

## Council of Governors Meeting - Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 11 August 2020		
<b>Prepared By:</b>	Robin Smith, Acting Head of Communications			
<b>Approved By:</b>	Richard Mitchell, Chief Executive			
<b>Presented By:</b>	Richard Mitchell, 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</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 quarter from the Chief Executive's perspective:</p> <ul style="list-style-type: none"> <li>• Covid-19</li> <li>• Freedom to Speak Up</li> <li>• Equality, Diversity and Inclusion</li> <li>• CQC announces improvements at SFH</li> <li>• Staff survey results – most engaged colleagues in the Midlands</li> <li>• A Great Place to Work</li> </ul>				

## Chief Executive Report – August 2020

### Covid-19

A huge amount has happened at the Trust since the last meeting of the Council of Governors in February. We very quickly moved into a national level four incident in response to Covid-19, with the initial peak in activity around Easter. Whilst we still have Covid positive patients in our hospitals at the time of writing, and are alert to the possibility of further peaks, we are also in the process of recovery and restoration of our services. In July we implemented a Recovery Committee, reporting into our public board, which will focus on the detail of how we recover our services in response to Covid.

I wrote an open letter to our patients and partners which was shared in the local media, thanking them for their response to Covid-19, outlining what we are doing to bring services back, and explaining what they can expect when they attend one of our hospitals. [You can read the letter here.](#)

I am very proud of the response at Sherwood, both in terms of patient care and our culture/behaviours. I do know though that we did not get everything right, and we are committed to learning from the experiences of our colleagues and service users. I will provide a verbal update in the meeting about how we have cared for patients, how we have looked after the wellbeing of colleagues, and what is happening next.

I fully recognise the immense pressure Sherwood colleagues have been under for a prolonged period of time. The wellbeing and welfare of colleagues is a priority for me and all executive directors. Much of the wellbeing work is led by Emma Challans, Director of Culture and Improvement, and whilst recognising there is more to do, some of our work has been held up as best practice locally and nationally.

We have recently run a survey to ask colleagues about their experiences of Covid-19 and how the Trust has supported them. I was pleased that almost 1,200 colleagues took the opportunity to have their say. We have been analysing their responses and will be communicating back to the organisation shortly. We need to ensure we use this survey as a driver for change.

We know that when people are tired mistakes are more likely to happen and behaviours can become challenging. Across an organisation of our size this may manifest itself in many ways. As an Executive Team and Senior Leadership Team we frequently discuss and review where we may have concerns about safety, quality or culture. I do recognise we only know what we know though and I encourage all colleagues to continue to speak up where they have concerns, either through their divisional structures, or with our Freedom to Speak Up Guardian.

### Freedom to Speak Up

The 2020 Freedom to Speak Up Index Report was published last month and it can be accessed [here](#). The Index helps trusts understand how “their staff perceive their speaking up culture” and provides a comparison of how different trusts are doing. The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture and the FTSU index is calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

This year's index is based on the results from the 2019 NHS Staff Survey. Last year Sherwood was identified as one of the trusts that had most improved FTSU over the last three years and this year we have further, albeit more limited, progress. There are 228 trusts in the country and the FTSU index has a range of 86.6% to 68.5%. Sherwood was ranked 89/228 with 79.9% which is slightly up from the year before when we were 92nd with 79.0%. The list includes all trusts across the country, acute, community, mental health, specialist, ambulance etc and if you just look at acute, Sherwood is 21/84, so in the top 25% but not as high as our overall staff engagement rating which was 9/84 last year. There are eight trusts in the East Midlands and for the first time we are ranked first (last year we were second).

When I read the report, I thought the following:

- A strong culture of speaking up is an excellent marker of overall quality and culture. We know culture drives quality.
- We continue to make progress, albeit our progress has slowed in the last 12 months. Comparing this year's information to last year's, the position and percentage of most trusts has remained fairly static.
- One in five Sherwood colleagues (20.1%) feel we do not have a strong culture of speaking up and this is too high. There are a number of trusts we can learn from, in particular, Northamptonshire Healthcare NHS FT (community and mental health trust in the East Midlands 14.8%) and South Warwickshire NHS FT (acute and community trust in the West Midlands 15.7%).

I feel positive after reading the report but like most of my thoughts about Sherwood as a place to work and receive care, we are doing well, AND there is room for improvement.

### **Equality, Diversity and Inclusion**

In July we strengthened our focus on equality, diversity and inclusion. I am clear there is more I can personally do and will do to learn and understand. I will work with others to make Sherwood an even more inclusive place to work and receive care and some of the personal commitments I have made are:

1. I will be the most inclusive leader I can be. I specifically mean I will reflect on who is in the room/ who is missing from the room/ which voices are being heard and which voices are missing from the conversations I am involved in. The diversity in the room needs to reflect more fairly the wider diversity across the teams at Sherwood.
2. I will continue to support the recruitment of the best possible people to all roles at Sherwood and I am really excited with our new recruitment campaign which we launched in July and strengthens our commitment to equality, diversity and inclusion.
3. I will strengthen my resolve to spend more time listening to and learning from a wider group of people, including patients and in particular people who look and sound different to me.

