

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report		Date: 2 May 2019	
Prepared By:	Kerry Beadling-Barron, Head of Communications			
Approved By:	Richard Mitchell, Chief Executive			
Presented By:	Richard Mitchell, Chief Executive			
Purpose				
To update on key events and information from the last month			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
N/a				
Executive Summary				
<p>An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • Wider SFH news • Wider NHS update • Next month at SFH 				

Chief Executive Report – May 2019

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	0	35
MRSA	0	0
Ecoli	4	35
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	3	31
Never events	0	2
Total	7	103

Further information about the above is included in the Single Oversight Framework Performance Report and Appendix A details how we performed in March against our high level metrics for workforce, quality, access and finance.

As detailed in the SOF report, there is much we can feel proud about and with our new strategy established, I feel we now have a clearer and more positive future. Whilst lots of areas have improved, it is obvious colleagues are tired after a long winter and I am grateful for how hard people are working. I am optimistic the formation of the mid-Nottinghamshire Integrated Care Provider will strengthen closer working between Sherwood and partner organisations, especially the Primary Care Networks and we hope this will benefit the urgent and emergency care pathway in particular. Planning for winter 2019-20 has already begun and I believe we should follow a similar process to last year; listening to colleagues involved in patient care, learning from last year and following the concept we should “plan for the worst and hope for the best.” Every month in 2018-19 performed better, as measured by the four hour standard, than the corresponding month in 2017-18 and every month was busier than the corresponding month the previous year. April 2019 is busier than April 2018 (8% increase in attendance as of 24 April), and an optimistic scenario is one where emergency attendance and admissions reduce in the remaining 11 months of this year compared to their 2018-19 levels.

Conversations about system capacity, not just acute bed capacity continue and I want to take the earliest opportunity in public in 2019-20 to confirm my views on this. There are patients in our beds who do not need to be here and we need to continue to work with partners to safely discharge them in a timely way. We are discharging more patients than ever before, but this is because we are also admitting more patients than ever before. Three things need to happen in parallel for me to feel we could safely change our bed base; i) we need a continuous and sustained increase in discharges, which is evidenced by a reduction in length of stay, ii) we need a continuous and sustained reduction in admissions and iii) we then need to see a reduction in bed occupancy. Until our bed occupancy reduces below the levels for the corresponding months in 2018-19, it will not be possible to reduce beds whilst providing safe, timely care. It is also important to note it is likely acuity and possibly admissions will reduce this summer but that it not a predictor of what is possible in winter 2019. We have agreed that across the Integrated Care System we will have sight in July 2019 of our capacity plan for this winter. This will include bed capacity but there obviously is lots of other non-acute capacity to include and understand.

In March 2019, executive colleagues and I visited the following areas, amongst others, to listen to and thank staff:

Emergency dept., EAU, Intensive Treatment Unit, Urgent Care Centre, Neurology – Outpatients dept., Catheter lab, Theatres, Sexual Health, Clinical Coders, Safeguarding Team, Radiology, Maternity ward, Sherwood Birthing Unit, Clinic 11, Newark Endoscopy, Newark Urgent Care Centre, Newark Sconce, Newark Patient Pathway Co-Ordinator, Oakham ward, Lyndhurst ward, Chatsworth ward, Ward 11, Ward 21, Ward 32, Ward 34, Ward 41, Ward 43, Ward 53 and Ward 54.

Wider SFH news

Review of the Year

I have thought a lot about 2018-19 and how we have performed as a team. Many colleagues have referenced the CQC assessment last year and others have told me about specific things in their division, department or team they are proud of. I am proudest that colleagues tell me things “feel different”. I recognise it is still very tough on a day to day basis but I feel optimistic we are doing the right things and trying to achieve them in the right way. We are a team that is in control of its future and I believe has a fantastic opportunity to achieve some remarkable improvements over the next couple of years.

I continue to feel proud and honoured to be Sherwood’s Chief Executive and as I have said before, I am pleased we are beginning to make improvements on the type of culture I want us to have. Well supported colleagues deliver safe care. Like last year, as well as feeling lots of pride, I worry. I worry and do not feel good about the pressure colleagues have been under and I do not feel good about the length of time some patients have waited for their treatment or admission. I am aware of the impact this has on the lives of colleagues and the lives of our patients and whilst this winter has been better for most, we would all recognise we have more work to do.

