

Board of Directors Meeting in Public - Cover Sheet

Subject:	Chief Executive's Report	Date: 9 January 2020		
Prepared By:	Robin Smith, Acting Head of Communications			
Approved By:	Richard Mitchell, Chief Executive			
Presented By:	Richard Mitchell, Chief Executive			
Purpose				
To update on key events and information from the last month			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
			X	
Risks/Issues				
Financial				
Patient Impact				
Staff Impact				
Services				
Reputational				
Committees/groups where this item has been presented before				
N/a				
Executive Summary				
<p>An update regarding some of the most noteworthy events and items over the past month from the Deputy Chief Executive's perspective:</p> <ul style="list-style-type: none"> • Overall update • Wider SFH news • Next month at SFH 				

Chief Executive Report – January 2020

Overall update

Please find the latest harm information below:

	Monthly figure	Year to date figure
C Diff	2	27
MRSA	0	0
E Coli	2	27
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	0	10
Never events	0	1
Total	4	65

We have had a total of 65 harm events so far this year, compared to 70 at the same stage last year. Further information about the above is included in the Single Oversight Framework Performance Report. Appendix A details how we performed in November against our high level metrics for workforce, quality, access and finance.

The executive team and I visited the following areas, amongst others in November:

- King’s Mill Hospital and Mansfield Community Hospital:
Chatsworth Ward, Clinic 1, Clinic 4, Critical Care, Day Case, Discharge Lounge, EAU, ED, ED Majors, Lyndhurst Ward, Maternity, MCH Outpatient department, Medirest, Oakham Ward, Pathology Labs, Pharmacy, SALT, SAU, Sherwood Birthing Unit, Sterile Production, Training & Development, Wards 11, 14, 21, 25, 31, 33, 34, 35, 36, 42, 44 and 51.
- Newark Hospital:
Cardiorespiratory, Fernwood Ward, General Office, GUM, Medical records, Medirest, Minster Ward, Outpatients department, PALS Office, Phlebotomy, Radiology, Sconce Ward, Sherwood Women’s Unit, Urgent Care Centre and Newark Volunteers.

Between January and December 2019, the executive team and I visited every clinical and non-clinical area at King’s Mill Hospital, Mansfield Community Hospital and Newark Hospital.

Wider Sherwood news

Winter 2019/20

Winter is the busiest time of year for all parts of the NHS and public sector and our monthly performance update will confirm this. I would like to thank all colleagues and partner organisations who worked over Christmas and the New Year. In general, we should be proud of the quality and timeliness of care we provided. Despite the work we are doing with local partners, more patients are coming to the emergency department at King's Mill Hospital and the Urgent Care Centre at Newark and I believe the reality is this increase in patients is likely to continue in the future.

Currently, more than 85% of frontline colleagues have chosen to have their annual flu vaccination, which is the most ever at this Trust and second highest in the Midlands.

Care Quality Commission

We now know we will have our next Care Quality Commission (CQC) assessment in January and February 2020 and our Well-Led assessment is scheduled to take place on 11 and 12 February. Our inspections will be unannounced and we are hopeful the CQC will be particularly interested in the services that have not been assessed since 2014 or 2015 (End of Life Care, Surgery and Diagnostics at Newark and Surgery, Children's and Young People and Critical Care at King's Mill Hospital). We are not trying to evidence to the CQC anything other than being a team who has worked hard since the last visit in April 2018 and I am confident we will get the outcome we deserve.

SFH Executive Team

Following on from previous announcements, I was delighted to officially welcome in December our three new Executive colleagues; Julie Hogg as Chief Nurse, Dr David Selwyn as Medical Director and Emma Challans as Director of Culture and Improvement. I am pleased with the calibre of colleagues we recruited to these important positions and all three have made excellent starts at Sherwood.

Cancer alliance role

I was proud in November to be asked by NHS Improvement to take on the additional role of Chair for the East Midlands Cancer Alliance. The Alliance is a collaboration of stakeholders including health, social care and third sector organisations who work together with patients. It was established in 2017 with the objective of improving outcomes for cancer patients throughout the East Midlands. I would like to thank the previous Chair, Sonia Swart for leading the Alliance so well over the last three years. I believe we have a big responsibility and opportunity to work effectively across the boundaries of our organisations and trusts to improve care and access to all of our patients and I look forward to working on this important agenda.

