. • Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB and neighbouring Trusts. 	Yes
3	Using the new national implementation tool, can the Trust demonstrate implementation of 70% of interventions across all 6 elements overall?	Yes
4	Using the new national implementation tool, can the Trust demonstrate implementation of at least 50% of interventions within each of the 6 individual elements?	Yes

This Safety action has already been externally validated and has met compliance

Safety Action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users

Safety Action Lead: Gemma Boyd - Consultant Midwife & Professional Midwifery Advocate

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 7 Listening and Co-production - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Standard 1	Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP guidance. Parents with Neonatal experience may give feedback via the MNVP and Parent Advisory Group.
Evidence to support	<ul style="list-style-type: none"> Summary of MVP workload plan 23/24 Confirmation of appointment of NVP Sign off of workplan by LMNS Reimbursement of out of pocket expenses MVP training offers to volunteers and chairs DRAFT funding proposal for new MVP Model MVP Chair remuneration LMNS Ratification of MVP workplan MVP Chair extension to contract ICB MVP coproduction officer JD and Person spec Feedback process for MVP DMNV Training Package MVP Newsletter inc Training offers RAID Log MVP ToR NVP Contract MVP Hours invoice MVP Meeting Agenda LMNS Exec Partnership ToR Volunteer expense Claim LMNS Transformation Board ToR Volunteer expenses Log MVP Chair appointment Letter Notts MVP Annual Work Plan MVP New Workplan sign off responses Minutes LMNS discussion MVP workplan funding
Standard 2	Ensuring an action plan is coproduced with the MNVP following the annual CQC survey data publication including analysis of free text data, and progress monitored regularly by safety champions and LMNS board.
Evidence to support	<ul style="list-style-type: none"> Request for MVP Feedback Safety Champions agenda - 3 months Safety Champions Minutes - 3 months Co-produced Action plan following CQC Survey CQC Inspection Report CQC Maternity Survey LMNS Transformation board Agenda
Standard 3	Ensuring Neonatal and Maternity service user feedback is collated and acted upon with the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions.
Evidence to support	<ul style="list-style-type: none"> Personalised care and support plans MVP Highlight Report MVP Feedback flash Report MVP & N&N Ethnic minorities working group findings SFH-MVP Service user feedback MVP Meeting Minutes - 4 Months Maternity Service User Feedback N&N Maternity Equity Strategy Health Inequalities working group notes Health Inequalities Workshop - areas of focus Service user feedback action plan Whose shoes report Safety Champions Agenda - 3 months What good looks like co-produced analysis

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	Is a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) in place which is in line with the Delivery Plan and MNVP Guidance (once published in 2023)?	Yes
2	Has an action plan been co-produced with the MNVP following annual CQC Maternity Survey data publication (January 2023), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board?	Yes
3	Is neonatal and maternity service user feedback collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions?	Yes
4	Can you provide minutes of meetings demonstrating how feedback is obtained and evidence of service developments resulting from co-production between service users and staff?	Yes
5	Do you have evidence that MNVPs have the infrastructure they need to be successful such as receiving appropriate training, administrative and IT support?	Yes
6	Can you provide the local MNVP's work plan and evidence that it is funded?	Yes
7	Do you have evidence that the MNVP leads (formerly MVP chairs) are appropriately employed or remunerated (including out of pocket expenses such as childcare) and receive this in a timely way?	Yes
8	Can you provide evidence that the MNVP is prioritising hearing the voices of families receiving neonatal care and bereaved families, as well as women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation?	Yes

Safety Action 8: Local Training Plans and 'in-house', one day multi professional training**Safety Action Lead:** Lisa Butler - Deputy Head of Midwifery**Safety Action Support:** Samantha Cole - Assistant General Manager Maternity & Gynaecology**Futures link:** [Safety Action 8 Training - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Standard 1	A local training plan is in place for implementation of version 2 of the Core Competency Framework
Evidence to support	3 Year Training plan matrix 24-25 Training compliance update report Nov & Dec 23 SI Shared governance group minutes (LMNS/NUH/SFH) TNA excel format based on how to and stretch targets NLS Instructor certificate x 2 NLS intention of new instructor e-mail Women's voices - service user involvement plan Shared learning - Clinical educator from NUH attending SFH PROMPT and date of SFH educator to attend NUH PROMPT How service user feedback is used in training

