

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Chief Executive's Report	<b>Date:</b> 4 October 2019		
<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 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>• Next month at SFH</li> </ul>				

## Chief Executive Report – September 2019

### Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	4	16
MRSA	0	0
E Coli	5	19
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	0	1
Never events	0	1
Total	9	37

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

The executive team and I visited the following areas, amongst others in August: Cardiac Catheter Suite, Cath lab, Clinics 1, 2, 5, 11, 15, Community Hub, Critical Care, EAU, ED resus, Emergency Department, Lyndhurst Ward, Maternity, Mattress decontamination, Medical equipment (MDED), Microbiology, Minster Ward - Newark, Newark General Office, Oakham Ward, Pathology, Sconce – Newark, Sherwood Birthing Unit, Theatres, wood workshop, Urgent Care Centre, Wards 12, 22, 24, 25, 34, 53, & 54.

### Wider SFH news

#### Care Quality Commission

On 24 September I received our provider information return (PIR) request from the **Care Quality Commission (CQC)**. This is the formal beginning of our 2019/20 assessment. Work has already started on our submission. As mentioned previously, I believe we will have our core service assessments before the end of this financial year, and the services that have not been visited for a couple of years are likely to be key areas of focus, although the services who were visited last year, may well still be visited this time as well. We have nothing to fear and lots to celebrate and I am very excited about this opportunity.

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 may 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, patients and the public 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.

### **HSJ Awards**

Last month I reported that we had made the shortlist for the **Health Service Journal Trust of the Year 2019**. Some of the judging panel visited King's Mill Hospital on the morning of 9 September giving us the opportunity to showcase some of the teams and services that we are proud of. The judges were really impressed with the culture of TeamSFH and the services they saw. My thanks to everyone who took part in the visit.

Elaine Torr (DGM for Diagnostics and Outpatients), Kate Wright (one of our Associate Chief AHPs) and I presented our final entry to a judging panel in London on Monday 30 September focussing on how our culture drives our quality, how we are working to deliver our Healthier Communities, Outstanding Care strategy, how far we have come in the last four to five years and how much it would mean to us if we won.

I am confident we have done ourselves proud in both elements and we will find out on the evening of Wednesday 6 November which organisation is named HSJ Trust of the Year. (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). There is tough competition!

### **Julie Hogg appointed Chief Nurse**

Following a national advert, 15 applicants, two stakeholder groups, a "meet and greet" session and an interview panel, we are pleased to announce **Julie Hogg** will be joining us as our new Chief Nurse. 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. Julie will start with us on 9 December 2019.

### **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.

Andy will continue to be the Medical Director and Deputy Chief Executive at Sherwood until we appoint and have in post a new Medical Director. 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. The advert for Andy's successor went live on Friday 27 September.

### **Clare Teeney joins us Director of People**

Following the retirement of Julie Bacon, Director of Human Resources and Organisation Development at Sherwood Forest Hospitals NHS Foundation Trust, I am delighted to confirm our decision to further improve close working between Sherwood and Nottinghamshire Healthcare NHS Foundation Trust. Our two Trusts already work together on a range of services to improve patient care, as evidenced by our recent HSI nomination for Mental Health Innovation of the Year.

In August our two Trust Boards supported 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, at Sherwood we have also begun a national recruitment process for a **Director of Culture and Improvement** to further strengthen our executive leadership team. This brilliant role has been designed to support Sherwood be an even better place to work and receive care. We had 43 applicants from across the NHS and high performing non NHS companies and the interviews are on Friday 11 October. I am confident we will appoint.

### **EU Exit**

We are continuing to follow national guidance in our preparations of an EU Exit on 31 October and we meet weekly to reassure ourselves that we are doing everything expected of us in respect to our planning and preparedness.

