

**Board of Directors Meeting in Public - Cover Sheet**

<b>Subject:</b>	Chief Executive's Report		<b>Date:</b> 4 July 2019	
<b>Prepared By:</b>	Robin Smith, Deputy Head of Communications			
<b>Approved By:</b>	Dr Andy Haynes, Executive Medical Director and Deputy Chief Executive			
<b>Presented By:</b>	Dr Andy Haynes, Executive Medical Director and Deputy 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>				
<p>An update regarding some of the most noteworthy events and items over the past month from the Deputy Chief Executive's perspective:</p> <ul style="list-style-type: none"> <li>• Overall update</li> <li>• Wider SFH news</li> <li>• Wider NHS update</li> <li>• Next month at SFH</li> </ul>				

## Chief Executive Report – July 2019

### Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	4	4
MRSA	0	0
Ecoli	3	6
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	0	1
Never events	0	0
Total	7	11

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

### Wider SFH news

#### Hospital staff raise money and revamp relaxation room in their own time

Families and friends of patients staying on Ward 34 (Diabetes ward) at King's Mill Hospital now have a revamped cosy room to relax, thanks to the fundraising and hard work of staff on the ward.

After staff realised that the ward didn't really have anywhere for families to relax or to receive news about their relative in a comfortable setting, they set about raising funds with a raffle on the ward, raising almost £400.

Staff on the ward pulled together to use the funds to transform a dated, clinical-looking room into a comfortable and home-from-home relaxed sitting room. The funds were used to buy new furniture, bright and modern wallpaper and a television, and a relative of a patient on the ward kindly donated a new wood-effect vinyl floor to spruce up the room.

Deputy Ward Leader, Hayley Anthony, is one of the members of staff, amongst many, that was involved in the revamp. She said: "The room that we had before was very dingy and clinical and really not relaxing so it was very rarely used. We wanted something more relaxing and less clinical for patients. We all got stuck in painting the room and a carer at the Trust wallpapered the room in her own time. The finished look is perfect and just what we wanted.

"I think it's really important that we are able to offer a space for families to relax close to their loved one when in hospital. We've needed this home-like room for some time and I'm grateful to everyone who got involved with the raffle and those that dedicated their time to making the room a possibility. It just shows what we can do when we work together. We're also incredibly grateful to the family that has donated the new flooring to us, it's made such a difference.

"We're already seeing more families using the room just to have a hot drink away from a clinical setting and watch some television."

## **SFH Nursing Lead presents at the British Thoracic Society Summer conference**

Justin Wyatt, SFH Charge Nurse on Ward 43, King's Mill Hospital and winner of the 2018 Chief Nurse Award in the Efficient and Safe category presented the non-invasive ventilation teams' quality improvement work on the development of an innovative new Acute Respiratory Nurse role at the British Thoracic Society Summer conference in June.

The acute NIV (non-invasive ventilation) team have previously shared their work on developing a new NIV prescription and demonstrated their success on their real-time online service dashboard with the British Thoracic Society, resulting in the prescription being adopted as part of the NIV toolkit. You can view the case study of their improvement journey [here](#).

The 2017 'Inspiring Change' NCEPOD report (National Confidential Enquiry into Patient Outcome and Death) on NIV demonstrated essential concerns with treatment in the UK. King's Mill Hospital relied on 3.4 FTE (full time equivalent) agency Nurses and could not provide outreach for rapid delivery of care which then led to delays.

To combat this challenge, an innovative speciality NIV Nurse role was created which attracted additional Band 6 Nurses to the Trust and ensured 24-hour cover for patients. Each Specialist Nurse undergoes a comprehensive training programme which includes dedicated time with the Critical Care Outreach Practitioners, Respiratory Physiotherapists, COPD Nurse Specialists and Cardio-respiratory Physiologists prior to the completion of a competency assessment.

Further development of the role has allowed independence in the arterial blood gas collection and interpretation whilst ongoing education is undertaken with quarterly training days, morbidity and mortality review meetings and attendance to the NIV quality improvement group. The role has also extended to specialise in tracheostomy and learning disability care.