Standard 2	The Plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB
Evidence to support	Review of 3 Year TNA by LMNS SMT agenda TNA signed off by Triumvirate Trust Board agenda for TNA oversight

Standard 3	The plan is developed based on the "How to" guide developed by NHS England
Evidence to support	TNA excel format based on how to and stretch targets

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	A local training plan is in place for implementation of Version 2 of the Core Competency Framework	Yes
Can you evidence that the plan has been agreed with:		
2	Quadrumvirate?	Yes
3	Trust Board?	Yes
4	LMNS/ICB?	Yes
5	Has the plan been developed based on the four key principles as detailed in the "How to" Guide for the second version of the core competency framework developed by NHS England?	Yes
6	Can you evidence service user involvement in developing training?	Yes
7	Can you evidence that training is based on learning from local findings from incidents, audit, service user feedback, and investigation reports?	Yes
8	Can you evidence that you promote learning as a multidisciplinary team?	Yes
9	Can you evidence that you promote shared learning across a Local Maternity and Neonatal System?	Yes
Can you demonstrate the following at the end of 12 consecutive months ending December 2023?		
Fetal monitoring and surveillance (in the antenatal and intrapartum period)		
10	90% of obstetric consultants?	Yes
11	90% of all other obstetric doctors contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)?	Yes
12	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) and maternity theatre midwives who also work outside of theatres?	Yes
Maternity emergencies and multiprofessional training		
13	90% of Obstetric consultants?	Yes
14	90% of all other obstetric doctors including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota?	Yes
15	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and	Yes
16	90% of maternity support workers and health care assistants attend the maternity emergency scenarios training?	Yes
17	90% of obstetric anaesthetic consultants?	Yes
18	90% of all other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) who contribute to the obstetric rota?	Yes
19	Can you demonstrate that at least one emergency scenario is conducted in a clinical area or at point of care?	Yes
20	Can you demonstrate that 90% of all team members have attended an emergency scenario in a clinical area	Yes
Neonatal basic life support		
21	90% of neonatal Consultants or Paediatric consultants covering neonatal units?	Yes
22	90% of neonatal junior doctors (who attend any births)?	Yes
23	90% of neonatal nurses (Band 5 and above who attend any births)?	Yes
24	90% of advanced Neonatal Nurse Practitioner (ANNP)?	Yes
25	bank/agency midwives)?	Yes
26	All trusts must have an agreed plan in place, including timescales, for registered RC-trained instructors to deliver the in-house basic neonatal life support annual updates and their local NLS courses by 31st March 2024.	Yes

Safety Action 9: Can you demonstrate that there are robust processes in place to provide assurance to the board on maternity and neonatal safety and quality issues?

Safety Action Lead: Paula Shore - Director of Midwifery

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 9 Board assurance - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration Platform](#)

Standard A	All six requirements of principle 1 of the Perinatal Quality Surveillance model must be fully embedded
Evidence to support	SI Report sent to Quality Committee - Oct 2023 Confirmation of NED appointment NED Job Description Maternity Safety champions poster Maternity perinatal quality surveillance report for Aug 2023 Maternity perinatal quality surveillance report for Oct 2023 MNSC Agenda featuring perinatal scorecard LMNS perinatal surveillance quality group minutes Maternity Forum and MNSC walk round dates 2023 MAC ToR MNSC Pathway flowchart

Standard C	Evidence that the Maternity and Neonatal Board Safety Champions are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures
Evidence to support	Perinatal culture and leadership future session dates Perinatal Culture and leadership quad programme The Quad Culture & Leadership invite Perinatal quad confirmation of training Perinatal culture and leadership learning contract MatNeo webinar - safety champion support MatNeo attendance certificate Confirmation of Board safety champions registered FuturesNHS workspace by 1st August 2023

Standard B	Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relation to local improvement plan utilising the Patient Safety incident Response Framework are reflected in the minutes of the Board, LMNS/ICB/Local and Regional Learning system meetings
Evidence to support	Quality Committee agenda - MAC escalations Oct 2023 Bi Annual staffing report Sep 2023 going to MAC, QC and board Private Trust board minutes - Qtr1 Private Trust board minutes - Qtr 2 Maternity Staffing paper May 23 going to MAC, QC and Board Maternity Staffing paper Sep 2023 going to MAC, QC and Board

