

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report	Date: 28 March 2019		
Prepared By:	Kerry Beadling-Barron, Head of Communications			
Approved By:	Richard Mitchell, Chief Executive			
Presented By:	Richard Mitchell, Chief Executive			
Purpose				
To update on key events and information from the last month		Approval		
		Assurance		X
		Update		
		Consider		
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
N/a				
Executive Summary				
<p>An update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • Wider SFH news • Wider NHS update • Next month at SFH 				

Chief Executive Report – March 2019

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	5	35
MRSA	0	0
Ecoli	4	31
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	3	28
Never events	0	2
Total	12	96

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

February 2019 was our most challenged month for emergency care since March 2018 however we should be encouraged that 90.3% of patients were treated within four hours, a 2.5% improvement on the same month last year. February 2019 was our busiest ever month with 448 patients treated on average per day, which is 10% more than February 2018. On many days significantly more than 448 patients arrived. March 2019 performance has improved slightly to 92.3% as of 21 March. As mentioned in February’s Board, whilst much of Sherwood Hospitals feels like this winter has been better, especially because of the planning that was put in, winter for the team in ED and the UCC has been at least as tough as last year. We have already begun conversations and planning for next winter and investment in the emergency care pathway has been a focus for the limited revenue we have available for investment.

I would like to apologise to the patients who experienced excessively long waits for admission in February 2019.

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

Emergency Department, Emergency Assessment Unit, Urgent Care Centre, Theatres, Catheter Lab, Sconce Ward, Fernwood Ward, Minster Day Case Unit, Pre-operative Assessment Unit, Out Patients Department (Newark), Oakham Ward, Lindhurst Ward, Chatsworth Ward, Neurology Out Patients Department, Breast Unit, Chaplaincy, Neo Natal, Endoscopy Unit, Infection Prevention and Control, Intensive Treatment Unit, Day Case, Short Stay Unit, Radiology (Newark), Ward 12, Ward 14, Ward 21, Ward 25, Ward 41, Ward 43, Ward 52, Ward 53 and Ward 54.

Wider SFH news

Strategy update

Our new strategy “Healthier Communities, Outstanding Care,” is now ready to launch on Friday 5 April at Newark Hospital, Mansfield Community Hospital and King's Mill Hospital. This will form the

conclusion to our first recognition week. I think we have followed some really sound principles over the last six months to bring our strategy together. It is based on many different conversations with colleagues within Sherwood and beyond and I believe it will be a meaningful part of our improvement journey over the coming years. I hope you feel you have been able to contribute to this because all stakeholders have been offered the opportunity. I am particularly excited about the conversations we have been having regarding opening community gardens at KMH and MCH in time for this summer.

2018 Staff Survey Findings

Our Staff Survey findings were released this month. Some of the headlines are that SFH was rated as:

- The top acute Trust in the Midlands for overall engagement and the 11th best in England (out of 89 acute Trusts nationally) with a score of 3.91 out of 5. This is the first time we have been rated the highest in the Midlands in the national staff survey.
- Top acute Trust in the Midlands and joint 8th best acute Trust in England as a place to work and receive treatment.
- Top acute Trust in the Midlands and joint 6th best acute Trust in England for staff satisfied with their quality of work and care they provide.
- Our response rate was 6th best in the NHS.

The tables of information are [here](#) if you open “key finding results spreadsheet”.

I believe it is important all colleagues feel supported, listened to, empowered and hopefully happy at work. There is lots of clear evidence that high levels of staff engagement translates into safer care. However, not all of our feedback is positive. The anonymous free text comments which accompany the staff survey findings provide some real insight into colleagues’ thoughts. We received 392 free texts comments of which 213 were negative. I estimate we have ten per cent of colleagues not enjoying life at Sherwood and the four key reasons are; relationship with manager, relationship with SFH, views on role, personal wellbeing.

We have made a lot of progress over the last three to four years with our culture at SFH and we must recognise there is a lot more we can do and will do, but for now there is a lot to be proud of at SFH.

Clinically Led Review of NHS Access Standards

Professor Stephen Powis, NHS National Medical Director, was asked last summer by the Prime Minister to clinically review the NHS Access Standards (which includes well known waiting time standards such as the four hour target for Accident and Emergency departments).

His interim report published this month proposes updating several of the current performance measures to help staff improve patient care and remove some of the incentives that can nevertheless penalise trusts that seek to modernise treatment.

These include:

- New standards covering mental health and community health services.

