

MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

AGENDA

Date: Thursday 7th September 2023
Time: 09:00 – 12:30
Venue: Boardroom, King's Mill Hospital

	Time	Item	Status	Paper
1.	09:00	Welcome		
2.		Declarations of Interest To declare any pecuniary or non-pecuniary interests not already declared on the Trust's Register of Interest :- https://www.sfh-tr.nhs.uk/about-us/register-of-interests/ <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 3rd August 2023 To be agreed as an accurate record	Agree	Enclosure 4
5.	09:05	Action Tracker	Update	Enclosure 5
6.	09:10	Chair's Report • Council of Governors highlight report Report of the Chair	Assurance Assurance	Enclosure 6 Enclosure 6.1
7.	09:15	Chief Executive's Report	Assurance	Enclosure 7
Strategy				
8.	09:25	Strategic Objective 1 – Provide outstanding care in the best place at the right time • Maternity Update Report of the Director of Midwifery ○ Safety Champions update ○ Maternity Perinatal Quality Surveillance Model	Assurance	Enclosure 8.1
9.	09:45	Strategic Objective 3 – Empower and support our people to be the best they can be • Guardian of Safe Working Report of the Medical Director	Assurance	Enclosure 9.1
10.	10:10	Patient Story – Orthoptics – A small profession making a big difference Lucy Davis, Head Orthoptist	Assurance	Presentation

	Time	Item	Status	Paper
		BREAK (10 mins)		
		Strategy		
11.	10:45	East Midlands Acute Provider Collaborative Report of the Chief Executive / Medical Director	Assurance	Enclosure 11
		Governance		
12.	11:30	Proposed Board Committee Structure Report of the Chief Executive	Approval	Enclosure 12
13.	12:00	Use of the Trust Seal Report of the Director of Corporate Affairs	Assurance	Enclosure 13
14.	12:00	Assurance from Sub Committees <ul style="list-style-type: none"> Finance Committee Report of the Committee Chair (last meeting) 	Assurance	Enclosure 14.1
15.	12:05	Outstanding Service – The spiritual and pastoral care team – Providing hope, health, and support to all	Assurance	Presentation
16.	12:15	Communications to wider organisation (Agree Board decisions requiring communication to Trust)	Agree	Verbal
17.	12:20	Any Other Business		
18.		Date of next meeting The next scheduled meeting of the Board of Directors to be held in public will be 5th October 2023, Boardroom, King’s Mill Hospital		
19.		Chair Declares the Meeting Closed		
20.		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 14.1 Enc 17	<ul style="list-style-type: none"> Finance Committee – previous minutes Improvement Advisory Group Quadrant report
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UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 3rd August 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS

In Attendance:	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Caroline Robinson	Department Lead for Education, Operating Theatres	CR
	Kate Wright	Associate Chief AHP	KW
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	

Observers:	Claire Hinchley	Associate Director of Strategy and Improvement	
	John Dove	Public Governor	
	Debbie Kearsley	Deputy Director of People	
	Laura Keeling	Communications Officer	
	6 members of the public		

Apologies:	None
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Item No.	Item	Action	Date
23/241	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>		
23/242	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/243	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
23/244	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 6 th July 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/245	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 23/045, 23/217.1, 23/217.2, 23/218 and 23/219 were complete and could be removed from the action tracker.</p> <p>PR referenced the question raised by BB at the July meeting of the Board of Directors held in Public, in relation to the comments in the NHS Oversight Framework 2022-23, Quarter 4 segmentation letter from Amanda Sullivan, Chief Executive of Nottingham and Nottinghamshire Integrated Care Board (ICB), which detailed an action for the Trust "to be a key contributor to the wider system as an anchor institution". PR confirmed he had contacted Amanda Sullivan who has advised there is no suggestion SFHFT is not contributing well. This is a new area which the ICB is keen to embed and all partner organisations are being asked to contribute to this.</p>		
23/246	CHAIR'S REPORT		
2 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, advising the newly elected governors have now taken up their roles.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/247	CHIEF EXECUTIVE'S REPORT		
30 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 publication of the NHS Workforce Plan, delivery of parts of the modular theatre to Newark Hospital, partnership working, review of Board Assurance Framework (BAF) principal risks by the Risk Committee and the impact of industrial action.</p> <p>DS advised the next period of industrial action by junior doctors is scheduled to take place from 11th August 2023 to 15th August 2023. Planning for this is underway and the Trust has a robust and tested process which involves consultants and Specialty and Specialist (SAS) doctors staffing the rota which has been devised to keep patients safe and to ensure emergency and inpatient pathways can function. While planning for the next period of industrial action is at an early stage, the clinical chairs have raised concerns about their ability to staff the rotas which have been devised. Factors affecting this are the holiday period and 'strike fatigue'. It was noted that following a Court ruling, the Trust is no longer able to engage locum staff to cover periods of industrial action.</p> <p>DS advised consultants are taking industrial action from 24th August 2023 to 26th August 2023, which leads into the bank holiday weekend. DS expressed his concern about the ability to provide assurance in relation to the adequate safety of inpatients, but advised there are no such concerns about the emergency pathway. There was 33% support for the previous period of industrial action by consultants but it is uncertain what the level of support will be for the forthcoming period of action. The Trust has limited ability to mitigate the risk and this is causing concern.</p> <p>DS advised the Health Service Journal (HSJ) recently published an article regarding British Medical Association (BMA) rate cards. In common with other local organisations, and following discussions with ICB partners, the Trust matched its escalated rates of pay to those of Nottinghamshire Healthcare Trust and Nottingham University Hospitals (NUH). This is a locally agreed escalated industrial action rate card, which does come at a significant cost. RM advised the direct financial impact for the Trust of the two periods of industrial action in Quarter 1 (Q1) was £600k. It has not been possible to cost up the indirect costs.</p> <p>SB sought assurance there are clear actions which need to be taken to ensure safe care during the forthcoming periods of industrial action and queried if contingencies have been mapped so it is known what action needs to be taken and at what stage.</p> <p>DS advised planning for the forthcoming action is in the early stages. In terms of action by the junior doctors, the Trust has a good understanding of the process. The Divisions are currently working on filling the rotas. However, there will be an impact on patients and planned care work. There are no derogations currently stated from the BMA.</p>		

	<p>RS advised there is a mechanism to seek derogation, but this is considered to be the last step in the process once internal processes have been exhausted. Discussions are ongoing across the system in relation to mutual aid.</p> <p>RE advised the Divisions are currently working on their rotas and this is an established process which generates a heatmap showing coverage in each clinical area. There is a need to consider what the absolute minimum standard of safety is, opposed to what would be the preferred level of cover. The inability to use agency staff adds a further dimension. However, bank staff can be used. It is not possible to seek derogations in advance and there is limited scope for these to be granted.</p> <p>DS advised it may not be possible to provide the same level of support to staff covering the forthcoming period of action by junior doctors compared to previous periods. A new rotation of junior doctors has recently joined the Trust. Therefore, the level of support for industrial action by that group is uncertain. Previous periods of action have seen circa 80%-86% support.</p> <p>AH sought assurance the Trust is taking sufficient action in relation to safety and is being proactive in relation to prevention and detection. DS advised a number of processes have been put in place and safety is at the forefront of planning and processes. Very few significant safety concerns have been raised to date. DS advised he has confidence all colleagues are empowered to escalate and flag up any suggestion of safety concerns.</p> <p>PB advised additional support and resource has been put in place from teams not affected by strike action, for example, senior nursing and matron rotas. The Quality Committee has considered if there has been any increase in incidents or harm and nothing has been identified to date.</p> <p>AR queried if there is any learning from periods of industrial action which can be translated into Winter planning to improve productivity. RE advised there was increased flow during the junior doctors' strikes when consultants were working on the wards. However, this is not sustainable as consults being present on the wards is at the expense of outpatient clinics, elective activity, etc. Therefore, there is some learning which cannot be replicated outside of an extraordinary situation but there is a need to capture good practice and consider how that can be embedded in business as usual.</p> <p>MG queried what is the opportunity to maintain a thriving culture, rather than a surviving culture. RE reflected that in spite of the pressures everyone is working under, a 'can do' and collaborative culture is evident among divisional teams. All leaders have a role in keeping people buoyant in difficult circumstances.</p> <p>DS felt the Trust has performed well in terms of communication and engagement with the medical workforce at different levels and has maintained open forums for people to raise questions.</p>		
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	<p>RE felt there is a need to be mindful the industrial action does not just affect the medical workforce, but has an impact across the board. Leadership teams spend a lot of time planning for strikes.</p> <p>PB advised he is impressed by the amount of work people are still doing, noting there is still a desire to undertake improvement work which will benefit patients.</p> <p>ARB queried if there is anything the non-executive directors (NEDs) can do to support the Executive Team. PB asked for the NEDs' understanding in accepting things can go off track. DS asked the NEDs to use their networks to escalate the issues into those forums. CW felt there is a need to use the Trust's membership of NHS Providers and other organisations to continually press upon both sides of the dispute a solution needs to be found.</p> <p>PR advised during periods of industrial action, the meetings in senior leaders' diaries are reviewed to ensure they are focussed on governance and clinical / patient safety. Any agenda items which can be stood down are deferred.</p> <p>RS advised the Executive Team has remained visible in the organisation. It is important to recognise the importance of a thank-you.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/248	2023/2024 STRATEGIC PRIORITIES QUARTER 1 UPDATE		
14 mins	<p>DA presented the report, advising the strategic priorities map against each of the strategic objectives and against a sub-committee. Good progress is being made across the priorities and where progress is off track, mitigations are being put in place to improve the position.</p> <p>AR noted the priority "Continue to work towards a sustainable model of urgent and emergency care" is off track, with one of the measures of success being noted as "Increase the number of patients using Same Day Emergency Care (SDEC)". AR felt measures such as this require a target, for example, how many patients and over what period of time.</p> <p>RE advised many of the metrics in this report replicate those in the Integrated Performance Report (IPR). For example, there is a national standard of 33% for SDEC and the Trust is overachieving that at 37%. However, consideration will be given to making the measures more specific.</p> <p>GW felt the direction of travel is unclear on some objectives and felt more information is required to identify what a successful outcome is. For example, one of the priorities is to "embed the Improvement Faculty within the Trust". While this is now established, there is currently no visibility of the difference this is making which raises the question if this priority is on track.</p> <p>DA advised there is a need to be cautious in relation to adding metrics to this report as there is a danger it could become the next BAF or next IPR.</p>		

	<p>In terms of the Improvement Faculty, it was agreed there would be a combined team in place by Q2; this has been achieved. In addition, by the end of Q1 the Improvement Faculty would have carried out an assessment of all the programmes' viability. This has been undertaken and a summary of all the assessments completed will be reported to the People, Culture and Improvement Committee.</p> <p>BB felt there is a need to learn from these conversations when shaping the Trust Strategy for the next 5 years, noting the need for SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives.</p> <p>SB noted many of the measures in the IPR are showing as red and queried which of the strategic priorities will have the greatest impact in terms of improving the IPR position and are there certain workstreams which the Trust needs to focus on to make the greatest difference to performance.</p> <p>PR advised while he understands the connection between the strategic objectives and the IPR, this report relates to strategic objectives, rather than delivering operational targets. Therefore, the actions detailed in this report are not necessarily designed and connected to the delivery of mandatory metrics of operational performance, but are the key actions which will deliver the strategic objectives. While there is a link, one does not lead directly to the other and there are many other actions which are taking place in an operational sense which would lead to improvements in operational performance.</p> <p>RE felt there is some 'blurring' between business as usual, i.e., delivering to operational planning guidance, and the strategic programme. In trying not to replicate the IPR in this report, there is not enough clarity on outcomes for these indicators and this needs further consideration.</p> <p>MG felt initially some of the success measures are outcome focussed, but the success measures relating to the Improvement Faculty are input focussed. There is a need to identify what an effective improvement faculty 'looks like' and, therefore, outcome measures for what effectiveness looks like would be helpful.</p> <p>DA advised initially the Trust was taking steps to get the Improvement Faculty established, with governance in place. Therefore, some of the inputs are what is required now. There is a need to move on to demonstrate outputs.</p> <p>The Board of Directors were ASSURED by the report.</p>		
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23/249	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
8 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB presented the report, highlighting the appointment of a new Maternity Voice Champion Partner, feedback from Safety Champion walkarounds, Ockenden review, NHS Resolution (NHSR) Year 5 programme, Saving Babies Lives and quality improvement work.</p> <p>ARB noted the indicator for transitional care on the NHSR flash report is showing as red and sought further information in relation to this. PS advised transitional care relates to babies stepping down from the neonatal unit or who may need additional care, but do not need to be on the neonatal unit. The service was paused during Covid due to issues with mixing of staff. The main ethos of the service is not to split the mother and baby. There has been an issue with recruitment in the neonatal unit as there is a significant amount of maternity leave. However, recruitment has now taken place and the Trust has over recruited in that area. A new lead is now in post and they have taken on the Transitional Care Service. The Trust is providing the service but it is limited. It is currently provided for babies receiving IV antibiotics who need a longer length of stay on the ward. The next phase will be bringing babies who are 34 weeks back onto the maternity wards.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PB presented the report, highlighting third and fourth degree tears, obstetric haemorrhage and elective caesarean sections.</p> <p>PS advised there has been a recent focus on the elective caesarean section list, considering feedback from women and staff. Areas for improvement have been identified in relation to the discharge process. From the staff feedback, concerns have been raised in relation to variation as different teams work different days. Work is underway to reduce this, with clear and simple goals which have been put in place.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
23/250	STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
25 mins	<p>Freedom to Speak Up (FTSU)</p> <p>KB joined the meeting.</p> <p>KB presented the report, advising there were 60 concerns raised in the previous two quarters, the majority of which were raised openly. KB highlighted the profile of people raising concerns, themes identified, triangulation and learning and Staff Survey results relating to FTSU.</p>		

	<p>GW felt it would be useful to gain feedback from people raising concerns in relation to their experience of the process once it is concluded and identify any lessons learnt which can be taken forward on a wider basis. KB advised as people are increasingly raising concerns openly, there is the potential for people to be happy to share their story and reflections.</p> <p>BB queried if there is anything KB would like to press forward with, for which she would like the support of the Board of Directors. KB advised she would like to see listening up training for all staff as this will help get some of the fundamentals right for initial discussions with line managers. This will be included in the new leadership training programme which is being launched later in the year. There is a need to consider how this can be made available to everybody.</p> <p>SB queried how managers view concerns being raised. KB advised there has been a shift in culture, noting she has had Divisions approach her seeking support as part of improvement plans. There will always be some managers who question why a member of staff raises a concern through FTSU rather than with them, but the balance is shifting and people will have initial conversations with their line managers.</p> <p>MG queried if there was anything further which could be done through FTSU to address the violence, abuse and harassment experienced by staff, particularly in ED. KB advised there are no FTSU Champions in Urgent and Emergency Care and acknowledged this may be an area to focus on. Champions have recently been recruited in the nursing workforce at Newark Hospital as they were underrepresented. Staff do speak up about bullying and harassment, but this is not always directly through FTSU.</p> <p>MG queried if FTSU was linked into the leadership development programmes. KB advised FTSU is part of the new Leadership Development Framework and she will be presenting to those sessions.</p> <p>RS advised there had been an extensive discussion regarding FTSU at the recent meeting of the People, Culture and Improvement Committee, noting the leadership offer is key. There is further opportunity to support KB in widening the champion voice. The People, Culture and Improvement Committee have committed to have a quarterly focus on violence, abuse and harassment, starting in September 2023, including looking at the wraparound support provided.</p> <p>PB advised there is a lot of ongoing work in relation to violence and aggression, although it was acknowledged this is not consistent or standardised. PB noted the increase in the number of concerns raised within nursing and midwifery, from which a theme has been identified as people feeling unsafe or working in areas outside of their sphere. It is noted people are being asked to move on a daily basis. While most staff understand the reason for needing to move area, there are issues with the way in which the message was delivered. KB is undertaking some targeted training with the senior team and leads to address this.</p>		
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	<p>DS noted FTSU is a powerful voice which connects into the Executive Team and Board of Directors. Therefore, there is the potential people may see it as a way of circumnavigating other processes. DS queried if KB had experienced any 'bad behaviours' of people using the FTSU route. KB advised some people do come through FTSU after a process has taken place which did not go in their favour, for example. They then come to FTSU thinking something different will happen, but usually there is nowhere to take those cases, other than to listen and acknowledge their experience. Some issues are raised in relation to the care they received during another process and the impact of that on their wellbeing. If people have circumnavigated a process, there is a need to understand why. Most people use FTSU for the right reasons.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>KB left the meeting.</p>		
23/251	PATIENT STORY – BEHIND THE SCENES OF YOUR OPERATION		
20 mins	<p>CR and KW joined the meeting.</p> <p>CR presented the Patient Story, which highlighted the role of Operating Department Practitioners (ODPs).</p> <p>CW felt the story was very interesting and informative.</p> <p>MG queried why scrub practitioners are so called. CR advised the role used to be referred to as scrub nurse, but the role could be undertaken by a nurse or an ODP. They 'scrub' in exactly the same way as a surgeon as they will be passing instruments to the surgeon. Some scrub practitioners are also surgical first assistants, so they could either be dealing with instruments or assisting the surgeon.</p> <p>DS advised an ODP has to be present for any operation to proceed. Therefore, ODPs are key members of the team.</p> <p>CR advised there is a national shortage of ODPs and the profession requires greater recognition. There is a need to raise the profile of ODPs.</p> <p>SB queried if CR has the opportunity to feed into continuous improvement in terms of patient safety, efficiency, etc. CR advised there are meetings within the theatre team to discuss patient safety and governance within theatres. This is a whole team approach.</p> <p>AH queried what are the key messages for the Board of Directors about ODPs and what needs to happen for ODPs over the next five years. CR advised there is a need to promote the profession and bring in students, noting there is currently an apprentice ODP within the Trust. There is a need to look at the forward plan to ensure there is a rolling programme over the next five years of people joining the profession. There is a need to get local people into the profession, noting the students who come to the Trust for their training are from Sheffield Hallam University and they go to other hospitals once qualified. There is also the need to look at advanced roles in terms of career progression.</p>		