4. I will continue to proactively support our freedom to speak up agenda at Sherwood.
5. I will continue to support, coach and mentor a wide group of people including colleagues in other trusts who are a Chief Operating Officer, a Director of Strategy, a Service Manager and a Care Co-ordinator who happen to also be from the BAME community. I am aware when I write this that diversity is much wider than race.

I have written to all BAME colleagues, and we have put in place an individualised risk assessment to address concerns about the safety of work places. We have held a valuable open question and answer session in June with representatives of the Sherwood BAME network and HR. I am aware the use of the term BAME makes some people uncomfortable, including me. I have sought views on this from senior leaders in Trusts which are leading the way on inclusion and I have spoken to colleagues at Sherwood. Their advice to me is language is important and the term is imperfect, however they did not think it was helpful to overanalyse it to the disruption of the overall goal of wider improvement and inclusion. This is something I will continue to think about and advice is gratefully received.

We have also held LGBT+ and Disability network sessions over the last month, and we took part in Pride month via a virtual pride with our partner organisations throughout the month, and I personally signed up to being an LGBT+ ally.

**CQC announces improvements at SFH**

Back in May we were pleased to announce the Care Quality Commission (CQC), improved the rating both of King’s Mill Hospital (KMH) to Outstanding (from Good), and of Newark Hospital to Good (from Requires Improvement).

Our overall rating remains Good and Outstanding for the Care we provide. All 15 of our services visited in the last two years have been rated Good for Safety which is an incredible achievement and consequently our overall Safe rating is now Good, which is relatively rare for an Acute provider. The assessment of our services took place in January and February this year.

Services at Mansfield Community Hospital were not visited as part of the assessment, so their impressive ratings of Good overall and Outstanding for Care from 2018 remains.

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Kings Mill Hospital</b>	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
<b>Newark Hospital</b>	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
<b>Community Health Services</b>	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall trust</b>	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

I am proud that both sites visited by Inspectors this year improved their overall ratings. This is reward and recognition for the huge amount of hard work that has gone into this. These results are due to the focus

and improvement that has taken place over the last six years at Sherwood. I would like to thank all colleagues, volunteers and our partner agencies.

King's Mill Hospital is now officially an Outstanding site, the only Outstanding hospital in the East Midlands and the first NHS hospital to move from Inadequate to Outstanding. Newark improving to Good overall and all five Newark domains Good is equally as impressive and if the rating at Newark had not improved, we would not have improved our overall Safe rating.

Amongst the care praised at Newark Hospital, the CQC noted 'staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.' They said 'Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.'

I do recognise Diagnostics at Newark is the one service not visited in the last two years and I am disappointed for the team as they are certainly as good as any other service at Newark and across Sherwood. I hope the team recognise they are essential to the safe and timely care provided across all of our services.

It is fantastic to read about the areas of Outstanding practice the inspectors witnessed and this is testament to the colleagues at Sherwood and across the Mid Nottinghamshire Integrated Care Partnership. Critical Care was identified as being Outstanding for Care and is the fifth service to be recognised as Outstanding joining, Urgent and Emergency services, Maternity, Outpatients at KMH and Community Health Inpatient Services at Mansfield Community. It is great these five services represent all five of our divisions.

Critical Care was noted for making significant efforts to meet the individual needs of all their patients. There was particular praise for the process devised by colleagues within the service for new mothers to view and bond with their babies whilst admitted in the unit, which was described as exceptional. Critical Care was also praised for their "holistic caring for their patients by acknowledging the emotional, social and psychological needs of a patient are just as valid and important as the physical needs."

Whilst the CQC report is important validation, we are equally as proud of some of the other recent achievements at Sherwood. Colleagues have rated us the best NHS Acute Trust in the Midlands in the last two NHS staff surveys (2019 and 2018) and the timeliness of our care is some of the best in the NHS, especially for emergency care. We have delivered on our financial position for the last four years, we are working effectively with health and local authority partners across Mid Nottinghamshire and beyond and last year we made the shortlist for the HSJ Trust of the Year.