A graphic of some of our successes is below:

Our Successes - 2018/2019

Safety, Quality & Patient Experience

- The CQC assessed us as Good overall & Outstanding for Caring
- Urgent & Emergency Care & Outpatients assessed as Outstanding for Well Led
- Maternity & Medicine (MCH) assessed as Outstanding for Caring
- All 10 services visited by CQC assessed as Good Overall
- An overall reduction in harm events compared to previous year

Staff Engagement

- Top acute trust in the Midlands for overall engagement and the 11th best in England with a score of 3.91 out of 5
- Top acute trust in the Midlands & joint 8th best in England as a place to work & receive treatment
- Top acute trust in the Midlands & joint 6th in England for staff satisfied with their quality of work and care they provide
- Our response rate was 6th best acute trust in the NHS

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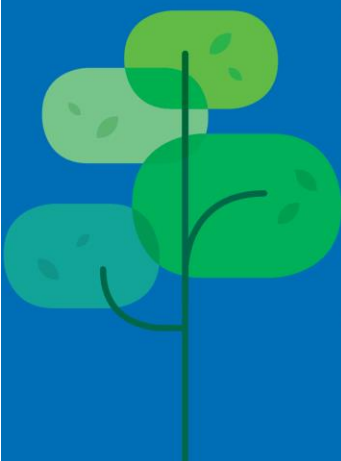
Access

- 94.24% patients on the emergency care pathway were treated with four hours
- Improvements in all cancer, elective & diagnostic standards compared to the previous year
- No patents waiting 52 weeks for elective treatment on 31 March 2019

Finance

- Delivered our year end control total
- Delivered all elements of Provider Sustainability funding (PSF) that were linked to our financial & emergency care performance

- Our NHSI 'Single Oversight Framework' segmentation improved from a three to a two
- 2093 patients recruited onto research trials, which is 22% more than the previous 12 months
- We strengthened our relationship with health & local authorities within the ICP & ICS
- We are 'buddying' with The Queen Elizabeth Hospital, King's Lynn NHS FT to provide support
- We launched our new strategy:
Healthier Communities, Outstanding Care



Recognition Week

At the start of April, to mark the beginning of the new financial year and the many successes over the last 12 months, we held our first Recognition Week. One of the small ways we celebrated the many successes of #TeamSFH this year was by handing out recognition badges across our three sites, on different days and times of day so as many colleagues as possible could come and get one. I am delighted to thank our colleagues at the Dukeries Unison branch for their sponsorship of our first Recognition Week. Everyone was able to receive a badge and we had a special edition gold pin-badge for:

- Teams and individuals nominated, shortlisted or winning SFH Star of the Month
- Teams and individuals nominated, shortlisted or winning in Staff Excellence Awards in the last 12 months
- Teams and individuals nominated, shortlisted or winning in Chief Nurse Awards 2018
- Teams and individuals shortlisted for or winning national/regional awards in the last 12 months
- Individuals who have served 25 years or more within the NHS

As mentioned a green #TeamSFH pin-badge was available to all other colleagues and volunteers.

During this week we celebrated our achievements from the year and gave out several thousand badges across our sites. The week was a great success and we will be doing it again next year.

Healthier Communities, Outstanding Care Strategy

We launched internally our new strategy across our three sites at the end of our recognition week. One of the key themes from feedback was we needed to help engage and promote health and wellbeing for everyone, particularly Sherwood colleagues. In support of this, we held a health and wellbeing event to launch the strategy which showcased internal and external services available including: Occupational Health, Moving and Handling, smoking and alcohol advice, SmokeFree, Trade Unions, Neyber, Mansfield District Leisure Trust, Nottinghamshire County Council weight management service, Everyone Active, Vivup, EAP and Time to Change Champions.

We also asked colleagues to fill in the health and wellbeing survey to tell us what they want us to focus on for the next 12 months too.

I am proud of the strategy and would like to thank all Sherwood colleagues, partners, members of the public and patients who took the time to share their views at meetings or by filling in one of our surveys. I genuinely believe the strategy we have co-created is stronger because of the process we have followed and the strategy explains how we will further work with partners across Mid-Nottinghamshire, as this is the best way to improve the health and wellbeing of all the communities we serve.