The development works for the advanced Acute Respiratory Nurse role has led to improvements in the service and a reduction in agency spend of £230,000. The role has also allowed the development of NIV outreach service, reducing delays in patient care. King's Mill Hospital has also increased NIV capacity from four beds to eight to ensure single sex accommodation and improve capacity for new admissions.

To ensure that 1:2 nursing ratios are maintained, a standard divisional operating procedure was created. The ratio is particularly important to maintain if patients require a NIV or if patient thresholds increase. The real-time online dashboard saw an improvement in 1:2 nursing from 35.5% to 89.3% of days. This allows the receipt of locally agreed level two tariffs for our patients, which in turn generates more income for the Trust.

The acute NIV service was highlighted for its outstanding care in the latest CQC inspection and the Trust was given an overall 'good' rating and 'outstanding' for care. In the CQC report it was noted that the staff in the acute NIV service "demonstrated an awareness of the needs of local population and developed services accordingly."

The acute NIV service has also been nominated as finalists for the Quality Improvement Initiative of the Year at the HSJ Patient Safety Awards and shortlisted for the Excellence in Patient Care Awards by the Royal College of Physicians in the Quality Improvement awards.

## **Nursing Teams in line for prestigious awards**

Three Sherwood Forest Hospitals teams are in the running for a prestigious national award, having been named in the shortlist for the annual Nursing Times Awards. The Nursing Times Awards recognise those making nursing an innovative, patient-focused and inclusive profession. Highlighting excellence in a wide range of nursing specialties from mental health to clinical

research, the awards also provide the opportunity to congratulate peers, leaders and the brightest talent entering the profession.

Our teams have been recognised in the following categories.

- Integrated Approaches to Care Award for the team running our ground-breaking street health in the community initiative
- Learning Disabilities Nursing Award for our partnership work on LD with Vision West Notts College and Ashfield Day Services, and
- Respiratory Nursing Award for our acute NIV nursing team for the work outlined in the item above.

The awards will take place on 30 October in London. Congratulations to those nominated and best of luck for the night.

### **NHS Providers Winter Blog**

We have previously described how winter 2018/19 was exceptionally busy for Sherwood Forest Hospitals, but that overall we felt we had prepared for and managed the winter better than the previous year. Our Chief Operating Officer Simon Barton featured in the most recent NHS Providers winter blog describing how we achieved our winter performance. Simon's blog can be read [here](#).

### **David Selwyn joins as new SFH Medical Director**

As referenced in last month's report I am delighted that we have now welcomed Dr David Selwyn as a Deputy Medical Director to SFH joining us on a 12-month secondment from Nottingham University Hospitals. David's role will include spending three days a week covering Executive Medical Director duties on my behalf whilst I am seconded in turn to the Nottingham and Nottinghamshire ICS.

David is a highly experienced consultant and clinical leader who I am sure will be a valuable addition to the Trust.

### **Wider NHS update**

Key updates since last Board are:

- The Government has announced that it is consulting on proposals to offer senior clinicians a new pensions option known as a 50:50 option would allow clinicians to halve their pension contributions in exchange for halving the rate of pension growth. This is in response to an increasing focus on this national issue which is starting to affect retention of medical consultants and other senior staff employed in the NHS

- NHS England and NHS Improvement have published organisation's Interim People Plan. The plan argues that as well as recruiting more staff, the NHS needs to do more to improve staff retention and transform ways of working. It focuses on three key areas - recruiting more staff; making the NHS a great place to work, and equipping the NHS to meet the challenges of 21st-century healthcare.

**Next month at SFH**

We will be continuing to prepare for winter 2019/20. We will also be launching our annual Staff Excellence Awards with the nomination period opening shortly.

