

Board of Directors Meeting in Public - Cover Sheet

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|--|--|---|--|--------------------------------|
| Subject: | Chief Executive's Report | | Date: 5 September 2019 | |
| Prepared By: | Robin Smith, Acting 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 care | 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 Deputy Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • Wider SFH news • Next month at SFH | | | | |

Chief Executive Report – August 2019

Overall update

Please find the latest harm information below:

| | Monthly figure | Year to date figure |
|---|----------------|---------------------|
| C Diff | 3 | 12 |
| MRSA | 0 | 0 |
| Ecoli | 4 | 10 |
| Grade 4 avoidable Healthcare Associated Pressure Ulcers | 0 | 0 |
| Falls which cause moderate, severe or catastrophic harm | 0 | 1 |
| Never events | 1 | 1 |
| Total | 8 | 24 |

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

The executive team and I visited the following areas, amongst others in July: Cath Lab, Chatsworth Ward, Critical Care, Emergency Admissions Unit, Emergency Dept, ICCU, Lindhurst Ward, Oakham Ward, Radiology, Security, Switchboard, Theatres and Wards 14, 31, 32, 51, 52 (all at King’s Mill Hospital or Mansfield Community Hospital). At Newark the following were visited: Bramley Children’s Unit, Fernwood Ward, Minster Ward, Pre –Op, Sconce Ward, Sherwood Maternity Unit, Theatres & Urgent Care Centre.

Wider SFH news

HSJ Awards

I am proud we have made the shortlist for the **Health Service Journal Trust of the Year 2019**. This is a prestigious award and making the shortlist recognises the progress we have made over the last five years. Some of the judging panel are coming to King’s Mill Hospital on the morning of 9 September and we will showcase some of the teams and services that makes SFH a great place to work and receive care. We will be presenting to the HSJ judges on Monday 30 September and will be talking about how our culture drives our quality, how we are working far more closely now with our partners, as evidenced by the street health work, how far we have come in the last four to five years and how much it would mean to us if we won.

The other Trusts on the shortlist are Brighton and Sussex University Hospitals NHS Trust, Chelsea and Westminster Hospitals NHS FT, St Helens and Knowsley Teaching Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust, The Newcastle upon Tyne NHS FT, The Robert Jones and Agnes Hunt Orthopaedic NHS FT and The Royal Orthopaedic Hospital NHS FT.

We are also delighted to announce our partnership work with Nottinghamshire Healthcare Foundation Trust has made the shortlist in the Mental Health Innovation of the Year category in the HSJ Awards – well done to everyone involved.

Care Quality Commission

Suzanne Banks, Andy Haynes, Elaine Jeffers and I met the local CQC engagement team on 22 August. It was a positive meeting and I believe the CQC were impressed with what they had seen that day including EAU, ED, ward 41 and Critical Care. We now know our performance information request will be coming out before Christmas and we will have a core service assessment, well led review and use of resources before the end of the financial year.

In 2018 the CQC visited ten services; urgent and emergency services, medical care, maternity, end of life care, outpatients, diagnostic imaging (all at KMH), urgent and emergency services, medical care and outpatients (all at Newark) and community health inpatient services (at MCH). We have six services which were not visited in 2018; critical care, services for children and young people, surgery (all at KMH) and end of life care, surgery, diagnostic imaging (all at Newark). Some of these services have not been visited since 2013. We are keen to work with the CQC to get as many of the services that have not been assessed for a while visited whilst also recognising that some of the findings from 2018 will need to be rechecked. Irrespective of which services are visited, we all have an opportunity to engage with the CQC. I believe the CQC will find multiple improvements since 2018 and we do not need to evidence anything other than what we do on a day to day basis. Lots of things are going well and I am keen that colleagues take the opportunity to talk with pride to the CQC. Some things need to improve and we should all share these with the CQC. We simply want to show the CQC what a normal day at Sherwood is like and we should be confident that the improvements that began in 2014 will put us in a very good position.

Thanks on Staff Excellence Awards

The final deadline for nominations for our annual Staff Excellence Awards falls tomorrow (Friday 6 September). Thank you to everyone who has taken the time to nominate a team or individual for an award, I know it means a lot to people to be recognised and I will be writing in person to everyone who was nominated to congratulate them.

