

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 3 June 2021		
<b>Prepared By:</b>	Robin Smith, Head of Communications			
<b>Approved By:</b>	Lorna Branton, Director of Communications, Richard Mitchell, Chief Executive			
<b>Presented By:</b>	Richard Mitchell, Chief Executive			
<b>Purpose</b>				
To update on key events and information from the last month			<b>Approval</b>	
			<b>Assurance</b>	X
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
X	X	X	X	X
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
			X	
<b>Risks/Issues</b>				
<b>Financial</b>				
<b>Patient Impact</b>				
<b>Staff Impact</b>				
<b>Services</b>				
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
N/a				
<b>Executive Summary</b>				
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.				

## **Chief Executive Report – June 2021**

As is customary, we will discuss Covid-19 and recovery in more detail elsewhere in the Board meeting, but I can provide some top line details at this point. It is encouraging news that the number of Covid positive patients within Sherwood remains low and we are cautiously optimistic that the relaxation in national Covid measures has not as yet correlated to a rise in admissions.

I hope colleagues have managed to get some well-earned rest as we also focus on recovering services. We are working to treat patients who have waited for non-urgent treatment as quickly as possible. It will take some time to work through the backlog, but I am pleased Nottinghamshire is one of 12 health and care systems in the NHS given extra 'accelerator' funding to support us to treat patients on our waiting lists more quickly.

Our aim at Sherwood is to treat an additional 30,000 patients by the end of July, through a variety of means, including running our theatres for longer hours, investing in new equipment and using mobile services to help us to conduct tests and assessments more quickly.

As I have said, we are aware of the importance of giving people time to rest and recover this summer. We are clear that the plans to deliver the above have come from the clinical and non-clinical teams directly involved in patient care. I do not believe these plans erode our focus on supporting all colleagues over the coming months and years.

I understand many patients have been waiting longer for treatment than anyone would like. I am sorry for this and I can promise we are working as hard as we can to treat people as quickly and as safely as possible. We will be treating people according to clinical urgency and every patient on our waiting list will receive a letter shortly to tell them what is happening next and to tell them how to contact us if their condition has changed.

One of the reasons we are able to progress with our recovery plans is the sustained success of the vaccination programme locally and nationally, and I note that at the time of writing, vaccinations have been opened up to 30 and 31 year olds. On Wednesday 26 May we administered the 100,000<sup>th</sup> vaccination at the King's Mill Hospital vaccination site which is an enormous achievement from when the programme started in December, and my thanks go to all colleagues involved.

Last month we were also able to make some welcome adjustments to our visiting policy, and we can now allow each patient a designated visitor for an hour a day. We have kept the existing arrangements for pregnant women, those who lack capacity and children. We know visiting is important for the wellbeing of patients and their families and although we still have restrictions in place around masks and social

Elsewhere we are continuing to think about Sherwood's role in our system and the community that we serve, and I am pleased that within the meeting today we can look back on the progress of the Mid Nottinghamshire Integrated Care Partnership over the course of the last year, and perhaps more importantly consider the objectives for 2021/22 and Sherwood's role in helping achieve them. I would like Sherwood to be viewed as a lead provider and a humble place partner.

I have been spending time recently thinking about Sherwood's role as an Anchor Organisation and within a Provider Collaborative. Anchor Organisations are large, public sector organisations that will not relocate and which have a significant stake in a geographical area. Their size, scale and reach mean they can influence the health and wellbeing of communities simply by being there. At our Mid Nottinghamshire Integrated Care Partnership public board meeting in May, we heard about the great work that Mansfield District Council, Active Notts, GPs, Sherwood and other organisations are doing to improve the lives of people on the Bellamy Estate. I am sure there are colleagues at Sherwood who are involved in this work or are benefitting from it.

Provider Collaboratives are two or more NHS organisations working together effectively at scale to bring benefits to the population they collectively serve and for their colleagues. An example of this could be fairer and more equitable access to services across their footprints. We have been collaborating closely with colleagues at Nottinghamshire Healthcare NHS Foundation Trust on actions including discharge pathways and psychology support. We are also collaborating closely with colleagues at Nottingham University Hospital NHS Trust on actions including the restoration of our elective services and our joint plans to accelerate patient care this summer.

Both of these are topics that we will return to in the coming months.

### **Further updates**

Each month I am going to use my Board update to provide further information on some of our HR functions, and our progress around Equality, Diversity and Inclusion (EDI) which is summarised below.

### **Equality, Diversity and Inclusion**

I was pleased to see us take an active role in NHS Equality, Diversity & Human Rights week at Sherwood (10-14 May); sharing blogs on a number of themes, holding virtual EDI awareness sessions, promoting diversity on social media and focussing on the topic in our weekly broadcast to colleagues. The week provided us with the opportunity to share the excellent work we have done and are doing to ensure Sherwood is inclusive and fair, a great place to be, for everyone, to work and receive care. I recognise there is more we can do on this agenda, but we are making good progress.

I was pleased to hear that NHS England and NHS Improvement (NHSE&I) have recognised that we now must act decisively around race, equality and inclusion. This is a 'time for action' and all our leaders must step up to the plate to make significant improvement to address these agendas.

To support our colleagues whilst we embark on this journey together, the Trust has contributed to a co-produced regional Workforce Race, Equality and Inclusion Strategy. The strategy was officially launched this month to make a clear commitment to our staff and our communities. We are determined to take effective and impactful action to create an anti-racist working environment.

Looking ahead, in June, our EDI policy will be reviewed and we will produce our EDI annual report. We are also working on two action plans which will be submitted to our regional teams by the end of June. These are focussed on inclusive recruitment and development/promotion of staff.

### **Operational HR**

Additional, dedicated, targeted clinical psychology support has been successfully introduced for colleagues working in ED, ICU and the Respiratory wards. This is a secondment arrangement with Nottinghamshire Healthcare NHS Trust Foundation Trust, with experienced clinical psychologists providing extra support for staff working specifically in these areas. The service is due to run until June 2021, with the possibility of making a permanent offer being explored. Evaluation of the impact continues, but feedback from staff and managers is very positive so far.

### **Freedom to Speak Up**

The 2021 Freedom to Speak Up Index was published at the end of May and can be found here [FTSU-Index-Report-2021.pdf \(nationalguardian.org.uk\)](#). The Freedom to Speak Up (FTSU) Index, is an indicator that can help build a picture of what the speaking up culture feels like for people in Trusts. It is a metric for NHS Trusts, drawn from four questions in the NHS Annual Staff Survey, asking whether colleagues feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident. Sherwood has done well. For the second year running we were the top performing Acute Trust in the East Midlands and this year we were also the top performing Acute Trust in the Midlands. We have a lot more to do to grow a culture where all feel included and all feel they can speak up, but we continue to make progress.

### **Annual Doctor's Awards**

I am pleased that last week we have launched our second annual Doctor's Awards. There are six categories open for all colleagues to make a nomination. Nominations can be made via the [online form](#) and will close on Friday 18 June 2021 at 5pm.

I continue to produce regular updates to our community, which can be read here:

[Tuesday 4 May.](#)

[Tuesday 18 May.](#)