

Council of Governors Meeting - Cover Sheet

Subject:	Chief Executive's Report	Date: 12 November 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	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 quarter from the Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • Wider SFH news • Next month at SFH 				

Chief Executive Report – November 2019

A version of the below went to Public Trust Board on 7 November 2019.

Overall update

Please find the latest harm information below (April to September inclusive):

	Monthly figure	Year to date figure
C Diff	6	22
MRSA	0	0
E Coli	4	23
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	1	5
Never events	0	1
Total	11	51

The busy start to the year has continued in quarter two with an increase in activity on all patient pathways. As we discussed in the quarter one assessment, of the four domains we review in our Single Oversight Framework (SOF), organisational health, patient safety, quality and experience, access/ performance and finance, it is clear that access/ performance continues to be the one most impacted by the high levels of demand, although we have seen a promising improvement in emergency care towards the end of quarter two and into quarter three.

In quarter two, our organisational health performance continues to be broadly positive. In this quarter, our quality and safety indicators have remained consistent and there are clearly identified ‘next steps’ to maintain this improvement in the future. Despite the continued increase in activity and high patient acuity safe staffing levels have been maintained and there is no correlation between staffing and patient safety incidents noted.

Within quarter two there has been a continued positive improvement in recruitment and retention of Registered Nursing staff into the trust.

Whilst there has been some recent improvement in emergency care performance, it is clear our emergency care pathway continues to be exceptionally busy and this feels like the “new norm”. The three key reasons why performance is not as strong as it was last year are:

- Growing demand from both attendance and admission
- Variability by day of week
- System escalation

We need to continue to focus on the ‘drivers of demand’ work which is led through the Mid Nottinghamshire A&E Delivery Board. No patients have come to harm as a result of waiting times, and we are still doing better than most, but we recognise, that despite the growing levels of activity, there is more we can do.

Referral to Treatment performance for September at time of writing is unpublished however at circa 87.1% it is a deterioration of 2% against quarter one and a 4.3% adverse variance to trajectory. This reduction mirrors the position of our peers and is driven in the main by the rise in volume of patients waiting longer than 18 weeks in Ophthalmology, Cardiology and ENT.

For quarter two when compared to the same period in 2018/19 we completed 2% (645) more elective pathways and we continue to report zero patients waiting 52+ weeks at the end of each month. This is against a backdrop of increasing pressure on elective capacity due to the reduced take up of additional sessions and a continued focus on prioritising cancer and urgent patients. For cancer 62 day performance, we delivered better than trajectory for the month of August at 82.2% based on 16 breaches from 90 treatments.

We are on track to deliver our financial commitments for 2019/20. At the end of quarter two we have reported a position that is £200k better than planned, meaning we have earned 100% of allocated sustainability and recovery funding (PSF, FRF and MRET). There are a number of financial challenges to manage, for example delivery of the Financial Improvement Programme (FIP) and the costs of demand which is far in excess of the levels planned for, however at month six we have forecast delivery of the 2019/20 control total deficit of £14.9m.

In terms of 2020/21 financial planning, NHS England & NHS Improvement have written to us to outline our Financial Improvement Trajectories for the next four years (this is effectively a control total for each year). We are currently working to compare the figures and assumptions between our 5 Year Financial Strategy and the Financial Improvement Trajectory. This will allow us to assess the implications of the trajectories and establish the level of FIP savings that would be needed in 2020/21 to meet the target. This work is feeding into the development of the ICS strategic plan submission. Across the Nottinghamshire NHS system the Financial Improvement Trajectories present a significant financial challenge; however plans to improve financial sustainability through improvements in demand management, patient flow and productivity are being refined as we seek to close the gap. There are two additional slides attached about money.

The key risks in our BAF remain static with demand overwhelming capacity, critical shortage of workforce capacity and capability and failure to maintain financial sustainability continuing to be the highest risks. The best organisations deliver the above consistently and this continues to be what we are aiming to do.

More detail on all of this is in our [quarterly SOF available on our website](#).

Wider Sherwood news

Care Quality Commission

Since my last update to the Council of Governors, we have submitted our Provider Information Request (PIR) to the CQC and I would like to thank you everyone involved in providing information for this, especially Elaine Jeffers who coordinated our response. I believe we will have our core service assessments before the end of this financial year and the services that have not been visited since 2013 are likely to be key areas of focus. The services visited last year may still be visited this year though. We have lots to celebrate at Sherwood and we should be very excited about this opportunity.