Chief Nurse recruitment

In last month's report I updated on our Chief Nurse Suzanne Banks' decision to retire at the end of the year and on our plans to recruit a replacement. I was very pleased with the strong field of applicants that we had for the post and we finished interviewing six candidates yesterday. We will be in a position to announce the outcome of the interviews shortly.

National Medical Director visit to SFH

On Friday 23 August we were very pleased to welcome Professor Stephen Powis, Medical Director for NHS Improvement and NHS England to Sherwood Forest Hospitals. We had invited Professor Powis to see more about the work that we have done on getting patients Fitter for Surgery, Fitter for Life, which was presented by Dr Rebecca Barker, Consultant Anaesthetist, which also gave us an opportunity to show how we have been working with system partners on this agenda.

Professor Powis was very complimentary about the progress we have made as a Trust and the perioperative work presented by Dr Barker.

Senior consultant appointed Clinical Chair at Sherwood Forest Hospitals NHS Foundation Trust

We are delighted to announce the appointment of Dr Tim Taylor as the new Clinical Chair for Medicine at Sherwood Forest Hospitals. Dr Taylor joins us in September on a secondment from Nottingham University Hospitals (NUH) where he is currently a Consultant Neuroradiologist and Deputy Divisional Director for Cancer and Associated Specialties.

Dr Taylor will be one of five Clinical Chairs at SFHFT joining the existing chairs for Urgent and Emergency Care, Surgery, Women's and Children's and Diagnostics and Outpatients. He will be part of the Trust's senior management team reporting into Dr Andy Haynes, Executive Medical Director and Simon Barton, Chief Operating Officer.

EU Exit

The Trust is continuing to follow national guidance as we continue to make preparations for leaving the EU on 31 October. We will be attending regional workshops in September and reinstating weekly internal meetings from September in order to provide reassurance to our regulators, to patients and colleagues that we are doing everything necessary to prepare for the exit.

Next month at SFH

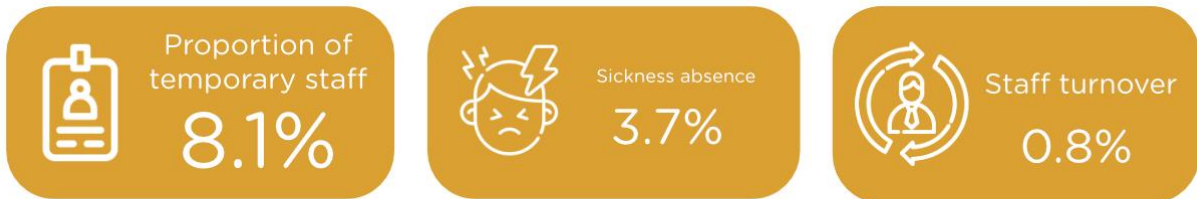
We will be hosting the judges from the HSJ on 9 September, and will be presenting to them in London on the 30th. In addition we will also announce the shortlist for our annual Staff Excellence Awards.

We will be launching our annual staff flu vaccination programme, and preparing for the annual staff survey. Our Annual General Meeting will also take place on Monday 23 September, and we will continue our preparations for an EU Exit on 31 October. We will also be launching our new car parking permit scheme for colleagues from Monday 30 September.