Staff survey results

Thank you to the 66% of colleagues who completed the 2019 annual NHS staff survey – this is up 4% on 2018, and is our highest ever response rate. I firmly believe that having a good culture and engaged staff relates directly to providing safe, high quality care for patients, which is why this survey is so important. I have seen some early results from Picker, the company who run the survey on our behalf, and the feedback

looks promising. We will not get all of the detail until early March 2020 but between then and now, Emma Challans and her team will be taking the lead to ensure we use this information to make meaningful change at Sherwood. Whilst we should be proud of the above, we remain committed to improving the Sherwood experience for all colleagues and I know the survey will further highlight the areas we need to be better at. If we want to be the best possible provider of healthcare, we need to do everything possible to be the best possible place to work.

Study shows King's Mill Hospital is one of best in the country for emergency bowel surgery

A recent study showed we are one of the best performing Trusts in the country for carrying out emergency bowel surgery, according to the National Emergency Laparotomy Audit. An emergency laparotomy (emergency bowel surgery) is a surgical operation for patients, often with severe abdominal pain, to find the cause of the problem and treat it. Emergency bowel surgery can be carried out to clear a bowel obstruction, close a bowel perforation and stop bleeding in the abdomen, or to treat complications of previous surgery. These conditions could be life-threatening. The audit results released in December look across a large number of key metrics to assess how well these patients are being treated at all acute Trusts. Sherwood Forest Hospitals ranks particularly high in some of the most important measures, including:

- The National 30-day mortality rate, for these patients this stands at 9.6% nationally, at Sherwood Forest Hospitals this figure is as low as 3.8%, the fourth best score in the county.
- The average length of hospital stay for these patients stands at 16 days nationally, the figure is half that at Sherwood Forest Hospitals of only eight days. Joint eighth in the country with a number of other Trusts (the best figure is seven days).
- One of a number of Trusts that could evidence that 100% of the most acutely at risk patients had their surgery directly supervised by a consultant surgeon and a consultant anaesthetist. This suggests that patients are always being accurately assessed for risk, and are being treated by the most appropriate clinicians.

Next month at Sherwood

We know January and February will be extremely busy. We will continue to focus on providing safe and timely care to all of our patients. As mentioned above, we are also looking forward to welcoming the CQC.

Appendix A: Performance Infographics

#TeamSFH
@SFHFT

Sherwood Forest Hospitals
NHS Foundation Trust

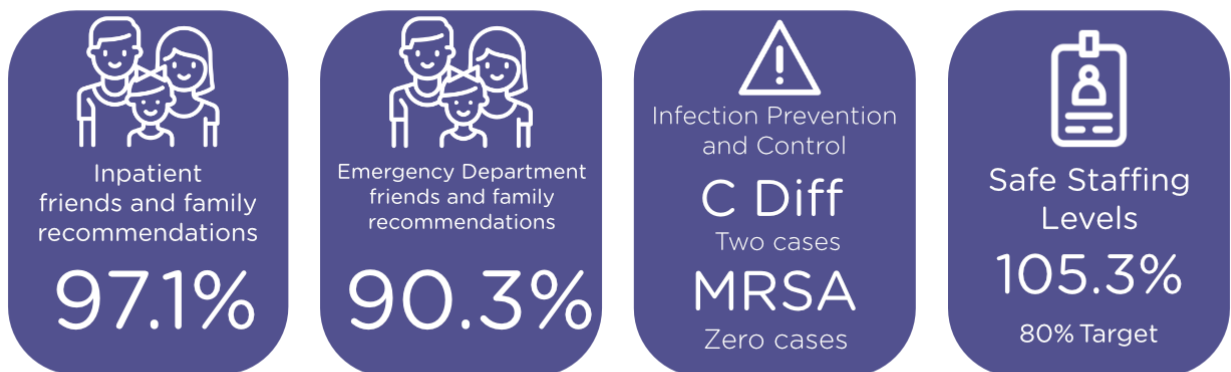
Workforce



#TeamSFH
@SFHFT

Sherwood Forest Hospitals
NHS Foundation Trust

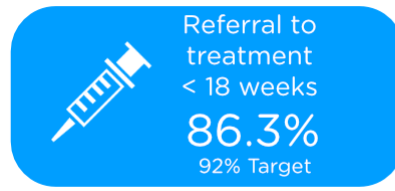
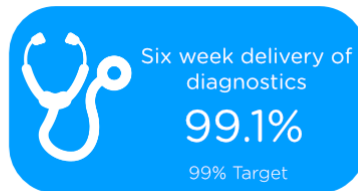
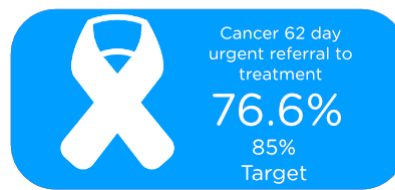
Quality