We have also continued our engagement with the CQC. There is a drop in session on Monday 11 November for colleagues to talk to one of the CQC inspectors and I have encouraged all colleagues to have open and honest conversations 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.

Sherwood awards

I would like to congratulate all our colleagues at Sherwood and across Mid Nottinghamshire who won the Nursing Times Integrated Approaches to Care award last week for their incredible work and care in the Street Health Project. I cannot think of a more deserving team and service.

By the time of the Council of Governors meeting we will know if we have been successful at the HSJ Awards for Trust of the Year, and or in the Mental Health Innovation category with our partners, Nottinghamshire Healthcare NHS Foundation Trust. Irrespective of the result we can be very proud of both submissions and the progress we have made over the years.

We will also have held our annual Staff Excellence Awards on Friday 8 November, where I am delighted Roy Lilley is joining us as guest of honour. The evening provides us with the opportunity to recognise and celebrate some of the fantastic teams and individuals we have at Sherwood. Congratulations to everyone that has won an award, was shortlisted or nominated. You will be able to view the whole list of winners on our website. Thanks also to our sponsors for the evening which again meant that we have been able to deliver the awards evening at no overall expense to the Trust.

Sherwood amongst the most improved Trusts for speaking up

Dr Henrietta Hughes, the National Guardian for the NHS has published the first ever Freedom to Speak Up Index as part of Freedom to Speak Up Month. The report can be accessed here: <https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/ftsui-index-report-2019.pdf>

The Freedom to Speak Up index is the first time that the speaking up culture has been measured in trusts and foundation trusts. It is derived from four questions in the NHS annual staff survey about staff perception of feeling encouraged, knowledgeable and secure to speak up.

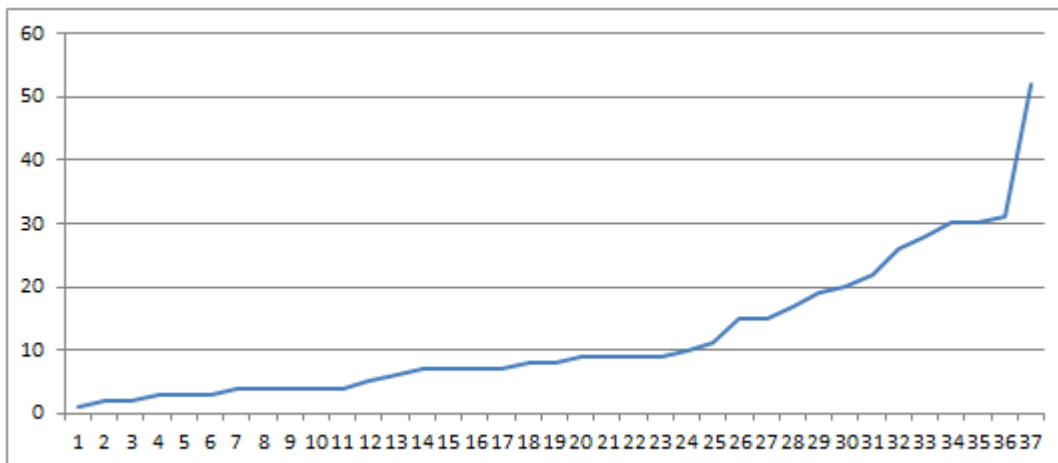
It is pleasing to see Sherwood features in the table as the joint sixth best organisation in terms of greatest improvement in their FTSU index between 2015 and 2018. Given the progress we have made on the Speaking Up agenda this calendar year, we would hope to see further improvement again following the

2019 staff survey. This index also gives more information about the speaking up culture in organisations and can act as an opportunity to learn from other trusts.

As detailed above, the report focusses on changes between 2015 and 2018. At Sherwood we strengthened our Freedom to Speak Up agenda in April 2019 when we appointed Jess Woodward, our first substantive Freedom to Speak Up Guardian. Jess was appointed from outside of Sherwood and reports into Shirley Higginbotham, Director of Corporate Affairs. You can see in the table below we have seen a dramatic increase in the numbers of colleagues speaking up:

Quarter	Number of concerns raised
Q2: 2018-19	3
Q3: 2018-19	2
Q4: 2018-19	4
Q1: 2019-20	11
Q2: 2019-20	22

In the first twenty days in October (first month of Q3) we have already had 10 colleagues speak up so we would imagine the numbers in Q3 will be greater than Q2. We know the safest organisations are ones where colleagues feel they can speak up. As a comparison I have listed below the number of people speaking up in each all of the 37 trusts the CQC/ Freedom to Speak Up identify as acute and small (less than 5000 staff). I think this is a valid benchmark. The information below is for Q4 2018-19 which is the most up to date data set and shows a range of 1 to 52 people for that quarter in each Trust. It is difficult to identify what a “good” number is for the number of colleagues speaking up, but I believe moving towards the right hand side of the graph indicates progress.