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
	Required Standard A.	
1	Evidence that all six requirements of Principle 1 of the Perinatal Quality Surveillance Model have been fully embedded and specifically the following:-	Yes
2	Does your Trust have evidence that a non-executive director (NED) has been appointed and is working with the Board safety champion to address quality issues?	Yes
	Does your Trust have evidence that a review of maternity and neonatal quality is undertaken by the Trust Board at every Trust Board meeting, using a minimum data set to include a review of the thematic learning of all maternity Serious Incidents (SIs)? It must include: • number of incidents reported as serious harm • themes identified and action being taken to address any issues • Service user voice feedback • Staff feedback from frontline champions' engagement sessions	
3		Yes
4	Do you have evidence that the perinatal clinical quality surveillance model has been reviewed in full in collaboration with the local maternity and neonatal system (LMNS) lead and regional chief midwife? And does this evidence show how Trust-level intelligence is being shared to ensure early action and support for areas of concern or need.	Yes
Required standard B.		
Have you submitted evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of:		
5	The Trust Board?	Yes
6	LMNS/ICS/Local & Regional Learning System meetings?	Yes
7	Do you have evidence that the progress with actioning named concerns from staff feedback sessions is visible to staff?	Yes
8	Do you have evidence that Trust's claims scorecard is reviewed alongside incident and complaint data? Scorecard data is used to agree targeted interventions aimed at improving patient safety and reflected in the Trust's Patient Safety Incident Response Plan. These quarterly discussions must be held at least twice in the MIS reporting period at a Trust level quality meeting. This can be a Board or directorate level meeting.	Yes
	Required standard C.	
9	Have you submitted evidence that the Maternity and Neonatal Board Safety Champions are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures?	Yes
10	Have you submitted the evidence that both the non-executive and executive maternity and neonatal Board safety champion have registered to the dedicated FutureNHS workspace with confirmation of specific resources accessed and how this has been of benefit?	Yes
11	Have there been a minimum of two quarterly meetings between board safety champions and quadrumvirate members between 30 May 2023 and 1 February 2024?	Yes
12	Have you submitted evidence that the meetings between the board safety champions and quad members have identified any support required of the Board and evidence that this is being implemented?	Yes

Safety Action 10: Have you reported 100% of qualifying cases to HSIB/MNSI/NHSR EN Scheme from 6th December 2022 to 7th December 2023?

Safety Action Lead: Hannah Lewis - Governance Midwife

Safety Action Support: Samantha Cole - Assistant General Manager Maternity & Gynaecology

Futures link: [Safety Action 10 HSIB/NHSR/EN Reporting - Sherwood Forest NHS Foundation Trust NHSR MIS Year 5 - FutureNHS Collaboration](#)

Standard A	Reorting of all qualifying cases to HSIB/CQC/MNSI from 6 December 2022 - 7 December 2023
Evidence to support	HSIB family information leaflet SFHFT HSIB NHSR EN compliance report MNSI/ENS Tracker HSIB report May 2023 Maternity governance case reference template

Standard C	For qualifying cases which have occurred during 6 December 2022 - 7 December 2023, the trust board are assured that: a. the family have received information on the role of HSIB/CQC/MNSI and NHSR EN scheme and b. there has been compliance, where required, with regulation 20 of the health and social act 2008 Regulations 2014 in respect of duty of candour
Evidence to support	Link to NHSR EN scheme website for families Duty of candour leaflet MNSI information sent to families Draft letter to families SFH Letter sent to parents of qualifying case

Standard B	Reporting of all qualifying EN cases to NHS Resolutions Early Notification (EN) Scheme from 6 December 2022 until 7 December 2023
Evidence to support	Referral to NHSR EN Scheme SFHFT HSIB NHSR EN compliance report MNSI/ENS Tracker Rejected claim from NHSR EN Scheme