## Appendix A: Performance Infographic

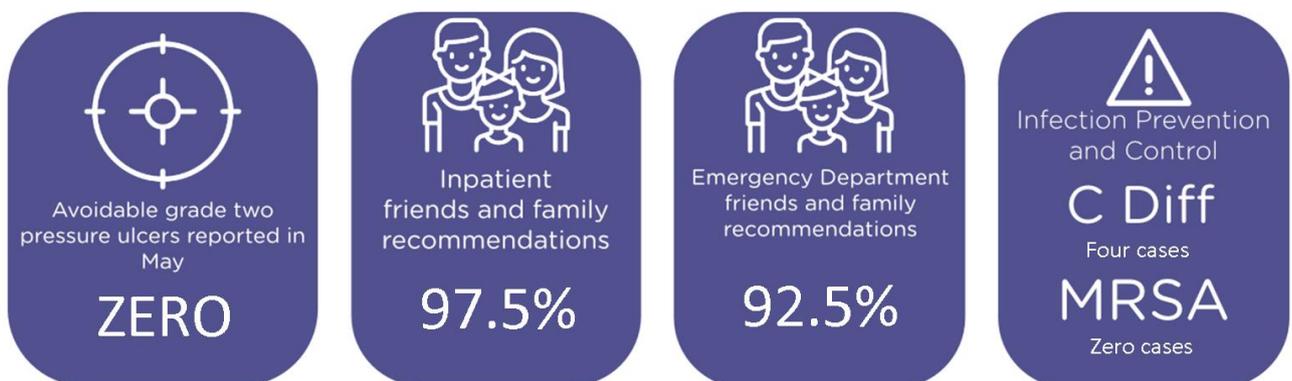
#TeamSFH  
@SFHFT

# Workforce



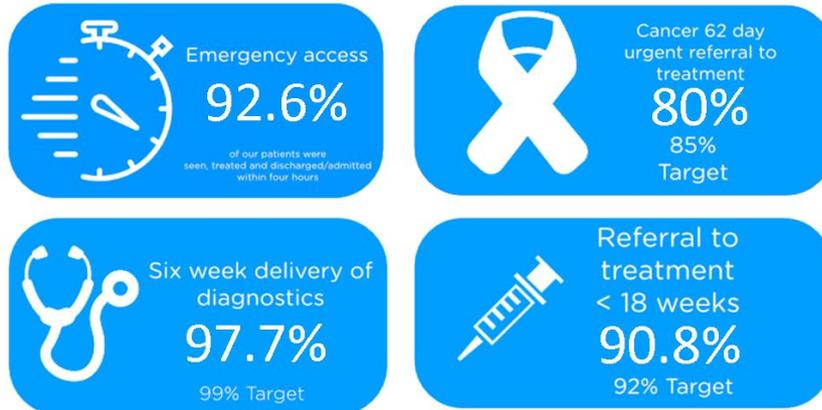
#TeamSFH  
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# Quality



#TeamSFH  
 @SFHFT

# Access



#TeamSFH  
 @SFHFT

# Finance



## Appendix B.

### Mid-Nottinghamshire Integrated Care Partnership Board Update – June 2019

Below is a summary of the key discussions and decisions taken at the latest Mid-Nottinghamshire ICP Board which met on June 11, 2019.

- **Primary Care Network Update**

David Ainsworth reported that there were four broad strategic workstreams underpinning the PCN work: governance and General Practice collaboration; community and mental health integration; non-health partners' engagement, and primary/ secondary care integration.

PCN Clinical Directors had been appointed and every practice within Mid-Nottinghamshire had signed up to the contractual specification. The Mid-Nottinghamshire system would also be working with the CQC to help shape national policy around the way in which PCNs would be regulated.

Members noted that Mid-Nottinghamshire PCNs intended to submit expressions of interest to become accelerator sites and a Social Prescribing Workshop had been held, with representation from all sectors, to co-design the model with PCNs.

