

## Council of Governors

<b>Subject:</b>	Chief Executive's Report		<b>Date:</b> 18th February 2020	
<b>Prepared By:</b>	Robin Smith, Acting Head of Communications			
<b>Approved By:</b>	Richard Mitchell, Chief Executive			
<b>Presented By:</b>	Paul Robinson, Chief Finance Officer and Deputy CEO			
<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 – February 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	5	32
Grade 4 avoidable Healthcare Associated Pressure Ulcers	0	0
Falls which cause moderate, severe or catastrophic harm	1	11
Never events	0	1
Total	8	71

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 in December:

#### King’s Mill Hospital and Mansfield Community Hospital:

Anaesthetics, Ante natal, Bereavement Centre, Byron House, Cardiac Catheter Unit, Clinical Coding, Communications, Critical Care Unit, Day Case, Doctor’s Mess, Ed Majors, Ed Re-sus, Emergency Assessment Unit, Emergency Department, Endoscopy, Faith Centre, Hydrotherapy, Imaging- MRI, CT, X Ray, Intensive Treatment Unit, Laurel House, Legal Department, Library, Lindhurst Ward – MCH, Mail Room, Main Reception, Maternity, Medical Equipment Medical Devices, Medirest, Microbiology, Neonatal Intensive Care Unit, NHIS – TB3, Oakham Ward, Occupational Health, Orthopaedics, PALS, Pathology, Patient Pathway Coordinators, Pharmacy, Physiotherapy, PMO, Pre –Op Assessment, Pregnancy Day Case, Radiology, Research, Sherwood Birthing Unit, Stroke Unit, Tea Bar – MCH, Theatres, Training and Education Dept., Trust Headquarters, Urgent Care Centre, Voluntary Services, Welcome Treatment Centre, Women & Children’s Centre.

Clinics 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, & 14.

Wards 21, 22, 23, 24, 25, 31, 32, 33, 34, 41, 42, 43, 44, 51, 52 & 53.

#### 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.

## Wider Sherwood news

### Winter 2019/20 update

Our monthly performance update will provide more detail on what was an exceptionally busy month for the Trust, as well as all parts of the NHS. Despite the pressure we have been under we can be proud of the timeliness and quality of care we continue to provide, and I would like to thank all SFH colleagues, and our partner organisations for everything they are doing to care for our patients and communities.

All of our Winter Plan is now operational and focussing on extra capacity to meet demand, safely avoiding admissions, and safely avoiding delays to care in our hospitals. We have also had more colleagues than ever before choosing to have the annual flu vaccination (more than 85%).

### Winter blog

I believe we have prepared well for this winter, led by Chief Operating Officer Simon Barton with the support of many other colleagues. Last month, Simon wrote a blog for NHS Providers which described our approach and ethos on winter planning.

The blog's introduction is below, and the text can be read here: <https://nhsproviders.org/nhs-winter-watch-201920/week-5>

*"I'm writing this blog on the evening of 6 January, winter has truly arrived for us over recent weeks and today has been particularly tough. That said I believe we have prepared well for winter, and although it might not always feel like it we continue to perform comparatively well in terms of timeliness and quality of care. We can be proud of that and of the colleagues delivering it.*

*"We ran a similar planning process for this winter to that which we ran ahead of winter 2018/19, involving listening to our clinical and non-clinical colleagues about what worked well and didn't work so well the previous year, and re-running our bed demand and capacity model. Overall I think our colleagues felt winter 2018/19 was a calm and controlled one, however there are always things to improve and they suggested a number of items that could work better in the coming winter. We also knew that demand had not really fallen over the spring and summer of 2019 post winter, although the acuity of admissions had fallen slightly – but obviously in winter this all increases again."*

### Care Quality Commission

As anticipated in last month's report, the Care Quality Commission (CQC) have been on site assessing a number of our core services in January. They were complimentary about the welcome they received and I would like to thank all colleagues who engaged with the CQC team. The CQC conducted unannounced inspections of Children's and Young People at King's Mill Hospital and Newark Hospital, Critical Care and Surgical Services at King's Mill, and Surgical Services and End of Life care at Newark.