This Safety action has already been externally validated and has met compliance

Minimum Evidence Requirement for Declaration

Number	Safety Action requirement (evidence above to cover / Safety Lead to discuss and provide assurance for sign off)	Met?
1	Complete the field on the Claims Reporting Wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes
2	Have you reported all qualifying cases to HSIB/CQC/MNSI from 6 December 2022 to 7 December 2023?	Yes
3	Have you reported all qualifying EN cases to NHS Resolution's EN Scheme from 6 December 2023 until 7 December 2023?	Yes
	For all qualifying cases which have occurred during the period 6 December 2022 to 7 December 2023, the Trust Board are assured that:	
4	The family have received information on the role of HSIB/MNSI and NHS Resolution's EN scheme	Yes
5	There has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour	Yes
	Can you confirm that the Trust Board has:	
6	Sight of Trust legal services and maternity clinical governance records of qualifying HSIB/MNSI/EN incidents and numbers reported to HSIB/MNSI and NHS Resolution?	Yes
7	Sight of evidence that the families have received information on the role of HSIB/MNSI and the EN scheme?	Yes
8	Sight of evidence of compliance with the statutory duty of candour?	Yes

Board of Directors Meeting in Public - Cover Sheet

Subject:	Guardian of Safe Working Report		Date: 7 th December 2023		
Prepared By:	Rebecca Freeman - Head of Medical Workforce, Jayne Cresswell – Medical Workforce Specialist				
Approved By:	Dr David Selwyn				
Presented By:	Dr David Selwyn – Medical Director				
Purpose					
To provide the Board of Directors with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st August 2023 and 31 st October 2023.			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	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					
Joint Local Negotiating Committee					
Acronyms					
TCS – Terms and Conditions of Service WTE - Whole Time Equivalent NHSE – National Health Service England LTFT – Less than Full time ED - Emergency Department PA – Programmed Activity TOIL – Time Off in Lieu IMT – Internal Medicine Trainee Ct – Core trainee St – Specialty trainee EAU – Emergency Assessment Unit GMC – General Medical Council W&C – Women's and Childrens U&EC – Urgent and Emergency Care SAC – Surgery, Anaesthetics and Critical Care DME – Director of Medical Education TOIL – Time off in lieu					

Executive Summary

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

The Board of Directors is asked to note the following:

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

Guardian of Safe Working Report covering the period from 1st August 2023 to 31st October 2023

Introduction

This report provides an update on exception reporting data, from 1st August 2023 to 31st October 2023. It outlines the exception reports that have been received during the last three months, the actions and developments that have taken place during this time and work that is ongoing to provide assurance that there is safe working as per TCS of the 2016 junior doctors' contract.

As can be seen from the below, 240 (228.9 WTE) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 252 trainee posts, so this rotation, the first rotation of the year, there are 21 vacant trainee posts. This is due to NHSE not being able to fill these posts for a number of reasons, including doctors being on maternity leave (2 doctors), unanticipated lack of training progress (not passing their exams), doctors leaving the training programme early, or there not being enough trainees following a particular training pathway to fill the posts across the country. The Trust isn't always informed of the reasons for the vacant posts and as can be seen from previous reports, these vacancy numbers fluctuate for each rotation. Further information is included in the vacancies section.

High level data as of 31st October 2023

Established doctor in training posts:	252		
Established non-training doctor posts:	109		
	Posts	Heads	WTE
Number of doctors in training in post:	231	240	228.9
Number of vacant training posts:	21	-	23.1
Number of unfilled training posts filled by a non-training doctor:	7	-	6.6
Number of non-training doctors in post:	101	108	106.2
Number of vacant non-training posts:	8	-	2.8

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

High level data from previous quarter (as of 31st July 2023)

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

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

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

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

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

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

Exception reports From August 2023 (with regard to working hours)

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

Three of the exception reports were categorised by the postgraduate trainees as immediate safety concerns. Further details of the immediate safety concerns can be found in Table 1.

By month there were 14 exception reports in August 2023, 26 in September 2023 and 15 in October 2023.

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

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

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

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

Where an outcome has been suggested there are 34 (64%) with time off in lieu (TOIL) totaling 32 hours and 40 minutes, 13 (25%) with additional payment totaling 12 hours and 43 minutes at normal hourly rate and 2 hours 30 minutes at premium rate and 6 (11%) with no further action.

The Allocate software used to raise exception reports and document the outcome does not currently have the facility to be able to link to the eRota system to confirm TOIL has been taken or additional payment received, therefore this is actioned manually by the Medical Workforce Team, a report is completed for the rota coordinators to ensure that time off in lieu is added to the doctor's record or any payment is made.

