

Board of Directors - Cover Sheet

Subject:	Chief Executive's report		Date: 3 rd August 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					
<p>ATTFE = Academy Transformation Trust Further Education College ICS = Integrated Care System MNPBP = Mid Nottinghamshire Place-Based Partnership PBP = Mid Nottinghamshire Place-Based Partnership ICS = Nottingham and Nottinghamshire Integrated Care System</p>					
Executive Summary					
An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective.					

Pressures: Industrial action

July has seen two further periods of industrial action affecting colleagues within Sherwood Forest Hospitals, with both having been called by the British Medical Association (BMA).

The first period of industrial action during the month affected our junior doctor colleagues and took place between 7am on Thursday 13th July to 7am on Tuesday 18th July. It was the longest single period of industrial action in the history of our NHS.

The second period of industrial action involved consultants, with that period of industrial action running between 7am on Thursday 20th July to 7am on Saturday 22nd July. This is the first time that consultants have taken industrial action in almost 50 years.

As a Trust, we know the importance of good pay and conditions in making great care happen across our hospitals and we respect colleagues' right to take industrial action to protect those most basic requirements.

On behalf of the Executive Team, I would like to thank colleagues from across #TeamSFH who worked to ensure that patients could continue to access the treatment they needed and deserved throughout that time.

We are also grateful to our patients and the wider communities we serve for their patience and understanding, as our hardworking colleagues have worked to keep essential services running and reschedule hundreds of appointments that were affected by these latest rounds of industrial action.

There is no escaping the fact that each period of industrial action has a significant impact on our services, with the financial costs alone continuing to run into hundreds of thousands of pounds.

The human cost of this industrial action is also not lost on us – both through the impact this has on colleagues' wellbeing and the delays this is causing for patients who are waiting to access the treatment they need and deserve.

During July, we watched the government's national announcement of pay offers with real interest and we share the views of our junior doctor and consultant colleagues in wanting to see a conclusion to this ongoing national dispute as soon as possible.

We also note that the BMA has already announced further provisional strike dates for its consultants on Thursday 24 and Friday 25 August, which will cause unique challenges ahead of a Bank Holiday period which always brings its own operational challenges.

The Trust's planning for those future periods of industrial action has already begun and we will, of course, keep the Board updated as those plans progress.

Welcoming the announcement of the national NHS Workforce Plan

Another major development over the past week was the announcement from the government and NHS England of the launch of the NHS Long-Term Workforce Plan, which sets a longer-term framework for how the NHS will look to protect its greatest asset over the coming years – its highly-skilled and hardworking people.

That strategy is an essential one in setting out how the NHS will look to train, attract, retain, development and safeguard our wellbeing to ensure that our NHS can continue to provide high-quality healthcare to them in the long-term.

As well as being an important development nationally, that work also brilliantly complements our own work to achieve those same aspirations here at Sherwood that we have within our Trust's own People Strategy.

Newark Hospital: Work begins on new and improved operating theatres

In July, we were delighted to get our first glimpse of our new-and-improved operating theatres that are currently being installed at Newark Hospital as part of our £5.6million plans to boost operating theatres capacity there.

Parts of the modular theatre, which will be known as Newark Elective Hub, were lifted into place by crane over the weekend of Saturday 8th July and Sunday 9th July.

The £5.6million project will result in an extra 2,600 operations and procedures taking place at Newark Hospital each year. It will provide a modern environment, contribute to reductions in waiting times and create new jobs for nursing and healthcare staff.

The extra capacity in elective care will improve patient choice and help to address access to health services for those who would previously have had to travel further afield for treatment.

The new suite, which includes a recovery area, anaesthetic room and scrub facilities, is being built beside the existing two theatres. The first operations are expected to take place in the new theatre this autumn.

The new theatre sessions will be targeted towards procedures delivered by orthopaedics, urology, and ear, nose and throat (ENT) surgery, which have the greatest backlogs. In addition, improvements to the existing minor operations suite will enable some procedures to take place there rather than in a theatre. This will free-up theatre space for procedures where an overnight stay is likely.

The improvements have been made possible thanks to funding from the NHS England's Targeted Investment Fund (TIF) following a successful bid. The money will also provide the required new theatre equipment and extra storage space, as well as improved changing and rest facilities for staff.

This is a really exciting time for Newark Hospital, our patients and colleagues. This project is just the latest aspect of our plans to make best use of the potential of the Hospital that will also see the expansion of car parking provision at the site over the coming months.



Caption: How the new theatres at Newark Hospital could look

Partnerships update: Place-Based Partnerships Working together to empower communities and reduce inequalities announced

In September, we are delighted that Sherwood Forest Hospitals will be supporting the Mid Nottinghamshire Place-Based Partnership's co-design event at the Mansfield Civic Centre.