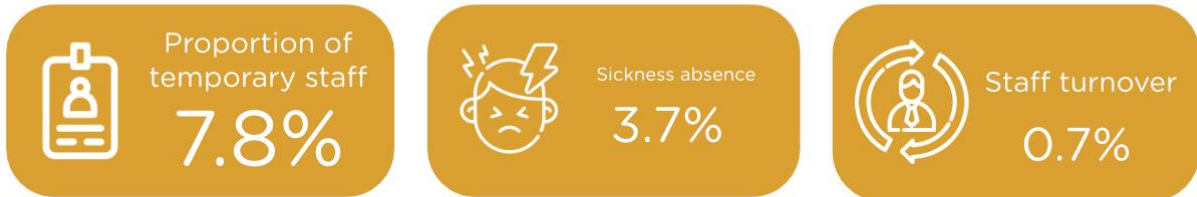
**Next month at SFH**

**We will have launched our annual NHS staff survey, and will be continuing to provide the flu vaccination to colleagues. We will also be announcing the full shortlist for our 2019 Staff Excellence Awards.**

#TeamSFH  
@SFHFT

Sherwood Forest Hospitals  
NHS Foundation Trust

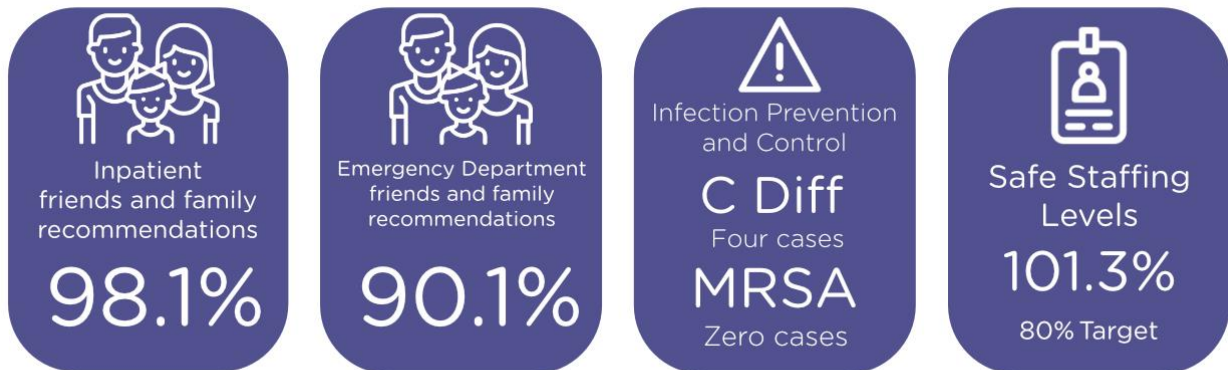
# Workforce



#TeamSFH  
@SFHFT

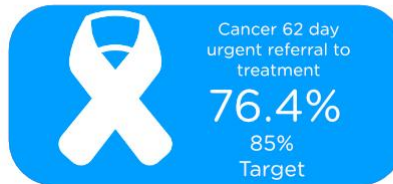
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# Quality



#TeamSFH  
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# Access



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# Finance



## Appendix B



### **ICS Board Summary Briefing – September 2019**

*Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 12<sup>th</sup> September. 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 8<sup>th</sup> August 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.

#### **Patient Story – Muscular-Skeletal Care**

The Board commenced its discussions with a presentation from CCG and Provider colleagues on the transformation of the care of muscular-skeletal issues. With a stronger focus on outcomes and through 'Shared Decision Making' which enables patients to describe what they want their care to look like, in partnership with clinical experts, a new way of delivering care for MSK issues has been developed in Mid Notts. This prioritisation of upstream prevention and personalisation has enabled a 30% reduction in referral to surgery and ensured that costs within the system have not grown. Patients have reported significantly improved experience of their care which is also stronger than the national average.

The Board welcomed the presentation and thanked the team for their hard work. The Board also asked to be kept up to date if there were challenges in rolling this model out further across the rest of the ICS geography.

#### **ICS Outcomes Framework**

Following on from the discussion at the July Board, the ICS's Director of Strategy presented an update on the ICS's Outcomes Framework. In simple terms, the Outcomes Framework sets out what difference will the ICS make to the citizens, patients and staff of Nottingham and Nottinghamshire in the future. Work to develop the final version of the Outcomes Framework is progressing well and will be an important supporting tool for the implementation of the local five year strategy.