#TeamSFH
 @SFHFT

NHS
 Sherwood Forest Hospitals
 NHS Foundation Trust

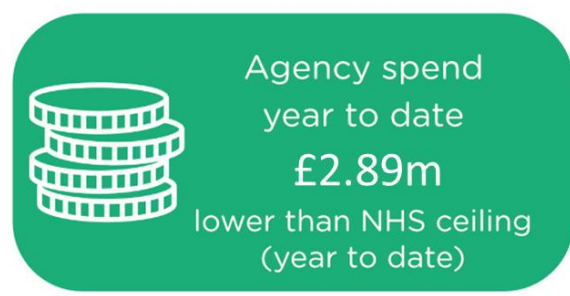
Access



#TeamSFH
 @SFHFT

NHS
 Sherwood Forest Hospitals
 NHS Foundation Trust

Finance



Appendix B



Mid-Nottinghamshire ICP Board Update – December 2019

Below is a summary of the key items discussed. The full papers (and details of forthcoming meetings) can be found here: <http://bit.ly/ICPBoard>

Mid-Nottinghamshire Community Involvement Model

In July 2019 the Board approved five key engagement principles with a number of next steps. One of these was to set up a task and finish group to agree a best practice model for engagement. This group was made up of representatives from NHS organisations, CVS', Healthwatch and Ashfield District and following several meetings proposed the Community Insight Model (see summary in Appendix 1) as a framework that aligns with existing models.

The Board agreed to endorse the model and discussed possible next steps. It was suggested that some areas for its use could be identified through the Mansfield Health Partnership which has held its first strategic group, chaired by PCN Deputy Clinical Director Dr James Mills.

It was agreed the model would be used on a small number of projects and feedback into later ICP Board meetings to see how it was working.

Digital Innovation

Jaki Taylor from Nottinghamshire Health Informatics Service, Kathy Fulloway from Nottinghamshire Healthcare NHS Foundation Trust and Rosie Gilbert from Nottinghamshire County Council, all gave an interactive presentation on the importance of the digital transformation work being undertaken across the county. The issue of digital inclusion was discussed and it was agreed the Board would continue to support this work and receive updates in the future.

YMCA Health Village

The Board received a presentation from Craig Berens, Chief Operating Officer of YMCA Newark and Sherwood and Jo Bradley-Fortune, Development Lead of YMCA Newark and Sherwood introduced by locality director David Ainsworth. The Board discussed the importance of using the YMCA village for community cohesion across the generations. The ground-breaking on the building is due to take place in June 2020 with it opening in May 2021. It agreed for partners to continue working with the YMCA to advise on the use of the health space.

The Board was also updated on the work of the new team of social prescribing link workers (see Appendix 2).

Next month's meeting will take place on January 30 at 1pm. Papers will be available a week in advance on the ICP website.

Appendix 1



OUR LINK WORKERS

Saw over 100 referrals in their first month.

The top five reasons were for:

- mental health/wellbeing
- social isolation/loneliness
- lifestyle change
- self care / management of a long term condition
- financial advice



Mid-Nottinghamshire
Integrated Care Partnership



Appendix 2 – Mid-Nottinghamshire Community Involvement Model

Mid-Nottinghamshire
Integrated Care Partnership 

1. Why do you want to engage?

2. What does the information tell us?

3. Who is the audience for this?

4. When will this happen?

5. How has it worked?

**Mid Notts
Community
Involvement
Model**

Community Insight Model: Why, What, Who, When, How

1. Why: Why do you want to engage?

There are many different reasons you may want to, from keeping people informed about general updates to having citizens co-produce a potential options.

2. What: What does the information tell us?

- a. Use data to understand a theme and the people it affects
e.g. census, active life, JNSA, mosaic, Long Term Plan information etc. Make sure you come to data neutrally and do not use it to reaffirm your own biases.
- b. Understand what organisations and agencies are around that have an interest e.g. council, voluntary sector, county council, public health etc to build a team and that you can work in partnership with.
- c. Find local organisations and individuals e.g. churches, men in sheds and asset mapping of people, places, cycle paths.
Who are the community ambassadors you can identify?

3. Who: Who is the target audience for this?

Gain the trust of the organisations that work with them to see how is best to involve them. Check with community if the asset map makes sense to them, what do they use (and how do they use it).
Understand and plan that some groups may need more resource and time to engage with e.g. those with English as a second language. Engage either directly or through the above groups in the best way for them e.g. focus groups, surveys, 121s.

4. When: When will this happen?

Empower groups and individuals to come up with actions based on the results of the above and to make the changes they need.
Evidence that people have the capability to make it better for themselves.

5. How: How has it worked?

Check the impact by evaluating how it has worked and what changes have been seen. This may be done throughout the process rather than just at the end.
Plan to share learning (positive and negative) with partners.