#TeamSFH
@SFHFT

Sherwood Forest Hospitals
NHS Foundation Trust

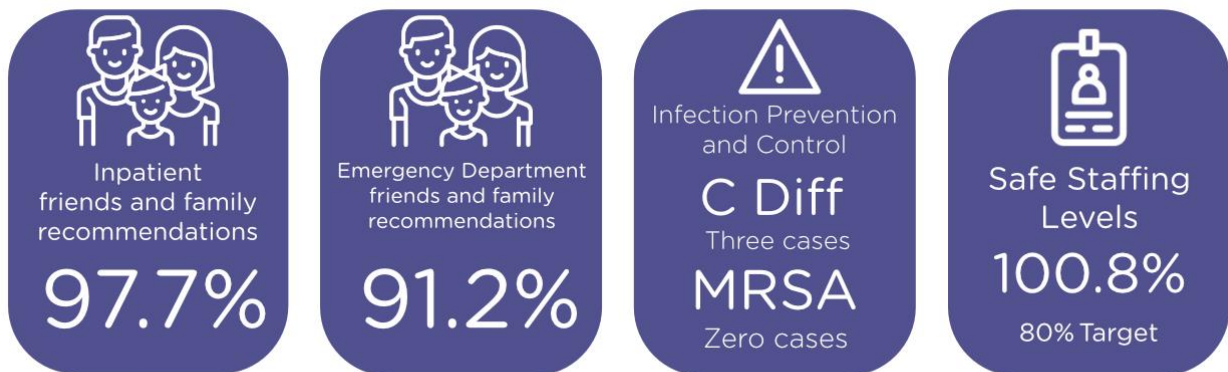
Workforce



#TeamSFH
@SFHFT

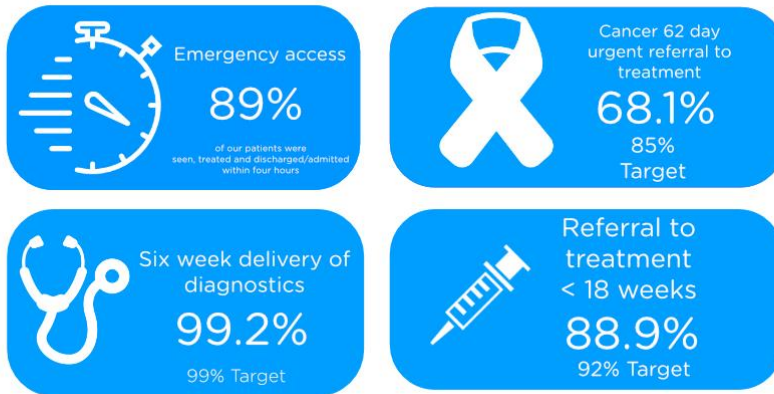
Sherwood Forest Hospitals
NHS Foundation Trust

Quality



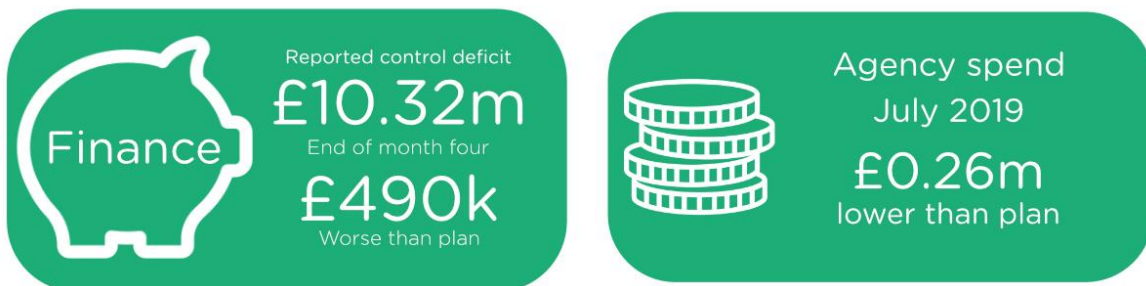
#TeamSFH
 @SFHFT

Access



#TeamSFH
 @SFHFT

Finance



Appendix B



Mid-Nottinghamshire Integrated Care Partnership Board Update – August 2019

Below is a summary of the key discussions and decisions taken at the latest Mid-Nottinghamshire ICP Board which met on 13th August 2019.

Approaches to Engagement

The Board was reminded about the five engagement principles which had been agreed at the previous meeting and were updated on the work undertaken by the task and finish group looking at a proposed engagement model.

Following discussion, the Board agreed to meet in public from September 2019 and to hold meetings in different venues across Mid-Nottinghamshire.

ICP Vision Summary and Identity

Members were thanked for their comments and input into the ICP Vision Summary which is an aspirational high level document. It was explained that the detail of the ICP Vision will appear once the ICS response to the Long Term Plan and work on the outcomes framework had been finalised. The Board approved the ICP Vision Summary and agreed that the full ICP Vision would come back in November so that it would be aligned to the ICS response to the NHS Long Term Plan.

The final version of the proposed ICP identity logo [at top of page] was also approved, reflecting the Board's heritage from the Better Together programme and its place within the Nottingham and Nottinghamshire ICS.