## **ICS Five Year Plan Update – Development, Engagement and Launch**

The ICS's Finance Director updated the Board on the progress to producing the system's local strategy which is on track for the national deadlines in September and November. The Board welcomed the progress to date and looked forward to the development session on Monday where more detailed discussion could take place. The Board also noted the first feedback session with NHSE/I Regional colleagues is scheduled for 10<sup>th</sup> October and that an additional ICS Board meeting has been scheduled for 14<sup>th</sup> November to sign off the final plan.

The ICS's Director of Communications and Engagement summarised the extensive engagement that has been undertaken since March to ensure that the local plan is aligned with the preferences and expectations of the population that we serve. The detailed outputs from this engagement have now been published on the ICS's website at <https://healthandcarenotts.co.uk/get-involved/surveys-and-consultations/>. The Board also received and approved the approach to launch activities for the system plan when published in November including a focus on enabling staff to understand how they can contribute to the work of the system.

## **People and Culture Strategy Update**

Lyn Bacon, Chief Executive of Nottingham CityCare and also the ICS's lead on Workforce shared a wide-ranging update on the delivery to date of the system's People and Culture Strategy. Significant progress has been made on the five pillars of the plan with strong examples of delivery in key areas of challenge including Primary Care workforce and developing multi-disciplinary teams. The Board also agreed a number of Organisational Development activities going forward including two further workforce conferences in 2019 and 2020 and a leadership development programme for 50 leaders from across the system. The full People and Culture Strategy can be found at: <https://healthandcarenotts.co.uk/our-plans-and-priorities/>.

## **System Analytics**

Following the discussion at the July Board, the ICS's Director of Strategy shared the progress on establishing a strategy for Data, Analytics, Intelligence and Digital Technology. Since July significant progress has been made in developing the strategy including holding five workshops with system leaders to understand what the strategy would need to address in order to be successful. The Board discussed this and agreed the timetable for the production of the final strategy as well as the project's governance arrangements.

## **Primary Care Networks**

Further to the information shared at the June Board, Dr Gavin Lunn, Clinical Chair of Mansfield and Ashfield CCG updated on the developing work of the Primary Care Networks. 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. All the PCNs in Nottingham and Nottinghamshire are now functional, all with appointed Clinical Directors and some with Deputy Directors too. The Board noted the

significant work that has already been delivered to create a support and development programme for the PCNs and their Clinical Directors and welcomed the upcoming plans to progress this even further, with the support of investment from NHSE/I into the ICS.

### **Urgent and Emergency Care – Deep Dive and Drivers of Demand**

Amanda Sullivan, Accountable Officer of the Nottingham and Nottinghamshire CCGs and Andy Haynes, Medical Director for the ICS presented two papers exploring the reasons behind the challenging performance in the system’s Urgent and Emergency Care provision. When measured against the headline target of 95% of people being seen and treated in A&E within four hours, both of the main hospital trusts in the system do not meet this target: in 2018/19, SFH average performance was 94.2% and NUH average performance was 77.9%. Demand for UEC services is increasing significantly, both locally and nationally. This needs to be understood and addressed if the system is to be clinically and financially sustainable. The analysis presented has enabled a clearer understanding of the key areas for further investigation and work including how the relationship between community and primary care services support the delivery of the right standard of care.

### **Governance and Chair’s Update**

The Board considered and agreed a number of updates to the system’s governance, including;

- The arrangements for the creation of a Greater Nottingham Transformation Board, to support the development of the two ICPs (Nottingham City and South Notts) in this area and to ensure a joined-up approach to issues and opportunities in this geography.
- Adding to the membership of the ICS Board the non-Executive Chair of the CityCare Board and Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards.
- A new digital system for the sharing of Board papers
- The System Architecture Group be stood down.
- That ICS membership of the Rural Health Alliance be noted.

The Independent Chair of the ICS, David Pearson, also took the chance to thank Wendy Saviour, on the occasion of her final ICS Board meeting, for her leadership and guidance of the ICS over the last two years. The Board joined David in offering their thanks to Wendy for her hard work and wished her well for the future.

The Board meets again on 9<sup>th</sup> October.