Chief Nurse and HR Director roles appointments

We have made significant progress in the recruitment to our Executive team. Since the last quarterly update we have made three excellent appointments.

Firstly, following the news that Suzanne Banks, our Chief Nurse is retiring at the end of the calendar year we are pleased to announce Julie Hogg will be joining us as our new Chief Nurse from Monday 9 December. When the panel was deciding who to appoint, we looked for four things from the candidates; 1) evidence they will be able to ensure we will continue to provide safe services, 2) evidence they have a style of leadership that will work at Sherwood; eg kindness, respect, high visibility, support and fairness, 3)

evidence they will integrate well into the executive and senior leadership team and 4) the ability to work effectively with colleagues outside of Sherwood. Throughout the interview Julie demonstrated she will be excellent at delivering on these four important areas. Julie is a registered nurse and midwife with a wide range of experience in clinical, research and leadership roles at both University College London Hospitals (UCLH) and other NHS Trusts. In her most recent role as Deputy Chief Nurse at UCLH she has led services for local people and specialist services within the Specialist Hospitals Board.

Secondly, I am delighted to confirm our decision to further improve close working between Sherwood and Nottinghamshire Healthcare NHS Foundation Trust supporting the **decision for Clare Teeney, Director** of Human Resources at Nottinghamshire Healthcare, to also be **the Director of People** at Sherwood. Clare has joined us with executive and Trust Board responsibility at Sherwood for the following teams and services; recruitment and resourcing, occupational health and wellbeing, workforce information, temporary staffing, day nursery, recognition and reward, partnership working, HR business partners, HR policy development, rostering services/ activity manager, equality and diversity and workforce planning. Clare will split her time equally between Nottinghamshire Healthcare and Sherwood.

In addition to the above role we have also created a new Executive role of **Director of Culture and Improvement** to further strengthen our leadership team. This brilliant role has been designed to support Sherwood be an even better place to work and receive care. I am pleased to report that following a robust recruitment process and an interview panel chaired by John MacDonald, we have recruited Emma Challans as our first Director of Culture and Improvement.

I am confident Emma will be an exceptional leader at Sherwood and will offer us a lot of support in the areas of organisational development, quality improvement and financial improvement, amongst others. Emma currently works for the Yorkshire and Humber Academic Health Science Network, and will be joining us on Monday 9 December – the same day as Julie Hogg will join us.

Andy Haynes to join the ICS

Andy Haynes, Medical Director and Deputy Chief Executive at Sherwood, has been offered and accepted the important and prestigious role of Executive Lead of the Nottingham and Nottinghamshire Integrated Care System (ICS). Andy and I have been in conversation about this for a number of months and I know this has been a difficult decision for him.

Andy first joined us in 2013 and was appointed as our permanent Medical Director in 2014. Andy has given so much to Sherwood and under his leadership we have become a great place to work and receive care. I have served on Trust Boards for seven and a half years and without doubt Andy has been the best Medical Director I have worked with. I have always felt confident that when I ask him for advice, and I invariably do, he will give me a considered and honest answer. Over the last couple of years Andy has rightfully received regional and national recognition for his work and his leadership has been instrumental in us developing an outstanding culture and delivering safe, high performing patient services. We are fortunate to have benefitted from his immense contribution to patient care over the last six years.

Whilst in the future Andy will not be involved in the day to day running of our hospitals, I am pleased we will continue to work with Andy at an ICS level. As you will be aware, over the last 12 months we are increasingly taking steps to work more closely with other health and local authority partners. The reason

for this is we know the current ways of working will not be effective in the future as people and patients are too reliant on hospitals. Progress against this agenda has been slow but I believe we are beginning to see some successes. The ICS work is essential to us having a successful future and having someone with Andy's experience, capabilities and style in this senior role will greatly help.

Following a national advert for Andy's replacement, we have a strong shortlist of candidates which we are interviewing on Monday 11 November. Andy will continue to be our substantive Medical Director until the new Medical Director is in post and on site.