Q1 System Status Report

This was the first quarterly report received by the ICP Board from the Transformation Board. The Transformation Programme's core aim is to reduce demand for secondary care services (for mental and physical health) by enabling robust and resilient primary, community and social care. Key points were:

- There continues to be strong and effective collaboration between ICP partners, together with demonstrable success on a range of transformation initiatives, but this success is undermined by high and growing levels of demand, particularly for urgent and emergency care. Sherwood Forest Hospital's Emergency Department attendances are 5.8% above plan year-to-date and emergency admissions are 7.6% above plan year-to-date.
- The main planned care focus is on outpatient process re-design. Whilst plans are well advanced, it was noted that first outpatient activity is above plan.

The Board received and noted the report and agreed that quarterly updates were appropriate.

Seasonal Plan and Update on Drivers of Demand

The seasonal plan was presented by Helen Drew from the Mid-Nottinghamshire A&E Delivery Board. It articulates how the Mid-Nottinghamshire urgent care system will proactively and reactively manage demand and surges in activity. It provides both strategic and operational detail on how services will remain safe and responsive. It is a live document, and will continue to evolve as plans develop and outputs of work streams/projects are quantifiable. Helen explained this was now referred to as a Seasonal Plan as the same principles were being used to respond to urgent demand throughout the calendar year rather than just in winter. The Board discussed and received the report. It noted that the depth of detail and hard work gave a high level of assurance and thanked Helen Drew for her efforts in pulling it together.

Lorraine Palmer from the ICP team then presented the Drivers of Demand data. The Board was told how demand was definitely increasing but that there appeared to be a number of factors that could be contributing to that. Seven key areas of focus to be taken forward are:

- Understanding and interrogating the changes to the community contract and GP demand to determine if there is an emerging gap.
- The Integrated Rapid Response System (IRRS) model which will focus on two stages: pre ED (with the development of the CAS and the ability to stream patients earlier to prevent conveyance/instruction to attend ED) and the development of the IRRS clinic model to provide an additional streaming route within ED.
- Reviewing the Directory Of Service (DOS) for Newark Urgent Treatment Centre and Call for Care (C4C) for 111 access.
- Reviewing NEMS capacity from a 111 response and within PC24 to increase streaming into the service
- Newark GPs are looking to consolidate duty GP cover into a single place (Newark Hospital) to facilitate booked in patients and walk ins. Consider if this could be done in Mansfield and Ashfield with the GP duty cover provided within PC24 to increase walk in capacity.
- Understanding the increasing EMAS and 111 conveyance rates.
- Considering if there are greater opportunities to support patients attending with drug and alcohol related conditions (circa 175 patients per month).

Rob Mitchell from Ashfield District Council and Hayley Barsby from Mansfield District Council agreed to work with Lorraine Palmer to understand who were using NHS and council services and how partners could work together to support these citizens. The Board discussed and received the report.

Rural Health and Care Alliance

The Board discussed an offer to join the Rural Health and Care Alliance which had been received by several partners. Deborah Jaines agreed to take this to ICS colleagues to see if an agreement could be reached which covered the whole ICS.

Thanks Given

Angela Potter from Nottinghamshire Healthcare NHS Foundation Trust and Deborah Jaines from the Nottingham and Nottinghamshire ICS confirmed that the August Board would be their last meeting. ICP Chair Rachel Munton recorded the Board's thanks to them for their contributions to the Board to date and wished them well.

The next ICP meeting will take place on September 9 and the key issue for discussion will be neighbourhood working approaches across the ICP.

Appendix C



ICS Board Summary Briefing – August 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 8th August. 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 12th July 2019 will shortly be published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, David Pearson, welcomed a number of citizens and staff from across the system to Board meeting – reminding colleagues that the meeting was held in public and all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

Patient Story – Social Prescribing

The Board welcomed a patient and a clinical leader from the 'Live Well In Rushcliffe' programme – a 'vanguard' programme of social prescribing that has helped to shape the national thinking on this approach. Social Prescribing is the concept of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. The Board was struck by the powerful positive impact this approach had obviously had for the patient who told their story. A series of simple non-clinical interventions had enabled this patient to avoid a medication solution for their potential depression and supported them to become a volunteer in the service that actually helped them in the first place. The Board also discussed how to make this approach available across the whole ICS area and secure ongoing funding for its delivery.