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

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

## Appendix C



### Mid-Nottinghamshire ICP Board Update – September 2019

Below is a summary of the key discussions and decisions taken at the latest Mid-Nottinghamshire ICP Board which met on 9th September 2019.

#### Meeting in Public

ICP Chair Rachel Munton was pleased to welcome seven members of the public to the Board's first meeting in public. The members of the public were all given the opportunity to comment and ask questions at the start and end of the meeting and were thanked for their contributions. It was also the first time the meeting had been held in a community setting - The Summit Centre in Kirkby in Ashfield. As part of the Board's approach to transparency and engagement, papers went online beforehand on the ICP website [here](#) and were advertised on the ICP twitter account (@careinMidNotts).

#### Partnership Agreement, Terms of Reference and Governance Diagram

Peter Wozencroft (Director of Care Integration, Mid-Nottinghamshire ICP) presented the ICP Board Terms of Reference. The Chair explained that these would be reviewed continually to ensure read across to other relevant documents. The Board would be asked to review the Terms of Reference initially on a six-monthly basis with the aim to move to annually. The Board approved them on that basis.

Mr Wozencroft agreed to update and bring together the ICP governance chart and Schedule 7 of the ICP Agreement to form a revised accountability framework for the ICP and circulate the revised framework to members for virtual approval by the end of September 2019.

He also presented the draft interim Partnership Agreement which had been adapted from the Alliance Agreement, which a number of partners were already signed up to.

Members supported the proposal to work towards formalising the partnership approach by developing and signing up to a formal partnership agreement. The interim ICP agreement itself required further work and possibly some legal advice.

#### Neighbourhood approach presentation

Matt Finch (Director - Communities and Environment, Newark and Sherwood District Council), David Evans (Head of Communities and Wellbeing, Mansfield District Council), Theresa Hodgkinson (Assistant Director – Place and Wellbeing Ashfield District Council) and David Ainsworth (Locality Director, Mid-Nottinghamshire CCGs) presented the District Councils' Approach to Neighbourhoods highlighting:

- The wider determinants of health which included: poor access to services, housing standards, high levels of unemployment, low levels of income and high levels of crime and anti-social behaviour;
- The strategic objectives and key themes across the patch from District Health and Wellbeing Plans which included to give every child the best start in life and to maximise opportunities to develop healthy places;

- The priority neighbourhoods across Mansfield, Ashfield, Newark and Sherwood and the methodology that had been used to identify and then prioritise these;
- Some of the common themes across the priority neighbourhoods such as low income, long-term unemployment and high crime rates;
- The increased opportunities to support the priority neighbourhoods through the development of PCNs.

A further discussion will take place at the November meeting to explore how partners will collectively address the neighbourhood focus across Mid-Nottinghamshire.

### **GP Provider Alignment; Winter Respiratory Admissions Prevention**

Dr Gavin Lunn (Clinical Chair, Mansfield and Ashfield CCG) presented on Winter Respiratory Admission Prevention noting:

- The reasons for focussing on respiratory which included: high disease prevalence and respiratory being a leading cause of ED attendance and admission over winter;
- An outline of Wellbeing and Respiratory Management highlighting the importance of targeting at-risk groups and optimising vaccine update;
- Next steps included GP provider meetings with hospital respiratory clinicians, liaison and alignment with wider system partners.

After a discussion members agreed that this initiative would align to a place based approach and could address a number of issues for priority neighbourhoods, as above.

### **Thanks Given**

This was the last meeting for Rob Mitchell who is moving on from his role of Chief Executive of Ashfield District Council to become Chief Executive of Charnwood Borough Council in Leicestershire. He was congratulated on his new role and thanked by ICP Chair Rachel Munton on behalf of the Board for his passion and enthusiasm for the ICP.

The next ICP meeting will take place on November 18 following an urgent matters only meeting on 7 October meeting to allow members to attend the Wigan Deal conference. The November meeting will again take place in a Mid-Nottinghamshire community venue, this time at Civic Quarter, Civic Centre, Chesterfield Road South, Mansfield and papers will be available on the ICP website prior to this.