	<p>KW advised people get so far in their career and then, because there is no enhanced route, they move outside of theatres. There is a need to look at enhanced roles.</p> <p>GW felt there is a need to consider the communications approaches and external conversations, possibly with Nottingham Trent University. CR advised Nottingham Trent University does not currently offer the relevant course, with Derby being used for the apprenticeships within the Trust. The external undergraduates come from Sheffield Hallam. There is a need to look to other universities and bring their students into the Trust. The role of ODP is being promoted through the Step Into the NHS events.</p> <p>CR and KW left the meeting.</p>		
23/252	QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)		
73 mins	<p>PR advised the IPR is the new format for what was previously the Single Oversight Framework (SOF). The domains remain the same but the number of indicators has been increased for consistency with the operational standards and reporting to the ICB and NHS England (NHSE). This provides greater transparency and is not a deterioration in performance since the last quarter, which was reported in a different format. Overall, the Trust continues to benchmark well in the key areas outlined in the report.</p> <p>QUALITY CARE</p> <p>PB highlighted falls, Clostridium difficile (C.diff) and dementia.</p> <p>DS highlighted venous thromboembolism (VTE) and Hospital Standardised Mortality Ratio (HSMR).</p> <p>BB advised HSMR is a regular feature on the workplan for the Quality Committee, but felt it would be useful for the Committee to have a workshop to consider mortality metrics and actions.</p> <p>Action</p> <ul style="list-style-type: none"> Quality Committee to have a workshop session to consider mortality metrics and actions to take. <p>AH queried, in relation to C.diff, how the Trust's usage of antibiotics compares to other organisations and how the Integrated Care System (ICS) benchmarks with other systems nationally. PB advised antibiotic usage generally has increased over the last few years but the Trust is not an outlier. PB advised he did not have the data to hand, but would report this to the next meeting of the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> Data in relation to antibiotic usage to be reported to the Quality Committee 	<p>DS</p> <p>PB</p>	<p>05/10/23</p> <p>05/10/23</p>

	<p>AH noted the coding of comorbidities is one of the drivers for the increase in HSMR and queried if there is anything else this has an impact on. DS advised an increase in divergence is becoming evident, noting the expected mortality in HSMR is reducing. This is surprising and the capture of comorbidities may be a factor in that. In addition, the Model Hospital data may start to skew.</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted the vacancy position, employee relations, agency usage and sustained improvement.</p> <p>CW noted there is a lag in the timescale for recruitment, in terms of the time taken from the offer being made to the person taking up post, and queried if there is an action plan in place to improve this.</p> <p>RS advised this is partly due to individual choice, for example, taking a break between graduation and starting work in September. In this instance, the Trust keeps in contact with people during this time and will start people in cohorts. Another factor is notice periods, which can fluctuate from a week up to 3 months. Leaders are encouraged to ensure people are given proactive positive messages in advance of their start date. The Trust does as much as possible and regularly reviews the process.</p> <p>CW acknowledged there are external factors which cannot be controlled, but there is a need to continually review what is in the Trust's gift to shorten the process. RS advised one of challenges was the frequency of orientation sessions. This has been increased and the capacity on each session has also increased.</p> <p>AR queried, where vacancies do exist, if an exercise has been undertaken to establish if it is necessary to fill those vacancies. If so, was consistent criteria applied. RS advised the Trust has established mechanisms for approval of vacancies, with each vacancy requiring executive sign off. The review of long-term vacancies can be explored in further detail through the People, Culture and Improvement Committee.</p> <p>RM advised, as part of the Financial Governance Framework, the Trust is seeking to ensure the right scrutiny and challenge is in place. In some areas, for example nursing, there is the establishment figure, which is based on safe staffing metrics, and these are recruited to accordingly. Similarly, job plans are in place for the medical workforce. For corporate areas, the Trust is keen to ensure there is the right level of oversight and is seeking to undertake a peer review, particularly for roles where there might be opportunities to work closely with partners and consider doing things in a different way.</p> <p>MG felt when considering the vacancy, there is a need to analyse the task and reconfigure what is required, noting a good example of this recently within pharmacy.</p>		
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	<p>In terms of cancer, RE advised the Trust benchmarks well across the majority of targets, highlighting the two-week wait and faster diagnosis standards. RE advised there may be some national changes to the cancer standards, to reduce them from ten to three core standards.</p> <p>AR noted there are some aspects of operational performance which are not within the Trust's gift to improve and felt the Trust needs to request information from the ICS in relation to primary care services and what their contribution is in terms of trying to keep people out of hospital. If primary care services are not being provided adequately, mitigations need to be put in place. AR noted the issues relating to flow within the Trust and felt it would be useful to have sight of metrics for social care.</p> <p>PR referenced the system reset work and advised PA Consulting has been formally appointed as the urgent care partner across the system. This work is currently mobilising. The aim is to gain an understanding of where the biggest benefit is in preparation for winter and focussing on those areas.</p> <p>SB noted the target of 40 for patients who are medically safe for transfer for more than 24 hours and queried what actions need to be taken to achieve that target and of those actions what is within the Trust's gift and what input is expected from partners.</p> <p>RE advised there is a trajectory which reduces to the target of 40 in step changes. In addition to improving flow, the target is driven by the financial position. The plan which has been signed up to is a plan which achieves the balance position required by year end. The plan is a system, not SFHFT, plan. Therefore, there are aspects which the system will need to deliver, for example, increased capacity in the community, and there are other aspects which are in the Trust's gift to deliver, for example, discharging patients earlier in the day.</p> <p>RM advised in Q1 the Trust spent circa £3.3m on escalation capacity, noting a lot of that capacity has been in place for 12-18 months. There is an ambition to try to improve the metrics and patient flow, which will hopefully enable the Trust to reduce the escalation capacity. However, this is a difficult balance. RE advised although the plan is to reduce the number of patients who are medically safe for discharge and close beds, those beds will not be closed until there is confidence the reduction can be sustained through and beyond Winter.</p> <p>DS advised the plan to ensure patients whose care could be provided elsewhere are moved to alternative provision is the right thing to do for those patients. However, it is noted the ambitious trajectory is off track. Greater clarity is required regarding where the blocks are, how they can be 'unblocked' and what support is required to achieve that.</p> <p>MG advised the Finance Committee has requested some scenarios in relation to what the escalation beds in place now would 'look like' in the height of winter if no action was taken and what would happen with mitigations in place. MG felt it would be useful to have increased visibility on qualitative benchmarking and queried how the different partners are working together.</p>		
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	<p>RE advised relationships with social care are improving and the Trust is gaining a greater understanding of the issues. The national team have published a letter in relation to Winter planning, which describes a ten-point plan, the enabling works of which will be to have collaborative working across the country.</p> <p>MG queried what impact Virtual Wards will have and queried if the Trust is on target. RE advised part of the planning includes a trajectory for Virtual Wards in terms of the number of beds which are freed up. This is an evolving picture. DS advised there is a national focus on Virtual Wards. There are two components of the business cases which were submitted, one for the Outpatient Parenteral Antibiotic Therapy (OPAT) Service and the other for respiratory patients. There have been some issues which are being worked through and other pathways which the Trust is trying to work up. The data suggests 500 bed days have been saved to date using Virtual Ward.</p> <p>ARB requested a deep dive be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge.</p> <p>Action</p> <ul style="list-style-type: none"> Deep dive to be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge. <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Q1, highlighting escalation capacity, impact of industrial action, Financial Improvement Programme (FIP), agency spend and Elective Recovery Fund (ERF).</p> <p>ARB queried if the ERF target has been reduced. RM advised NHSE are conscious of the financial impact of the industrial action which took place over Q1 and are considering how they can support NHS organisations. The changes in the initial guidance indicates that some of the ERF targets will reduce and some monies which would have been variable income will be fixed income. This will help offset some of the costs experienced. The detailed guidance is awaited.</p> <p>The Board of Directors CONSIDERED the report.</p>	RM	07/09/23
23/253	BOARD ASSURANCE FRAMEWORK (BAF)		
1 min	<p>PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted there are two risks, namely PR1 (Significant deterioration in standards of safety and care) and PR4 (Failure to achieve the Trust's financial strategy), where the current risk rating is above the tolerable risk rating.</p>		

	The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.		
23/254	USE OF TRUST SEAL		
1 min	<p>SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> Seal number 104 was affixed to a document on 7th July 2023 for Nottinghamshire Hospitals Plc ("Project Co"). The document related to the arrangements for the conversion of old Ward 3 to create a new Discharge Lounge to be delivered at King's Mill Hospital. Seal number 105 was affixed to a document on 7th July 2023 for Nottinghamshire Hospitals Plc ("Project Co"). The document related to the arrangements for a modular laminar flow theatre and internal repurposing and reconfiguration of theatre spaces to be delivered at Newark Hospital. <p>The Board of Directors NOTED the Use of the Trust Seal numbers 104 and 105.</p>		
23/255	EXTERNAL WELL-LED REVIEW RECOMMENDATIONS PROGRESS REPORT		
3 mins	<p>SBS presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. The report details progress against those recommendations, noting 13 are complete and two remain outstanding, for which progress reports are provided. A further update will be provided in 6 months' time.</p> <p>SB queried how assurance can be provided there is no slippage in terms of the recommendations which are marked as complete. PR advised a full review of all recommendations will be undertaken for the update in 6 months' time.</p> <p>MG felt it would be useful to look at the maturity in terms of how committees work across each other. GW advised 360 Assurance will be providing an update in relation to maturity matrix work and this aspect could be incorporated into that work.</p> <p>Action</p> <ul style="list-style-type: none"> Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete. <p>The Board of Directors were ASSURED by the report.</p>	SBS	Feb 24

23/256	ASSURANCE FROM SUB-COMMITTEES		
11 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting clinical audit, counter fraud, internal audit recommendation rate and procurement annual report.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting the establishment of the Sustainability Development Strategic Group, review of the ED Staffing Business Case and review of BAF PR4 (Failure to achieve the Trust's financial strategy) and PR8 (Failure to deliver sustainable reductions in the Trust's impact on climate change).</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting approval of Patient Safety Incident Response Plan and review of BAF PR1 (Significant deterioration in standards of safety and care) and PR2 (Demand that overwhelms capacity). BB advised SFHFT is an outlier for alcoholic liver disease in the HSMR data.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting committee effectiveness, further assurance requested for the improvement work agenda, theatres improvement programme, tactical workforce plan, recruitment to the pharmacy workforce, leadership programme and cultural heatmap.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>BB presented the report, highlighting summary document in support of the Annual Report, policy regarding external fundraising in public areas within SFHFT estates, application for grant from the NHS Charities Covid-19 recovery fund and Community Involvement headline report.</p> <p>GW welcomed the development of the Annual Report summary document.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/257	OUTSTANDING SERVICE – SUPPORTING YOUNG PEOPLE WITH SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) INTO EMPLOYMENT		
7 mins	A short video was played highlighting the work being undertaken to support young people with special educational needs and disabilities into employment.		
23/258	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Welcome to new governors. • Understanding of increased risks posed by the forthcoming industrial action. • Importance of encouraging colleagues to Speak Up and the importance of ensuring leaders listen and take positive action. • Importance of the role of the Operating Department Practitioner. • Review of IPR. • Work being undertaken to support young people with special educational needs and disabilities into employment. 		
23/259	ANY OTHER BUSINESS		
	No other business was raised.		
23/260	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th September 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:40.</p>		
23/261	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

23/262	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	<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 by members of the public.</p>		
23/263	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
23/173.1	01/06/2023	Triangulation between exception reports relating to working additional hours and patient safety incidents to be included in future Guardian of Safe Working reports	Public Board of Directors	None	07/09/2023	D Selwyn		Update 30/08/2023 Included in report to Board on 07/09/2023 Complete	Green
23/173.3	01/06/2023	Future Equality and Diversity Annual Reports to have an increased focus on the patient perspective	Public Board of Directors	None	Jun-24	R Simcox			Grey
23/173.4	01/06/2023	Further analysis to be provided to the People, Culture and Improvement Committee regarding the Trust quality profile	Public Board of Directors	People, Culture and Improvement Committee	05/10/2023	R Simcox		Update 15/06/2023 Item added to the September People, Culture and Improvement Committee agenda	Grey
23/252.1	03/08/2023	Quality Committee to have a workshop session to consider mortality metrics and actions to take	Public Board of Directors	Quality Committee	05/10/2023	D Selwyn		Update 04/08/2023 On agenda for September meeting of the Quality Committee	Grey
23/252.2	03/08/2023	Data in relation to antibiotic usage to be reported to the Quality Committee	Public Board of Directors	Quality Committee	05/10/2023	P Bolton		Update 30/08/2023 Assurance Paper going to Patient Safety Committee on 11/08/2203 and to feed into Quality Committee	Grey
23/252.3	03/08/2023	Review of long-term vacancies to be considered by the People, Culture and Improvement Committee	Public Board of Directors	People, Culture and Improvement Committee	05/10/2023	R Simcox		Update 23/08/2023 Item added to the September People, Culture and Improvement Committee agenda	Grey
23/252.4	03/08/2023	Root cause analysis on reasons for agency spend to be undertaken and presented to the Finance Committee and People, Culture and Improvement Committee	Public Board of Directors	People, Culture and Improvement Committee and Finance Committee	05/10/2023	R Simcox and R Mills		Update 23/08/2023 Item added to the September People, Culture and Improvement Committee agenda	Grey
23/252.5	03/08/2023	Deep dive to be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge	Public Board of Directors	Finance Committee	05/10/2023	R Mills			Grey
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

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chair's report		Date: 7 th September 2023		
Prepared By:	Rich Brown, Head of Communication				
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					
BBC = British Broadcasting Corporation NHS = National Health Service					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.					

Placing on-record confirmation of my selection as the Labour candidate to become the first East Midlands Mayor

I will start this month's report by updating the Board about my intention to run for election to become the first East Midlands Mayor at the elections that are due to take place in May 2024.

Further to my update at the July Board of Directors Meeting in Public, it was confirmed on Thursday 3rd August 2023 that I have been selected as the Labour Party candidate to stand at the forthcoming election.

Throughout my election campaign, I remain confident that I will successfully balance this role with my responsibilities as Chair and my continued commitment to support our Executive Team and other Trust colleagues to make the very best patient care happen across our hospitals.

I will continue to keep members of the Trust Board updated with relevant developments on this as my campaign progresses. I have updated my register of interests to reflect this new role.

Recognising the difference made by our amazing Trust Charity and Trust volunteers

August saw another flurry of activity across our Community Involvement teams, both in how they encourage financial donations to be made via our Trust Charity and through the thousands of hours that our volunteers give across our hospitals.

In August alone, 350 Trust volunteers generously gave 4,056 hours of their time to help make great patient care happen across the 32 services they have supported during the month.

This month, a new mealtime volunteer role has been piloted on Wards 12 and 51. Volunteers have been trained by the Speech, Language and Nutritional team to make mealtimes a positive experience for our patients. The role involves supporting patients' nutritional needs, encouraging them to eat and stay hydrated, and helping with hand hygiene.

Local food banks collected food, household and toiletry items which were donated throughout July. Food banks across the region advise that demand is higher than ever and passed on their sincere thanks for the continued support provided by the Trust.

Donations and charitable funds activity throughout August includes:

- 12 dolls for dementia services funded by Harron Homes. King's Mill Hospital was chosen in recognition of excellent care recently received by one of their team.
- West Burton Power Station (EDF Energy) recently ceased operations. A member of their staff nominated the diabetes team at Newark Hospital to receive £2,000 from remaining Sports & Social Club funds.

- Rainbow lanyards have been funded by the KMH volunteer fundraisers for the maternity bereavement service. This idea came from a family who suggested these lanyards be given to families who have suffered a loss and could be worn at subsequent appointments, helping to discreetly indicate the loss to maternity colleagues.
- The King's Mill volunteers have also funded acorn badges to recognise and celebrate preceptorship nurses.

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

Trust colleagues appear in national BBC documentary to celebrate the 75th anniversary of our NHS



Image credit: BBC / Chatterbox

In August, we were delighted to see a Mansfield-based family of NHS heroes who have dedicated their lives to our NHS featuring in a national BBC documentary.

Marking the 75th anniversary of our NHS, the new series of *Extraordinary Portraits* saw comedian, musician, and art lover Bill Bailey pair a selection of extraordinary NHS workers with some of the UK's most celebrated portrait artists.

The Edwards family featured in episode five of the series, which aired on Monday 14th August and starred the Trust's very own Corporate Matron Gerrie Edwards, who works at King's Mill Hospital.

Gerrie, 55, started her career at King's Mill as a Staff Nurse in 1989 and has worked as a matron for the past 36 years. She was recently honoured with the Lifetime Achievement Award at the Trust's annual *#TeamSFH Excellence Awards*, recognising her involvement in several important Trust projects.

The episode also featured the rest of Gerrie's family, including Rhishana and Samara Edwards – two of her three daughters, who both work for Sherwood Forest Hospitals.

Rhishana, 28, works in the Trust's People Team as a Deputy Divisional People Lead and Samara, 20, works as a Bank Healthcare Assistant while in her second year of studying to be a student nurse at the University of Nottingham.

The episode also featured Brianna Edwards, 25, who works as a Paediatric Intensive Care Nurse at Queen's Medical Centre in Nottingham and Gerrie's husband Calvin Edwards, 62, who is a Registered Mental Health Nurse at Millbrook Mental Health Unit.

If you missed it first time around, you can catch-up with the Edwards family's appearance on *Extraordinary Portraits* on the BBC iPlayer.

To: • All integrated care boards and NHS trusts:

- chairs
- chief executives
- chief operating officers
- medical directors
- chief nurses
- heads of primary care
- directors of medical education

• Primary care networks:

- clinical directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

cc. • NHS England regions:

- directors
- chief nurses
- medical directors
- directors of primary care and community services
- directors of commissioning
- workforce leads
- postgraduate deans
- heads of school
- regional workforce, training and education directors / regional heads of nursing

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co-operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper [implementation and oversight](#). Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

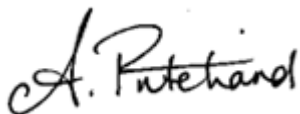
All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the [Fit and Proper Person Framework](#) by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,



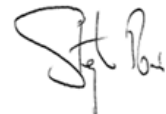
Amanda Pritchard
NHS Chief Executive



Sir David Sloman
Chief Operating
Officer
NHS England



Dame Ruth May
Chief Nursing Officer,
England



**Professor Sir
Stephen Powis**
National Medical
Director
NHS England



Nottingham and Nottinghamshire

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

15 August 2023

Letter sent via email

Paul Robinson
Chief Executive
Sherwood Forest Hospitals NHS FT

Dear Paul

Re: NHS Oversight Framework 2023-24 – Quarter 1 Segmentation

Thank you very much to you and your teams for your continued leadership at Sherwood Forest Hospitals. I am writing to confirm the Quarter 1 2023-24 position for your organisation and to set out the process and timescales for the 2023-24 Quarter 2 segmentation assessment.

Quarter 1 Segmentation Review Outcome - Review Undertaken June 2023

Following the ICB peer review process undertaken at the end of June 2023, the proposed segmentation for NHS Provider organisations was approved by the Midlands Regional Support Group at its meeting on the 27 July 2023, and notified to the ICB on the 8 August 2023. It was agreed that for Quarter 1 2023-24 Sherwood Forest NHS Foundation Trust should remain in Segment 2 of the NHS Oversight Framework.

This rating is based on the quantitative and qualitative assessments of the 5 National Themes and one local priority contained within the NHS Oversight Framework, and continues to be driven by:

Quality of care, access and outcomes – The Trust performs well against the Oversight Framework assessment metrics, with a significant amount of performance continuing to be in the upper quartile nationally and is not a significant outlier for any areas of performance. Any specific areas of concern are addressed through improvement plans, for example diagnostics and long lengths of stay/MSFT. The Maternity Services CQC report published in February 2023 reported that the services remained 'good' and good progress is noted towards the implementation of PSIRF.