Each strategic objective has at least one executive director leading on it and there will be quarterly updates to Board through committees and an annual update against the milestones for 2019/20 which can be found in the full document. We have also produced a two page summary and an easy read version so hopefully there should be an understandable version for anyone who wants more information.

Chief Nurse Awards 2019 Launched

Our 2019 Chief Nurse Awards have been launched to celebrate the amazing work of Sherwood nurses, midwives, support workers, housekeepers, allied health professionals and students.

Patients, families and hospital staff are able to nominate anyone who has gone above and beyond for them and shown commitment to providing compassionate and outstanding care.

The awards are based on the Trust's CARE values and nominations can be made in the following categories:

- Communicating and working together
- Aspiring and improving
- Respectful and caring
- Efficient and safe
- Support Worker of the Year Award (health care assistant, midwife assistant or assistant therapist)
- Student of the Year Award (student nurse, student midwife, therapy student or nurse associate)
- Outstanding Educational Achievement of the Year (Sponsored by the Royal College of Nursing)
- Outstanding Leadership.

In addition, there will be a special award chosen and presented by the Trust's Chief Nurse, Suzanne Banks – the Chief Nurse Award for outstanding contribution to leadership.

Nominations need to be made by 12pm on Friday 10 May and can be made via an [online form](#) on the Sherwood Forest Hospitals website.

Wider NHS update

Key updates since last Board are:

- My first update on the Mid- Nottinghamshire ICP – please see appendix B. From this week, I am committing to working one day a week solely on ICP activities.
- Nottingham and Nottinghamshire Integrated Care System Update: Please see appendix C.
- NHS England and NHS Improvement in the Midlands. From April 1 the below appointments came into effect, creating a single leadership team for the Midlands:
 - Regional Director – Midlands: Dale Bywater
 - Director of Commissioning: Alison Tonge
 - Medical Director and Chief Clinical Information Officer: Dr Nigel Sturrock
 - Chief Nurse: Siobhan Heafield
 - Director of Performance and Improvement: Jeff Worrall
 - Director of Workforce and Organisational Development: Steve Morrison
 - Director of Public Health: Dr Rashmi Shukla

The posts of Finance Director and Director of Strategy and Transformation have not yet been appointed to. The Locality Director for North Midlands, which covers Nottinghamshire is Fran Steele.

- Fourteen Trusts will pilot new A&E standards ahead of new standards being rolled out from April 2020. The four new A&E standards being tested are:
- Time to initial clinical assessment in A&E;
- Time to emergency treatment for critically ill and injured patients;
- Mean waiting time for all patients;
- Better utilisation of ambulatory care (known as same day emergency care)

The 14 Trusts taking part in the pilot are: Luton and Dunstable University Hospital NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, Chelsea and Westminster Hospital NHS Foundation Trust, West Suffolk NHS Foundation Trust, Poole Hospital NHS Foundation Trust, Imperial College Healthcare NHS Trust, Frimley Health NHS Foundation Trust, The Rotherham NHS Foundation Trust, Cambridge University Hospitals NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, Kettering General Hospital NHS Foundation Trust, University Hospitals Plymouth NHS Trust, Portsmouth Hospitals NHS Trust and Nottingham University Hospitals NHS Trust.

Next month at SFH

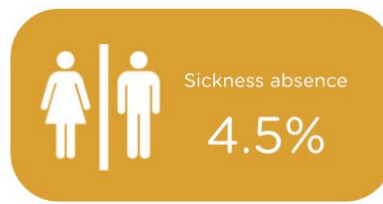
I will focus on our partnership working with the formal establishment of the Mid-Nottinghamshire ICP Board and we will launch our strategy externally.