- Targets for earlier diagnosis of cancer and faster treatment for major emergencies such as heart attacks, stroke and sepsis.
- Tracking the whole wait experienced by patients in A&E departments.
- Redesigning outpatient services to avoid unnecessary visits and greater use of Same Day Emergency Care.

His recommendation is that these new approaches are tested in 2019/20 to ensure the proposals work as intended. We have started work to understand where we are with these new standards and are happy to support proposals which will improve the patient care and safety of our patients.

EU Exit Planning

Weekly meetings now taking place chaired by myself and attended by Graham Ward, Non-Executive Director. We are assured that we are doing what has been asked for us by our colleagues in national bodies and that we are well prepared regardless of which arrangement is agreed.

ICP Chair

The Mid-Nottinghamshire ICP has appointed its first chair.

Professor Rachel Munton, who is a nurse by background, has worked in various senior and clinical roles in the local area for 40 years. Most recently, she has been the managing director of the East Midlands Academic Health Science Network, as well as a lay member of the Mansfield and Ashfield, and Newark and Sherwood clinical commissioning groups' governing bodies.

Professor Munton has also worked as a director of nursing at Nottinghamshire Healthcare Trust and a director of the East Midlands leadership academy. She has also led nurse education programmes at the University of Nottingham.

This is a crucial role and I look forward to working with Rachel in my role as executive lead for the ICP.

Moving to Good and Beyond

Myself and Andy Haynes, Medical Director were asked to present our thoughts on Sherwood Forest Hospital's journey at the NHSI national summit: 'Moving to Good and Beyond' on March 21. Our presentation focused on our commitment to quality and engagement, clear system and strategy working, improved financial management and stability in leadership and the benefits we felt that had brought over the last five years.

Wider NHS update

Key updates since last Board are:

- Nottingham and Nottinghamshire Integrated Care System Update: Please see appendix B.
- National NHS Improvement/Engagement: It has been announced that Ian Dalton is stepping down as Chief Executive of NHS Improvement with NHS England Chief Executive Simon Stevens becoming Chief Executive over both organisations. NHSI/E has also announced plans

for possible changes to legislation which include the possibility of merging NHSI/E into a single organisation. The other proposals in the consultation include simplifying mergers between NHS Trusts and for procurement and capital spending, changes to the national tariff, allowing the secretary of state to formally establish Integrated Care Providers (ICPs), allowing NHS providers and CCGs to establish joint committees and to make joint appointments, creating a shared duty for CCGs and NHS Trusts to promote the triple aim of better health for everyone, better care for all patients, and efficient use of NHS resources, both for their local system and for the wider NHS.

- Local NHS Improvement/Engagement: The majority of the regional team for the Midlands has now been announced as:

Regional director	Dale Bywater
Chief nurse	Siobhan Reilly (Heafield)
Finance director	No appointment so far
Medical director and chief clinical information officer	Nigel Sturrock
Director of workforce and organisational development	Stephen Morrison
Director of performance and improvement	Jeffrey Worrall
Director of strategy and transformation	No appointment so far
Director of commissioning	Alison Tonge

- Breast cancer deaths: A study by the University of Milan show breast cancer deaths are falling faster in Britain than in the rest of Europe as diagnosis and treatment improves. The research found that this year women in Britain will be no more likely to die of breast cancer than those in countries including France or Germany.
- Pagers: The Secretary of State Matt Hancock has announced that pagers will no longer be used. The devices will be phased out in the next three years in a bid to cut costs and improve communication.
- Free sanitary products in hospitals: NHS England has said that women and girls in hospital who need sanitary protection will be offered free tampons and other products from this summer. It follows a British Medical Association (BMA) campaign pointing out many hospitals supply razors and shaving foam to men, but no sanitary products.

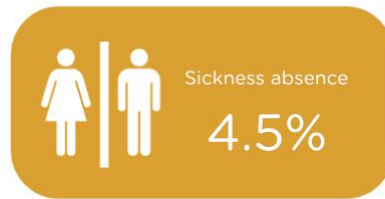
Next month at SFH

We will celebrate our successes in our first Recognition Week and we will be launching our new strategy.