Preventing ill-health and reducing inequalities – The Trust has a clear focus on recovery considering potential inequity and inequalities in waits, identifying opportunities to target local population needs. The Trust have actively engaged in the system analyst health inequalities forums and data management approach.

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

- The Trust submitted a breakeven plan for 2023-24 which included £27.5m (5.6%) efficiency requirement. There were plans to improve the underlying deficit from £58.3m (2022-23 exit) to £41.2m (2023-24 exit). It was acknowledged that this would be a significant challenge to achieve.
- At month 2, the Trust reported an £1m adverse variance position against a planned deficit position of £2.9m. The main driver was reported as being UEC stretch capacity and impacts from Industrial Action. Efficiency targets were met at month 2, although this was due to non-recurrent benefits. Agency spend also reported over planned levels at £2.9m, which was a £0.3m adverse position against plan. We would ask that you continue to work both internally and with the system to deliver against the plans submitted, to support your improvement in your NHS OF Segmentation position.

People – Workforce availability remains a key challenge across the Trust, however workforce loss was within trust target levels at 6.5% for March and was in the top quartile for February 2023. The Trust performed well across the 2022 Staff Survey, with many areas reporting in the top quartile national. The only exception to this position being the proportion of staff in senior leadership roles who are from a BME background, however this is reporting year on year improvement.

Leadership and capability – There has been good engagement from across the Trust for development of the system, and active engagement in system transformation programmes. There are no material concerns or support needs identified for the trust system or governance.

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

Segment 2 Exit Criteria

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

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

1. Address the underlying deficit of the Trust, working across the system, to ensure a clear plan is in place with evidence of progress being made.
2. Continue to progress elective recovery through increasing productivity, ensuring achievement of the 65-week reduction to zero by March 2024, and 62-day backlog reductions back to planned levels.
3. Continue to provide active contribution to the overall system financial sustainability, quality improvements and outcomes.
4. To be a key contributor to the wider system as an anchor institution.

Quarter 2 2023-24 Segmentation Review Process

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

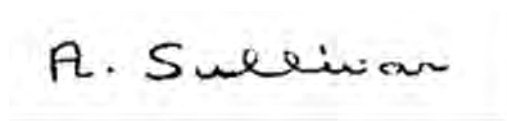
Whilst the 2023-24 segmentation metrics have been notified to us, the National Oversight Framework has not yet been published and metrics have not as yet been populated for review, therefore the 2022-23 framework will continue to be used for the Quarter 2 segmentation review. The ICB will continue to facilitate a review each quarter, in line with national operating model expectations. The current process is for an ICB Desktop review to be undertaken which is supported by the performance against the NHS Oversight Metrics and Chief Executive to Chief Executive discussions held, which are then discussed through an ICB Review Panel to determine the proposed segmentation and ensure consistency of assessment across the system providers. A review by 'exception' will be undertaken by the ICB of provider organisation's segmentation and will need to be completed with recommendations for changes being submitted to NHS England by the **6 October 2023 for Quarter 2**.

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

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

With kind regards

Yours sincerely

A handwritten signature in black ink that reads "A. Sullivan". The signature is written in a cursive style and is contained within a thin black rectangular border.

Amanda Sullivan
Chief Executive
NHS Nottingham and Nottinghamshire ICB

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

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's report		Date: 7 th September 2023		
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					
AGM = Annual General Meeting BAF = Board Assurance Framework BBC = British Broadcasting Corporation BMA = British Medical Association CQC = Care Quality Commission ENT = Ear, Nose and Throat FDS = Faster Diagnostic Standard ICB = Integrated Care Board ICS = Integrated Care System NHS = National Health Service SDEC = Same Day Emergency Care #TeamSFH = Team 'Sherwood Forest Hospitals' TIF = Targeted Investment Fund UEC = Urgent and Emergency Care					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

Reflections following the verdict in the trial of Lucy Letby

We are all appalled by the case of Lucy Letby and the terrible murders she committed.

The thoughts of everyone here at Sherwood Forest Hospitals are with the babies and families affected by this tragic case.

There are lessons for us all to learn to prevent this happening ever again and the attached letter from Amanda Pritchard, Chief Executive of NHS England, sets out requirement for Board governance and oversight following the outcome of this case.

As Chief Executive, I will ensure that an update is reported to Board at the next Public Meeting of our Board of Directors.

Operational updates

Industrial action

It's been another busy month across our hospitals where industrial action has remained in the news and at the front of our thoughts.

In August, the British Medical Association (BMA) led two periods of industrial action: the first for its junior doctors between Friday 11th and Tuesday 15th August and the second for consultants between Thursday 24th and Saturday 26th August.

At the Trust's Public Meeting of its Board of Directors in August, the Trust's Board discussed at length the impact that this industrial action is continuing to have on patients, our colleagues and the services they provide.

During the industrial action that was held by junior doctors between Friday 11th and Tuesday 15th August alone, over 380 outpatient appointments, inpatient procedures and day case procedures were postponed.

Following the latest period of industrial action from junior doctors that ended on Tuesday 15th August, we have now postponed over 4,300 instances of that same activity across all periods of industrial action during 2023 in order to prioritise safe urgent and emergency care. These figures indicate the impact of this industrial action on our services but do not take account of lost opportunities where appointments were not booked once we knew that strike date had already been confirmed.

These figures indicating the impact of this industrial action on our services do not take account of other elective related activity, which includes activity we have avoided booking once dates for future industrial action have already been confirmed.

At the time of writing, the financial cost of this year's industrial action to Sherwood Forest Hospitals alone stands at over £1million. That figure will only continue to rise, with the cost of the consultants' strikes at the end of August still being calculated.

As a Trust Executive Team, we want to be clear on the extent of the impact that this ongoing national dispute is having on the services we provide, the colleagues we are proud to work alongside and the patients we care for.

We know there is a patient behind each and every one of those postponed appointments and we are clear on how this prolonged national dispute is severely impacting the Trust's ability to reduce its backlogs for elective care at the pace we would like and that patients deserve.

There is also a human cost to our Trust colleagues here, as working under sustained pressure for such long periods has an obvious impact on them. This is true not just during each period of industrial action, but also in preparing and recovering from one period to the next.

It is only thanks to the skill, hard work and resilience of those Trust colleagues that we have been able to continue to prioritise safe urgent and emergency care throughout each period of industrial action. I thank them once again for their efforts.

As a Trust, we continue to relay the impact that these strikes are having to the Nottingham and Nottinghamshire Integrated Care Board (ICB), to our NHS England (Midlands) colleagues and to the British Medical Association in our discussions with their local representatives within the Trust.

I reiterate my hope that we see an end to this national dispute as quickly and painlessly as possible in the interest of the colleagues, patients and the communities we are proud to serve.

Operational overview

Like many acute trusts across the country, demand has remained high across our hospitals over the past month, with our services continuing to operate under sustained pressure with a year-to-date growth in attendances of 4.3% in emergencies.

At times, patients experienced delays to admission due to a lack of available beds, despite the number of open beds remaining at an all-time high with no bed closures following the 2022/23 winter period.

We have continued to provide timely ambulance handover despite those challenges, delivering against the 30-minute national standard. We continue to benchmark in the upper quartile nationally for four-hour performance and have a strong medical Same Day Emergency Care (SDEC) offer which continues to help avoid admissions.

Increase in referrals and waiting list size for our elective pathways continue to impact on our ability to deliver against national planned care standards.

While we continue to remain above-plan for our outpatient and day case activity, industrial action continues to adversely impact our elective and cancer activity. The Newark TIF (Targeted Investment Fund) development that is due to open in autumn 2023 will help us further increase the number of elective patients we treat.

We continue to work hard to reduce the number of long-wait elective patients. We now have only a very small number of patients waiting in excess of 78 weeks, these are either attributable to patient choice, patients too poorly to be treated at this time or exceptionally complex clinical pathways.

Our 65-week wait position continues to be adversely impacted due to Ear, Nose and Throat (ENT) patients being taken in as mutual aid to support other NHS organisations.

From a planned care perspective, we remain focused on our diagnostic and cancer recovery to reduce backlogs for our patients.

The constitutional standards for cancer we report on will change from October. This will impact on our cancer reporting and performance, due to the scope of the three remaining constitutional standards. Work is already underway to ensure that we report on this as required. The changes have no impact on our care pathways for patients or action plans in place to improve our performance and reduce waits.

I look forward to sharing further updates with you about this important work over the coming months.

Patient experience of the Trust's Urgent and Emergency Services named in country's 'top 10'

Sherwood Forest Hospitals' Urgent and Emergency Care services were named among the country's 'top 10' for patient experience in the results of a recently published Care Quality Commission (CQC) survey.

The Urgent and Emergency Care survey looked at the experiences of people who attended Type 1 or Type 3 urgent & emergency care (UEC) services across the country, with 122 trusts taking part in the survey.

The results revealed Sherwood Forest Hospitals to be in the top 8% of hospitals that were surveyed, benchmarking 10th out of the 122 Trusts that took part.

The Trust was rated 'better or somewhat better' than the majority of Trusts in the following areas by patients who had their say in the survey:

- Patients' overall view was a good experience (80% agreed)
- Patients felt they were given the respect and dignity they deserved and their privacy was respected (93% agreed)
- Total length of visit did not last too long (62% agreed)
- Patients felt they were given a clear explanation in a way they could understand (85% agreed)
- They were involved in decisions about their care and treatment (80% agreed)
- Families, friends and carers were given time to talk (81% agreed)
- Providing information on waiting times. (59% agreed)

Seeking feedback from patients is an essential part of improving our services and we are grateful to everyone for the feedback and support they provided by taking part in this survey.

These results are also testament to the skill and dedication of our colleagues working in our Urgent and Emergency Care team for the commitment they have shown in providing great care to patients when they need it most.

NHS Oversight Framework 2023-24: Quarter 1 Segmentation

Amanda Sullivan – Chief Executive of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) – formally wrote to the Trust on 15th August 2023 to confirm the Trust's Quarter 1 2023-24 position and to set out the process and timescales for the 2023-24 Quarter 2 segmentation assessment.

The letter is provided in full in appendix two of this report.

Following the ICB peer review process undertaken at the end of June 2023, the proposed segmentation for NHS Provider organisations was approved by the Midlands Regional Support Group at its meeting on 27th July 2023 and notified to the ICB on 8th August 2023.

It has been agreed that for Quarter 1 2023-24, Sherwood Forest NHS Foundation Trust should remain in Segment 2 of the NHS Oversight Framework. This rating is based on the quantitative and qualitative assessments of the five national themes and one local priority contained within the NHS Oversight Framework.

A review by 'exception' will be undertaken by the ICB in respect of Quarter 2, with this needing to be submitted to NHS England by 6th October 2023 for Quarter 2. I will continue to keep the Board updated about this oversight review as it is undertaken each quarter.

Reviewing the county's health and social care provision as a system

As a Trust, we are now working with the Nottingham and Nottinghamshire Integrated Care Board (ICB) to actively review our patient pathways to consider how all partners can work together more effectively to better support one another.

A dedicated piece of this work will focus on discharging patients from acute hospital settings as soon as they have received the hospital care they need and are medically fit to return to wherever they call home.

This work will be led by Amanda Sullivan as Chief Executive of the ICB, Melanie Williams as Chief Executive of Nottinghamshire County Council and myself, representing NHS providers in the system on behalf of the Provider Collaborative.

This important work is all aimed at working more effectively as a truly integrated care system across individual organisations.

Elsewhere in the Trust

Date confirmed for Trust's Annual General Meeting (AGM)



The Trust's Annual General Meeting (AGM) is due to take place at King's Mill Hospital from 5.30pm on Tuesday 26th September 2023.

The meeting will give an in-depth look at the Trust's performance for the 2022/23 financial year, as well as giving anyone attending the opportunity to learn more about how the Trust is planning to meet the challenges it is expecting to face in the remainder of 2023/24 and beyond.

If you wish to attend the AGM, please register your place before midnight on Tuesday 19th September by visiting <https://forms.office.com/e/T3nv5jWZUW>

There will also be an opportunity for attendees to put their questions to the Trust's Board of Directors to answer at the meeting. All questions must be submitted in advance of the meeting by emailing sfh-tr.communications@nhs.net before midnight on Tuesday 19th September.

Following the meeting, we will also be hosting a 'Step into the NHS' showcase event in the hospital's main reception to give anyone attending the chance to find out more about the work that is going on across our hospitals. The event will also share details of the range of the Trust's range of career opportunities with potential job seekers.

Anyone interested in finding out more about the Trust's Annual General Meeting (AGM) and our *Step into the NHS* Showcase event can visit www.sfh-tr.nhs.uk/about-us/annual-general-meeting/

Newark Hospital: Weekend appointments providing a success for patients

Patients are benefiting from more convenient appointments ahead of their planned operations, as part of our ongoing commitment to making Newark Hospital a valued and vibrant asset for local people.

Newark Hospital is now offering appointments for pre-op assessments between 8am and 4pm on alternate Saturdays, as well as from 8am to 6pm on Mondays to Fridays.

The appointments have been introduced in response to feedback from patients that Saturday appointments are a lot more convenient to attend around work and family commitments. Our teams also notice that they are usually more relaxed at their appointment because they are not in as much of a rush.

Although patients who live locally to Newark Hospital and are having surgery there are routinely offered Saturday pre-op appointments when booking, anyone who is having surgery at King's Mill can also choose to have their pre-op checks done at Newark Hospital.

Partnership updates

Trust supports Number 10 Workforce Participation 'Deep Dive' exercise

Sherwood Forest Hospitals recently joined other local partners from across the Mid Nottinghamshire Place-Based Partnership to take part in a Workforce Participation 'Deep Dive' exercise with the Government's No10 Delivery Unit.

The session supports the government's desire to form partnerships with 'places' around the country to enhance its levelling-up agenda.

The No10 Delivery Unit was proactive in contacting the Trust and other partners following the session to thank them for taking part in the review, which they said was useful in generating insights to inform policy development and support the delivery of work taking place nationally.

Supporting health discussions around the Mansfield Levelling Up Partnership

In August, the Trust's Director of Strategy and Partnerships, David Ainsworth, met with representatives from the Government's Department for Levelling Up, Housing and Communities to discuss the Mansfield Levelling Up Partnership and how the Trust can support this important work.

The Department is currently working with Mansfield District Council to understand the challenges and opportunities in the district, focusing specifically on the Trust's perspectives around the health and wellbeing of the local community.

The Levelling Up Partnerships programme was setup to deliver a tailored approach to place-based working by working with key partners in local areas to understand the challenges and opportunities the place faces and then to identify practical actions to bring about change.

These latest discussions that the Trust took part in followed the publication of the [Levelling Up White Paper](#), which set out an ambition to develop policy in a different way, focused on understanding the needs and opportunities for specific places and then seeking to develop tailored solutions where possible.

We will continue to support our local partners in progressing this work for the benefit of the local communities we serve.

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 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 November 2023.

EMAP Board Meeting

March 2023 report on AGEM investment projects

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Background

AGEM agreed to an investment of £300k to support EMAP development, as part of AGEMs strategy to develop further capacity and capabilities for the future, and to demonstrate support for this important collaboration. A Memorandum of Understanding was developed and agreed that set out the investment of this funding, and that the program management arrangements would be led through UHDB – Gino Distefano Director of Strategy and James Scott Head of Partnerships.

Investment and Actual Spend

Project Area	Budget	Actual Forecast
Haematology Service and Workforce Review	£75,000	£75,000 - staff resource costs
Head and Neck Cancer Capacity Dashboard	£50,000	£60,000 - staff resource costs
Cardiac Surgery Analytical Support [Ph1]	£120,000	£120,000 - commission of Strategy Unit to complete review
EMAP Board Development	£50,000	£50,000 - staff resource costs
Total	£300,000	£310,000

Summary of progress and recommendations

The enclosed project highlight reports set out the work delivered within this budget and the recommendations for further development should the Board require this. This is summarised in the following table:

Project	Progress	Recommendations	Investment implications
Haematology Service and Workforce Review	<ol style="list-style-type: none"> 1. Discovery phase completed with analytics and clinical engagement 2. Initial design phase on recommendations for the changes to care model 3. Demand, capacity and workforce model partially built to model the impact of changes to the care model on sustainability 	<ol style="list-style-type: none"> 1. A full report and recommendations will be provided at the end of March from the PMO 2. The pathway review has highlighted changes needed in Referrals Optimisation Outpatients design and workforce model, MDT efficiencies and standards and Ongoing Patient Management 3. Completion of the demand, capacity and workforce model 4. Handing over to a network group 	<p>If continue with development of a sustainable network with support PMO £90,000 with a 50% reduction from AGEM £45,000</p>
Head and Neck Cancer Capacity Dashboard	<ol style="list-style-type: none"> 1. Discovery phase completed to understand current information available across network providers and to understand PAS and cancer reporting systems used. 2. Network data group established with representation from 4 main providers, monthly meetings take place. Problem statements developed and vision and priorities agreed with group. AGEM attendance at H&N Cancer Board December 2022 to share findings and vision. 3. Data sharing requirements agreed and DPIA template provided. Engaging with providers to identify IG Leads and agree next steps for next data sharing. 4. Proof of concept H&N cancer dashboard developed in Foundry to show activity and performance by site (based on national data). Demand and Capacity planning tool prototype in development awaiting data. 	<ol style="list-style-type: none"> 1. The network data group should continue to engage and work collaboratively. Next steps are to identify and engage with clinical leads ensure solutions meet expectations. 2. Prioritise agreement of data sharing principles and establish platform for sharing of data across the network. 3. Develop Demand and Capacity planning model in Foundry based on provider shared data. 	<p>£150,000 with a 50% contribution from AGEM [if agreed]</p> <p>£75,000 investment to deliver this</p>
Cardiac Surgery	Parts 1 to 3 of the following analytical work is complete and	The recommendations will be developed in early April once the	Assume similar investment request of

Analytical Support [Ph1]	<p>undergoing sense check stages with lead SROs Kiran Patel (WMAP) and Andrew Furlong (EMAP) and clinicians and managers who have been involved in the project from the 6 centres.</p> <ol style="list-style-type: none"> 1. Analysis of trends, patterns and demand factors in adult cardiac surgery 2. Description of inequalities in access to cardiac surgery 3. Evaluating the productivity/efficiency of cardiac surgery units 4. Developing system dynamic and simulation models to model change scenarios for adult cardiac surgery <p>The development of the system dynamics model is in its final stages with data from each centre feeding into the model and the next stage is to develop the 'what if' scenarios with relevant stake holders and then to test these change scenarios in the model.</p>	<p>scenarios are tested in the model and the analytical work is triangulated to these.</p>	<p>£120,000 for Strategy Unit [no AGEM contribution, but potential for reduction depending on discussion with the Strategy Unit]</p>
EMAP Board Development	<ul style="list-style-type: none"> • Workshop 1 (Confirming the Case for Collaboration) was completed successfully in October 2022 and the required output produced and shared with all members (Strategic intent document including "the vision for EMAP", agreed priority areas of opportunity for collaboration, and proposed future work programme). • Between November 22 – January 23 a report was developed and shared with the Boards of each of EMAPs eight member organisations providing an update on the current status of EMAP, and outlining a series of key questions to be addressed relating to: membership, leadership, resource, structure, decision making, and the future collaborative work programme. Each Board was asked to note the current status and to approve the proposals 	<p>We recommend continuing with the development programme as planned, including a further x2 workshops that to has not yet been possible to complete (due to time constraints including winter pressures and the requirement to engage all member organisation Board via the progress report and key questions described above). We propose that this would run as follows:</p> <p>Workshop 2 (schedule for May 2023) Workshop 3 (schedule for August 2023)</p> <p>The focus of these workshops will be to build on progress made during the first workshop in October 2022, and to consider the Board responses to the January 2023 report. The workshops should therefore include membership (CEOs and MDs) of each eight member organisation and will focus on confirming the future collaborative workplan for</p>	<p>Assumption of support and development for £100,000 [with some external support] and an AGEM reduction of 50% £50,000</p>

		EMAP, as well as a shared agreement on the future operating and governance model required to deliver the workplan effectively.	
Total	Potential carry forward work for prioritisation		£290,000 estimate

Board members are invited to note the additional investment made, and the progress, and learning points on the enclosed reports, and to discuss any area in this that would be suitable for prioritisation in 23-4 alongside new projects and initiatives that meet the strategic development goals of EMAP

AGEM partnership funding 2023-4

AGEM is offering a model for 2023-4, where if a project is commissioned and funded it will be matched by an equivalent resource from within AGEM, therefore a project funded at say £50k would buy £100k of support against and agreed specification.