ICS Five Year Plan Update

Further to discussions in the public Board meetings earlier this year and at the Board's Development Session in July, the ICS's Director of Finance presented an update on the proposed approach for the development of the ICS's local system strategy in response to the NHS's Long Term Plan. The Board discussed and agreed the approach, noting the following;

- The team are working to ensure that all the expectations from NHS England / Improvement for our local plan are understood and met before the required submission in September (draft) and November (final).
- The ICS is keen to ensure that ICP priorities are clearly incorporated in the overall plan as well as existing thematic strategies (eg, Mental Health) as well as the national strategic direction. Triangulating between all these elements will not be straightforward.
- The development of the CCG's Commissioning Intentions will be incorporated into the local system strategy.

The Board also agreed the outline approach to approving the local system strategy when agreed, including the creation of an additional Board meeting in mid-November for final signoff.

ICS Workstream Review

Given the evolving nature of the ICS, its ICPs and the emerging expectations from the local five year plan, it was felt appropriate to review the ICS's existing workstreams. The Board approved the overall direction of travel, moving some workstreams into 'business as usual' and realigning some other work. The Board also asked for regular updates to the Board from each workstream lead, ensuring a higher level of visibility for the work that is being delivered.

ICS Memorandum of Understanding

Further to the discussion at the May and June meetings of the ICS Board, the Board received a final 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 (including the £5m Transformation Funds described below) and additional freedoms the ICS can expect to enjoy in return. The MoU has now been finalised and approved by the Chair of the ICS in late July. The Board noted the final contents of the MoU and members of the ICS agreed to ensure that their own Boards were aligned to its contents.

East Midlands Ambulance Service Update

Richard Henderson, Chief Executive of East Midlands Ambulance Service presented an update from EMAS. The Board noted and congratulated Richard and the rest of the team at EMAS on their recent 'Good' rating from CQC which included an 'Outstanding' rating for Caring. The presentation reaffirmed the intention of EMAS to be an integral part of the health system of the East Midlands and in particular the Nottingham and Nottinghamshire ICS. The Board welcomed and fully endorsed the proposal to pilot a new, differentiated, way of responding to 999 calls including using Specialist and Advanced Paramedic roles to get the right care and skills in the right place as quickly as possible. Given the proposed introduction of paramedic roles into Primary Care Networks (PCNs) in 2021/22, this gives the ICS a chance to be ahead of the rest of the country with these exciting new approaches.

Transformation Funds

Further to the discussion at the July meeting of the Board, the ICS's Director of Finance presented a further proposal to allocate the remaining Transformation Funds available to the system. There is a total £5m of Transformation Funding allocated to Nottingham and Nottinghamshire as part of the support package for

being an ICS. Each ICP discussed this opportunity across May and June and the majority of the money was allocated to Place-based projects at the July Board. The remaining funding was offered out to system-wide projects and the proposed allocation of this funding was discussed and approved.

The two projects that will benefit from this funding are;

- The Clinical Services Strategy. £0.1m allocated to support the further development of the Strategy including clinical and public engagement activities, analytical work and overall programme management.
- Data, Analytics, Intelligence and Digital Technology (DAIT) Strategy. Following the approval at the July Board of an overall strategy for Data, Analytics, Intelligence and Digital Technology, a small working group has met and scoped the work, identifying that some initial funds (£0.1m) are needed to kick start the strategy development. These funds will only be spent once all no-cost options have been exhausted, including drawing on local business and university expertise.

The full detail of the projects supported is in the public papers.

Governance and Risk Register

The ICS's Chief Nurse, Elaine Moss, presented an update on the Board's risk register and assurance framework. The ICS Governance Group, which has members drawn from all organisations involved in the system, continues to meet to manage and update the overall system risk register. The Board indicated that it was content with this arrangement but throughout the meeting had identified the need for an overall governance review as the system continues to mature. As part of this, the Board also agreed an approach to managing conflicts of interest, approved the Finance Group Terms of Reference and discussed some additions to the membership of the Board.

The Board meets again on 12th September

David Pearson,
Independent Chair, Nottingham and Nottinghamshire ICS

Deborah Jaines,
Deputy Managing Director, Nottingham and Nottinghamshire ICS