Appendix A: Performance Infographic

#TeamSFH
@SFHFT

Workforce



#TeamSFH
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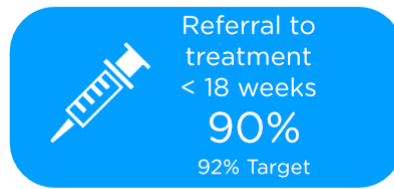
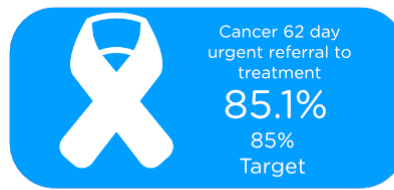
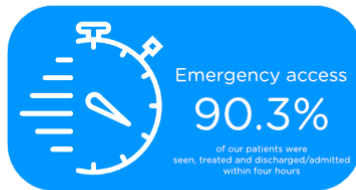
Quality



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NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Access



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NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Finance



Appendix B – Nottingham and Nottinghamshire ICS Update



The Nottingham and Nottinghamshire
Integrated Care System

ICS Board Summary Briefing – February 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 15th February 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 Leadership Board held on 18th January 2019 have also been published on the system's website - <http://www.stpnotts.org.uk/>

Personalised Care Patient Story

Continuing on from the introduction of this item at last month's meeting, the Board welcomed a presentation from colleagues from the ICS and the County Council on Integrated Personalised Care. The presentation brought to life through two case studies the benefits for both patients and the system of having a "different conversation" that seeks to truly understand what Looked After Children and care leavers with mental health needs might want from their health and care services. The Board welcomed the presentation and offered strong support for the current pilot to be continued beyond its current planned timeframe and to be expanded into other areas.

Integrated Care Providers (ICPs) in Greater Nottingham

The Board received a summary of the work undertaken in recent weeks exploring the optimum number of Integrated Care Providers (ICPs) for the ICS and in particular how many ICPs should cover the Greater Nottingham area. A lengthy discussion was held exploring a number of options for the way forward including the possibility of commissioning further work to explore this issue rather than taking a decision in the meeting. In that debate it was noted that the ICS Board had received several reports regarding this matter over the recent months and also that the ICS's status as an "accelerator" site meant that some decisions were judgement calls as much as scientific calculations. Following this discussion a decision was taken by the ICS Board to proceed to a decision on this matter rather than deferring the issue for further work. The Board then proceeded to confirm the creation of three ICPs across the ICS footprint – one for Mid Notts and two for the Greater Nottingham area including one in line with the City Council local government boundaries.

2019/20 Operational Plan

Following a number of national announcements and operational updates over the last few weeks, the Board welcomed an update on the planning process for the financial year 19/20 and the local system plan. The Board heard details of the financial allocation for 19/20 for the ICS including the additional money to support the transformation of General Practice as indicated in the new five year General Practice contract announced on 31st January 2019. The update also included details

of the 'System Control Total' for the ICS and an update on the timetable of requirements for the 19/20 submissions for the system.

ICS Workstreams

Linked to the above item around the 19/20 plan and the five year local system plan and following the request from the Board in September 2018, a presentation was received outlining a revised approach to the ICS Workstreams. The current Workstreams for the ICS were originally set up in the context of the 2016 Sustainability and Transformation Partnership plan and refreshed in September 2017. Given that the STP has now become an Integrated Care System and the national NHS Long Term Plan has been published, it was felt to be the right time to review the workstreams to check they were still fit for purpose. The Board welcomed the review and asked that further work be done to focus on three particularly pressing areas: mental health; urgent and emergency care and; financial performance. The Board also asked that consideration particularly be given to ensuring that best use be made of the limited resources across the ICS through streamlining and de-duplication and that partners from across the system are able to contribute at all levels.

ICS Narrative

In order to support the ICS's developing organisational structures and transformational delivery, the Board had previously requested a 'narrative' be developed to communicate more clearly to the public and staff what the ICS is and what impact it will make on the health and care services for Nottingham and Nottinghamshire. The Board therefore welcomed a presentation of the proposed narrative for the ICS which has been developed over the last few months with input from across the system and support from the national NHS England communications team. The Board agreed the proposed narrative for the system and offered some suggestions for further development of ways in which it could be deployed. The Board also asked for an update on the use of the narrative at the May Board.

Engagement on the NHS Long Term Plan and Local System Plan

As described above, the ICS needs to publish in the autumn of this year a local system plan response to the national NHS Long Term Plan. In order to support the development of the content of this plan and to help ensure confidence in the plan when published, the ICS is expected to conduct wide-spread engagement on the development of the plan over the summer. The Board received and endorsed an outline of the proposed approach to this engagement and asked for regular updates on progress at future meetings.

Other

The Board noted a report on Finance, Quality and Performance across the ICS and also agreed a revised set of Terms of Reference for the System Architecture Group.

Wendy Saviour,
Managing Director, Nottingham and Nottinghamshire ICS