This fund is being made available to EMAP first as part of the strategic and collaborative support provided. The list below provides a summary of the sort of support and capabilities that might be accessed if required.



Summary and conclusions

The resources made available have been fully deployed, however greater value might have been gained with a clear leadership model within the executive having fuller engagement on the priorities that have been selected and to drive results against each area, together with project reporting, accountability and performance against results required for the investment

Alison Tonge
ISS Director AGEM

Investment Programme Reports

EMAP – AGEM Investment Report March 2023

Haematology Service and Workforce Review - Prepared by Zeshan Mahmood

Project scope

EMAP commissioned Arden & Gem to lead a review into Haematology services across East Midlands Providers with a view to address the significant challenges the services are facing including increasing demand and workforce shortages. The programme aims to work with key stakeholders from across the 8 Trusts to design a future sustainable model for Haematology, looking at pathway re-design and new workforce models. The review aims to present a set of clear clinical recommendations to EMAP in March 2023 for implementation.

Key deliverables:

Develop a workforce plan / actions / recommendations for approval to implement
Clinical recommendations for changes to pathways employing a whole pathway approach to address demand and current inefficiencies
Identify solutions that require a networked approach
Develop a model / tool for analysing demand and capacity across the region using the existing pathways and new proposed pathways to understand current and future gaps
Establish baseline to measure change

How the work was organised and delivered

An initial analytical analysis was conducted using centrally accessible SUS data for each of the 8 Trusts to understand the variations that exist for Haematology activity across the region. The outputs of the analysis and case for change were presented at a workshop involving clinical and operational representatives from each Trust.

Key outputs from the session were:

- Demand is high and increasing some of which may be exacerbated by non-acute / system factors and therefore primary care involvement is necessary
- Significant, sustained workforce challenges, particularly in medical staff
- Challenges in capacity, particularly outpatients and diagnostics
- Variances both in performance but also the intensity or of the challenge between East Midlands providers

It was agreed to commence a programme of work to review and develop solutions to the issues identified, revolving around workforce and service pathway models.

The project was subsequently broken down into the following areas:

- Pathway redesign
- Workforce redesign
- Demand and capacity

For each of these areas a specialist was engaged to gather the relevant data and to create a process or plan to support teams to understand the problems and implement any solutions identified.

Pathway Redesign

Engagement with key clinical and operational leads at each Trust both individually as well as at a collaborative workshop involving primary care to understand the challenges within each segment of the pathway. Circulation of a questionnaire and results analysed to identify those areas of the pathway that are to be prioritised and potential solutions.

Desktop research for the areas identified, to ensure good practices and standards that may exist within, or outside region are captured in the design.

Establish working groups with dedicated Clinical leads to work up the solutions proposed and develop a list of recommendations / action plan for improvement.

Workforce Redesign

Partake in the Health Education England Workforce Planning Masterclass Workshops to understand the 6-step process for workforce planning

Using the HEE Masterclass sessions to engage with key stakeholders from across the 8 Trusts to develop alternative staffing models for the outpatient setting

Obtain DPIA sign-off and subsequently acquire data to baseline workforce and understand gaps to enable a strategic workforce plan to be developed

Demand and capacity

Collate a set of metrics encompassing outpatient activity and capacity data to be used for modelling current and future demand and impact of any changes. Design and develop a modelling tool on Anaplan involving a Test site (Trust)

Progress – what has been achieved

Pathway Redesign

The pathways areas for focus have been identified as:

- Referrals Optimisation
- Outpatients and Ongoing Patient Management
- MDT Efficiencies

Action plans are being created for teams to use as they progress the work. Leads for each of the areas have been identified and the first meetings have taken place. Although this work is still in its infancy and will require ongoing focus, some of the recommendations that have been worked up are:

MDT

- Stakeholders input and agree on the East Midlands Haematology MDT standards that have been drafted. This document aims to support triage, management, outcome, and audit of the MDT meetings. EMAP to review and sign-off for implementation.
- Agree bi-annual audit of MDTs and look at potential for peer review.

Referrals

- Agree tests that can safely and appropriately be undertaken in / by primary care with a view to ensuring patients are 'as investigated as possible' prior to referral
- Categorise and agree tests that fall under primary and secondary care to optimise patient pathway and reduce duplicate repeat testing. Develop associated guidance for roll-out
- Review the IT requirements to support information sharing
- Understand approach to advice and guidance at each Trust and agree approach to be used and communicate with wider health community
- Review of report writing and additional information that needs to be communicated to recipient
- Collate all education information, format in an easily consumable way and engage with education teams to support wider rollout
- Agree formal project group to take work forward

Outpatients

- Engage with clinicians who can agree clinical guidelines for new approaches to patient management.
- Share good practice for new clinics and engaging with additional staff e.g. GPs
- Create a detailed plan for workforce recruitment, management and training.
- Review care planning approaches from other specialties to understand what is possible for haematology.
- Set up group to look at the approach going forward.

Workforce

The project has, to date, not delivered a strategic workforce plan, although there are processes in place to collect and collate data to support this. The project team are waiting for DPIA and information sharing agreements to be completed by participating Trusts.

The HEE Masterclass workshops have been used to develop a workforce model for outpatients with a view to expand the workforce by focussing on non-medics. Currently, working group meetings are in place to test the outputs, ensure input from across the Trusts, and agree a final model. These meetings are running until 22nd March 2023.

Demand and Capacity

Work has been undertaken and partially completed to develop a Haematology specific demand and capacity outpatients modelling tool and a workforce modelling tool on Anaplan. A combination of centrally accessible SUS data and dummy data has been used to test the functionality of the tool. Further work is required to deliver acceptable outputs to the customer

What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead

Pathway Redesign

Each of the areas of focus require a dedicated project team, made up of staff from each organisation, to take the actions listed above forwards. To make improvements the teams will require a dedicated service improvement specialist, who understands the complexities of this level of work, to support them in a collaborating and implementing the solutions at scale. The service improvement specialist should also be able to provide project management support to ensure that the work is undertaken in a timely way so as not to lose momentum.

Workforce

Workforce planning - Once DPIA approval is complete, existing systems can be used to produce a workforce baseline and feed this into the Anaplan model. This will then allow for scenario planning around skills mix changes and gap analysis between current and future models of care. Once this is complete, to work with the participating Trusts to agree workforce action plans and make recommendations for implementation of workforce changes, incorporating the outpatients workforce model that has been developed.

Demand and capacity

Further work will be required to test the model with Trusts and input Trust level activity and workforce data (once DPIAs are signed off) to complete and to deliver acceptable outputs to the customer. This will include inputting the change initiatives developed through the workforce and pathway redesign workstreams into the tool to model the impact on demand and enable future planning of capacity to meet demand

What would you recommend in terms of

Project governance

This work would benefit from a governance structure that allowed discussions to take place across all organisations and that would allow issues to be escalated for support from senior team members from each organisation and across the East Midlands.

Updates to EMAP Board of key project milestones and avenue for escalating any issues/risks identified

Specialist support

Ongoing service improvement and workforce specialists are required to ensure that the right tools and techniques are applied throughout the lifecycle of the project. Furthermore, dedicated specialists from the Haematology clinical and managerial teams across the 8 Trusts to ensure agreed recommendations are implemented into each service and practice

Project management

Service improvement specialists often also bring the skills of project management. This is vital to ensure the momentum is maintained and that activities are understood and aligned to support the implementation of solutions.

Leadership /executive support

The programme is supported by a programme manager to coordinate activities between project teams and with EMAP, consideration should be given on future leadership.

Clinical engagement and leadership

Pathway Redesign

The current pathway area leads are also included in other pieces of work, so their time to support this work is very limited. Having a more diverse group, made up of staff within a managed network, would mean that discussions and solutions may be richer. This would be a good opportunity to allow more junior clinicians the opportunity to build their service improvement skills, with the support of senior team members where barriers were encountered.

Head and Neck Cancer Capacity Dashboard - Prepared by Doug Smith

Project scope

Head and Neck Cancer services within the East Midlands have experienced significant sustainability challenges, as well as several Data Challenges when looking at this Service from a Whole Network and End-to-End Pathway perspective, including:

- Waitlist and associated data is often not visible, out of date and inaccurate which impacts operational effectiveness and inequity of care
- No holistic view of current regional capacity (both asset and workforce) in a single location
- Lack of insight from current information to improve capacity planning across trusts in the region, including staffing options, and capacity initiatives.

The AGEM Foundry Programme were engaged to work collaboratively with the East Midlands H&N Cancer Network to develop an actionable tool, or set of tools, to assist the participating trusts in improving operational performance across the Head and Neck pathway.

How the work was organised and delivered

During 2022/23 the work was organised into four main workstreams as follows:

1. Reviewing Existing Business Intelligence provided throughout the Network and carry out Gap Analysis and create Delivery Plan to achieve agreed requirements, including identification of Best Practices and Quick Wins from existing information.
2. Engaging with Network Providers through Focussed Workshops to clearly Define the Problem Statements, understand Desired Outcomes, and agree Scope and prioritise Requirements.
3. Establishing Data Sharing and Information Governance foundations for the data programme.
4. Developing Foundry capabilities to deliver near real-time data across the prioritised pathway components at the system and provider collaborative level.

Progress – what has been achieved.

5. Discovery phase completed to understand current information available across network providers and to understand PAS and cancer reporting systems used.
6. Network data group established with representation from 4 main providers (data and cancer performance leads), and monthly meetings take place. Problem statements developed and vision and priorities agreed with group. AGEM attendance at H&N Cancer Board December 2022 to share findings and vision.
7. Data sharing requirements agreed and DPIA template provided. Currently engaging with providers to identify IG Leads and agree next steps for next data sharing.
8. Proof of concept H&N cancer dashboard developed in Foundry to show activity and performance by site (based on national data). Demand and Capacity planning tool prototype in development awaiting data.

What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead

4. The network data group should continue to engage and work collaboratively. Next steps are to identify and engage with clinical leads ensure solutions meet expectations.
5. Prioritise agreement of data sharing principles and establish platform for sharing of data across the network.
6. Develop Demand and Capacity planning model in Foundry based on provider shared data.

[See Appendix 1]

What would you recommend in terms of

Project governance

Weekly meeting between AGEM delivery lead and Network lead (Michelle Graham)

Continue monthly network data group meetings.

Updates to EMAP board to be improved.

Quarterly updates to H&N Cancer board to be established

Specialist support

Data sharing has proved the most challenging aspect of this project, therefore any expertise in data sharing and governance would be useful to unblock these challenges.

Project management

Project management to be provided by the AGEM Foundry Programme in line with current practice if funded .

Leadership /executive support

Data sharing by providers has proved the most challenging aspect of this project, therefore executive support may be required. Any need for executive support will be escalated.

Clinical engagement and leadership

Clinical engagement is fundamental to this programme. H&N Cancer Board have agreed to nominate clinical leads who we will engage with as part of a core group, advising and informing the various stages of the project particularly the modelling.

Appendix 1 - Foundry Programme, East Midlands H&N Cancer Network, Delivery Roadmap



East%20Midlands%20H&N%20Cancer%20Network%20Delivery%20Roadmap.pptx

Cardiac Surgery Analytical Support (Phase 1) - Prepared by Mahmoda Begum

Project scope

West Midlands Acute Providers (WMAp) and EMAP via the NHSE regional team have commissioned the [Strategy Unit](#) to undertake analysis to support the development and design of specialist adult cardiac surgery services across the Midlands. The support is intended to provide additional insight to the existing workstreams under way and ultimately to aid with elective recovery and waiting list reduction.

The analysis is designed to explore the following questions:

1. What is the current state of provision and how does that compare to previous? Are there any obvious differences/similarities between centres
2. What is the balance between interventional and surgical revascularisation and is it consistent? [NB this requires us to look at PCI activity outside centres ...so we can also describe balance at a populations level.]
3. Are services equitable?
4. How might future demand impact?
5. What patient or pathway factors appear to drive higher resource utilisation in cardiac centres?
6. Is there any indication that there are productivity improvement opportunities within and across centres?
7. Can we create and populate a model which reflects the dynamic system that exists in and around cardiac centres and that allows us to explore the possible impact of changes?

How the work was organised and delivered

The analytical work from September 2022 to April 2023 is as follows:

5. Analysis of trends, patterns and demand factors in adult cardiac surgery
6. Description of inequalities in access to cardiac surgery
7. Evaluating the productivity/efficiency of cardiac surgery units
8. Developing system dynamic and simulation models to model change scenarios for adult cardiac surgery

Each element is being delivered by an expert in the relevant analytical approach supported by experienced analysts.

Progress – what has been achieved

Parts 1 to 3 of the analytical work is now complete and undergoing sense check stages with lead SROs Kiran Patel (WMAp) and Andrew Furlong (EMAP) and clinicians and managers who have been involved in the project from the 6 centres.

The development of the system dynamics model is in its final stages with data from each centre feeding into the model and the next stage is to develop the 'what if' scenarios with relevant stake holders and then to test these change scenarios in the model.

What are your recommendations for any follow -on work in 23-4 to hand over to an Executive Lead

The recommendations will be developed in early April once the scenarios are tested in the model and the analytical work is triangulated to these.

What would you recommend in terms of:

Project governance

Regular meetings/emails to update SROs from WMAp and EMAP
Updates to WMAp Board, EMAP Board and CCEF at key milestones of project
Any issues/risks flagged to Kiran Patel in the first instance

Specialist support

The project requires high engagement and involvement of the 6 cardiac centres including analysts, clinicians and operations managers representing the centre and providing relevant data and

Project management

Each analytical project has a dedicated project manager feeding into the overall programme manager and project director who will liaise with WMAp and EMAP SROs and NHSE regional team to ensure delivery and management of the projects.

Leadership /executive support

The programme is supported by a programme manager to coordinate activities between project teams and with WMAp and EMAP and the NHSE regional team. Leadership for the programme is provided by Peter Spilsbury, Director of the Strategy Unit.

Clinical engagement and leadership

Clinical engagement is fundamental to this programme and clinicians and operations managers have been involved as part of a core group advising and informing the various stages of the project particularly the modelling.

EMAP Board Development - Prepared by Sara Roberts

Project scope

AGEM were commissioned to design and deliver a Development Programme for the East Midlands Provider Alliance (EMAP), focussed on your continued development towards working effectively at scale, through collaboration and partnership across the East Midlands.

The programme would be designed to cover 3 key elements of provider collaboration development:

1. Agreeing the case for change - Confirming a shared understanding of the vision, core purpose and aims of the Provider Collaborative, and establishing short, medium and long terms priorities.
2. Capability Gap Analysis - Providing a common understanding of the capabilities required to effectively discharge your functions and achieve your identified priorities
3. Governance Arrangements - Exploring the future form and governance arrangements required to organise capabilities in order to deliver your vision and strategic priorities, to hold each other to account and to ensure robust mechanism for decision making.

The outputs of the work were agreed as follows:

1. Strategic intent document- including agreed priorities and collaboration direction
2. Capability Assessment including gap analysis report and recommendations
3. Governance options appraisal and recommendation report

How the work was organised and delivered

Programme planning and organisation was undertaken by a small working group attended by Gino DiStefano and James Scott on behalf of EMAP, and Alison Tonge and Sara Roberts on behalf of AGEM.

The delivery plan was for a 3-workshop programme as follows, resulting in the production of the outputs listed above:

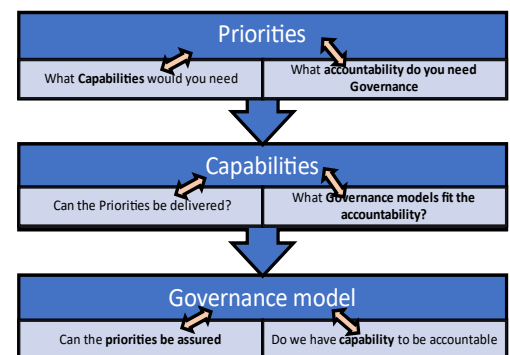
Workshop 1 (October 2022) – The case for collaboration

Workshop 2 (planned for January 2023) – Collaboration priorities and capabilities

Workshop 3 (planned for March 2023) – Collaborative governance and operating model

Prior to the workshops a series of 1:1 exploratory interviews were conducted with representatives from all EMAP member organisations (Medical Directors, and a mixture of Chief Operating Officers (COOs) and Directors of Strategy (DoS) from each partner Trust). Key findings and themes from the interviews were used to design the content of the development programme.

A delivery partner (Carnall Farrar) was procured to support the delivery of the development workshops alongside colleagues at AGEM and EMAP, providing senior peer to peer level leadership development expertise.



Progress – what has been achieved

- Workshop 1 was completed successfully in October 2022 and the required output produced and shared with all members (Strategic intent document including “the vision for EMAP”, agreed priority areas of opportunity for collaboration, and proposed future work programme). [See Appendix 2 and Appendix 3]
- November 22 – January 23 a report was developed and shared with the Boards of each of EMAPs eight member organisations providing an update on the current status of EMAP, and outlining a series of key questions to be addressed relating to: membership, leadership, resource, structure, decision making, and the future collaborative work programme. Each Board was asked to note the current status and to approve the proposals [Alison do we know the outcome of this and do we have the final version to be able to attach it as an appendix?].