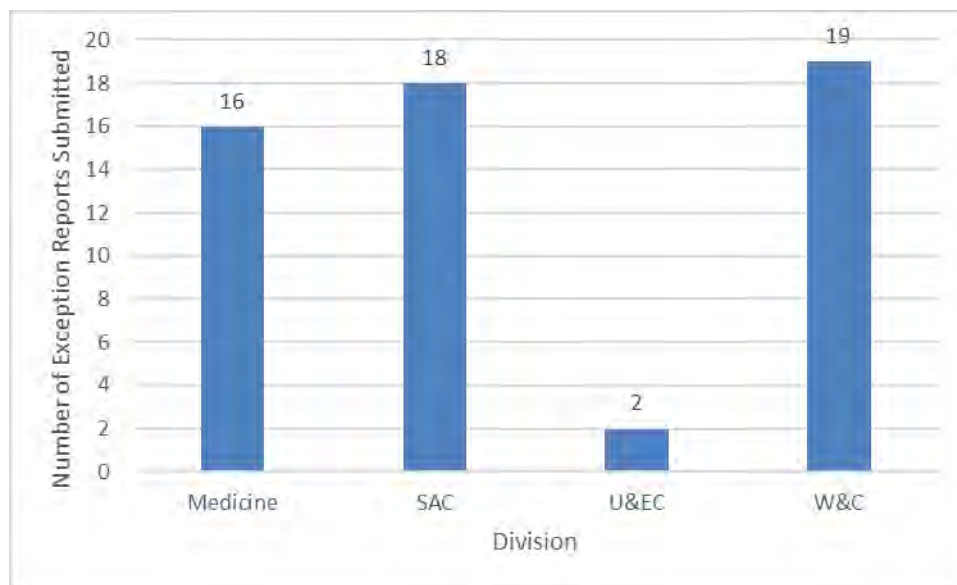


Figure 1. Exception reports by Division for Trainees

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

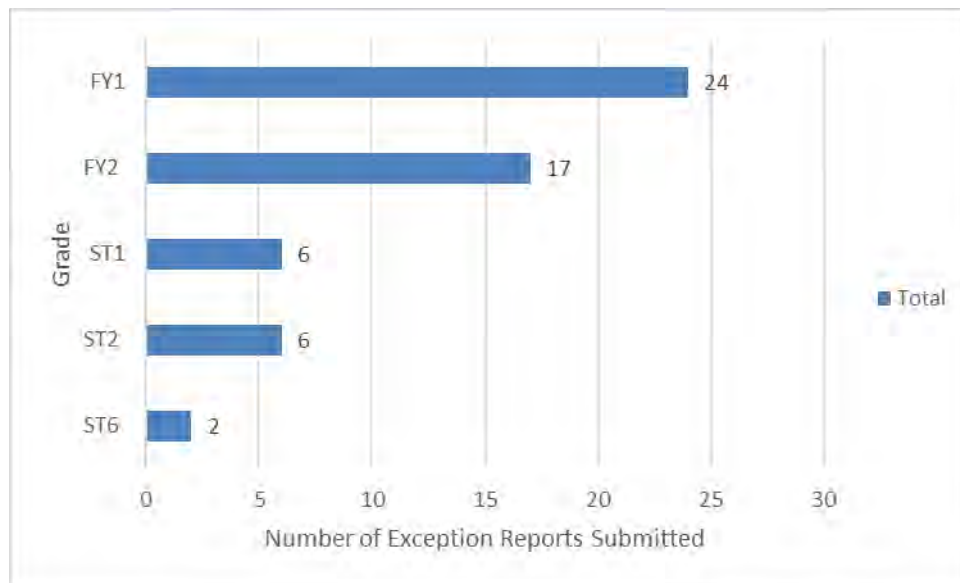


Figure 2. Exception reports by Grade for Trainees

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

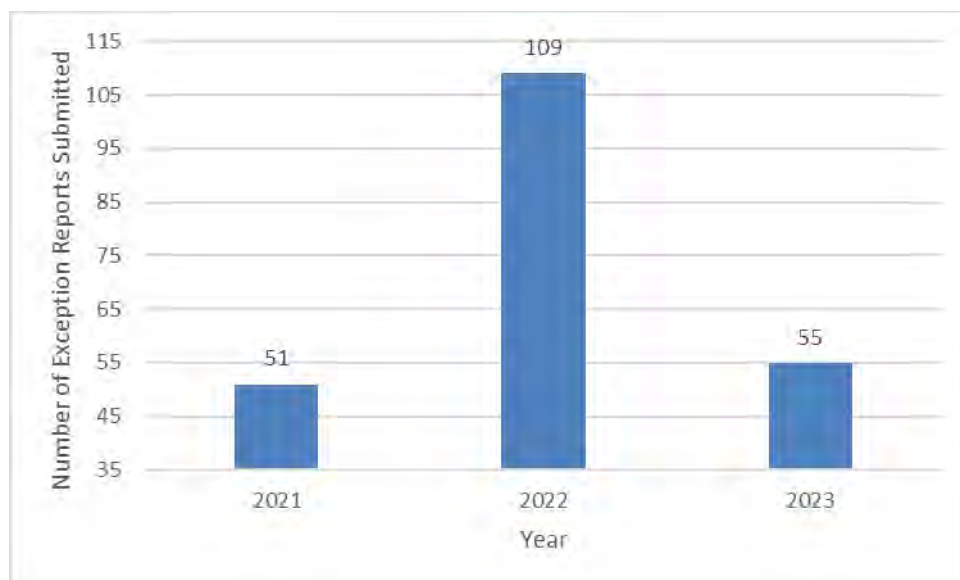