### **Staff survey results – most engaged colleagues in the Midlands**

The annual staff survey results were published on Tuesday 18 February. The format of the report has changed making comparison with previous years more difficult. However, we know overall we have done very well and we should celebrate the progress we are making! The survey was open in October and November 2019 and this year 66% of colleagues responded, up from 62% the year before. This was one of the highest response rates for NHS Acute organisations. Our overall rating was the best in the Midlands for

the second year running and we were ninth out of 89 Acute Trusts, up from 11<sup>th</sup> the previous year. I am aware these findings will not resonate with everyone. We still have too many colleagues who do not enjoy their experience at Sherwood and the questions where we have deteriorated over the last year and the last three years provide useful information about where we focus next. I am confident we will see a dramatic improvement in engagement over the coming years. This is not something that lends itself to action plans but cultural improvement is based on conversations, providing honest feedback and working together. I want us to have the best engagement in the NHS because we know well supported colleagues will provide consistently excellent care to patients.

### **A great place to work**

We believe Sherwood Forest Hospitals is a great place to work, as evidenced by our annual staff survey, the 2020 CQC assessment and our Healthier Communities, Outstanding Care strategy. During July we have rolled out recruitment marketing materials under the banner of “A Great Place to...” I believe these reflect a modern, friendly and confident organisation that is a great place to work and grow your career.



Appendix A

SFH Board quarterly Single Oversight Framework (Q1, 2020/21)

# Single Oversight Framework – Quarter 1

## Overview

Domain	Overview & risks	Lead
Quality Care	<p>This Q1 report sees the inclusion of six exception reports with regard to Dementia Screening, Harm Free Care, FFT in ED, Never Events HSMR and Hospital Acquired Covid infections, however on the whole the care delivered to our patients has remained safe and of a high quality. Staffing levels continue to be high and despite the acuity of ward patients throughout the Covid-19 period, the overall rates of avoidable pressure ulceration has reduced and examples of good documentation have been identified. There have been no category 3 PUs since Nov 18 and no category 4s since August 2017. The falls rate for Q1 remains very slightly above the national average and this quarter saw the commencement of a raft of falls prevention measures including rapid reviews of every fall that occurs within the Trust to raise awareness and identify learning. There have been two serious incidents declared on STEIS during Q1, both declared during June in Maternity. The collection of VTE screening compliance has been a challenge due to the pandemic related restrictions but the data available demonstrates continued compliance. This has continued to be an unprecedentedly busy time for the Infection Control Team who have done an outstanding job in supporting patients and staff to stay safe during this time. In Q1 there have been no Covid 19 outbreaks reported.in the Trust</p>	MD, CN
People & Culture	<p>Overall, in Q1 the Covid-19 has impacted on Staff Health and Wellbeing at the Trust, however this was lower than anticipated, normal levels of absence did return by the end of Q1. Additional activity was evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges. Overall resourcing indicators for Q1 are positive with levels of vacancy's and turnover remaining low however compliance against Mandatory and Statutory Training along with Appraisals have been impacted due to Covid-19 across Q1 and actions are in place to address this during Q2. Across Q1 a variety of inclusion events have taken place through the trusts staff networks BAME, LGBT, WAND, Time to Change. There has been a focus on undertaking staff Covid 19 risk assessments and also staff antibody testing. There has been a pause on Improvement training due to Covid and also the establishment of an Improvement database. Plans are in place for improvement training to resume and capturing improvement practice across SFH.</p>	DOP, DCI

# Single Oversight Framework – Quarter 1

## Overview

Domain	Overview & risks	Lead
<b>Timely care</b>	<p>The availability of timely care for patients arriving as an emergency remains strong. This is supported by a reduced number of patients attending the emergency department during Q1, largely related to the Covid-19 pandemic and a likely bi-product of enhanced IPC in the community . The ICS are leading work to main lower levels of demand where it is safe to do so for patients.</p> <p>Cancer and elective care waiting lists and times have increased due to the national pause to create capacity for Covid. All services are now restored, but mainly due to appropriately stricter infection control procedures the productivity of some services is greatly reduced. The first meeting of the Recovery Sub-Committee of the Board met on 22<sup>nd</sup> July. National expectations with regard to the recovery of waiting times are still awaited and will be incorporated into the recovery plan paper to Board in September.</p>	COO
<b>Best Value care</b>	<p>The revised NHS Financial Regime has been in place for the first quarter of the year and is now being extended to August and possibly September. During the quarter the Trust has delivered a break even position – as required – by means of a monthly block contract payment and retrospective reimbursement of Covid-19 related expenditure .Total Covid-19 costs incurred during the first 3 months of the year are £7.88m.</p> <p>The Financial Regime included no requirement of financial improvement planning to allow Trusts to facilitate the response to Covid-19. Therefore there has been no delivery of the financial improvement assumed within the Trust’s financial strategy during the quarter. This has resulted in an expenditure run rate position which is adverse to the strategy by £3.4m (£1.13m per month).</p> <p>Capital costs incurred in the quarter are funded via 2 mechanisms. Firstly, business as usual capital (£0.94m) is incorporated within the ICS system envelope. Further capital expenditure of £1.79m has been incurred in response to Covid-19 and has caused an adverse capital position of £0.41m against plan until re-imburement is received from NHSI.</p>	CFO