What are your recommendations for any follow-on work in 23-4 to hand over to an Executive Lead

We recommend continuing with the development programme as planned, including the further x2 workshops that to has not yet been possible to complete (due to time constraints including winter pressures and the requirement to engage all member organisation Board via the progress report and key questions described above). We propose that this would run as follows:

Workshop 2 (schedule for May 2023)

Workshop 3 (schedule for August 2023)

The focus of these workshops will be to build on progress made during the first workshop in October 2022, and to consider the Board responses to the January 2023 report. The workshops should therefore include membership (CEOs and MDs) of each eight member organisation and will focus on confirming the future collaborative workplan for EMAP, as well as a shared agreement on the future operating and governance model required to deliver the workplan effectively.

What would you recommend in terms of

Project governance

- Continue regular planning meetings with EMAP leads and AGEM delivery leads at which opportunities / issues / risks will be escalated and project progress / planning discussed
- Consider the establishment of an expanded programme steering / leadership function to include further representation by key nominated EMAP members who will be integral to the design and delivery of the future development programme
- Updates to EMAP Board and continued attendance by AGEM delivery leads at monthly EMAP Board meeting

Specialist support

The programme requires specialist leadership / organisational development support, to include senior (Board Level) peer to peer leadership development expertise and capability

Project management

Some project management support is required to co-ordinate the planning and preparation of future workshops, access diaries of senior staff across multiple organisations, develop action plans for key work to be completed between workshops etc.

Leadership /executive support

As EMAP's work programme expands and as the development programme continues, it is recommended that an expanded and formalised coordinating / steering /overseeing leadership function will be required. At present, existing strategy team personnel provide this function (supported by AGEM), however greater capacity could be offered for example through ring-fencing senior resource from within member Trusts or establishing a specific senior role.

Clinical engagement and leadership

To date this programme, as well as others supported by AGEM (Haematology, Head & Neck, Cardiac etc.) have illustrated that dedicated clinical leadership brings increased traction and engagement and therefore it is strongly recommended that this is a key requirement to delivering the future work plan.

Appendix 2 – EMAP Development Programme Workshop 1 Write Up (Vision for EMAP and agreed priority areas for collaboration

Appendix 3 – EMAP Collaboration Priorities / Proposed Future Workplan (Nov 23)



221007 EMAP



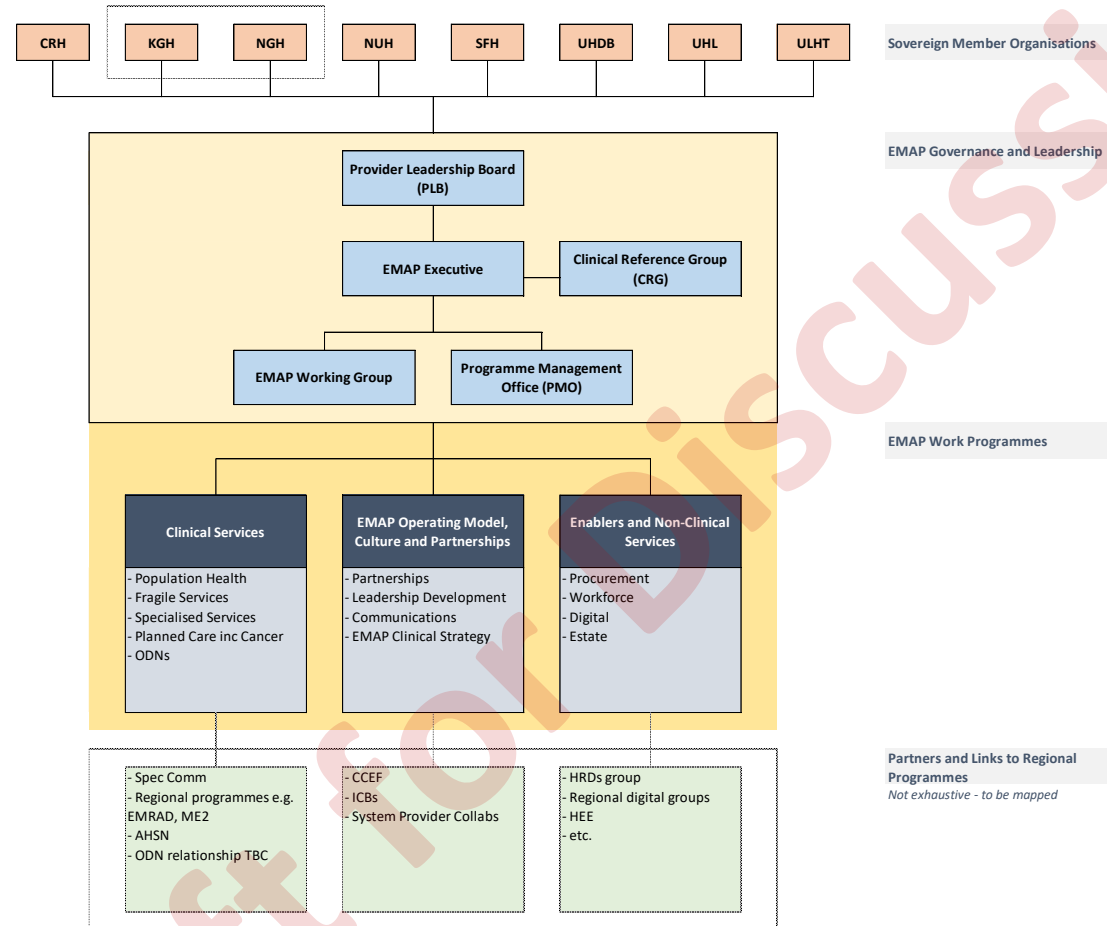
EMAP Collaboration

Workshop Pack Write Priorities Nov 22.pdf

EMAP Governance and Prospectus

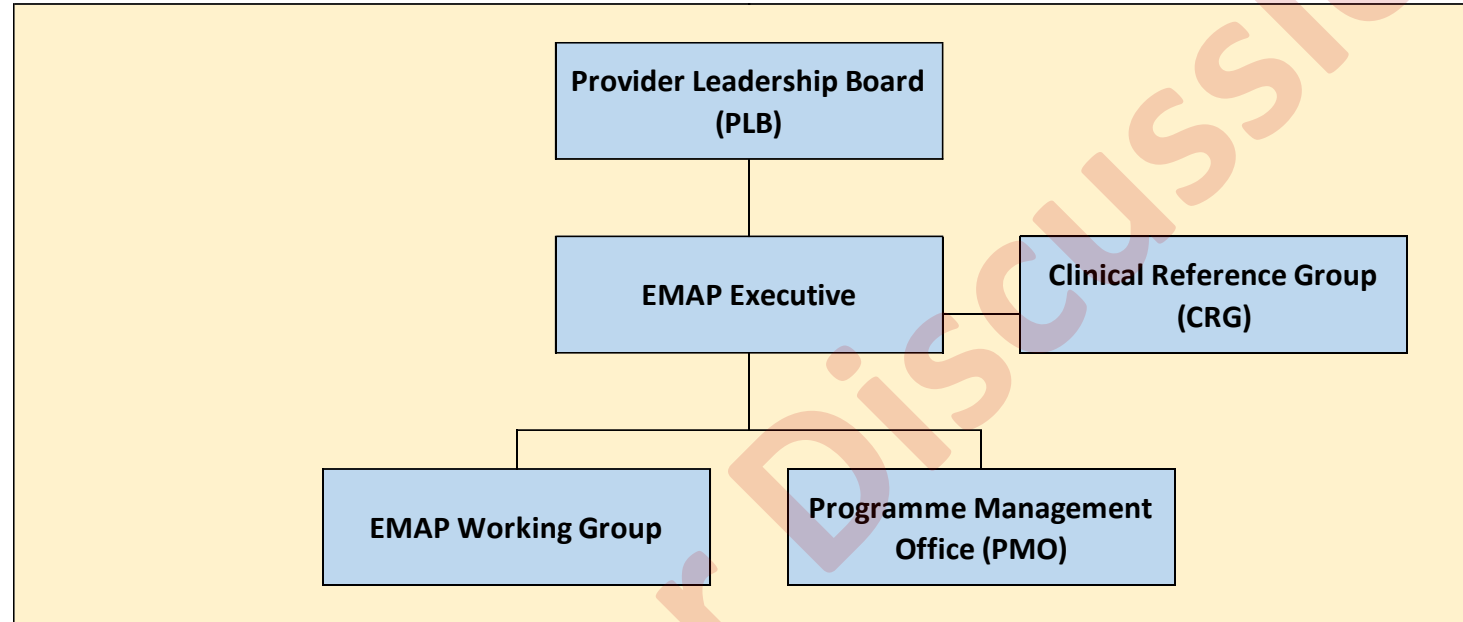
EMAP Meeting 16/8/23

Proposed Governance – Main Features (Updated)

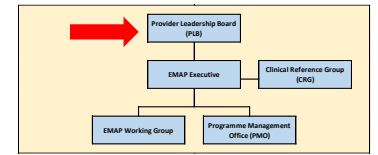


- Initial version agreed by CEOs call 21 July
- Second iteration – discussed today and next CEOs/PLB next week – included in draft Prospectus

Governance and Leadership

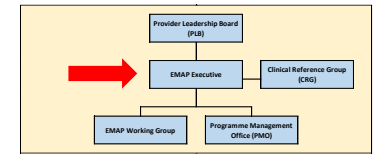


Leadership Groups – PLB



- Provider Leadership Board
- *(CEOs to confirm ToRs at first meeting):*
 - Elected Chair from CEOs
 - Quarterly (21 Aug, 27 Nov, 26 Feb, 20 May, 2 Sep...)
 - Membership is CEOs (with consistent, named deputy) + Managing Director (non-voting). This is an important aspect.
 - Sets strategic vision and direction, and high-level agenda for the Executive
 - Senior decision-making body, ultimate point of escalation
 - Accountable to sovereign Boards but not a formal sub-committee

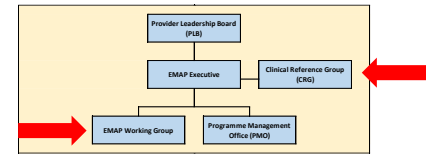
Leadership Groups – EMAP Executive



- *Questions / Proposals - **for your views**, to feed back to CEOs*
 - **Chaired** by CEO Chair of PLB, agreed in first CEO meeting
 - **Frequency – proposed** monthly (timing subject to Chair)
 - **Membership – proposed** Chair, MD (non-voting), plus one named, consistent Exec (and deputy) per provider (all 8 providers represented x1, Chair is neutral):
 - Ideally, diverse portfolios represented. **Q:** Is this viable? May mean new members
 - No proposed membership for e.g. commissioners – proposal for co-opted Subject Matter Experts, on a topic-by-topic basis. Exec is owned and run by the providers
 - **Q:** Does the range of portfolios in fact replicate a Board?
 - **Q:** We may in time need to consider EMAS, Doncaster & Bassetlaw Teaching Hospitals
 - **Q:** Would Chair of CRG have core membership?
- **Function – delivers** the strategic vision for the partnership, manages delivery of the EMAP work programme, identifies areas of concern/opportunities for collaboration
 - Propose work programme reporting / management into this group first. Strong delivery focus.
 - Develops proposals for PLB to consider / approve
 - Natural successor to (replacement for) the current monthly EMAP meeting
 - **Q:** Are we satisfied this adequately describes the role?
 - **Q:** Should there be a structured agenda? Is one hour adequate?

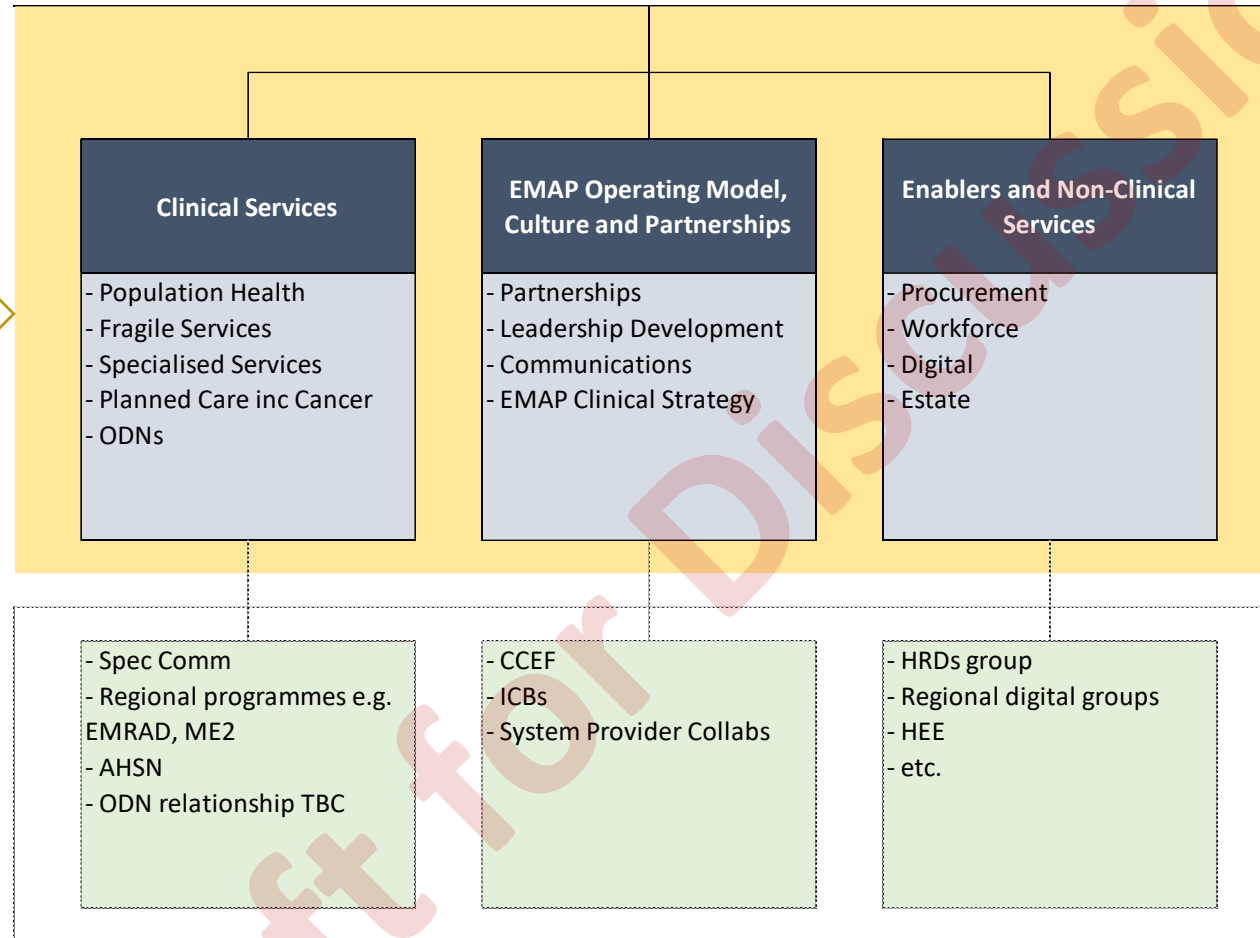
Leadership Groups – Other

- PMO to evolve over time
- Retain Working Group at least as an interim state
- CRG stood up as required
- Needs clear purpose / mandate re: work programmes, cannot be a talking shop
- Would clinical leadership for the PMO help now / early?



Work Programmes and Links (*Proposed, for discussion*)

- Exact programme defined via prospectus;
- Organised into 3 proposed areas for convenience – does this make sense?
- What leadership input is required? At workstream and project level?



- EMAP to provide a link / home for regional groups
- These provide co-opted SME – leverage / commission their skills in line with EMAP work programmes
- Fit with Executive portfolios?

Risks / Considerations

- Lessons from Haematology work:
 - Lack of engagement from some services, rooted in a perceived lack of a clear / compelling case developed with the service
 - Lack of a Data Sharing Agreement (which could extend to adequate BI / analytical capacity)
 - Case building data is central to this, as is messaging from Trust leadership to services
- Balance of quick wins / proof of concept / tangible benefit vs building trust, culture and infrastructure
- Shared Decision Making – what are the right mechanisms at the right speed
- Danger of duplication / clash with system-level work, *also* ICB relationships

Draft Recommendations

1. Develop and Progress Clinical Services Programme Content

- A. Rapidly consider existing clinical transformation programmes
- B. Identify further clinical transformation options
- C. From this combined long-list, identify 4-5 key clinical transformation schemes
- D. More widely, consider scope for Planned Care collaboration

2. Develop and Progress Non-Clinical / Enabler Work Programme Content

- A. Scope options for workforce transformation with HRDs
- B. Scope options for acute procurement collaboration with Trust procurement leads

Draft Recommendations

3. Further Develop EMAP's Operating Model and Infrastructure

- A. Progress recruitment to EMAP roles (Managing Director to be appointed September 2023)
- B. Implement, embed and review the EMAP governance model
- C. Ensure as a priority that Business Intelligence Infrastructure is in place to support EMAP requirements
- D. Ensure active and ongoing engagement with system provider collaboratives to agree complimenting agendas
- E. Consider the role of Networks and how they may support delivery
- F. Develop an EMAP Clinical Strategy
- G. Develop an EMAP Communication Plan

Board of Directors Meeting in Public - Cover Sheet

Subject:	East Midlands Acute Provider Collaborative		Date: 7 th September 2023		
Prepared By:	David Selwyn				
Approved By:	Paul Robinson				
Presented By:	David Selwyn/ Paul Robinson				
Purpose					
To update Trust Board on the East Midlands Acute Provider, which over the last 24 months, has matured from a collective towards a cross ICB provider collaborative.			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
X	X	X	X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				X
PR3	Critical shortage of workforce capacity and capability				X
PR4	Failure to achieve the Trust's financial strategy				X
PR5	Inability to initiate and implement evidence-based Improvement and innovation				X
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
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					
Update papers at Executive Committee					
Acronyms					
AGEM Arden & GEM commissioning support unit AHSN Academic Health Science Network CEO Chief Executive Officer COO Chief Operating Officers EMAP East Midlands Acute Provider ICB/ ICS Integrated Care Board/ System MD Medical Director MOU Memorandum of Understanding SFH Sherwood Forest Hospitals Spec Comm NHS England Specialist Commissioners					
Executive Summary					
1.0 Summary					
1.1 After 2 years of development, EMAP has matured from an unstructured clinical discussion forum to a formalised provider Board, chaired and attended by CEO's from the 8 acute provider across the East Midlands.					
1.2 EMAP now has dedicated funding, has advertised a Managing Director role and begun to identify a program of work to deliver against key regional NHS challenges of workforce, access standards and best use of resources.					
1.3 A number of mitigations and ultimately, solutions, for SFH's challenged services will be delivered by the EMAP workstreams.					