Appendix A: Performance Infographic

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Sherwood Forest Hospitals
NHS Foundation Trust

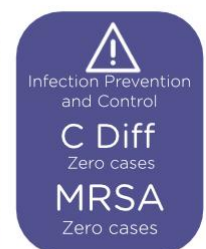
Workforce



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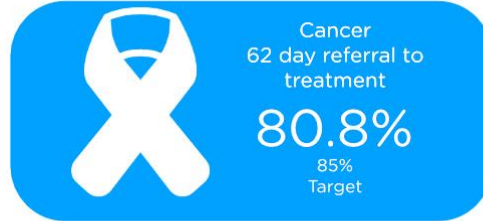
Sherwood Forest Hospitals
NHS Foundation Trust

Quality



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Access



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Finance



Appendix B – ICP update

Mid Nottinghamshire Integrated Care Provider Update – April 2019

Independent Chair appointed

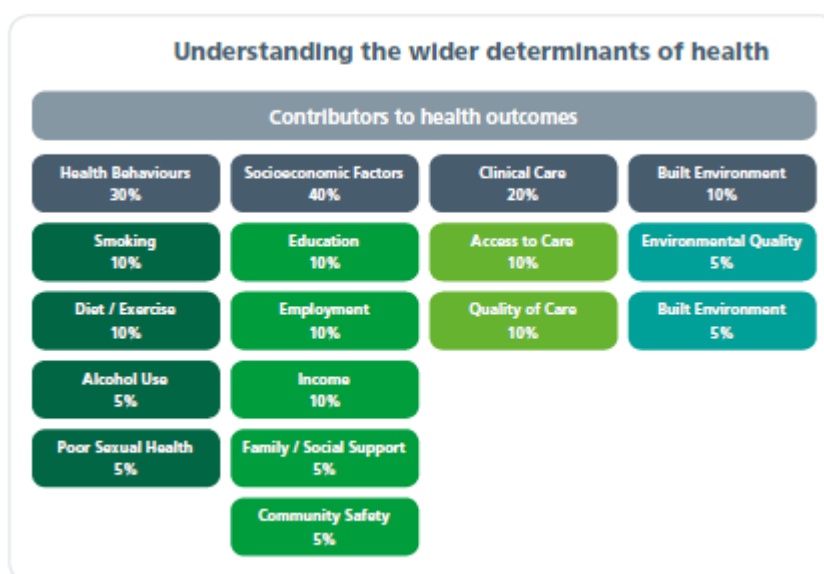
Professor Rachel Munton has been appointed as the independent chair of the mid Nottinghamshire (Mid Notts) ICP and will formally start in her new role on 1 May 2019. Rachel’s previous roles include healthcare assistant, director of nursing, and director of the East Midlands Academic Health Science Network. We would like to take this opportunity to thank John MacDonald for chairing the Alliance Board over the last year and a half and we all recognise the improvements in culture and delivery that have occurred through his leadership.

ICP meeting on 4 April

We had an extended Mid Notts ICP workshop on 4 April with 27 colleagues representing commissioning, County Council, District Councils, Healthwatch, Primary Care Networks, voluntary sector, NHS Trusts (Nottinghamshire Healthcare, Nottingham University Hospital and Sherwood Forest) and the ICS and we discussed the following:

- Life in Primary Care Networks - how can the ICP and PCNs work together?
- How do we ensure equal balance between health and local authority?
- How do we maximise the role of patients, public and the voluntary sector?
- What sort of a board do we want this to be?
- What do we want the ICP to focus on?
- How we do focus on the wider determinants of health and wellbeing?

We were all clear and committed in the meeting to improve the lives of our residents in Mid Notts by working more closely together. Figure 1 below explains some of the wider determinants of health and provides further evidence that access to care only contributes circa 10% to overall health outcomes. For us to make a fundamental difference in Mid Notts we have agreed the ICP needs to be wider than just NHS services and social care. We will be developing the agreed approaches from this workshop in our future planned Board Meetings.



(Figure 1: Based on University of Wisconsin Population Health Institute (2014) ‘County Health Ranking Model’)

Secondments into the Mid Notts ICP

Peter Wozencroft (Director of Strategy Sherwood Forest Hospitals FT) and Kerry Beadling-Barron (Head of Communications Sherwood Forest Hospitals FT) will be seconded into the Mid Notts ICP, initially for 12 months, from 1 May. Key areas of focus for them in the first couple of months will be supporting the delivery of the actions that came out of the meeting on 4 April. From the beginning of May, Richard Mitchell (Chief Exec Sherwood Forest Hospitals FT) is committing a day a week to work solely on ICP business.