- **ICP Transformation Monies**

The 2019/20 £1.5m transformation monies proposal was discussed, noting that the focus of the transformation funding was on accelerating pre-existing 2019/20 schemes designed to deliver better health and wellbeing outcomes for citizens, reduce activity and cost for 2019/20 and reduce the risk of non-delivery of the ICP control total. The Integrated Rapid Response Service (IRRS) and Home First Integrated Discharge (HFID) schemes were critical programmes of work for this, taking up approximately £1million of funding.

The funding proposal presented at the ICP Board was established on the basis of the ICS Board criteria as discussed at the Transformation Board. However it became apparent that the Transformation Board membership does not include representation from all ICP partners and so there was not a common understanding at ICP Board level of the planned schemes and the need to ensure delivery. Richard Mitchell apologised for this oversight.

It was therefore agreed that the ICP Board was supportive of the broad principles around improving discharge and secondary care demand. However, further discussions with partner organisations were required around agreeing a collective way to best use the funding and will be signed off at July's Board.

- **Developing an ICP strategy and identity**

The corporate plans and strategies of partners across Mid-Nottinghamshire have been pulled together to give three overarching priorities for the ICP which is to create:

Better places to live  
Better places to work  
Happy, healthier communities

Work will now be undertaken with partners to discuss potential strategic intentions which will underpin these.

Work on the ICP identity is ongoing with the narrative being further worked up. The Board took the decision that going forward it would be known as Mid-Nottinghamshire Integrated Care Partnership in keeping with Bassetlaw ICP.

- **End of Life Care collaboration**

The Board received a presentation from Deb Elleston and Carl Ellis on the End of Life Care work which demonstrated the service had improved patient quality, delivered financial savings and ensured better quality at lower cost. There is still more work to be done to target people in the last 12 months of life rather than the last few days of life.

The ICP Board agreed to continue to support this service going forward. Mark McCall from Nottinghamshire County Council offered to support with in-reach and engagement with care homes.

- **Home First Integrated Discharge (HFID) Plan update**

The Board received an update on the HFID plan which aims to navigate patients home through discharge to assess pathways. Phase one of the model had gone live, but it was too soon to see performance. There were some issues across the system which needed to be addressed to support delivery, particularly around culture change, responsiveness and communication.

Discussion took place around the HFID model with members agreeing that it was absolutely the right thing to do for patients and was consistent with the ICS work around discharge pathways.

- **Governance (Terms of Reference/Membership)**

Work continues in this area to ensure the relevant documentation is fit for purpose by reflecting the membership and aims of the ICP. This includes reviewing and refreshing the Alliance Agreement legal document.

The next ICP meeting will take place on July 9 and key issues for discussion will be inequalities broken down to PCN level, and how engagement and involvement will be taken forward across the ICP.

## Appendix C



# Integrated Care System

Nottingham & Nottinghamshire

## ICS Board Summary Briefing – June 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 13<sup>th</sup> June 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 9<sup>th</sup> May 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 a wide variety of citizens and staff from across the system to the third Board meeting to be held in public – all the papers for the meeting are available at [www.stpnotts.org.uk/ics-board](http://www.stpnotts.org.uk/ics-board). Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

### Patient Story – Primary Care Psychological Medicine Service

The Board welcomed a presentation from a patient describing their experience of suffering from a combination of physical and psychological symptoms and the positive impact that the Primary Care Psychological Medicine Service was able to have. The patient spoke of the sudden onset of physical symptoms affecting her face muscles and then the associated impact on her mental health of both this sudden change and also the challenge of identifying the correct service to help treat her symptoms. Clinical and operational colleagues from the Primary Care Psychological Medicine Service updated the Board on the work of the integrated team in treating this cohort of patients with both physical and psychological symptoms and the positive impact this has proven to have on both patient outcomes and reducing demand on services.

### East Midlands Academic Health Science Network

In support of various discussions that the Board has had over recent months regarding the consistent adoption of innovations across the system and also regarding the need to think differently to better support the transformation of services for patient benefit, a presentation was received from the Managing Director of the East Midlands Academic Science Health Network, Mike Hannay. Mike reminded the Board of the role of the AHSNs across the country and in the East Midlands and shared some examples of the known innovations that were being rolled out across the country, including a summary of how well they had been taken up in Nottingham and Nottinghamshire. Mike also proposed a new approach to creating a bespoke set of priorities for the EMAHSN guided by the ICS's priorities.