1.4 Trust Board is asked to note this update and to consider any impact of EMAP on the Nottingham & Nottinghamshire Provider Collaborative.

2.0 Background

2.1 The East Midlands Acute Provider was formed in 2021, arising from discussions which had for some years taken place between the region's acute provider Medical Directors.

2.2 EMAP currently remains an informal collaboration, where members are signatories to a Memorandum of Understanding, and where EMAP's purpose (per its Board Terms of Reference) is to *"bring acute providers across the East Midlands together to support greater clinical stewardship and leadership and to develop a shared understanding of population need, agree pathways to meet population need and provide necessary oversight to ensure expected outcomes are being achieved."*

2.3 The MOU is clear that it cannot replace or supersede organisations' statutory responsibilities or sovereignty, and signatories can leave at any time by giving six months' written notice. The MOU is values based and sets out the 'Values and Behaviours of Cooperation' to which all parties are expected to commit in order to foster strong collaboration.

2.4 All eight NHS acute providers in the East Midlands have been invited to participate in EMAP's work:

- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Kettering General Hospitals NHS Foundation Trust (KGH)
- Northampton General Hospital NHS Trust (NGH)
- Nottingham University Hospitals NHS Trust (NUH)
- Sherwood Forest Hospitals NHS Foundation Trust (SFH)
- United Lincolnshire Hospitals NHS Trust (ULH)
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)
- University Hospitals of Leicester NHS Trust (UHL)

KGH and NGH are operating a group model together as University Hospitals of Northamptonshire (UHN), and they may participate either individually or as UHN.

2.5 Initially, EMAP met for an hour on a monthly basis with the meeting being held as a Network Meeting rather than a formal Board. Whilst not signatories to the MOU, NHS England Specialist Commissioners attended on a routine basis, as did Arden & GEM Commissioning Support Unit (AGEM), who provided some specific capacity for EMAP work programmes. Trusts were largely represented by Medical Directors and / or Directors of Strategy, although some COOs attended and support was provided by Strategy team members.

3.0 Progress to date

3.1 Over the first 18 months of EMAP, the collaboration has:

- Established regular contact and an atmosphere of trust and open discussion – the collaboration has built open relationships across the region, helping us to leverage collective power (including commissioners, AHSN, et al) in response to shared challenges

- Commissioned 3 clinical work programmes designed to bring partners together and jointly address challenged service sustainability
 - *East Midlands Head & Neck Cancer Network* - currently working around common data to enable operational capacity management, common triaging and around the tracheostomy workforce
 - *Haematology* - developing changes to the service model, designed to increase capacity and workforce resilience
 - *Cardiac Services* - working collaboratively (between acutes and with Spec Comm) to eliminate extended wait times and reduce inequality in access and outcomes
- Agreed the next work programme, developing shared approaches to reducing agency spend
- Established strong links to NHS England Specialised Commissioning, where we have discussed arrangements for Spec Comm devolution to ICBs to inform future arrangements
- Strengthened links to regional clinical networks, including identifying additional leadership resource for priority areas
- Undertaken considerable work to explore the wider opportunities of collaboration
- Run a senior workshop where we reaffirmed the value of, and commitment to, the collaboration and began to scope our future approach

Progress on the three clinical work programmes has provided useful material for reflection on the EMAP collaboration, progress made and outstanding actions, and is included as Appendix A.

4.0 Ambitions for EMAP

4.1 A workshop was held in late 2022, reflecting upon the first year of EMAP and reviewing progress against the three initial workstreams, as well as considering the questions arising over how best to use EMAP as a vehicle. The workshop had Executive level representation from all East Midlands acute providers bar SFH (due to unavailability – however a senior manager attended) and from CRH.

4.2 At the event, the group were aligned upon there being a real potential for EMAP to add value and strengthen ongoing collaborations between providers in the region. It was felt that EMAP should take a long-term view and operate with sustainability front of mind when many providers are busy managing day-to-day operational challenges. Opportunities for EMAP should be driven by its focus on equity of outcomes, workforce, access and service fragility.

4.3 There was a theme of ‘less talk, more action’ based upon experience to date, and an agreement that EMAP should be focused on ensuring programmes result in tangible change through delivery of plans. Areas of opportunity need to be addressed in a way that builds on existing relationships in the patch and acts as an ‘unblocker’ to delivery and progress.

4.4 With the required support to maintain and grow the collaboration, a future direction was agreed with EMAP intending to:

- Work together to develop and deliver shared principles around tackling Health Inequalities; patients and population need to be at the centre of EMAP’s actions
- Undertake systematic service sustainability mapping, agreeing a common definition of, and means of identifying, ‘fragile services’ – from this shared analysis, future collaborative priorities will be determined. Data will power EMAP’s work

- Develop sustainable service models driven by a series of work programmes; one driven by service sustainability / fragility, one by population health considerations and one arising from 'enablers' for clinical transformation – the Agency Spend harmonisation / reduction programme is the 'enabler' programme
- Establish strong relationships with our region's ICBs. Particularly for services which have been delegated to ICBs from Specialised Commissioning, for services with patient flows which cross ICB boundaries, and for any other pan-system work, it will be of clear benefit to have our clinical conversations in one place
- Further develop its relationship to Clinical Networks, with the intention that EMAP could form an overarching supporting structure in regional governance, with a view to ensuring that those networks are consistent, peer supported and delivering tangible change at pace
- Continue to develop the partnership, with a particular focus upon its infrastructure, to enable the direction of travel outlined

4.5 Looking forward, the EMAP collaboration offers significant further scope for collaboration. In terms of workforce, for example, in addition to planned work on agency, there is scope to develop the talent management function and allowing rotation between trusts. In terms of access and capacity, existing work on mutual aid through the Head & Neck Cancer Network could ultimately be broadened out to develop infrastructure that allows the sharing of capacity between trusts and shared capacity planning.

4.6 Common approaches to digital solutions and analytics are a further possibility. EMAP provides greater leverage to work with both commercial and other partners (e.g. AHSNs) to attract and develop major research and development schemes.

4.7 Whilst the value of EMAP has been confirmed across providers, and whilst there are strong ambitions for the future, several significant questions and challenges have also been identified with this medium-long term model for EMAP.

4.8 As EMAP's work programme expands, and development work around the nature of collaboration continues, it becomes likely that a coordinating and overseeing leadership function will be required.

4.9 This could be delivered through a number of routes. At present, existing strategy team personnel, largely from NUH and UHDB, co-ordinate activities (e.g. agenda setting) on an as-and-when basis; one option is for this arrangement to continue. However, capacity is relatively limited in this model, and as EMAP's work expands greater capacity could be offered by either providing dedicated / ring-fenced senior resource from within (e.g. 2-3 Trusts each providing 2-3 days per week), or funding a specific senior role or roles (potentially equating to local the system Provider Collaborative Director roles), hosted by one Trust for EMAP.

4.10 Additional to this, workstream leadership requires consideration and resourcing. Both the Haematology and Head & Neck work programmes have illustrated that dedicated clinical leadership would bring increased traction and engagement. Both have also benefitted from dedicated network / programme management resource. A number of options are available for management capacity, but all require resourcing.

4.11 A crucial issue for EMAP is therefore the extent and means by which the work programme and the overall collaboration are funded. Funding has come from a number of sources to date, with a significant amount from AGEM, plus some Head & Neck network funding from Specialised Commissioning.

4.12 Seven of the eight EMAP Trusts also contributed £12k each, non-recurrently. Spec Comm have agreed to roll Head & Neck funding on for a further year.

4.13 Discussion in the 2022 workshop highlighted a view that, if we wish to maximise the potential of EMAP, then there is a requirement to demonstrate a more tangible commitment. An agreed approach to resourcing is therefore required.

4.14 It is accepted that benefits realisation and return on investment approaches would be required to confirm the value of this EMAP investment.

4.15 Initially, EMAP's governance has been loose and informal, with no set agendas and no formal reporting / assurance arrangements for work programmes. Agenda items are submitted against a broad range of topics, and the current hour-long meeting is unable to accommodate all requested items.

4.16 The establishment of a formal EMAP Board structure, with an assurance and oversight function, supplemented by an 'operational' meeting which manages the work programme (a model used by some collaborations, e.g. the Black Country partnership) has been proposed.

4.17 In any collaboration, there is potential for individual organisations to be net 'winners' and 'losers' in a given workstream. There is a challenge around how EMAP makes decisions, and how to compensate when some of those decisions may be detrimental to some organisations but are positive for the majority. Risk and gain share requires careful consideration.

4.18 Currently, providers are bound only by a values-based MOU, which can be left without penalty, and where all participation is voluntary. With this mechanism, there remains a risk that decisions are a) not able to be binding and b) can be taken in the organisation's rather than the global interest.

4.19 The more structured or formal decision-making approach described above, with an assurance formal Board, (and therefore more binding commitment) is required. In addition options for EMAP might require a governance or delegation similar to those being implemented in some system provider collaboratives. Similar previously informal provider collaborations (e.g. South Yorkshire and Bassetlaw) have, for example, adopted Committee in Common approaches to formalise and strengthen decision making.

4.20 Whilst EMAP remains at a relatively early stage of development, EMAP is steadily working towards 'formal' Provider Collaborative status, albeit cross ICS borders.

4.21 The NHS England Regional Office were approached for an outline indication of whether they would support a pan-ICS, regional bid, and they confirmed that they would support such a proposal. Notwithstanding the decision not to apply for the current national scheme, the Regional Office indicated that they may introduce a Midlands regional support programme in due course.

5.0 EMAP Workshop 2023 and CEO involvement

5.1 A second workshop aimed at answering some of these outstanding questions and clarifying the potential for EMAP was arranged with a CEO-to-CEO conversation and attendance. This was held on 16th June 2023 at Leonardo Hotel, East Midlands Airport, chaired by NUH CEO.

5.2 There was strong support for EMAP to be developed as a vehicle to tackle cross organisational workforce challenges. Along with long standing access, equity and health inequality concerns and possibly help in the face of the current difficult financial climate. Advice was to be sought from Julian Hartley on EMAP as a delivery vehicle for the East Midlands.

5.3 The outputs from the AGEM challenged/ fragile services workstreams were reviewed and a commitment made to complete the outstanding programme of work.

5.4 As EMAP matured from a collective towards a provider collaborative, more detailed discussions around form, function and governance arrangements were required. This developed into the formalised Board structure

proposal described above.

5.5 Each EMAP Trust CEO agreed to commit £50k per year for 3 years minimum, for the collaboration to realise its full potential.

5.6 An EMAP Managing Director job description has been agreed, advertised, and closes 6th September 2023.

5.7 The inaugural meeting of the Provider Leadership Board took place on 21st August 2023. This was attended by CEO's representing all EMAP partners.

5.8 Draft Terms of Reference and the EMAP Purpose Statement were considered and agreed, subject to the purpose being clearer in representation of the compelling reason why EMAP is the best vehicle, for work to be undertaken.

5.9 It was agreed that the Leadership Board would be Chaired by Richard Mitchell, CEO at University Hospitals of Leicester, with Stephen Posey, CEO at University Hospitals of Derby and Burton, as Deputy Chair.

5.10 Consideration was also given to the EMAP Prospectus and it was agreed that there is a need to seek early results from a small number of new workstreams to confirm the partnership value and to build confidence. A draft discussion document covering governance and prospectus is attached as Appendix B.

5.11 Learning from the development journey of EMAP has been shared with a similar, but not identical, West Midlands Acute Providers.

5.12 Trust Board is asked to note this update and to consider any impact of EMAP on the Nottingham & Nottinghamshire Provider Collaborative.

Board of Directors - Cover Sheet

Subject:	Review of Board Sub-Committees				Date: 7 th September 2023
Prepared By:	Paul Robinson, CEO				
Approved By:	Paul Robinson, CEO				
Presented By:	Paul Robinson, CEO				
Purpose					
To provide an overview of the roles and responsibilities of Board Sub-Committees and provide recommendations for the establishment of new Sub-Committee arrangements.				Approval	
				Assurance	
				Update	
				Consider	x
Strategic Objectives					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
x	x	x	x	x	x
Principal Risk					
PR1	Significant deterioration in standards of safety and care				x
PR2	Demand that overwhelms capacity				x
PR3	Critical shortage of workforce capacity and capability				x
PR4	Failure to achieve the Trust's financial strategy				x
PR5	Inability to initiate and implement evidence-based Improvement and innovation				x
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				x
PR7	Major disruptive incident				x
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				x
Committees/groups where this item has been presented before					
N/A					
Acronyms					
BAF Board Assurance Framework					
PR Principal Risk					
Executive Summary					
<p>The review and accompanying paper are based upon the principle that each of the following has Board Sub-Committee ownership for governance and assurance on behalf of the Board of Directors:</p> <ul style="list-style-type: none"> - Trust Strategic Objectives and enabling strategies - Integrated Performance Report domains - Board Assurance Framework Principal Risks <p>A number of issues are discussed within the paper with the following suggestions made:</p> <ol style="list-style-type: none"> 1. A new Sub-Committee of the Board be established to take ownership of the 2 Strategic Objectives currently without alignment to a Board Sub-Committee (Improve health and wellbeing within our communities & Work collaboratively with partners in the community) along with BAF risk PR 6 PR6 Working more closely with local health partners does not fully deliver the required benefits. 					

It is suggested that the new Sub-Committee be named 'Partnerships and Communities Committee'.

2. The Quality Committee takes ownership of the Strategic Objective to **Learn and Continuously Improve** and BAF risk PR5 **Inability to initiate and implement evidence-based improvement and innovation**.
3. The Quality Committee is formally recognised as the Sub-Committee with responsibility and oversight for the **Timely Care** domain of the Integrated Performance Report.
4. The workload of the Quality Committee should be reviewed, along with the underpinning architectures, content of agendas and frequency of meetings to ensure that the new workplan is appropriate and manageable.
5. These arrangements should be reviewed after 12 months.
6. The Board remains the place for oversight of:
 - The Trust wide strategy which will be underpinned by separate sub-strategies reflecting the 6 Strategic Objectives all aligned with Sub-Committees
 - Trust operational performance through receipt and scrutiny of the quarterly Integrated Performance Report and is supported through assurance and oversight undertaken by Sub-Committees by exception and/or at the request of the Board of Directors.

Overview of the roles and responsibilities of Board Sub-Committees and provide recommendations for the establishment of new Sub-Committee arrangements

Report to Board of Directors 7th September 2023

A review of existing Board sub-Committee arrangements has been undertaken with the objective of ensuring that each of the following has Board Sub-Committee ownership for governance and assurance on behalf of the Board of Directors:

- Trust Strategic Objectives and enabling sub-strategies
- Integrated Performance Report domains
- Board Assurance Framework Principal Risks

Audit and Assurance Committee and Charitable Funds Committee were not included within the scope of the review due to their discreet and statutory roles.

Findings

1. Strategic Objectives

Not all Strategic Objectives currently have enabling sub strategies in place and/or approved by Board. An overview of the current status is as follows:

- *Provide outstanding care in the best place at the right time*
We have a Quality Strategy in place and a Clinical Services Strategy is being developed.
- *Improve health and wellbeing within our communities*
We have Maternity action plans scrutinised by Quality Committee and Board and a Maternity Strategy is being developed.
We do not have an enabling sub-strategy or action plan to improve Health Inequalities or the health and wellbeing of our community. It is recommended that this is developed.
- *Empower and support our people to be the best they can be*
We have a People Strategy in place.
- *Continuously learn and improve*
We have enabling sub-strategies for Digital and Research in place.
We have an agreed structure and workplan for the Improvement Faculty but no Innovation and Improvement Strategy. It is recommended that this is developed.
- *Sustainable use of resources and estate*
The Financial Strategy requires review and refresh.
We have an Estates Strategy and a Green Plan in place.
- *Work collaboratively with partners in the community*
We do not have an enabling sub-strategy or action plan in place. It is recommended that this is developed.

2. Reporting Performance to Board of Directors

Performance is reported directly to the Board on a quarterly basis via the Integrated Performance Report or IPR (formerly named Single Oversight Framework report or SOF). It is suggested that this continues with assurance and oversight undertaken by sub-Committees by exception and/or at the request of the Board of Directors.

This is the current framework for the IPR domains of Quality Care, People and Culture and Best Value Care (alignment is with Quality Committee, People and Culture Committee and Finance Committee respectively). Timely Care does not routinely have ownership by a sub-Committee, although the Quality Committee does, by exception, scrutinise the patient impact of adverse performance. It is suggested that the Quality Committee is formally recognised as having responsibility and oversight for this domain.

3. Strategic Objectives currently not aligned to a Board Sub-Committee are:

Improve health and wellbeing within our communities
Work collaboratively with partners in the community

It is suggested that these are aligned to a Board Sub-Committee.

4. Learn and Improve is a Strategic Objective which is partially aligned to the People Culture and Improvement Committee. This committee does not currently have oversight of the Research and Digital Transformation elements of this Objective.

5. BAF Risks currently aligned to Board Sub-Committees:

PR1 Significant deterioration in standards of safety and care	Quality Committee
PR2 Demand that overwhelms capacity	Quality Committee
PR3 Critical shortage of workforce and capacity	People, Culture and Improvement Committee
PR4 Failure to achieve the Trust's financial strategy	Finance Committee
PR5 Inability to initiate and implement evidence-based improvement and innovation	People, Culture and Improvement Committee

The following are currently not aligned to a Board Sub-Committee are:

PR6 Working with Partners
PR7 Major disruptive incident

Risk Committee has oversight and updates are reported to Board via the CEO monthly report.

It is suggested that PR6 is aligned to a Board Sub-Committee and PR7 remains aligned to the Risk Committee and reported to Board via the Chief Executive's monthly report.

Suggestions for change

The Board has discussed establishing new Sub-Committee arrangements. There are 2 Strategic Objectives without alignment (Health and Wellbeing & Work collaboratively), and it is suggested that these are aligned to the new Sub-Committee, along with BAF risk PR 6 (Working with Partners). There is strong correlation between these Objectives and risk. The role of the Committee will be to ensure sub-strategies are in place which promote collaborative working, reduce health inequalities and are consistent with system wide strategies. The Maternity element of the Health and Wellbeing Strategic Objective should remain reported to Quality Committee and Board.

It is suggested that the new Sub-Committee be named 'Partnerships and Communities Committee'.

It is also suggested that the Quality Committee takes ownership of the Strategic Objective to Learn and Continuously Improve and BAF risk PR5. This would remove the responsibility for Improvement from the People, Culture and Improvement Committee and enable the whole of the Strategic Objective (which also includes Research and Digital) to receive focus and provide full assurance to the Board.

Furthermore, it is suggested that the Quality Committee is formally recognised as having responsibility and oversight for the IPR domain of Timely Care. This is consistent with the Committee's current ownership of BAF risk PR2 and the importance of recognising the importance of the inter-dependency between PR1 and PR2.