Figure 3. Comparison of number of exception reports for the same period between 2021, 2022 and 2023

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

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

Table 1. Immediate Safety Concern Concerns Raised

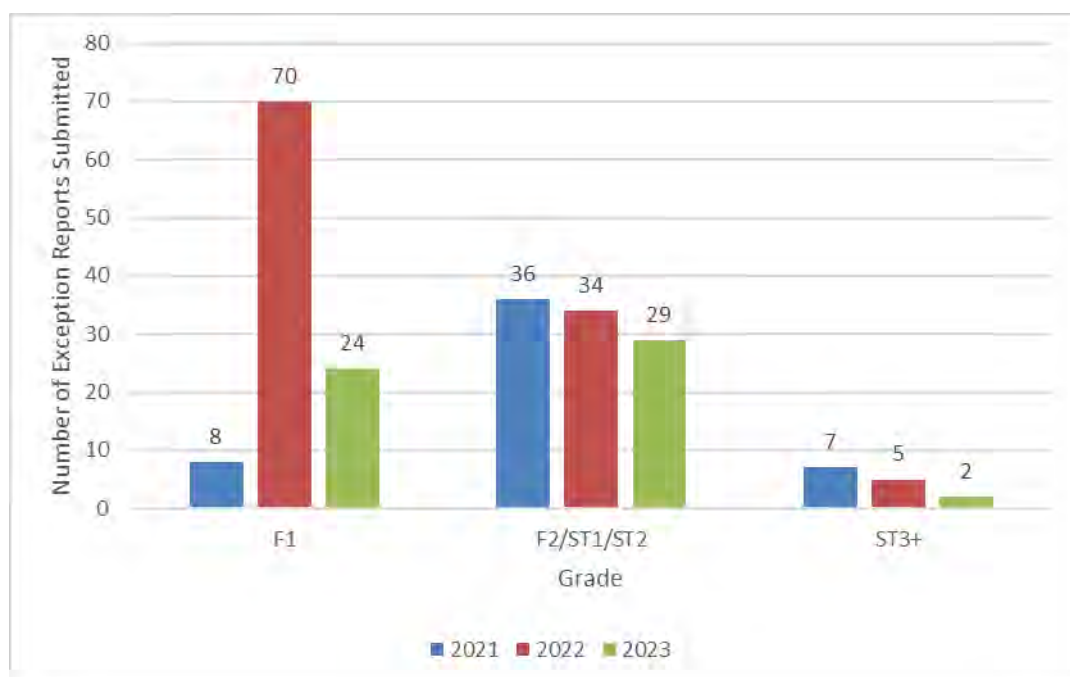


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2021, 2022 and 2023.