The Board endorsed the proposed approach to rolling out the known innovations across the ICS and also agreed to set up an 'Innovation Exchange' process to steer the development of innovations to support the emerging ICS strategy. Dr Andy Haynes, the ICS's Clinical Director, volunteered to lead this work and take it forward over the next few months.

## **Clinical Services Strategy**

A team of colleagues from across the system presented a working draft of the ICS's Clinical Services Strategy. The Clinical Services Strategy has been developed through an open and inclusive process that brings together the expertise of both clinicians and care professionals with patients and citizens in determining the future shape of services across the system: to date over 250 clinicians, professional staff, patients and citizens have been engaged in the work.

The Board welcomed the chance to comment on the working draft presented at the meeting and thanked the team for their efforts in developing the plans to the high quality that could be seen in the work so far. Comments from Board members included noting the need to learn from elsewhere in the country to avoid 're-inventing the wheel' and also the desire to see quick delivery on some of the straightforward changes. Colleagues were also keen to ensure that any proposed changes would contribute to resolving the system's financial challenges as well as delivering the improvements in patient care expected. The Board endorsed the overall approach and the next steps and agreed to receive a further draft in due course.

## **Primary Care Strategy and Primary Care Networks**

Dr Nicole Atkinson, Clinical Chair of Nottingham West CCG, presented two items – a draft Primary Care Strategy for the ICS and an update on the Primary Care Networks that have recently been established. The Primary Care Strategy was welcomed by colleagues, in particular by Board members from secondary care and other sectors who valued the enhanced visibility of the plans for primary care.

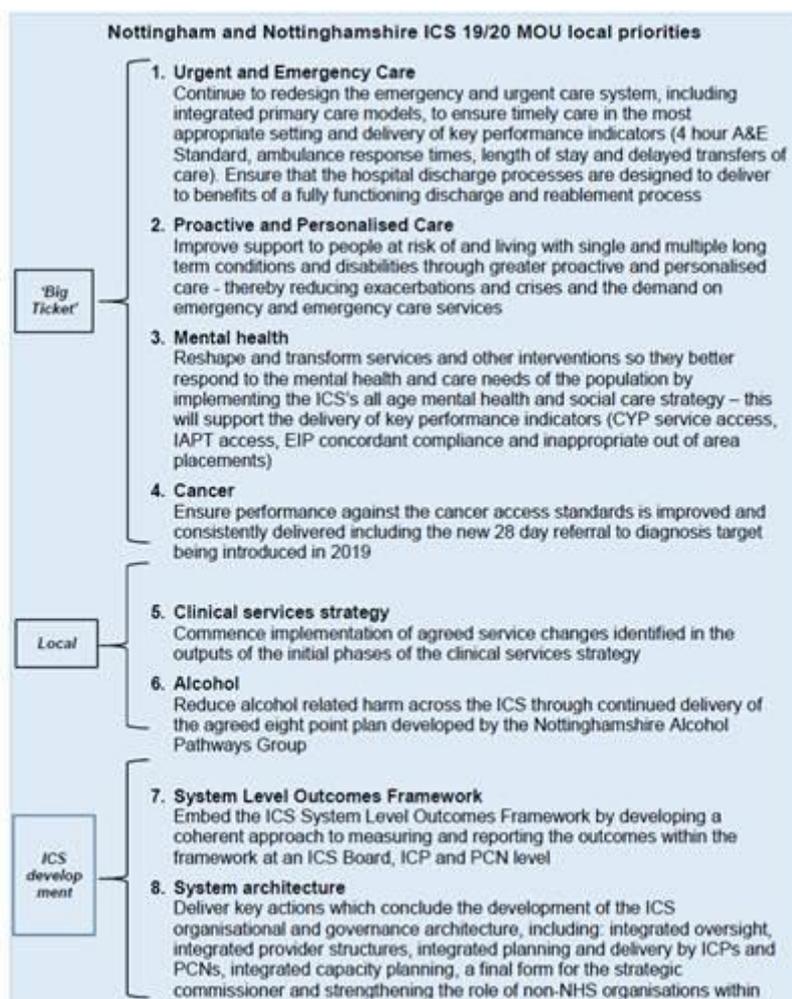
Dr Atkinson also presented on behalf of General Practice leaders from across the system the final view on how Primary Care Networks will be established across Nottingham and Nottinghamshire. Primary Care Networks are one of the main ways in which integrated care will be delivered in neighbourhoods across the ICS and will consist of clinical, social care and local authority professionals working together to improve health outcomes at a local level. In due course, therefore, teams consisting of GPs, pharmacists, social prescribing link workers, housing support officers, mental health practitioners, occupational therapists and others will be set up, serving agreed neighbourhood populations.