The establishment of the Nottingham and Nottinghamshire Integrated Care System (ICS) has provided an opportunity to work differently across Nottingham and Nottinghamshire by bringing organisations together into Place Based Partnerships.

Sherwood Forest Hospitals is proud to be a part of the Mid Nottinghamshire Place-Based Partnership, serving the Mansfield, Ashfield, Newark and Sherwood areas of the county.

This event is being hosted by the Nottingham and Nottinghamshire ICS to explore what Place Based Partnerships are and how they are promoting integration across organisations and a real focus on and commitment to community empowerment to reduce inequalities and improve lives.

We are proud to be part of the event and I will, of course, update you on the outcome of that event in future updates to the Board.

Partnerships: Nottingham and Nottinghamshire Integrated Care System (ICS) Partnership Agreement

A Partnership Agreement, which describes how system partners across Nottingham and Nottinghamshire will work together, has been in place for a number of years. The document demonstrates the commitment to work effectively together for the benefit of all our communities and citizens.

The Agreement is currently being reviewed and refreshed and has been considered at the ICS Reference Group and the Provider Collaborative Charis and Chief Executives Group.

I will provide the final document to the Board when completed, this is expected to be at the October Board meeting.

Partnerships: Nottingham and Nottinghamshire Provider Collaborative Board update

The Provider Collaborative continues to develop, and I have attached a paper which is being received by all partner Trust Boards which describes recent work completed.

Each Trust Board is asked to:

- Acknowledge the ongoing process to develop the Provider Collaborative at Scale
- Invite reflections on progress from attendees of the Joint Board Development session
- Support the direction of travel and next steps.
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Partnerships: Welcoming local councillors into our hospitals

The Trust has welcomed various newly-elected local councillors to tour our hospitals as part of their induction recently, following May's local government elections. With recent changes in political leadership, some of the health portfolio holders have also changed.

These visits will contribute to our open and transparent culture, as well as helping to ensure that we assist our councillors to have relationships and insights into local NHS provision for the communities they serve.

Partnerships: Strengthening our relationships with local education providers

Academy Transformation Trust Further Education College (ATTFE) held a focused meeting with us to explore building a long-term partnership which adds value to people who live in our area.

Two short term actions were agreed for progression over the next three months:

1. **An adult lifelong learning hub based at Newark Hospital as a spoke of the College**
Impact expected: Making the hospital a vibrant asset for the wider community and opening up opportunities for colleagues to easily access learning.
2. **Offering Level 1 in Volunteering training to our volunteers**
Impact expected: This will build the experience for future employers in those who use volunteering as a career stepping stone.

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 August 2023.

Appendix 1

Update on Nottingham and Nottinghamshire Provider Collaborative at Scale Common Paper for Trust Boards

1. Purpose of the paper

- 1.1. The purpose of this paper is to apprise Trust Boards on the recent work to continue to develop the Provider Collaborative, share feedback from the recent Joint Board Development session, update on the priorities for 2023/24 and set out next steps.

2. Executive Summary

- 2.1. The Nottingham and Nottinghamshire Provider Collaborative at Scale has now been operating for a year. Our last update to Boards (in March / April) detailed our work areas for 2023/24. In the first quarter of 2023/24 we have further scoped our work-streams and have built on our links with other parts of the system in order to align and co-ordinate our effort in these areas.
- 2.2. There is still more work to do in order to provide detailed quantification of the likely impact of these areas of work and to ensure that we are investing our energy in the right places.
- 2.3. This paper details the progress that has been made in Quarter 1 of 2023/24 and the next steps to develop the operating model for the Provider Collaborative at Scale.

3. Main Report Details

3.1. Joint Board Development Session

- 3.1.1. Members of the Provider Collaborative across the five organisations met on the 30 June 2023 to discuss progress to date, including on the two prioritised programmes of Workforce and Urgent Care, and to understand and explore options for governance structures to support joint working and decision making. 33 participants attended the workshop with all five organisations represented.
- 3.1.2. The scope, objectives and progress to date of the priority programmes of Workforce and Urgent Care were discussed during the session. Colleagues felt that more clarity was needed on the objectives of each of the work streams within the programmes, with defined goals set against timelines. Colleagues also felt that there needed to be discussions with the ICS/ICB and wider system partners to ensure there wasn't duplication of effort.
- 3.1.3. Governance was explored by learning what other Collaboratives in other ICSs are doing, i.e., their functions, and how they are doing it, i.e., their form. Colleagues agreed that the governance model should be kept simple to avoid hindering progress, and that our Collaborative should frame the governance model around what the organisations are trying to achieve together. In so doing it was agreed that it will be important to engage NEDs. It was also felt that resolving this was critical for further progress and to realise some of the ambitions that had been discussed in the session.
- 3.1.4. Colleagues reflected on the value of setting SMART objectives and committing to delivering at pace, ensuring all organisations are aligned on these. The next steps included:
 - Working together to develop clearly defined SMART objectives for each of the prioritised programmes of work to be shared with Boards.