Next month at Sherwood

November is often a very difficult month across the NHS as winter begins to kick in. A key focus for us is delivering a safe winter for our patients and colleagues at Sherwood. We will encourage all colleagues to have their say in the annual NHS staff survey before it closes on 27 November and we will continue to ensure as many clinical and non-clinical colleagues choose to receive the flu vaccination to help protect themselves, our patients and the wider community.

Appendix A: Performance Infographic

September performance figures, presented at Board on 7 November 2019

#TeamSFH
@SFHFT

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Workforce



#TeamSFH
@SFHFT

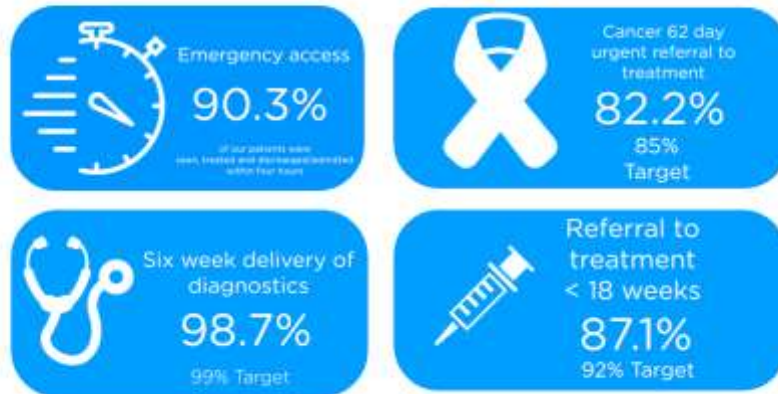
NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Quality



#TeamSFH
@SFHFT

Access



#TeamSFH
@SFHFT

Finance



Appendix B



ICS Board Summary Briefing – October 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 9th October. 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 September 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 the 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. The Chair and the Board also congratulated Dr Andy Haynes on his appointment as the ICS's interim Executive Lead following a system-wide recruitment process.

Patient Story – RedThread

Representatives from Red Thread (<https://www.redthread.org.uk/>), including a young service user, attended the Board to describe the diversion work being done in Nottingham on knife crime and other violent offences at the point of attendance in A&E. Through the targeted deployment of youth workers and by offering one-on-one support to young people at risk, the Red Thread team have been able to successfully break the cycle of violence for many young people. The Board heard a presentation from Chloe who was a beneficiary of the Red Thread service at her own 'teachable moment' as a victim of violent crime and has subsequently gone on to become a peer mentor and ambassador for the organisation. Board members including representatives from NUH and the local authorities strongly endorsed the work of Red Thread which prompted a discussion on how best to support the ongoing provision of this service.

Estates Strategy

The ICS's Finance Director shared an update on the system's estates strategy, noting in particular that the ICS's approach to Estates planning was rated by national regulators in 2018 as "Improving" and that only systems with a higher rating of 'Good' or 'Strong' would be eligible for capital investment from national sources. A significant volume of work from across all system partners has been invested in recent months

to move the strategy forward, including ensuring that the strategy is fully aligned to the emerging Clinical Services Strategy.

Shortly after the conclusion of the Board meeting, notification was received from NHS England/Improvement that the ICS's Estate Strategy had now officially been upgraded to a 'Good' status which will support the application for further capital investment into the system from national sources.

Innovation Exchange with East Midlands Academic Health Science Network

Following the discussion at the Board in June, Dr Andy Haynes updated on progress towards organising an 'Innovation Exchange' with East Midlands Academic Health Science Network (EMAHSN, <https://www.emahsn.org.uk/>). Drawing on the AHSN's expertise in connecting industry, academic and the NHS, it is anticipated that significant improvements can be made in the deployment of proven innovations across the ICS geography. ICS partners, in particular, the City Council have also ensured that direct connections are made to the two local Universities to fully maximise the resources available to improve cutting-edge patient care. The first Innovation Exchange will be held on 1st November and the Board approved the approach and committed members of the ICS to fully participate in the process.

Winter Plans

The Board received and discussed in detail the plans for winter across the ICS including the approach to ensure that members of the public and staff across the city and county are vaccinated against flu. The planning for this year's seasonal pressures has been informed by some detailed work on 'Drivers of Demand' that has unlocked a deeper understanding of the reasons behind the increased pressures on the urgent and emergency care system. The Board endorsed the Winter Plans and noted that the A&E Delivery Boards were now accountable for its ongoing delivery.