Appendix D

## Newark Hospital Progress Report

### 1. Background

Our strategy for Newark is to provide the broadest possible range of safe and sustainable services for people from Newark and surrounding districts, increasing site activity, whilst also providing care closer to home. We will work with other providers and in collaboration with local primary care with the aim of delivering improved and more integrated care pathways.

### 2. Activity Summary

During 2018/19 capacity increased, we introduced a broader range of services at Newark Hospital and high levels of external stakeholder engagement resulted in significant increases in elective care activity. This meant more patients are having their care at Newark when appropriate and are not being required to travel to other hospitals unnecessarily. This included:

- 40,125 clinic appointments (increased by 5,328 repatriated from other hospitals)
- 3,149 medical day case treatments (increased by 218)
- 2,621 CT imaging tests (increased by 689)
- 2,331 MRI scan tests (increased by 1,431)

In 2019/20 increased elective activity at Newark Hospital has sustained.

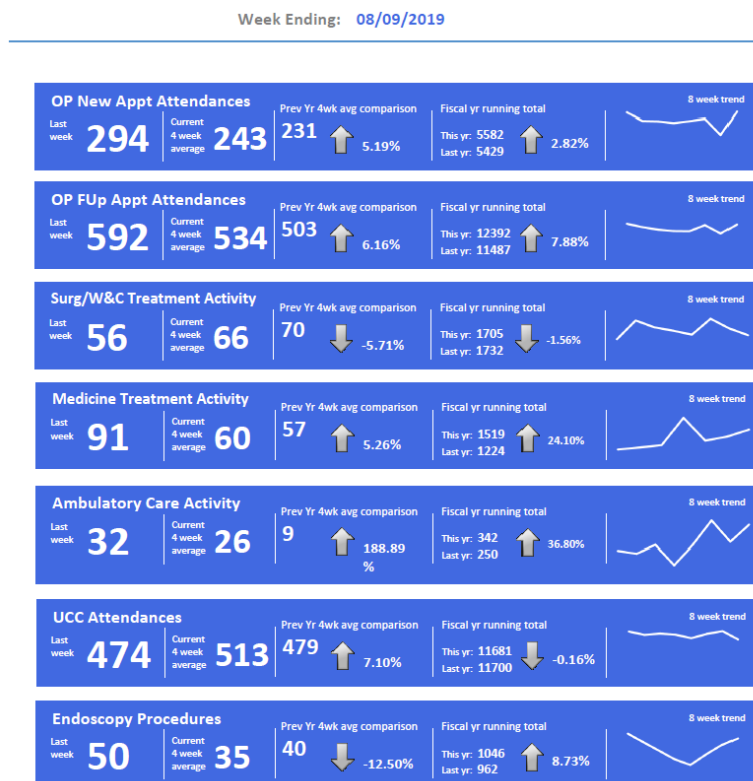


Fig. 1: Newark Hospital activity summary Apr-Sep 2019

### **3. Governance and leadership**

The Divisional teams are responsible for their service provision across all three Trust sites, including Newark, and they have vastly improved their visibility and connectivity with their teams at Newark with many managers present at Newark on a weekly basis. Ant Rosevear, Assistant Chief Operating Officer, remains the representative of the Chief Operating Officer at Newark and is based there three days a week leading on major development projects for the operational elements of the site including the Urgent Treatment Centre development, primary care integration, the winter plan oversight and delivery, and the Orthopaedics project.

There is Executive presence at Newark on a regular basis and the Executive team hold their meeting at Newark once a month. The Trust Board also takes place there quarterly.

### **4. Newark Urgent Treatment Centre**

From December 2019 all NHS Walk-in Centres, Minor Injuries Units, Urgent Care Centres and similar type 3 facilities will be replaced by Urgent Treatment Centres (UTC) meeting NHS England minimum standard of requirements. The objective of this change is to provide service offer commonality across urgent care facilities, reduce public confusion and reduce use of A&E as a default option for urgent care.