- Considering what the best form of governance is to support the work now, and how this might evolve in the future.
- Agreeing the roles and responsibilities within the Collaborative across executive and non-executive colleagues once governance arrangements are decided.
- Developing the “prospectus” documentation outlining defined objectives of priority programmes and the governance model for discussion with Boards.

3.1.5 The session closed by checking the alignment of colleagues through a mentimeter exercise to understand appetite for change. The below diagram shows the output of that discussion. Over the coming months, Trust Boards may wish to consider these statements as individual organisations so Board members who did not attend the session can reflect on their alignment.



3.2. **Distributed Executive Group:** At the end of July, our Distributed Executive Group meets for the first time. This group recreates an organisational executive with Directors representing their areas as opposed to their organisations. This group will help guide the collaborative, advise the Provider Leadership Board on delivery of programmes and areas of opportunity plus will give individuals from across our member organisations a role within the collaborative space.

3.3. **Work-streams:**

3.3.1 Urgent Care - We will deliver care improvements for our patients by streamlining Pathway 0 (simple discharge) pathways, providing consistency across the frailty pathway; and actively align and contribute to the system wide work on demand, capacity and flow, taking ownership and leadership for relevant elements. By aligning our work with system work, we will distinguish between partnership and delivery requirements and take account of regulatory assurance needs.

3.3.2 Workforce – We have four workstreams which will be delivered by March 2024:

- Delivery of a Talent Management Framework underpinned by a Leadership Programme; Nottingham(shire) Graduate Scheme; and a local 360°Feedback system across the Provider Collaborative.
- Embed a portability approach that ensures our staff / people can move across the provider collaborative with Mandatory Training, DBS checks, References and Pre-employment checks.
- Have a flexible workforce programme that puts the systems & processes in place to enable portability to happen.
- Deliver the NHS Workforce Plan by aligning, distinguishing and delivering provider responsibilities from national and ICS responsibilities.

3.4. **Prospectus:** It was also agreed in January that a 'prospectus' would be developed for the collaborative, setting out what the collaborative is and is not, why we exist, what our priorities are, how we will operate, what governance forms we will consider and how we will work and communicate with our partners. The prospectus will be shared with Trust Boards, along with an MOU for the collaborative from September for adoption once all five members have agreed.

3.5. Next Steps

3.5.1 **Mobilising our Priorities:** Work is now focused on expediting mobilisation and identifying the anticipated outcomes and added value for each priority. This intended impact will be shared with Trust Boards by September.

3.5.2 **Governance arrangements and the Prospectus:** The MOU and Prospectus are being developed and will be shared with Trust Boards by September. Agreeing the roles and responsibilities within the Collaborative across executive and non-executive colleagues will be considered in parallel to this work and be shared with Trust Boards in October once governance arrangements have been agreed.

3.5.3 **Communication and Engagement:** Work on the collaborative identity, name and branding is outstanding and we are out to advert to secure some short-term communications expertise to help us with this and mobilise the draft Communication and Engagement Plan.

4. Risks

4.1. As with any work programme, there are risks to the delivery of the work of the Provider Collaborative. Some of the key risks for us are detailed below:

4.2. **Capacity** - our member organisations are all under significant pressure both operationally and financially and therefore the capacity of people to engage in additional programmes of work is limited. We have discussed what we may need to stop doing in order to create this capacity, as well as how we get absolute clarity of roles and functions of different people/groups across the system, to remove any unnecessary duplication. Whilst we realise that some of those decisions are within the gift of our member organisations, some will need to be discussed more broadly across the system.

4.3. **Collaboration at all levels** – we have done lots of work with Boards and senior leaders of our member organisations but this work has not yet diffused throughout our organisations. We have more work to do in order to bring our colleagues and teams with us on this collaborative journey.

4.4. **Gaining credibility and managing expectations** - we are ambitious and believe in the opportunity to deliver collectively but we are balancing gaining credibility by showing that we can deliver something, alongside high expectations of the role that we could be playing in the system. We want to start with a small number of priorities and deliver them well, but want to ensure we are also capitalising on our opportunity to be a vehicle for strategic transformation. How we manage the pace and scale of our growth journey will be vital to our longer term success.

5. Recommendations

The Trust Boards are asked to:

- Acknowledge the ongoing process to develop the Provider Collaborative at Scale
- Invite reflections on progress from attendees of the Joint Board Development session
- Support the direction of travel and next steps.