ICPs Update

The Board received updates from all three of the system's Integrated Care Providers – City, Mid-Nottinghamshire and South Nottinghamshire. Good progress has been made across all three ICPs in establishing their ways of working, governance and priorities as well as supporting the development of the Primary Care Networks. In particular, the ICPs are focussing on: better understanding their populations through partnership working with the Local Authorities including the development of detail population health 'dashboards'; ensuring that the new social prescribing link workers are recruited and well supported; developing local priorities for the year ahead and planning for launching these to staff, and; preparing for winter including flu vaccination plans.

Governance and Chair's Update

The Chair shared with the Board a number of updates regarding the ongoing governance development of the ICS including the development of an Executive Group of senior leaders – this will be further updated at the Board meeting on 6th November. The Chair also highlighted the meeting for Non-Executive Directors and Elected Members on 19th November which will be centred on the local Long Term Plan.

David Pearson,
Independent Chair, Nottingham and Nottinghamshire ICS

*Dr Andy Haynes,
Executive Lead, Nottingham and Nottinghamshire ICS*

Appendix C



Mid-Nottinghamshire ICP Board Update – October 2019

We did not meet in October as Board colleagues went to the Wigan Deal conference to further learn from a high performing health and care system. Instead, we have listed below a summary of key items which we have worked on this month.

Six month update

This month we sent a six month update on our progress to the Integrated Care System key highlights are shown in Appendix 1 at the end of this document.

Joint working example: Mental Health and Ashfield District Council pilot

A new Complex Case Worker has been appointed for the next six months to support people who have complex needs and mental health concerns. The new role is funded by the Ashfield Community Partnership using a grant from the Office of the Nottinghamshire Police and Crime Commissioner. The pilot was agreed following conversations between Ashfield District Council and Nottinghamshire Healthcare NHS Foundation Trust who recognised they could work more closely with families and individuals who are known to both of them.

The aim of the pilot is:

- To develop and deliver actions specific to individuals which will help residents to become self-sufficient and live a balanced life;
- To provide practical support and assistance in one place for residents in crisis, who have previously had to access different organisations.

Geographically the post will cover: Sutton, Kirkby, Huthwaite, Annersley, Skegby, Stanton Hill, Selston and Underwood areas and will work with Primary Care Networks in Ashfield North and Ashfield South.

Flu campaign planning

Work has continued to promote the flu vaccine. During October the national Public Health England campaign is supported with additional local focus planned for November. Case studies have been written and in Mid-Nottinghamshire these five key messages will be focused on:

- General vaccine messages
- Stop smoking advice
- Hand hygiene advice
- Exercise advice

- Diet advice including taking a vitamin D supplement

Joint partnership working is taking place with Nottinghamshire County Council to link to their campaign.

Joint LMC GP and Hospital Doctor meeting

The first joint meeting between the Local Medical Committees, GPs and hospital doctors took place this month with representation from the ICP including executive lead Richard Mitchell, locality director David Ainsworth and ICP Clinical lead Andy Haynes. The evening was well attended and there was a focus on building relationships between colleagues in primary and secondary care. Further events are planned also involving Nottinghamshire Healthcare NHS Foundation Trust.

Mid-Nottinghamshire
 Integrated Care Partnership

ICP SIX MONTH UPDATE

The next ICP meeting will take place on 18 November in the Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website [here](#) prior to this.



WORKING TOGETHER

We are working with ICP colleagues to strengthen primary and community provision. We can already see the benefits of this through the Street Health and high intensity service user projects.



SINGLE FINANCIAL PLAN

We have a single financial plan which builds on the single financial control total across the Integrated Care System. This is supported by us taking steps to integrate the financial functions across NHS organisations.



OPEN AND TRANSPARENT

Our public meetings take place in community settings across Mid-Nottinghamshire. We will continue to strengthen our relationship with the Council for Voluntary Service and Healthwatch.



URGENT AND EMERGENCY CARE DEMAND

Demand for urgent and emergency care continues to grow. We have completed a "drivers of demand" analysis and are now focussed on delivering the joint actions.



ADULT MENTAL HEALTH

In response to the number of people cared for out of area, services were strengthened from September and a psychiatric clinical decisions unit will open in October.



OUTPATIENT APPOINTMENTS

We have an ambitious plan to reduce unnecessary face to face outpatient appointments this year. So far, 20,000 appointments have been identified as avoidable or can be provided in an alternative setting.

NEXT STEPS

A focus on our most challenged and underserved neighbourhoods to work up a more detailed plan.