The adoption of these suggestions adds to the workload of the Quality Committee and therefore careful consideration should be made in respect of frequency of meetings, content of agendas and the underpinning architecture supporting the Committee. It is suggested that the Committee moves to a monthly meeting - reflecting both the increase in workload and the high risk scores for PR1 and PR2. It is further suggested that the annual workplan demonstrates a quarterly focus for Timely Care and for Improvement and Innovation.

The Appendix attached demonstrates each of the suggestions made and the resultant roles and responsibilities of each Board Sub-Committee. These arrangements should be reviewed for their effectiveness after 12 months.

The Board remains the place for oversight of the Trust wide corporate strategy which will be underpinned by separate sub-strategies reflecting the 6 Strategic Objectives all aligned with Sub-Committees. The Board also continues to scrutinise operational performance through receipt of the quarterly Integrated Performance Report and is supported through assurance and oversight undertaken by Sub-Committees by exception and/or at the request of the Board of Directors.

Appendix

Summary of the suggested roles and responsibilities

Sub-Committee	Quality	People and Culture	Finance	Partnerships and Communities
Strategic Objectives	Provide Outstanding Care in the best place at the right time To continuously learn and improve	Empower and support our people to be the best they can be	Sustainable use of resources and estate	Improve health and wellbeing within our communities Work collaboratively with partners in the community
Integrated Performance Report domain	Quality Care Timely Care	People and culture	Best value Care	
BAF Principal Risks	PR1 Significant deterioration in standards of safety and care PR2 Demand overwhelms capacity PR5 Inability to initiate and implement evidence-based improvement and innovation PR7 Major disruptive incident remains aligned to Risk Committee	PR3 Critical shortage of workforce capacity and capability	PR4 Failure to achieve the Trust's financial strategy PR8 Failure to deliver sustainable reduction in the Trust's impact on climate change	PR6 Working more closely with local health partners does not fully deliver the required benefits
Existing enabling Sub-Strategies	Quality Research Digital	People	Estates Green Plan	
Enabling Sub-Strategies in development	Clinical services Maternity Innovation and Improvement		Financial	Health Inequalities Partnership

Board of Directors - Public - Cover Sheet

Subject:	Application of Trust Seal		Date: 7 th September 2023	
Prepared By:	Laura Webster, Corporate Secretariat Team Leader			
Approved By:	Sally Brook Shanahan, Director of Corporate Affairs			
Presented By:	Sally Brook Shanahan, Director of Corporate Affairs			
Purpose				
This report serves to provide the Board with a comprehensive overview of the Trust's use of the Official Seal, ensuring transparency and accountability in its application.			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			
PR4	Failure to achieve the Trust's financial strategy			
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
N/A				
Acronyms				
None				
Executive Summary				
<p>In accordance with Standing Order 10 and the delegated authority in the Scheme of Delegation, the Sherwood Forest Hospitals (NHS) Foundation Trust Official Seal has been affixed to the following documents:</p> <p>Seal number 106 Between: <i>Sherwood Forest Hospitals NHS FT and Nottinghamshire Healthcare NHS Trust</i></p> <p>Details of the contact: Lease in relation to Room 034075, Level 4, Tower 3, KMH.</p> <p>Signed/Sealed by the Chief Executive Officer and the Director of Corporate Affairs Dated: 17th August 2023</p> <p>Seal number 107 Between: <i>Sherwood Forest Hospitals NHS FT and Newark & Sherwood District Council</i></p>				

Details of the contact:

Deed of variation.

Signed/Sealed by the Chief Executive Officer and the Director of Corporate Affairs

Dated: 17th August 2023

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

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

Subject:	Council of Governors	Date: 31 st July 2023	
Prepared By:	Sally Brook Shanahan		
Approved By:	Claire Ward, Chair		
Presented By:	Claire Ward, Chair		
Purpose			
To provide assurance to the Board of Directors		Assurance	Good

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
	<p>Sue Holmes and Paul Robinson will explore the feasibility of a suggestion that MYG outcomes are captured in the Friends and Families Test feedback.</p> <p>A future Patient Story will be focussed on the Mealtime Volunteer Scheme due to commence on 6th August 2023.</p>
Positive Assurances to Provide	Decisions Made
<p>Governor elections concluded successfully with all vacancies filled.</p> <p>Appointment of the new Lead Governor designate. Liz Barrett OBE, will take up her appointment on 1st November 2023.</p> <p>Feedback on the 15 Steps Programme.</p> <p>NED appraisal outcomes and objectives received.</p> <p>Feedback from the Membership & Engagement Group.</p>	<p>Agreement to recruit a new Non-Executive Director.</p> <p>The Annual Report and Accounts 2022/23 and the External Auditor's letter were received.</p> <p>Agreement to renew the term of appointment of the External Audit Contract with KPMG for a further year and to the approach to the award of the contract for the following three-year term.</p>
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Very well attended meeting with active contributions from Governors, including those recently appointed. 	

Board of Directors Meeting in Public

Subject:	Maternity and Neonatal Safety Champions Report		Date: 7 September 2023		
Prepared By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C				
Approved By:	Phil Bolton,Chief Nurse				
Presented By:	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C and Phil Bolton,Chief Nurse				
Purpose					
To update the Board on our progress as maternity and Neonatal Safety Champions.			Approval		
			Assurance	X	
			Update	X	
			Consider		
Strategic Objectives					
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 01/09/2023• Maternity Assurance Committee 06/09/2023					
Acronyms					
MNSC-Maternity and Neonatal Safety Champion MVP - Maternity Voice Champion CQC- Care Quality Commission LMNS- Local Maternity and Neonatal System					
Executive Summary					
The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should: <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.					
This report provides highlights of our work over the last month.					

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

1. Service User Voice

This month the Maternity team presented the initial actions taken regarding the Three-Year Maternity and Neonatal Plan to the LMNS Transformation Board. Below are our actions to date regarding the system priorities identified from the Three-Year Plan.

Embedding the voice of women, birthing people and families- progress to date:

- Partners staying overnight project
- Induction of Labour working group – lead midwife in post
- MVP ‘Walking the Patch’ in July –feedback escalated and addressed
- MVP 15 Steps on 1st September
- Culture work with staff around compassionate care and civility
- Civility, supporting choice and addressing unconscious bias training now included in PROMPT
- Continuing to develop PMA service

Equity as the lens through which we view all areas of the LMNS- progress to date:

- Full cultural competency training being rolled out in October 23 over 3 years.
- Working group led by maternity commissioning to improve interpreter services
- Engaging with Social Prescriber pilot
- Strong SFH engagement with Health Inequalities Working Group in LMNS and identified key priorities to move forward including education on addressing bias in care of the neonate and scoping models of working in the community to increase support for women in highest area of deprivation and with complex needs.

Emma, our MVP volunteer, continues to support championing the parent voice, this month supporting the work on the website re-design. An update on this will be taken through the MNSC meeting.

2. Staff Engagement

On the 1st of August the MNSC completed their monthly walk round of Maternity and Neonatal Services. The MNSC were joined this month by Sally Brook Shanahan, Director of Corporate Affairs. We spoke to multiple members of the team who reported the positive changes to the caesarean section list, which is featured this month in the quality improvement section. Staff also spoke to the expected changes in staffing due to the increased maternity leave. The MNSC were able to report that the senior leadership team are taking appropriate actions to support this and once approved these will be shared with the teams.

The Maternity Forum ran on the 10th of August, with colleagues joining from all areas across the division. We were able to feedback the results of the recent Excellence Awards in which multiple awards had been won across the division, below is a summary of these:

Nursing, Midwifery and AHP Team

*Early Pregnancy Unit (Rainbow Clinic)

Specialist Healthcare Individual

*Jodie Prest- (Maternity Clinical Support Trainer)

Multi-Disciplinary Team of the Year

*Maternity and the Badgernet Project Implementation Team

The Chair Award

*Emily Harris Foundation (Neonates)

The Assistant General Manager also announced the winning entry for the recent competition to design a Maternity Logo to use within the services. This logo will support the recently approved strategy line, which was developed and voted for by our staff and service users. Below is a draft version of the winning design, which are communication team are supporting the amended and the official launch, planned for the 1st of October 2023.



Issues were raised around the auditing of some areas of clinical care due to the cross over between the current systems, namely Badgernet and Nervecentre, an action was taken by the Director of Midwifery to address.

3. Governance Summary

Three Year Maternity and Neonatal Plan:

Identified in the service user feedback section this month is the detailed actions we have taken to date regarding the plan. We have also been provided a bespoke system workbook to provide a trust return, to identify progress and any additional support needed. This workbook will be cited through both the MNSC meeting and MAC.

Ockenden:

We have started the preparations for the planned regional Ockenden Oversight visit for October 2023, the team are continuing to collate the evidence to support the embedding of the 7IEA's. This report is viewed at the MNSC quarterly, no concerns to date have been raised regarding the embedding of the initial 7 IEA's.

NHSR:

Discussed at the MNSC meeting was the progress of the NHSR Year 5 task and finish group. All the deadlines to date have been met and the evidence collection is underway. NHSR have issued a revised document which has been factored into the plan for delivery at SFH. Regional escalation has been made around safety action 6 and 8, specifically around element 2 of saving babies lives and MDT training. We are awaiting a response.

Saving Babies Lives:

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Discussed at MNSC and shared as part of the reading room is the monthly data for the SBLCB taken from Badgernet, which is showing an improving position and is being used for governance papers through division.

CQC:

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has been approved by the Quality Committee on the 13th of April 2023 and the two "Must do" actions have been completed and are now being tracked through MNSC meeting and the MAC.

A focus will now move on the "should do" actions, and a subsequent action plan will be cited at MNSC and MAC in the subsequent months. These "should do" actions are:

The trust should ensure all medicines are stored safely and appropriately in line with trust policy.

The trust should continue to implement their new electronic system. To support auditing the quality of the service. When issues are identified from audits action is taken further auditing cycles are undertaken to demonstrate if improvements and changes in practice have improved patient outcomes and improved practice.

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

4. Quality Improvement

Provided in Appendix One is a slide from our first quarter review of the newly instated elective caesarean section list. The slide outlines both the quantitative and qualitative data taken over the last three months, through our systems, staff, and service users. This slide will be shared further within the teams and will be continued to be monitored through the theatre working group.





5. Safety Culture

The score survey is now closed for Maternity and Neonatal services, we are awaiting the results, which are due at the end of August. Once available we have a planned period of debriefing with the support of the operational development team.

The dates for the Perinatal Culture and Leadership 'Quad' Programme have now been released and we have a team attending. Further feedback will be provided once the quad has attended.

Appendix One

Elective (Planned) Caesarean Section Progress to date

Key Performance Highlights May – July 2023	What is going well																																																		
<ul style="list-style-type: none">Runs 4 days per week 8:30 – 12:30 (Tuesday – Friday)53 Lists ran144 Elective cases completedAverage case per list 2.8 overallDemand increasing with diary showing 4 ‘booked’ most days in AugustReduction in Length of stay hoursReview of process / shadowing taken place 2nd & 3rd August 2023	<ul style="list-style-type: none">Consistently completing 2 – 3 elective cases on each designated morning listSOP embedded and areas of responsibility clearGood communication with patients and families throughout the processReduction in Length of stay due to earlier elective sectionsReduction of cancellations on the dayNo complaints or Datix received indicating improved patient experienceBetter outcomesImproved Staff morale																																																		
Performance visuals	Area’s for further development																																																		
<div><div><p>Average Cases per List (ACPL)</p><table><tr><th>Month</th><th>Average Cases per List (ACPL)</th></tr><tr><td>May</td><td>2.6</td></tr><tr><td>June</td><td>2.9</td></tr><tr><td>July</td><td>2.8</td></tr></table></div><div><p>Number of cases (completed on elective list)</p><table><tr><th>Month</th><th>Number of cases (completed on elective list)</th></tr><tr><td>May</td><td>47</td></tr><tr><td>June</td><td>53</td></tr><tr><td>July</td><td>44</td></tr></table></div></div> <div><div><p>Number of elective lists</p><table><tr><th>Month</th><th>Number of elective lists</th></tr><tr><td>May</td><td>18</td></tr><tr><td>June</td><td>18</td></tr><tr><td>July</td><td>16</td></tr></table></div><div><p>Average Elective C-Section LOS Hours</p><table><tr><th>Date</th><th>Average Elective C-Section LOS Hours</th></tr><tr><td>Aug 21</td><td>42</td></tr><tr><td>Sep 21</td><td>38</td></tr><tr><td>Oct 21</td><td>38</td></tr><tr><td>Nov 21</td><td>35</td></tr><tr><td>Dec 21</td><td>58</td></tr><tr><td>Jan 22</td><td>38</td></tr><tr><td>Feb 22</td><td>60</td></tr><tr><td>Mar 22</td><td>35</td></tr><tr><td>Apr 22</td><td>38</td></tr><tr><td>May 22</td><td>35</td></tr><tr><td>Jun 22</td><td>38</td></tr><tr><td>Jul 22</td><td>35</td></tr></table></div></div>	Month	Average Cases per List (ACPL)	May	2.6	June	2.9	July	2.8	Month	Number of cases (completed on elective list)	May	47	June	53	July	44	Month	Number of elective lists	May	18	June	18	July	16	Date	Average Elective C-Section LOS Hours	Aug 21	42	Sep 21	38	Oct 21	38	Nov 21	35	Dec 21	58	Jan 22	38	Feb 22	60	Mar 22	35	Apr 22	38	May 22	35	Jun 22	38	Jul 22	35	<ul style="list-style-type: none">Consideration of changing clinician PA’s to 8.15 – 13.15 to optimise list or 5th listDevelopment of a scheduling meeting to ensure appropriate case mix, cell salvage availability and anaesthetic staffingCreate electronic diary, moving away from manual book so that the information is more visible and shared and any changes/cancellation are capturedMinor changes to current SOPCollection of patient experience for learning opportunitiesBand 7 co-ordinator role to have oversight of section list to ensure smooth flow and handoverExploring the possibility of booking on BlueSpier to move with Waiting List team
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Jul 22	35																																																		
Learning from shadowing sessions																																																			
<p>The two planned sessions shadowed highlight so many positives, both days 3 cases were performed although we did see delays the teams pulled together to minimise any disruption and the patient was clearly the priority. The 2nd day overrun by 30 minutes. The list ran smoothly alongside the emergency session. 4 cases were booked in the diary for both days which is not possible within the theatre time – The SOP needs to be clear and when the 4th patients is done, how this is escalated and communicated to teams and the patient. There is a clear need for extended session times and a move to a 5 day service to meet the demand. AGM spoke to one of the patients who previous day a c-section with us in very similar circumstances although ended up as an emergency, patient described this experience as ‘Lovely’ she felt cared for and respected, Dad felt involved and communicated with and both commented on the continued care from the same midwife after the procedure (prior to handover to the ward) as beneficial. Parents said the difference from last time was astounding having had a poor experience with us last time.</p>																																																			

Maternity Perinatal Quality Surveillance model for August 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 of receive treatment (reported annually)						74.9%
Proportion of speciality trainees in O&G responding with "excellent or good" on how they would rate the quality of clinical supervision out of hours (reported annually)						89.2%

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

<div>Massive Obstetric Haemorrhage (Jul 2.1%)</div> 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Other

- SBLCB, risk identified around the procurement of equipment within element 3- raised to regional and national teams
- Entonox working group continues to progress through the actions agreed following the report.

Maternity Perinatal Quality Surveillance scorecard

Quality Metric	Standard	Running Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	55%	54%	43%	56%	56%	55%	60%	60%	50%	51%	
3rd/4th degree tear overall rate	<3.5%	2.18%	2.40%	4.30%	2.80%	1.80%	3.10%	5.60%	3.50%	3.30%	3.50%	3.60%		
3rd/4th degree tear overall number		46	4	8	6	2	5	9	6	6	7	6		
Obstetric haemorrhage >1.5L number		59	9	9	14	14	5	5	5	13	19	9	6	
Obstetric haemorrhage >1.5L rate	<3.5%	3.24%	3.20%	3.90%	4.60%	4.80%	3.90%	2.00%	2.00%	4.80%	6.10%	3.10%	2.10%	
Term admissions to NICU	<6%	3.62%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.40%	3.40%	2.50%	5.20%	
Stillbirth number		8	2	0	2	2	2	0	1	1	0	1	0	
Stillbirth rate	<4.4/1000	4.63	3.300			3.240			4.000			2.200		
Rostered consultant cover on SBU - hours per week	60 hours	60	60	60	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10	10	10	10	10	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife / band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		0	2	2	2	3	2	3	3	6	9	1	3	
Number of concerns (PET)		9	1	2	1	1	1	1	1	1	2	1	1	
Complaints		11	0	0	0	0	0	0	0	0	0	0	0	
FFT recommendation rate	>93%		91%	89%	90%	90%	89%	91%	91%	91%	90%	90%		

External Reporting	Standard	Running Total/ average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend
Maternity incidents no harm/low harm		595	96	72	80	79	64	70	64	70	77	85	84	
Maternity incidents moderate harm & above		0	0	0	0	0	0	0	0	0	3*	1	2	
Findings of review of all perinatal deaths using the real time monitoring tool	May-23	PMRT- No reportable cases in May, case reported in April has report in draft. No initial learning identified. Previously issue around partogram improved with digital notes.												
Findings of review all cases eligible for referral to HSIB	May-23	No cases met reportable thresholds in May. One case currently active (early neonatal death reported in March). Two cases reviewed in 2023, one with no safety recommendations, one with 3 relating to escalations, clinical and risk assessment. Action plans have been completed and are monitored through governance												
Service user voice feedback	May-23	New role commenced in post within the ICB of the Maternity and Neonatal Independent Senior Advocate to support SFH.												
Staff feedback from frontline champions and walk-about	May-23													
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	N	N	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10		<4 <7 & above												

Board of Directors Meeting in Public - Cover Sheet

Subject:	Guardian of Safe Working Report		Date: 7 th September 2023		
Prepared By:	Rebecca Freeman - Head of Medical Workforce, Jayne Cresswell – Medical Workforce Specialist				
Approved By:	Dr Navtej Sathi – Guardian of Safe Working				
Presented By:	Dr Navtej Sathi – Guardian of Safe Working & 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 May 2023 and 31 st July 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 ED – Emergency Department O & G – Obstetrics & Gynaecology T & O – Trauma & Orthopaedics PA – Programmed Activity TOIL – Time Off in Lieu Ct – Core trainee St – Specialty trainee HOOH – Hospital out of Hours NEWS – National Early Warning Scoring EAU – Emergency Assessment Unit GMC – General Medical Council					
Executive Summary					
The paper provides the Committee with an update on the exception reports received from Postgraduate Trainees and Clinical Fellows between 1 st May 2023 and 31 st July 2023.					

The Board of Directors is asked to note the following:

- The slight reduction in Exception reports from this time last year.
- The largest number of exception reports have been received from doctors in Medicine, however, a number of these exception reports relate to the out of hours shifts that are done in Acute Medicine.
- The automated system reminders are slightly improving the response rates of Clinical and Educational supervisors, this requires a continued focus.
- Dr Sathi has commenced in post as the new Guardian of Safe Working Hours.
- Rotas have been prepared and sent to the Trainees commencing in post in August. These rotas incorporate the additional training posts that the Trust was successful in the recent HEE bidding process.
- Concerns have been raised by both trainees and clinical fellows relating to Acute Medicine which are being addressed by the Director of Medical Education with the involvement of the Guardian of Safe Working hours.
- The action plan detailed in appendix 1.