Contracts signed and aligned for 2019-20

The 2019/20 SFH CCG contract has been collaboratively developed in accordance with the following jointly agreed principles:

- Working together for the benefit of the system
- Aligning objectives and incentives to achieve system change
- A cost pressure causes a problem for the system
- A cost saving creates an opportunity for the system
- Openness and transparency and open book approach
- Risks shared and managed
- Contracts to reflect system objectives and incentivise delivery and enable transformation.

The contract has risk for all partners and the system and the two key risks are non-elective care growth beyond what we have planned for and outpatient transformation not occurring at the rate we need it to. We believe the contract agreed between commissioners and providers will support an improvement in joint working and transformational change in the next 12 months.

The table below captures the financial risks in Mid Notts (CCG, Notts Healthcare NHS Trust and Sherwood Forest Hospitals FT) accurate as of 29 March.

		MC ICP	
		£ms	%
Identified schemes £43.2 million Gap £6.3 million	Identified		
	Red	11.2	22.7
	Amber	15.2	30.7
	Green	16.8	33.9
	Total Schemes	43.2	87.4
	Unidentified	6.3	12.6
	Control total not accepted	0	0
	Total Savings Target	49.5	100

Wigan Visit

Seventeen colleagues from Mid Notts are visiting Wigan on 26 April to understand more about the Wigan Deal, which is “an informal agreement between the council and everyone who lives or works here to work together to create a better borough.” We believe there is a lot we can learn from Wigan. Further details are here: <https://www.wigan.gov.uk/council/the-deal/the-deal.aspx>

Richard Mitchell
11 April 2019

Appendix C – ICS Update



ICS Board Summary Briefing – April 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 11th April 2019. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the ICS Board held on 15th March 2019 will shortly be published on the system's website - <http://www.stpnotts.org.uk/ics-board>.

Introduction

The Independent Chair of the ICS, David Pearson, welcomed citizens to the first Board meeting to be held in public – all the papers for the meeting are available at www.stpnotts.org.uk/ics-board – and emphasised the Board's desire to be open and transparent in its business. The Chair also shared his proposed approach to the role of Independent Chair and highlighted the launch of the *What Matters To You* engagement campaign around the NHS Long Term Plan. More details are available at <https://www.nottswatmatterstoyou.co.uk/>.

Cancer: Patient Stories

The ICS's Programme Director for Cancer presented an update on cancer services across the ICS geography – highlighting the challenge of the high prevalence of cancers most closely associated with deprivation in Nottingham City and Mansfield and also the ongoing work to identify more cancers at the earliest possible stage. These two challenges mean that early detection of lung cancer is one of the biggest priorities for this area of the work of the ICS. The Board welcomed the presentation and in particular the videos from two patients (which can be seen at: <https://vimeo.com/263768448> and <https://www.bbc.co.uk/news/uk-england-nottinghamshire-47792829>). The subsequent discussion reflected the strong support for this ongoing work and included: a desire to ensure consistent deployment of proven solutions across the whole ICS footprint; support for ensuring the right workforce is in place to support early diagnosis and; recognition of the role of research from the acute hospital trusts in supporting innovation.