One of the most pleasing comments the CQC said in the initial feedback we received was; *"Patients reported that not only were colleagues kind to them but they observed colleagues being kind to each other and treating each other with respect. This aligns with the Sherwood values"*

By the time of the Board meeting, we will have had our 'Use of Resources' inspection (4 February), and the overall assessment concludes with our 'Well-Led' assessment on 11 and 12 February. We look forward to receiving a draft report in the following weeks. We have a positive story to tell and our aim for this assessment was to tell it well. We expect to be able to communicate our final report in May 2020.

### **Sherwood Forest Park Run take-over**

On Saturday 29 February #TeamSFH will be taking over a local Park Run at Brierley Forest. We are hoping as many colleagues as possible will take part either running or as a volunteer, and we are encouraging those taking part to raise funds for the Sherwood Forest Hospitals Charity. The take-over fits perfectly with our Healthier Communities, Outstanding Care strategy, especially Strategic Priority 2; 'To promote and support health and wellbeing.' Thanks to Dr Rebecca Barker for initiating the activity, and I look forward to taking part.

### **Recognition for Dr Carlin**

Congratulations to Dr Elizabeth Carlin, Consultant in Sexual Health and Head of Integrated Sexual Health Service who was bestowed the honour of being awarded life fellowship of British Association for Sexual Health and HIV (BASHH) at their annual conference on Friday, 10 January. The award is conferred by BASHH for distinguished service to the Charity and/or to the specialty and is the highest honour available within the organisation. Dr Carlin said: "I was really surprised to receive the award as I had no idea I had been nominated but am very honoured and pleased about it." Congratulations Elizabeth on this richly deserved recognition.

### **Next month at Sherwood**

February will be a busy month and we will continue with our aim of providing the best possible care to patients and making Sherwood the best possible place to work. The NHS national staff survey results for 2019 are launched on 18 February. We are also looking forward to welcoming the CQC for our Well-Led assessment on 11 and 12 February and we will sign off on our strategic priorities for the next financial year.

Appendix A: Performance Infographics

#TeamSFH  
@SFHFT

Sherwood Forest Hospitals  
NHS Foundation Trust

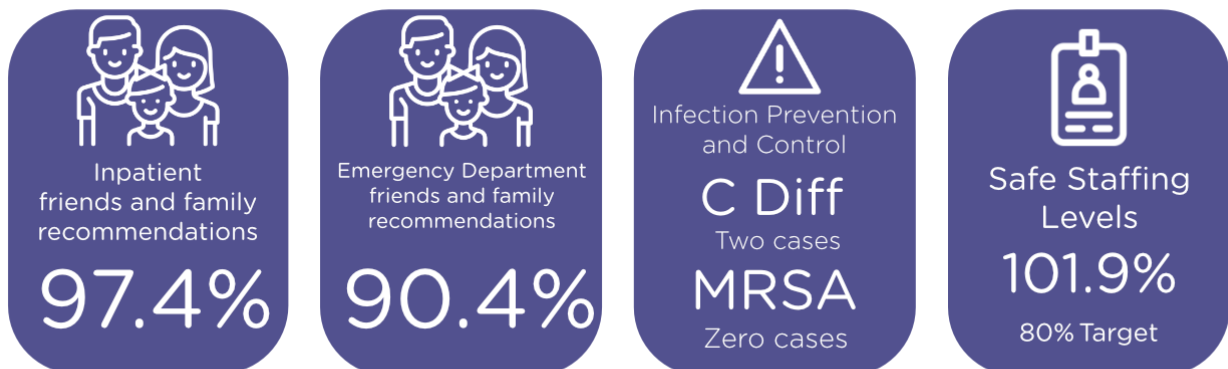
# Workforce



#TeamSFH  
@SFHFT

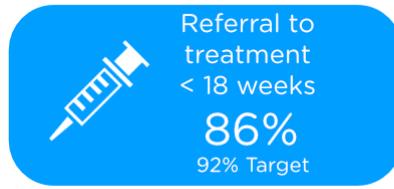
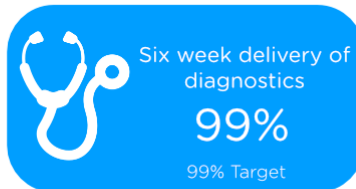
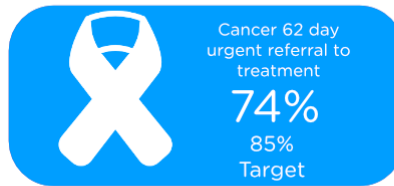
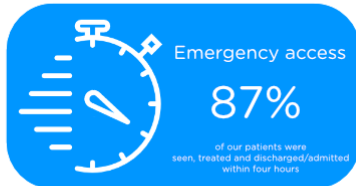
Sherwood Forest Hospitals  
NHS Foundation Trust