GP leaders have now agreed a complete set of PCNs, covering the whole of the ICS geography. Board members were keen to understand in detail how the PCNs would draw in Primary Care colleagues in the widest possible sense, not just GPs, and also to explore how the very largest PCNs would be accountable for the delivery of the financial savings and the transformation of services that needs to be made within the system.

The final list of PCNs, their constituent practices and the Clinical Directors can all be found here: <http://www.stpnotts.org.uk/media/1740099/item9encfpcnconfigurations.pdf>.

## **Memorandum of Understanding**

Further to the discussion at the May meeting of the ICS Board, the Board received a further update on the Memorandum of Understanding between the ICS and NHS England/Improvement. The Memorandum of Understanding (MoU), which is refreshed annually, sets out the expectations from NHSE/I for the ICS to deliver and also includes a summary of what support and additional freedoms the ICS can expect to enjoy in return. The Board agreed the approach of *Big Ticket*, *Local* and *Enabling* commitments for inclusion in the MoU, as shown in the below diagram.



The Board also endorse the approach of delegating delivery of the MoU commitments to the ICPs on behalf of the ICS. Discussions to develop and finalise the MoU with NHSE/I will continue over the coming months.

### Proposed Merger of Clinical Commissioning Groups

Amanda Sullivan, Accountable Officer of the six Nottingham and Nottinghamshire Clinical Commissioning Groups updated the Board on the proposed merger of the six CCGs into one Strategic Commissioner by April 2020. Mergers of CCGs to create single commissioning organisations, typically one per ICS, are called for in the NHS Long Term Plan. Amanda outlined the anticipated benefits from the proposed merger including: better healthcare and health outcomes; better use of clinical and other resource; a stronger, consistent commissioning voice and leadership; greater support for transformation and local innovation, and; significant administrative savings. The Board expressed strong support for the proposed merger and agreed to write to Amanda to express their support for it.

### Mental Health Deep Dive

Dr John Brewin, Chief Executive of Nottinghamshire Healthcare Trust and Amanda Sullivan presented a deep-dive into Mental Health performance. The Board undertook a detailed discussion of the issues presented in the paper including consideration of workforce as a critical enabler of delivery. The Board endorsed the proposed next steps in the paper and thanked the team involved in work in this important area.

## **ICS Board Governance**

Ahead of a fuller review of the ICS Board's Terms of Reference and membership later in the year, the Board received and agreed a small-scale update to the ToR – confirming the return of the City Council to full membership of the ICS; enabling representatives of the three ICPs to be voting members of the Board; confirming the increased clinical membership of the Board; agreeing the principle of Non-Executive Director members of the Board taking up 'champion' roles for specific topics such as workforce, and; tidying up some other governance loose-ends.

***Wendy Saviour,***  
***Managing Director, Nottingham and Nottinghamshire ICS***

***David Pearson***  
***Independent Chair, Nottingham and Nottinghamshire ICS***