Guardian of Safe Working Report covering the period from 1st May 2023 to 31st July 2023

Introduction

This report provides an update on exception reporting data, from 1st May 2023 to 31st July 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, 197 (195.4 WTE) postgraduate doctors in training have been allocated to the Trust by NHSE. The Trust has an establishment of 224 trainee posts, so this rotation, the last rotation of the year, there are 27 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, 1.8 WTE), 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 at 31st July 2023

	Posts	Heads	WTE
Established doctor in training posts:	224		
Number of doctors in training in post:	197	203	195.4
Number of vacant training posts:	27	-	28.6
Number of unfilled training posts filled by a non-training doctor:	5	-	4.8
Established non-training doctor posts:	106		
Number of non-training doctors in post:	108	108	106.4
Number of vacant non-training posts:	-2	-	-0.4

High level data from previous quarter (as of 30th April 2023)

	Posts	Heads	WTE
Established doctor in training posts:	224		
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
Established non-training doctor posts:	97		
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 remained static at 224. The non-training doctor posts have increased by 9 due to an Acute Care Practitioner post being converted to a Clinical Fellow post in ED, a new Senior Clinical Fellow post being added in O&G and the right sizing of the T&O Clinical Fellow establishment to support activity at Newark Hospital.

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 May 2023 (with regard to working hours)

The data from 1st May 2023 to 31st July 2023 shows there have been 37 exception reports in total, 28 related specifically to safe working hours while 4 were related to educational issues, 4 related to service support and 1 related to the rota pattern.

Four 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 11 exception reports in May 2023, 9 in June 2023 and 17 in July 2023.

Of the 28 exception reports relating to safe working hours 25 were due to working additional hours and 3 were due to inability to take natural breaks.

Of the total 37 exception reports, 35 have been closed, with 8 being unresolved due to the doctor in training needing to accept the outcome. 2 reports are still pending both of which were submitted in July 2023.

For the exception reports where there has been an initial meeting with the supervisor the median time to first meeting is 8 days. Recommendations are that the initial meeting with the supervisor should be within 7 days of the exception report. In total 20 (54%) 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 15 (43%) with time off in lieu (TOIL) totaling 17 hours, 14 (40%) with additional payment totaling 14 hours and 10 minutes at normal hourly rate and 6 hours 5 minutes at premium rate and 6 (17%) 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. As most of the trainees will be leaving the Trust at the beginning of August, it is likely that most of the TOIL will be converted to payment.

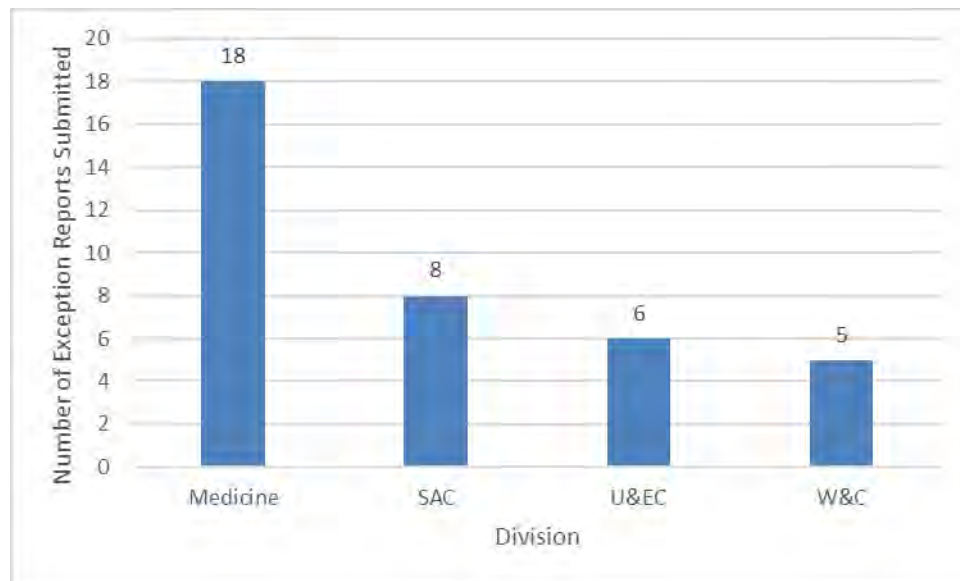


Figure 1. Exception reports by Division for Trainees

Figure 1 shows that the majority of the exception reports received during this period - 18 (49%) in total - are from postgraduate doctors working in the **Medicine Division**.

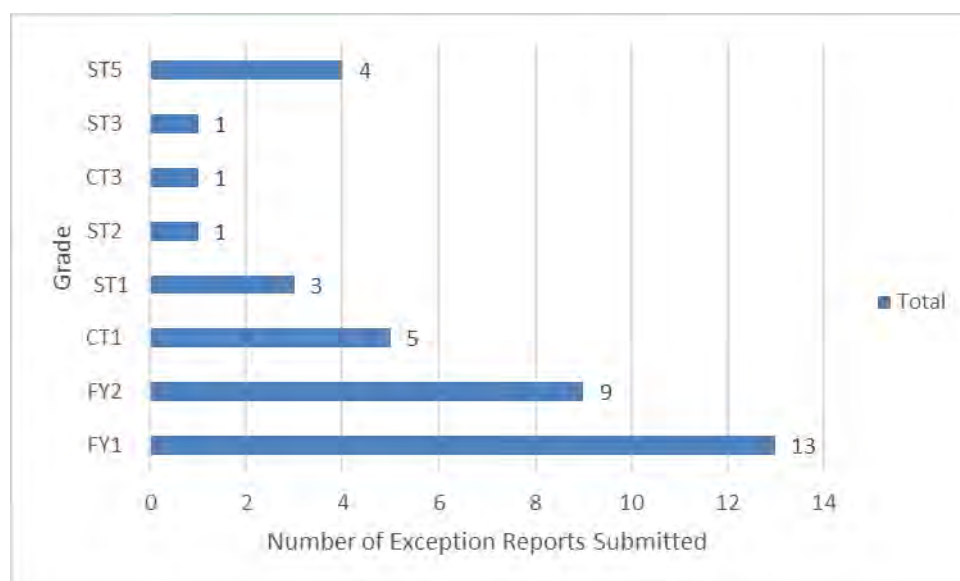


Figure 2. Exception reports by Grade for Trainees

Figure 2 shows a high number of exception reports were submitted by the Foundation Year 1 and Foundation Year 2 Doctors. In total 13 (35%) of the exception reports have come from the Foundation Year 1 Doctors, 9 (24%) from the Foundation Year 2 Doctors, 9 (24%) CT1/2 and ST1/2 doctors and 6 (17%) from CT3/ST3+ doctors.

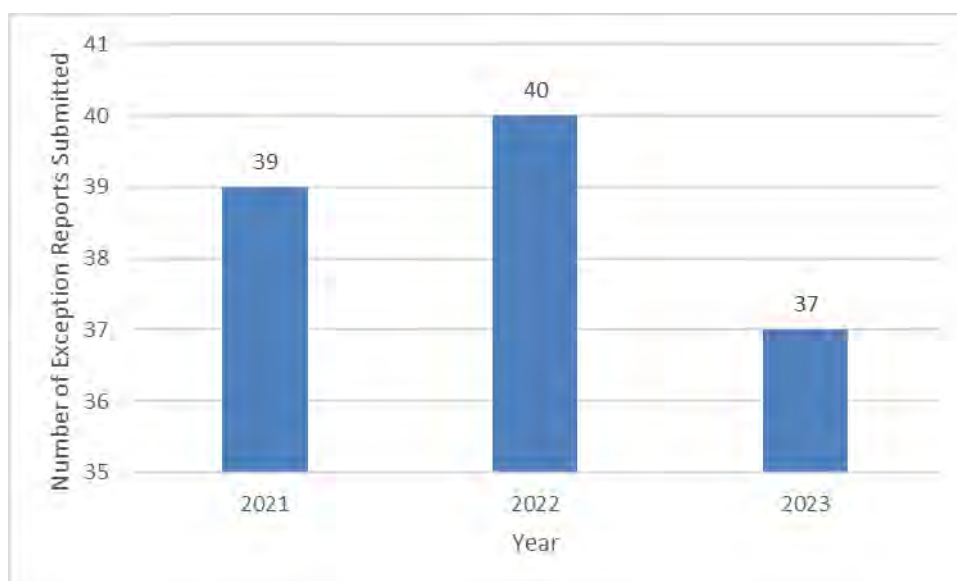


Figure 3. Comparison of number of exception reports for the same period between 2021, 2022 and 2023

Date	Grade and Specialty of Doctor	Details of Immediate Safety concern reported by the Trainee	Action Taken	Status of the Concern
05.07.23	F2 in Medicine	A doctor was absent due to sickness, leaving the cover for the night one doctor short. The doctor felt there were inadequate members of staff to safely cover the wards which they felt was a risk to patient safety.	This was managed by the HOOH team.	The report has been closed
05.07.23	F1 in Medicine	Similar to the above, the doctor felt there was inadequate members of staff to safely cover the wards.	The rota coordinator did attempt to fill the night shift.	The report has been responded to but is yet to be closed.
06.07.23	ST5 in Medicine	There were 2 juniors instead of 3 on the ward. At midnight there were still 30 or so jobs on the system still pending reviews. The team prioritized the ones which	Ensure that if a shift is understaffed, all the doctors and the HOOH coordinators working the shift are	The report has been closed

		<p>needed immediate patient reviews and dealt with the others later.</p> <p>A lack of communication about the staffing issues led to inability to plan the workload effectively and a lot of time was wasted trying to see if the doctor has gone to EAU by mistake etc</p>	<p>informed of the situation.</p>	
08.07.23	Clinical Fellow in Acute Medicine	<p>EAU has a total of 40+ patients at any given time, on weekends there are 2 junior doctors and 1 registrar.</p> <p>All patients are divided between the junior doctors and the registrar reviews sick patients, who have high NEWS scores.</p> <p>While reviewing so many post take patients and old patients, the doctor had 2 acutely sick patients, who had NEWS scores above 10.</p> <p>3/4 hours were spent on managing these 2 patients with the Registrar.</p> <p>All other jobs including the reviews of other patients had to be left and the doctor and the registrar failed to get a break.</p>	<p>The doctor stayed after hours to complete the post take jobs that were due but made sure all patients post take jobs were done to the best of their ability.</p>	<p>The report has been closed</p>

Table 1. Immediate Safety Concern Concerns Raised

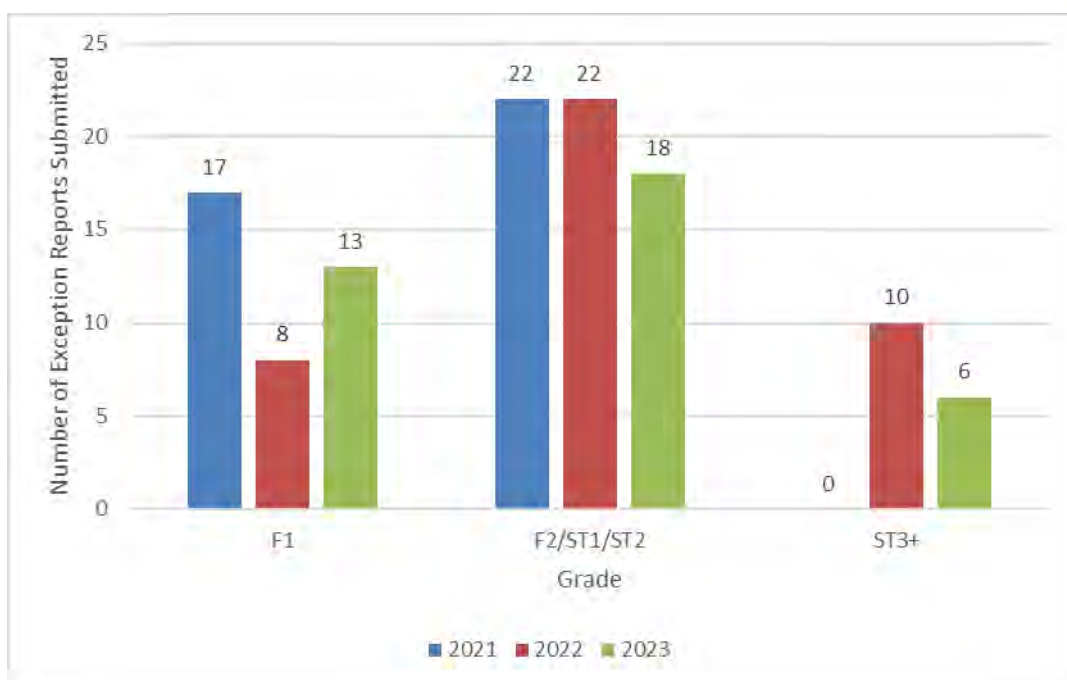


Figure 4. Number of Exception reports by doctors by grade for the same quarter between 2021, 2022 and 2023.

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

Work Schedule Reviews

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

Fines

There were no fines issued this quarter.

Vacancies

The Trust currently has 208 doctors in training. As mentioned in the introduction, there are 27 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, 5 of the vacancies are currently filled by Clinical Fellows. Clinical Fellow recruitment is ongoing with the aim of filling as many training vacancies as possible.

This figure is made up of 9 actual vacancies evenly distributed across the Divisions with the remaining being small percentages of posts remaining unfilled due to Trainees working less than full time. In the majority of cases they are working 80% of a full time post.

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.

The high level data shows that the Clinical Fellows are currently over recruited by two posts.

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. Dr Sathi plans to raise this issue at Grand Round on a regular basis to encourage Educational and Clinical Supervisors to respond to exception reports and establish what the barriers are to responding to the reports in a timely manner.

Date of the Guardian Report	Number and Percentage of reports <u>not</u> responded to within 7 days
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
August 2022 – October 2022	66% of all reports received 72 reports

Table 3 Exception Reports not responded to within 7 days

Dr Sathi commenced in post on 1st June 2023. An induction to the role has taken place and there are a number of areas that Dr Sathi intends to focus on during his first few months in post.

Dr Sathi is keen to meet with the Trainees and has made arrangements to walk around the wards and attend the departmental junior doctors' forums.

As previously reported, a Task and Finish Group has been established to manage the relocation of the doctors mess. This work is continuing, a walk around the new site for the mess took place on 28th April 2023 and a Business case was presented at the Capital Oversight Group meeting on

Thursday 25th May 2023. Further task and finish group meetings have taken place to progress this and a plan of the works has been shared with the aim of completing the work by December 2023.

Further periods of Industrial Action by Junior Doctors have taken place. The junior doctors are currently balloting regarding future industrial action. The ballot closes on 31st August 2023.

A great deal of work has been undertaken to review the current rotas, taking into account the exception reports that have been received in preparation for August 2023, this work has also incorporated a number of additional posts where bids have been successful. Further information to be provided in the next report.

The two surveys that have been completed by Trainees, those being the GMC Survey and the NETS Survey in addition to the Internal Quality Visit undertaken by the Medical Education and Medical Workforce. In addition a number of exit interviews were carried out with Clinical Fellows leaving the Trust. During these interviews concerns were raised relating to Acute Medicine. Essentially these concerns relate to the Medical Staff availability at night and over the weekend, the general organisation of the department, in particular the lack of handover and educational opportunities in that area. A number of Exception reports including one Immediate Safety Concern have also raised the lack of staff over night and the need to stay late to completed tasks. In addition, two Datix reports have been received relating to workload and staff shortages. The Director of Medical Education also raised some concerns with the department earlier on in the year following her visit to the department as part of the out of hours internal quality visit, however, it appears that actions that have been taken have not been sufficient to address the concerns.

The Director of Medical Education has arranged to meet with the department to discuss the concerns and agree an action plan to address these concerns. The Guardian of Safe Working will also be involved in the meeting and the monitoring of the action plan going forward.

Conclusion

- Note the slight reduction in Exception reports from this time last year.
- Note that the largest number of exception reports are received from doctors in Medicine, however, a number of these exception reports relate to the out of hours shifts that are done in Acute Medicine.
- The automated system reminders are slightly improving the response rates of Clinical and Educational supervisors but not as much as was hoped.
- Dr Sathi has commenced in post as the new Guardian of Safe Working Hours.
- Rotas have been prepared and sent to the Trainees commencing in post in August, these rotas incorporate the additional training posts that the Trust has been successful in bidding for.

- Concerns have been raised by both trainees and clinical fellows relating to Acute Medicine which are being addressed by the Director of Medical Education with the involvement of the Guardian of Safe Working hours.

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
Trainees to be informed of the email address for the Guardian of Safe Working inbox.	Communication to be sent to trainees	September 2023
Concerns have been raised by trainees relating to Acute Medicine	Meeting to be held with the Department to agree and action plan to address the issues that have been raised.	Action plan to have been produced with clear timescales by end September 2023

Finance Chair's Highlight Report to Trust Board

Subject:	Finance Committee meeting	Date: 29 th August 2023
Prepared By:	Richard Mills, Chief Financial Officer	
Approved By:	Andrew Rose-Britton, NED Chair of Finance Committee	
Presented By:	Andrew Rose-Britton, NED Chair of Finance Committee	
Purpose		
The paper summarises the key highlights from the Finance Committee meeting held on 29 th August 2023		Assurance Sufficient

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> The ICB has received a letter from the NHS England Regional Office relating to financial performance, governance and controls. The Trust is operating at a financial deficit, with continuing pressures relating to escalation beds and industrial action contributing to the Month 4 position. Forecast outturn scenarios based on the current run-rate and known commitments indicate a gap to the 2023/24 financial plan. 	<ul style="list-style-type: none"> Financial Controls assessment to be reviewed at the next Finance Committee meeting. Financial Recovery Plan to be reviewed at the next Finance Committee meeting. Further profiling and narrative requested on the entirety of planned efficiency savings for 2023/24. Follow-up of Pay Expenditure internal audit report recommendations to take place through the Audit & Assurance Committee.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> An updated budgetary control process has been developed, to support budget holders in understanding and meeting their responsibilities in relation to financial management. An assessment of financial controls is being undertaken in response to the NHS England letter, with actions being identified to enhance as necessary. A financial recovery plan is in development to support the delivery of the 2023/24 financial plan. Internal Audit report on Key Financial Systems (Pay Expenditure) provided a view of Significant Assurance. 	<p>Approval granted for:</p> <ul style="list-style-type: none"> Patient Knows Best (PKB) Contract Extension (within Finance Committee delegated authority limits). Nottinghamshire Health Informatics Service (NHIS) Strategy. Budgetary Control Process.
Comments on Effectiveness of the Meeting	
Good and effective discussion based on clear and informative papers.	