# Quality



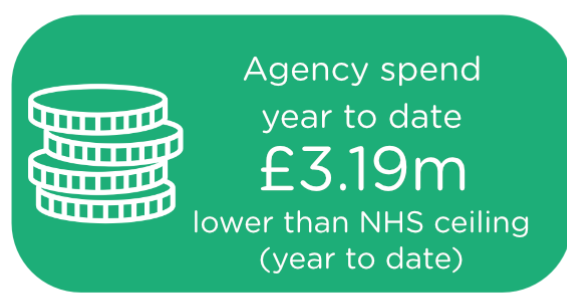
#TeamSFH  
@SFHFT

# Access



#TeamSFH  
@SFHFT

# Finance



## Appendix B



### **ICS Board Summary Briefing – January 2020**

*Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 16<sup>th</sup> January. 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 6<sup>th</sup> November 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 also welcomed several new members to the Board: Dr Nicole Atkinson as ICS Clinical Director, Paul Robinson as ICS Finance Director and Paul Devlin in his role as Chair of Nottinghamshire Healthcare NHS Foundation Trust.

#### **Patient Story – Zephyr's and Maternity Voices Partnership**

Becky Gray, Local Maternity and Neonatal System Delivery Manager and Carly Williams from Zephyr's joined the Board to share Carly's experience of stillbirth and the impact that this had on her and her family. Following the tragic loss of her son, Zephyr, Carly and her husband established a charity in his name to provide support to other parents in similar situations, all of whom have experienced baby loss in some way. Carly powerfully articulated the impact her experience had and how she has translated that into the work of the charity. The Board was keen to understand how the good work of Zephyr's could be spread more widely across the system, eliminating variability of provision in terms of both physical facilities and staffing. More details of Zephyr's Appeal can be found at: <http://www.zephyrsnottingham.org.uk/>

#### **Prevention**

Previous Boards have strongly endorsed Prevention activities, halting ill health before it has a chance to take hold and promoting healthy choices, as a key focus for the system and Prevention is the first priority of the system's Five Year Strategic Plan. The Board therefore welcomed an update on activities in this space. Smoking and alcohol have been identified as priorities for the next two years. Tackling use of tobacco and abuse of alcohol has the potential to eliminate over 10,000 admissions to hospital over the next five years. Diet and physical inactivity have been identified as areas of focus from year three of the system's strategy, again due to their impact on healthy life expectancy. More than a third of years lived with a disability are linked to risk factors including diet and physical inactivity and are therefore preventable.

The Board discussed the proposed approach and approved it as an outline for the period ahead and also approved the governance of the programme.

### **Five Year Strategic Plan and Planning for 2020/21**

The ICS's joint leads for System Value Improvement, Tom Diamond and Helen Pledger, updated the Board on the ICS's Five Year Strategic Plan and the planning for the year ahead. Whilst the system's Five Year Strategic Plan has not yet been published and the planning guidance for the year 2020/21 has not yet been issued by NHS England / Improvement, detailed work has been underway for a number of months on ensuring that the year 2020/21 cements the foundations for delivery of the Strategic Plan in the period ahead. To that end, the Board received an update on how the ICS will be enhancing the development of organisational planning processes conducted by system partners, adding a layer of system-level planning and delivery measurement over the top of those organisational plans. This will enable the Board to ensure that the right plans are being delivered for citizens and patients and that progress against the overall plan is measured and monitored.

The Board discussed this approach and sought reassurance that the correct planning interfaces were in place between the ICS and the individual organisations. The Board also sought to confirm that the financial impacts of the planning process were fully considered. The approach was approved and endorsed by the Board following this discussion.