Locally the Trust and commissioners have agreed that SFH will lead and provide the Newark UTC working with partners from the Integrated Care Partnership to deliver the requirements of the national service specification. Implementation is on track to meet the December 2019 deadline. The Newark UTC service model will be similar to the current model with no changes to operating hours or workforce resulting from the implementation. The model will be enhanced with a more integrated approach to same day urgent care achieved through collaboration with the Newark Primary Care Network, Out of Hours primary care, EMAS and NHS111.

Some of these changes have already happened. While we will continue to provide walk in access, NHS111 have been able to directly book appointments at the Newark Urgent Care Centre for the last year. The facility provides a base for the Newark Out of Hours primary care service and since January 2019 has hosted GP extended access clinics at weekends and bank holidays.

Medical staffing supply for Newark UCC has been an issue during the last few months. At times, this means the 'No Doctor' policy has been required to be implemented for the UCC (there is a Doctor covering the site) and in some cases patients are diverted to King's Mill ED. Highest level escalated rates are being offered to attract greater cover. UCC doctor shift fill rate has improved in September. At the time of writing there had been three full night shift gaps in September with no further gaps forecast.

### **5. Provision of elective inpatient orthopaedics**

The Trust Management Team has recently approved a business case from the Surgery Division and fully supports the case to re-provide inpatient Orthopaedics at Newark. The service is planned to be up and running by spring 2020. This will be a significant positive improvement for Newark Hospital and the patients that receive care there.

## **6. Breast Cancer assessment service**

Following Trust approval and support for a Breast Cancer assessment service on the Newark site this service is planned to go live from January 2020. The service will be based within the Sherwood Centre and initially will provide two clinics per week for GP 2 Week Wait Breast referrals. Patients referred by their GP will see a specialist Consultant and a specialist breast cancer nurse, receive a Mammogram and Ultrasound scan and have a biopsy taken if required, all on the same day. This is another positive service development for the local population.

## **7. Primary Care**

The Trust is strengthening our relationship with local primary care through the Newark Primary Care Network (PCN), which has resulted in a collaborative approach to providing the UTC as part of a Newark Urgent Care Hub. Some primary care services are starting to be delivered from the Newark site, initially as part of a same day urgent care service offer during evenings, weekends and bank holidays. Our next step is to explore opportunities to work with local GPs on providing more integrated care pathways in areas such as end of life care.

We are also supporting our commissioners and our local practices to identify solutions to a growing local population and insufficient primary care estate. This may result in a longer term plan to bring a primary care facility onto the Newark Hospital site.

## **8. Bed Capacity**

Bed capacity at Newark remains unchanged across Newark on Sconce ward, Fernwood ward, and Minster. The Trust expects to open eight more beds on Sconce ward over winter and we do not expect the bed base to reduce at all over the coming years. In fact, the Orthopaedic service development will result in an increase on a more permanent basis.

## **9. Car parking at Newark**

Following feedback from the 2018/19 staff survey, numerous complaints and to promote greener travel options, the Chief Executive has been working with staff side representatives and senior leaders at Sherwood to look at ways to improve car parking for colleagues at Sherwood. We aim to make it easier to park at King's Mill Hospital (KMH) and Newark Hospital by; reducing the number of permits in circulation, making it easier for colleagues to car share, walk, cycle or take public transport to work; and changing the way we use our car parks.

We have communicated how this will work internally, and have committed to a new system being in place for 30 September 2019.

## **10. IT update**

The Trust is beginning work on a digital strategy to ensure the focus is on making the right information easily available to the right people at the right time. Over the next two months there will be a wide variety of engagement sessions for all to contribute, to ensure we produce both a strategy and the underlying plans that support the delivery of our vision.

Work is being undertaken to improve the Wi-Fi with weekly reports to the Executive team – this has shown that corporate Wi-Fi has improved. The Trust has also been working with Wi-Fi Spark who provides the public Wi-Fi network and two changes are now happening.

- An additional staff Wi-Fi network is being installed, which will be exclusively for staff personal mobiles. We aim to install this by the end of September 2019.
- Wi-Fi spark are also looking into the issues that have been experienced with intermittent Wi-Fi and drop outs so patients and staff who choose to use this Wi-Fi network, will have a much better experience