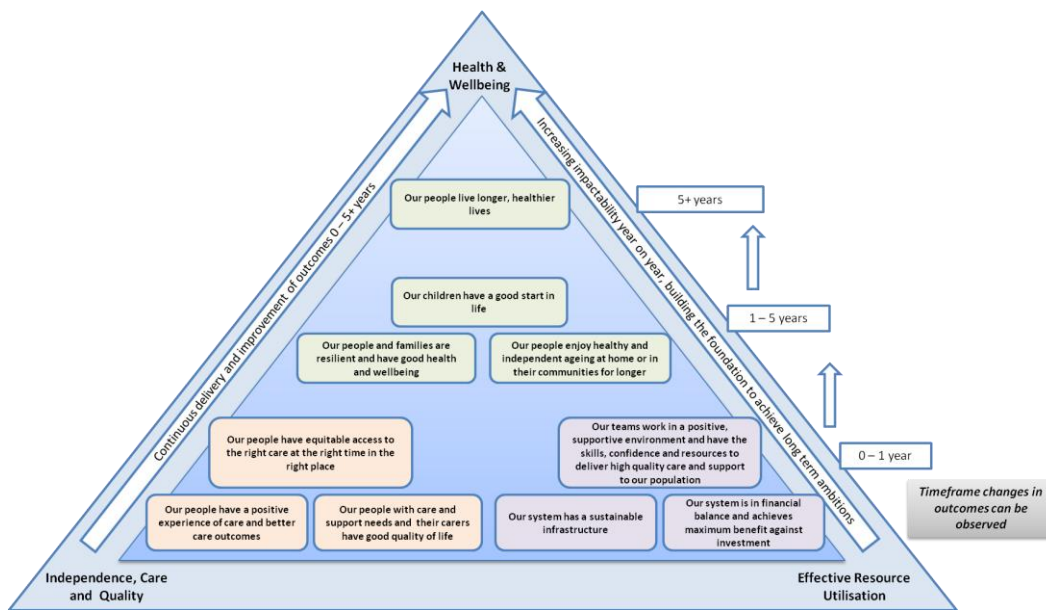
Prevention Priority: Alcohol

As the ICS's identified prevention priority, the Board was pleased to hear that progress has been made in reducing hospital admissions for alcohol related conditions across Nottingham and Nottinghamshire. This success has been noted by NHS England and led to a recent visit from national colleagues to learn from our leading-edge work. It was also reported that over £500k of

external money has been secured into the Nottinghamshire system to support the further roll-out of proven solutions to prevent alcohol harm.

ICS Outcomes Framework

Following on from the detailed discussed at the March meeting, the Board received an update on the work developing the ICS’s Outcomes Framework, or in simple terms, what difference will the ICS make to the citizens, patients and staff of Nottingham and Nottinghamshire in the future. Some adjustments had been made to two of the headline categories, ensuing in particular that the workforce challenge is well measured and managed in the ICS’s work. The latest visual representation of the framework can be seen below.



The proposed framework will now be shared more widely to gather further feedback and input before it is finally proposed for adoption in the summer.

Personalisation Update

As one of the key planks of the NHS Long Term Plan, the continued success of work around Personalised Care in Nottingham and Nottinghamshire is to be welcomed and so the Board was pleased to receive a detailed update from the team leading on these activities. The ICS is performing well against targets to deliver support patients to be more involved and empowered in managing their health. This means that in excess of 2,000 local citizens will be supported by a Personal Health Budget and well over 15,000 patients are involved and engaged in shaping and tailoring their care to suit their needs. The Board recorded its thanks for the work on this important topic and was fully supportive of the proposed approach and target setting for 19/20.

Estates Strategy

Following feedback on the previous submission from NHS England and NHS Improvement, the Board was updated on the proposed approach to the ICS’s Estates Strategy from the Director of Finance. A new Senior Responsible Officer for Estates has now been identified and will report the work through to the ICS’s Planning Group to ensure all parts of the system are engaged. The

Board was fully supportive of this approach and also the intention to align the Estates strategy with the Clinical Services Strategy and the overall local system strategy due for submission in the autumn. Board members also expressed strong desire to ensure that the strategy took in the full span of the estate across the ICS – including community and primary care estate. There was also a commitment from Local Authority partners to bring the ‘One Public Estate’ approach to bear on this work, joining up between council and NHS premises.

2019/20 Operational Plan

The Board received an update from the ICS’s Director of Finance on the recent submission of the system’s financial plans for 2019/20. The plan describes the financial allocations for this coming twelve months and how this will be split between NHS commissioners and providers. A technical issue on one particular part of the plan is still in discussion with NHS England and NHS Improvement and is expected to be resolved shortly.

Other – NHS England MoU; Mid Notts ICP Update; Board ToR

The Board received an update on the 18/19 Memorandum of Understanding with NHS England and agreed to start work on the MoU for 19/20 and also received a summary of the positive work taking place in Mid Notts in setting up the Integrated Care Provider for that population. Finally, the Board agreed consider in more detail some adjustments to the Terms of Reference for the Board, including reflecting the important voice from General Practitioners, ahead of a fuller review of the ToR towards the end of 2019.

Wendy Saviour,
Managing Director, Nottingham and Nottinghamshire ICS

David Pearson
Independent Chair, Nottingham and Nottinghamshire ICS