### **Winter Planning**

Following the Board's approval of the system's overall approach to Winter at the October 2019 meeting, this meeting received an interim update on Winter performance against those plans. There will be a full update on the delivery of the system's Winter plans later on in the year, but the interim findings are as follows;

- The activities to prepare for Winter across the system were executed as planned
- These activities were guided by the national framework and influenced by learnings from previous years
- Partners from all across the system including Local Authority colleagues contributed to the delivery of plans
- The performance of the Call For Care service following its roll-out across the ICS geography is ahead of expectations
- Direct booking from 111 into urgent care services is performing ahead of expectations
- Despite this planning and delivery of activities, throughout December the system has remained pressured, including 12 days at Operational Pressures Escalation Levels (OPEL) level 4 at Nottingham University Hospitals (NUH).
- The pressure was exacerbated by the Norovirus outbreak and an increase in flu and respiratory cases
- Throughout December Sherwood Forest Hospitals (SFH) did not escalate to OPEL 4, however performance against the 95% A&E four hour standard was below 80% on five occasions.



The Board also received an update on performance in vaccinating local populations against Flu – performance was variable across the ICS but often fell below the expected levels;

Board members welcome the update and looked forward to a fuller update in due course once the winter period had passed.

### **General Practice Development**

Further to the update in Primary Care Networks (PCNs) received at September’s Board meeting, Dr Nicole Atkinson, ICS Clinical Director, presented to the Board a detailed update on General Practice including investment in Practice development and resilience. As part of the *NHS Long Term Plan* and the *GP Forward View*, a total of £2.3bn is being invested additionally into General Practice – Nottingham and Nottinghamshire’s share of this is £2.2m in 2019/20 growing to £2.9m in 2023/24. Full details of where this money is being spent can be found in the Board papers with the largest slice of £0.8m being directed to support Primary Care Networks in all neighbourhoods across the ICS. The Board noted the update and thanked the team for their work on this important topic.

### **ICP Updates**

The Board received updates from all three of the system’s Integrated Care Partnerships (ICPs) and discussed the City update in particular. The Board congratulated the leadership of the ICP for the successful delivery of the launch event in November 2019 and noted that plans were advanced for further events in January and February to develop the ICP’s strategic focus and priorities, in line with the overall ICS strategy.

### **Governance Review**

The Board briefly discussed the ongoing review of its Governance and members were encouraged to respond to the initial questionnaire that had been circulated. The Board will be discussing the findings from the questionnaire in the planned Development Session later in January.

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

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

## Appendix C



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>

### **Board appointments**

Chair Rachel Munton confirmed that Hayley Barsby, Chief Executive at Mansfield District Council will also be deputy executive lead of the ICP. She joins Thilan Bartholomeuz, local GP and clinical chair of Newark and Sherwood CCG who is now the Clinical lead for the ICP.

### **Estates Strategy Development**

ICP Estates lead Ben Widdowson presented work done to date by the ICP estates group and how it fits in with the ICS estates strategy to maximise the use of assets which included what had already been identified in Newark. There was then a discussion on what other assets were available to communities and how this linked to the ICP's community insight model so that communities had assets they wanted and needed. Ben will collate the feedback into an update paper which will return to Board later this year.

### **Invitation to participate in a Musculoskeletal value improvement programme**

ICP Director of Care Integration Peter Wozencroft and ICS representative Rebecca Larder brought a proposal to the ICP which would see it participate in a 12 month value improvement programme in partnership with the Oxford Centre for Triple Value Healthcare and Pfizer. A discussion was had about the clear benefits and some concerns over details still to be worked out in terms of resource requirements for local GPs and the role of Pfizer. While members agreed in principle that this was a positive proposal, they wanted these details finalising first before committing to it. Peter and Rebecca agreed to work on this and bring it back to a future ICP Board.

### **Outcomes Framework and the approach to Population Health Management (PHM)**

Dr Mike O'Neil, Nottinghamshire GP and member of Connected Notts presented on PHM, the possibilities and limitations of the data that is already available and how this can be used for decision making. Members discussed three key points:

- How can PHM support and be supported by the ICP's priority neighbourhoods approach?
- How does the ICP balance delivering now, while meeting tomorrow's needs?
- How will the ICP adopt PHM to deliver impactable interventions as part of its processes and how will the Board ensure delivery is different this time?

Summaries of the discussions were fed back to Mike to help with his discussions with other ICPs. Members also discussed areas (such as flu planning) where this could start to be used at an ICP level.

Next month's meeting will take place on February 27 at 2.30pm at the Summit Centre in Kirkby. Papers will be available a week in advance on the ICP website.