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

Work Schedule Reviews

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

Fines

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

Vacancies

The Trust currently has 240 doctors in training. As mentioned in the introduction, there are 21 vacancies currently where the Trust has not been allocated trainees by NHSE, the reasons for these posts not being filled were also mentioned in the introduction, 7 of the vacancies are currently filled by Trust Grade Doctors. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible particularly in Medicine, Urgent & Emergency Care and some specialties within Surgery, Anaesthetics and Critical Care.

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

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

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

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

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

Qualitative information

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

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
August 2023 – October 2023	53% of all reports received 29 reports
May 2023 – July 2023	54% of all reports received 20 reports
February 2023 – April 2023	58% of all reports received 54 reports
November 2022 - January 2023	75% of all reports received 65 reports

Table 3 Exception Reports not responded to within 7 days

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

Appendix 1

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

Action/Issue	Action Taken (to be taken)	Date of completion
Junior Doctors mess to be relocated to the Deli Marche	Task and Finish Group in place involving key stakeholders to manage this transition	December 2023 (now delayed to February 2024)
Trainees to be informed of the email address for the Guardian of Safe Working inbox.	Communication to be sent to trainees	December 2023
Concerns have been raised by trainees relating to Acute Medicine	A meeting has been held with the specialty, an action plan has been developed and several actions are being taken by the specialty.	Updates on progress to be provided in future reports.
Exception reports in Women & Childrens Handover is lasting longer than the allotted time.	Consideration to be given to how this can be managed differently going forward.	Update on progress to address this issue to be provided in future reports.

Finance Committee Chair's Highlight Report to Trust Board

Subject:	Finance Committee (FC) Report	Date: 19 December 2023
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 19 December 2023.	
	Assurance	Significant

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> <u>Month 8 Finance Report</u> – The deficit year to date is £12.5M (£3.0M adverse to plan). Key issues for escalation: <ul style="list-style-type: none"> Month 8 Performance – this shows a reduced run rate in line with planned actions which helped deliver a £0.22M surplus in month (£0.82M favourable variance to the planned deficit). 	<ul style="list-style-type: none"> <u>Financial Recovery Cabinet</u> – January's meeting will include a more detailed review of the progress on the 4 workstreams. <u>Cash</u> – A separate briefing to be arranged for Committee Member NEDs on 'Cash and the NHS' in January. <u>Procurement</u> – A strategy paper for pathology related procurements to be prepared and tabled at a future Committee Meeting.
Positive Assurances to Provide	Decisions Made (include BAF review outcomes)
<ul style="list-style-type: none"> <u>H2 Financial resubmission</u> – Recognised the work undertaken to deliver the resubmission and the ongoing discussions subsequent to the submission. Current position shows a forecast deficit for the Trust of £8.5M. Key next step focus is on the 2023/24 exit run rate. <u>Financial Planning & Budgeting</u> – progress and timetable were noted Committee looked forward to reviewing future progress. <u>Procurement Forward View</u> – assurance gained on the increased visibility and controls/strategic review being implemented on future procurements. <u>National Cost Collection</u> – Noted that the submission had been made on time. 	<ul style="list-style-type: none"> <u>PFI Settlement</u> – the Committee agreed a recommendation to Board to approve the PFI Settlement Agreement subject to: <ul style="list-style-type: none"> Satisfactory completion of all the legal documents; Agreement of the <u>Performance Management Plan</u> which governs the quality assurance regime. The issue and agreement of the <u>ANPR service</u> including the risk share on car parking income. Agreement on responsibility for, and cost of, <u>maintenance of catering equipment</u>. Finalisation and agreement of the <u>water interventions paper</u>. <u>Phoenix Team, Tobacco Dependence Treatment Service Business Case</u> – business case was approved (financed either by NHSR, the division or the Trust funding). <u>Clinical Research Facility</u> – Business Case was approved.

- BAF – An initial review ahead of more detailed reviews of PR4 (Financial Strategy) and PR8 (sustainability) in January were undertaken. Comments to be considered by the Senior Executive Team were consideration of an increase to Amber for the Assurance Rating on PR4 and potential reduction of current risk exposure to 16. With respect to PR8 it was considered that this needed a thorough review and reconsideration of the risks and assurance rating.

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.